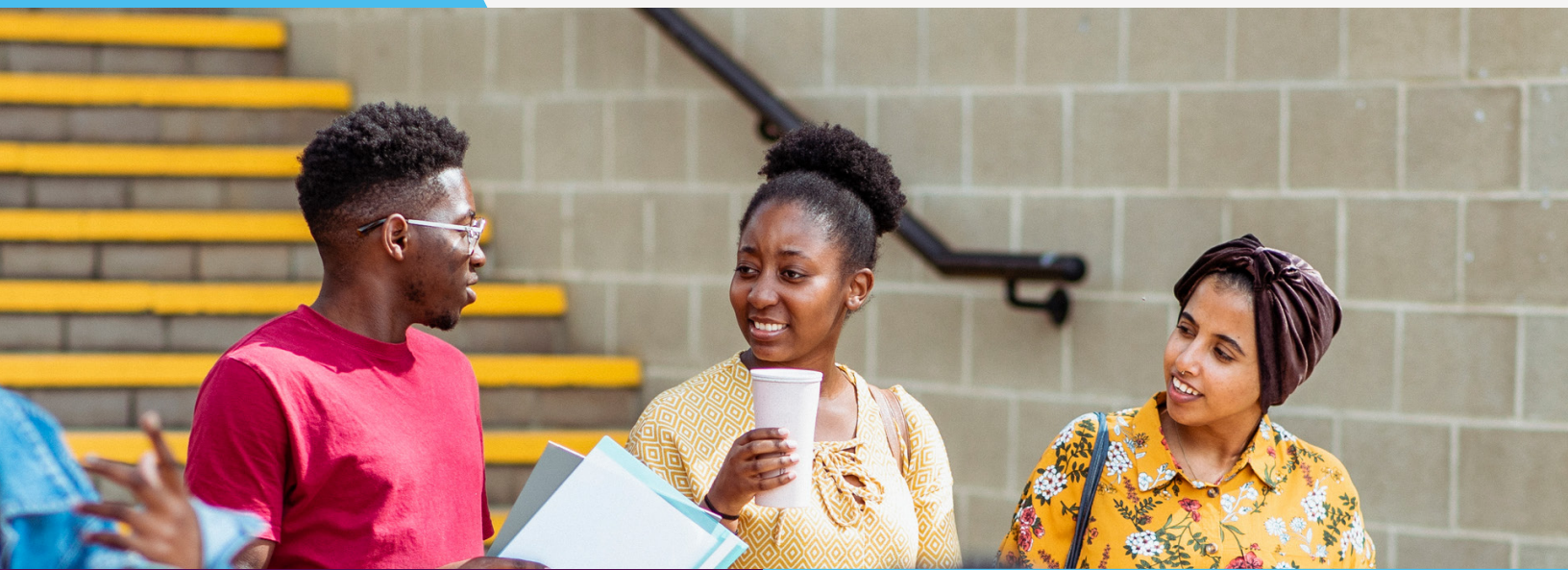


Understanding IPC Curricula at HBCUs:

An Analysis of the IPC Landscape at
Historically Black Colleges and Universities



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Executive Summary

Infection prevention and control (IPC) measures are critical in maintaining population health by controlling and preventing transmission of infectious diseases. Close quarters and shared areas at college and university campuses make them hotspots for infections, so most campuses use a localized IPC program beyond state measures. Similarly, IPC student curricula help educate students and ensure adherence to IPC measures by the student body. Localization of IPC programs and curriculum means they are subject to university funding and support. Therefore, inadequate or nonexistent IPC is a matter of health equity.

After surveying historically Black colleges and universities (HBCUs), we documented the number of institutions that have available information on their IPC curricula and refer to IPC, Health Equity, and Health Disparities. First, we researched previous literature on HBCUs and IPC programs. We codified these findings in Microsoft Excel and analyzed multiple HBCUs together to report on the prevalence of IPC programs. We discovered that only half of the HBCUs we analyzed have IPC programs in place. Even fewer HBCUs offer a curriculum related to IPC (12%).

