Clinical Prevention and Population Health Curriculum Framework

Version 5: Revised 2025

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.

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APTR
ASSOCIATION FOR PREVENTION TEACHING AND RESEARCH

HEALTHY PEOPLE
Curriculum Task Force

Overview

The Clinical Prevention and Population Health Curriculum Framework (Framework) is a national resource developed to guide integration of prevention and population health content into health professions education. It provides a common core of knowledge for clinical health professions around individual and population-oriented prevention and health promotion and supports alignment of curricula with accreditation requirements and other educational standards.

The Framework serves as both a curriculum guide and an organizing tool to facilitate consistency across health professions programs while allowing for flexibility in how content is adapted to the needs of different disciplines. It provides:

- A content outline compatible with a range of learning outcomes and competencies.
- A structure for organizing, monitoring, and evaluating curricula across health disciplines.
- A resource to promote interdisciplinary collaboration within and among health professions.

The Healthy People Curriculum Task Force (Task Force), an interprofessional body established by the Association for Prevention Teaching and Research (APTR) in 2002, developed the Framework and formally updates it through a five-year review and revision process. The Task Force was originally convened to support a *Healthy People 2010* objective that aimed at increasing the inclusion of core clinical prevention and population health content in health professions training. Over the past two decades, the Framework has shaped curricula, informed curricular guidance documents, and influenced accreditation standards across health disciplines.

Rationale

Improving the nation's health and achieving the objectives of *Healthy People* requires all health professionals to understand and apply principles of prevention and population health throughout their education and professional practice.[1] Collaboration across disciplines and participation in interprofessional teams are essential to addressing emerging health challenges. Teaching and learning clinical prevention and population health is strengthened through an interprofessional education approach.[2] Interprofessional team-based health care—delivered by intentionally created workgroups who share responsibility for a group of patients or populations[3]—is facilitated by the early development of relevant knowledge, skills, and attitudes during health professions education.

The COVID-19 pandemic highlighted the critical role of health professionals in advancing public health, implementing effective prevention strategies, and strengthening interprofessional collaboration. It also exposed new vulnerabilities, underscoring the urgency of addressing the social, environmental, and systemic factors that shape health outcomes. A more effective and sustainable health care system relies on an educated workforce equipped with the knowledge and skills to:

- Understand and apply population health principles at both individual and community levels.
- Collaborate within interprofessional teams to promote health, prevent disease and injury, and enhance preparedness and response during public health crises.

[1] Institute of Medicine (US) Committee on Educating Public Health Professionals for the 21st Century. (2003). *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century.* Washington, DC: National Academies Press.
[2] Institute of Medicine (US). (2015). *Measuring the Impact of Interprofessional Education on Collaborative Practice and Patient Outcomes*. Washington, DC: The National Academies Press.
[3] "IPEC Core Competencies." Interprofessional Education Collaborative, 2023. https://www.ipecollaborative.org/core-competencies

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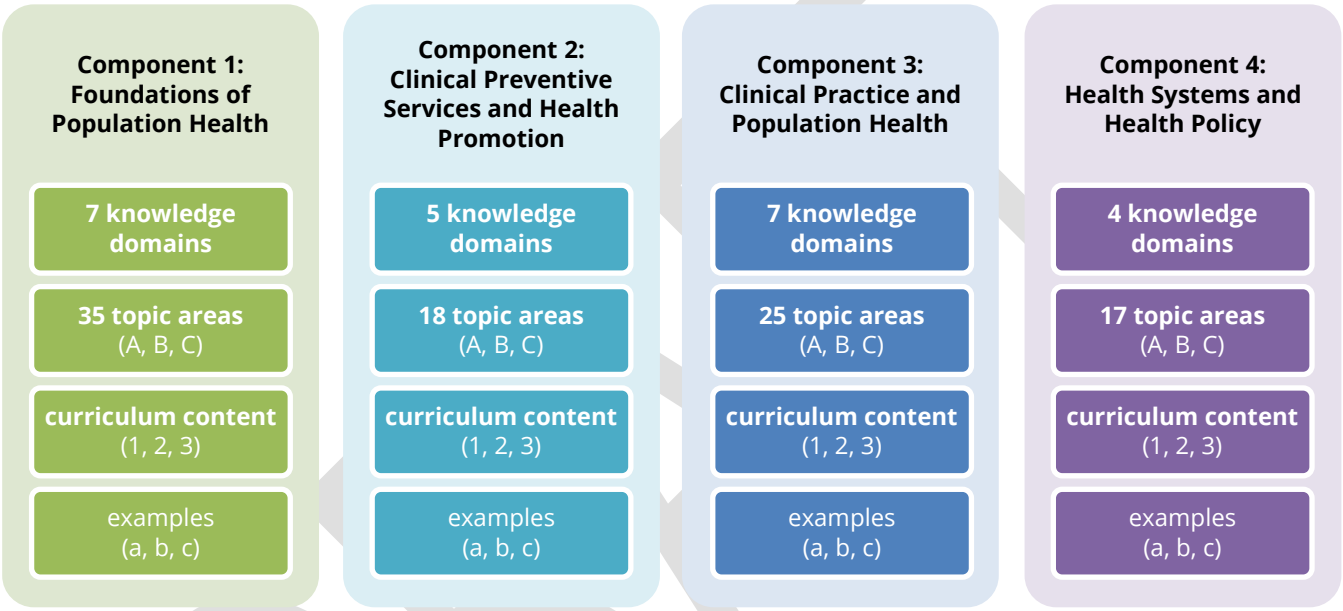
- Engage with public health systems through practice-based contributions that support data-informed policy and decision-making.
- Demonstrate agility in responding to emerging public health challenges and threats.
- Improve health outcomes across all populations.

