Prevalence of MCH and LEND principles in Higher Education Programs in New England

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Research Question

- What is the prevalence of coursework focused on Diversity, Equity, Inclusion, and Accessibility (DEIA), Evidence-Based Practice (EBP), Interdisciplinary Teamwork (IDT), and the Person-Centered Approach in master's and doctoral programs for School Nursing, Occupational Therapy, and Physical Therapy in New England?

Research Purpose

- Assess Program Alignment

- Establish a Baseline Understanding

- To Lay Groundwork for Future Longitudinal Research

- Evaluate Program Compatibility with LEND

Introduction/Background Information

- Nursing

- Occupational Therapy

- Physical Therapy

Key Terms Defined

- D.E.I.A
  - Diversity
    - The range of human differences, including but not limited to race, ethnicity, gender, sexual orientation, age, social class, physical ability or attributes, religious or ethical value system, national origin, and political beliefs.
  - Equity
    - The commitment to creating fair and just conditions by addressing the unfair distribution of resources, power, and wealth across all levels of society, with the goal of correcting systemic disadvantage and fostering coherent alignment between intention, knowledge, and action
  - Inclusion
    - Environments where diverse identities are recognized, valued, and actively included in organizational culture and decision-making processes.
  - Accessibility
    - Accessible means a person with a disability is afforded the opportunity to acquire the same information, engage in the same interactions, and enjoy the same services as a person without a disability in an equally effective and equally integrated manner, with substantially equivalent ease of use.

Key Terms Defined

- Evidence-Based Practice
  - Integrating the best available evidence with the healthcare educator's expertise and the client's needs while considering the practice environment.

- Inter-Disciplinary Team
  - Interdisciplinary teams are characterized by a nonhierarchical organization, in which responsibility for the effective functioning of the team is shared by all team members.

- Person-Centered Approach
  - Person-centered care aims to place the individual—not just the illness—at the core of healthcare delivery, ensuring that care is responsive to each person's unique characteristics, needs, preferences, and values.

Methodology

- **Define Key Concepts**:
  - o Establish working definitions for DEIA, EBP, IDT, and Person-Centered Approach to guide analysis.

- **Identify Programs**:
  - o Compile a list of New England schools offering graduate programs in School Nursing, Occupational Therapy, and Physical Therapy.
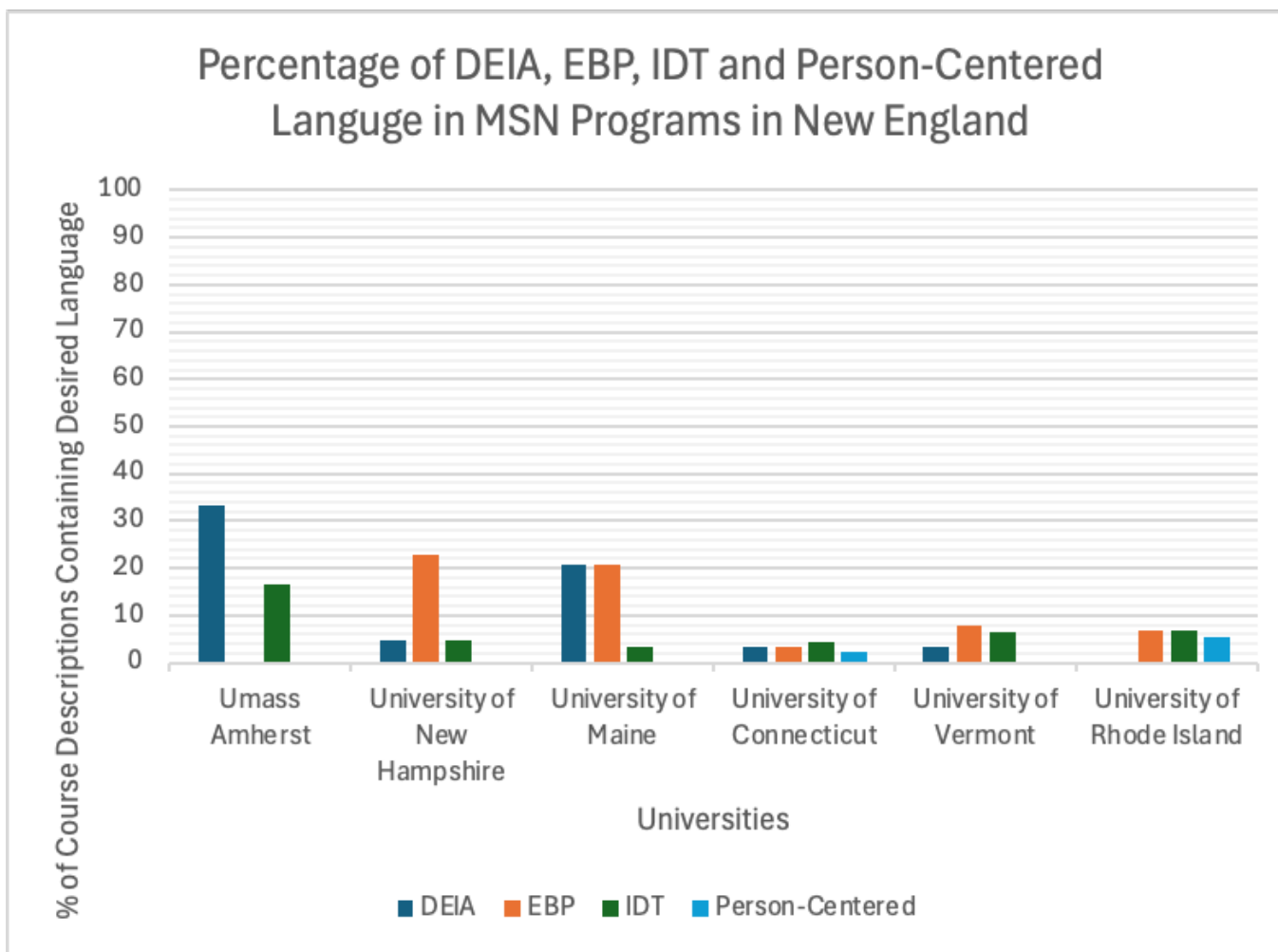
- **Collect Course Information**:
  - o Obtain current course catalogs for identified programs.

