

## FACULTY FORUM

# The Road to Population Health: Using *Healthy People 2010* in Nursing Education

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### ABSTRACT

*Healthy People 2010: Understanding and Improving Health* and corresponding state health improvement plans provide roadmaps for planning, monitoring, and evaluating population health improvement in the United States. These documents offer relevant guidance for nursing education because they address health workforce education specifically, use a population perspective, and include evidence-based action priorities. However, information about how these documents are used in nursing education is limited. This article discusses the relevance of national and state health planning documents for nursing education. Nurse educators are encouraged to reflect on the alignment of current nursing education efforts with national and state health planning agendas. Suggestions for future use of national and state popu-

lation health improvement planning documents in guiding strategic, curricular, and course planning are offered.

National and state health planning (NSHP) documents, including *Healthy People 2010: Understanding and Improving Health* (U.S. Department of Health and Human Services [USDHHS], 2000) and parallel state-level documents, serve as basic roadmaps to population health improvement efforts throughout the United States. These agendas are well known to nurse educators, researchers, and nursing students. However, we question the extent to which nursing education has fully used the guidance provided by these plans. As nursing faculty members and public health professionals, we believe nursing education could enhance its contributions to population health by being more consciously attentive to the *Healthy People 2010* roadmap. The purpose of this article is to stimulate reflection about how nursing education efforts currently align with NSHP documents and to offer suggestions for more extensive use of such plans in strategically guiding the content and structure of nursing curricula and courses.

### Relevance for Nursing Education

Nurse educators should find NSHP documents relevant for at least three reasons. First, these documents include direct references to health workforce development. Second, there

is a strong population perspective embodied in the plans. Third, agendas for health improvement are generally based on scientific evidence.

### Health Workforce Development

*Healthy People 2010* (USDHHS, 2000) addresses nursing education and workforce development issues by including three objectives that speak specifically to health professions (including nursing) education (Objectives #23-9, #1-7, and #1-9). State health plans also include objectives targeted to nursing education. For example, Wisconsin's plan identifies schools of nursing as being part of the public health system, as well as having key roles in developing the public health workforce and in assuring that core competencies in public health are achieved through basic and continuing education (Wisconsin Turning Point Transformation Team, 2002). Nurse educators must be aware of these objectives and take active steps to address them if the nation and states are to be successful in achieving the health and public health system outcomes identified in the plans.

### Population Perspective

National and state health planning documents are relevant to nursing education because they are founded in ecological and population health perspectives that are increasingly vital for nursing education to adopt. The ecological perspective recognizes that population health is influenced by multiple interactive determinants, including the social and physical environment, genetic endowment, individual responses through behavior

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and biology, health care access and utilization, economics, and spiritual factors (Evans & Stoddart, 1990). This perspective focuses on the health of populations, is guided by population health assessment, and addresses the implementation of interventions at all levels of prevention (Minnesota Department of Health, Center for Public Health Nursing, 2003).

Population health improvement involves more than providing health care to individuals and families who make their way to hospitals and clinics. Achieving health and preventing disease requires the collaborative efforts of health care providers, policy makers and enforcers, educators, employers, and individuals and families. To effectively contribute to population health improvement efforts at all levels of prevention, nurses need a clear understanding of this ecologic perspective and a deep commitment to the synergistic, participative, and multidisciplinary effort required to achieve improved health outcomes.

The skills necessary for population-focused practice build on those required for patient care and include population and community assessment, planning, population-based interventions (e.g., community organizing, coalition building), and evaluation (Minnesota Department of Health, Public Health Nursing Section, 2001). In addition, a recent Institute of Medicine report recommended that undergraduate schools of nursing assure that nursing students develop an understanding of the ecological model of health (Gebbie, Rosenstock, & Hernandez, 2003).

#### **Foundation in Scientific Evidence**

National and state health planning documents are also relevant to nursing education because of their scientific foundation and use of health status outcome data to determine priorities for intervention. Just as evidence-based nursing practice measured by patient health outcomes is becoming the norm, so is evidence-based population health practice measured by population health outcomes becoming the standard for population health interventions.

