Welcome. My name is Susan Zahner. I’m an associate professor at the University of Wisconsin-Madison School of Nursing. This presentation is designed to introduce new staff, students, and other interested people to Wisconsin’s Public Health Nursing Practice Model.

## Learning Objectives

1. Identify the nine major components of Wisconsin’s Public Health Nursing Practice Model.
2. Provide examples of public health nursing practice in each of the nine components of the model.
3. Know how to access additional information on each model component.
4. Appreciate the utility of the model in guiding public health professional practice.

By the end of this presentation, I expect you to accomplish these four learning objectives. The module will address the history of the development of the model and describe each of the major components. Throughout the module, examples of how the concepts apply to practice are provided. This presentation will only provide an overview; more information can be accessed through the references and online resources highlighted in this presentation.

Finally, I hope that you will gain an appreciation for the usefulness and importance of using a practice model to guide your work as a public health professional.
You have probably heard the phrase, “A picture is worth a thousand words.” Wisconsin’s Public Health Nursing Practice Model (WI PHN Model) is such a “picture” meant to depict what would take a few thousand words to explain. The WI PHN Model is a graphic representation of the complex set of concepts, priorities, ethical principles, laws, standards, services, interventions, and processes that are used by PHNs to achieve improved health and safety for the individuals, families, communities, and populations that we serve.

This “picture” of public health nursing practice in Wisconsin is the result of many years of reflection, research, and discussion by state, local, and academic PHNs in Wisconsin. Regional PHN Consultants Lieske Giese and Joan Theuer from the Wisconsin Division of Public Health created a model that was adapted from one created in Los Angeles County (Smith & Bazini-Barakat, 2003) and specifically designed to reflect public health nursing practice in Wisconsin. The 2001 model was used in some areas of the state for orientation of nurses new to public health practice and in nursing education programs.
The model graphic was revised in 2007 through an iterative, collaborative process that tapped the expertise of state, local, and academic PHNs across the state.

- First, a revised and more detailed version of the 2001 model was created by the state Director of Public Health Nursing and Regional PHN Consultants. This version was presented and discussed at the 2006 PHN conference and also at the first meeting of the LEAP Project Advisory Committee which includes representatives from public health nursing practice and education programs.
- A graphic artist was engaged by the LEAP Project to create a visual representation of the practice model using the input received from the conference and advisory committee members. The resulting graphic representation was revised again by the LEAP Advisory Committee. The revised version was presented to attendees at the 2007 Annual PHN Conference with a request for additional input. The model was subsequently revised based on this additional input.
- The revised version of the model was endorsed by the LEAP Project Advisory Committee in October, 2007.
- Additional revisions were made in 2008 to make the influence of state statutes and rules more explicit in the model. The version now in use was endorsed by the LEAP Project Advisory Committee on April 21, 2008.

This “picture” may change over time as public health nursing practice evolves and our understanding of the foundations of practice continues to grow.

“Healthy people in safe and healthy Wisconsin communities” is the vision statement for Wisconsin’s future that was articulated by the partnership of individuals and organizations which created the current state health plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* (DHFS, 2002). This shared vision promotes the idea that Wisconsin can become a place where all residents reach their highest potential and where communities support the physical, emotional, mental, spiritual, and cultural needs of all people. This vision is placed at the top of the WI PHN Model because the work of PHNs, and all other public health professionals, is driven by the collective desire to attain this vision of the future.

The three transcending goals of the state health plan are also goals for population focused PHN, as part of the public health system. The three goals are:

- Improve and protect health for all,
- Eliminate health disparities,
Transform the public health system.

The state health plan provides direction by setting priorities for public health system action. Priority is placed on those health problems that are common and have serious negative effects on individual, family, or population health in Wisconsin. The plan also sets priorities for action on risk factors and environmental hazards that affect health and disease. Each of the health priorities are caused or influenced by a number of behavioral, social, genetic, and environmental factors…also known as determinants of health. Each of the health priorities has the potential of resulting in multiple diseases or conditions. *Healthiest Wisconsin 2010* identified these 11 health priorities for focused public health system action.

The priorities provide direction for public health nursing practice. Most PHN activities and interventions aim to address one or more of these often interactive conditions. For example, a PHN working with an individual with a reportable sexually transmitted infection must address the individual’s personal knowledge of the infection, the person’s access to treatment of the infection, the potential transmission of the disease to others and their access to treatment, as well as the social and economic factors that contributed to the risk of infection and of re-infection.
The designers of the state health plan recognized the influence of public health system structure and capacity in achieving health goals by setting priorities for infrastructure improvement in five areas listed on this slide. The term “infrastructure” refers to the fiscal, physical, organizational, human, and information resources, processes, and structures that exist to allow public health and other professionals, policy-makers, and citizens to act upon current and emerging threats to health and safety of the public. Without an infrastructure, our individual actions would have little impact. An effective public health infrastructure includes a system for accurate data collection, analysis, and dissemination to policy-makers and practitioners. An effective infrastructure also includes the skills and capacity for community health planning, inter-organizational and inter-sector collaboration, and a skilled workforce large enough to address the needs of communities. Sufficient financial resources to provide necessary services are also needed.

Public health nurses contribute to infrastructure improvement in multiple ways. For example, a PHN might engage in activities to improve data systems by participating in a state planning group tasked with creating an electronic data system that is useful to local agencies. A PHN might also educate policy makers in his community about the evidence for the effectiveness of directing funding to tobacco sales compliance programs in reducing tobacco use by teens. State health plans are revised every ten years. The next plan will set directions for public health practice for 2020. As health and infrastructure priorities change in the state, so too will priorities change for Wisconsin’s public health nurses. However, the concept of state priorities driving public health practice will remain a key component of Wisconsin’s PHN Model.
Public health nursing is bounded and guided by Wisconsin state laws that establish qualifications for PHNs and provide the legal basis for public health nursing practice. Two major sets of laws influence PHN practice: those that govern nursing practice and those that address public health practice.

For both nursing and public health, PHN practice is governed by both statutory laws and administrative rules. Statutes are those laws passed by the legislature that prohibit or declare lawful certain behaviors and actions. Administrative laws, or more often called administrative rules, consist of regulations set by administrative bodies, such as the state health department. These rules set policies and procedures for certain programs. (Nies & McEwen, 2001).

Public health nurses, like all professional nurses in Wisconsin, derive the authority for independent professional nursing action from the Wisconsin nurse practice act, Wisconsin State Statute, Chapter 441 titled “Board of Nursing.” All professional nursing practice in Wisconsin is regulated through this law, known as the Nurse Practice Act. In order to practice in Wisconsin, professional nurses are required to graduate from an accredited school of nursing, be examined (tested) on their knowledge of professional nursing practice, and hold a Wisconsin Registered Nurse (R.N.) license.

An additional statute important for legal professional nursing practice is Chapter 146 “Miscellaneous Health Provisions.” This chapter addresses issues related to confidentiality, informed consent, and maintaining health care records (Sections 146.81, 146.82 and 146.83). Most public health organizations have policies and procedures related to accessing health care records and disclosing confidential health information based on state and federal law. It is important for PHNs to understand the provisions of these administrative rules as well as their employer procedures.
State statutes are laws that Nursing practice in Wisconsin is further regulated through Wisconsin Administrative Codes. Chapter N6, “Standards of Practice for Registered Nurses and Licensed Practical Nurses,” and Chapter N7 “Rules of Conduct.” These regulations specify minimum standards and scope of practice for registered nurses. Chapter N6 specifies that R.N.s “utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill.” The nursing process is defined in this law to include assessment, planning, intervention, and evaluation. Chapter N6 also specifies the conditions under which R.N.s can perform delegated medical acts.