- **Conduct Content Analysis:**
  - o Analyze required courses for the presence of key terms and concepts related to DEIA, EBP, IDT, and Person-Centered practices.
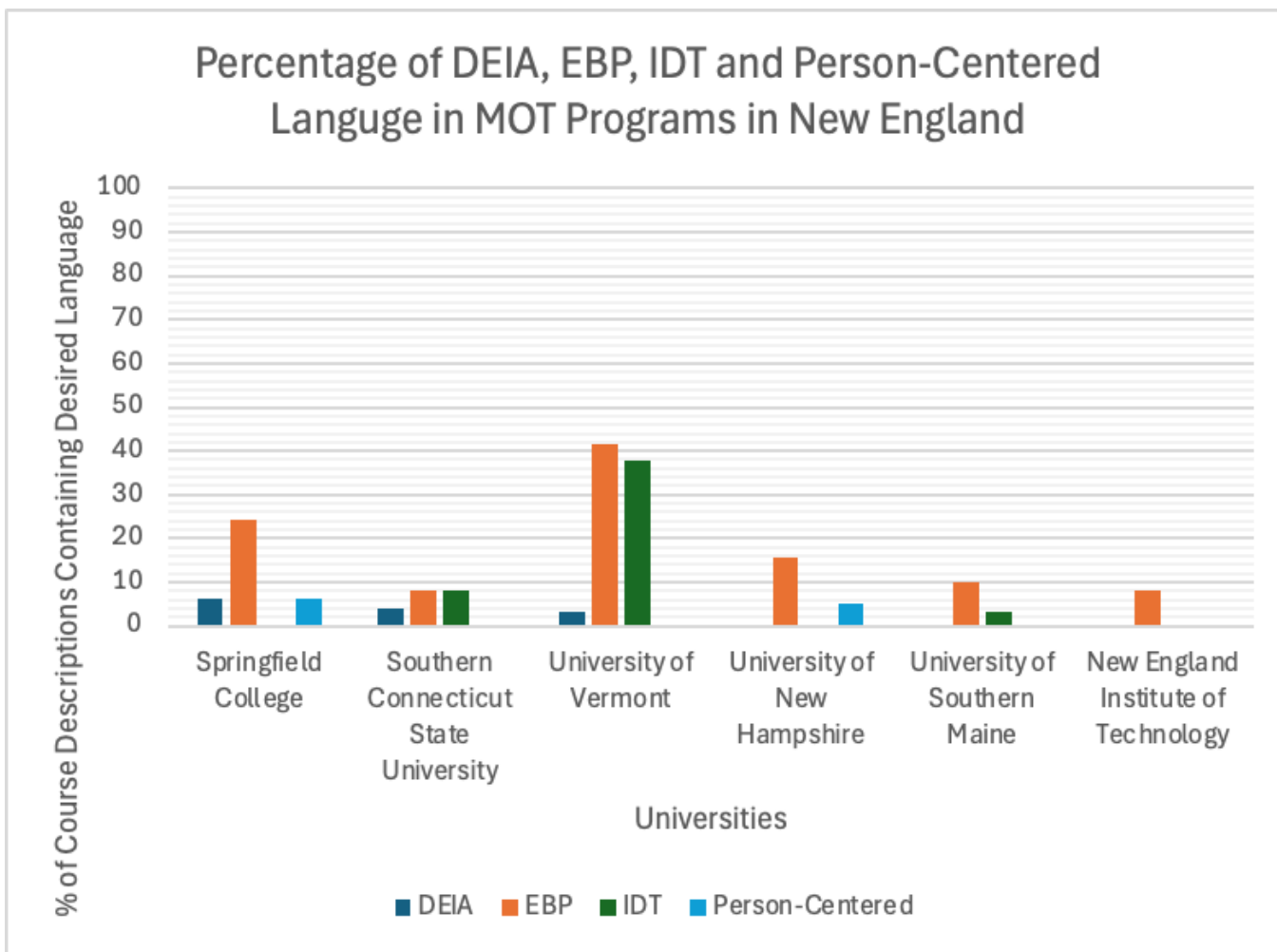
Results

