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# Healthy People Curriculum Task Force

## A Commentary by the Surgeon General

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The implementation of disease prevention and health promotion activities throughout the nation continues to be an important goal. The United States realized significant health gains in the past century; however, significant challenges remain. For decades, we have not done enough about our unhealthy eating habits, lack of physical activity, and other poor choices that negatively impact our individual and societal health.

Approximately half of all deaths each year in the United States are preventable, caused by modifiable behaviors such as tobacco use, poor nutrition, and physical inactivity.<sup>1</sup> Recent events such as the outbreak of severe acute respiratory syndrome, the obesity epidemic, and the events of September 11, 2001, highlight the need for a network of healthcare professionals who can effectively respond to public health threats. The patient-provider relationship has also changed to encompass a shared decision-making process that is dependent on strong health literacy skills and coordination among a team of multidisciplinary health professionals.

To meet these challenges, we must redefine how we educate our future healthcare professionals. As Surgeon General, my job is to protect and advance the health of the nation. To accomplish that mission, we must move our society and our health professions from the current treatment-oriented focus to a prevention-oriented focus.

Contemporary education in the health professions is a result of numerous events over the past century. The influential leadership of William Osler focused the training of health professionals in large, centralized medical centers.<sup>2</sup> The release of the Flexner Report<sup>3</sup> spurred the standardization of medical education and the formation of various accreditation organizations. Ultimately, all health profession training programs were standardized, with periodic reviews to maintain accreditation status. In addition, advances in technology, basic science research, and medical and surgical interventions took a reductionist view of disease management with an emphasis on highly trained specialists

to treat organ-specific diseases. Together, these events formed the foundation for contemporary health professions education with a primary focus on the diagnosis and treatment of diseases. The role of prevention is rarely emphasized.

In this issue, Allan et al.<sup>4</sup> introduce a prevention curriculum that can be incorporated into the training of all clinical health professions. This curriculum was developed by a consortium of leaders, including allopathic physicians, osteopathic physicians, nurses, nurse practitioners, dentists, pharmacists, and physician assistants. These healthcare leaders were assembled by the Association of Teachers of Preventive Medicine and the Association of Academic Health Centers with support from the Office of Disease Prevention and Health Promotion of the Office of Public Health and Science, U.S. Department of Health and Human Services. They were acting to meet the following *Healthy People 2010*<sup>5</sup> objective: "Increase the proportion of schools of medicine, schools of nursing, and other health professional training schools whose basic curriculum for healthcare providers includes the core competencies in health promotion and disease prevention."

This "basic curriculum" contains four core components with 19 domains that can be considered for inclusion in educational programming. The content, timing, and method of delivery are ultimately decided by each institution. This allows for a set of common prevention principles to be tailored to each profession. It builds on the traditional health professions curricula by placing equal importance on diagnosis, treatment, clinical preventive services, and population-level services.

The time is right for health profession education to align its focus with disease prevention and health promotion principles as the core of healthcare practice. This curriculum will help future generations of health professionals to view public health and clinical preventive services as integrated skills necessary for all health professionals—rather than as separate skills necessary for only a few.

I congratulate the consortium on developing a curriculum that transcends boundaries to facilitate a uniform approach to prevention education. The timeliness and importance of this curriculum are reflected in its unanimous acceptance by the representatives of all seven disciplines in the consortium.

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We know that prevention makes sense, that it works, and that it can be cost-effective. Several federal programs address prevention, including the development of national health objectives (*Healthy People*<sup>5</sup>), evidence-based prevention guidelines (*Guide to Clinical Preventive Services*<sup>6</sup> and *Guide to Community Preventive Services*<sup>7</sup>), and integrated community interventions that address the burden of chronic disease (President's HealthierUS initiative<sup>8</sup>). Further support through funding, policy development, and educational programming will strengthen our ability to protect and advance the health of all Americans. These efforts, combined with the widespread implementation of a prevention curriculum, will help move U.S. health professions and the society in a healthier direction.

## References

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