

**ESSENTIALS OF BACCALAUREATE
NURSING EDUCATION FOR ENTRY
LEVEL COMMUNITY/PUBLIC
HEALTH NURSING**



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Forward by President and President Elect

The Association of Community Health Nursing Educators (ACHNE), consistent with its mission of providing high quality community/public health nursing (C/PHN) education to improve the health of communities and populations, revised the *Essentials of Baccalaureate Nursing Education for Entry Level Community Health Nursing Practice*. As with previous publications of this document (ACHNE, 1990 & 2000), the third revision should be considered from the context of what is *essential* to both generalist baccalaureate nursing education *and* entry level C/PHN practice in multiple settings. An underlying assumption is that the baccalaureate nursing degree is the minimum requirement for entry level C/PHN practice.

The changing healthcare system and emerging issues in C/PHN education and practice necessitate the revision which is based on careful review of documents pertinent to the specialty. It provides a framework for nursing educators in planning, implementing and evaluating C/PHN baccalaureate nursing curricula which is relevant for the 21st century healthcare system. In addition it provides recommendations for core knowledge, values and competencies for others who prepare novice professional nurses for population focused practice. Recent events require that C/PH nurses increase their focus on global health issues within the context of a culturally diverse and aging population.

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This revision, the third edition of the *Essentials of Baccalaureate Nursing Education for Entry Level Community/Public Health Nursing Practice* is based on careful review of documents pertinent to community/public health nursing (C/PHN) and baccalaureate generalist nursing education. First, the following documents were critically analyzed to delineate appropriate concepts and competencies for this edition: *The Essentials of Baccalaureate Nursing Education for Entry Level Community/Public Health Nursing* (Association of Community Health Nursing Educators [ACHNE], 2000), *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008a), *Public Health Nursing Scope and Standards of Practice*, (American Nurses Association, 2007b), and the *Quad Council PHN Competencies* (Quad Council of Public Health Nursing Organization, 2004). Next, additional documents were examined and are cited in the reference section of this document. Finally, education and practice experts from multiple regions of the U.S. contributed to the development and revision of the document. This revision should be considered from the context of what is essential to generalist baccalaureate nursing education, graduate entry (pre-licensure) nursing education, and entry-level C/PHN practice.

Background

The original purpose of the *Essentials*, as put forth in the first edition, was to, "delineate the essentials of education for entry level community health nursing practice" (Association of Community Health Nursing Educators, 1990). This remains a core purpose of the document; however, the changing healthcare system and the corresponding emergence of issues in C/PHN education and practice necessitate a revision of entry level C/PHN essentials. The objectives of the document are:

- To provide a framework for nursing educators in planning and implementing baccalaureate nursing curricula relevant to 21st century healthcare systems, and
- To communicate to the nursing, public health, and other communities, the theoretical and clinical practice underpinnings necessary for C/PHN education and practice.

The term "community/public health nursing" (C/PHN) is used to depict generalist nursing C/PHN practice within the specialty. This practice is embedded in the continuously-evolving environment of the public being served. This document provides the most current recommendations for educators and others preparing novice professional nurses to practice C/PHN with appropriate knowledge, skills, values, and competencies.

Historical Foundations of Community/Public Health Nursing

Prior to the late 1960s, generalized C/PHN services were primarily organized and delivered by public health departments and not-for-profit visiting nurse associations (VNAs). Nurses working in these agencies were known as public health nurses or visiting nurses. Their scope of practice included nursing care of acute and chronically-ill individuals, health promotion for maternal and child populations, and communicable disease surveillance and follow-up. Nursing services were provided primarily through home visitation and ambulatory modalities organized around a district (geographically based) nursing model. Since the early 1900s, school and occupational health nursing

have been considered specialized C/PHN practice. During this same era, the nursing services offered by public health departments, VNAs, schools, and industry were provided mostly "in the community" and incorporated public health principles with a population focus. This emphasis on public health and populations set C/PHN apart from the individualized focus of acute and long-term care nursing provided in hospitals and other institutions.

Implementation of Medicare and Medicaid legislation stimulated dramatic changes in reimbursement for the U.S. medical care system and public health. During the 1970s and 1980s, proprietary home health agencies grew exponentially while non-federal funding sources diminished for voluntary agencies such as Visiting Nurse Associations (VNAs) and public health departments. As a result, the specialty of public health nursing, including visiting nursing, found it necessary to distinguish its practice from the individual-focused, non-geographically-based proprietary home health agencies, while at the same time embracing those nurses who identified with the specialty. The term community health nursing emerged as inclusive language for the specialty; the philosophical and conceptual tenets of population focus, public health, and community context remained the cornerstones.

