Clinical Prevention and Population Health Curriculum Framework

Version 4: Revised February 2020

ASSOCIATION FOR PREVENTION TEACHING AND RESEARCH

The Clinical Prevention and Population Health Curriculum Framework is a product of the Healthy People Curriculum Task Force convened by the Association for Prevention Teaching and Research. The project is supported by the DHHS Office of Disease Prevention and Health Promotion through a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC). Please visit www.teachpopulationhealth.org to access an interactive version of the Framework.

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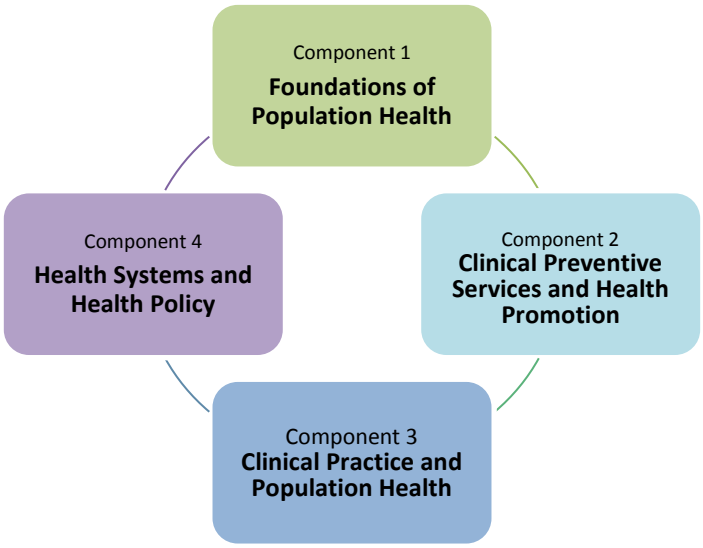
Introduction

The Clinical Prevention and Population Health Curriculum Framework (Framework) is a product of the interprofessional Healthy People Curriculum Task Force established in 2002 by the Association for Prevention Teaching and Research (APTR). The Framework provides a common core of knowledge for clinical health professions about individual and population-oriented prevention and health promotion efforts. Health professions educators are encouraged to review their curricula and curricular requirements to ensure they include elements of the Framework.

Framework Structure

The Framework provides a

- Content outline that is compatible with a range of learning outcomes or competencies as determined by each health profession,
- Structure for organizing and monitoring curriculum,
- Structure for communicating within and among the health professions.[1]



This fourth version of the Framework consists of **4 components** and **23 domains**, with each domain including **topic areas** and illustrative examples.

The components are:

- **Component 1:** Foundations of Population Health - This component includes the quantitative and analytic skills used to assess, compare, describe, and monitor the health of populations.
- **Component 2:** Clinical Preventive Services and Health Promotion - This component is based on the organizational structure initially used by the U.S. Preventive Services Task Force, and highlights evidence-based, health promotion and disease prevention interventions in the clinical setting.
- **Component 3:** Clinical Practice and Population Health - This component highlights opportunities and disciplines that require individual- and population-based health perspectives.
- **Component 4:** Health Systems and Health Policy - This component includes the systems and policies that help to govern the health and healthcare system, including collaborative efforts between the clinical care and public health communities.

[1] To facilitate communication, the Task Force recommends that all health professions use the term "Clinical Prevention and Population Health" when referring to this subject area in the curriculum.

The Framework undergoes revision every 5 years. The fourth revision of the Framework features:

- A greater emphasis on social determinants of health (SDOH) and health equity
- A new domain addressing mental and behavioral health
- Updated and improved illustrative examples
- 14 new or revised topic areas:
  - 1.5.B. Impact of biological factors on health
  - 1.5.C. Impact of discrimination, sexism and racism on equity and inclusion in health care and on health
  - 1.6.A. Data analytics
  - 2.1.D. Approaches to behavior change incorporating diverse patient perspectives
  - 2.1.F. Identification of vulnerable and at-risk patients and populations, especially those in need of particular clinical preventive services and health promotion
  - 2.3.A. Access to mental, behavioral, and addiction health services
  - 2.3.B. Risk reduction
  - 2.3.C. Screening and detection of mental and behavioral health problems
  - 2.3.D. Clinician wellbeing
  - 2.5.B. Considerations for use of preventive medication
  - 2.5.C. Adverse drug events
  - 3.1.F. Systems thinking in population health
  - 3.2.B. Principles to successful partnering
  - 4.1.E. Impact of health systems organization on health outcomes

The Curriculum Framework does not provide detailed information about how to teach clinical prevention and population health. The Appendices include examples of how the Framework content has been integrated into profession-specific curricula. Clinical prevention and population health evidence-based resources and suggested teaching tools are available at www.teachpopulationhealth.org.

Rationale

The Task Force members believe that if the United States is to achieve Healthy People objectives, all health professionals must incorporate population health principles and activities into their education and professional practices. The Task Force recognizes the value of using an interprofessional education approach for teaching and learning clinical prevention and population health, as well as for developing models for students' future clinical practice.

