TEACHING
PREVENTION

Strategies for Bringing Prevention to the Classroom

Welcome! We will begin shortly.
TEACHING PREVENTION

Strategies for Bringing Prevention to the Classroom
How to use this technology

• Text Chat
• Q&A
• PowerPoint Slides
Who is participating today?

- Please use your text chat function to let other participants know:
  - Your name
  - Your affiliation
  - Your city and state
  - How many people are participating on your computer
For assistance, please…

• Send a private chat to Carmen Johnson
• Call iLinc technical assistance at 1-800-799-4510
Feedback and Resources

- Survey
- Slides and recording
- Twitter hashtag: #preventionisprimary
Hosts

Larry Cohen, MSW
Executive Director
Prevention Institute

Sana Chehimi, MPH
Program Director
Prevention Institute
Prevention is Primary: Strategies for Community Well-Being
Objectives

• Understand the case for primary prevention
• Explore strategies for incorporating primary prevention into your courses
• Discover resources available to you
Presenters

Dr. Vivian Chavez, DrPH, MPH
San Francisco State University

Dr. Daniel Perales, DrPH, MPH
San Jose State University

Dr. Amin Azzam, MD, MA
UC Berkeley/UCSF Joint Medical Program
About Prevention Institute

• Primary prevention
• Changing norms and policies
• Focus on health equity
"We are still standing on the bank of the river, rescuing people who are drowning. We have not gone to the head of the river to keep them from falling in. That is the 21st century task."

- Gloria Steinem

Primary Prevention Takes Us Upstream
Vision

• A sustainable, comprehensive approach for health, safety and equity that emphasizes keeping communities healthy *in the first place*
Hardly the most original shot - but it's not that often we get such great weather in SF to shoot the bridge, either. This is a panorama made from 3 shots shot vertical at ~70 mm.
Born in West Oakland, an African American person can expect to die almost 15 years earlier than a white person born in the Oakland Hills.

SOURCE: Life and Death from Unnatural Causes – Health and Social Inequity in Alameda County. Alameda County Public Health Department. August 2008
For every $12,500 in family income:
One additional year life expectancy

SOURCE: Life and Death from Unnatural Causes – Health and Social Inequity in Alameda County. Alameda County Public Health Department. August 2008
Health Inequities

"Of all the forms of inequality, injustice in health is the most shocking and inhuman."

- Martin Luther King, Jr.

“If we do not change direction, we are likely to end up where we are headed.”

Chinese Proverb
Leading Causes of Death in the U.S. Are Largely Preventable

<table>
<thead>
<tr>
<th>1900</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pneumonia and influenza</td>
<td>1. Heart disease</td>
</tr>
<tr>
<td>2. Tuberculosis</td>
<td>2. Cancer</td>
</tr>
<tr>
<td>3. Diarrhea, enteritis, and ulceration of the intestines</td>
<td>3. Stroke</td>
</tr>
<tr>
<td>4. Heart disease</td>
<td>4. Chronic lower respiratory disease (incl. bronchitis, emphysema, and asthma)</td>
</tr>
<tr>
<td>5. Stroke</td>
<td>5. Unintentional injuries</td>
</tr>
</tbody>
</table>

* U.S. life expectancy increased from 49.2 years in 1900 to 77.1 years in 2000.
Making Links to Exposures and Behaviors

Diet & Activity Patterns

Tobacco

Alcohol & Drugs

- Heart Disease
- Cancer
- Stroke
- Diabetes
- Injuries & Violence
Linking Behaviors to the Environment

Environment → Exposures and Behaviors → Health Care Services → Injuries, Illnesses, and Inequalities
Current U.S. Health Care Spending

- Genetics: 70%
- Medical Care: 20%
- Behaviors & Environment: 10%

Total Spending: $2.2 Trillion

Factors Influencing Health vs. National Health Expenditures

SOURCE: Centers for Disease Control and Prevention, Blue Sky Initiative, University of California at San Francisco, Institute of the Future, 2000
Current U.S. Health Care Spending

Behaviors & Environment 70%
Genetics 20%
Medical Care, 10%

$2.2 Trillion

Factors Influencing Health
National Health Expenditures

SOURCE: Centers for Disease Control and Prevention, Blue Sky Initiative, University of California at San Francisco, Institute of the Future, 2000
Current U.S. Health Care Spending

Factors Influencing Health

Behaviors & Environment 70%
Genetics 20%
Medical Care, 10%

National Health Expenditures

Medical Services 96%
Prevention 4%

$2.2 Trillion

SOURCE: Centers for Disease Control and Prevention, Blue Sky Initiative, University of California at San Francisco, Institute of the Future, 2000
Return on Investment with Prevention

Savings at 2 years

$1 Return on Investment

$1 Investment

Return on Investment with Prevention

Savings at 5 years

$5.60 Return on Investment

$1 Investment

Return on Investment with Prevention

Savings at 5 Years

$1 Investment

$5.60 Return on Investment

$16 Billion Annual Savings In 5 Years

Prevention and Public Health Fund 2010-2019
Quality Prevention is the Catalyst for Change
Prevention is Primary: Strategies for Community Well-Being, 2nd ed.