Since that time, a tension has existed within the specialty regarding the definition, scope of practice, and appropriate language to describe C/PHN. In the current educational and practice environment, attempts to bring clarity to some of these issues have been suggested by use of the terms community-based and community-focused nursing (Zotti, Brown, & Stotts, 1996). The current *Public Health Nursing Scope and Standards* (ANA, 2007b) defines public health nursing as population-focused, a term selected because it builds upon the American Public Health Association (1996) Public Health Nursing Sections Definition and Role of Public Health Nursing and refers to the population served rather than the place of practice. Baccalaureate educational experiences should foster achievement of competencies in both community-based and community-focused practice. The *core competencies* of C/PHN, which remain community and population focused, are based on a synthesis of the science, values, and practice of nursing and public health. Events and trends during the first decade of the 21st century require that community/public health (C/PH) nurses increase their focus on global health, disaster preparedness, emerging and re-emerging infections, and environmental health.

C/PH nurses strive to prevent and minimize health disparities within a context of an aging and a culturally diverse U.S. population. Changes in the economy, political arena, and health care system provide opportunities for C/PHN to continue to address issues of social injustice related to health and human wellbeing.

Assumptions

A number of assumptions underlie this document:

- The Baccalaureate in Nursing (BSN or BS) degree is the minimum requirement for professional C/PHN practice and continues to be essential.
- The practice of C/PHN requires a comprehensive set of knowledge and skill competencies acquired through educational experiences in generalized baccalaureate curricula. Broad knowledge and competency requirements for C/PHN practice include an introduction to systems theory along with:
 - a. Health care systems, political and social systems
 - b. Family theory, assessment, and interventions
 - c. Community theory, assessment, and interventions
 - d. Cultural theories, life-ways, and assessment
 - e. Leadership theories
- Nursing care for individuals, families, communities and populations reflects evidence based practice.

Because, professional nursing practice in all settings requires consideration of individual, family, community, and population as client, C/PHN is essential in baccalaureate nursing education.

Core Professional Values

Values underpin the professional behavior of the nurse and provide a context for core knowledge and competencies. The values explicated in this document are consistent with those of nursing and public health (American Association of Colleges of Nursing, 2008; American Nurses Association, 2007b; Rippke, Briske, Keller, & Strohschein, 2001). Professional concepts that are highly valued in entry level of C/PHN practice include: caring, altruism, autonomy, human dignity, integrity, and social justice. Additional concepts that are valued in entry level C/PHN practice include community/population as client, prevention including health promotion, partnership, healthy environment, and diversity. Application of these values in education and practice includes incorporation of teaching preventive health behavior, outreach to high risk clients, mutually planning with clients, reducing environmental hazards and providing culturally appropriate care.

Community/Population as Client

The C/PH nurse has responsibility for multiple clients: individuals, families, communities, and/or populations. Individuals and families are considered in context of populations and communities. C/PH nurses strive for engagement and facilitate empowerment of these clients. Nurse client interactions at individual and family levels of care provide a foundation for effective communication with the community and population. Intervention at the community and population level strengthens the individual and family capacity for reaching personal health goals.

Prevention

Prevention of adverse conditions and events is valued as a priority to reduce risk of disease, disability, and premature death. Prevention of disease, illness, illness exacerbation, and injury is based in the science of epidemiology and the public health value of prioritizing primary prevention. Prevention often involves behavior change which is related to personal, community, cultural values, attitudes, knowledge, and experience. Population level prevention often involves change to policy and laws, which should be designed to support personal and community change.

Health promotion interventions are emphasized in C/PHN. Practice is holistic and comprehensive with an emphasis on facilitating achievement of optimal health for all clients and creating conditions where populations will thrive (American Nurses Association, 2007b). Social determinants of health such as adequate food, shelter, clean water, and air are critical to health promotion and social justice.

Partnership

Partnering with individuals, populations, and communities is critical in identifying health problems or concerns as well as assets and solutions. Working with and empowering individuals, families, populations, communities, and other professionals are essential to the promotion of health and the achievement of health outcomes important to the client and society. In partnership with clients, the C/PH nurse makes a difference in community health and the health of individuals, families, and populations by providing direct care through coordinating, collaborating and empowering.

Healthy Environment

Healthy natural and manmade environments are fundamental foundations for health. Human health is especially dependent on healthy and safe work, home, and leisure environments. Creating, preserving, and improving environmental health involves, but is not limited to, wise use of human and natural resources; avoiding and minimizing hazards in home, work, leisure, and community settings; and demonstrating environmental consciousness in personal and professional activities.

Diversity

Valuing diversity includes consideration of a variety of life experiences, conditions, worldviews, beliefs, and customs of individuals, families, communities, and populations. Partnering with people who live and work in the community provides a unique perspective to C/PHN practice. Incorporating knowledge of diversity is a critical aspect of C/PHN.

Core Knowledge and Basic Competencies

Baccalaureate graduates in nursing have a breadth of knowledge and basic competencies related to nursing and public health. Graduates synthesize knowledge from nursing and public health in order to contribute to the improvement of community/population based health outcomes, cost effective health care, and empowerment of communities around societal health concerns and global health issues. The practice of C/PHN incorporates the core public health functions: assessment, policy development, and assurance (Institute of Medicine [IOM], 1988; Turnock, 2009; United States Department of Health and Human Services, 1997). Because of the variability of nursing curricula, including leveling across baccalaureate generalist curricula and specialist graduate programs, as well as variability in the organization and delivery of C/PHN services throughout the U.S. and the world, this section of the *Essentials* focuses on core knowledge areas rather than specific content.

Communication

Communication is fundamental to public health practice (Council of Linkages Between Academia and Core Public Health Practice, 2008), and is employed in C/PHN when the nurse solicits input on health issues, interprets health related information for clients, assesses client literacy, links clients with community resources, advocates for health, and disseminates knowledge related to public health issues that affect individuals, populations and communities. The C/PH nurse acts as a facilitator advising a health planning team, listening to health or social concerns of clients, serving as a consensus builder, and collaborating with stakeholders. C/PH nurses consider both the content and the process of verbal, non-verbal, formal and informal channels in order to craft meaningful messages. Effective communication is linguistically and culturally appropriate and involves engagement, attention and understanding.

Basic competencies in communication for the baccalaureate generalist include:

- Applies communication strategies, including negotiation, conflict resolution, and active listening when interacting with individuals, communities, and populations
- Utilizes appropriate media to disseminate health information
- Effectively communicates epidemiological and statistical information to a variety of audiences
- Communicates with linguistic and cultural sensitivity.
- Communicates appropriately with clients of differing levels of health literacy

Epidemiology and Biostatistics

Epidemiology and biostatistics are fundamental to C/PHN practice. Key concepts applied in C/PHN practice include the natural history of disease, web of causality, levels of prevention, demographics, risk factors, and measures of health and health events. Epidemiology and biostatistics contributes to an understanding of the distribution and variation of health status in populations. Synthesis of this knowledge with nursing science is essential to C/PHN practice.

Basic competencies in epidemiology and biostatistics for the baccalaureate generalist include:

- Identifies health related data, including aggregate level data, relevant to client situations
- Evaluates the quality of data sources

- Interprets basic health related data
- Uses health related data to plan interventions

Community/Population Assessment

Gaining entry into the population/community is a significant first step in gathering comprehensive data pertaining to the health status of communities or populations. As one of the core public health functions, assessment leads to the identification of assets, needs, beliefs, practices, resources and environmental factors of the population being studied (American Nurses Association, 2007a, 2007b). A basic understanding of epidemiology and application of biostatistics is necessary for community/population assessment.

Basic competencies in community assessment for the baccalaureate generalist include:

- Uses an ecological model of health as the basis for assessment
- Develops an assessment plan in collaboration with community partners
- Assesses the health needs and assets of communities and populations
- Assists in the data collection process
- Interprets basic community data
- Uses community assessment data in the development of priorities, expected outcomes and interventions
- Identifies individuals, groups, communities, and/or populations with health needs

Community/Population Planning

Planning at the community or population level is complex, and C/PH nurses plan health care services and programs to strengthen community assets and address specific health needs. Planning is based on community/population assessment and involves planning of interventions and planning of evaluations (American Nurses Association, 2007b)

Planning is conducted in collaboration with individual, family, community and population clients as well as with Advanced Practice Nurses (APRN), Advanced Public Health Nurses and **other** disciplines.

