

California Directors of Public Health Nursing

Strategic Plan

FY 2014-2016

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Letter from the 2014-2015 DPHN Executive Committee

Dear Colleagues,

It is with great pleasure and enthusiasm that we present the California Directors of Public Health Nursing (DPHN) Strategic Plan for 2014-2016, which was developed by and for Directors of Public Health Nursing in the 61 public health jurisdictions in California. This strategic plan builds upon the work of the DPHN strategic plan initiated in the fall of 2009, continuing to move us toward achievement of our vision of healthy people in healthy communities through excellence in public health nursing.

DPHN's mission is to advance the practice of public health through innovative and effective public health nursing leadership. We encourage each of you to participate actively in the implementation of the goals and objectives listed below.

Working together and with our partners, we will continue to increase our positive impact on the contribution nursing makes to public health in California.

Sincerely,
 DPHN Executive Committee
 2014-2015

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Introduction

California Directors of Public Health Nursing (DPHN) is a statewide organization of Nursing Directors from the 61 public health jurisdictions in California, established in 1952. Due to the large geographic spread of California, DPHN is organizationally divided into four sub-regions: North, Central, Bay and South. Of the 61 jurisdictions, 22 are in the Northern region, 15 are in the Central region, 13 are in the Bay region, and 11 are in the Southern region. The sub-regions collaborate with one another to achieve common goals and support achievement of DPHN's overall strategic plan. The sub-regions meet regularly (typically monthly) and the four regions meet together twice a year.

The Role of a Director of Public Health Nursing

The Director of Public Health Nursing is an executive level position in a Local Health Department. The Director of Public Health Nursing is recognized as integral to the organization and mandated in the California Code of Regulations and the California Health and Safety Code (California Code of Regulations, Title 17. Public Health, Division 1. State Department of Health Services, Chapter 3. Local Health Service, Subchapter 1. Standards for State Aid for Local Health Administration, Article 3. Personnel, section 1301. Director of Public Health Nursing).

Public health nursing is the “practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences” (APHA PHN Section, 2013). The Director of Public Health Nursing plans, organizes, evaluates, and directs nursing staffs in public health jurisdictions. The Director of Public Health Nursing provides advocacy, direction, and support to all nurses regarding nursing scope of practice, professional development, public health emergency preparedness, communicable disease response, and establishes and maintains strategies and processes for achieving population health improvement.

About California

According to the US Census, California is the most populous state in the Nation with over 38 million residents. California has a diverse population, with over 38% Hispanic, 14% Asian, 7% African American, and 39% White (non-Hispanic). Over 27% of California's residents were foreign born and over 43% speak a language other than English at home. California's land area encompasses over 155 thousand square miles, finding itself the third largest state in terms of land area, only behind Alaska and Texas. California's population is approximately 94% urban and 6% rural, including 7 of the 10 most densely populated urbanized areas in the nation (US Census, 2013).



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With such a large and diverse population in California, it is important to assure that the nursing workforce is keeping pace. California requires that any registered nurse (RN) working as a public health nurse be specifically certified by the California Board of Registered Nursing. There are over 390,000 RNs with active licenses in California, 54,000 whom also have a Public Health Nurse certification. Very few—less than 4%—of California RNs work in Community/Public Health settings (Board of Registered Nursing, 2013). Therefore, it is imperative that DPHN identifies priority goals to assure that California’s public health nursing workforce has the leadership, resources, skills and competencies to build a healthier California.



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Vision, Mission and Values

Vision

Healthy people in healthy communities through excellence in public health nursing.

Mission

To advance the practice of public health through innovative and effective public health nursing leadership.

Values

- **Health Equity:** DPHN promotes the attainment of the highest level of health for all people.
- **Leadership:** DPHN stands at the forefront to innovate and improve the effectiveness of nursing services and practice within public health.
- **Quality:** DPHN promotes use of evidence to inform practice in order assure provision of the highest quality nursing services within public health jurisdictions across the state, and evaluates its effectiveness.
- **Collaboration:** DPHN collaborates with organizations at the local, state and national level on matters relating to public health and public health nursing.
- **Advocacy:** DPHN advocates for the needs of public health and public health nursing through education and policy development.
- **Diverse and Competent Workforce:** DPHN develops and assures knowledge, behaviors, and skills for a competent public health nursing workforce that reflects the diversity of the community it serves.



