
ADVANCING THE HEALTHY PEOPLE

2010 OBJECTIVES THROUGH

COMMUNITY-BASED EDUCATION:

A CURRICULUM PLANNING GUIDE



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INTRODUCTION

“Our greatest opportunities for reducing health disparities are in empowering individuals to make informed health care decisions and in providing the skills, education, and care necessary to improve health. The underlying premise of the Healthy People 2010 objectives for the nation is that the health of the individual is inseparable from the health of the larger community.”

—Dr. David Satcher, Former U.S. Surgeon General,
January 2000

“Health professionals must share responsibility with the public for promoting healthy lifestyles by serving as role models and resources for health information and education, and by applying knowledge of how changes in personal behavior can improve health. Health professional programs should teach principles of prevention, health promotion, risk reduction, and behavior change.”

—Pew Health Professions Commission, 1998

“Increase the proportion of schools of medicine, nursing, and other health professional training schools whose basic curriculum for health care providers includes the core competencies in health promotion and disease prevention.”

—Healthy People 2010 Objective 1-7

Health professional schools across the country are constantly encouraged to participate in curriculum reform efforts that respond to the changes taking place in our health care system and local communities (O’Neil 1998, Bland et al. 2000). David Satcher, the former U.S. Surgeon General, has called upon health professional schools to be essential partners in achieving the Healthy People 2010 objectives. Curriculum reform efforts that are tied directly to the fulfillment of these public health goals—to increase quality and years of healthy life and to eliminate health disparities associated with race, ethnicity, and socioeconomic status—offer a perfect opportunity to expand the health promotion and disease prevention content of health professions curricula in partnership with communities.

Healthy People 2010 Objective 1-7 specifically aims to include core competencies in health promotion and disease prevention in health professional school curricula. In the journal of the Association of American Medical Colleges, the U.S. Surgeon General’s then-deputy, Nicole Lurie, recommended that community service experiences be a required component of health professions education, writing that “projects that focus on one or more of the leading health indicators, or other Healthy People 2010 objectives, are great places to start. Through such experiences students learn to see their roles more broadly, and can facilitate sustainable relationships with others in the community” (Lurie 2000).

Several forces and conditions underscore the need for greater prevention-focused curricula across the health professional disciplines, including the rapid shift of health care from acute care to ambulatory care settings, changing population demographics, rising gender and racial health disparities, and health risks and lifestyle conditions that are increasingly preventable. In response to these changes, health professional schools face growing pressure to fulfill their social missions and to produce future health professionals with the necessary skills, knowledge,

and attitudes to practice effectively in diverse settings, provide care that is culturally responsive, and communicate messages that promote health (O’Neil EH 1998).

In addition to expanding prevention-oriented content, it is important to improve the methods and settings in which these topics are taught. Community-based educational experiences in the form of service-learning, community-oriented primary care, and problem-based learning offer promising curricular strategies for practicing prevention principles in partnership with communities and achieving core competencies required of future health professionals.

For example, students across a wide range of health professions who participate in service-learning experiences demonstrate changes in attitudes and beliefs about culturally diverse and medically underserved populations. They also acquire an understanding about community needs, assets, and resources and the social determinants of health. Faculty involved in service-learning describe enhanced relationships with students and community agency partners, greater understanding of community issues and resources, and evidence of community-based scholarship.

Finally, when community-based education is implemented in a meaningful and balanced way in partnership with community leaders, the possibility of improved health status and benefits to the community is much greater. Community agency partners involved in service-learning report that having health professional students involved in community service activities can expand existing services, add new services, and implement project ideas that had been put on hold because of insufficient human resources. These partners are eager to be seen as teachers and experts, and many seek a more substantial role in the school’s curriculum through classroom teaching and serving on curriculum committees (Seifer SD 1998, Gelmon et al. 1998, Seifer T 2001).

Health professional schools that are involved in service-learning, problem-based learning, and community-oriented primary care are well prepared to incorporate the Healthy People 2010 objectives into their curricula.

What Is Healthy People 2010?

Known as “the prevention agenda for the nation,” Healthy People 2010 is a statement of national health objectives that identifies the most significant preventable threats to health and establishes national goals to reduce these threats. Ten Leading Health Indicators have been identified that reflect the major health concerns in the United States and will be used to measure the health of the nation over time (Table 1). Each of the 10 Leading Health Indicators has a set of Healthy People 2010 objectives associated with it.

Table 1. The 10 Leading Health Indicators
Physical Activity
Overweight and Obesity
Tobacco Use
Substance Abuse
Responsible Sexual Behavior
Mental Health
Injury and Violence
Environmental Quality
Immunization
Access to Health Care

The Leading Health Indicators were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. For each area, a sample is given of resources available from the federal government. The sample resources can be found on the Web site www.health.gov/healthypeople/LHI/

Resources.htm. Perhaps one of the greatest contributions of the Healthy People 2010 initiative is its focus on health disparities. Although the overall health of the nation has improved, racially and ethnically diverse populations are more likely than whites to have poor health and to die prematurely, as the following examples illustrate (Centers for Disease Control and Prevention 2002):