Basic competencies in community/population planning for the baccalaureate generalist include:

- Collaborates with appropriate participants in a community project
- Participates with community members and leaders in planning, implementing, and evaluating health interventions
- Considers resources and budget in the planning and delivery of programs, policies and services
- Plans for process and outcome evaluation related to programs, policies and services

Policy Development

Another core public health function is policy development. C/PH nurses are involved in developing policies within their own agencies. They also use political processes and grassroots legislative efforts to advocate for clients regarding service access and equity (American Association of Colleges of Nursing, 2008b). C/PH nurses share client scenarios to help policy makers, within their workplace and in the community understand client needs.

Basic competencies in policy development for the baccalaureate generalist include:

- Explains the meaning and implication of a policy
- Effectively communicates with stakeholders and policy makers about policy issues
- Collaborates with others to influence policy development in agencies and at local, state, and national levels

Assurance

The third core public health function is assurance. The C/PHN ensures that essential services are acceptable, accessible, affordable, appropriate and available. Assurance may involve outreach, referral and follow up, linking clients with services, surveillance, policy implementation, enforcement, social marketing, evaluation, and direct care delivery when appropriate. The C/PHN accomplishes assurance by developing, implementing, and evaluating public health programs and services. Successful assurance helps eliminate disparities in health indicators among racial, ethnic, and socioeconomic groups (United States Department of Health and Human Services [USDHHS], Public Health Service, 2000). For example, the C/PH nurse reaches baccess to quality care and work to remove financial, structural and personal barriers (American Nurses Association, 2007b).

Basic competencies in assurance for the baccalaureate generalist include:

- Links clients to appropriate health care resources
- Collaborates with community groups to provide needed health care resources
- Promotes a healthy living environment through partnerships with individuals, groups, communities, and/or populations (Institute of Medicine [IOM]. Committee on Assuring the Health of the Public in the 21st Century, 2003).
- Directly cares for clients through interventions such as health education, health promotion, counseling, and hands on nursing care
- Coordinates C/PHN programs and services
- Institute of Medicine [IOM]. Committee on Assuring the Health of the Public in
- the 21st Century.(2002)

Health Promotion and Risk Reduction

Health promotion and risk reduction interventions attempt to modify behaviors that are known to affect health and/or the ability to resist disease. Practice requires an understanding of socio-economic issues, multi-cultural populations, age-related risk factors, stages and processes of change, locus of control, and strategies for promoting behavior change. These interventions include social marketing, health teaching, and health counseling across the lifespan.

Interventions involve primary, secondary and tertiary prevention with focus on primary prevention when possible. Potential for prevention is related to the stage of the disease or condition: susceptible, asymptomatic, or symptomatic. Goals may include reduced incidence, reduced prevalence and/or reduced disability. Interventions are multi-level, targeting individuals, families, communities and/or populations. Health promotion and risk reduction involve initiation of partnerships for goal setting, program planning and outcome evaluation. The document *Healthy People 2020* (USDHHS, 2009) provides key health policy guidelines and benchmarks for practice.

Basic competencies for health promotion and risk reduction for the baccalaureate generalist include:

- Assesses impact of culture on health related practices and beliefs
- Assesses health risks of individuals, families, communities, and populations
- Initiates community partnerships for goal setting as well as planning, implementing and evaluating interventions
- Educates individuals, families, communities and populations about health issues
- Implements multilevel approaches for health promotion and risk reduction
- Empowers clients to improve health

Illness and Disease Management

C/PH nurses focus on prevention in illness and disease management. Prevention activities include early detection and control or management of behaviors and conditions that have potential for negatively influencing health status. Interventions to achieve early detection include screening, health education, and case-finding.

C/PH nurses help individuals, families, communities, and populations to manage their illness responses and treatment regimens in a comprehensive and holistic way. Control or management of behaviors and conditions that can negatively influence health status involves an understanding of pathophysiology, genetics and genomics, growth and development, evidenced based disease management interventions including pharmacological interventions, strategies for promoting behavior change, and cost-effectiveness of interventions. Illness and disease management include home, work, and community environments as part of the data assessment and intervention processes. C/PHN practice includes activities such as home visiting, case management, and referral to community resources.

