Healthy People 2020 Spotlight on Health
presents
*Prevention and Population Health Education Across the Health Professions*
Prevention and Population Health Education Across the Health Professions: A Healthy People 2020 Spotlight on Health Webinar

Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Director, Office of Disease Prevention and Health Promotion, US Department of Health and Human Services
Today’s Webinar Hosts

- Association for Prevention Teaching and Research (APTR)

- The U.S. Department of Health and Human Services’ Office of Disease Prevention and Health Promotion
Learning Objectives

After completing this webinar, participants will:

- Understand the important role prevention and population health education have in the training of health professionals
- Be able to discuss examples of interprofessional learning experiences in prevention and population health education developed at various schools
- Know how to access resources for developing curricula and collaborative learning experiences in prevention and population health
Agenda

- Introduction to Healthy People 2020 & its Prevention and Population Health Education Objectives
  – Don Wright, MD, MPH

- Overview of Prevention, Population Health & Interprofessional Care
  – David Garr, MD

- Impact of Prevention and Population Health Education & Resources
  – Joan Stanley PhD, CRNP, FAAN, FAANP
Agenda

- Bright Spot: University of Texas Medical Branch at Galveston
  – Laura Rudkin, PhD

- Bright Spot: Duke University
  – Betsy Quick Melcher, MS, ATC, MHS, PA-C

- Live Question and Answer Session with panelists and guests
  - Dr. Devra Dang, PharmD, BCPS, CDE, FNAP
  - Dr. Diane Bridges, PhD, MSN, RN, CCM
  - Dr. Edward Ellerbeck, MD, MPH
  - Barbara J. Kruger, PhD, MPH, RN
What Is Healthy People?

- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- **A national agenda** that communicates a vision for improving health and achieving health equity
- Identifies **measurable objectives with targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action
Healthy People 2020

A society in which all people live long, healthy lives

Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.
Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting** and **agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries
Healthy People Remains Relevant

1979 Small Pox Eradicated
1970 Clean Air Act

1982 AIDS is infectious
1988 SG Declares Nicotine Addictive

1990 Human Genome Project Begins

1990s Drinking Water Fluoridation

2000s Obesity and Chronic Disease

September 11, 2001

2005 Hurricane Katrina
2009 H1N1 Flu
ECBP-12-18: Increase the inclusion of core clinical prevention and population health content in:

- M.D.-granting medical schools
- D.O.-granting medical schools
- Undergraduate nursing
- Nurse practitioner training
- Physician assistant training
- Doctor of Pharmacy (PharmD) granting colleges and schools of pharmacy
HP2020 Educational Objectives

ECBP-19: Increase the proportion of academic institutions with health professions education programs whose prevention curricula include interprofessional educational experiences
Healthy People Curriculum Task Force

- Established in 2002
- 1st collaboration among 8 health professions education associations
- Developed the *Clinical Prevention and Population Health Curriculum Framework*
  - 1st comprehensive curriculum guide for integrating clinical prevention and population health into health professions education
Healthy People Curriculum Task Force

- Leading efforts to achieve the HP2020 ECBP-12 to ECBP-19 objectives
- Developing core clinical prevention and population health content
- Implementing interprofessional education
- Driving data collection to assess progress and inform activities
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
Relevance of Prevention and Population Education

David R. Garr, MD
Executive Director, South Carolina AHEC
Associate Dean for Community Medicine & Professor of Family Medicine, Medical University of South Carolina
Task Force’s Successes

- Curricular and accreditation changes across clinical disciplines
- 8 prevention education objectives included in Healthy People 2020
- Undergraduate Public Health Education Initiative and *Recommendations for Undergraduate Public Health Education*
- Prevention and Population Health Teaching Modules
- Public Health Learning Modules
- Developed “Education for Health” framework as an educational roadmap for Healthy People 2020
“Interprofessional” means...

Interprofessional education “occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes.”

Interprofessional (or collaborative) care “occurs when multiple health workers from different professional backgrounds provide comprehensive health services by working with patients, their families, carers (caregivers), and communities to deliver the highest quality of care across settings.”