Population health has been defined as "the health outcomes of a group of individuals including the distribution of such outcomes within the group."[2] More recently, population health has been described as "measuring and optimizing the health of groups and in so doing embraces the full range of determinants of health, including health care delivery."[3]

Improving the nation's health requires health professionals to understand and apply prevention and population health principles, practice in interprofessional teams, and link with other programs and services that affect health. Interprofessional team-based care—care delivered by intentionally created work groups who share the responsibility for a group of patients[4]--is facilitated by the development of the relevant knowledge, skills and attitudes early in the process of health professions education.

A more effective, sustainable healthcare system includes a workforce that:

- understands and integrates population health principles and implications for individual patients, clinical practices, and the community;

[2] Kindig D and Stoddard G.What is Population Health? Am J Public Health. March 2003; 93(3): 380-3.

[3] Gourevitch Marc. Population Health and the Academic Medical Center: The Time Is Right. Academic Medicine. April 2014; 89(4): 544-549.

[4] Interprofessional Education Collaborative. 2011. http://ipecollaborative.org/uploads/IPEC-Core-Competencies.pdf

- is committed to working in interprofessional teams to promote health, as well as prevent disease and injury;
- contributes to the public health systems in which they practice; and
- is dedicated to improving health outcomes and reducing health disparities across the population being served.

APTR Healthy People Curriculum Task Force

The Healthy People Curriculum Task Force was convened by the Association for Prevention Teaching and Research in 2002 to achieve Healthy People objectives of increasing health promotion, disease prevention, population health and interprofessional learning experiences for students in health professions education programs.

Convening Member

- Association for Prevention Teaching and Research (APTR)

Members

- American Association of Colleges of Nursing (AACN)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- American Association of Colleges of Pharmacy (AACP)
- American Dental Education Association (ADEA)
- Association of American Medical Colleges (AAMC)
- Association of Schools Advancing Health Professions (ASAHP)
- National Organization of Nurse Practitioner Faculties (NONPF)
- Physician Assistant Education Association (PAEA)

Resource Organizations

- Association of Schools and Programs of Public Health (ASPPH)
- Community Campus Partnerships for Health (CPPH)

Curriculum Recommendations

Although the Framework was primarily designed to provide guidelines for education in the clinical health professions represented on the Healthy People Curriculum Task Force, the Framework is applicable to many other health professions disciplines.

The Task Force recommends that all health professions education programs:

- Incorporate clinical prevention and population health educational content in their curricula.
- Integrate innovative, interprofessional educational experiences and approaches focused on clinical prevention and population health.[5]
- Evaluate students' interprofessional collaborative practice knowledge and skills with regard to clinical prevention and population health.
- Systematically determine whether appropriate domains and topic areas in the Curriculum Framework are part of its standardized examinations for licensure and certification as well as program accreditation.
- Use diverse best practice teaching and learning methods to incorporate clinical prevention and population health content into degree and continuing education programs, including service-learning, case-based learning, problem-based learning, and simulation methods.

[5] A guide for linking elements of the Framework with interprofessional competencies is included in Appendix A.

Component 1: Foundations of Population Health

1. Descriptive Epidemiology: The Health of Populations

Topic areas	Examples
A. Burden of disease and injury	• Morbidity, mortality, financial impact
B. Course of disease and injury	• Incidence, prevalence, case-fatality
C. Determinants of health, disease, and injury	• Behavioral, socioeconomic, environmental, genetic • Access to health care, quality of health care
D. Distribution of disease and injury	• Person, place, time • Endemic, epidemic, pandemic
E. Data sources	• County, state, national, global vital statistics • Active and passive public health surveillance • Electronic health records (EHR) and geographic information systems(GIS)

2. Etiology, Benefits and Harms–Health Research Evaluation

Topic areas	Examples
A. Study designs	• Experimental (e.g., controlled trial), quasi-experimental (e.g., pre/post assessment), observational (e.g., cohort, prospective or retrospective)
B. Estimation - magnitude of association	• Relative risk/odds ratio, attributable risk, number needed to screen/treat, population impact measures
C. Inference	• Statistical significance tests, confidence intervals
D. Data quality	• Accuracy, bias, confounding, error, interaction, precision
E. Data presentation	• Interpretation and presentation of data for diverse audiences using different formats

3. Evidence-Based Practice

Topic areas	Examples
A. Assessing the quality of the evidence	• Types and quality of research and other types of evidence relevant to target population • Grading of Recommendations Assessment, Development and Evaluation (GRADE)
B. Assessing the magnitude of the effect	• Incorporating short- and long-term benefits and harms
C. Nationally recognized guidelines	• Standards, methods, and criteria used for establishing guidelines

4. Implementation of Health Promotion and Disease Prevention Interventions

Topic areas	Examples
A. Types of prevention	• Primary, secondary, tertiary

B. Target audience for direct interventions	• Individuals, families, high risk groups, communities, populations
C. Recognition of the effect of social determinants of health on access to preventive services	• Income, education, transportation options • Culture, social and community context, language/literacy
D. Role of the clinician and interprofessional team in improving the health of populations	• Patient and community education, incentives for behavior and structural change • Role for genomics in clinical practice • Shaping policy and laws to improve a community's health • Collaboration outside of the healthcare sector, (e.g., engineering/environmental solutions
E. Practice-based systems to aid with the provision of preventive services	• Electronic reminders for clinicians and patients • Interaction between patients and clinicians using new technologies • Patient navigators and community health workers • Home visits by appropriate workforce • Use and limitations of social media
F. Impact of a population health focus on the health of individuals, families, and communities	• Community-based approaches to facilitate health promoting changes such as improved nutrition options, built environment to promote active lifestyles • Need to identify root causes and act on them

