

# Healthy People Curriculum Task Force Data Executive Summary

## Abstract

The Healthy People Curriculum Task Force (Task Force) was established in 2002 by the Association for Prevention Teaching and Research (APTR) to encourage the implementation of Healthy People 2010 Objective 1.7: “To increase the proportion of schools of medicine, schools of nursing and health professional training schools whose basic curriculum for healthcare providers includes the core competencies in health promotion and disease prevention.” The national health professions associations that comprise the Task Force<sup>1</sup> have collected information from their member institutions to help track progress in the integration of clinical prevention and population health content in health professions curricula, as measured by the Healthy People objectives. Although early efforts to collect data for Healthy People 2010 were limited to the medical (DO- and MD- granting medical schools) and nursing (baccalaureate nursing and nurse practitioner) fields, data are collected currently from seven professions for Healthy People 2020. The data that have been collected since as early as 1999 reveal trends toward the universal inclusion of some topic areas in clinical prevention and population health, but a continuing need to facilitate the inclusion of other topic areas, such as environmental health and global health.

## History

When *Healthy People 2010* was released in 2000, Objective 1.7 was a “Developmental Objective.” Developmental objectives did not have national baseline data or operational definitions at the time *Healthy People 2010* was first published but identified areas of emerging importance. Developmental objectives were intended to stimulate the identification or creation of data systems to measure them; if no baseline data were available for developmental objectives by mid-decade, the developmental objectives would be eliminated.

Among the Task Force’s seven initial health professions groups, the availability of pre-existing data collection activities to track curriculum content varied. AACOM and AAMC could assess curricular content annually through institutional surveys that are required to maintain accreditation. Both of the physician education groups also could indirectly assess curricula through annual surveys of their graduating students. AACN and NONPF did not have regular surveys in place but had fielded surveys in recent history that could provide baseline data. Because the other organizations did not have baseline data available, the physician (AACOM, AAMC) and nursing associations (AACN, NONPF) used their data sources to provide the required baselines at the midcourse review. “Counseling for behavior change” and “cultural diversity” were the content areas in which data were available for all four professional groups and were chosen as the “sentinel” domains to be measured for Healthy People 2010. Considering the limited subject areas that were chosen for tracking, the wording of Objective 1.7 was revised to “Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for health care providers includes the inclusion of sentinel core competencies in health promotion and disease prevention in health profession training” during the Midcourse Review of *Healthy People 2010*.

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<sup>1</sup> The current members of the Healthy People Curriculum Task Force, convened by the Association for Prevention Teaching and Research (APTR) are: 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).

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The four participating associations agreed to track the number of schools or programs that included the sentinel domains in their required curricula (as opposed to including the content in elective opportunities only). The standard “10% improvement” goal was applied to all of the sub-objectives, resulting in a 100% end-of-decade goal for the sub-objectives that had very high baseline levels. At the end of Healthy People 2010, all four groups had made improvements, but not all had reached their assigned end-of-decade goals

The curriculum tracking objective was moved from the Healthy People 2010 “Access to Quality Health Services” topic area to the Healthy People 2020 “Educational and Community-Based Programs” topic area. The wording was revised to more accurately reflect the information that would be followed through the decade: “Increase the inclusion of core clinical prevention and population health content in health professions training.” In addition to the two nursing and physician groups, the Physician Assistants, Pharmacy, and Dentistry groups are also collecting data for Healthy People 2020.

### Healthy People 2020 Findings

The baseline data for Healthy People 2020, reflecting the proportion of schools or programs that featured the content area in required curricula, ranged from 46% to 100%, depending on the topic and profession. At least 93% of schools across the represented health professions required studies in the evaluation of health sciences literature, counseling for behavior change, and cultural diversity. Global health was the least likely topic to be included in required curricula across health professions.

The mid-decade data for Healthy People 2020 show:

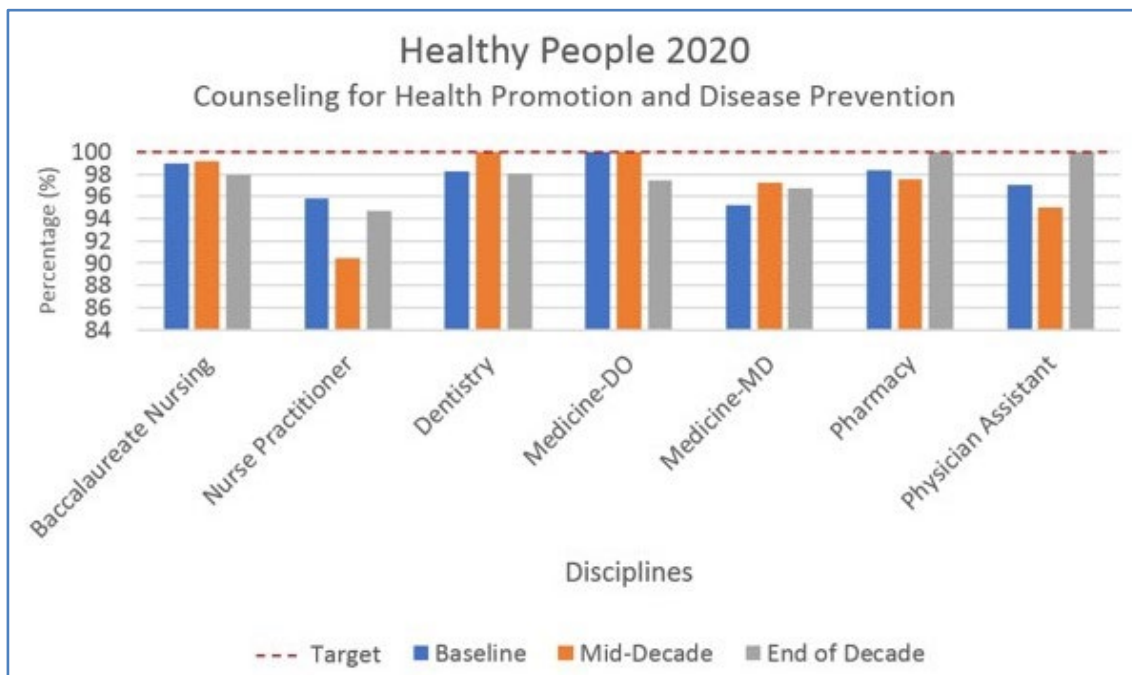
- Of 42 measures (6 topic areas across 7 professions), 14 achieved their Healthy People 2020 goal, 17 showed movement toward achieving the goal, and 11 showed movement away from their target.
- Achieving a 100% target has proven to be challenging in Healthy People 2020, as it had been for Healthy People 2010.
- Among the topics that were tracked for Healthy People 2020, counseling for behavior change and evaluation of health sciences literature appear to be consistently represented in health professions education.
- Cultural diversity has been well represented in curriculum but is now facing a downward slide away from the targets.
- Environmental health, global health, and public health systems had variable inclusion in health professions curricula by profession.
- Adoption into curricula is dynamic, with rates rising and falling. The high rates of inclusion for counseling for behavior change, cultural diversity, and evaluation of health sciences literature over time might represent their adoption into “standard” curricula, while the variable representation of the other three topics may reflect how they have not yet become standard content.
- Data could inform faculty and other stakeholders regarding priorities in clinical prevention/population health curricula within their profession.

Comparisons across professions are discouraged because of the use of different surveys, and different response rates, but the Baccalaureate Nursing curricula appear to have the most robust presentation of the tracked content areas. Although the percentages varied widely across the professions, the rankings did not.

Limitations exist for this data. Identical survey instruments are not used across professions, and all data are based on self-report. Response rates also vary for the instruments. AAMC’s data source has a 100% response rate because completion is a requirement for accreditation. The response rates for the other instruments ranged from 70% to 100%. Because of variation in denominators across the professions, some of the changes may represent one school or program’s change in response, which may not represent a “trend” per se.