- Framework for Action on Interprofessional Education and Collaborative Practice, WHO
EDUCATION FOR HEALTH
An Educational Roadmap for Healthy People 2020

Clinical Prevention and Population Health

- Y 16

Public Health Studies

- Y 14

General Education
Public Health Core

- Y 12

Foundations of Health

- Pre-K

Evidence-Based Thinking and Practice

Undergraduate Public Health

Health Literacy
Clinical Prevention and Population Health Curriculum Framework (CPPH)

- 1st structured and comprehensive curriculum for integrating clinical prevention and population health into the education of students across the health professions
- Provides structure for organizing curriculum, monitoring curriculum, and communicating within and between disciplines
- Serves as a guideline for student education in the clinical health professions represented on the Healthy People Curriculum Task Force
CPPH Framework

Four Key Components

1. Foundations of Population Health
2. Clinical Preventive Services and Health Promotion
3. Clinical Practice and Population Health
4. Health Systems and Health Policy
Achieving Health Care Reform

The Triple Aim

1. Improving population health
2. Improving the patient experience of care
3. Reducing healthcare costs

✓ Successful prevention & population health initiatives will benefit from an interprofessional team approach
Key Messages

- Prevention education are increasingly important as we seek to achieve the Triple Aim (improve population health, reduce costs, and improve patients’ healthcare experiences)
- Interprofessional learning experiences are essential for preparing collaboration-ready healthcare professionals
- Resources developed by the HPCTF and others are available for use in developing curricula and collaborative learning experiences in prevention and population health
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
Impact in the Field

Joan Stanley PhD, CRNP, FAAN, FAANP
Senior Director
Education Policy
American Association of Colleges of Nursing
 CPPPH Framework Adoption

- Curriculum Framework has shaped nursing education through *Essentials* series:
- One of 8 major Essential areas of practice & education

- **Doctor of Nursing Practice** - Clinical Prevention and Population Health (CPPH) for Improving the Nation’s Health
- **Master’s** – CPPH for Improving Health
- **Baccalaureate** – CPPH
Impact of the CPPH Framework

Other degree program successes adopting the Framework

- **Pharmacy**
  - Center for Advancement of Pharmaceutical Education (CAPE) includes “provide Population-Based care” as a major section within the targeted education outcomes
  - Cited as a reference for accreditation Standards and Guidelines for Professional Program in Pharmacy

- **Dentistry**
  - 8 schools have integrated CPPH throughout curriculum
  - One school used framework to develop competencies for pre-doctoral dental program
Impact of the CPPH Framework

- Physician Assistants
  - Revised Competencies for the Physician Assistant Profession includes interventions for prevention of disease, promotion and maintenance of health, and concepts of population health
  - 4th edition of *Accreditation Standards for Physician Assistant Education* require all programs to include concepts of public health (public health system and role of health care providers in the prevention of disease and maintenance of population health)
Impact of the CPPH Framework

- Osteopathic Medicine (OM)

  ✔ Core Competency Liaison Group agreed osteopathic core competencies should reflect HP 2020 objectives

  ✔ Drafted student performance indicators that all OM schools can use to measure student competence in HP2020 topic areas
Impact of the CPPH Framework

- Allopathic Medicine

- Association of American Medical Colleges used Framework as a base for proposals to develop CDC-sponsored Regional Medicine-Public Health Education Centers

- Framework used as a resource to guide improvement of population health in medical schools and residency programs
Tools You Can Use

- **Advancing Interprofessional Clinical Prevention and Population Health Education: Curriculum Development Guide for Health Professions Faculty**
  - Crosswalks IPEC and CPPH Framework competencies
  - Exemplars of learning activities

- **Successful Practices Project: Educational Models for Population Health Education**
  - 34 Health Professions program exemplars
  - 12 Undergrad Public Health program exemplars
  - [www.aptrweb.org/successfulpractices](http://www.aptrweb.org/successfulpractices)
Tools You Can Use

- **Prevention and Population Health Teaching Modules**
  - 7 online modules
  - Videos, slides, resources, instructor guide
    www.aptrweb.org/pophealthmodules

- **Public Health Learning Modules**
  - 14 online modules, more planned
  - Videos, slides, discussion questions, assessment questions, instructor guide
    www.aptrweb.org/learningmodules
Successful Practice Examples In Education

University of Connecticut
Urban Service Track

University of Kansas
Health of the Public Medical School Clerkship

Rosalind Franklin University
Interprofessional Model of Prevention Education

University of North Florida
Community-Based Population Focused Curriculum
Schools of Medicine, Nursing, Pharmacy, Dental Medicine, Social Work, and the Quinnipiac University Physician Assistant program
Two-year “add on” program complements mainstream curriculum in the 6 schools

Each year a cohort of students is selected from the 6 health professions schools and designated as Urban Health Scholars

4 learning retreats/year (8 total): each focuses on a different vulnerable patient population and 1-2 curricular competencies
University of Connecticut
Urban Service Track