PHNs may lose the privilege to practice nursing in the state by having the R.N. license limited, suspended, revoked, or denied by the Board of Nursing. Reasons for license revocation can include violations of the law, fraud, misconduct, unprofessional conduct, or incompetence by reason of negligence, abuse of alcohol or other drugs, or mental incompetence. Chapter N7 defines negligence as “a substantial departure from the standard of care ordinarily exercised by a competent licensee.” Chapter N7 also defines misconduct and unprofessional practice as “any practice or behavior which violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a patient or the public.”
State law includes a number of statutes and administrative rules that govern state and local public health practice. Public health nursing practice is guided by these as well as the nursing practice statutes described above. All Wisconsin local health departments are required to employ a qualified PHN to carry out a “generalized public health nursing program” (See Chapter 251.04(8)). In addition, local health departments are required to provide certain services depending on their certification level. All local health departments must provide at least the following services required of a Level I local health department (See Chapter 251.05(2)(a)):

- Community health assessment
- Surveillance, investigation, control, and prevention of communicable diseases
- Other disease prevention,
- Health promotion, and,
- Human health hazard control.

Administrative Rules are also very important in guiding public health practice in general, and public health nursing specifically. HFS chapter 139 sets out the qualifications for public health professionals employed by local health departments. Section 139.08 specifically describes the qualifications of a public health nurse as having a bachelor’s degree from a program approved by the Board of Nursing or accredited by a national accrediting organization with preparation in public health or community health nursing. This rule also describes the qualifications of directors of public health nursing programs.

HFS Chapter 140.04 clearly describes the requirement of local health departments to provide public health nursing services that include six areas:

1. Community assessment
2. Community health improvement plans
3. Programs for vulnerable population groups to reduce actual or potential risk of illness, disability, injury or premature death
4. Provide or arrange for health services to be available to promote, maintain, and restore health and prevent disease and injury.
5. Documentation and evaluation or services and nursing actions
6. Services for individuals and families through assessment, care planning, implementation, collaboration with other professionals and organizations.
Many other state statutes and rules influence the practice of nurses in local and state health departments and are specific to programs such as communicable disease prevention and control, human hazard mitigation, chronic disease prevention and health promotion, maternal and child health, and injury prevention. Public health nurses need to be aware of these statutes and rules when working in those specific program areas.

To look up statutes online go to:
http://www.legis.state.wi.us/rsl/Statutes.html

To look up administrative rules online go to:
http://www.legis.state.wi.us/rsl/code.htm
(look under HFS, Health and Family Services)

For the specific statutes referenced in the WI PHN Model:
open the pdf version for both statutes and administrative rules
http://www.legis.state.wi.us/statutes/Stat0250.pdf
http://www.legis.state.wi.us/statutes/Stat0475.pdf
http://www.legis.state.wi.us/statutes/Stat1441.pdf
http://www.legis.state.wi.us/rsl/code/hfs/hfs139.pdf
http://www.legis.state.wi.us/rsl/code/hfs/hfs140.pdf

Public health and nursing statutes and rules

These are the major Wisconsin laws that provide the legal basis for public health nursing practice. The full text of these statutes and administrative rules are available through web links you can use to look up the actual statutes and administrative rules.

Cornerstones
- Focus on populations
- Reflect community priorities and needs
- Caring relationships
- Social justice
- Multiple determinants of health
- Epidemiology
- Collaboration

Minneapolis Department of Health (2001)

Public health nursing is often described as a synthesis or blending or the art and science of public health and nursing. This synthesis was articulated very well by the Minnesota Department of Health, Section of Public Health Nursing, as “Cornerstones of Public Health Nursing” (MDH, 1999). Wisconsin PHNs have incorporated these “Cornerstones” of practice as key concepts that define and underpin our practice.
Focus on entire populations: Public health nursing is called “population-based” or “population-focused” because it starts with identifying everyone in the population, not just those who seek services, and working collaboratively to address the needs of the entire population, not just those vulnerable for a specific reason such as poverty.

Reflect community priorities and needs: Public health nursing services are determined at least in part by the results of community health need and assets assessment and health improvement planning activities. Identifying these needs and assets is essential in order to direct service provision to address actual community health issues. Public health services change over time based on the needs and priorities of communities.