Framework Structure

This fifth revision of the Framework is organized into **four components** containing **23 knowledge domains.** Each domain includes **topic areas** and recommended **curriculum content** with examples. This structure allows each health profession the flexibility to tailor teaching strategies and integration of content at various levels.



Fifth Revision

This fifth revision incorporates significant updates informed by lessons learned during the COVID-19 global pandemic. Over the course of one year, faculty representatives from across the health professions collaborated in four dedicated workgroups to update the content. The Task Force then refined the Framework through multiple stages of review. Final edits will be incorporated following a public comment period. Educators are encouraged to review and align their curricula with the updated Framework and tailor the content to the needs and readiness of learners.

Key Enhancements

The updated Framework features expanded content across multiple domains, with streamlined Illustrative examples from previous versions now embedded directly into the curriculum content. Notable improvements include:

- Expanded emphasis on non-clinical factors contributing to health outcomes and health care access.
- Enhanced behavioral health domains addressing stress, trauma, resilience, mental health access, and clinician well-being.
- Greater integration of digital health technologies, including telehealth and data analytics.

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Framework Updates: Fourth vs. Fifth Revision

Area	Previous Revision	Fifth Revision
Overall Structure	Four components, 23 knowledge domains	Retains four components and 23 domains with revised and expanded content
Illustrative Examples	Provided as separate, detailed examples outside the core content	Streamlined and integrated directly within curriculum content
Social Determinants of Health	Addressed but less central	Expanded emphasis, with stronger focus on health care access
Behavioral Health	General coverage of behavioral health and wellness	Enhanced domains addressing stress, trauma, resilience, mental health access, and health professional well-being
Digital Health	Mention of technology and informatics in select domains	Greater integration of digital health, including telehealth and data analytics
COVID-19 Lessons	Not reflected (pre-pandemic edition)	Incorporates key insights from the COVID-19 global pandemic across domains

Curriculum Recommendations

To promote consistency and strengthen integration across health professions, it is recommended that all programs adopt the term **"Clinical Prevention and Population Health"** when referring to this subject area in the curriculum.

The Framework is designed to be applicable across a broad range of health professions and health-related disciplines beyond those formally represented on the Task Force, such as social work, health informatics, health law, and environmental engineering. To advance the integration of clinical prevention and population health into health professions education, the Task Force recommends that all health professions education programs:

- **Embed clinical prevention and population health content throughout curricula**, to ensure students gain a solid foundation in disease prevention, health promotion, and public health principles.
- **Align standardized exams, certification criteria, and accreditation standards** with appropriate domains and topic areas of the Framework to ensure population health competencies are clearly defined and consistently evaluated.
- **Assess student competency in interprofessional collaborative practice**, ensuring learners apply population health principles effectively in diverse care settings.
- **Enhance interprofessional educational experiences** by incorporating cross-disciplinary training that fosters collaboration among medical, public health, behavioral health, and social services professionals.
- **Incorporate digital health innovations** including telemedicine, population health informatics, artificial intelligence, and predictive analytics into coursework and experiential learning.

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- **Adopt diverse, evidence-based teaching methodologies**, such as service-learning, case-based and problem-based learning, and simulation training.

Measuring Curricular Integration

The Task Force collects and analyzes data to track the inclusion of clinical prevention and population health content in health professions education. As of the release of this Framework, the data is also used to evaluate progress toward five Education and Community Based Programs (ECBP) objectives in *Healthy People 2030*.

Over the past two decades, Task Force data collection has revealed broad inclusion of certain topics such as counseling for behavior change and evaluation of health sciences literature, while exposing persistent gaps in areas like environmental health, global health, and public health systems. Trends in inclusion have fluctuated over time, reinforcing the importance of continued monitoring and the need for ongoing curricular integration.[4]

Healthy People Curriculum Task Force

The Healthy People Curriculum Task Force was convened by the Association for Prevention Teaching and Research (APTR) in 2002 to increase the inclusion of core clinical prevention and population health content in health professions training. The Task Force collects and analyzes data to track the inclusion of this content in health professions education, and to advance the national education objectives contained in *Healthy People*.

The Task Force is composed of representatives from ten national health professions education organizations representing nursing, medicine, pharmacy, dentistry, allied health, PAs, and public health.

[4] "Data Collection for National Healthy People Initiative." *Clinical Prevention and Population Health Curriculum Framework,* accessed December 2025, https://www.teachpopulationhealth.org/datacollection.html

Citation: "Clinical Prevention and Population Health Curriculum Framework." Association for Prevention Teaching and Research, January 2026. https://www.teachpopulationhealth.org

Component 1: Foundations of Population Health

This component covers the quantitative and analytic skills used to assess, compare, describe, and monitor the health of populations.

Domain 1: Descriptive Epidemiology – Health of Populations

A. Health impact, trajectories and disease burden

1. Basic epidemiologic terms, including:
    a. Morbidity, mortality
    b. Incidence, prevalence, case-fatality
    c. Endemic, epidemic, pandemic
2. Leading causes of death and disability
3. Natural history of infectious and chronic diseases
4. Health indicators and population-level determinants

B. Data sources

1. Governmental sources of data at local, state, and national levels
2. Public health surveillance data from governmental and non-governmental sources
3. Electronic health records, patient registries, and other sources of clinical data
4. Geographic information systems (GIS), property records, zoning and land use records, and other sources of environmental records
5. Use of valid and trusted sources

Domain 2: Health Research Evaluation - Etiology, Benefits and Harms

A. Hypothesis generation

1. Case reports and series, epidemiologic reports
2. Knowledge, research, and implementation gaps in existing research
3. Translation and prioritization of hypotheses

B. Study and sampling designs

1. Quantitative methods
    a. Clinical record abstraction and surveys
2. Qualitative methods
    a. Interviews, focus groups, and observation
3. Experimental, quasi-experimental, observational studies
4. Non-probability and probability-based sampling methods
5. Sample size calculations
6. Community-engaged research methodologies

C. Data analysis

1. Quantitative analysis
    a. Parametric and non-parametric statistical tests
    b. Statistical significance testing, probabilities, confidence intervals, effect sizes
2. Qualitative analysis
    a. Coding and thematic analysis
    b. Phenomenology, grounded theory and other interpretive or theory-building frameworks
3. Applications of health data using machine learning and artificial intelligence (AI)

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D. Data quality and limitations

1. Accuracy and precision of statistical estimates
2. Impact of bias, confounding, error, and interaction in statistical analysis
3. Misinformation identification

E. Data presentation

1. Presenting research results to lay and scientific audiences free of bias
2. Disclosing relevant study methods, participants, analytic methods, and limitations
3. Generating effective tables and figures that accurately summarize data
4. Containing conclusions within the confines of the study's methods, results, and limitations
5. Producing scientific manuscripts, posters, presentations, and briefs

F. Research ethics

1. Institutional Review Board policies and procedures
2. Belmont Report, Common Rule, and applicable standards of the ethical conduct of human subjects' research
3. Impact of the basic ethical principles of respect for persons, beneficence, and justice on study design and methods
4. History of human subjects' research violations and unethical behavior

Domain 3: Evidence-Based Practice

A. Assessing the quality and significance of evidence

1. Standardized protocols for evaluating practice recommendations
2. Statistical significance and clinical/practical implications
3. Short- and long-term benefits and risks associated with recommendations

B. Synthesizing evidence

1. Systematic, narrative, and scoping reviews of the scientific and professional literature
2. Statistical approaches to evidence synthesis
3. Integrative reviews combining qualitative and quantitative findings

C. Applying evidence to practice

1. Translation of research findings into clinical and community practice
2. Adapting evidence to local populations
3. Balancing evidence with patient preferences and values
4. Continuous quality improvement informed by evidence

D. Barriers and facilitators of evidence use

1. Organizational and system-level factors influencing uptake
2. Clinician, educator, and learner attitudes toward evidence use
3. Resource constraints and feasibility considerations
4. Policy and accreditation requirements supporting evidence-based practice
5. Strategies for promoting adoption and reducing resistance to evidence use

Domain 4: Health Promotion and Disease Prevention Interventions

A. Types and levels of prevention

1. Primordial, primary, secondary, tertiary prevention strategies
2. Universal, selective, indicated approaches

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B. Target audience for interventions

1. Individuals, families, caregivers
2. High-risk, culturally diverse, and underserved populations
3. Vulnerable groups including people with disabilities or limited access to care
4. Local, regional, national, and global populations

C. Health promotion approaches

1. Core strategies
    a. education, communication, social marketing, collaboration, and advocacy
2. Levels of application
    b. individual-level interventions, community-level approaches, and policy/system-level strategies

D. Health behavior models and theories

1. Individual and interpersonal level
    a. Health Belief Model
    b. Transtheoretical Model
    c. Theory of Planned Behavior
    d. Social Cognitive Theory
2. Community and Societal Level
    a. Health Promotion Model
    b. Social Ecological Model
    c. Diffusion of Innovations Theory
    d. Community Organization Theory

E. Interventions addressing social determinants of health

1. Income assistance, education access, transportation options
2. Consideration of culture, social and community context, language, and literacy levels
3. Built environment to promote active lifestyles and improved nutrition
4. Addressing root causes of health inequities

F. Roles in intervention design and delivery

1. Clinician, interprofessional team, and community members
2. Provision of patient and community education
3. Use of incentives for behavioral and structural change
4. Shaping policy to improve community health
5. Collaboration with partners and community members

G. Practice-based systems supporting preventive services

1. New and emerging technologies to enhance interactions
2. Patient navigators and community health workers
3. Home visits by appropriate health professionals
4. Telehealth, telemedicine, and telecare

Domain 5: Determinants of Health

A. Social factors

1. Economic stability
2. Education access and quality
3. Health care access and quality

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4. Neighborhood and the built environment
5. Social and community context

B. Biological and psychological factors

1. Biological characteristics
    a. Genetics, microbiome, age, sex, weight, immune status
2. Physiological burden
    a. Allostatic load and clinical comorbidities
3. Mental health
    a. Psychiatric, cognitive, and emotional
4. Psychosocial stressors
    a. Stress, burnout, trauma exposure
5. Level of resilience and coping strategies

C. Environmental factors

1. Climate and natural events
    a. Impacts of climate change, extreme weather, and natural disasters on health
2. Environmental exposures
    a. Impacts of environmental contamination, sanitation, pollution, public safety threats, and human-caused events and disasters on health
3. Built environment impacts on health
    a. Influence of residential and workplace hazards, food and pharmacy deserts, urban design, zoning and land use decisions
4. Policy and governance
    a. Influence of International, federal, state, and local laws, policies, and practices

D. Ecological factors

1. Microbiological influences
    a. Pathogen dynamics and microbial ecosystems
2. Ecosystem health
    a. Biodiversity, natural resource use, and environmental degradation
3. Human–animal interactions
    a. Zoonotic transmission and impacts of agricultural practices
4. Infectious disease threats
    a. Emerging infections, antibiotic resistance, and vector-borne diseases

E. Healthcare system factors

1. Investment in prevention
2. Access and affordability of health care services
3. Quality of patient-health care provider interactions
4. Health care quality and patient safety
5. Health care workforce

Domain 6: Population Health Informatics

A. Data sources and collection

1. Electronic Health Records (EHRs), Health Information Exchanges (HIEs), and Community Information Exchange (CIE)
2. Public health surveillance systems and population assessments
3. Wearable devices/sensors for personal health monitoring

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4. Social media and online platforms as health information sources
5. Collection methodologies: surveys, digital platforms, real-time monitoring

