

Clinical Prevention and Population Health Curriculum Framework

Version 4: Revised February 2020 (Short Version/No Appendices)



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.

Suggested citation:

"Clinical Prevention and Population Health Curriculum Framework." Association for Prevention Teaching and Research. February 2020.
<https://www.teachpopulationhealth.org/>.

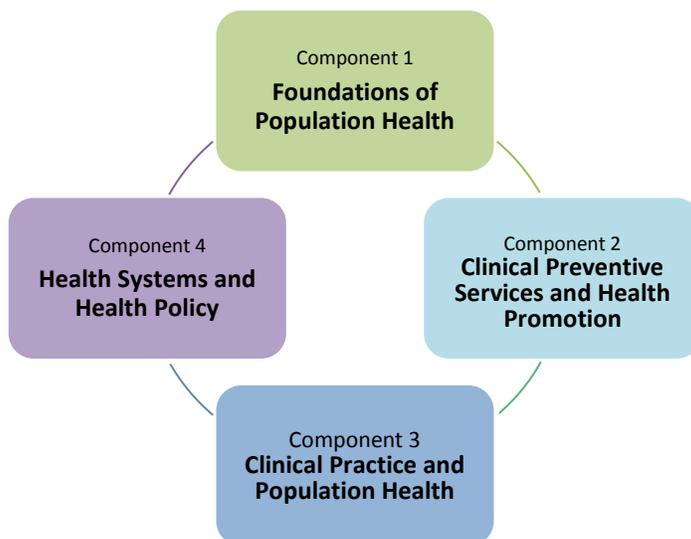
Introduction

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

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 patients⁴—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;
- 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.

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>

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 (AAPCP)
- 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	<ul style="list-style-type: none">• Morbidity, mortality, financial impact
B. Course of disease and injury	<ul style="list-style-type: none">• Incidence, prevalence, case-fatality
C. Determinants of health, disease, and injury	<ul style="list-style-type: none">• Behavioral, socioeconomic, environmental, genetic• Access to health care, quality of health care
D. Distribution of disease and injury	<ul style="list-style-type: none">• Person, place, time• Endemic, epidemic, pandemic
E. Data sources	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Experimental (e.g., controlled trial), quasi-experimental (e.g., pre/post assessment), observational (e.g., cohort, prospective or retrospective)
B. Estimation - magnitude of association	<ul style="list-style-type: none">• Relative risk/odds ratio, attributable risk, number needed to screen/treat, population impact measures
C. Inference	<ul style="list-style-type: none">• Statistical significance tests, confidence intervals
D. Data quality	<ul style="list-style-type: none">• Accuracy, bias, confounding, error, interaction, precision
E. Data presentation	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Incorporating short- and long-term benefits and harms
C. Nationally recognized guidelines	<ul style="list-style-type: none">• Standards, methods, and criteria used for establishing guidelines

4. Implementation of Health Promotion and Disease Prevention Interventions

Topic areas	Examples
A. Types of prevention	<ul style="list-style-type: none">• Primary, secondary, tertiary
B. Target audience for direct interventions	<ul style="list-style-type: none">• Individuals, families, high risk groups, communities, populations

C. Recognition of the effect of social determinants of health on access to preventive services	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Genetics, microbiome, age, sex, weight, immune status
C. Impact of discrimination, sexism and racism on equity and inclusion in health care and on health	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Early detection, prenatal care, immunization, well child exams, chronic disease management

G. Relationship between human health, animal health and ecosystem health (OneHealth)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> Diet, exercise, smoking cessation
B. Considerations for successful preventive interventions	<ul style="list-style-type: none"> Effectiveness, benefits and harms, barriers, cost, acceptance by patient
C. Effective clinician-patient communication	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Individual and group counseling, skills training including parenting, motivational interviewing, cognitive-behavioral therapy
E. Evidence-based recommendations	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Patient demographics, incarceration status, homelessness, veteran status, pregnancy status

2. Screening

Topic areas	Examples
A. Analysis of screening tests	<ul style="list-style-type: none"> Range of normal, sensitivity, specificity, predictive value, target population
B. Assessment of health risks	<ul style="list-style-type: none"> Psychosocial factors, environmental factors, genetic determinants, health behaviors
C. Criteria for successful screening	<ul style="list-style-type: none"> Effectiveness, benefits and harms, barriers, cost, acceptance by patient
D. Clinician-patient communication	<ul style="list-style-type: none"> Patient participation in decision-making, informed consent, risk communication, advocacy, health literacy
E. Evidence-based recommendations	<ul style="list-style-type: none"> Use of evidence-based recommendations such as those of the U.S. Preventive Services Task Force
F. Required Screenings	<ul style="list-style-type: none"> Newborn screening, immigrant screening, lead testing

3. Mental and Behavioral Health

Topic areas	Examples
A. Access to mental, behavioral, and addiction health services	<ul style="list-style-type: none"> Role for telehealth Workforce training and distribution Payment for services
B. Risk reduction	<ul style="list-style-type: none"> Gun violence, substance use disorder, suicide, bullying, trauma, post-traumatic stress disorder