Basic competencies for illness and disease management for the baccalaureate generalist include:

- Assesses health status of clients
- Integrates knowledge of appropriate developmental theories into planning of interventions
- Incorporates the knowledge of genetic and genomic influences on disease and illness into nursing care
- Implements appropriate nursing interventions
- Documents care according to professional standards

Information and Health Care Technology

Information and health care technology in C/PHN practice encompass existing and emerging methods of discovering, retrieving, and using information in nursing practice. The C/PH nurse will have basic information management and computer based skills to utilize computer programs, the internet, intervention resources and the documentation of practice. The C/PH nurse is aware of applicability and acceptability of these resources within any given practice environment.

Basic competencies in information and healthcare technology for the baccalaureate generalist include:

- Uses computer for assessment and documentation of practice activities

- Uses the internet to access assessment data and intervention resources
- Employs technology in community health interventions
- Provides examples of the use of geographic information systems (GIS) in C/PHN: i.e. epidemiology studies of health problems, viewing the delivery and access of health care services, plotting specific block groups as part of a community assessment (Faruque, Lofton, Doddato, & Mangum, 2003)
- Describes the role of electronic data interchange (EDI) in C/PHN
- Evaluates websites for accuracy, authority, and currency

Environmental Health

C/PH nurses are knowledgeable about environmental hazards in the home, school, work sites, and communities, including the global community. Environmental health, which involves the health protection dimension of public health, requires an understanding of the relationship between exposure and adverse health outcomes. Practice includes using the precautionary principle in decision making, monitoring and taking direct actions to reduce environmental risks, educating regarding risks and exposures, facilitating behavioral change and giving input for organizational and public policy formation (American Nurses Association, 2007a; APHA, 2006; Chaudry, 2008). Knowledge of interdisciplinary teamwork and strategies for working with government officials, legislators, and the public is essential for environmental health intervention (American Nurses Association, 2007b).

Basic competencies in environmental health for the baccalaureate generalist include:

- Identifies populations at risk for exposure to environmental hazards
- Conducts community, work place, and home environmental assessment
- Describes principles of risk communication as applied to environmental health
- Includes environmental risk questions in health histories of individuals and families
- Recognizes environmental justice that ensures protection from environmental hazards
- Incorporates environmental health information, including national biomonitoring of human exposure to environmental chemicals, into assessment of communities and populations
- Accesses information on national biomonitoring of human exposure to environmental chemicals (Centers for Disease Control & Prevention, 2005)
- Recognizes the link between environmental exposures, including those associated with air, water, food/agriculture, and chemicals/products, and illness and disease across the lifespan
- Makes referrals to appropriate environmental health resources in the community
- Educates individuals, families, communities and populations about environmental health and safety issues

Global Health

Global health encompasses the health of populations beyond national boundaries and involves the interconnectedness of biological, social and environmental factors and health and disease in populations around the world (Jacobsen, 2008). Globalization describes the increasing integration across national boundaries of multiple systems, including economic, political, and cultural systems. Global health challenges include population growth issues, equality in health status and health care, and emerging health threats.

C/PH nurses deliver nursing care within the context of the global environment. Knowledge of disease transmission, environmental conditions, health economics and global health indicators are foundational to global health care.

Basic competencies related to global health for the baccalaureate generalist include:

- Interprets the effects of population growth, poverty, environmental conditions including climate change, and political environments of global health
- Uses knowledge of disease transmission, health hazards, health policy, and primary health care in planning C/PHN care in the context of global health
- Delivers nursing and health care within the context of the global environment

Human Diversity

C/PH nurses take into account the impact of variations in language, culture, race, ethnicity, socioeconomic status, religion, spiritual beliefs, health beliefs, and lifestyle preferences as they design and deliver healthcare services. C/PH nurses recognize that health disparities are present in selected populations resulting from factors such as greater disease burden and environmental hazards. Diversity also includes health behaviors, genetic factors and environmental factors.