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Table 3



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Table 4

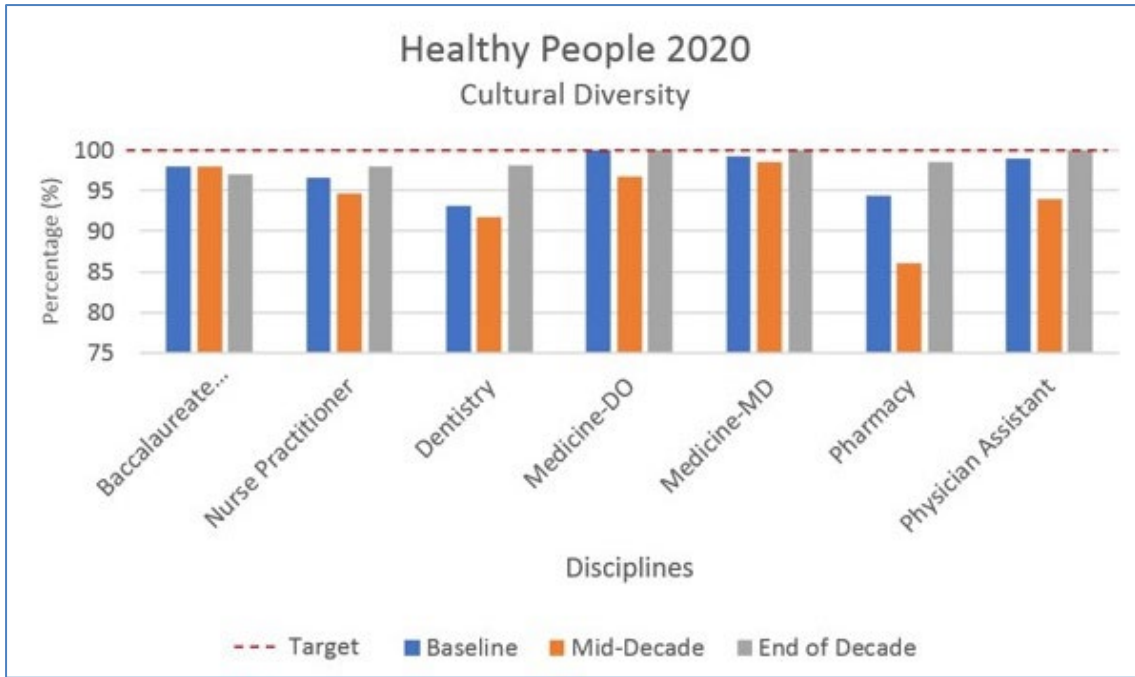
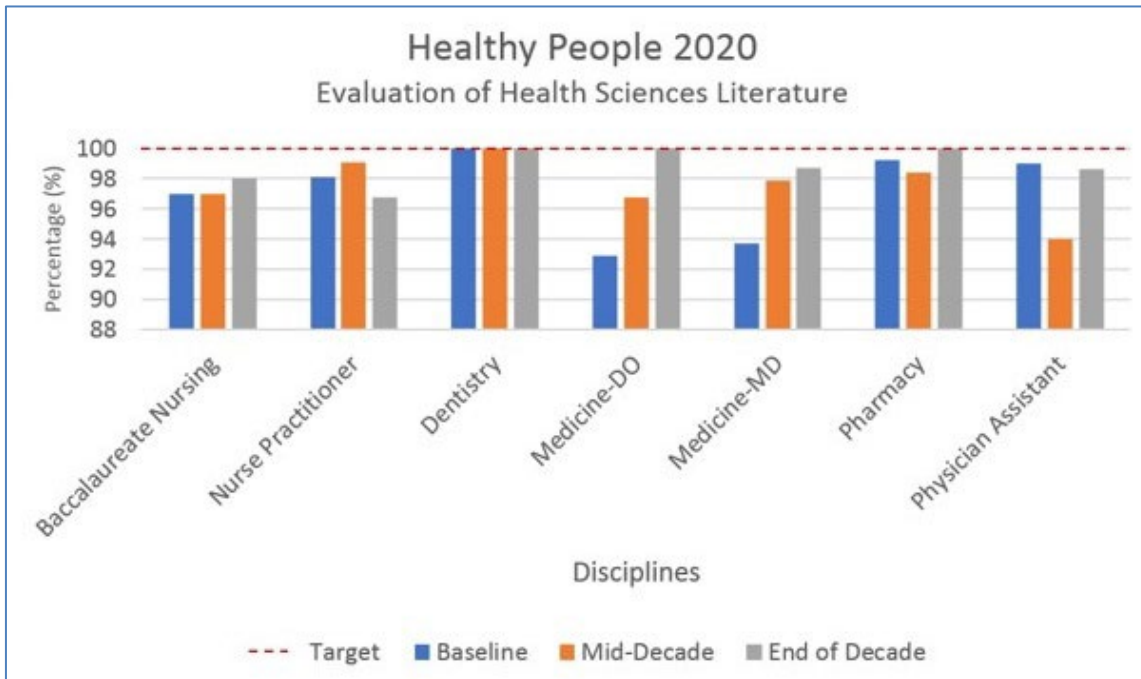
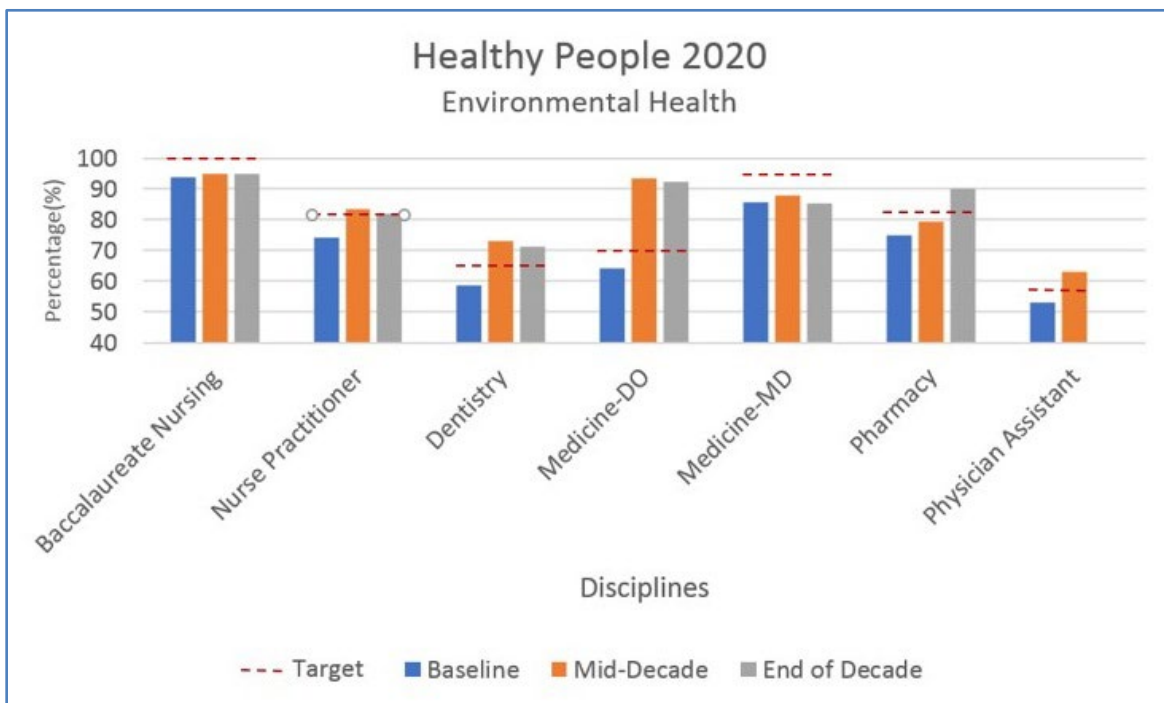