- **HIV/AIDS:** Although African Americans and Hispanics represented 25 percent of the U.S. population in 1999, they accounted for roughly 55 percent of adult AIDS cases and 82 percent of pediatric AIDS cases reported through 1999.
- **Diabetes:** Compared with whites, American Indians and Alaska Natives are 2.5 times more likely to have diagnosed diabetes, African Americans are 2.0 times more likely, and Hispanics are 1.8 times more likely.
- **Infant mortality:** African American, American Indian, and Puerto Rican infants have higher death rates than white infants. In 1999, the black-to-white ratio in infant mortality was 2.5 (up from 2.4 in 1998). This widening disparity between black and white infants is a trend that has persisted over the last two decades.
- **Cancer:** Asian Americans are at higher risk than whites for certain forms of cancer, diabetes, and tuberculosis. Vietnamese women are five times more likely than whites to have cervical cancer, and Chinese Americans are five times more likely to have liver cancer (DeGroat 2003).

A growing number of health disparities initiatives are under way across the country, including REACH 2010 (www.cdc.gov/reach2010), supported by the Centers for Disease Control and Prevention, and the Health Disparities Collaboratives (www.cdc.gov/reach2010; www.healthdisparities.net), supported by the Bureau of Primary Health Care. Health professional schools that embrace the Healthy People 2010 framework and design curricular innovations can benefit from strategies for eliminating health disparities.

We encourage health professional schools not only to draw on Healthy People 2010 but also to make use of the extensive research base that demonstrates the links among education, income, and health outcomes. Since Healthy People 2010 provides a framework for addressing specific health-related conditions and does not, with few exceptions, address the underlying determinants of health such as educational level and socioeconomic status, it is important that the social determinants of health also be incorporated into health professional curricula.

Conclusion

Community-based education provides a vehicle for framing a new paradigm of student education and community health, and offers a clear pathway for advancing the Healthy People 2010 objectives. It provides opportunities for health professions educators to expand student learning of the determinants of health and health disparities, as well as skills in health promotion, disease prevention, communication, partnership-building, and advocacy. In addition to this Guide, there are a variety of Healthy People 2010 publications that provide direction in framing these important issues in the health professional curriculum. By reviewing and applying the information presented in this Guide, health professional faculty, students, and community leaders can carry out lasting changes in health professions education, and consequently, in the health of our nation's communities.

References

- Bland CJ, Starnaman S, Harris D, Henry R, Hembroff L. 2000. "No fear" curricular change: Monitoring curricular change in the W.K. Kellogg Foundation's national initiative on community partnerships and health professions education. *Academic Medicine* 75(6):623–633.
- Bureau of Primary Health Care. *Health Disparity Collaboratives* [Web site]. Available at: www.bphc.hrsa.gov/quality/Collaboratives.htm.
- Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. 2002. *Racial and Ethnic Approaches to Community Health (REACH 2010): Addressing Disparities in Health—At A Glance*. Available at www.cdc.gov/reach2010.
- Connors KM, Henry JK, Seifer SD. 2000. Improving the preparation of nursing professionals through community-campus partnerships. In Gott M, ed., *Nursing Practice, Policy and Change*. Oxon, UK: Radcliffe Medical Press.
- DeGroat TJ. 2003. U.S. provides \$85 million to eliminate health disparities. In *Asian Diversity Magazine*. Available at www.asiandiversity.com/articles/88638072.htm.
- Gelmon S, Holland B, Shinnamon A. November 1998. *Health Professions Schools in Service to the Nation: Final Evaluation Report*. San Francisco, CA: Community-Campus Partnerships for Health. Available at www.ccph.info.
- Goodrow B, Olive KE, Behringer B, et al. 2001. The Community Partnerships Experience: A Report of Institutional Transition at East Tennessee State University. *Academic Medicine* 76:134–141.
- Jacoby B, ed. 1996. *Service-Learning in Higher Education: Concepts and Practices*. San Francisco, CA: Jossey-Bass.
- Lurie N. 2000. Healthy People 2010: Setting the nation's public health agenda. *Academic Medicine* 75:12–13.
- O'Neil EH, Pew Health Professions Commission. 1998. *Recreating Health Professional Practice for a New Century*. San Francisco, CA: University of California, San Francisco, Center for the Health Professions. Available at www.futurehealth.ucsf.edu.
- Seifer SD. 1998. Service-learning: Community-campus partnerships for health professions education. *Academic Medicine* 73:273–277.

Seifer SD. 1997. Overcoming a century of town-gown relations: Redefining relationships between communities and academic health centers. In Raybuck J, ed., *Expanding Boundaries: Building Civic Responsibility Within Higher Education* (pp. 47–52). Washington, DC: Corporation for National and Community Service.

Seifer T, ed. 2001. *Partners in Caring and Community: A Team Approach to Service-Learning in Nursing Education*. San Francisco, CA: Community-Campus Partnerships for Health. Available at www.ccph.info.

U.S. Department of Health and Human Services. 2000. Healthy People 2010 (2nd ed.). [with *Understanding and Improving Health and Objectives for Improving Health*, 2 vols.] Washington, DC: U.S. Government Printing Office.

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2010: Resources for Action*. Available at www.health.gov/healthypeople/LHI/Resources.htm.