Percentage of DEIA, EBP, IDT and Person-Centered Languge in MSN Programs in New England

Nursing Program Results

School Program	DEIA (%)	EBP (%)	IDT (%)	Person-Centered (%)
UMass Amherst	**33.3**	0	16.7	0
University of New Hampshire	4.8	22.9	4.8	0
University of Maine	20.6	20.7	3.4	0
University of Connecticut	3.4	3.4	4.5	2.2
University of Vermont	3.2	8	6.5	0
University of Rhode Island	0	7	7	5.3

Results

Percentage of DEIA, EBP, IDT and Person-Centered Languge in MOT Programs in New England

Occupational Therapy Program Results

School Program	DEIA (%)	EBP (%)	IDT (%)	Person-Centered (%)
Springfield College	6.1	24.2	0	6.1
Southern Connecticut State University	4.2	8.3	8.3	0
University of Vermont	3.4	41.4	37.9	0
University of New Hampshire	0	15.8	0	5.3
University of Southern Maine	0	10	3.3	0
New England Institute of Tech	0	8.3	0	0

Results

Percentage of DEIA, EBP, IDT and Person-Centered Languge in DPT Programs in New England
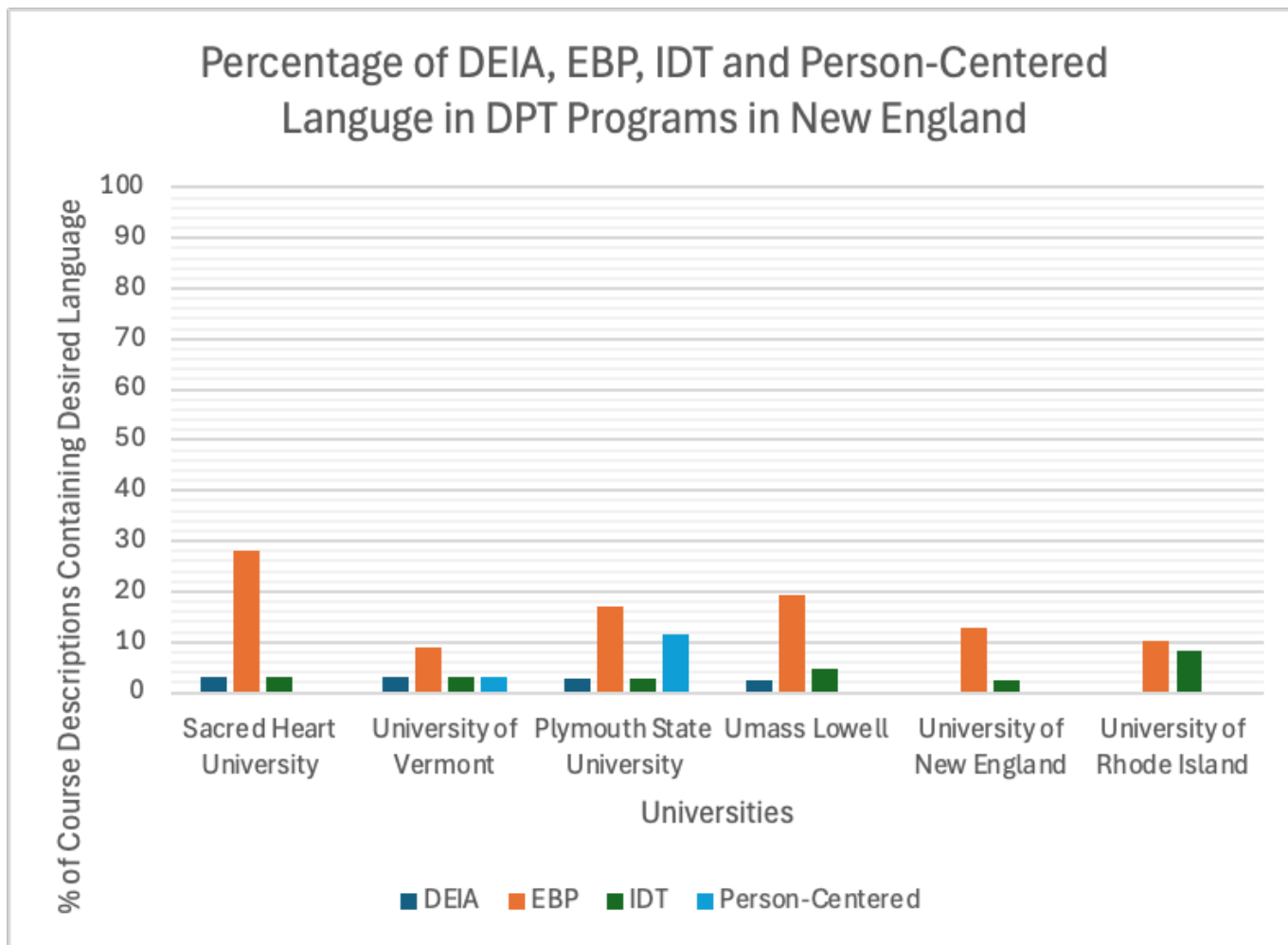
Physical Therapy Program Results