HBCU discussions about IPC have seemed to be hyper-focused on mitigating HIV incidence but lack standardization. Some schools had some IPC and infectious disease certifications, but this was not across the board. Many schools that lack

an IPC curriculum also lack education on racism and health disparities. As stated before, the lack of a university IPC program and subsequent curriculum is a Health Equity issue, especially due to the makeup of HBCUs. Not only do current students directly face health disparities with infection, but IPC programs have the added benefit of providing context to discuss health equity with both employers and employees,; employees, meaning having a diverse workforce that can engage in an equity discussion through an Infection Prevention and Control lens can decrease social determinants of health.

There is a need for comprehensive revamping of IPC programs within HBCUs in order to address future infectious diseases.



Introduction

The COVID-19 pandemic exacerbated the shortage of skilled public health professionals and highlighted gaps in the knowledge and skill set of the public health workforce in IPC. IPC professionals often have diverse skill sets and backgrounds that add on to a critical point of one's navigation in public health. IPC can provide expanded health information services to a workforce to minimize workplace transmission of infections and support the workforce's overall health. Research has shown that IPC curricula are not standardized, meaning the lack of IPC curriculum potentially impacts both Black and brown public health practitioners and students, as this field is not taught robustly at HBCUs. The lack of IPC training at HBCUs is a Health Equity issue.

As with many health-related issues in America, the lack of IPC curricula standardization and lack of access to IPC curricula for HBCU students and professionals contribute to a lack of knowledge and a continued routine of being in the “unknown” or “not knowing” group of individuals transitioning to the public health workforce.

During our project, we conducted a deep dive into the actualities of IPCs to understand how they translate into everyday life and how impactful they can be not solely to future public health workers but also on the education of Black and brown college students at HBCUs.



Statement of Problem



Our team aimed to identify the gaps in IPC curricula and the need for a comprehensive IPC track through health equity for future public health practitioners at HBCUs.

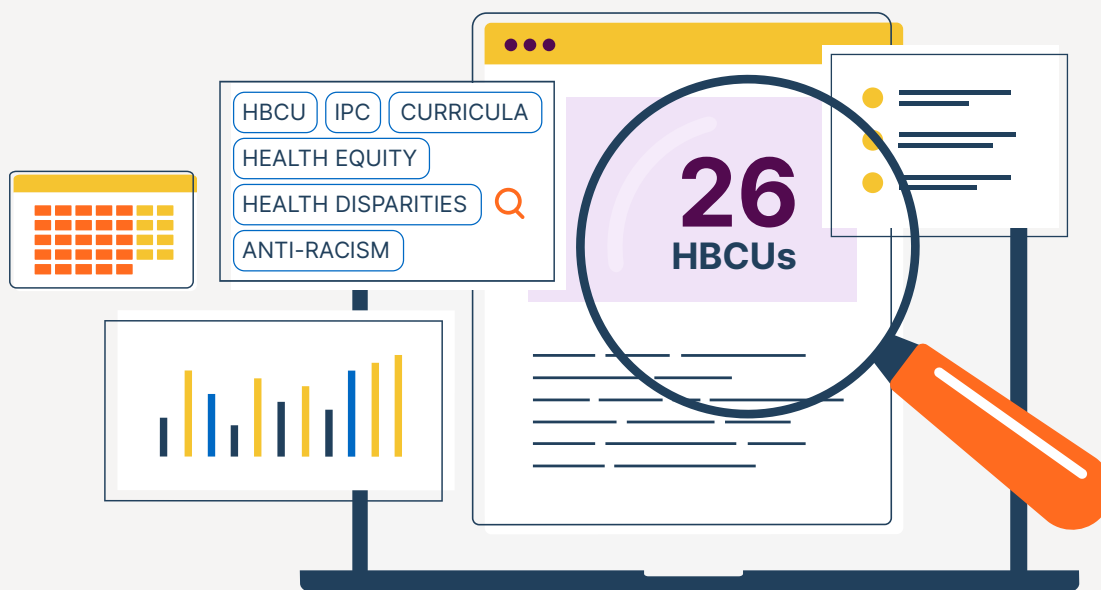
The lack of IPC curriculum, programs, and exposure for Black and brown students means many of them enter the workforce less equipped than their peers.