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Strategic Priorities and Goals

Priority Area 1: Health Equity—Overview

Lead: Southern Region

According to the Centers for Disease Control and Prevention (CDC), Health equity is “achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances” (Brennan Ramirez, 2008). DPHN believes that the role of the nurse in public health is critical in achieving health equity across California cities and counties. Nursing leaders in public health are positioned to design and implement interventions that are known to promote health equity through reducing and/or eliminating health disparities and achieving optimal health for all Californians. DPHN addresses health equity by creating opportunities to build knowledge, skills, and resources for California’s public health nursing leadership.

GOAL 1.1: Increase DPHN Nursing Directors' self-report of confidence in their ability to make a difference in the social determinants of health and health equity issues for the population they serve.

- 1.1.1 Conduct an assessment to obtain current knowledge and skills of the DPHN members related to social determinants of health and health equity.
- 1.1.2 Develop and implement an action plan based on findings from the assessment.
- 1.1.3 Conduct post assessment and evaluation to assess changes in knowledge and skills of the DPHN members related to social determinants of health and health equity.



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Priority Area 1: Health Equity—Action Plan

Lead: Southern Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
1.1 Increase DPHN Nursing Directors' self-report of confidence in their ability to make a difference in the social determinants of health and health equity issues for the population they serve (baseline: 44%).	1.1.1 Conduct assessment to obtain current knowledge and skills of the DPHN members related to social determinants of health and health equity.	1.1.1.1 By 3/3/2014, develop an assessment tool.	3/3/2014: Southern region developed a survey, which included questions to determine the current knowledge level and skills of DPHN members related to social determinants of health and health equity. Demographic information was gathered to identify regional responses. Additionally, survey questions were grouped into five (5) categories: 1) training, 2) resources, 3) cultural competence, 4) organizational support and engagement, and 5) self-efficacy.	COMPLETED
		1.1.1.2 By 3/31/2014, administer the assessment tool to DPHN Directors of Nursing members.	3/31/2014: Survey implemented. At the time of the survey, 58 of the 61 public health jurisdictions had a Nursing Director representative identified. A total of 48 responses were received from the 58 surveys disseminated, with an overall response rate of 83%.	COMPLETED
		1.1.1.3 By 5/31/2014, analyze the results and identify the top 3 gaps areas for opportunities to enhance knowledge and skills.	5/31/2014: Southern region met and reviewed results. Top three gaps identified as: <ol style="list-style-type: none"> 1. lack of training in three (3) key elements that impact social determinants of health (i.e., policy development, community organizing, and advocacy) 2. lack of resources and tools (i.e., BARHII resources) 3. lack of comfort discussing race/class issues with co-workers and senior management) 	COMPLETED



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Priority Area 1: Health Equity—Action Plan

Lead: Southern Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
	1.1.2 Develop and implement an action plan based on findings from the assessment.	1.1.2.1 By 01/01/14, participate in the CDPH Office of Health Equity Advisory Committee to share resources & best practices to be utilized in the development of the plan.	7/9/14 (ongoing): Riverside County's Public Health Director of Nursing serves as the DPHN representative to the CDPH Office of Health Equity Advisory Committee and actively participates and shares resources and best practices with DPHN membership.	COMPLETED
		1.1.2.2 By 09/30/14, conduct an evidence-based review to identify strategies to address gap areas.	9/24/14: Various strategies identified. A document will be developed to link competencies to trainings and resources with plan for training. 7/9/14: Southern region is in the process of doing an evidence-based review to identify strategies to address the top three gap areas identified.	COMPLETED
		1.1.2.3 By 3/30/15, develop plans (e.g., training, resources, tools, materials) for each of the 3 gap areas identified. <i>(target date revised)</i>	3/4/15: A plan has been developed to support: <ol style="list-style-type: none"> 1. Training in three (3) key elements identified in the survey as priority: policy development, community organizing, and advocacy; 2. Identifying resources and tools to promote health equity in the local jurisdiction (i.e., BARHII resources); 3. Identifying mechanisms to increase comfort discussing race/class issues with co-workers and senior management. Plan to be shared with members during fall 2015 conference.	COMPLETED



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Priority Area 1: Health Equity—Action Plan