Table 5



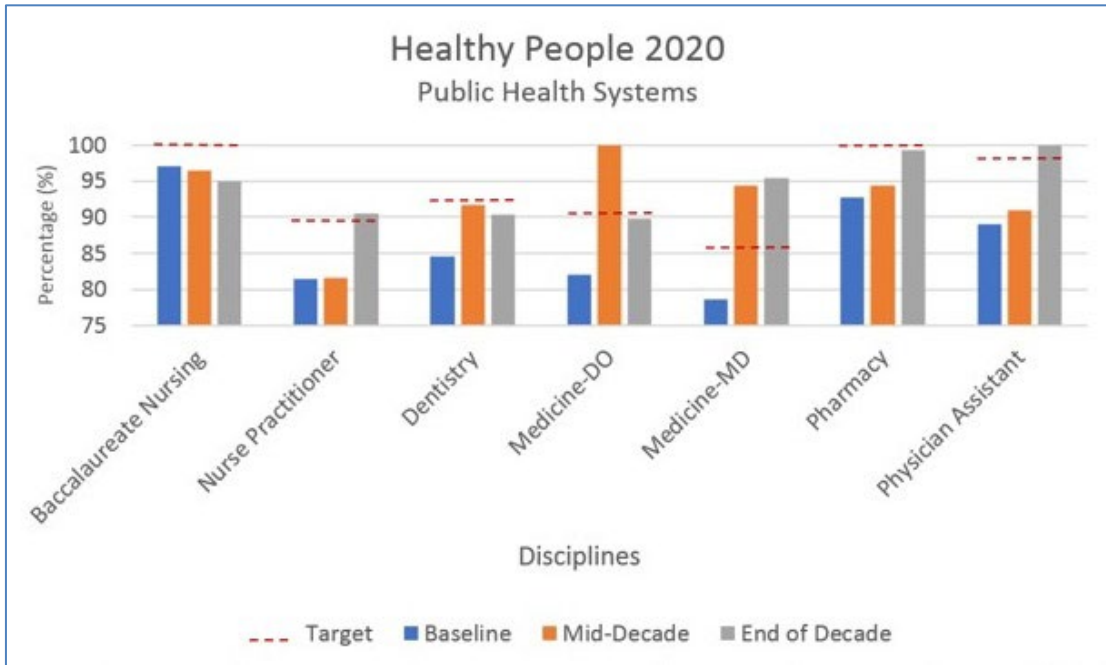
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Table 6



# Healthy People Curriculum Task Force Data Executive Summary

**Table 7**



**Table 8**

