Clinical Prevention and Population Health
Getting There from Here

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All health professions engage in preventive activities. The science of prevention has advanced substantially over the past 20 years. These advances range from clinical applications of the basic science of immunization and chemoprevention to social science approaches such as enhancing provider—patient communication, or implementation of preventive practice approaches in communities through social marketing and mass communication. In addition, clinical epidemiology and evidence-based practice methods have generated systematic and regularly updated summaries of evidence for preventive interventions, giving providers and the public much more confidence in the effectiveness of recommended interventions.

The Association of Teachers of Preventive Medicine (ATPM) is to be congratulated for its efforts to provide a comprehensive curricular outline, as well as the recommendation that all health professions incorporate prevention into their curricula.[1] The specific emphases within the curriculum should, of course, vary across professions. For example, preventive principles are extraordinarily important within dentistry, but detailed knowledge of immunization schedules will likely not be appropriate. The ATPM's ongoing efforts to provide curricular examples will be very useful to deans and course directors.

The breadth of the ATPM's effort is remarkable. Issues of clinical epidemiology, health policy, and many other areas are important, but not unique, to prevention. Acute and chronic clinical care and health policy also need to be informed by data on the incidence and prevalence of disease, positive and negative predictive value of diagnostic tests, and payment issues. Whether these curricular components are taught in a course titled "prevention," "health policy," or "clinical epidemiology" is much less important than that they be taught, and taught well. We accept as a given that every curricular hour in health profession schools is currently accounted for and jealously guarded by course directors. Creating new courses with additional contact hours for students may be difficult from both logistical and political perspectives. Implementation of these curricular elements will require leadership on the part of deans, curriculum coordinators, and department chairs. Equally important will be creativity in recognizing where these curricular components are already taught, and then modifying and incorporating them into the overall prevention and community health curriculum.

The ATPM can serve its constituent institutions well by providing examples and case studies of such coordinating functions. For example, global health issues may already be partially addressed through an infectious disease course discussing emerging infections and their transmission across continents. If such a lecture or seminar already exists, the necessary additional step is to place the topic of emerging illnesses into the context of community practice.

Three of the four major curricular components will almost certainly seem quite intuitive to readers: evidence base of practice, clinical preventive services, and community aspects of practice. The ATPM recognizes that health systems and health policy as core components of clinical prevention and population health may seem novel. We agree with the ATPM committee regarding the importance of this knowledge, although perhaps for somewhat different reasons. Knowing how a preventive intervention is implemented is critically important in understanding how to get from the evidence base for the effectiveness of colon cancer screening to development of appropriate payment methodology for cancer preventive interventions. Recognizing that lack of appropriate payment may be a reason for inadequate implementation of a preventive intervention is important, just as knowing the positive predictive value of the screening test is important.

One unstated rationale of the committee's work relates to the importance of professionalism in "health profession schools." Health professionals are not simply technicians implementing guidelines and protocols. Part of our professional obligation is to further our professions through advancing knowledge and intervening to improve the health of the populations we serve. Knowledge of the structure of the U.S. healthcare system can lead to more constructive channeling of frustration, as well as provide guidance regarding ways to modify healthcare policies to encourage increased

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utilization of appropriate preventive interventions. Tailoring the content of the healthcare policy curriculum toward these ends can provide students with curricular tools that they can appropriately use throughout their careers.

Some course content in healthcare policy may focus too much on the latest "breaking news" in health, such as the details related to the recent Medicare drug benefit legislation. While interesting and topical, such a current events approach may not provide appropriate analytic tools for the future to the student. An examination of ways in which the current U.S. healthcare system provides incentives (and too often, disincentives) for preventive interventions would be important and useful. Because prevention is delivered by many professionals and various components of the healthcare system, especially important will be discussions of the interactions between the public and personal healthcare systems. A clear-eyed view of the limitations of those current interactions will be especially important.

This approved curricular framework is an important intermediate step to build on the remarkable progress of the basic and applied sciences of prevention. Just as placing a preventive guideline on a website or a laminated card may do little to change provider behavior, publishing a curricular framework will itself do little to change the behavior of health science schools. While this work is excellent and necessary, it is not sufficient. Implementation, coordination, and most importantly leadership will be needed to move this framework into practice.

Reference

1. Allan J, Barwick TA, Cashman S, et al. Clinical prevention and population health: curriculum framework for health professions. Am J Prev Med 2004;27:417–422.