5. Determinants of Health

Topic areas	Examples
A. Impact of social factors on health	• Quality of/access to educational, economic, recreational, and employment opportunities • Social norms and attitudes, bias and stereotypes • Availability of resources to meet daily needs • Access to mass media and emerging technologies • Language and literacy
B. Impact of biological factors on health	• Genetics, microbiome, age, sex, weight, immune status
C. Impact of discrimination, sexism and racism on equity and inclusion in health care and on health	• Discriminatory practices against marginalized groups based on race, ethnicity, gender, sexual orientation, immigration status, income, religion, age, disability status
D. Impact of the unaltered environment, altered environment, and built environment on health	• Climate change, environmental contamination, built environment and community planning that impede or support health promoting lifestyles • Physical hazards and barriers, public safety
E. Impact of policy and law as determinants of health and disease	• Zoning laws and the proximity of residential areas to sources of pollution, green space, and nutritious food • Programs to support educational attainment • Benefits of tenant-focused assistance programs
F. Importance of health care as a determinant of health	• Early detection, prenatal care, immunization, well child exams, chronic disease management

G. Relationship between human health, animal health and ecosystem health (OneHealth)	• Implications for microbiological influences on health and disease • Ecosystem health/physical environment • Human-animal interaction; therapeutic and companion animals • Antibiotic resistance, emerging infectious and vector-borne diseases

6. Population Health Informatics

Topic areas	Examples
A. Data analytics	• Collection, interpretation and use of data to assess population health • Use in the provision of health care and other services • Analysis of health outcomes flagging and exploring causes of disparities • Identifying emerging diseases and outbreaks
B. Proper documentation and delivery of information about preventive services and reportable diseases to public health agencies	• Timely and accurate use of electronic health records to track and report quality outcomes, disparities, and the provision of preventive health services

7. Evaluation

Topic areas	Examples
A. Process and outcome assessments	• Measurement of the impact of the service or intervention on the population • Compliance with legal and ethical principles • Monitor and document program implementation
B. Decision analyses	• Formally assessing relevant aspects of a decision for a recommended course of action • Outcome probabilities, cost-effectiveness, cost-benefit, and cost-utility
C. Quality improvement	• Patient safety, root cause analyses • Models: Plan-Do-Study-Act (PDSA) cycle, Lean Model, Care Model, Six Sigma, Clinical Practice Improvement (CPI)

Component 2: Clinical Preventive Services and Health Promotion

1. Prevention-related Practices

Topic areas	Examples
A. Lifestyle-associated behavior counseling and referral	• Diet, exercise, smoking cessation
B. Considerations for successful preventive interventions	• Effectiveness, benefits and harms, barriers, cost, acceptance by patient
C. Effective clinician-patient communication	• Patient participation in decision-making, informed consent, motivational interviewing, risk communication, advocacy, health literacy • Role for telehealth and other technology
D. Approaches to behavior change incorporating diverse patient perspectives	• Individual and group counseling, skills training including parenting, motivational interviewing, cognitive-behavioral therapy
E. Evidence-based recommendations	• U.S. Preventive Services Task Force recommendations • CDC Advisory Committee on Immunization Practices • Guide to Community Preventive Services
F. Identification of vulnerable and at-risk patients and populations, especially those in need of particular clinical preventive services and health promotion	• Patient demographics, incarceration status, homelessness, veteran status, pregnancy status

2. Screening

Topic areas	Examples
A. Analysis of screening tests	• Range of normal, sensitivity, specificity, predictive value, target population
B. Assessment of health risks	• Psychosocial factors, environmental factors, genetic determinants, health behaviors
C. Criteria for successful screening	• Effectiveness, benefits and harms, barriers, cost, acceptance by patient
D. Clinician-patient communication	• Patient participation in decision-making, informed consent, risk communication, advocacy, health literacy
E. Evidence-based recommendations	• Use of evidence-based recommendations such as those of the U.S. Preventive Services Task Force
F. Required Screenings	• Newborn screening, immigrant screening, lead testing

3. Mental and Behavioral Health

Topic areas	Examples
A. Access to mental, behavioral, and addiction health services	• Role for telehealth • Workforce training and distribution • Payment for services
B. Risk reduction	• Gun violence, substance use disorder, suicide, bullying, trauma, post-traumatic stress disorder

C. Screening and detection of mental and behavioral health problems	• Depression screening • Substance use/abuse (tobacco, alcohol, drugs) • Adverse Childhood Experiences
D. Clinician wellbeing	• Causes of clinician burnout • Resilience • Benefits of interprofessional team practice

4. Immunization

Topic areas	Examples
A. Approaches to vaccination	• Types of vaccines • Vaccine indications and contraindications • Route, site and technique of administration • Target population, population-based immunity
B. Criteria for successful immunization	• Proper storage, handling and preparation • Patient education, including benefits and risks • Acceptance by patient and community (vaccine hesitancy, vaccine refusal)
C. Clinician-patient communication	• Patient participation in decision-making • CDC Vaccine Information Statements • Understanding vaccine safety • Risk communication, health literacy
D. Evidence-based recommendations	• Advisory Committee on Immunization Practices
E. Requirements	• State laws and guidelines • School requirements • CDC Vaccine Information Statements • Implications of vaccine exemptions • Documentation, reporting adverse events