Our project addresses and brings awareness to both HBCUs that have dedicated time to structuring IPCs and those that have not.

In addition, we strove to understand the drastic differences between the two data sets and the symbolic meaning of what is to come for the future of public health professionals. Most problems tend to root or stem from a particular place, event, or person. Collectively, our group hypothesized the fact that many public health professionals do not have a sound understanding of IPC starts at colleges and universities. Among numbers that are later discussed in our methods, IPC in its entirety ranged from no type of program to some type of program to a full-force curriculum; the gaps between each peaked and stood out to us the most. To first understand what these gaps mean between HBCUs, we decided to understand how many schools may have a program, which do not, and so forth.

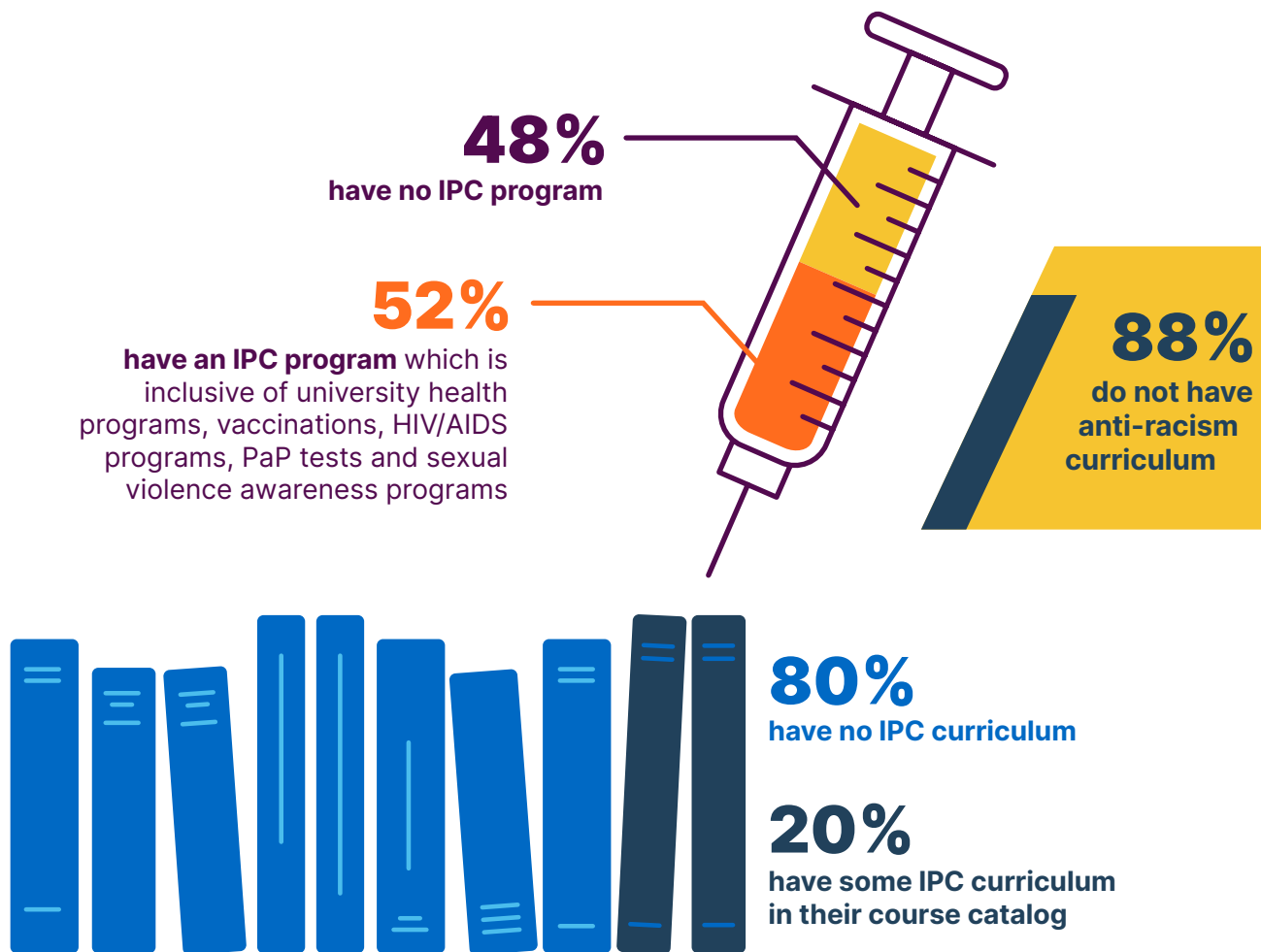
Methods

We worked diligently over the course of ten weeks to identify, analyze, and code the IPC curricula at the HBCU level. The research was done through articles and data Excel sheets for roughly 26 HBCUs. The 26 institutions were picked based on geographical location and feasibility for IPC. We used search engines (e.g., Google) and reviewed HBCU websites, which allowed us to assess trends and identify gaps in the IPC curriculum. We used keywords such as HBCU, IPC, Curricula, Health Equity, Health Disparities, Anti Racism. Researchers used Excel spreadsheets, which produced data visualization that examines trends within the HBCU IPC curricula, and compiled suggestions for a standard IPC curricula across HBCU schools of public health. We believe these findings will prove useful to entry-level public health professionals and public health professionals and educators seeking to understand the sources and potential solutions related to academic attainment gaps around IPC.



Findings and Limitations

The findings show that IPC is incorporated into some existing frameworks with opportunity to grow. Specifically, in analyzing historically black colleges and universities, findings included:



Limitations of this study include the availability of information on HBCUs and their curricula. Much of the IPC curriculum or education present at HBCU appeared to focus explicitly on HIV/AIDS prevention in comparison to other parts of IPC. Additionally, some HBCUs could not be contacted about their IPC programs. Similarly, some HBCUs websites did not contain access to the curriculum, and investigation could not be completed. This limited the sample size of HBCUs.

Conclusion and Recommendations

Considering our team's findings, we conclude that the National Network of Public Health Institutes (NNPHI) should strengthen its relationships with HBCUs that have not adopted an IPC curriculum or implemented an IPC program on campus.

We recognize this effort may require several years to fully implement but believe the benefits of strengthening IPC education and training at the collegiate level will yield a significant return on investment for the public health workforce and overall population health.

Through our project, we identified some colleges and universities with either an IPC curriculum or IPC program of some sort and what they are built on. Contacting the appropriate school administration, teams, and departments will be an excellent starting point. Funding constraints may not provide the opportunity to introduce an entire program or curriculum. To address this challenge, we believe NNPHI can begin with more subtle approaches, such as hosting forums, offering guest lectures, or coordinating "FYI classes", to better inform students at HBCUs.

The uniqueness of IPC through a health equity lens can include expanding public health learning pedagogy to include topics such as violence prevention, social humility training, and

other essential skills needed to reach a diverse population. In this project, we sought to identify some of the gaps in the curriculum and the need for a comprehensive IPC track through health equity for future public health practitioners who graduate from HBCUs. IPC programs have the added benefit of providing context to discuss health equity with both employers and employees, meaning having a diverse workforce that can engage in an equity discussion through an IPC lens can decrease social determinants of health and are good access points to build awareness.



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