Emphasis on NSHP documents in nursing curricula would help students understand the scientific basis for interventions at the individual, family, community, and population levels. It would also help develop students' appreciation of the importance of evaluating the effects of their interventions through monitoring and measuring health status outcomes. The science-based priorities for achieving population health could be used by nurse educators to help focus nursing education and ensure that nurses, alongside other health professionals and community partners, are prepared to address the identified health priorities.

#### **Current Use of NSHP Documents**

Although NSHP documents have important implications for nursing education, a literature review of Cumulative Index to Nursing and Allied Health and PubMed databases from 1980 to 2004 yielded no specific examples or guidance regarding the use of these plans in curricula or specific courses. Therefore, we solicited information about how NSHP documents have been and could be used in nursing education from our academic and practice colleagues during a discussion session of the 5th annual Wisconsin State Public Health Nursing Conference held in Stevens Point, Wisconsin, August 29, 2002.

The conference was attended by 40 participants, including community health nurse educators from Wisconsin universities, colleges, and technical programs and practicing public health nurses and nurse managers from local and state health departments and community-based organizations and agencies. Discussion participants reported using NSHP documents to raise awareness in nursing students about the content and purpose of the plans. No one indicated that NSHP documents were used in overall strategic planning at the school level, curricular planning at the program level, or in structuring individual courses.

#### **Suggestions for Future Use of NSHP Documents**

The following suggestions for using NSHP documents in nursing education are our own, informed by our professional experience, faculty status, and myriad, informal conversations with academic and professional colleagues. They are meant to stimulate reflection and discussion, rather than create a specific plan to follow.

##### **Strategic Planning**

Nursing programs could consider incorporating NSHP documents into their strategic planning and management efforts. Strategic planning helps an organization define its relationship to its environment and make decisions about future priorities, goals, and actions (Ginter, Swayne, & Duncan, 1998). Strategic planning in nursing programs has often been based on educational program demands, the need to produce nurses, and the interests of accrediting entities. Often schools focus their strategic planning on benchmarking against other nursing education programs.

By incorporating NSHP documents in strategic planning, a nursing school might use the broad determinants of population health to define its relationship to the community or state in which it exists, and to make decisions about priorities for future educational and research goals. For example, nursing schools could make strategic decisions to be visible and active partners with other educational and service organizations on priority health issues addressed in NSHP documents. With this approach, nursing schools would increase their ability, as credible organizations, to influence health policy processes at local or state levels.

Nursing schools engaged in research endeavors could make strategic decisions to focus those research efforts on an agenda that includes the health priorities or infrastructure needs identified in NSHP documents. This would lead to including nursing perspectives and knowledge in the growing evidence base for health promotion and disease prevention. Using an approach driven by NSHP documents, nursing schools might ad-

vance basic, graduate, and continuing education programs that expressly prepare nurses to intervene, in collaboration with other public health and health care providers, at all levels of prevention on priority health issues. In summary, the explicit use of NSHP documents and a population perspective in strategic planning would engage nursing schools in examination of the contribution of nurses and nursing education to population health improvement.

#### Curricular Planning

Nursing curricula often focus on the links between individual behavior, social networks, and individual health status. Using NSHP documents to guide nursing curricula would assure that underlying causes of disease in populations, such as risky sexual behavior, school food choices, city planning that emphasizes the needs of automobiles rather than those of pedestrians, and tobacco and substance abuse are addressed. In addition, in many nursing programs, inclusion of a population health perspective is limited to community health classes. Using NSHP documents in curriculum planning would encourage linking individual and population health perspectives throughout the curriculum. At minimum, NSHP documents should be required reading at some point in the curriculum, and relevant readings from them could be included among the assignments for almost every course.

More extensive use of NSHP documents in planning across the undergraduate curriculum could lead nursing programs to structure their curricula in ways that clearly communicate the population perspective on health encouraged by the Institute of Medicine, while providing students with the knowledge and skills necessary to address the health priorities and risk factors identified in these plans. At the Wisconsin conference, session participants called for the identification of competencies required to address the priorities identified in NSHP documents, and for the inclusion of courses that address these competencies in nursing

curricula. While these competencies are often included in community health nursing courses, building the population health perspective from the beginning of the curriculum allows students to realize a population health philosophy threaded through their program of study. A curriculum based on population health might include an early foundational course(s)

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introducing students to the determinants of population health, health promotion, disease prevention concepts, NSHP documents, and to the concept of nursing as one of multiple disciplines which, in partnership with individuals, families, and communities, intervene to improve population health.

