



ILLINOIS COLLEGE
of OPTOMETRY

Clinical Prevention and Population Health Curriculum Framework in Optometric Education

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ASCO Task Force



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 health care providers includes the core competencies in health promotion and disease prevention."



- Association for Prevention Teaching and Research (APTR, formerly ATPM) and Association of Academic Health Centers (AHC) convened Task Force representing seven health professions (January, 2003)
- Association of Schools of Public Health and Community-Campus Partnerships for Health provided resource representatives



Health Professions Members

- **Allopathic Medicine** (Association of American Medical Colleges)
- **Dentistry** (American Dental Education Association)
- **Nursing** (American Association of Colleges of Nursing)
- **Nurse Practitioners** (National Organization of Nurse Practitioner Faculties)
- **Osteopathic Medicine** (American Association of Colleges of Osteopathic Medicine)
- **Pharmacy** (American Association of Colleges of Pharmacy)
- **Physician Assistants** (Association of Physician Assistant Programs)



Four Components (cont'd)

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



ASCO Task Force

- Responding to interest in assessing optometric curriculum content as it related to the Curriculum Framework for Health Professions.
- Dr. Timothy Wingert, Chair
 - Dr. Roger Wilson
 - Dr. Sandra Block



Discovery

- Task Force was appointed early in 2006.
- Survey was determined to be best method to gather information.
- Questions were developed around the Curriculum Framework.



Discovery

- Target sample – all US schools and colleges of optometry.
- Surveys were emailed to Deans and Presidents for dissemination.
- Responses allowed through the internet based survey or via hard copy and faxed back.
- Deadlines were set. Response rate was initially low. Emails were sent as reminders.



Survey Development

- The survey asked for the general information:
 - Institution
 - Course name & value of course
 - Whether course was required or elective



Challenges To Data Collection

- Electronic barriers
On line version cut off several questions.
Required follow up with limited success.
- Communication within academic programs.
Several programs with in transition of leadership.
- Deadline extended due to lack of responses to survey received. Only 11 schools were represented by the initial deadline.



General Information

Course represented:

General optometry

Ethics

Public Health

Evidenced Based Health Care

Clinical Care

Anatomy / Physiology (ocular & neuron)

Pediatrics

Community Health

Ocular Disease

Epidemiology

Health Policy

Binocular Vision



Summary of Survey

- Actual reported information
- Difference in coverage of topical areas between academic programs.
- Areas that are covered in less detail.



Topical Areas Covered

1. Evidence based for practice
Epidemiology and biostatistics, methods to evaluation literature, health surveillance, & determinants of health.
2. Clinical Preventive Services
Screening, counseling, immunizations, & chemoprevention
3. Health Systems and Health Policy
Clinical and public health services, health services financing, health care workforce, & health policy process.
4. Community aspects of practice
Communicating health information, environmental and occupational health, global health issues, cultural issues



Evidence Base for Practice

Question	Mean (SD)	Median	Range
Rates of disease	102 (89)	93	0-260
Types of Data	64 (52)	50	0-210
Statistical Concepts	69 (62)	48	0-180
Study designs	66 (62)	50	0-180
Quality measures	56 (48)	50	0-140
Statistical power	47 (36)	30	0-120
Measures of mortality	47 (39)	30	0-125



Evidence Base for Practice

Question	Mean (SD)	Median	Range
Quality of life measures	57 (52)	30	0-190
Cost measures	50 (37)	30	0-130
Quality of health care	39 (35)	30	0-130
Vital statistics	22 (22)	10	0-80
Disease surveillance	34 (36)	23	0-125
Risk factors	79 (73)	65	0-270
Burden of illness	68 (73)	55	20-170
Contributors to morbidity/mortality	64 (32)	60	20-120



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Clinical Prevention Services

Question	Mean (SD)	Median	Range
Approaches to screening	85 (44)	88	10-150
Criteria for screening	51 (45)	25	0-120
Evidence-based recommendations (screening)	42 (58)	25	0-210
Issues relating to culture	70 (139)	30	0-540
Clinician-patient communication	78 (83)	40	0-290
Counseling effectiveness	58 (52)	50	0-175
Evidence-based recommendations (counseling)	68 (52)	60	0-215