- Edited by Larry Cohen, Vivian Chavez, and Sana Chehimi
- Co-published by Wiley/Jossey-Bass and APHA
- 46 Expert contributors
- Updated in light of new national recognition for prevention
Part 1: Defining the Issues

- Making the case for primary prevention
- Distinguishing among primary, secondary, and tertiary prevention
- The Spectrum of Prevention
- Social determinants of health
The Spectrum of Prevention

- Influencing Policy and Legislation
- Changing organizational practices
- Fostering coalitions and networks
- Educating providers
- Promoting Community Education
- Strengthening individual knowledge and skills
Part 2: Key Elements of Effective Prevention Efforts

- Community organizing
- Working collaboratively
  - 8 steps to developing effective coalitions
- Using media advocacy to influence policy
- Impact of corporate practices on health and health policy
- Primary prevention and evaluation
Enhancing Partnerships is Key
Part 3: Prevention in Context

- Environmental health and exposures
- The built environment
- Healthy food environments
- Preventing violence
- HIV prevention
- Mental health
Teaching *Primary Prevention*

Vivian Chávez, DrPH
San Francisco State University

Photo: Crissy Pamatmat
Teaching prevention: essential components

- Cultural Humility is fundamental
- Peer Education builds learning communities
- Student creativity integrating text readings
- Human Rights framework
- Resilience: personal/global
- Media Advocacy
- Nonviolence
Diversity & Social Justice: The SF State of Mind
Cultural Humility: by invitation only

Symbols

Insider / Outsider

Non-verbal communication
"All people are born in dignity and human rights."

Educating health-care workers in human rights and the practical applications of the right to health is not only imperative for social justice, it is a morally powerful approach capable of transcending borders and directing health systems for the improvement of health.

Human Rights Framework
Backman & Fitchett, The Lancet, March 2010
Embodying Resilience

A resilient community is characterized by:

*mutually caring relationships*, high expectations,
respect for all, especially those at the margin,
active participation and social support.

Bonnie Benard, *Prevention is Primary*, p. 71
Peer Education

- Honors diverse learning styles
- Students facilitate assigned readings – *show don’t tell.*
- Inclusion of students in multiple roles within the classroom fosters a sense of camaraderie & cohesiveness.
- Peer education emphasizes critical thinking skills as well as rhetorical skills of discussion, group collaboration, debate and public speaking.
- *Pedagogy of Collegiality:* faculty-student partnerships
International Honors Program in HEALTH & COMMUNITY

- Traveling faculty ~ comparative approach in education.
- Students study a thematic topic in different countries.
- Globalization, Culture, Health Systems ➔ PREVENTION and HUMAN RIGHTS.
- Why has health equity within and across countries widened, even as health care has discovered the causes of many illnesses and prevented many deaths?
Colorado School of Public Health

- Visiting scholar, health equity & cultural competence
- Preventive Medicine, Public Health Residency Program, UC Denver
- “Cultural Humility in Public Health Practice”
- Student diversity: preventive medicine residents, graduate students of public health & local physicians
- PREVENTION is PRIMARY to teach cultural humility
Teaching Prevention through the lens of Community Organizing

Master of Public Health Program at SFSU

In appreciation for your ability to embody prevention and commitment to make a difference.
Teaching Prevention: Strategies for Bringing Prevention to the Classroom

Integration Prevention into Health Promotion Program Planning

By
Daniel Perales, DrPH, MPH
Professor of Public Health
San Jose State University
Prevention in the SJSU MPH program

- Prevention is an important foundation for educating public health professionals
- Prevention is woven throughout the MPH program across many courses
- Focus of this presentation:
  - HS 200: Contemporary Practice: Public Health, Health Promotion and Community Health Education
  - HS 272: Health promotion planning and evaluation
HS 200: Contemporary Practice

- Course developed by Kathleen Roe, SJSU professor and chair of the Department of Health Science.
- Description: Introduction to the philosophy, ethics, historical roots, and approaches of contemporary public health education and health promotion. Emphasis is on frameworks and strategies used in practice.
- The course is designed to provide a strong common foundation for the core MPH courses and to establish an orientation to graduate work.
Examples of Reading

• Core textbook: Prevention Is Primary. Larry Cohen, Vivian Chávez, and Sana Chehimi.
  
  • **Chapter 1**: Beyond Brochures: The Imperative for Primary Prevention. Larry Cohen and Sana Chehimi. (Key concepts: Upstream/downstream; three levels of prevention, costs of health care, Spectrum of Prevention)
  
  • **Chapter 4**: The Hope of Prevention: Individual, Family, and Community Resilience. Bonnie Benard (Key concepts: Risk/resilience paradigms)
  
  • **Chapter 5**: Community Organizing for Health and Social Justice. Vivian Chávez, Meredith Minkler, Nina Wallerstein, and Michael S. Spencer. (Key concepts: community organizing, capacity building, wheel of community organizing)
  
  • **Chapter 7**: Working Collaboratively to Advance Prevention. Larry Cohen and Ashby Wolfe. (Key concepts: Coalitions, collaborative, social movements, effective coalitions).
  
  • **Chapter 11**: Preventing Injustices in Environmental Health and Exposures. Stephanie Ann Farquhar, Neha Patel, and Molly Chidsey. (Key concepts: precautionary principle, ethical concerns in CBPR).
  
  • **Chapter 14**: Strengthening the Collaboration between Public Health and Criminal Justice to Prevent Violence. Deborah Prothrow-Stith. (Key concepts: Public health vs medicine strategies, interdisciplinary challenges and responsibilities).
Examples of Reading

- **Milestones in Public Health: Accomplishments in Public Health Over the Last 100 Years.** New York: Pfizer Global Pharmaceuticals.
Reading (continued)


- *Bridging domains in efforts to reduce disparities in health and healthcare.* Shiriki Kumanyika and Christiaan Mossink (2006). (15 pages) (Key concepts: Social epidemiology perspectives, population vs. disease perspective).


Assignments

• **Day in the Life Paper**
  • Each student writes a short story depicting the ways in which public health and prevention impacts him or her, from the moment they wake up until the end of the day.
  • Themes: clean water, clean food, seats belt, safe parks for exercise, etc.

• **Mini-Research Paper**
  • