

### Massachusetts Quadrennial PHN Survey 2009

This survey enables MAPHN to develop a profile of PHNs and public health nursing services.

- It is anticipated that the following 20 questions can be answered in 15-20 minutes.
- The information collected through this PHN Survey will be aggregated so that no one individual nurse, city/town or other entity is identifiable.

Your cooperation in completing this Survey strengthens the voice of Public Health Nursing

Each PHN is to complete a Survey

**Thank You** 

www.maphn.org



This basic identifying information for the nurse and town will <u>only</u> be used to verify and update the information for the next MAPHN Directory.

#### **MAPHN Directory Information**

Town(s)			
		:	
,			
Name of Nurse (please print)			
Name of Employer			
Employer Address			
(# and Street)		· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	
Work Phone	Fax		
Email			



Have you visited the Massachusetts	Association of Public Health Nurses web site?
If □ Yes	
How often?	
□ weekly	☐ monthly
□ Other	
For what purpose?	
☐ Conference	☐ Education
☐ Meeting Info	□ News
☐ Membership	☐ PHN Directory
☐ Calendar	
☐ Other	
If <b>□ No</b> - then please visit, <b>w</b>	ww.maphn.org
Employment	
1. Type of Employer	
☐ Local Board of Health	☐ Non-Profit Nursing Agency
☐ Other	
Is your Board of Health region	onalized or planning to be regionalized?
☐ Yes ☐ No	
2. Job Title	
3. How long have you been en	nployed in this position?
years or	months



4. Ho	4. How many hours are you scheduled to work per week?					
	☐ 1-4 hrs	☐ 5-8 hrs	☐ 9-12 hrs	□ 13-16 hrs	☐ 17-20 hrs	
·	☐ 21-24 hrs	☐ 25-28 hrs	□ 29-32 hrs	☐ 33-36 hrs	☐ 37-40 hrs	
	How many a	dditional hours	s/week do you	work?	_hours	
	Are these ad	ditional hours	🗅 paid 🏻 🗓	⊒ unpaid		
5. Ple	ase indicate you	ır hourly pay r	ate			
	□ \$15 or les	s 🖵 \$16	- \$20	□ \$21 - \$25		
	□ \$26 - \$30	□ \$31	- <b>\$35</b>	□ \$36 - \$40		
	□ \$41 or mo	<b>(e</b> . •				
	Has the hour	y rate of pay	☐ increased i	n the past 4 ye	ars	
			☐ decreased	in the past 4 ye	ears	
			☐ stayed the	same		
Benefits offered by your Employer (check all that apply)						
<ul> <li>□ Paid mileage when you use your own vehicle for work related travel</li> <li>□ Access to a town vehicle for work related travel</li> <li>□ Uniform allowance</li> </ul>					related travel	
<ul> <li>Memberships to Professional Organizations</li> <li>Reimbursement for Professional Development (CEUs)</li> <li>Tuition Reimbursement</li> </ul>				3)		
	☐ Health insu☐ Paid vacati☐ Paid sick ti	on	% paid by en	nployer		
	☐ Other	<del></del>				
	□ Other					
Δre	ou a member o	Are you a member of a Union?  \( \text{TVes} \) yes name of Union				



# Age – Education - Experience

. f to day	
6. Please indicate your age group as of today.	
□ 29 or less □ 30 − 39 □ 40 − 49 □ 50 − 59 □ 60 − 69 □ 70+	
Do you plan to retire in the next 🔲 2 years (in 2012) 🚨 4 years (in 2014)	
Comment	
7. Please indicate your educational credentials. (Check all that apply)	
<ul> <li>☐ Associates Degree</li> <li>☐ Diploma Graduate</li> <li>☐ Bachelor of Science in Nursing BSN</li> <li>☐ Bachelor of Arts</li> <li>☐ Bachelor of Science</li> </ul>	
<ul> <li>□ Master's Degree</li> <li>□ Nurse Practitioner</li> <li>□ Masters in Public Health</li> <li>□ Doctorate</li> </ul>	
☐ Other degrees or certifications	
List your highest degree	
8. Do you speak another language? □ No	
If □ Yes, indicate language(s) in addition to English	
9. Indicate number of years you have been employed in <u>public health</u> ,	
years months	
10. Indicate number of years you have been employed as a nurse,	
years months	