5. Preventive Medication

Topic areas	Examples
A. Approaches to preventive medication	• Primary and secondary prophylaxis • Pre vs. post exposure prophylaxis • Time-limited vs. long-term
B. Considerations for use of preventive medication	• Efficacy, benefits and harms • Barriers, cost, acceptance by patient, shared decision-making • Use of evidence-based recommendations
C. Adverse drug events	• Allergic reactions, side effects, overmedication, and medication errors

Component 3: Clinical Practice and Population Health

1. Population Health Management

Topic areas	Examples
A. Understanding and applying the principles of patient and community engagement when seeking to achieve population health improvement	• Community-oriented primary care, community involvement • Engagement of patients in the critical review of health-related news and information
B. Influence of social determinants of health on clinical interventions	• Income, occupation, personal and cultural beliefs, transportation, neighborhood and built environment • Quality of education and job training, language/literacy • Social norms and attitudes (e.g., discrimination, racism, and distrust of government) • Access to mass media and emerging technologies
C. Patient population health assessment and improvement within a coordinated healthcare delivery system	• Patient safety assessments • Coordinated care for groups of patients with chronic diseases • Applying an equity lens to various patient populations within health system
D. Coordination of health services	• Linking to community resources • Aligning resources with patient and population needs • Patient-centered medical homes • Communication and sharing knowledge
E. Principles of team-based healthcare, health promotion and disease prevention	• Roles and responsibilities of the team and its members • Contributions of community and lay workers (patient navigators, community health workers) • Interprofessional team competencies
F. Systems thinking in population health	• Understand and model the relationship among elements that influence health outcomes • Alter design, processes, or policies based on the resultant knowledge in order to produce better health at lower cost • Understand how the various parts of an organization interact and how effectively people are working together to achieve desired outcomes

2. Partnering with the Public to Improve Health

Topic areas	Examples
A. Community health assessments	• Developing and maintaining partnerships among key stakeholders • Methods of assessment and planning models, frameworks and tools • County Health Rankings and Roadmaps, Behavioral Risk Factor Surveillance System • Understanding national and state requirements that drive community health assessments and improvement planning
B. Principles to successful partnering	• Application of the principles of community engagement to prioritize interventions • Strategies for building community capacity

C. Conducting or contributing to community-engaged research	• Principles of community-engaged research (CEnR), specifically community-based participatory research (CBPR) • Differences between CBPR and traditional research • Challenges and benefits of CBPR; understanding when to use a CBPR approach
D. Communications	• Communication channels: mass and social media; risk communication • Use of impact statements to promote evidence-based practices • Understanding of social marketing best practices
E. Literacy level and cultural appropriateness	• National Culturally and Linguistically Appropriate Services (CLAS) Standards • Federal health literacy tools and guidelines
F. Evidence-based recommendations for community preventive services	• Community Preventive Services Task Force-The Community Guide

3. Environmental Health

Topic areas	Examples
A. Scope of environmental health	• Interrelationships between people and their environment • Unaltered/natural, altered and built environments • Environmental health in local, state, and federal policies • Hazardous substances in the air, water, soil, and food; natural and technological disasters; climate change; occupational hazards
B. Environmental contamination agents, vectors, and routes of entry	• Understanding environmental pathways and harmful agents (e.g., tobacco, lead, mercury, asbestos, pesticides, ticks, mosquitoes) • Routes of entry of environmental contamination agents (e.g., air, water, food)
C. Environmental health risk assessment and risk management	• Recognition and reduction of environmental hazards, particularly for vulnerable individuals and populations

4. Occupational Health

Topic areas	Examples
A. Employment-based risks and injuries, including military service	• Biological, chemical, radiological, and physical agents and hazards • Infectious and chronic diseases and injuries • Psychosocial risk factors
B. Prevention and control of occupational exposures and injuries	• Surveillance; engineering controls, safe work practices, administrative controls, personal protective equipment
C. Exposure and prevention in healthcare settings	• Needlestick injuries, back injuries, latex allergy, violence and stress

5. Global Health

Topic areas	Examples
A. Role of key organizations in global health	• World Health Organization (Public Health Emergencies of International Concern), USAID, CDC, State Department, global partnerships and private foundations • Implications and limitations of international health regulations
B. Distribution of diseases and population patterns in other countries	• Burden of disease and related risk factors • Population growth, health and development
C. Successful measures to address key burdens of disease	• Disease surveillance and response • Immunizations, clean water, mosquito abatement
D. Global demographic changes	• Size and age of population, morbidity, mortality, migration, fertility rates
E. Effects of globalization on health	• Emerging and re-emerging diseases, antimicrobial resistance, climate change, food and water challenges • Needs of immigrant and refugee populations • Impacts of natural disasters, political and social disruptions

6. Cultural Dimensions of Practice

Topic areas	Examples
A. Cultural influences on clinicians' delivery of health services	• Cross-cultural care • Culture of communities, institutions, providers, patients • Implicit and explicit bias in patient care • National Culturally and Linguistically Appropriate Services (CLAS) Standards
B. Cultural influences on individuals and communities	• Attitudes toward health care and health-related beliefs • Language and/or interpreter access; delivering effective care using an interpreter
C. Design and delivery of culturally appropriate and sensitive health care	• Understanding how culture affects the clinician-patient relationship • Patient-centered care • Recognizing bias, prejudice and stereotyping

7. Emergency Preparedness and Response Systems

Topic areas	Examples
A. Preparedness and response systems	• Unified command, incident command • EMS, public health, hospital, clinician, and community engagement • Epidemic Intelligence Service (EIS) and U.S. Public Health Service
B. Defining roles and preparing the health system workforce	• State and local health departments and Public Health Laboratories • Community and individual resiliency • Protection of vulnerable populations in emergencies • Timely emergency communications and coordination • CDC Clinician Outreach and Communication Activity (COCA)

Component 4: Health Systems and Health Policy

1. Clinical and Public Health Systems

Topic areas	Examples
A. Clinical health services	• Continuum of care: ambulatory, home, hospital, long-term care • Components, such as pharmaceutical and device industry, healthcare institutions, healthcare providers, biomedical researchers • New models of care delivery, integrated care systems
B. Responsibilities of public health systems	• Public health core functions and essential services of public health
C. Structure of public health systems	• Federal, state, county, and local agencies • Community-based organizations • Data and information systems
D. Collaboration between clinical practice and public health	• Reportable diseases and conditions • Emergency response • Health education, advocacy; clinical-community linkages • Identifying and addressing social determinants of health
E. Impact of health systems organization on health outcomes	• Evidence of health systems'/organizations' positive and negative impacts on costs and errors • Variations in costs related to organizational structures • Error rates and quality improvement related to organizational structures • Resource wastes; duplication of services; communication improvement or barriers

2. Health Services Financing

Topic areas	Examples
A. Financing and paying for health care services	• Sources of payment: government programs, private health insurance plans, self-pay • Models of payment for services (e.g., Value-Based Purchasing, capitation)
B. Health care for the uninsured or underinsured	• Safety net providers including Federally Qualified Health Centers • Emergency room use • Patient Protection and Affordable Care Act (ACA); Children's Health Insurance Program (CHIP)
C. Financing of public health services	• Federal, state, and local taxes and grants • Public health budgets • Funding sources for social and public health services
D. Impact of financial models on costs, quality, and health outcomes	• International comparisons, comparisons of public and private systems

E. Ethical principles associated with healthcare financing	• Distributive justice models, concepts of efficiency and equity • Financing objectives and their impact on health and healthcare services (cost, access, primary vs. specialty services, diagnostic and treatment technologies) • Expansion of healthcare financing to address impact of social determinants of health

3. Clinical and Public Health Workforce

Topic areas	Examples
A. Regulating health professionals and healthcare institutions	• Certification, licensure, credentialing, privileging, institutional accreditation
B. Discipline-specific history, philosophy, roles and responsibilities	• Awareness of health professional roles and education • Diversity in workforce composition
C. Interprofessional team approach and impact on health outcomes	• Evidence for interprofessional and team-based practice • Joint clinical and public health education for collaborative practice
D. Legal and ethical responsibilities of health professionals	• Patient privacy/HIPAA, privileged communications • Duty to report, immunity policies (protective reporting policies) • Accountability for outcomes of care

4. Health Policy

Topic areas	Examples
A. Development of health policies, strategies, and plans	• Problem identification, policy development, analysis and dissemination • Role for stakeholder engagement in developing health policies
B. Participation in the policy process	• Advisory roles, policy analysis, and advocacy
C. Role of policies on health and health care	• Impact on individual and population health • Policies that impact health and health care, (e.g., tobacco taxes, clean air and water regulations, Highway Safety Act, National Traffic and Motor Vehicle Safety Act • Impact on social determinants of health and health inequities • Immunization policies or requirements
D. Ethical frameworks for public health decision-making	• Balancing individual needs and community needs • Community input and consent • Impact of diverse values and beliefs (e.g.,. immunizations, quarantine)

APPENDICES

Appendix A: Recommended Resources

The materials listed here and additional resources can be found at www.teachpopulationhealth.org

Advancing Interprofessional Clinical Prevention and Population Health Education: Curriculum Development Guide for Health Professions Faculty

A curriculum guide for health professions faculty to prepare students to participate effectively as members of interprofessional health care teams delivering clinical prevention and population health services. The "crosswalk" links the Interprofessional Education Collaborative's (IPEC) Core Competencies for Interprofessional Collaborative Practice and elements of the Clinical Prevention and Population Health Curriculum Framework.
www.teachpopulationhealth.org/interprofessional-crosswalk.html

Community Capacity Building

Community capacity is the combined influence of a community's commitment, resources and skills that can be deployed to build on community strengths and address community problems and opportunities. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communities.
https://resources.depaul.edu/abcd-institute/publications/Pages/default.aspx

Healthy People

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; and measure the impact of prevention activities.
www.healthypeople.gov/

Health in All Policies

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that all decision-makers are informed about the health consequences of various policy options during the policy development process.
www.phi.org/resources/?resource=hiapguide

Health Literacy

Health literacy is the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities. There are a number of Federal resources to help health and communication professionals improve health literacy at: https://health.gov/our-work/health-literacy

Interprofessional Core Competencies

Core Competencies for Interprofessional Collaborative Practice was produced by an expert panel convened in 2009 by the Interprofessional Education Collaborative (IPEC) and updated in 2016. The panel was charged with identifying individual-level core interprofessional competencies for future health professionals.
https://www.ipecollaborative.org/core-competencies.html

National Center for Interprofessional Practice and Education

The National Center for Interprofessional Practice and Education leads, coordinates and studies the advancement of collaborative, team-based health professions education and patient care as an efficient model for improving quality, outcomes and cost. The Center is designated by the Health Resources and Services Administration (HRSA) to provide leadership, scholarship, evidence, coordination and national visibility to advance interprofessional education and practice.
Nexusipe.org

Practical Playbook: Public Health. Primary Care. Together.

A website designed to support increased collaboration between primary care and public health groups by guiding users through the stages of integrated population health improvement. Throughout each stage, the Practical Playbook provides helpful resources such as success stories from across the country, lessons-learned from existing partnerships, and further guidance from industry experts.
www.practicalplaybook.org/

Public Health Code of Ethics

The Public Health Code of Ethics is a set of professional standards and expectations intended for public health practitioners throughout the field. In 2002, a code entitled *Principles of the Ethical Practice of Public Health* was developed by the Public Health Leadership Society and adopted and published by the American Public Health Association. This 2019 version of the Public Health Code of Ethics contains ethical standards and obligations for both public health practitioners and institutions, and it is intended to guide individual and collective decision making.

https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics.ashx?

The Guide to Community Preventive Services

The Task Force on Community Preventive Services develops guidance on which community-based health promotion and disease prevention interventions work and which do not work, based on available scientific evidence. The Community Guide is a credible resource for evidence-based Task Force recommendations and findings about what works to improve public health.
www.thecommunityguide.org

U.S. Preventive Services Task Force

The leading independent panel of private-sector experts in prevention and primary care, the USPSTF conducts rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services. Its recommendations are considered the "gold standard" for clinical preventive services. USPSTF recommendations have formed the basis of the clinical standards for many professional societies, health organizations, and medical quality review groups.
www.uspreventiveservicestaskforce.org/

Appendix B: Accreditation Initiatives Using CPPH Framework Content

Several initiatives in health professions education accreditation are promoting curricular change and have incorporated Framework content. Examples include:

Allied Health

Athletic Training – CAATE (Effective July 2020)
Section II – Program Delivery
Standard 8: Planned Interprofessional education is incorporated within the professional program.

Dietetics – ACEND (Effective July 1, 2018)
5.1.b.
Domain 2. Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice.

Knowledge
Upon completion of the program, graduates are able to:

- KRDN 2.1: Demonstrate effective and professional oral and written communication and documentation.
- KRDN 2.2: Describe the governance of nutrition and dietetics practice, such as the Scope of Nutrition and Dietetics Practice and the Code of Ethics for the Profession of Nutrition and Dietetics; and describe interprofessional relationships in various practice settings.
- KRDN 2.3: Assess the impact of a public policy position on nutrition and dietetics practice.
- KRDN 2.4: Discuss the impact of health care policy and different health care delivery systems on food and nutrition services.
- KRDN 2.5: Identify and describe the work of interprofessional teams and the roles of others with whom the registered dietitian nutritionist collaborates in the delivery of food and nutrition services.
- KRDN 2.6: Demonstrate an understanding of cultural competence/sensitivity.
- KRDN 2.7: Demonstrate identification with the nutrition and dietetics profession through activities such as participation in professional organizations and defending a position on issues impacting the nutrition and dietetics profession.
- KRDN 2.8: Demonstrate an understanding of the importance and expectations of a professional in mentoring and precepting others.

Dental Hygiene – CODE (Revised Jan 1, 2019)
2- 8d: Dental hygiene science content must include oral health education and preventive counseling, health promotion, patient management, clinical dental hygiene, provision of services for and management of patients with special needs, community dental/oral health, medical and dental emergencies, legal and ethical aspects of dental hygiene practice, infection and hazard control management, and the provision of oral health care services to patients with bloodborne infectious diseases.
2- 15: Graduates must be competent in communicating and collaborating with other members of the health care team to support comprehensive patient care.
2- 16: Graduates must demonstrate competence in:
a) assessing the oral health needs of community-based programs
b) planning an oral health program to include health promotion and disease prevention activities
c) implementing the planned program, and,
d) evaluating the effectiveness of the implemented program.

Health Administrative Services – CAHME (Revised May 2018)
III.B.2 – The Program will provide, throughout the curriculum, opportunities for students to participate in team-based activities.

MLS – NAACLS (11/2018)
VIII. MLS Curriculum Requirements
A.5 -- Communications sufficient to serve the needs of patients, the public and members of the health care team.
VIII. MLT Curriculum Requirements
A.5 -- Communications sufficient to serve the needs of patients, the public and members of the health care team.

Occupational Therapy -- ACOTE (Current, changes coming July 2020)
B.1.0. Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social and behavioral sciences supports an understanding of occupation across the lifespan. The student will be able to: B.1.6 - Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.
B2.0. Coursework must facilitate development of the performance criteria listed below. The student will be able to: B.2.5 - Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.

Physical Therapy – CAPTE (Jan 2018)
6F: The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork.

7D7: Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.

7D8: Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.

7D24: Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.

7D37: Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team

7D39: Participate in patient-centered interprofessional collaborative practice.

Respiratory Therapy – CoARC (Effective January 1, 2018)
DA4.6 Interpersonal and Inter-professional Communication
Based on his/her professional goals/programmatic track, graduates must demonstrate interpersonal and communication skills that result in effective interaction with others (e.g., patients, patients' families, physicians, other health professionals/coworkers, students faculty, and the public). Opportunity to communicate proficiently and appropriately, both orally and in writing must be incorporated into coursework. These competencies may include, but are not limited to, the ability to:

- Use the most effective communication techniques for the intended audience, including innovative formats:
- Maintain a climate of mutual respect and shared values when working with individuals from other professions;
- Understand the importance of promoting compassionate, ethical, and professional relationships with patients and their families;
- Understand how to create a communication environment that respects diversity and cultural differences at all levels;
- Understand the effects of health literacy and the diversity of patient education on both patient health and the treatment of disease;
- Learn the elements of effective inter-professional communication including respect for all members of the healthcare delivery team;
- Communicate with patients, families, communities, and other health professionals in a manner that supports a team approach to the maintenance of health and the treatment of disease;
- Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes.

Speech-Language-Hearing -- CAA/ASHA (August 2017)
3.1.1A Professional Practice Competencies
The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

<u>Accountability</u>

- Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology.
- Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists.
- Understand the professional's fiduciary responsibility for each individual served.
- Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.).
- Use self-reflection to understand the effects of his or her actions and make changes accordingly.
- Understand the health care and education landscapes and how to facilitate access to services.
- Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values

<u>Professional Duty</u>

- Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.
- Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.
- Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.
- Understand the roles and importance of interdisciplinary/Interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.
- Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team
- dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable

3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program's mission and goals and that prepare each student for professional practice in speech-language pathology.

Accountability

- Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology.
- Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists.
- Understand the professional's fiduciary responsibility for each individual served.
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Allopathic Medicine

The Framework has been used as a reference document by the Association of American Medical Colleges (AAMC) in calls for proposals to develop Regional Medicine-Public Health Education Centers funded through their cooperative agreement with the Centers for Disease Control and Prevention (CDC). The Framework

was identified as one of the references to guide the improvement of population health education in medical schools and residency programs. Some of the medical schools have used the Framework as one of the reference materials to draft the list of population health competencies for medical students at their schools and to determine their population health curricular structure.
www.aamc.org/system/files/c/2/123246-populationhealthcompetencies.pdf

Osteopathic Medicine

The American Association of Colleges of Osteopathic Medicine (AACOM) established the Core Competency Liaison Group with representation from each of its colleges of osteopathic medicine. In their deliberations, there was agreement that the osteopathic medical core competencies should reflect the CPPH Curriculum Framework objectives. They have drafted student performance indicators that reflect the goals, evaluation tools, and curricular objectives – which are included in the seven identified core competencies that all osteopathic medical schools could use to measure student competence in the Curriculum Framework topic areas and recommended learning/teaching methods. The seven osteopathic medical core competencies focus on the domains of: (1) Osteopathic Principles and Practices; (2) Medical Knowledge; (3) Patient Care; (4) Interpersonal and Communication Skills; (5) Professionalism; (6) Practice-Based Learning and Improvement; and (7) Systems-Based Practice.
www.aacom.org/docs/default-source/core-competencies/corecompetencyreport2012.pdf?sfvrsn=4

IPE Accreditation Standard for Osteopathic Medical Education:
Standard 6.4 of the COMMISSION ON OSTEOPATHIC COLLEGE ACCREDITATION (COCA) - ACCREDITATION OF COLLEGES OF OSTEOPATHIC MEDICINE: COM Accreditation Standards and Procedures (Effective: July 1, 2014)
www.osteopathic.org/inside-aoa/accreditation/predoctoral%20accreditation/Documents/COM-accreditation-standards-current.pdf

Nursing

The 2006 *Essentials of Doctoral Education for Advanced Nursing Practice,* which provides curricular guidance for doctor of nursing practice programs (DNP), includes “Clinical Prevention and Population Health for Improving the Nation’s Health” as an essential element of the curriculum.
www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf

The 2008 *Essentials of Baccalaureate Education for Professional Nursing Practice* revision includes Clinical Prevention and Population Health as one of the nine essential curricular areas for baccalaureate nursing programs www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf

The 2011 *Essentials of Master’s Education for Professional Nursing Practice* revision includes Clinical Prevention and Population Health as one of the nine essential curricular areas for all master’s programs in nursing.
www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf

Each of the three *Essentials* documents are cited as required standards for undergraduate and graduate nursing education programs by the Commission on Collegiate Nursing Education in the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (Amended 2018*.)* The three Essentials documents are under revision and are expected to be completed in 2020.
www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf

Pharmacy

The Center for the Advancement of Pharmacy Education 2013 Outcomes (CAPE) found at www.aacp.org/sites/default/files/2017-10/CAPEoutcomes2013.pdf include Essentials for Practice and Care competencies that ensure a practicing pharmacist becomes both a promoter and provider of population-based health and wellness. The same Domain wording has been adopted by the Accreditation Council for Pharmacy Education and is Standard 2 of the Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (Standards 2016) found at www.acpe-accredit.org/pdf/Standards2016FINAL.pdf.

Physician Assistants

The revised document titled *Competencies for the Physician Assistant Profession* includes interventions for prevention of disease, promotion and maintenance of health, and concepts of population health. The competencies document is endorsed by all the four professional PA organizations. www.nccpa.net/App/PDFs/Definition%20of%20PA%20Competencies%203.5%20for%20Publication.pdf.

In addition, the Physician Assistant Education Association has published the *Core Competencies for New Physician Assistant Graduates* which includes competency 4.12: Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.
paealearning.org/wp-content/uploads/2019/09/core-competencies-for-new-pa-grads-097119.pdf

The 5th edition of the *Accreditation Standards for Physician Assistant Education* requires all programs to include instruction in concepts of public health which includes an appreciation of the public health system and the role of health care providers in the prevention of disease and the maintenance of population health. www.arc-pa.org/wp-content/uploads/2019/09/Standards-5th-Ed-Sept-2019-fnl.pdf.

Public Health

The Council on Education for Public Health (CEPH) revised their accreditation standards in October 2016 to include specific competencies of Master of Public Health (MPH) students in accredited schools and programs of public health. They also newly mandated demonstration of discrete assessments tied to each competency.

CEPH specified an interprofessional competency as follows: “21. Perform effectively on interprofessional teams.”
storage.googleapis.com/media.ceph.org/wp_assets/2016.Criteria.pdf

Appendix C: Healthy People Curriculum Task Force Members

ALLIED HEALTH
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Worcester, MA

Association of Schools and Programs of Public Health
Washington, DC

Elizabeth Weist, MA, MPH, CPH
Director of Education

Appendix D: HPCTF Member Organizations

Convening Member

Association for Prevention Teaching and Research

Established in 1942, the Association for Prevention Teaching and Research is the national membership association for medical and health professions institutions and their faculty advancing prevention and population health education and research. www.aptrweb.org

Members

American Association of Colleges of Nursing (AACN)

The American Association of Colleges of Nursing is the national voice for academic nursing. AACN works to establish quality standards for nursing education; assists schools in implementing those standards; influences the nursing profession to improve health care; and promotes public support for professional nursing education, research, and practice. www.aacnnursing.org

American Association of Colleges of Osteopathic Medicine (AACOM)

The American Association of Colleges of Osteopathic Medicine was founded in 1898 to lend support and assistance to the nation's osteopathic medical schools, and to serve as a unifying voice for osteopathic medical education. www.aacom.org

American Association of Colleges of Pharmacy (AACP)

Founded in 1900, the American Association of Colleges of Pharmacy is the national organization representing the interests of pharmacy education. AACP is comprised of 143 accredited colleges and schools with pharmacy degree programs, including more than 6,500 faculty, 64,000 students enrolled in professional programs, and 5,800 individuals pursuing graduate study. www.aacp.org.

American Dental Education Association (ADEA)

The American Dental Education Association is The Voice of Dental Education. Our mission is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public. Our members include all 76 U.S. and Canadian dental schools, more than 1,000 allied and advanced dental education programs, 60 corporations and more than 20,000 individuals. www.adea.org

Association of American Medical Colleges (AAMC)

Founded in 1876, the Association of American Medical Colleges is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 154 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. www.aamc.org

Association of Schools Advancing Health Professions (ASAHP)

The Association of Schools Advancing Health Professions was chartered in Washington, D.C. in September 1967 as a not-for-profit national professional association for administrators, educators, and others who were concerned with critical issues affecting allied health education. www.asahp.org

National Organization of Nurse Practitioner Faculties (NONPF)

The National Organization of Nurse Practitioner Faculties is the only organization specifically devoted to promoting high quality nurse practitioner (NP) education at the national and international levels. Starting in 1974 as a small group of educators meeting to develop the first NP curriculum guidelines, NONPF has evolved as the leading organization for NP faculty sharing the commitment of excellence in NP education. Today, the organization represents a global network of NP educators. www.nonpf.org

Physician Assistant Education Association (PAEA)

The Physician Assistant Education Association is the only national organization representing PA educational programs. PAEA works to ensure quality PA education through the development and distribution of educational services and products specifically geared toward meeting the emerging needs of PA programs, the PA profession, and the health care industry. www.paeaonline.org

Resource Organizations

Association of Schools and Programs of Public Health (ASPPH)

ASPPH is the voice of accredited academic public health, representing schools and programs accredited by the Council on Education for Public Health (CEPH). www.aspph.org

Community Campus Partnerships for Health (CPPH)

Established in 1997, Community-Campus Partnerships for Health is a nonprofit membership organization that promotes health equity and social justice through partnerships between communities and academic institutions. We view health broadly as physical, mental, emotional, social and spiritual well-being and emphasize partnership approaches to health that focus on changing the conditions and environments in which people live, work, study, pray and play. www.ccphealth.org/

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