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**Quest for  
Visibility:  
Creating a PHN  
Code in the SOC**

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APHA-Session 3393  
Monday, November 2, 2015

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No relationships to  
disclose.

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The screenshot shows the HRSA Health Resources and Services Administration website. The page title is "Health Workforce Statistics" and "Health Workforce Employment". On the left, there is a "Choose an Occupation" dropdown menu with a list of categories: Allied Health, Dental, Health Administration, Home Health Aides and Support (including Nurses), Mental Health, Nurses, Pharmacy, Physical Therapy, **Public Health** (highlighted with a red circle), and Veterans. In the center, there is an error message: "ERROR: Couldn't connect to Cerda Server component." Below the error message, it says "Source: Bureau of Labor Statistics 2010 Occupational Employment Statistics (OES) Survey." On the right, there are links for "Rhode Island", "Delaware", and "Washington, DC". At the bottom, there is an "About the Data" section and "Website Notes".

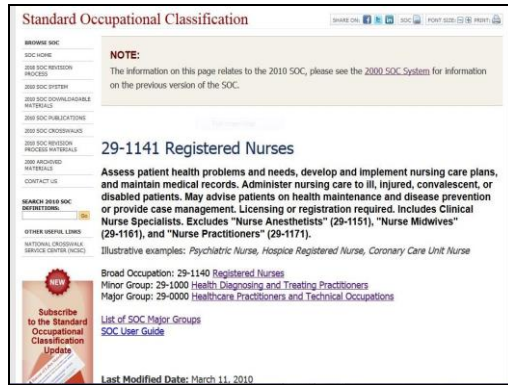
Discovered that public health nurses were not included among the public health workforce on this HRSA website. When I inquired, I was told that was because PHNs had no Standard Occupation Classification of their own. [Note: This website is no longer active.]

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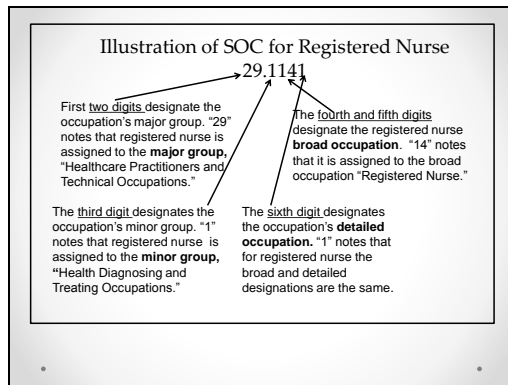
When you search for either community health nurse or public health nurse on the SOC website, you are told no code exists and automatically led to “registered nurse.”

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I have yet to discover who, how, or when this definition was developed. Do you recognize yourself as a PHN in this statement?

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Components of an SOC classification/code.

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**19-1041 Epidemiologists**  
**21-1091 Health Educators**  
**19-1022 Microbiologists**  
**29-1031 Dietitians and Nutritionists**  
**25-1071 Health Specialties Teachers,  
Postsecondary**  
**21-1022 Healthcare Social Workers**

These other classifications do have some statement related to public health, even if only as an “illustrative example.” But that alone is sufficient to search.

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**21-1094 Community Health Workers**  
Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes “Health Educators” (21-1091).  
Illustrative examples: *Peer Health Promoter, Lay Health Advocate*

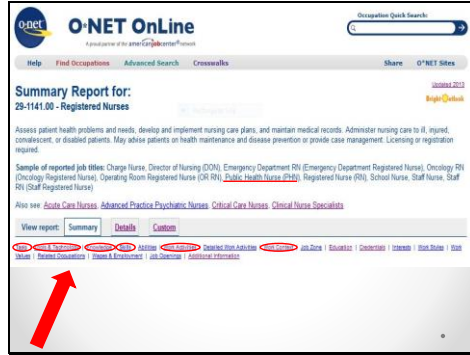
Note this was a new classification in the 2010 SOC revision and promoted by APHA. APHA also requested creation of a code for PHN in that same petition but it was not granted as there was “insufficient evidence” to demonstrate that what the PHN did is significantly different from that of the registered nurse. This became my goal and the subject of my DNP project.

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One of the most significant consequences of not having a code is that an occupation never shows up on this website, which is used widely by vocational counselors, human resource professionals and others. No SOC code means an occupation does not exist in the U.S. [Note: This online service took the place of the Dept of Labor’s document, the Occupational Handbook.]

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What I did was use a sub-group of the questionnaires that O\*NET uses to collect information on the work for registered nurses in the categories circled. I could not ask all items as that would've been a 600+ item survey; as it was there were 127 items.

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### Participants

	Staff PHN	Expert Practice	Expert Education
Total Participants	390	591	74
States Represented	35	39	29
Most Represented	MN = 7.7% MS = 7.2% GA = 7.2% OH = 7.2% OK = 6.2%	GA = 10% MS = 9% IN = 6.25%	MN = 16% WI = 8% IL = 7%
Top Education Level	PhD/DNP = 1.4% MS/MPH = 14.7% BSN = 50% AA = 28% Dip = 5.5%	1% 22% 46% 26% 4%	56% 44%
Years in PH Practice	0-5 = 43% >11 = 41%	>11 = 70%	> 11 = 48%

Participants were recruited through listservs of the professional PHN organizations plus sent to the “chief nurse” in each state’s health department (who was not always easy to track down).