B. Data standards and interoperability

1. Importance of standardized data
2. Strategies to standardize and integrate data across systems
3. Interoperability challenges and solutions

C. Analytics and predictive modeling

1. Clinical and population health
    a. Readmission risk prediction
    b. Chronic disease progression and management
    c. Infectious disease outbreak prediction and surveillance
    d. Behavioral health risk assessment
    e. Population health trend analyses
2. Health care operations
    a. Resource utilization and allocation
    b. Supply chain optimization for health services
    c. Reducing waste and improving efficiency in service delivery
3. Precision and innovation
    a. Patient stratification for precision medicine
    b. Personalized health recommendations using predictive algorithms
    c. Pharmaceutical research and development applications

D. Digital health technologies

1. Telehealth, telemedicine, and telecare
2. Mobile health (mHealth) applications
3. Remote patient monitoring
4. Health information exchange platforms

E. Population health surveillance and management

1. Risk stratification and profiling
2. Care coordination and case management strategies
3. Patient and population engagement approaches
4. Chronic disease monitoring and management
5. Early detection and response to outbreaks and epidemics
6. Syndromic surveillance systems
7. Use of dashboards and visualization tools for monitoring

F. Ethical and legal considerations

1. Privacy and security of digital health information
2. Informed consent and patient rights in data sharing
3. Compliance with digital health data laws and regulations
4. Addressing equity, bias, and fairness in algorithms
5. Transparency, accessibility, and public trust in digital health systems
6. Data democratization

G. Interprofessional collaboration

1. Collaboration among health care, IT, and data analysis professionals
2. Cross-disciplinary training in informatics skills
3. Team-based decision making for population health improvement

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H. Digital innovations and future trends

1. Artificial intelligence and machine learning
2. Genomic and personalized medicine applications
3. Emerging technologies and impact on population health

Domain 7: Project Evaluation and Dissemination

A. Frameworks and models for evaluation

1. Selecting an appropriate evaluation framework
2. Conceptualizing inputs, outputs, goals, and relationships among various factors
3. Developing evaluation measures to assess program implementation and effectiveness

B. Evaluation activities

1. Formative evaluation
    a. Needs assessments and pre-intervention assessments
2. Process evaluation examining program implementation
3. Outcome evaluation measuring changes in knowledge, attitudes, and behaviors
4. Impact evaluation addressing long-term effects on health outcomes
5. Summative evaluation addressing overall program effectiveness for decision-making and continuous quality improvement (CQI)

C. Cultural and ethical considerations

1. Recognizing and addressing cultural differences
2. Developing inclusive evaluation design and implementation
3. Respecting rights and privacy
4. Ensuring informed consent
5. Addressing potential conflicts of interest

D. Dissemination of evaluation findings

1. Digital tools and software for sharing results
2. Data visualization for effective communication
3. Strategies for dissemination to stakeholders
4. Partner engagement in dissemination
5. Transparent, clear communication tailored to target audiences

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Component 2: Clinical Preventive Services and Health Promotion

This component covers evidence-based, health promotion and disease prevention interventions in the clinical setting.

Domain 1: Foundations of Clinical Health Promotion and Disease Prevention

A. Effective clinician-patient communication

1. Dynamics of the clinician-patient relationship
2. Patient-centered communication aligned with health literacy levels
3. Patient education
4. Shared decision-making, patient autonomy, and self-determination
5. Communication with individual patients and groups
6. Multi-method approach addressing diverse needs
7. Trauma-informed communication strategies

B. Applied health promotion in clinical settings

1. Culturally and linguistically appropriate patient education materials
2. Effective behavioral modification programs
3. Effects of patient mistreatment and inequitable health resources on clinical interactions and health outcomes
4. Social and economic root causes of barriers to care and their impact on health

C. Evidence-based health care, decision-making, and recommendations

1. Evidence-based guidelines and recommendations from international, federal and profession-specific organizations, and regulatory bodies to address prevention at the individual, community, and population-levels
    a. U.S. Preventive Services Task Force
    b. The Guide to Community Preventive Services (The Community Guide)
2. Role of continuing education, continuous learning, and professional development to appropriately select, evaluate, and utilize resources

D. Technology for health promotion and disease prevention

1. Telehealth, telemedicine, and telecare
2. Mobile health (mHealth) applications
3. Remote patient monitoring
4. Health information exchange platforms
5. Synchronous and asynchronous telehealth modalities
6. Benefits, risks, and limitations of artificial intelligence
7. Decision-making influenced by machine-learning algorithms and precision medicine
8. Patient technology literacy and digital health information access

Domain 2: Primary Prevention

A. Lifestyle-associated behavior counseling, education, and referral

1. Nutritional health
    a. Diet, weight management, supplements
2. Physical health
    a. Physical activity, daily life activities, sleep impairment, stress, disability
3. Oral health

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    a. Oral hygiene and access to dental care
4. Substance use
    a. Behavioral, environmental, social drivers
5. Tobacco, vaping, alcohol, and prescription drug misuse
    a. Cessation strategies for harm reduction
6. Sexual health
    a. Education, STI prevention, reproductive counseling
7. Mental and emotional health
    a. Stress management, coping skills, access to mental health care

B. Sustaining preventive interventions

1. Individualized needs and biologic determinants
2. Interprofessional team coordination and collaboration
3. Preventive interventions based on individual, community, and population needs
4. Financial and human resources necessity and availability
5. Long-term health needs of individuals, community, and population
6. Systems-level factors that impact continuity of services
7. Behavioral theories and models

C. Enhancing access to care

1. Evidence-based needs assessment of at-risk patients and populations
    a. Demographic data
    b. Social determinants of health
2. Factors that contribute to risk among patients and populations
    a. Age, disability status, education level
    b. Physical and mental health status
    c. Immigration status, primary language
    d. Human trafficking, incarceration status, housing insecurity
    e. Exposure to violence and adverse childhood experiences
    f. Military status
    g. Health and technology literacy
3. Technology use to bridge access gaps
    a. Telehealth
    b. Remote monitoring and wearable devices