Caring relationships: Public health nurses intervene by developing caring relationships with individuals, families, communities, and systems, which are characterized by personal integrity, honesty, consistency, and trustworthiness.

Social justice: “Social justice” refers to the belief that “…all persons are entitled to have their basic human needs met, regardless of differences in economic status, class, gender, race, ethnicity, citizenship, religion, age, sexual orientation, disability, or health” (ANA, 2007). One of the basic principles of public health nursing practice, this belief drives PHNs to practice with compassion and respect for all members of the population they serve.

Determinants of health: Health is determined by multiple factors including genetic endowment, physical environment, social environment, individual behavior and biology, emotions, health care, and economics (Evans & Stoddart, 1994). Public health nurses acknowledge these multiple determinants of health and attempt to address them in their work with individuals, families, communities, and systems.

Epidemiology: Epidemiology is the study of the distribution and determinants of health and disease in human populations (Harkness, 1995 in Nies & McEwen, 2007). Public health nurses assist in creating evidence using epidemiologic methods and strategies, and also use such evidence in assessing, planning, providing, and evaluating public health nursing practice.

Collaboration: Collaboration is essential in public health practice. Public health is an interdisciplinary professional field; collaboration between public health, health care, mental health, social work, environmental health, law enforcement, communications, and other professional disciplines is usually required to be effective. Increasingly, partnership with community members and institutions is vital to achieve public health goals. Public health nurses constantly seek to collaborate, but, if necessary, can act alone in bringing attention to or addressing a community health need.

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**ANA PHN Scope and Standards of Practice (2007)**

**PH Nursing Process Standards 1-6**

1. Assessment
2. Population diagnosis & priorities
3. Outcomes identification
4. Planning
5. Implementation
6. Evaluation

The “Nursing Process” is a critical thinking model that applies to all nursing practice (ANA, 2007). The steps of the nursing process include assessment, diagnosis, outcome identification, planning, implementation, and evaluation. Public health nurses use this process in their practice as well, with the steps applied to populations served.

The most recent edition, *Nursing: Scope and Standards of Practice* (ANA, 2004), provides definitions, guidance, and directives for engaging in high quality nursing practice. Nursing specialty organizations have used a template provided by the ANA to create scope and standards documents for specialized areas of nursing. The *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007) provides guidance on public health nursing practice. These definitions and standards are specifically incorporated in the WI PHN Model along with the public health nursing process, and offer specific direction for our practice. The content described below comes directly from the *Public Health Nursing: Scope and Standards of Practice* (ANA, 2007) document, (available for purchase at http://www.nursesbooks.org/). All PHNs are encouraged to read this document and use it to guide practice.

In meeting the standard of practice for assessment, the PHN must collect comprehensive data relevant to the population being served. The population might be defined by geography (neighborhood, county, state), by characteristic (children, elders, or college students), by health problem (people with tuberculosis, AIDS, or heart disease), or by health risk (people who drink contaminated well water, who smoke cigarettes, or who binge drink). In conducting the assessment step, a PHN might set priorities based on need or risk levels. Data are collected from multiple sources using methods drawn from epidemiology, demography, nursing, social, and behavioral sciences. To meet the standard of practice, the PHN should collect data on assets as well as needs, and include information on values, beliefs, and environmental influences.

Examples of types of data that might be gathered in the assessment process include survey or interview data from members of the population, information about health services and access to care, data on risk factors such as rates overweight, smoking, and riding bicycles without a helmet, and data on air or water pollution. As with data collection, data analysis is conducted using methods derived from epidemiology, demography, nursing, health and social sciences research. Interpretation of assessment data is done through trend analysis and comparing deviations from benchmarks based on geography (other counties, states, countries), social
group (by racial/ethnic or socioeconomic status), time period (trend analysis up or down over time), or other relevant comparison.

In meeting the standard of practice, assessment results are documented in understandable and useful ways. Throughout, the PHN must apply ethical, legal, and privacy guidelines and policies to the assessment step of the nursing process.