11. Do you have education or practice in any of t	he following areas (mark all that apply)
□ acute care	□ hospice
☐ addictions	☐ infectious disease
□ adolescence	☐ international health
☐ administration	☐ long term care
□ cardiology	☐ maternal child health
☐ developmental delays	☐ men's health
☐ diabetes	☐ mental health
□ emergency/trauma	□ obstetrics
☐ environmental health	□ oncology
☐ faculty school of nursing	☐ parish nursing
☐ gay lesbian bisexual transgender health	☐ pediatrics
☐ health education	☐ rehabilitation
☐ HIV/AIDS	☐ school nursing
☐ home health/VNA	☐ women's health
	<b>-</b>
	0
Comments	
	•



#### Practice

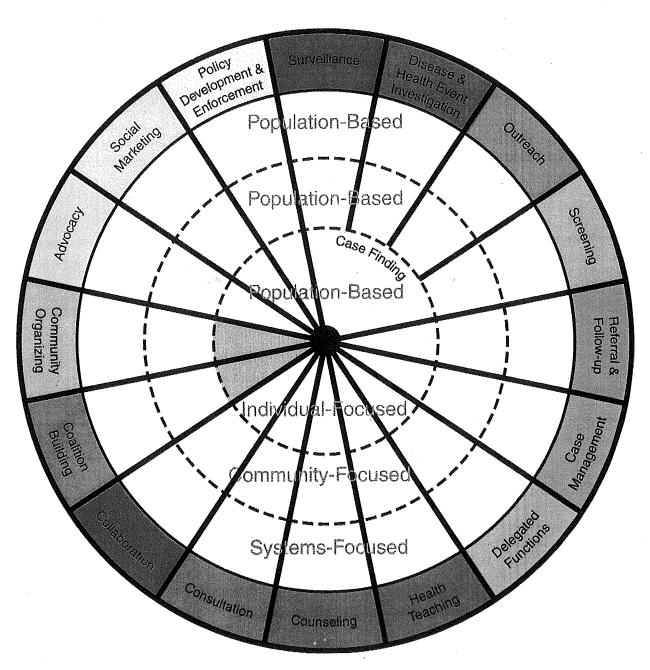
12.	Public Health Nursing Leadership Guide and Resou	ırce Manuaı		
	Do you have a hard copy binder from 2002?	☐ Yes	□ No	
	Do you have a hard copy binder from 2006?	☐ Yes	□ No	
	Did you download it from the MAPHN website?	☐ Yes	□ No	
	Comment			
13.	Screenings/Clinics/Program areas (check all that ap	ply in your o	current position	on)
	Below is a list of the modules/competencies from the Leadership Guide. This is not meant to be a compre activities from your practice not listed please write th	ehensive list	, if there are	• '`
	<ul> <li>□ Adult and Child Immunizations for School</li> <li>□ Atmosphere and Indoor Air Quality</li> <li>□ Biohazardous Waste Disposal</li> </ul>			
	<ul> <li>□ Blood Lead Screening, Prevention and Educati</li> <li>□ Blood Pressure Screening Clinics</li> <li>□ Breast and Cervical Cancer Screening</li> </ul>	ion		
	<ul><li>□ Burial Permits</li><li>□ Camp Inspections</li><li>□ Cholesterol Lipid Profile Screening</li></ul>			
	<ul><li>□ Child Safety/Injury Prevention</li><li>□ Colorectal and Testicular Cancer Screenings</li><li>□ Community Health Network Area (CHNA) Part</li></ul>	icipation		
	<ul><li>□ Communicable Disease Investigations</li><li>□ Community Resources and Referrals</li><li>□ Dental Screening</li></ul>			
	<ul><li>□ Diabetes Screening</li><li>□ Hepatitis A Vaccine</li><li>□ HMO Senior Plan reimbursement Program Acc</li></ul>	cess Assista	ance	
	<ul><li>☐ Home Visits for General Health Supervision</li><li>☐ Human Host Infections</li><li>☐ Immunization Clinics</li></ul>			



14.

<ul><li>☐ Influenza Pandemic Planning</li><li>☐ International Travel Immunizat</li><li>☐ Latex Allergies in Practice Set</li></ul>				
<ul><li>☐ Medicare Reimbursement for</li><li>☐ Rabies Animal Clinics</li><li>☐ Rabies Prevention in Humans</li></ul>	Influenza and Pneumococcal Vaccino	е		
<ul><li>□ School Health Services to Priv</li><li>□ Smoking Cessation Assessme</li><li>□ Tuberculosis Nursing Case Ma</li></ul>	ent and Referral			
<ul><li>☐ Tuberculosis TB Testing</li><li>☐ Universal Precautions</li><li>☐ Vaccine Management Busines</li></ul>	ss Improvement Program			
ر بر <sup>اغه</sup>	·			
	<b>-</b>			
opulation Health  List the towns you serve and the to	otal number of paid PHN hrs/ week/ t	town (	or city	y.
f you do not know the simply write	in do not know (DNK).			
Circle if hours: $\uparrow$ increased, $\leftrightarrow$ s	tayed the same, $\downarrow$ decreased from 2	<u>2005</u> .		
own #1	total # of PHN hrs/wk	_ ↑	$\leftrightarrow$	$\downarrow$
own #2	total # of PHN hrs/wk	. 1	$\leftrightarrow$	$\downarrow$
own #3	total # of PHN hrs/wk	. 1	$\leftrightarrow$	1
own #4	total # of PHN hrs/wk	. 1	$\leftrightarrow$	$\downarrow$
own #5	total # of PHN hrs/wk	. 1	$\leftrightarrow$	$\downarrow$
Comments				
	_			

# Public Health Interventions II: Application to Public Health Nursing



Section of Public Health Nursing Minnesota Department of Health **Surveillance**: describe and monitor health events through ongoing and systematic collection, analysis and interpretation of health data for the purpose of planning, implementing and evaluating public health interventions.[Adapted from MMWR 1988]

**Disease and Health Event Investigation**: systematically gathers and analyzes data regarding threats to the health of populations, ascertain the source of a threat, identify cases and others at risk, and determines controls.

**Outreach**: locate populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained.

**Screening:** identify individuals with an unrecognized health risk factors or asymptomatic disease condition in populations.

Case Finding: locates individuals and families with identified risk factors and connect them with resources.

**Referral and Follow-up**: assists individuals, families, groups, organizations, and/or communities to identify and access necessary resources to prevent or resolve problems/concerns.

Case Management: optimizes self-care capabilities of individuals and families and the capacity of systems and communities to coordinate and provide services.

**Delegated Functions**: direct care tasks a registered professional nurse carries out under the authority of a health care professional as allowed by law. Delegated functions, also include direct care tasks a professional nurse entrusts to other appropriate personnel to perform.

**Health Teaching**: communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities.

**Counseling**: establishes an interpersonal relationship with a community, a system, families or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, a system, family or individual at an emotional level.

**Consultation:** seek information and generates optional solutions to perceived problems or issues through interactive problem-solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances.

**Collaboration**: commits two or more persons or organizations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health.

**Coalition Building**: Promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership to address health concerns.

**Community Organizing**: health community groups to identify common problems or goals, mobilize resources and implement strategies for reaching the goals they collectively set.

**Advocacy**: plead someone's cause or act on someone's behalf, with focus on developing the community, system, individual or family's capacity to plead their own cause or act on their own behalf.

**Social Marketing**: utilize commercial marketing principles and technologies to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest.

**Policy Development and Enforcement**: place health issues on decision-maker's agendas, acquire a plan of resolution, and determine needed resources. Policy development results in laws, rules and regulations, ordinances, and policies. Policy enforcement compels others to comply with laws, rules, regulations, ordinances and policies related in conjunction with policy development.