D. Vaccination and Immunization as Primary Prevention

1. Human immune system
    a. Adaptive immunity, innate immunity, antibodies, pathogenesis of disease
2. Types of vaccines
    a. mRNA, DNA, protein, viral vectors, inactivated viruses, and live attenuated viruses, bacteria, fungi
3. Barriers to immunization at patient, health care professional, and system levels
    a. Vaccine hesitancy, belief systems, benefits and risks, exemptions, adverse events
    b. Access, clinic and pharmacy location and hours, indications and contraindications
    c. Government involvement, state laws and guidelines, media influence, community acceptance, insurance coverage
4. Evidence-based strategies to increase vaccination coverage
    a. The Community Guide to Preventive Services
    b. Standards for Adult Immunization Practice
    c. Standards for Childhood Immunization Practice

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5. Immunization information systems (IIS) for tracking immunization status
6. Role of the Advisory Committee on Immunization Practices (ACIP) and other organizations in the development of immunization schedules
7. Ethical considerations in vaccine delivery
    a. Informed consent and informed refusal
    b. Confidentiality and privacy
    c. Application of ethical principles
    d. Communication considerations

Domain 3: Secondary Prevention

A. Assessment of health risks

1. Holistic assessment based on determinants of health
2. Health behaviors at the individual, family, community, and population-levels
3. Risk level categorization to guide appropriate prevention screening

B. Evidence-based screening practices

1. Screening protocols that address the social, structural, and economic needs of individuals, communities, and populations
2. Screening protocols that address physical health, mental health, and substance use
3. Assessment of effectiveness using appropriate outcome measures
4. Benefits, harms, and barriers
5. Evidence-based recommendations and guidelines
    a. U.S. Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), World Health Organization (WHO)
    b. American Cancer Society, American Diabetes Association, American Heart Association, American Academy of Pediatrics, American Academy of Family Physicians, Immunize.org
6. Metrics for screening validity and effectiveness
    a. Range of Normal curve
    b. Sensitivity, Specificity
    c. Positive and Negative Predictive Value (PPV, NPV)
    d. Clinical examples and case studies

C. Universal (mass) and targeted (selective) screening

1. Screenings required by law: newborn screening, lead testing
2. Evidence-based recommended routine screening including, but not limited to cholesterol, blood pressure, glucose, depression, cancer, HIV, STIs, intimate partner violence
3. Screening in special populations

Domain 4: Tertiary Prevention

A. Approaches to preventive therapies and medication

1. Patient education on symptoms and disease progression
2. Routine preventive services
    a. Eye exams, dental care, nutrition counseling, home-based monitoring
3. Disease specific preventive services
    a. Diabetes management, HIV/AIDS management, cancer care, asthma control
4. Preventive medication
    a. Pre-exposure and post exposure prophylaxis

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    b. Primary and secondary prophylaxis
    c. Time-limited medications, long-term medications
5. Rehabilitation across care settings
    a. Inpatient, outpatient, home, and community-based

B. Preventive therapies and medications for individual patients

1. Barriers
    a. Cost, environmental supports, access, patient literacy and numeracy
2. Belief systems
    a. Sociocultural considerations, stigma, religious beliefs, perceived risk of disease, autonomy, individual agency, dependency, media influence
    b. Rapport, trust, families, caregivers
3. Efficacy, benefits, and risks
    a. Prevention and management of adverse outcomes, comorbidities, contraindications, allergies, chronic disease management, deprescribing, medication reconciliation, rational prescribing, generic medications, patient education, drug information
4. Lifestyle modifications, routines, and habits
    a. Dietary changes, exercise, medication adherence
    b. Assistive devices, durable medical equipment, device education

C. System-level considerations for preventive therapies and medications

1. Adverse events
    a. Reporting systems, documentation requirements
2. Interprofessional coordination
    a. Communications with other health care professionals, referrals, electronic medical records
3. Safety
    a. Transitions of care, polypharmacy, high-risk conditions, high-risk medications, medication reconciliation, comorbidities
    b. Physical, emotional, and psychological safety
4. Socioenvironmental factors
    a. Access, uninsured or underinsured, cost-awareness
    b. Community resources, role of industry
5. System characteristics
    a. Clinical culture, accountability, non-punitive response, attitudes and beliefs about patient populations
    b. Delivery systems, payment models

Domain 5: Mental Health, Behavioral Health, and Well-being

A. Access to mental, behavioral, and addiction health services

1. Inpatient, outpatient, and community-based services
    a. Telehealth
    b. Trauma informed care resources
    c. School-based mental health services
    d. Access to licensed, credentialed, or board-certified mental health practitioners
2. Peer, family, and caregiver support groups specific to diagnoses
3. Education and support for navigating mental and behavioral health care
4. Barriers that limit access to care
    a. Payment for services, prescriptions, transportation

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    b. Stigma, discrimination
5. Social services navigation
    a. housing, food security, legal aid
6. Supportive housing and employment pathways
    a. Case management, therapy, life skills
7. Workforce distribution and training on inclusive care practices and disability accommodations

B. Risk assessment and reduction

1. Routine monitoring of emotional and psychological health
    a. Early detection of high-risk behaviors and at-risk scenarios
    b. Red flag legislation and screening protocols
2. Education for individuals, families, and caregivers about mental health conditions and signs
3. Evidence-based risk prediction models, risk assessment tools, and national guidelines

C. Screening and detection

1. Screening protocol differences for each at-risk group
2. Impact of mental health issues at the individual, community, and population-level
3. Strategies to increase access to mental and behavioral health services across communities and populations

D. Health care professional well-being

1. Root causes and risk factors for burnout
    a. Work conditions, institutional culture
2. Impact of burnout on workforce, patients, organizations, and communities
    a. Workforce shortages, increased cost of patient care
3. Strategies to address burnout
    a. Preventive education, training and resources
    b. Structural supports, belonging, positive work environment
    c. Job satisfaction and retention strategies
    d. Resilience and adaptability training
    e. Clinical ethics consultation services for moral distress
4. Safety
    a. Workplace violence
    b. Safety policies and protocols
5. Interprofessional team-based practice

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Component 3: Clinical Practice and Population Health

This component covers opportunities and disciplines that require individual- and population-based health perspectives.

Domain 1: Population Health Management

A. Principles of patient and community engagement for population health improvement

1. Role of communities and patients in population health improvement
2. Community context, history, assets, and strengths
3. Community-oriented primary care (COPC)
4. Patient and community perspectives on their needs and concerns
5. Patient engagement in the critical evaluation of health-related news and information
6. Population-specific materials informed by community engagement
7. Educational and clinical activities with communities as partners

B. Influence of social determinants of health on clinical interventions

1. Social Determinants of Health Framework and use in clinical decision making
2. Education quality, job training, language, and literacy comprehension
3. Access to language services, digital accessibility and technology literacy
4. Social norms, discrimination and trust in government and the health care system
5. Institutional histories of policies and actions contributing to health inequities
6. Impact of local, state, and national policies and actions contributing to health inequities
7. Community attitudes toward health care and other institutions

C. Patient population health assessment and improvement

1. Community health needs and assets assessment
2. Coordinated care for groups of patients with multiple conditions or high care needs
3. Unique needs of diverse patient populations within health systems

D. Coordination of health services

1. Connection to community resources
2. Alignment of resources with patient and population needs
3. Communication and knowledge sharing among clinicians, patients, and health care partners
4. Integration of clinical and wellness services
    a. integrated primary care and behavioral health services
    b. patient-centered medical homes
    c. home care and telemedicine services
    d. Care coordination models, case management models

E. Interprofessional team-based care

1. Core principles of interprofessional practice
2. Roles and responsibilities of the interprofessional team
3. Composition of interprofessional care teams

F. Systems thinking in population health

1. Impact of system structures, dynamics, and interconnections on health outcomes
2. System analysis to inform design, processes, and policies to improve health outcomes and lower costs
3. Interactions among organizational components and partners that improve outcomes

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4. Coordination and alignment across sectors to build and sustain integrated system of care within communities

Domain 2: Partnering with Communities to Improve Health

A. Population health assessments

1. Approaches to developing and maintaining partnerships among key stakeholders
2. Methods of assessment, planning models, frameworks, and tools
3. National, state and local requirements that guide community health assessments and improvement planning

B. Principles of successful partnering

1. Application of community engagement principles to identify and prioritize interventions
2. Strategies for decision-making and power-sharing
3. Strategies for building community capacity

C. Community-engaged research

1. Principles of community-engaged research (CER) and community-based participatory research (CBPR)
2. Differences between CER, CBPR and traditional research
3. Benefits, challenges and ethical considerations of CER and CBPR
4. Appropriate circumstances for applying a CER or CBPR approach

D. Communications

1. Communication channels and strategies
    a. Grass roots, mass media, social media, risk and crisis communication, policy, advocacy
2. Impact statements supporting evidence-based practices
3. Strategic communication planning based on audience characteristics, health literacy, timing, and delivery channels
4. Translation of research findings into clear and actionable formats for intended audiences
5. Tailored messaging reflecting literacy levels, cultural contexts, community perspectives, and trust considerations
6. Accessible communication of data and population health information for diverse audiences

E. Key evidence-based resources for community preventive services

1. Community Preventive Services Task Force: The Community Guide to Preventive Services
2. Agency for Healthcare Research and Quality (AHRQ)
3. U.S. Preventive Services Task Force (USPSTF)
4. Healthy People 2030
5. County Health Rankings & Roadmaps (CHR&R)
6. Community Toolbox

Domain 3: Environmental Health

A. Scope of environmental health

1. Interrelationships between people, animals (One Health), and their environment
2. Unaltered (natural) and altered (human-impacted and built) environments
3. Environmental health in local, state, federal, and global policies and agencies
4. Hazardous substances and their impact on health
5. Climate change and extreme weather events

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6. Environmental justice
    a. Differential exposures and outcomes by geography, income, race

B. Environmental contaminants, vectors, and routes of entry

1. Chemical, biological, and physical agents
    a. Tobacco, solvents, heavy metals, asbestos, pesticides
    b. Mold, Legionella, zoonotic pathogens, disease vectors
    c. Solar and nuclear radiation, temperature extremes, noise, geologic or weather-related hazards
2. Routes of entry
    a. Inhalation, ingestion, dermal absorption
3. Indoor and outdoor environments
    a. ventilation, radon, indoor air quality
    b. air and water quality, noise, pollution

C. Environmental health risk assessment and risk management

1. Foundational steps in environmental health risk assessment:
    a. Hazard identification
    b. Dose-response assessment
    c. Exposure assessment
    d. Risk characterization
2. Risk management strategies
    a. Recognition and mitigation of environmental hazards, particularly for children, older adults, marginalized or at-risk populations
    b. Use of regulatory standards and public health interventions to guide safe exposure levels and remediation efforts
    c. Community engagement and education to support informed decision-making and local advocacy
3. Social, political, economic, and behavioral drivers of environmental vulnerability
    a. Access to affordable health insurance, environmental health services, and clinical care
    b. Health literacy and communication barriers
    c. Access and adherence to balanced nutrition
    d. Access to safe and affordable health-promoting housing, school, and recreational environments
    e. Substance use and behavioral health challenges
    f. Oral health and gaps in preventive care