Lead: Southern Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		1.1.2.4 By 9/29/16, Implement and complete plan.	9/17/15: Toolkit on Health Equity will be placed on new website; toolkit will be enhanced to include California State plan on this topic	ON TARGET
	1.1.3 Conduct post assessment and evaluation to assess changes in knowledge and skills of the DPHN members related to social determinants of health and health equity.	1.1.3.1 By 2/28/17, develop an evaluation tool.	Post-assessment at Spring Conference 2017	ON TARGET
		1.1.3.2 By 3/31/17, administer the assessment and evaluation tools.		ON TARGET
		1.1.3.3 By 6/30/16, analyze and disseminate the results for possible use for future strategic planning process.		ON TARGET



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Priority Area 2: Best Practices—Overview

Lead: Bay Region

The demand for Public Health Nurses (PHNs) has grown since the advent of the Affordable Care Act. Now, with the expansion of Medicaid and availability of more affordable health coverage, the ACA has placed increased value on prevention-focused interventions. The foundation of the work of any PHN is to protect and promote the health and well-being of populations. It is vital that best practices in public health and, specifically, public health nursing be adopted to maximize results in health gains for California residents. Implementation of methods and strategies that have consistently shown desirable results in achieving improvements in health status and nursing practice are a priority for DPHN. As such, DPHN will develop tools and resources to support the adoption of best practice approaches to aid in the improvement of health outcomes for vulnerable populations.

GOAL 2.1: Identify PHN best practices to improve health outcomes for vulnerable populations.

- 2.1.1 Develop tools and resources to support public health nurses in local health jurisdictions with adopting best practices to improve health outcomes for vulnerable populations.



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Priority Area 2: Best Practices—Action Plan

Lead: Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
2.1 Identify PHN best practices to improve health outcomes for vulnerable populations.	2.1.1 Develop tools and resources to support public health nurses in local health jurisdictions with adopting best practices to improve health outcomes for vulnerable populations.	2.1.1.1 By 3/30/15, identify national web based resources with listings of evidence based programs and practices relevant to public health nursing practice.	9/17/15: Plan to post on DPHN website and develop system for members to add to list 3/4/2015: Bay region is on target and will address this by 3/26. 9/23/14: On target for Spring Conference 2015 in Sacramento, CA.	COMPLETED
		2.1.1.2 By 7/31/15, identify frameworks and tools for: a] assessing community or population needs; b] identifying and/or prioritizing problems and assets; c] selecting and implementing evidence-based strategies and best practice approaches to address the prioritized needs in the context of available resources and community assets.	9/17/15: Continue to look for tools; several already available, especially in MCAH; will share Sonoma’s work ; Continuing to work towards this for CD, Adults & Seniors and Chronic Disease 9/23/14: On target for May 2015 BAND meeting.	COMPLETED
		2.1.1.3 By 6/30/16, identify opportunities for collaboration to enhance implementation of best practices and strengthen potential outcomes.	One protocol from Sonoma County identified and discussed at BAND meetings	ON TARGET



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Priority Area 2: Best Practices—Action Plan

Lead: Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		2.1.1.4 By 6/30/16, develop a plan for a repository to aggregate identified tools and resources in one place along with a marketing plan to ensure PHNs across the state are aware of this resource.	BAND will determine format in April and May for posting to website; BAND determined criteria for evidence-based and/or best practices – plan to bring discussion to membership at Fall Conference; BAND will provide cover sheet page to membership for consideration at Fall Conference	ON TARGET
		2.1.1.5 By 9/30/16, Post repository and contents on DPHN website and communicate availability broadly.		ON TARGET



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Priority Area 3: Workforce Development—Overview

Lead: Central Region

Assuring a competent and effective nursing workforce in public health is a top priority for DPHN. The current and future nursing workforce must be adequately prepared for their role in order to fully contribute to achieving optimal health outcomes for Californians. Effective recruitment and retention of highly qualified and diverse nurses in public health continues to be an important variable. Through achievement of this strategic plan, DPHN will develop a 'PH Nursing Workforce Toolkit' to communicate the role of public health nursing to support recruitment efforts.

GOAL 3.1: Promote hiring of a qualified and diverse public health nursing workforce.

- 3.1.1 Conduct a survey of DPHN membership related to current strategies being used to recruit highly qualified nurses into public health settings.
- 3.1.2 Develop a Speakers Toolkit to be used by local public health jurisdictions to communicate the role of public health nursing to support recruitment efforts.