- Community-based health promotion and education, patient care, careers education, and advocacy activities:
  - Health promotion and education – eg, obesity, kidney disease, oral health screening, immunizations
  - Clinical care – migrant farm workers mobile clinics
  - Health careers awareness – activities for grades K-16 for kids from disadvantaged and urban backgrounds
  - Advocacy – NACHC Annual Policy and Issues Forum

- Multiple community partners, e.g. community health centers, Hartford Dept. of Health, and primary care organizations
Goal: Provide practice-based learning and promote development of population health and quality improvement competencies and experiences

4-week required clerkship in 4th year of medical school
Teams of 4 students typically work with mentors from various disciplines (medicine, public health, nursing, behavioral science)

Identify a need, develop a plan, and collect, analyze, and present data

Team-based workshops provide ‘just-in-time’ support for project design & implementation
University of Kansas School of Medicine
Health of the Public Clerkship

✔ Links student teams with community resources
✔ Over 500 projects conducted in past 10 years

Projects have focused on:

- Colon cancer screening
- Diabetes management
- Childhood obesity
- Smoking cessation
- Mammography
- Healthcare Acquired Infections
- Transitions of care
- Safe prescribing
- Evaluating partnerships between local health departments and safety net clinics in rural Kansas
- Poison Control Center utilization
Rosalind Franklin University
Interprofessional Healthcare Teams Course

- Required Interprofessional Healthcare Teams course
- Purpose of IPE Service Learning project is to promote prevention education
- 1st year health professional students from 8 healthcare professional programs – allopathic and podiatric medicine, clinical psychology, medical radiation physics, nurse anesthesia, pathologists’ assistant, physical therapy, and PA programs
Rosalind Franklin University Interprofessional Healthcare Teams Course

- IP teams of 15 students + faculty facilitator
- Faculty and local county health department staff assess community needs
- Teams identify problem, plan, implement and measure outcomes
- Assessment = student knowledge, experience (focus groups), reflections, and community partner surveys and interviews
- 1,840 students completed ~ 128 projects over 4 years
Baccalaureate nursing program built on a community model

Encourages holistic thinking about the relationship of health to community development

Integrates principles of population health and community engagement through curriculum

Students assigned to a community “home-base” for 5 semesters

Plan, implement, and evaluate various community projects for at-risk populations with community stakeholders
- Develop familiarity with the community and focus on engaging with members of the community

- Projects focus on health promotion and illness prevention, screening, health education, and resource development

- In senior year, 5 credit course that includes 90 hours of public health nursing content – epidemiology, policy and advocacy, change theory, and health system organization and financing
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
Expanding Prevention Education at an Academic Health Center

Laura Rudkin, Ph.D.
Professor and Chair
Preventive Medicine & Community Health
University of Texas Medical Branch at Galveston
The Department of Preventive Medicine

Established in this university for the specific purpose of helping in the solution of medico-social problems in Texas

The doctor must become an active force in helping to improve social and economic conditions in the community.

_For in the last analysis the problems of preventive medicine are social problems and their final solution must be by social remedies._

~ James Person Simonds, MD (1913) Opening session of the medical department
Health is...

...part individual good served by medicine and part public good secured by public health activities...

...associated with a complex, and not entirely understood, interplay among innate individual factors, personal behavior, and a vast array of powerful environmental conditions.

Institute of Medicine, 2003

The Future of the Public’s Health in the 21st Century
Social Ecological Model

Approach and rationale

A guide to thinking about the determinants of population health

Living and working conditions may include:
- Psychosocial factors
- Employment status and occupational factors
- Socioeconomic status (income, education, occupation)
- The natural and built environments
- Public health services
- Health care services

Over the life span

Innate individual traits: age, sex, race, and biological factors
- The biology of disease

NOTES: Adapted from Dahlgren and Whitehead, 1991. The dotted lines denote interaction effects between and among the various levels of health determinants (Worthman, 1999).
Prevention Education Opportunities at UTMB

- Integrate social ecological framework with quantitative analytical skills.
- Both professional, research degrees available.
- Shared focus on improving population health, reducing health disparities.
- Emphasize medicine, public health in partnership.
  - What are the problems?
  - Possible solutions?
  - Who should do what?
Expanding Our Reach Through the Primary Care Plus Program

The Plus is Public Health.
By working together, primary care and public health can each achieve their own goals and simultaneously have a greater impact on the health of populations than either of them would have working independently.

Each has knowledge, resources, and skills that can be used to assist the other in carrying out its roles.