In the second step of the nursing process, the PHN reviews assessment information and determines population diagnoses or concerns. This step might include identifying any gaps between the current situation and what the situation could or should be based on data from other similar communities or populations. Priorities could be set based on time urgency, cost, pre-identified priorities such as a state or local health plan, or population interest. For example, a PHN could examine immunization audit information from one school in her area, compare the results to other schools, and identify (or diagnose) a problem related to lower numbers of children meeting school-aged child immunization guidelines. If the school year had already begun, the PHN may decide to make addressing the immunization gap a priority for action for the week.
The third standard describes the standard of practice for the PHN in identifying the expected outcomes of taking action toward changing the problem(s) determined through the prior step of population diagnosis and priority setting. Performing this step to the standard means:

- Involving stakeholders in formulating expected outcomes,
- Considering cultural relevance, population values and beliefs, health literacy, risks, benefits, costs, social policy, scientific evidence, and expertise in formulating expected outcomes and priorities,
- Incorporating knowledge of environmental factors, resources, ethical, legal, and privacy considerations,
- Developing outcomes that provide continuity and enhance assets,
- Modifying expected outcomes as population or resources availability changes occur,
- Documenting expected outcomes in measurable and understandable terms, and
- Applying nursing and public health competencies when measuring community practice.

Standard #4 provides guidance for PHNs in the planning step of the nursing process. Planning to the standard involves developing plans that identify strategies, action plans and alternatives, that will lead to attaining the expected outcomes. Best practice for planning includes:

- Collaborating with others in the development of population-focused plans for services and programs,
- Utilizing evidence-based approaches,
- Providing for continuity across programs or services,
- Assuring cultural competent and educationally appropriate strategies,
- Ensuring participation by the population and stakeholders,
- Applying current standards, statutes, regulations, and policies,
- Integrating current and emerging trends,
- Considering the economic impact of the plan on population and organizations,
- Documenting the plan using culturally appropriate language, and
- Using standardized terminology to document the plan.
Practicing public health nursing to the implementation standard means that the PHN implements an identified plan in a safe and timely manner, utilizing evidence-based strategies, and in collaboration with others. Implementation to standard also means incorporating system and population resources, monitoring processes and resource utilization, and documenting the implementation.

Standard 5 as described in the *PHN Scope and Standards (2007)* includes 5 sub-component standards with associated measurement criteria. Coordination means promoting programs, conducting surveillance, case finding, and referral, connecting people to needed services, and documentation of the coordination/reporting efforts. Public health nursing implementation also includes providing culturally and age-appropriate health education and health promotion services. Consultation is another component of PHN practice standards and includes such activities as providing testimony on programs and service delivery, communicating effectively through the media, and documenting consultation activities. PHNs also identify, interpret, and implement public health laws, regulation, and policies.
Standard 6 applies to the last step in the nursing process, evaluation. Measurement criteria for the standard of practice for evaluation include:

- Participating with stakeholders in systematic and ongoing evaluation efforts,
- Collecting data systematically using scientific methods, to determine effectiveness of PHN interventions,
- Monitoring process and outcomes of programs and services,
- Utilizing evaluation data to improve programs and services,
- Documenting evaluation results, and
- Disseminating evaluation results to stakeholders.

ANA describes the Standards 7 through 16 as “Standards of Professional Performance.” These ten standards describe what it means to be competent in the professional role of public health nurse.

Quality of practice refers to the systematic enhancement of quality and effectiveness of nursing practice. To demonstrate quality of practice, PHNs must:

- Apply the nursing process in a responsible, accountable, and ethical manner,
- Implement new knowledge and performance improvement activities,
- Incorporate creativity and innovation in practice,
- Participate in guideline development to improve practice quality,
- Participate in performance improvement activities appropriate to position and practice environment,
- Document programs and services using quality measures, and
- Obtain and maintain professional certification in area of expertise.

Education standard requires the PHN to attain knowledge and competency that reflects current nursing and public health practice. This includes identifying learning needs, participating in continuing education activities, seeking experiences to develop and maintain competence in necessary skills, and maintaining documentation of competency and life-long learning.