Basic competencies in the area of human diversity for the baccalaureate generalist include:

- Discusses the interdependence of people, their cultures and their spaces
- Demonstrates respect for people with differing values, behaviors, and lifestyles (American Academy of Nursing, 1995)
- Recognizes the impact of discrimination on health.
- Completes a holistic assessment at the individual, family, and community level
- Uses results of holistic assessment to plan and implement appropriate C/PHN care to diverse clients

Ethics and Social Justice

Ethics includes the body of knowledge about personal and societal values, codes, and principles that govern nursing practice. A philosophic premise of public health practice is “health for all,” and C/PHN activities are congruent with a commitment to a social justice ethic of health care. Social justice is the principle that all citizens bear equally in the benefits and burdens of society. Tensions between benefits and burden of individuals/families versus those of communities/populations lead to ethical dilemmas for C/PHN practice. C/PHN practice focuses on interventions that lead to the greatest good for most of the people and seeks to prevent and minimize health disparities. Foundational to ethical practice is the understanding of and adherence to law and to professional standards of C/PHN practice (American Nurses Association, 2007b; Public Health Leadership Society, 2002).

Economic conditions, technical advances, and shifts in populations strain limited health care resources. Large medically underserved populations and inequities in resource distribution pose a threat to the common good and a challenge to C/PHN practice. The *Consumer Bill of Rights and Responsibilities of Health Care* (President’s Advisory Commission, 1997) supports the goals of social justice by delineating support for consumers and providing safeguards for individual health.

C/PH nurses assist clients to overcome barriers and to connect with available resources. C/PHN interventions are designed to improve acceptability, accessibility, affordability, and availability of resources to the population. Practice roles include social action through interdisciplinary partnerships and client advocacy.

Basic competencies in ethics for the baccalaureate generalist include:

- Uses ethical problem-solving strategies to address dilemmas related to care of individuals, families, communities and populations
- Assists clients in developing skills for self-advocacy (American Nurses Association, 2007b)
- Fosters environments in which healthy lifestyles may be practiced (American Nurses Association, 2007b)
- Participates with others to influence health-related policy at the local, state and national levels
- Adheres to professional standards of community/public health practice

Coordinator and Manager

C/PHN care coordinator and manager roles are expressed through case management and multidisciplinary care coordination. Care may be provided directly or indirectly. The coordinator and manager role is a generalized role that emphasizes health promotion and risk reduction integrated with illness management. Client teaching and advocacy are important in the coordination and management of care.

Basic competencies in the coordinator and manager roles for the baccalaureate generalist include

- Coordinates the broad range of care needs of clients
- Advocates for improved and/or needed healthcare resources
- Manages a healthcare team in the delivery of client care
- Delegates appropriately to members of the healthcare team

Emergency Preparedness, Response and Recovery

C/PH nurses facilitate clients' preparation for and effective response to natural and man-made disasters. Emphasis in practice is on the actions or measures that can prevent or reduce the severity of the effects or increase effectiveness of response and recovery through personal, professional and community preparedness. The C/PHN has foundational knowledge of the community, vulnerable populations, environmental hazards and specific resources that can contribute to a solid disaster response plan and recovery.

Core knowledge related to mass casualty incidents for the baccalaureate generalist include critical thinking, assessment, technical skills and communication (ACHNE, 2008; Gebbie, 2008, Nursing. Emergency Preparedness Education Coalition, 2003).

Basic competencies for a competent C/PH nurse related to emergency preparedness and response include:

- Describes the basic legal framework for public health emergency response
- Educates clients about emergency preparedness
- Collaborates in planning for pre-emergency, response, and recovery stages taking into account the needs of vulnerable populations

- Applies ethical principles to the development, interpretation and enforcement of public health law
- Adheres to confidentiality laws in the collection, maintenance and release of data in a public health emergency
- Explains the use of legal information, tools and remedies (e.g. quarantine and isolation orders, injunctions, abatement orders) in a public health emergency

Education Issues

In planning and evaluating baccalaureate nursing curricula, didactic and clinical learning experiences should be addressed. Issues for consideration in regards to baccalaureate preparation of entry level community/public health nurses include, but are not limited to:

- Does the curricular design (e.g., one or more C/PHN course(s) versus integrated C/PHN essentials across a curriculum) foster mastery of the core knowledge and competencies in C/PHN practice?
- Do the faculty who teach the C/PHN didactic and clinical practice components have sufficient educational and experiential preparation in C/PHN (Association of Community Health Nursing Educators, 2009)?
- Are the teaching/learning methods and technologies appropriate for student learning?
- Are the placement, sequence, and leveling of core C/PHN concepts and learning experiences appropriate for understanding the core knowledge, competencies, and scope of practice of C/PHN (Carter, Kaiser, & Callister, 2006)?
- Considering that C/PHN has been a traditional nursing curricula, are RN to BSN student didactic and clinical learning experiences designed to build on previous nursing skills, while providing the public health and population focus necessary for entry level C/PHN practice?
- Is the curricular content appropriate for baccalaureate generalist level rather than advanced public health nursing practice (ACHNE, 2003, 2007)?
- Are there opportunities for education-service collaboration and mentoring in C/PHN?
- Are there opportunities for interdisciplinary learning and collaborating in C/PHN preparation?