Clinical Prevention Services

Question	Mean (SD)	Median	Range
Vaccines	12 (23)	0	0-95
Criteria for successful immunization	10 (24)	0	0-95
Evidence-based recommendations (immunization)	40 (43)	25	0-130
Approaches to chemoprevention	13 (25)	0	0-90
Criteria for successful chemoprevention	14 (26)	0	0-95
Evidence-based recommendations (preventive medication)	26 (29)	20	0-95



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Health Systems and Health Policy

Question	Mean (SD)	Median	Range
Clinical health services	59 (36)	55	0-125
Public health responsibility	61 (50)	55	0-170
Relationships between practice and public health	61 (54)	55	0-200
Clinical services coverage/reimbursement	63 (52)	75	0-120
Methods of financing health care facilities	33 (29)	30	0-90
Methods of financing public health services	28 (22)	28	0-60
Other models (international)	25 (21)	25	0-60



Health Systems and Health Policy

Question	Mean (SD)	Median	Range
Regulation of professions and health care	53 (40)	55	0-120
Discipline specific hx, philosophy, roles	28 (23)	30	0-60
Racial/ethnic workforce	16 (18)	13	0-50
Relation of discipline to other health professionals	24 (20)	28	0-60
Legal & ethical responsibilities	62 (59)	55	0-180
Process of health policy making	49 (48)	38	0-120
Advocacy and advisory process	22 (25)	15	0-70
Impact of policy on health care	44 (43)	33	0-120



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Community Aspects of Practice

Question	Mean (SD)	Median	Range
Methods of assessing community	44 (43)	30	0-240
Media communication	52 (66)	10	0-180
Evaluation of health information	28 (50)	20	0-120
Exposure from environment	28 (34)	5	0-120
Environmental risk issues	22 (35)	10	0-60
Environmental prevention	11 (18)	0	0-60



Community Aspects of Practice

Question	Mean (SD)	Median	Range
Employment based risks	22 (25)	10	0-60
Methods to control occupational risk	18 (23)	10	0-60
Exposure & prevention in health care settings	24 (23)	10	0-75
Roles of international organization	30 (28)	30	0-60
International disease & population patterns	28 (22)	20	0-60
Effect of globalization	24 (21)	15	0-60



Community Aspects of Practice

Question	Mean (SD)	Median	Range
Cultural influence on health care delivery	15 (18)	10	0-60
Cultural influence on individuals/communities	30 (48)	20	0-180
Culturally competent health care	34 (48)	20	0-180
Methods for health care partnerships	27 (36)	15	0-120
Evidence based recommendations for community prevention	28 (36)	15	0-120
Public health preparedness	12 (22)	0	0-80



Key Points

- Number of responses per school ranged between 0-13.
- This suggests that the surveys were distributed differently among schools.
- Some surveys were directed to faculty directly involved with public health courses while others went to all faculty.
- The data probably underestimates the real time dedicated to Clinical Prevention and Public Health.



Key Points

- Significant variation was noted between schools in the amount of didactic and clinical time dedicated to the topical areas of Clinical Prevention and Population Health:

1020 Minutes (PCO) – 5165 Minutes (NECO)
Mean: 2407



Key Points

■ Missing Data

- 1 school did not respond at all (UCB)
- 2 schools did not have complete data (SCO, UAB)



Limitations of survey

- Concern that the survey did not reach all of the faculty teaching the material.
- Title of the survey suggested public health and faculty may have chosen not to respond because they don't see their material as public health.
- Concern that electronic responses may have affected the quality of the data. Several glitches occurred with the electronic response system.



Limitations of survey

- The system allows the respondent to pause and return at a later time.
- There is a question whether faculty researched the questions prior to responding.
- Faculty are busy, while they are good in responding, it is not a priority.



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Thank You