Themes from the population health perspective and goals and objectives from NSHP documents could then thread through courses in the curriculum, tying each concept and approach back to population health improvement. Structured opportunities for students to engage with community-based groups and organizations in addressing NSHP objectives and goals would strengthen students' understanding of population health improvement, as well as support nursing students' and schools' contributions to community health. Students should also leave nursing school with an understanding of how to intervene on a policy level and to value such interventions as legitimate aspects of nursing practice.

Graduate nursing education programs could also be structured similarly. Graduate programs should extend the links between nursing practice and NSHP priorities through advanced practice in specialty areas, as well as through research training to build nursing knowledge in prevention and intervention. For example, a family nurse practitioner student learning about nursing care regarding asthma should be aware of NSHP priorities, the prevalence of asthma, the determinants of asthma in the population and in individuals, and of effective individual, community, and systems level interventions for asthma.

For this type of curriculum planning to occur, all faculty, not just community health faculty, must be familiar with NSHP documents. A tool for incorporating *Healthy People 2010* concepts into curricula has been created by Community-Campus Partnerships for Health, a nonprofit organization that encourages and supports partnerships between communities and institutions of higher education (Connors, 2003). This tool provides practical suggestions for expanding prevention-oriented content, as well as community-based and multidisciplinary opportunities for experiential learning, including service-learning, community-oriented primary care, and problem-based learning.

#### Course Planning

Nursing students should be able to use the language of risk and prevention and understand the importance of addressing priorities as a path to population health. Individual courses could be linked to population health themes and address goals and objectives included in NSHP documents. For example, courses that focus on acute care of individuals with chronic diseases could begin with a discussion of determinants of chronic diseases and the incidence and prevalence of chronic diseases in the population. Course content could include information on disease prevention, as well as acute and rehabilitative care addressing the social and physical environments; health risks and be-

haviors; and emotional, spiritual, and health care factors that contribute to chronic disease in populations and individuals. Similarly, a child health course could begin with the determinants of health in children, move to prevention of disease through intervention at individual, community, and systems levels, and then address care and treatment of children affected by diseases. This approach would help students develop a perspective of the contributions of individual nurses to the larger context of population health.

Faculty could also demonstrate how an individual nursing student working with a local safety coalition fits in with the larger NSHP goal of reducing injuries in motor vehicle crashes. Similarly, an individual nursing student providing education about bicycle helmets to a family would do so with the perspective that he or she is helping the state or nation reach goals related to the prevention of head injury. Class projects in all courses might be linked to relevant goals or objectives in NSHP documents, and require students to access evidence-based information supporting prevention and care approaches.

The processes underlying the development of NSHP documents and of intervening to improve population health are collaborative in nature. Examining the processes used in developing the plans can help students develop an appreciation for the importance of partnership. Courses could also offer opportunities for students to collaborate with practicing nurses, other health care providers, and com-

munity-based groups in addressing relevant health issues or problems. This could help nursing students place nursing in the context of the broad spectrum of efforts to prevent and care for individuals and populations affected by specific health problems.

Course content could also support students in gaining knowledge and skills about the high-priority health issues addressed in NSHP documents, such as tobacco use, substance abuse, mental health, injury prevention, violence, obesity, physical activity, and risky sexual behavior. At the graduate level, research courses could address research methods and models appropriate for study of individual and population health determinants, behaviors, and systems. National and state health planning documents could also be used to target continuing education courses and orient new faculty and staff. These documents are rich with information and issues that can be addressed creatively by talented and committed nurse educators at all levels.

### Conclusion

The roadmaps to population health improvement provided by *Healthy People 2010* (USDHHS, 2000) and parallel state plans are relevant to nursing education. More research is needed to understand how NSHP documents are currently used in nursing education programs, how use differs among types and levels of programs, and factors that determine how the documents are used. The suggestions

offered in this article for using these roadmaps should be considered as we travel toward aligning nursing education with state and national priorities for population health improvement.

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