Conclusions

This revision of the *Essentials of Baccalaureate Nursing Education for Entry Level C/PHN Practice* reinforces the necessity of the baccalaureate nursing degree as the minimum preparation for entry level professional C/PHN practice. Core knowledge, competencies, and values have been delineated as essential based on a broad examination of the current status and projected trends of nursing, public health, and health care.

This document guides baccalaureate education for entry level C/PHN. Additionally it is useful in practice settings, for orientation to the role of C/PHN, differentiation of practice, and professional nurse development.

Glossary of Terms

Biomonitoring is the assessment of human exposure to chemicals by measuring the chemicals or their metabolites in human specimens such as blood or urine (Centers for Disease Control [CDC], 2005).

Community-Based Nursing refers to the practice of nursing within non-institutionalized, ambulatory clinical settings and where clients live, work, and play. The primary client is the individual and the goal of care is to promote effective, meaningful, and efficient health outcomes for individuals and families and the healthcare system.

Community-Focused Nursing refers to the practice of nursing with populations within the context of community systems. The primary client target is a population at health risk and the goal of care is to attain health outcomes that promote public health and reduce risk through action that is interactive among individuals, families, populations, and the larger community.

Electronic Data Interchange (EDI) refers to the exchange and transfer of information electronically. Data are transferred from computer to computer in a standardized format (CDC, n.d). EDI is used for immunization tracking, communicable disease reporting and surveillance, and delivery of Health Alerts.

Environmental Justice “is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. Fair treatment means that no group of people, including a racial, ethnic, or a socioeconomic group, should bear a disproportionate share of the negative environmental consequences resulting from industrial, municipal, and commercial operations or the execution of federal, state, local, and tribal programs and policies” (Office of Minority Health and Health Disparities, 2009). The goal of environmental justice is to ensure that all are equally protected from adverse environmental effects or impacts (Office of Environmental Justice, 2004).

Essential Services of Public Health refers to the ten essential services of public health: monitor community health status; diagnose and investigate health problems and hazards in the community; inform, educate, and empower people about their health; mobilize community partnerships; develop policies and plans that support community and individual health efforts; enforce health-related laws and regulations; link people with needed health services and ensure provision of these services when otherwise unavailable; ensure a competent workforce; evaluate effectiveness, accessibility, and quality of health services; and research for innovative solutions to health problems (CDC, 1994, 2008). These are not really addressed in the narrative

Geographic Information Systems (GIS) refers to the utilization of technology through computer hardware, software and data to examine, analyze, and integrate information with geography. In C/PHN, GIS uses digital databases and maps to determine geographic distribution of specific health concerns; environmental and health risk exposure; populations at-risk; and available health and community resources (CDC, 2006; Environmental Systems Research Institute, Inc. [ESRI] 2009).

Population at Health Risk refers to groups of clients who share common characteristics or traits which increase their susceptibility to and potential for illness, injury, and disability of a significant nature (APHA, 2009).

Public Health Core Functions refers to assessment; policy development, and assurance. Assessment is the regular collection, analysis, and use of information about health status, risks, and resources in a community. Policy development uses the information gathered during the assessment to develop local and state health policies and recommends programs to carry out those policies. Assurance involves the availability of necessary services in the community including health promotion, community health protection, personal preventive services, and services which improve access to care such as information and referral, community outreach, and resource development. From these three core functions of public health, ten essential services have been identified (Council on Linkages Between Academia & Public Health Practice, 2008).

Risk Communication is the process of oral and written communication through various media to help the public be informed about potential hazards as well as recommended actions to reduce risks (Adler & Kranowitz, 2005). Risk communication “is a complex, multidisciplinary, multidimensional, and {evolving} process of increasing importance in protecting the public's health” (United States Public Health Service {USPHS}, 1995). In relations to environmental health, risk communication is, “the art of communicating the potential health risks associated with environmental exposures (University of Maryland School of Nursing, 2007).”

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