

CLEVELAND STATE UNIVERSITY





Clinical Prevention and Population Health Curriculum (CPPH) Framework: Use in Physical Therapy Programs

Suzanne Giuffre PT EdD, Beth Domholdt PT EdD FAPTA, Jane Keehan PT PhD,
Maggie Hannon SPT, Norah Sweeney SPT

Background



Improving the health of populations—distinguished from health care for individuals—is needed to meet global health targets

Population health defined: (Kindig D, Stoddart G 2003 What is population health? American Journal of Public Health 93: 380-383.)

- “The health outcomes of a group of individuals including the distribution of outcomes within the group”
- as well as the “health outcomes, patterns of health determinants, and policies and interventions that link these two.”

Many healthcare practitioners, including physical therapists, should play important roles in improving the health of populations.

Physical Therapy and PH



Physical therapy professional organizations around the world, including the:

World Confederation for Physical Therapy

American Physical Therapy Association

Australian Physiotherapy Association

Canadian Physiotherapy Association

Chartered Society of Physiotherapy (United Kingdom)

*All recognize the role of physical therapy in promoting population health.

This role was reinforced at the First and Second Physical Therapy Summits on Global Health in 2007 and 2011.

PT interventions including structured exercise programs, as well as education about smoking cessation, basic nutrition, weight control, guidelines for regular physical activity, stress and sleep management, and alcohol management.

These elements of population-based practice, suggesting that physical therapists go beyond the presenting complaint to include practices that focus on broad-based global health concerns

(ref: Dean E 2009 Physical therapy in the 21st century (Part I): Toward practice informed by epidemiology and the crisis of lifestyle conditions. Physiotherapy Theory and Practice 25: 330-353).

Problem and Purpose



Are PTs practicing population health?

Are PT programs including education on population health?

Purpose:

- Conduct a survey of physical therapy programs directors to determine current and desired coverage of population health concepts within entry-level physical therapy programs accredited by CAPTE.

Physical Therapy (CAPTE) **CC-4** The physical therapist professional curriculum includes clinical education experiences for each student that encompass:

- d) Opportunities for involvement in interdisciplinary care; **CC-5.52**
Apply principles of prevention to defined population groups.

Curricular Questions Raised



- What elements of CPPH framework fit in physical therapy programs?
- What is entry-level practice and advanced practice?
- Separate course or threaded throughout the curriculum?
- Addition to curriculum or replacement for something else?
- Are faculty prepared to teach this content?
- Didactic, laboratory, service learning, clinical?
- Is this kind of practice modeled within our professional communities?

Clinical Prevention and Population Health Curriculum Framework (CPPH)



- Healthy People Curriculum Task Force of the Association for Prevention Teaching and Research, US DHHS Office of Disease Prevention and Health Promotion, 2015
- Broad brush curriculum that can be adapted and integrated into education programs for a variety of health professionals
- Four major components
 - Foundations of population health
 - Clinical preventive services and health promotion
 - Clinical practice and population health
 - Health systems and health policy
- Subcategories, topic areas, illustrative examples

Clinical Prevention and Population Health Curriculum Framework (CPPH)



Population Health	Prevention & Promotion	Clinical Practice & PH	Health Systems & Policy
Epidemiology	Screening	Integrating PH in Practice	Organization of Systems
Etiology, Benefits, Harms	Behav Change Counseling	Partnering with the Public	Health Services Financing
Evidence-Based Practice	Immunization	Environmental Health	Workforce
Prevent/Promote Interv	Preventive Medication	Occupational Health	Health Policy Process
Determinants of Health	Other Preventive Interv	Global Health Issues	
PH Informatics		Cultural Dimensions	

Questionnaire Development



- Developed short description of each domain from phrases in the topic areas and illustrative examples of the CPPH Framework
- Developmental survey completed by 7 OT and PT program directors to determine whether the descriptions were clear enough to evaluation whether it was or should be included in an entry-level curriculum
- Pilot survey of edited descriptions completed by 6 OT and PT program directors
- Final questionnaire: 50-item, online, Qualtrics
 - 23 current coverage
 - 23 desired coverage
 - 4 other (consent, degree level, location, curricular approach)

Data Analysis

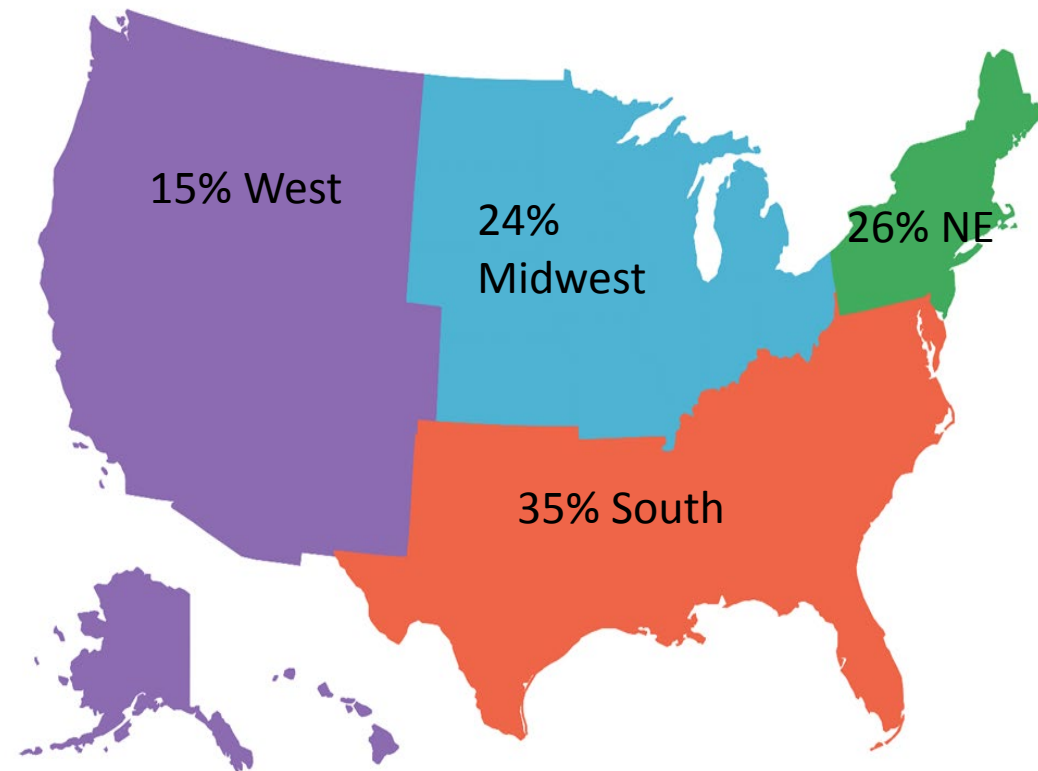


- Content item coding
 - 4: Strong (current), Strongly agree (desired)
 - 3: Moderate (current), Agree (desired)
 - 2: Minimal (current), Disagree (desired)
 - 1: None (current), Strongly disagree (desired)
- Gap variable: Desired score – current score
- Total PH scores: Sum across domains for total current, desired, and gap scores
- Means, standard deviations

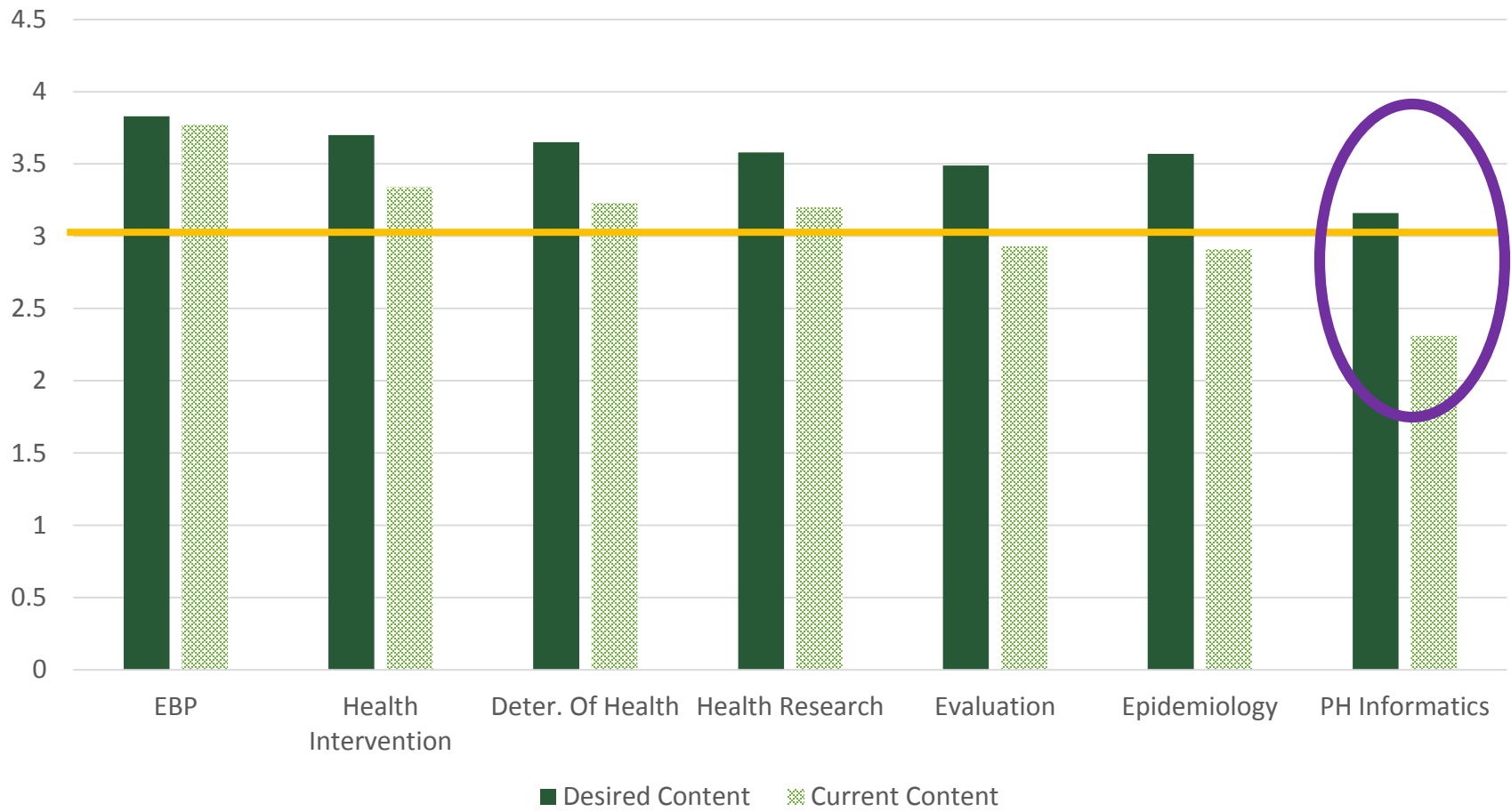


Participants

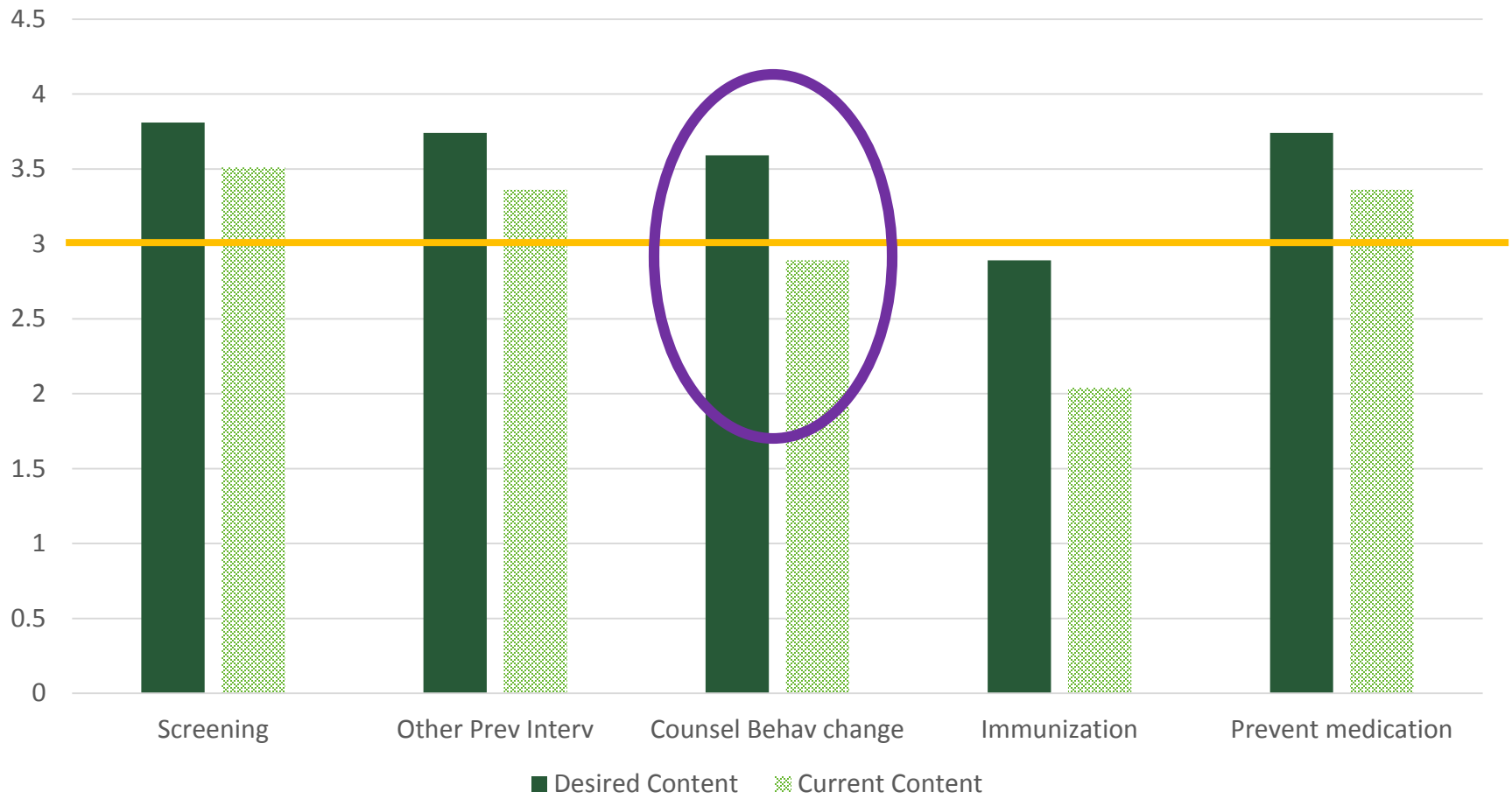
- Population: 237 CAPTE-accredited entry-level PT doctoral programs as of January 2018
- Respondents: 63 program directors (27%)
- Geographical distribution of respondents



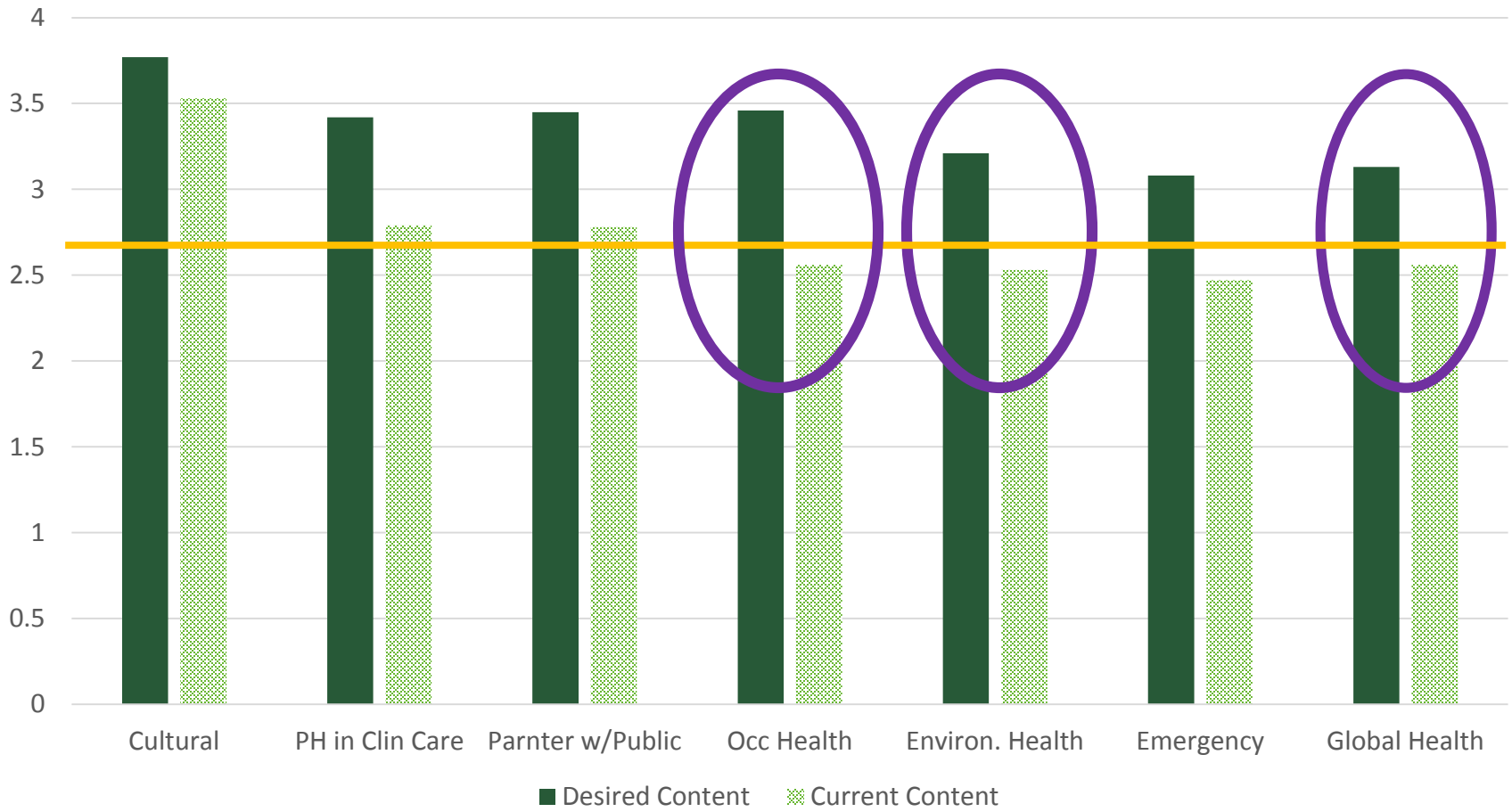
Component 1: Foundations in PH



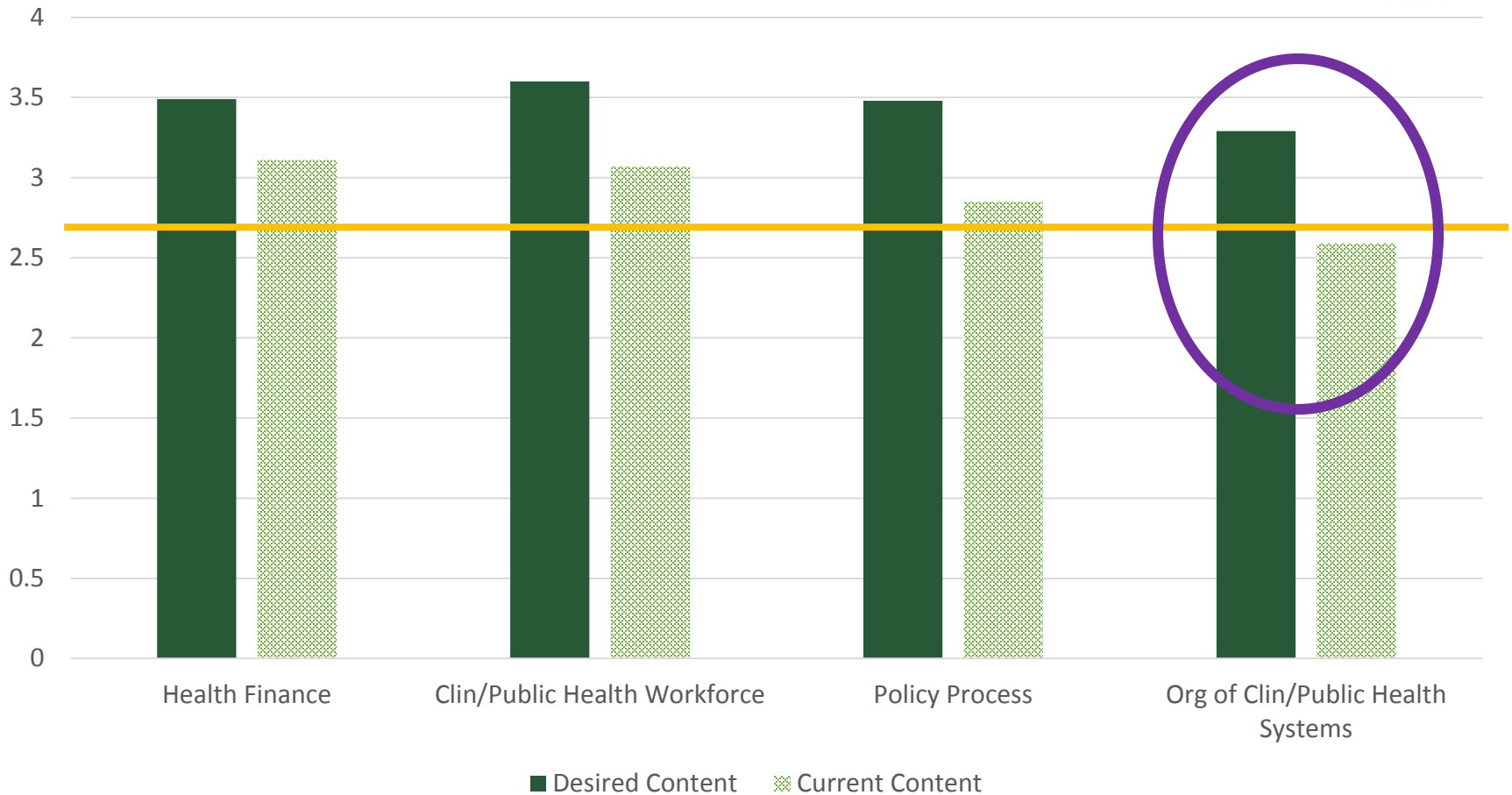
Component 2: Clinical Preventive Services and Health Promotion



Component 3: Clinical Practice and Population Health



Component 4: Health Systems and Health Policy



Total PH Score and Curriculum Model



PT programs reported that every domain is covered at least minimally.

10 out of 23 domains are covered moderately.

Average score Desired=3.45 vs. Average score Current=2.45

Total PH “Current” Score: 92 possible

The average score was 67 (minimum of 45 and maximum score of 84)

Presentation of Content

30% concentrated PH content in one or more courses

35% threaded PH content across the curriculum

35% included PH content as an informal element

Discussion-Current Content



Twenty-two out of 23 of the domains were identified as those that SHOULD be covered in Physical Therapy program

PT Program directors report highest scores for CURRENT coverage in:

1. Evidence based practice
2. Cultural dimensions of practice
3. Screening
4. Implementation of Health Promotion and Disease Prevention Interventions
5. Health Services Financing.

*these areas have been part of PT programs for some time

Discussion-Gaps



PT program directors believe the following are important, however not currently being taught to the extent they should be, representing gaps. These are:

1. Counseling for Behavioral Change
2. Occupational Health
3. Organization of Clinical and Public Health Systems
4. Environmental Health
5. Population Health Informatics
6. Global Health Issues



QUESTIONS AND DISCUSSION

References



American Physical Therapy Association. Physical therapist's scope of practice (HOD P06-17-09-16/HOD P06-17-08-07 [Position]).

https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/PTScopeOfPracticeCombined.pdf Updated: September 13, 2017. Accessed October 1, 2017.

[Association for Prevention Teaching and Research](https://www.teachpopulationhealth.org/). Clinical Prevention and Population Health Curriculum Framework. <https://www.teachpopulationhealth.org/>. Accessed January 15, 2018.

Bezner JR. Promoting health and wellness: Implications for physical therapist practice. *Physical Therapy*. 2015;95:1433-1444.

Clinical Prevention and Population Health Curriculum Framework. https://cdn.ymaws.com/www.aptrweb.org/resource/resmgr/HPCTF_Docs/Revised_CPPH_Framework_2.201.pdf. Accessed August 14, 2018.

Dean CM, Duncan PW. Preparing the Next Generation of Physical Therapists for Transformative Practice and Population Management: Example from Macquarie University. *Physical Therapy*. 2016;96(3): 272-274.

Dean E. Physical Therapy in the 21st Century (Part I): Toward Practice Informed by Epidemiology and the Crisis of Lifestyle Conditions. *Physiotherapy Theory and Practice*. 2009;25(5-6):330-353.

Dean E, Al-Obaidi S, Dornelas de Andrade A, et al. First physical therapy summit on global health: Implications and recommendations for the 21st century. *Physiotherapy Theory and Practice*. 2011;27:531-547.

Dean E, Dornelas de Andrade A, O'Donoghue G, et al. Second physical therapy summit on global health: Developing an action plan to promote health in daily practice and reduce the burden of non-communicable diseases. *Physiotherapy Theory and Practice*. 2014;30:261-275.

History. Institute of Healthcare Improvement. <http://www.ihl.org/about/pages/history.aspx>. Accessed August 10, 2017.

Institute of Medicine 2002 The future of the public's health in the 21st century. Washington DC, The National Academies Press.

Mery G, Majumder S, Brown A, Dobrow MJ. What do we mean when we talk about the triple aim: A systematic review of evolving definition and adaptations of the framework at the health system level. *Health Policy*. 2017;121(6):629-636.

Parra DC, Bradford ECH, Clark BR, Racette SB, Deusinger SS. Population and community-based promotion of physical activity: A priority for physical therapy. *Physical Therapy*. 2017;97(2):159-160.

Sullivan KJ, Wallace J, John G, et al. A vision for society: Physical therapy as partners in the national health agenda. *Physical Therapy*. 2011;91:1664-1672.

Policy statement: Description of physical therapy. World Confederation for Physical Therapy. <http://www.wcpt.org/policy/ps-descriptionPT>. Published May 2015. Updated April 18, 2017. Accessed January 15, 2018.