CNE Quiz: Population-Focused Practice Competency Needs Among Public Health Nursing Leaders in Washington State

1. Public health nurses (PHNs) need to practice within an ecological structure driven by policy-level changes because:
   A. Complex health disparities require individual-level interventions.
   B. Public health has limited opportunities for partnerships.
   C. Engaging with social service agencies requires political support.
   D. Multiple sectors must be involved to effectively address health disparities.

2. A strategic support for health care reform with population-focused practice is:
   A. Financial planning and policy development committees.
   B. Growth of community and school-based health centers.
   C. Fee-for-service payment models focused on individual-level reimbursement.
   D. Policy-based collaborative care networks.

3. The Quad Council Public Health Nursing Core Competencies:
   A. Are used solely in academic nursing education programs.
   B. Were developed to provide regulations for educating PHNs.
   C. Distinguish competency levels between generalist and management PHNs.
   D. Include the Ten Essential Public Health Services domains of practice.

4. Practicing at the system level, or population focused, PHNs experience barriers of:
   A. Limited training curricula concepts and skills to implement system-level practice.
   B. Lack of knowledge and confidence to practice within a population-focused framework.
   C. Mandated population-focused health care practices.
   D. Ineffective support structures within organizations.

5. The individual-level barriers to population-focused practice experienced by PHNs are:
   A. Categorical, patient-level payment systems for public health interventions.
   B. Insufficient organizational design and supports.
   C. Population-focused work is not required for practice.
   D. Lack of knowledge and confidence to practice based in this framework.
6. “Push factors” in the Push-Pull Infrastructure model are:
   A. Those driving the acceptance of innovation.
   B. External factors that support the adoption of an innovation.
   C. Potential adopters' values and readiness to embrace a change.
   D. Expectations that individuals will adopt the innovation.

7. “Pull factors” in the Push-Pull Infrastructure model are:
   A. Those driving the adoption and the staff’s readiness.
   B. External drivers that support the acceptance of an innovation.
   C. Potential adopters’ opinions that indicate readiness to adopt.
   D. Expectations that individuals will embrace the innovation.

8. Recommendations for local health department leadership and PHN supervisors to support adoption of population-focused practice competencies include:
   A. Extensive training on population-focused theory for public health nursing staff.
   B. Using concrete examples on how staff can link population-focused interventions to their current work.
   C. Expectations that staff will adopt this practice if continuing education training is provided.
   D. Requiring staff to present case studies based on how care is delivered using a population-based protocol.

9. An example of a push factor supporting PHNs adoption of population-focused practice is:
   A. Online population-focused care continuing education courses.
   B. Trainings demonstrating how staff’s work with individuals can be embedded within population-focused care.
   C. The national health department accreditation program.
   D. Staff’s positive values promoting healthy populations.

10. A national driver whose practice and policy is population focused is the:
    A. American Nurses Association (Public Health Nursing Scope and Standards of Practice).
    B. Centers for Medicaid and Medicare Services (Multi-payer Initiatives to Improve Primary Care).
    C. Children’s Health Insurance Program (Medicaid).
    D. Patient Protection Affordable Care Act.