15.	15. Age of populations served in your practice (check all that apply)				
	<ul><li>□ Less that one year of age</li><li>□ School age</li><li>□ Adults 19-49</li><li>□ Pregnant women</li></ul>	<ul><li>□ 1-5 years of age</li><li>□ Adolescents</li><li>□ Adults 50+</li><li>□ Other</li></ul>			
Scc	ppe of Practice				
16.	may be directed to individuals	IN takes to improve the health of populations and and their families, communities or the systems nunities. Indicate the interventions, actions you fithe population of your city of town.			
	systematic collection analysis	monitor health events through ongoing and and interpretation of health data for the purpose of aluating pubic health interventions.			
	data regarding threats to the h	Investigation: systematically gather and analyze ealth of populations, ascertain the source of a rs at risk, and determine control measures			
	Outreach: locate population information about the nature of services can be obtained.	ns-of-interest or populations-at-risk and provide f the concern, what can be done about it, and how			
	☐ Screening: identify individual asymptomatic disease condition	uals with an unrecognized health risk factors or on in populations			
	☐ Case Finding: locate indiv connect them with resources	iduals and families with identified risk factors and			
	☐ Referral and Follow-up: a and/or communities to identify resolve problems/concerns	ssist individuals, families, groups, organizations, and access necessary resources to prevent or			
	☐ Case Management: optim families and the capacity of syservices	izes self-care capabilities of individuals and stems and communities to coordinate and provide			
	corries out under the authority	ct care tasks a registered professional nurse of a health care professional as allowed by law or udes any direct care tasks a professional nurse personnel to perform			



☐ Health Teaching: communicate facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities
□ Counseling: establishes and interpersonal relationship with a community, a system, families or individual intended to increase or enhance their capacity to for self-care and coping. Counseling engages the community, a system, family or individual at an emotional level.
□ Consultation: seek information and generate optional solutions to perceived problems or issues through interactive problem-solving with a community, system, family or individual and then the community, system, family/individual acts on the option best meeting the needs.
□ Collaboration: commit two or more persons or organizations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health
☐ Coalition Building: promote and develop alliances among organizations or constituencies for a common purpose. Coalitions build linkages, solve problems, and/or enhance local leadership to address health concerns.
☐ Community Organizing: help community groups to identify common problems or goals, mobilize resources and implement strategies for reaching the goals they collectively set.
☐ Advocacy: plead someone's cause or act on someone's behalf, with a focus on developing the community, system, individual or family's capacity to plead their own cause or act on their own behalf.
□ Social Marketing: utilize commercial marketing principles and technologies to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest
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	t is the average number of hours per month tl rgency preparedness/ bioterrorism EP/BT pla		
	hrs/month in EP/BT		
Has	your participation changed since 2005?		
	☐ Yes ☐ No		
	If yes, Please explain		
18. Hav	e you attended any of the following training s	essions?	
	Incident Command System (ICS)	☐ Yes	□ No
	Risk Communication	☐ Yes	□ No
	Behavioral Health Disaster Response	☐ Yes	□ No
	Smallpox Vaccination	☐ Yes	□ No
•	Pandemic Influenza	☐ Yes	□ No
	Mass/Emergency Dispensing Site	□ Yes	□ No
	Strategic National Stockpile (SNS)	☐ Yes	□ No
	Bioterrorism Agents	☐ Yes	□ No
	Personal Protective Equipment	Yes	□ No



18. Train	ing Sessions Attend	lance (Continued)		
ŀ	lealth and Homelar	nd Alert Network (HHAN)	□ Yes	□ No
. 1	National Incident Ma	anagement System (NIMS)	□ Yes	□No
	Homeland Security Evaluation Program		□ Yes	□ No
1	Noble Training Cent	er in Alabama	☐ Yes	□ No
	f yes, list the trainin	g		
	⊒ Yes	ning Council (LEPC), Medi □ No participated in drills or exe		orps (Mirco)
	ast year, have you. ⊒ Yes	D No	· · · · · · · · · · · · · · · · · · ·	
If Yes, vusing F	what were the scen lu Clinics or other s	arios; Pan Flu, Emergency cenarios? Please note: ing topics that you would li		· . · ·
· · · · · · · · · · · · · · · · · · ·				

THANK YOU for completing the PHN Survey!

Return this Survey to MAPHN c/o Kaydee Schmidt 62 Churchill Street Milton, MA 02186

www.maphn.org