Professional practice evaluation standard refers to the expectation that the PHN will engage in self-evaluation of nursing practice compared to standards and guidelines as well as relevant statutes, rules, and regulations. This includes seeking and applying knowledge gained through peer-review and self-evaluation.
Professional relationships standard requires the PHN to establish collegial partnerships with the population, organizations, and health and human service professionals. This standard also sets the expectation for PHNs to contribute to the professional development of peers, students, and colleagues. Through meeting this standard, PHNs share knowledge and skills with peers, students, and colleagues, and contribute to supportive, healthy, and safe work environments.

Standard 11 describes the expectation that PHNs collaborate with members of the population served, organizations, and health and human service professionals in providing services and promoting the health of the population. Collaboration in this context includes communicating with various constituencies, partnering for assessment, planning, implementing, and evaluating services, working on interdisciplinary teams, and documenting collaborative interactions and processes.

PHNs are expected to integrate ethics in all areas of PHN practice, using the Code of Ethics with Interpretive Statements (ANA, 2001) and Principles of the Ethical Practice of Public Health (Public Health Leadership Society, 2002), to guide practice. Ethical practice includes delivering programs in a manner that protects the autonomy, dignity, and rights of the population, community, and individuals. Ethical practice also refers to applying ethical standards in advocacy, professional relationships, resolving social and environmental issues, and maintaining individual confidentiality within legal and regulatory parameters.

PHNs are expected to integrate Research findings into practice, to utilize the best available evidence to support their practice decisions, and to actively participate in research activities at a level appropriate to their education and position. Examples of participation in research include participating in data collection, research committees, sharing research findings with peers and students, implementing protocols, critically analyzing and interpreting research, and applying findings in policies, programs, and services.

The Standard of Resource Utilization refers to the expectation that PHNs consider safety, effectiveness, cost and impact on practice and populations when planning and delivering PHN services. This expectation extends to assisting the population in becoming informed about the options, costs, risks, and benefits of policies, programs, and services.
Leadership in nursing and public health is the 15th standard of practice. Leadership, for the PHN, includes functioning as a public health team leader in emergency situations, participating in professional organizations, serving in leadership positions at work and in the community, mentoring peers and stakeholders, articulating the mission of nursing and public health to other professionals and the population, and engaging in coalition-building.

The final standard is Advocacy—to protect the health, safety, and rights of the population. Advocacy in this context includes incorporating the identified needs of the population into policy development and service planning, demonstrating skill in advocating for the population before providers and stakeholders, guarding the best interests of the population, and preserving professional integrity of the nursing.

What we do, the services and interventions we provide, are also part of the WI PHN Model. This component of the model incorporates concepts from three important sources. One of these is the “Ten Essential Public Health Services,” originally described in 1994 by the Essential Public Health Services Working Group of the Core Public Health Functions Steering Committee (In Turnock, 2001). This list of services describes what is essential for public health agencies to provide to the public.

- Monitor health status to identify community health problems (Example: A PHN participates with a community health assessment team to conduct a community health assessment every 5 years).
- Identify, investigate, control and prevent health problems and hazards in the community (Example: A PHN follows up a positive TB skin test to assess exposure and assure treatment)
- Educate the public about current and emerging health issues (Example: A PHN provides an education session to a neighborhood group about community-acquired MRSA).
- Promote community partnerships to identify and solve health problems (Example: A PHN initiates an immunization coalition of public and private organizations that provide influenza vaccines to improve coordination and increase the percentage of the population that receives influenza vaccine).
• Create policies and plans that support individual and community health efforts (Example: A PHN contacts his/her legislator to provide information about the effects of second hand tobacco smoke).
• Enforce laws and regulations that protect health and insure safety (Example: A PHN reports a violation of a state law in a day care center).
• Link people to needed health services (Example: A PHN contacts a newly arrived refugee family to link them to a medical home and to the food pantry and low cost sources for household goods).
• Assure a diverse, adequate, and competent workforce to support the public health system. (Example: A PHN works as a preceptor for student nurses from the university to support their learning about public health and encourage their interest in the field for a future career).
• Evaluate effectiveness, accessibility, and quality of personal and population-based health services. (Example: A PHN works on a Quality Improvement team to improve services to breastfeeding women).
• Conduct research to seek new insights and innovative solutions to health problems. (Example: A PHN searches the literature and critically evaluates research studies to come up with recommendations for a change in practice).