(IOM, 2012, p. S-4)
Primary Care Plus Program (PC+)

Premise:
Health improvement, disparities reduction follow from integrated primary care, public health efforts

Focus:
Providing MD and PA students knowledge, skills, and values needed to partner with public health

Funding:
Health Resources and Services Administration (HRSA) Primary Care Training Enhancement Grant, Interdisciplinary and Interprofessional Graduate Joint Degree Program
Preparation of health professionals to:

- Think Prevention
- Practice Prevention
- Partner for Prevention

✓ A shared purpose of medicine and public health is to maximize the health and function of individuals and populations.
✓ We work toward that purpose using effective disease prevention and health protection and promotion strategies.
PC+ Community Partners
Map of Community Health Centers in Houston-Galveston Region by % Low Income (<200% of FPL)

FPL = federal poverty level
UTMB Primary Care Practices

- Family Medicine
- General Pediatrics
- General Internal Medicine
- Geriatric Internal Medicine
Program Challenges

- Clinical curricula already full with required courses
- Students from different programs have conflicting schedules
- Students in clinical clerkships and rotations are geographically dispersed
- Physician and other clinical faculty have demanding clinical schedules
- Public health faculty have competing research programs.
- Community partners are geographically dispersed and short staffed

*In short, TIME and SPACE*
Workable Solutions

- Integrate prevention material into existing courses, cases, exercises
- Create menu of online supplemental learning modules
- Maintain online discussion groups
- Use service projects for competency based interprofessional experiences
- Match students to community partners within geographic settings (e.g., Galveston, Houston, Austin, rural sites, border sites)
Level 1 Activities

All MD and PA Students

Think Prevention.
Longitudinal Curriculum

Public Health and Prevention Longitudinal Theme

- Based on APTR’s CPPH Curriculum Framework and AAMC’s Population Health Competencies
- Integrate prevention content into clinical, basic science courses, using a case-based curriculum
- Developed specific competencies based on CPPH Curriculum Framework and focused on:
  - Evidence-Based Prevention
  - Clinical Preventive Services and Health Promotion
  - Health Systems and Health Policy
  - Public Health and Community Practice
Recurring Themes: Prevention in the Clinical Encounter

During the clinical encounter, consider the following:

**Primary Prevention**
- Could this event or condition have been prevented?
- Through health promotion strategies (e.g., lifestyle changes)?
- Through specific protections (e.g., vaccines, safety precautions)?

**Secondary Prevention**
- Can this event be prevented from happening again? Can this condition be prevented from worsening?
- Through screening for and monitoring related risk factors?
- Through early intervention and treatment of related risk factors?

**Tertiary Prevention**
- How can health and function be restored or maximized?
Recurring Themes: Prevention in the Practice of Medicine

If prevention activities are warranted, consider the following:

**What needs to change?**
- Medications or treatment plans?
- Behaviors?
- Environments?
- Systems or policies?

**On which preventive activities can the provider directly act?**
- Vaccines?
- Screening?
- Early intervention

**Who needs to act or change?**
- The provider?
- The patient or family?
- Health care systems, public health agencies, or other entities?

**How should the provider advise the patient?**
- Lifestyle changes?
- Treatment adherence?

**Can and should the provider inform or advocate for environmental, system, or policy changes?**
Level 2 Activities

Self Selected MD and PA Students

Practice Prevention.
Public Health Opportunities

Electives for Credit
- Topics in Public Health (didactic course)
- Public Health in the Community (practice course)
- Public Health Research
- Integrated Clinical-Public Health Practice Course

Experiences
- Public Health Boot Camp (1 week option)
- Public Health Communities of Practice (online through CDC phconnect.org)
- Seminars (monthly)
- Service Projects (quarterly)
Communities of Practice

- **CoPs**: “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly”

Etienne Wenger-Trayner has authored several seminal books on Communities of Practice.

