CLEVELAND STATE UNIVERSITY

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Background

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


- “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
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?
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)

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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

![Graph showing the comparison between Desired Content and Current Content for various components such as EBP, Health Intervention, Determinants of Health, Health Research, Evaluation, Epidemiology, and PH Informatics. The graph indicates areas where the desired content exceeds the current content.](Image)
Component 2: Clinical Preventive Services and Health Promotion

![Bar chart showing desired and current content across different categories such as Screening, Other Prev Interv, Counsel Behav change, Immunization, Prevent medication. The desired content is indicated by dark green bars, and the current content by light green bars. A yellow reference line at 3.0 is present to compare the two.](chart.png)
Component 3: Clinical Practice and Population Health
Component 4: Health Systems and Health Policy

![Graph showing desired and current content for different components of health systems and health policy.]

- **Health Finance**: Desired Content: 3.5, Current Content: 3
- **Clin/Public Health Workforce**: Desired Content: 3.75, Current Content: 3.25
- **Policy Process**: Desired Content: 3.5, Current Content: 3.0
- **Org of Clin/Public Health Systems**: Desired Content: 3.25, Current Content: 2.75

Legend:
- Green Bar: Desired Content
- Green Dot: Current Content

The graph illustrates the comparison between desired and current content across various components of health systems and health policy.
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]).


