

# Introduction to the Clinical Prevention and Population Health Curriculum Framework

March 7, 2015  
ADEA Annual Session

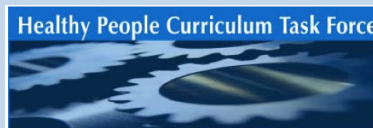
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# Background

- In **2002**, the Healthy People Curriculum Task Force (HPCTF) and the Association of Academic Health Centers (AAHC) met and produced the **Clinical Prevention and Population Health Curriculum Framework for Health Professions (CPPHCF)**
- The realization was that any effort to change the health care system must start with the students who would become the practitioners of tomorrow.

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Am J Prev Med. 2004 Dec;27(5):471-6



# Health Profession Organizations

- The Task Force is composed of **seven** health professional education associations representing
  - allopathic medicine (AAMA)
  - osteopathic medicine (AACOM)
  - nursing (AACN)
  - nurse practitioners (NONPF)
  - dentistry (ADEA)
  - pharmacy (AACCP)
  - physician assistants (APAP)
- The Task Force also sought input from 11 health profession student organizations



# Task Force Aim

- To develop a curriculum framework to meet the *Healthy People 2010 Objective 1-7*:  
**“to increase the proportion of schools of medicine, school of nursing and health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.”**

# PURPOSE

## of Curriculum Framework

- To provide a **structure** for organizing curriculum, monitoring curriculum and **communicating** within and **between professions**, i.e., **guidelines** for student education.
- Develop set of **core competencies** that are utilized by all health profession training schools.
- **Increase interprofessional communication and collaboration.**

# Four Framework COMPONENTS

1. Evidence-base for Practice
2. Clinical Preventive Services-Health Promotion
3. Health Systems and Health Policy
4. Community Aspects of Practice

# Full Curriculum Framework Includes

- Total of 19 **domains** are spread out among the Four Framework components
  - e.g.,

## **Clinical Preventive Services-Health Promotion**

- *Immunization* would be important in medicine, but not dentistry
- *Chemoprevention* or the use of antimicrobials would be important in dentistry

# Process and Intent of Framework

- Framework allows for **flexibility** for each of the health professions to determine the **depth** of curriculum and the **expertise** of its faculty.
- The curriculum spans the years of **clinical** health profession **training**.
- “**Clinical prevention and population health**” was carefully chosen to include both individual and population-oriented preventive efforts as well as the interaction between them.



# First Version of Framework

- **2004**
  - First version of the **Clinical Prevention and Population Health Curriculum Framework (CPPHCF)** completed in March 2004 and published in the December issue of the *American Journal of Preventive Medicine* 2004;27(5).
  - Dissemination of the Framework was next goal!

# Dissemination

- First representative from ADEA to the HPCTF was Dr. Chester Douglass.
- In 2004, Dr. Douglass approached the **Section of**
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  - In 2004, Dr. Douglass approached the **Section of Community and Preventive Dentistry** to introduce the Framework and to gain the Section's support.

# Dental Dissemination

- **2005**

- **Annual Meeting of ADEA**, I moderated a **symposium** on the CPPHCF:

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- Four prominent speakers discussed each of the four components and also a survey that Dr. Douglass

- conducted on health promotion and preventive curriculums among U.S. Dental Schools.

- **12<sup>th</sup> Congress of Health Professions Educators**

# Dental Dissemination (continued)

- **2006**
  - After unanimous support of the CPPHCF by the Section of Community and Preventive Dentistry,
    - **2006**
      - After unanimous support of the CPPHCF by the Section of Community and Preventive Dentistry, Dr. Douglass and I developed a **resolution** to submit to ADEA for approval of the CPPHCF. It was submitted to ADEA for consideration.
- **March 2007**

# Dissemination (continued)

- **2008**

- I submitted requests for endorsement from:

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- The American Dental Hygiene Association (**ADHA**)

- The American Association of Public Health Dentistry (**AAPHD**)

# Dissemination (continued)

- **2009**

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- Executive Council of **AAPHD** endorsed the CPPHCF

- No response from **CODA**

- CPPHCF was **revised in January 2009**

- Evidence-Based Practice was rewritten in a more problem

# Healthy People 2020 Baseline

- **2010**
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    - **2010**
  - In order to measure the progress of each profession in meeting the **objectives of Healthy People 2020**, six core questions were agreed to by ALL the health professions.
    - These were submitted as **baseline data points** for the **Healthy People 2020**.
    - Each profession used its respective **annual survey** to collect the data.

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**Does your predoctoral program include content in a REQUIRED learning experience that:**

1. ...focuses on patient education/teaching appropriate to the age, gender and cultural status of the patient?
2. ...addresses the impact of race/ethnicity/culture on health status, health beliefs and behaviors and health care utilization?
3. ...prepares the graduate to evaluate health sciences literature?
4. ...includes the impact of the environment on population health?
5. ...discusses the functions of the local, state, and national Public Health

**Objectives and data can be found at:**

<http://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs/objectives>



# Data on CPPHCF – 2010 Survey

Two additional questions were asked to determine **knowledge about the CPPHCF among dental educators:** N=57

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1. Is anyone on your faculty **aware** of the Clinical Prevention and Population Health Curriculum Framework for Health Professions?

Yes = 37.9%

# Data on CPPHCF – 2010 Survey

the design or revision of your predoctoral program?  
Not Answered = 62.1%

Yes = 12.1%

No = 22.4%

Don't Know = 3.4%

Not Answered = 62.1%

# Extending HPCTF

- HPCTF is **extending the clinical prevention and population health to**
  - Undergraduate Public Health in **4 yr. colleges**
  - HPCTF is **extending the clinical prevention and population health to**

# Successful Practices Project\*

- **2011**

- **Purpose:** develop **institutional case studies** that describe the development of successful **prevention, population health, and public health**

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describe the development of successful **prevention, population health, and public health**  
— at all levels of education.

- RFP was released in 2011; 101 applications received but **NONE** from dentistry!



# New HP 2020 Objectives

- All core questions in the 2010 baseline were made specific for dentistry.
  - e.g. “Increase the inclusion of counseling for health promotion and disease prevention content **in Doctor of Dental Surgery and Doctor of Dental Medicine**” (ICBE\* -18.1)  
9. ALSO ECDF - 18.2, 3, 4, 5 & 6.
  - e.g. “Increase the inclusion of counseling for health promotion and disease prevention content **in Doctor of Dental Surgery and Doctor of Dental Medicine**” (ICBE\* -18.1)  
9. ALSO ECDF - 18.2, 3, 4, 5 & 6.
  - 2013 predoc CODA standards – health promotion &

# CPPHCF 3<sup>rd</sup> Revision

- **2014**

- **Curriculum Framework** updated January 2015

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- **Components** edited and expanded to 23 **domains**

- **User friendly** for a wider audience

- **Domains** have specific examples

- Appendices

- **Exemplars** of Successful **Case Studies** focusing on

- **Accreditation Initiatives** citing the CPPHC Framework

- **Exemplars** of Successful **Case Studies** focusing on **population experiences** and **Interprofessional Health**

[Education](#) programs    [/?page=CPPH\\_Framework](#)

# Midpoint Survey of 2020 Objectives

- **2015**
  - Repeat of **2010 Survey questions** to measure progress made in dental education
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  - Acknowledge **ADA** assistance
    - Health Policy Resources Center/Professional Affairs