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### Task Frequency-Core

	O*NET RN	Staff PHN	Expert Practice	Expert Educator
Record Keeping	90	76	84	74
Recording Med Info	81	41	60	36
Meds Adm	77	22	52	25
Monitor & Report Symptoms	77	33	52	44
Direct/Supv Others	74	18	50	35
Coord Care w/ Team Members	74	29	47	34

Tasks were divided between “core” (tasks which all nurses do) and “supplementary” (tasks only some perform). This table show what percentage of respondents performed each task either frequently or very frequently.

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### Task Frequency-Core

	O'NET RN	Staff PHN	Expert Practice	Expert Educator
Prepare Exam Rooms & Stock	59	13	35	11
Refer to Specialists & Comm. Resources	14	21	40	53
Consult re: Practice Issues	40	6	11	27

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### Task Frequency-Suppl.

	O'NET RN	Staff PHN	Expert Practice	Expert Educator
Ensure Quality Care	61	6	19	21
Work w/ Indvs., Cps, Families to Improve Community Health	42	29	47	72
Administer anesthetics	30	0.5	1.5	2
Training Aux & Students	11	2	4	11
Engage in Nursing Research	1	3	5	7

This displays frequency of selected supplemental tasks.

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### Tasks Not Mentioned in Survey

Research Requires Patients Partner Daily Support  
 Nursing VFC Assessment  
 Growth and Development Community  
 Extremely Important Health HIV  
 Immunizations Staff Disease Facilities  
 Investigations Physicians Referrals Breastfeeding  
 Counseling

This were entries into a task box asking respondents to indicate what tasks they carried out as PHNs that were not mentioned in the previous items.

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### Knowledge Importance

	O*NET RN	Staff PHN	Expert Practice	Expert Education
Medicine & Dentistry	86	71	78	68
Customer Service	83	87	96	82
Psychology	80	78	90	97
English Language	76	87	93	95
Educ. & Training	72	56	75	93
Therapy & Counseling	72	59	71	81
Math	56	58	79	92
Biology	54	36	40	65

These data are responses to either “extremely important” or “very important” to PHN work.

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### Knowledge Importance

	O*NET RN	Staff PHN	Expert Practice	Expert Education
Sociology & Anthropology	53	72	80.5	96
Computers & Electronics	52	61	77	56
Public Safety & Security	49	78	89	96.5
Law & Government	42	79	89	90
Communication & Media	36	77	87	97
Philosophy & Theology	32	71	82	92

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### Skill

	O*NET RN Importance	Staff PHN Relevance	Expert Practice Relevance	Expert Education Relevance
Active Listening	78	86	87	95
Social Perceptiveness	78	78	76	86
Service Orientation	75	78	78	84
Speaking	75	86	84	91
Coordination	72	74	74	82
Critical Thinking	72	79	85	98

Unfortunately these items cannot be compared due to inconsistency in the questionnaire but the responses on the extent which the PHNs perceived a given skill as extremely relevant or very relevant to their practice is useful.

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Continued.

### Skill

	O*NET RN Importance	Staff PHN Relevance	Expert Practice Relevance	Expert Education Relevance
Reading Comprehension	72	77	79	88
Judgment and Decision Making	69	69	79	89
Monitoring	69	62	71	77
Science Application	47	43	55	75

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Unfortunately these items cannot be compared either due to inconsistency in the questionnaire but the responses on the extent which the PHNs perceived a given element of the work context as extremely relevant or very relevant to their practice is useful.

### Work Context

	O*NET RN Importance	Staff PHN Relevance	Expert Practice Relevance	Expert Education Relevance
Telephone Use	99	72	84	83
Constant Contact With Others	92	88	79	75
Indoors, Environmentally Controlled	97	74	76	38
Physical Proximity-Near Touching	86	66	76	54

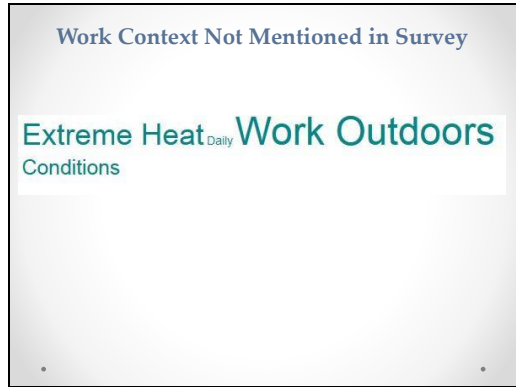
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### Work Context

	O*NET RN Importance	Staff PHN Relevance	Expert Practice Relevance	Expert Education Relevance
Face-to-Face Discussions	82	65	67	53
Deal With External Customers (importance)	78	60	74	71
Work With Work Group or Team (importance)	74	44	52	61
Impact of Decisions on Co-workers or Company Results (importance)	63	50	63	46

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Text box items related to not mentioned work context for PHNs.

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Tools not mentioned in the questionnaire,

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Technologies not mentioned in the questionnaire.



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Analysis not yet complete. When done will be submitted to the OMB as additional evidence for differences in nursing practice provided by the PHN. The timeline for submission is not yet published.

For additional information please contact me.