Domain 4: Occupational Health

A. Employment-based risks and injuries

1. Biological, chemical, radiological, and physical agents
2. Infectious and chronic diseases due to occupational exposures
3. Common occupational diseases and injuries
4. Psychosocial risk factors
5. Risks specific to health care workers including understaffing, fatigue, and environmental exposures
6. Emerging issues such as remote work models, automation, and workforce aging

B. Prevention and control of occupational exposures and injuries

1. Exposure and injury types in health care settings
    a. Needlestick injuries, musculoskeletal injuries

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    b. Latex allergy, workplace violence, psychosocial stressors
2. Prevention strategies in health care settings
    a. Training and education, ergonomic design, mental health and well-being supports
3. Control methods for risk reduction
    a. Surveillance of injury and illness trends
    b. Engineering controls: ventilation systems, sharps disposal containers
    c. Administrative controls: shift scheduling, workload management, training protocols
    d. Safe work practices: hand hygiene, proper lifting techniques
    e. Incident reporting systems
    f. Personal protective equipment (PPE)
    g. Policy implementation and enforcement
4. Roles and governance of key organizations in occupational health
    a. Occupational Safety and Health Administration (OSHA)
    b. National Institute for Occupational Safety and Health (NIOSH)
    c. State regulatory agencies
    d. Occupation-specific organizations

Domain 5: Global Health

A. Global demographics, disease distribution, and population patterns

1. Population health metrics
    a. Size, age distribution, morbidity, mortality, and fertility rates
2. Burden of disease and related risk factors
3. Population growth, urbanization, and links to health and development
4. Health needs and challenges related to migration, refugees, and displaced populations

B. Strategies to address key burdens of disease

1. Global disease surveillance and response systems
    a. Disease surveillance networks, laboratory capacity, data sharing systems, and outbreak control measures
2. Prevention and control programs
    a. Immunization and vaccination programs, clean water and sanitation, hygiene, vector control, nutrition, maternal and child health programs
3. Health systems strengthening
    a. Workforce development and training, health financing, supply chains and infrastructure
4. Community-based, culturally relevant, and linguistically appropriate interventions
    a. Community engagement and capacity-building, interventions using cultural and social contexts, local partnerships
5. Digital health and technology innovations for surveillance, education, remote care delivery, coordination, and monitoring
6. Roles and governance of key organizations in global health
    a. Intergovernmental Organizations: World Health Organization (WHO), UNICEF, Gavi-The Vaccine Alliance, global partnerships
    b. U.S. Government Agencies: Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), US State Department
    c. Non-Governmental Organization (NGOs), Private Voluntary Organizations (PVOs), and private foundations

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C. Effects of globalization on health

1. Emerging and re-emerging diseases, antimicrobial resistance, climate change, food and water access and sustainability
2. Needs of immigrant, refugee, and stateless populations
3. Impacts of natural disasters
4. Impacts of political and social disruptions
5. Impact of trade and travel on disease spread and access to care
6. Global supply chains and impact on medication, vaccine, and personal protective equipment (PPE) availability and cost
7. Cultural exchange and health behaviors influenced by global media and norms

D. Effects of pandemics and post-pandemic health

1. Emerging and re-emerging diseases
2. Risk, impacts, and mitigation
3. Effects of pandemic interventions, isolation, and quarantine on physical and mental health
4. Long-term effects on health
5. Government and health system resource allocation for prevention and preparation
6. Role of media, trust, and public health communication
7. Vaccine development and equitable distribution

Domain 6: Cultural Dimensions of Practice

A. Cultural considerations in the delivery of health services

1. Cross-cultural care
2. Culture of communities, institutions, health care professionals, and patients
3. Attitudes, beliefs, and assumptions influencing patient care
4. Personal identity and recognition of strengths and limitations in cross-cultural understanding
5. Patient-health professional racial and ethnic concordance based on patient preference and availability
6. Cultural considerations in interprofessional education and training
7. Effective use of interpreters and translation services

B. Cultural influences on individuals and communities

1. Attitudes toward health care, cultural and health-related beliefs
2. Social identities of the individual
3. Language and communication

C. Interpersonal and Community Interactions

1. Effects of culture on clinician-community relationships
2. Patient- and community-centered care
3. Factors contributing to unequal treatment, bias, or stereotyping in health care and educational settings

Domain 7: Emergency Preparedness and Response Systems

A. Preparedness and response systems

1. Role of incident command and unified command systems
2. Roles of Epidemic Intelligence Service (EIS) and U.S. Public Health Service
3. Coordination among emergency medical services (EMS), public health, hospital, health care professional, and community partners

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B. Health system workforce readiness

1. Defined functions of individuals and organizations within the health care system
2. Functions of state and local health departments and public health laboratories
3. Community and individual resilience in response and recovery
4. Protection of vulnerable populations during emergencies
5. Methods of timely and effective emergency communications and coordination
6. Safety of public health officials and health care workers

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Component 4: Health Systems and Health Policy

The systems and policies that govern health and health care systems, including collaborative efforts between clinical care and public health communities.

Domain 1: Clinical and Public Health Systems

A. Clinical health services across the care continuum

1. Care settings
    a. Ambulatory, home, hospital, long-term care, subacute care, urgent care, pharmacies
2. Critical components of the health care system
    a. Pharmaceutical and device industries, insurance companies, insurance brokering, health care institutions, health care professionals, biomedical researchers, telehealth, and telemetry
3. Models of care delivery
    a. Integrated care systems, telehealth, convenient care models, Accountable Care Organizations (ACOs), patient-centered medical homes (PCMH), community care organizations (CCOs)
4. Determinants of access to care
    a. Affordability, accessibility, availability, accommodation, acceptability

B. Responsibilities of public health systems

1. Public health core functions and 10 Essential Public Health Services across levels of prevention
2. Addressing digital determinants of health
    a. Internet access, availability of digital devices, and digital literacy

C. Structure of public health systems

1. Roles of federal, state, tribal, county, and local public health agencies
2. Partnerships with community-based organizations, private sector, and academia
3. Financing and governance
4. Data and information systems

D. Collaboration between clinical practice and public health

1. Coordination between clinical health systems and public health departments
    a. Gaps, challenges, and barriers to health care access
    b. Communication, reporting process, referral process, and effective use of resources
2. Community planning for health assessment
    a. Community Health Assessments (CHAs) and community health improvement plans (CHIPs)
    b. Integration of clinical, public health, and community data
3. Clinical and community partnerships
    a. Health education, advocacy, and linkages to community-based services
    b. Public-private partnerships

E. Impact of health systems organization on health outcomes

1. Population health status and differences in health outcomes across communities and populations
2. Contributors to patient safety and medical errors
3. Patient and community feedback addressing structure, process, and outcomes of care
4. Impact of health system design and organization on costs and error rates
    a. Resource waste, duplication of services, communication barriers
5. Continuous quality improvement (CQI) of systems and structures

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Domain 2: Health Services Financing

A. Financing and paying for health care services

1. Sources of public and private payments
    a. Medicare, Medicaid, Children's Health Insurance Program (CHIP), Veterans Health Administration (VA), TRICARE, Indian Health Service (IHS), federal and state insurance marketplaces under the ACA
    b. Employer-sponsored health insurance, individual market, self-pay
2. Alternative payment models
    a. Value-Based Purchasing, capitation, bundled payments, managed care
3. Strategies used by managed care organizations (MCOs) and other payers that impact utilization and costs
    a. Utilization management including prior authorization and step therapy
    b. Health care professional reimbursements based on capitation instead of fee for service or per diem payments
    c. Pharmacy benefit managers (PBMs), direct and indirect remuneration (DIR) fees, relationship to Medicare financing and to pharmaceutical access
    d. Role of insurance brokers and influence on cost
4. Safety net providers for the uninsured or underinsured
    a. Public hospitals and health systems, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), emergency departments, faith-based, and free and reduced clinics

B. Financing of public health services

1. Public health budgets, including structure and allocation of funding at federal, state, and local levels
2. Government funding mechanisms such as taxes, categorical and block grants
3. Private and philanthropic support for social and public health services

C. Impact of global financial models on costs, quality, and health outcomes

1. International comparisons of financial models
2. Comparisons of public, private, and mixed financing models
3. Universal coverage compared to single-payer systems

D. Ethical principles in health care financing

1. Financing objectives and their impact on health and health care services
2. Efficiency and outcomes of financial models on health of communities and populations
3. Expansion of health care financing to address impact of social determinants of health

Domain 3: Clinical and Public Health Workforce

A. Discipline-specific history, roles and responsibilities

1. Clinical and non-clinical health professional roles, education, and scopes of practice, with and without licensure
2. Diversity of perspectives, experiences, and backgrounds within the workforce
3. Historical evolution of health professions and their contributions to public health

B. Regulating health professionals and health care institutions

1. Certification, licensure, credentialing, and privileging of health professionals
2. Accreditation processes for health care institutions and development and enforcement of standards
3. Regulatory oversight by state, federal, and professional bodies governing practice and institutional operations

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C. Interprofessional team approach and impact on health outcomes

1. Evidence supporting interprofessional and team-based practice
2. Joint clinical and public health education for collaborative practice
3. Workplace codes of ethics and conduct

D. Legal and ethical responsibilities of health professionals

1. Patient privacy, confidentiality, and HIPAA compliance
2. Privileged communications and maintenance of trust
3. Ethical use of communication platforms including social media
4. Professional liability and scope of practice
5. Duty to report, mandated reporting policies, and immunity protections
6. Good Samaritan laws and responsibilities
7. Accountability for population health outcomes

Domain 4: Health Policy

A. The policy process

1. Problem identification
2. Policy analysis
3. Strategy and policy development
4. Policy enactment
5. Policy implementation
6. Policy modification or termination
7. Stakeholder engagement

B. Participation in the policy process

1. Review of legislative and regulatory processes
2. Advisory roles in shaping policy
3. Strategies to influence the policy process
4. Policy analysis and preparation of effective policy briefs
5. Difference between advocacy and lobbying including opportunities and limitations
6. Identification of barriers to participation in the policy process

C. Impact of policies on health and health care

1. Chronic disease and injury prevention laws and regulations
    a. Tobacco taxation, smoking bans, school meal standards, Highway Safety Act, National Traffic and Motor Vehicle Safety Act
2. Environmental and occupational health laws and regulations
    a. Clean Air Act, Clean Water Act, Resource Conservation and Recovery Act (RCRA), Occupational Safety and Health Act (OSHA)
3. Infectious disease control and prevention laws and regulations
    a. Immunization mandates and food safety standards, public health powers during a public health emergency
4. Health care access and equity laws and regulations
    a. Affordable Care Act (ACA), Mental Health Parity and Addiction Equity Act (MHPAEA), Americans with Disabilities Act (ADA)
5. Impact of policy decisions on health outcomes

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D. Ethical frameworks in public health decision-making

1. Comparison of clinical and public health ethical principles
    a. Clinical ethics: beneficence, nonmaleficence, autonomy, justice
    b. Public health ethics: permissibility, reciprocity, effectiveness, responsible use of scarce resources, social justice, proportionality, accountability, transparency, equity, public participation
2. Balancing individual rights and population responsibilities
    a. Autonomy, collective welfare, and justification for public health actions
3. Equity and distribution of benefits
    a. Fair allocation of resources and protection of vulnerable populations
4. Decision-making in resource scarcity
5. Ethical use of data and information

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