1999

2002

2009
CoPs in Public Health

- **Domain**
  Shared interest that provides the incentive, passion for group to come together

- **Community**
  Group of people who come together with common interest, who share perspectives and knowledge

- **Practice**
  Agreed upon ways of formalizing, implementing collectively developed knowledge and solutions that further the community’s mission

“A community that enables interaction, has a shared domain of interest, and a shared practice of experiences, stories, tools, and ways of addressing recurrent problems.”
Level 3 Activities

MD and PA Students Selected as Primary Care Plus Scholars

Partner for Prevention.
Scholarly Track Requirement

Participating scholarly tracks:

- Public Health
- Rural Health
- Global Health
- Bilingual Health
- Geriatrics
- 5 elective blocks over 4 year MD curriculum
- 3 elective blocks in 2 year MPAS curriculum

Students participate in community service projects.
Additional Requirements

Knowledge
- Public Health Boot Camp or Topics in Public Health
- Monthly Seminar Series

Practice
- Public Health in the Community elective
- Monthly Communities of Practice meetings

Research
- Scholarly research project
Level 4 Activities

Dual Degree Students

Think Prevention.
Practice Prevention.
Partner for Prevention.
Dual Degree Programs

- MD-MPH completed in 5 year curriculum, with MPH between years 3 and 4 of medical school

- MPAS-MPH completed in 3 year curriculum, with MPH after 2nd year of PA school

MPH students may enroll in a Field Epidemiology course conducted in Peru.
Faculty Development Activities
“Learning results from what the student does and thinks and only from what the student does and thinks. The teacher can only advance learning by influencing what the student does to learn.”

Nobel Laureate
Herbert A. Simon

A Hierarchy of Learning Outcomes

Adapted from Jones et al (2002), Council of the National Postsecondary Education Cooperative, Publ. No. 2002159.
Faculty Development Activities

- **Designing Significant Learning Experiences Workshop**
  - Active learning strategies
  - Adapting to online formats, educational technologies

- **Workshop: Teaching by Case Method**
  - 3 faculty attended at Harvard SPH; additional workshop held at UTMB
  - Integrating into clinical teaching cases
  - Developing public health specific cases

- **Workshop on MedEdPortal and iCollaborative**
  - Packaging, disseminating learning materials online
My Grandmother’s Bookshelf

- Know Thyself or Nature’s Secrets Revealed (1911)
- Sex Searchlights and Sane Sex Ethics (1924)
- The Hygiene of Marriage: A Detailed Consideration of Sex and Marriage (1932)

“Instruction in social hygiene is the cheapest, yet best-paying investment that can be made by any community. An ounce of disease prevention in the way of education is worth a pound of heavy taxation cure to take care of disease consequences.”
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
Introduction to Prevention: An Interprofessional Course at Duke University Medical Center

Betsy Quick Melcher, MS, ATC, MHS, PA-C
Assistant Professor, Academic Coordinator
Department of Community and Family Medicine
Duke Physician Assistant Division
Course Design & Evolution

- Fall 2008 – an interprofessional faculty team from Duke attended the APTR Institute for Interprofessional Prevention Education
- Pre-Institute goal: Develop a team “practice course”
- Encouraged by Institute to broaden approach to develop team practice skills within a prevention course
Planning & Initiation

- Faculty Planning Retreat: Spring 2009
  - School of Nursing
  - School of Medicine
- Prevention objectives reviewed from 4 available program disciplines participating
  - ABSN, PA, DPT, MD
- Developed course goals and objectives
  - Settled on 5 major goals
- Identified readily available materials
5 Major Course Goals

**Goal 1:** Demonstrate understanding and apply basic principles of prevention for individuals, groups, and populations across the lifespan

**Goal 2:** Describe evidence and current guidelines in recommending preventive interventions

**Goal 3:** Analyze health promotion and disease prevention service needs for a population or community

**Goal 4:** Promote healthy lifestyle choices

**Goal 5:** Demonstrate skills and attitudes for interprofessional teamwork
Course Implementation

Weekly Themes:

**Week 1** – Introduction to Prevention (Social Determinants of Health & Health Disparities)

**Week 2** – Individual Level Prevention

**Week 3** – Community Level Prevention

**Week 4** – Prevention in Practice
Early Barriers

- Time and space!
  - 250-300 students in one common space on campus
  - Split in subsequent weeks
  - Parking an issue

- Doctor of Physical Therapy and Physician Assistant curricula flexed into this time
  - Accelerated Bachelor of Science in Nursing students began participating in 2013

- Curriculum committee approval required by discipline

- Technology

- Competing curricular demands

- Evaluation and Outcomes
Lessons Learned

- Anticipatory guidance crucial for success
- Recruit population health experts
- Share real-life community health experiences
- Balance traditional and innovative learning methods carefully
- Student focus group feedback
- Identify resources early & re-evaluate often
# Course Evolution: Years 1–2

## 2010 – Year 1

- Pre-course completion of CFM modules
- **Wk 1:** Icebreaker, Stories of Prevention, Intro to Durham, Team Project Introduction
- **Wk 2:** Team Based Learning activity on Community Engagement
- **Wk 3:** Team Based Learning activity on Screening and Intervention
- **Wk 4:** Team Project presentations