C. Screening and detection of mental and behavioral health problems	<ul style="list-style-type: none"> • Depression screening • Substance use/abuse (tobacco, alcohol, drugs) • Adverse Childhood Experiences
D. Clinician wellbeing	<ul style="list-style-type: none"> • Causes of clinician burnout • Resilience • Benefits of interprofessional team practice

4. Immunization

Topic areas	Examples
A. Approaches to vaccination	<ul style="list-style-type: none"> • Types of vaccines • Vaccine indications and contraindications • Route, site and technique of administration • Target population, population-based immunity
B. Criteria for successful immunization	<ul style="list-style-type: none"> • Proper storage, handling and preparation • Patient education, including benefits and risks • Acceptance by patient and community (vaccine hesitancy, vaccine refusal)
C. Clinician-patient communication	<ul style="list-style-type: none"> • Patient participation in decision-making • CDC Vaccine Information Statements • Understanding vaccine safety • Risk communication, health literacy
D. Evidence-based recommendations	<ul style="list-style-type: none"> • Advisory Committee on Immunization Practices
E. Requirements	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Primary and secondary prophylaxis • Pre vs. post exposure prophylaxis • Time-limited vs. long-term
B. Considerations for use of preventive medication	<ul style="list-style-type: none"> • Efficacy, benefits and harms • Barriers, cost, acceptance by patient, shared decision-making • Use of evidence-based recommendations
C. Adverse drug events	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Application of the principles of community engagement to prioritize interventions • Strategies for building community capacity

C. Conducting or contributing to community-engaged research	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> National Culturally and Linguistically Appropriate Services (CLAS) Standards Federal health literacy tools and guidelines
F. Evidence-based recommendations for community preventive services	<ul style="list-style-type: none"> Community Preventive Services Task Force-The Community Guide

3. Environmental Health

Topic areas	Examples
A. Scope of environmental health	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Surveillance; engineering controls, safe work practices, administrative controls, personal protective equipment
C. Exposure and prevention in healthcare settings	<ul style="list-style-type: none"> Needlestick injuries, back injuries, latex allergy, violence and stress

5. Global Health

Topic areas	Examples
A. Role of key organizations in global health	<ul style="list-style-type: none">World Health Organization (Public Health Emergencies of International Concern), USAID, CDC, State Department, global partnerships and private foundationsImplications and limitations of international health regulations
B. Distribution of diseases and population patterns in other countries	<ul style="list-style-type: none">Burden of disease and related risk factorsPopulation growth, health and development
C. Successful measures to address key burdens of disease	<ul style="list-style-type: none">Disease surveillance and responseImmunizations, clean water, mosquito abatement
D. Global demographic changes	<ul style="list-style-type: none">Size and age of population, morbidity, mortality, migration, fertility rates
E. Effects of globalization on health	<ul style="list-style-type: none">Emerging and re-emerging diseases, antimicrobial resistance, climate change, food and water challengesNeeds of immigrant and refugee populationsImpacts of natural disasters, political and social disruptions

6. Cultural Dimensions of Practice

Topic areas	Examples
A. Cultural influences on clinicians' delivery of health services	<ul style="list-style-type: none">Cross-cultural careCulture of communities, institutions, providers, patientsImplicit and explicit bias in patient careNational Culturally and Linguistically Appropriate Services (CLAS) Standards
B. Cultural influences on individuals and communities	<ul style="list-style-type: none">Attitudes toward health care and health-related beliefsLanguage and/or interpreter access; delivering effective care using an interpreter
C. Design and delivery of culturally appropriate and sensitive health care	<ul style="list-style-type: none">Understanding how culture affects the clinician-patient relationshipPatient-centered careRecognizing bias, prejudice and stereotyping

7. Emergency Preparedness and Response Systems

Topic areas	Examples
A. Preparedness and response systems	<ul style="list-style-type: none">Unified command, incident commandEMS, public health, hospital, clinician, and community engagementEpidemic Intelligence Service (EIS) and U.S. Public Health Service
B. Defining roles and preparing the health system workforce	<ul style="list-style-type: none">State and local health departments and Public Health LaboratoriesCommunity and individual resiliencyProtection of vulnerable populations in emergenciesTimely emergency communications and coordinationCDC 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Public health core functions and essential services of public health
C. Structure of public health systems	<ul style="list-style-type: none"> Federal, state, county, and local agencies Community-based organizations Data and information systems
D. Collaboration between clinical practice and public health	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> International comparisons, comparisons of public and private systems
E. Ethical principles associated with healthcare financing	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> • Certification, licensure, credentialing, privileging, institutional accreditation
B. Discipline-specific history, philosophy, roles and responsibilities	<ul style="list-style-type: none"> • Awareness of health professional roles and education • Diversity in workforce composition
C. Interprofessional team approach and impact on health outcomes	<ul style="list-style-type: none"> • Evidence for interprofessional and team-based practice • Joint clinical and public health education for collaborative practice
D. Legal and ethical responsibilities of health professionals	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Problem identification, policy development, analysis and dissemination • Role for stakeholder engagement in developing health policies
B. Participation in the policy process	<ul style="list-style-type: none"> • Advisory roles, policy analysis, and advocacy
C. Role of policies on health and health care	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Balancing individual needs and community needs • Community input and consent • Impact of diverse values and beliefs (e.g., immunizations, quarantine)