This list of services is also included in Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. This sources offers two additional essential services:
• Assure access to primary health care for all. (Example: A PHN provides information about BadgerCare to new families to assure access to care for covered children).
• Foster the understanding and promotion of social and economic conditions that support good health. (Example: A PHN speaks to a group of student nurses about the social and economic determinants of health).

The third important source of interventions that are explicitly incorporated in the WI PHN Model are those defined by the Minnesota Department of Health in the Public Health Intervention Wheel (MDH, 2001). Extensive resources to help learn about this Wheel are accessible online at http://www.health.state.mn.us/divs/cfh/ophp/resources/docs/phinterventions_manual2001.pdf.
The Public Health Interventions may be applied at three levels: the individual or family level, the community, or the system level. Directly observed therapy for an individual with tuberculosis, or a home visit to a family with a newborn are examples of PHN interventions applied at the individual/family level. Participation in planning and conducting a Rural Health and Safety Awareness Day is an example of intervention at a community level. Working with an immunization coalition to change policies for providing vaccines to teens is an example of intervention at a system level. PHNs work at all of these levels.

One set of interventions on the wheel are aimed at identifying people and situations that require intervention. Called “case-finding” at an individual level, these interventions include the following:

- **Surveillance**: Describing and monitoring health events through ongoing and systematic collection, analysis, and interpretation of health data for the purpose of planning, implementing, and evaluating public health interventions. *(Example: PHN working in a school tracks immunization rates of students.)*
• **Disease and other health event investigation**: Systematically gathering and analyzing data regarding threats to the health of populations, ascertaining the source of the threat, identifying cases and others at risk, and determining control measures. (*Example: PHN investigates a reported case of chlamydia in a teen.*)

• **Outreach**: Locating populations of interest or populations at risk and providing information about the nature of the concern, what can be done about it, and how services can be obtained. (*Example: PHN visits a neighborhood center with materials about health department services to share with new arrivals.*)

• **Screening**: Identifying individuals and families with identified risk factors and connecting them with resources. (*Example: PHN conducts vision and hearing screening in a child care center and refers to health care resources as needed.*)

PHNs also intervene with individuals, families, communities, and systems in ways that connect people to resources and assist with health care over time. According to the PH Intervention Wheel, PHNs also provide these interventions:

• **Referral and follow-up**: This means assisting individuals and families with identified risk factors and connecting them to resources. (*Example: A PHN receives a referral from Planned Parenthood of a pregnant teen living on her own.*)

• **Case management**: This intervention is designed to optimize self-care capabilities of individuals and families, and the capacity of systems and communities to coordinate and provide services. (*Example: A PHN works with a family affected by AIDS to support health care and family health needs. The PHN may also serve on the advisory committee for a local AIDS service organization to improve referral networks for people affected by AIDS in the community.*)

• **Delegated functions**: All Registered Nurses, including PHNs, may provide direct care tasks under the authority of a physician or as allowed by law. Registered Nurses are also allowed under law to delegate some nursing functions to other appropriate personnel. (*Example: A PHN provides vaccines under standing orders reviewed and signed by a licensed MD. A PHN delegates vision screening to a trained clinic aide in the context of a preschool screening event.*)
Another set of interventions from the wheel are those that relate to teaching, counseling, and consultation on health issues.