## 2011 – Year 2

- Added Final Exam
## Course Evolution – Year 3

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<th>2012 – Year 3</th>
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<tr>
<td>- Health Risk Assessment (HRA) – Individual Prevention</td>
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<tr>
<td>- Incorporated APTR Prevention and Population Health Teaching Modules</td>
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<tr>
<td>- Week 3 format modified to include team based proposal based on collected HRA data</td>
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<td>- Week 4 included TBL format for final exam and participation in “Community Health Engagement Day”</td>
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Community Health Engagement Day

34 posters & 15 exhibitors shared by learners and community partners
Course Evolution - Year 4

2013 – Year 4

- Redesigned pre-course modules
  - Asynchronous learning

- Examples of team based practice around themes in prevention
  - Healthy Lifestyles, Family Medicine, Geriatric Education Center

- Local community “Windshield” tour utilizing technology resources
  - PC vs. Mac

- New facilities designed to accommodate interprofessional and team based learning experiences
Student Assessment & Course Evaluation

- **Student Assessments**
  - Module completion & quizzes
  - Team Based Learning assessments
  - Team project
  - Final Assignment/Exam

- **Course Evaluation**
  - Readiness for Interprofessional Learning Scale (RIPLS)
    - Pre & Post assessment
  - Week-to-week survey
  - Final course survey
Quotes from our students:

- “...Caring for a patient is a multidisciplinary thing and each member of the health team is equally valuable...”
- “I know now to value and utilize the community’s knowledge and past experiences...”
- “...Social determinants of health are far more influential on a person’s health status [than] individual life choice than I realized...”
- “Ask the community first”
Betsy Quick Melcher, MS, ATC, MHS, PA-C
Assistant Professor, Academic Coordinator
Dept. of Community and Family Medicine,
Duke Physician Assistant Division
betsy.melcher@duke.edu

Contributors & Course Directors:
Anne L. Derouin, DNP, RN, CPNP, Kathy Shipp, PT, PhD
Justine Strand de Oliveira, DrPH, PA-C, Kimberly Yarnall, MD
Questions?

If you have any questions you would like to pose to the presenters, please type it into the Q&A window to the right. We will address as many questions as we can in the time allotted.
Question and Answers

- David Garr, MD, Medical University of South Carolina and South Carolina Area Health Education Consortium
- Joan Stanley PhD, CRNP, FAAN, FAANP, American Association of Colleges of Nursing
- Laura Rudkin, PhD, University of Texas Medical Branch at Galveston
- Betsy Quick Melcher, MS, ATC, MHS, PA-C, Duke University
- Devra Dang, PharmD, BCPS, CDE, FNAP, University of Connecticut Urban Service Track
- Diane Bridges, PhD, MSN, RN, CCM, Rosalind Franklin University of Medicine and Science
- Edward Ellerbeck, MD, MPH, University of Kansas
- Barbara J. Kruger, PhD, MPH, RN, University of North Florida
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Healthy People 2020  
Leading Health Indicator Webinar

Environmental Quality

Thursday, September 18 | 12:00PM EDT

Please join us for a Webinar focusing on the Environmental Quality LHI Topic and actions being taken to address this public health issue

To register, visit:  
www.healthypeople.gov
Join us on September 25, 2014
12:30 pm to 2:00 pm ET

Topic: “Promoting and Measuring Well-Being and Quality of Life”

Free Educational Webinar
HP2020 Online Resources and Tools

Spotlight on Health Webinar
Join us on September 9 for a Spotlight on Health webinar focusing on the importance of interprofessional education.

View the Leading Health Indicators: Progress Update
[HHS.gov PDF - 1.7 MB]

HHS Prevention Strategies
Healthy People supports prevention efforts across the U.S. Department of Health and Human Services (HHS) to create a healthier Nation.

Get the Latest Healthy People News & Events

Get to know the Leading Health Indicators
Suicide Rate
In 2010, there were 12.1 suicides per 100,000 (age adjusted).

2010: 12.1
2020 Target: 10.2
15.7% decrease needed

Spotlight
Browse our Infographic Gallery for visual data on the Leading Health Indicators.
Healthy People 2020 Progress Review Webinar

Join us as we review progress on Healthy People 2020 objectives in the Diabetes and Chronic Kidney Disease topic areas.

September 29, 2014
12:30 PM ET

Hear from a community-based organization that is working locally to improve health.

Register at www.healthypeople.gov