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Priority Area 3: Workforce Development—Action Plan

Lead: Central Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
3.1 Promote hiring of a qualified and diverse public health nursing workforce.	3.1.1 Conduct a survey of DPHN membership related to current strategies being used to recruit highly qualified nurses into public health settings.	3.1.1.1 By 6/30/16, develop workforce recruitment survey. <i>(target date revised)</i>	3/4/15: completed draft survey. 9/23/14: plan is to finalize draft to survey by 6/30/16.	ON TARGET
		3.1.1.2 6/30/16, administer electronic survey to DPHN membership. <i>(target date revised)</i>	3/4/15: will administer survey via survey monkey by 4/15 and report results in fall conference. Update to results in spring 2016 conference 9/23/14: plan is to administer the electronic survey by 1/15/15 and present results by the 3/3/15 Spring DPHN Conference and re-survey and clarify as indicated.	ON TARGET
		3.1.1.3 By 9/30/15, analyze survey results and identify successful strategies. <i>(target date revised)</i>		ON TARGET
	3.1.2 Develop a Speakers Toolkit to be used by local public health jurisdictions to communicate the role of public health nursing to support recruitment efforts.	3.1.2.1 By 12/15/15, evaluate strategies based on approaches targeting education level (e.g., elementary, college).		ON TARGET
		3.1.2.2 By 3/5/16, tier approaches/strategies by education level.		ON TARGET
		3.1.2.3 By 6/1/16, create a database of successful strategies.		ON TARGET



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Priority Area 3: Workforce Development—Action Plan

Lead: Central Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		3.1.2.4 By 6/1/16, develop templates for use by DPHN membership.		ON TARGET



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Priority Area 4: Leadership—Overview

Leads: Northern Region and Bay Region

Directors of Public Health Nursing (DPHN) works to build a membership with strong leadership and a strong voice statewide. To that end, a purpose statement will be developed and activities identified to facilitate cohesiveness within DPHN. Through active recruitment of Associate Members, DPHN builds partnerships with others who possess diverse skill sets, hence promoting a strong voice throughout the state and the nation.

Laws in the state of California mandate that Public Health Departments have on staff a Director of Public Health Nursing who also supervises the Public Health Nursing staff. A recent review of Bay Area public health directors of nursing job descriptions revealed variation in the role and responsibilities of the director of nursing coupled with the reality that many vacant directors of nursing positions across the state remained unfilled. The creation of a platform statement and a standard public health director of nursing job description would draw attention to the legal mandates, communicate the characteristics of the role, define best practices in education, knowledge, and skills, and certify the quality of the position.

GOAL 4.1: Build robust membership in DPHN (Northern Region)

- 4.1.1. Develop a DPHN-Associate recruitment and retention plan.
- 4.1.2. Build and develop a plan for identifying, welcoming and mentoring new California Directors of Public Health Nursing.

GOAL 4.2: Communicate and clarify the role and responsibilities of the public health director of nursing (Bay Region)

- 4.2.1 Finalize a job description (based on initial work by Bay Region), to include the minimum statutory requirements for a director of public health nursing.
- 4.2.2 Develop and disseminate a platform statement on the public health director of nursing's roles and responsibilities.



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Priority Area 4: Leadership—Action Plan

Leads: Northern Region and Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
4.1. Build a robust membership in DPHN. (North Region)	4.1.1. Develop a DPHN-Associate recruitment and retention plan.	4.1.1.1 By 6/30/2015, review associate member list and consider other potential members to outreach to and invite to participate.	3/4/15: Survey is developed and will be developed in Survey Monkey. Will be sent 9/23/14: considering ways to connect more closely with BSN and MSN Schools of Nursing to promote DPHN. Plan will be to solicit contacts from membership and then survey lead contacts to get input on how best to promote DPHN.	COMPLETED
		4.1.1.2 By 6/30/2016, write up guidelines for associate members on benefits and values of DPHN membership.	3/3/16: Survey sent to potential associate members; letter drafted for potential members with benefits highlighted, will present to Exec 3/3/16; listserve developed and will be shared with Exec 3/3/16	ON TARGET
	4.1.2 Build and develop a plan for identifying, welcoming and mentoring new California Directors of Public Health Nursing.	4.1.2.1 By 6/30/2015, review new member packet on share drive and update as needed.	3/4/15: reviewed and made preliminary changes. Will make final electronic changes and post on sky drive.	COMPLETED
		4.1.2.2 By 6/30/2015, develop a welcome packet and letter.	3/4/15: In progress. 9/17/15 – Template for welcoming new members developed and ready for use	COMPLETED



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Priority Area 4: Leadership—Action Plan

Leads: Northern Region and Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		<p>4.1.2.3 By 9/30/2015, identify a mentor from each region to welcome and support new members in the region.</p>	<p>3/4/15: two people from each region will be identified to serve as mentors. Plan in progress. 9/17/15 – Some responsibilities taken by Regional Reps, need others to share their experience and expertise 3/3/16: Each region to determine best process to identify second mentor as there is great diversity in regions; North has begun process through regional meetings</p>	<p>COMPLETED</p>



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Priority Area 4: Leadership—Action Plan

Leads: Northern Region and Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
4.2 Communicate and clarify the role and responsibilities of the Director of Public Health Nursing (Bay Region)	4.2.1 Finalize a job description to include the minimum statutory requirements and PHN core competencies for a director of public health nursing.	4.2.1.1 By 12/31/13, collect and review Bay Region DPHN job descriptions to create common and non-common elements.	9/23/14: Bay region met and completed the comparative analysis of the various job descriptions.	COMPLETED
		4.2.1.2 By 6/30/14, research legal mandate for DPHN requirements and PHN Core Competencies for knowledge and skills to include in job description.	9/23/14: Bay region researched legal mandates and core competencies.	COMPLETED
		4.2.1.3 By 8/31/14, present draft of updated job description to Executive Committee for review and comment.	9/23/14: Exec Committee reviewed the draft at the August exec committee meeting.	COMPLETED
		4.2.1.4 By 9/30/14, present updated job description to members at Fall Conference for review and comment.	9/23/14: Job description placed in Fall Conference packet; Membership reviewed draft job description at Fall Conference Business Meeting on 9/23/14.	COMPLETED



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Priority Area 4: Leadership—Action Plan

Leads: Northern Region and Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		4.2.1.5 By 10/31/14, submit revised DPHN job description to Northern Regional Reps for final development.	3/4/15: Bay Area continues to edit the document and submitting to Northern Region today. 9/23/14: Submission of revised document to Northern Regional Representative pending Bay Region’s inclusion of membership comments from Fall Conference 2014.	COMPLETED
		4.2.1.6 By 11/30/14, present final draft of the job description to Executive Committee for review and approval.		ON TARGET
		4.2.1.7 By 12/31/14, distribute final job descriptions to membership by 12/31/14.		ON TARGET
	4.2.2 Develop and disseminate a platform statement on the Public Health Nursing Director’s role and responsibilities.	4.2.2.1 By 6/30/15, create platform statement and present to Executive Committee for review and comment at the 2/2015 Exec Committee meeting. <i>(target date revised)</i>	3/4/15: Bay regions developed talking points to support Northern Region in developing platform state. 9/23/14: Bay region meeting hosted in Santa Clara County. By 1/15/15, survey BAND members to provide 3 reasons for why having a standardized DPHN job description is a benefit to PHN.	ON TARGET



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Priority Area 4: Leadership—Action Plan

Leads: Northern Region and Bay Region

GOALS	OBJECTIVES	ACTIVITIES	UPDATE	STATUS
		4.2.2.2 By 3/31/15, present platform statement to members at Spring Conference for review and comment.		ON TARGET
		4.2.2.3 By 4/30/15, present updated draft platform statement to Northern Region for final development.	9/23/14: Submission of revised document to Northern Regional Representative pending Bay Region’s inclusion of membership comments from Spring Conference 2015.	ON TARGET



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California Public Health Jurisdictions (City and County)

Northern Region

Butte County
Colusa County
Del Norte County
Eldorado County
Glenn County
Humboldt County
Lake County
Lassen County
Mendocino County
Modoc County
Nevada County
Placer County
Plumas County
Sacramento County
Shasta County
Sierra County
Siskiyou County
Sutter County
Tehama County
Trinity County
Yolo County
Yuba County

Southern Region

Imperial County
Inyo County
Long Beach City
Los Angeles County
Orange County
Pasadena City
Riverside County
San Bernardino County
San Diego County
Santa Barbara County
Ventura County

Central Region

Alpine County
Amador County
Calaveras County
Fresno County
Kern County
Kings County
Madera County
Mariposa County
Merced County
Mono County
San Joaquin County
San Luis Obispo County
Stanislaus County
Tulare County
Tuolumne County

Bay Region

Alameda County
Berkeley City
Contra Costa County
Marin County
Monterey County
Napa County
San Benito County
San Francisco County
San Mateo County
Santa Clara County
Santa Cruz County
Solano County
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