- **Health teaching**: PHNs provide this intervention when they communicate facts, ideas, and skills that change knowledge, attitudes, values, beliefs, behaviors, or practices of individuals, families, systems, or communities. *(Example: A PHN teaches a health class at a local school or senior center.)*

- **Counseling**: This intervention refers to establishing an interpersonal relationship with a community, system, family or individual intended to increase or enhance the capacity for self-care and coping. Counseling engages the community, system, family, or individual at an emotional level. *(Example: A PHN establishes weekly visits to a community service organization that engages at-risk youth in learning work skills. The PHN offers a variety of health services but also develops relationships with clients and staff to support self-care capacities.)*

- **Consultation**: This activity involves seeking information or generating alternative solutions through interactive problems solving with a community, system, family or individual. In the end, it is the “client” that selects and acts on the option that best meets the circumstances. *(Example: A PHN works with a day care center to review food preparation, play activities, and sleeping arrangements to reduce the likelihood of disease transmission in the center.)*
PHNs also work with others, across professional groups and organizations, to improve conditions and services in their communities. These interventions are ways that PHNs work across boundaries:

- **Collaboration:** This intervention commits two or more people to achieve a common goal through enhancement of member skills to promote and protect health. *(Example: A PHN participates with school nurses to work together on preparing for and conducting a yearly health fair for children and their families.)*

- **Coalition building:** This intervention is directed toward promoting and developing alliances among organizations or constituencies for a common purpose. Through this intervention, linkages are built, problems are solved, and local leadership is enhanced. *(Example: A PHN starts a bicycle safety coalition by inviting other community groups to participate. One of the early efforts is to create a first-ever bike helmet distribution day that engages local businesses.)*

- **Community organizing:** Through this intervention, PHNs help community groups identify common goals and problems, mobilize resources, and develop and implement strategies for reaching the goals they have collectively set. *(Example: A PHN works with a senior center advisory group to mobilize business and faith-based resources to provide a new meal site and health center within the senior center.)*
In the last set of interventions, the focus is on changing policy or programs to improve population health.

- **Advocacy:** Through this intervention, the PHN might plead someone’s cause or act on someone’s behalf, with a focus on developing the community, system, individual, or family capacity to plead their own cause or act on their own behalf. *(Example: A PHN testifies at a local meeting of the alcohol review board on behalf of neighbors living near a market that has been selling 4 packs of cheap beer to underage individuals.)*

- **Social marketing:** This intervention utilizes marketing principles and technologies for programs designed to influence knowledge, attitudes, values, beliefs, behaviors, and practices of the population of interest. *(Example: A PHN works with a multi-disciplinary group to design a healthy eating campaign for the school district.)*

- **Policy development:** This intervention is provided when efforts are planned to help policy makers take up issues and create laws, rules and regulations, ordinances, and policies designed to support health improvement. *(Example: A PHN presents information about the effects of second hand tobacco smoke to the city council to support creating a smoke-free restaurant ordinance for the city.)*

- **Policy enforcement:** This process compels others to comply with laws, rules, regulations, ordinances and policies. *(Example: A PHN reports non-compliance with directly observed therapy by a person with active infectious TB to the local health department director who follows the law to order the person to be treated.)*
Together, the Essential Public Health Services framework and the Public Health Intervention Wheel, describe the services and interventions that are public health nursing practice in Wisconsin.

Practicing public health nursing with the WI PHN Model as the guide leads to the outcomes we seek for the individuals, families, groups, communities, and populations we serve: improving health and safety, supporting public health system capacity to assure conditions in which people can be healthy.
The purpose of having a model is to provide a shorthand, table of contents, to what is key to our practice. This model can help educators structure what and how undergraduate and graduate level nurses teach about the practice of public health nursing. The model can be help nurses serving as preceptors for students in identifying activities that support student learning about PHN practice. The model can also be helpful in orienting nurses new to public health nursing. Finally, the model can help PHNs communicate what we do and why to other public health professionals, health professionals, community leaders, policy makers and the public.

The Wisconsin PHN Model is OUR model….a dynamic guide to the essential practice of public health nursing in Wisconsin.
This Orientation Program was developed through a partnership between the Wisconsin Department of Health Services and the University of Wisconsin-Madison School of Nursing through a federal grant entitled “Linking Education and Practice for Excellence in Public Health Nursing Project.” Many public health nurses in academia and practice across the state contributed to this program.

Thank you.

References:


