

## **Notice to Readers: Recommendations for Public Health Curriculum --- Consensus Conference on Undergraduate Public Health Education, November 2006**

The Institute of Medicine of the National Academies has recommended that all undergraduates have access to education in public health (*1*). To implement this recommendation, a Consensus Conference on Undergraduate Public Health Education was convened November 7--8, 2006, in Boston, Massachusetts. The conference included leaders in public health, arts and sciences, and health-professions education and was sponsored by the Association for Prevention Teaching and Research, the Association of Schools of Public Health (ASPH), and the Council of Colleges of Arts and Sciences (CCAS). The conference was supported by the Josiah Macy, Jr. Foundation through a grant to the Healthy People Curriculum Task Force (HPCTF), a coalition of seven health-profession educational associations, including allopathic and osteopathic medicine, dentistry, nursing and nurse practitioners, pharmacy, and physician assistants. Participating in the conference were representatives from CDC, the Association of American Colleges and Universities, and HPCTF.

Conference attendees agreed that undergraduate public health education can help produce an educated citizenry that is better prepared to cope with public health challenges ranging from acquired immunodeficiency syndrome to aging, avian influenza, and health-care costs. Conference working groups recommended that two introductory courses, Public Health 101 and Epidemiology 101, be offered by all U.S. colleges and universities to fulfill undergraduate social science and science distribution requirements, respectively. The groups further recommended that high-quality minors in public health should be developed, with core courses, experience-based learning, and focus areas such as global health. The full recommendations from the conference have been published online by CCAS at <http://www.ccas.net>.

The modern era of undergraduate public health education began at Johns Hopkins University in the mid-1970s, when a public health major was approved through the School of Arts and Sciences in collaboration with what was then the School of Hygiene and Public Health. After slow growth in the 1980s, interest in undergraduate public health education grew rapidly in the 1990s. By the end of the 20th century, a substantial number of schools of public health were experimenting with undergraduate courses, minors, and majors. Programs in public health also were revising professionally focused curricula and developing broader approaches to

undergraduate public health education (2,3).

Recent surveys indicate that the majority of the approximately 40 accredited public health schools (ASPH, unpublished data, 2006) and approximately 60 accredited public health programs (Association for Prevention Teaching and Research, unpublished data, 2006) offer undergraduate courses in public health. However, public health courses are offered rarely among the 1,900 colleges and universities that have no public health schools or programs yet might choose to include public health in their arts and sciences curricula.

The conference working groups recommended that Public Health 101 and Epidemiology 101 be designed to fit within the broadest possible array of arts and science education programs and institutional types. The Public Health 101 working group said making that course a part of general education can stimulate critical thinking and decision making, provide students with a methodology for understanding populations, and expose students to ongoing health-care and policy matters. Similarly, the Epidemiology 101 working group noted that epidemiology can play a key role in general education if taught broadly as a method for critical thinking. Epidemiology 101, the group said, can enable students to acquire quantitative and information literacy; learn the methods, ethics, and applications of the scientific method; and recognize the link between natural and social sciences, thus enriching their understanding of public policy and other population-based disciplines.

Methods for integrating recommendations from the conference into the nation's long-term strategy for public health also were discussed. These included 1) websites to provide information on undergraduate public health and share curriculum materials, 2) faculty development measures to assist colleges and universities in developing new introductory public health courses, 3) encouragement of applicants by health professions education and graduate public health degree programs to enroll in introductory undergraduate public health courses, 4) continued discussion of approaches for developing minors in public health and global health in institutions with and without schools or programs in public health, and 5) participation by public-health practitioners in experiential or service-learning and other components of undergraduate education.

## References

1. Gebbie K, Rosenstock L, Hernandez LM, eds. Who will keep the public healthy? Educating public health professionals for the 21st century. Washington, DC: National Academy Press; 2003:144.
2. Riegelman RK, Teitelbaum JB, Persily NA. Public health degrees---not just for graduate students. *Public Health Rep* 2002;117:485--8.
3. Stroup DF, Thacker SB. Epidemiology and education: using public health for teaching mathematics and science. *Public Health Rep* 2007;122:283--91.

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