School Program	DEIA (%)	EBP (%)	IDT (%)	Person-Centered (%)
Sacred Heart University	6.1	24.2	0	6.1
University of Vermont	3	9.1	3	3
Plymouth State University	2.9	17.1	2.9	11.4
UMass Lowell	2.4	19.5	4.9	0
University of New England	0	12.8	2.6	0
University of Rhode Island	0	10.4	8.3	0

Reseach Highlights

- UMass Amherst, MA (Nursing)
  - DEIA **(33.3%)**, EBP (0%), IDT (16.7%), Person-centered (0%)

- Plymouth State University, NH (PT)
  - DEIA **(2.9%)**, EBP (17.1%), IDT (2.9%), Person-centered (11.4%)

- New England Institue for Technology, RI (OT)
  - DEIA **(0%)**, EBP (8.3%), IDT (0%), and Person-centered (0%)

- A few universities have removed their course descriptions

- During the course of research, several state agencies have removed all information regarding DEIA

Limitations

- Lack of fully descriptive course descriptions
- Some course descriptions are missing or have been removed.
- Only analyzing course descriptions may miss context provided by individual course syllabi, faculty statements, or other program materials.
- Not all universities offer an MPH program, which narrows the scope of this research.
- The analysis primarily focuses on required courses, potentially overlooking elective courses that may also address DEIA, EBP, IDT, and Person-Centered Approaches.

Implications

- **Curricular Gaps**
  - Lack of DEIA, EBP, IDT, and Person-Centered language indicates major gaps in preparing students for modern, inclusive, interdisciplinary healthcare environments

- **Missed Opportunities for Leadership Development**
  - Programs are missing the chance to prepare students as leaders and advocates for systemic change in healthcare delivery, especially in serving diverse and underserved populations.

Implications

- **Limited Competence**
  - Practitioners may be ill-prepared to address the needs of diverse populations, potentially exacerbating health disparities.

  - This is a barrier to providing inclusive, equitable, and accessible services, especially for underrepresented or marginalized groups

Implications

- **Weak Interdisciplinary Collaboration**
  - Professionals may struggle to work effectively within interdisciplinary teams, reducing the quality and coordination of care.

  - This may lead to a siloing effect that fails to recognize the interdisciplinary needs of the individuals and families we support.

Implications

- **Resistance to Systemic Change**
  - Without prioritizing evidence-based, inclusive, and person-centered practices, future practitioners may be less willing or able to engage in healthcare reform efforts.

- **Worse Health Outcomes**
  - A lack of training in person-centered approaches could lead to patient dissatisfaction, poorer treatment adherence, and worse health outcomes.

Recommendations

- **Collaborate with LEND Programs**
  - Build stronger partnerships with LEND to align curricula, offer joint training opportunities, and prepare students for interdisciplinary, evidence-based, person-centered practice.

- **Restructure Educational Frameworks**
  - Shift from isolated content additions to embedding DEIA, EBP, IDT, and Person-Centered principles across all aspects of program design, learning objectives, and clinical training.

- **Develop Dedicated Courses and Integrate Core Principles**
  - Offer required courses focused on these key areas while consistently reinforcing them throughout the entire curriculum.

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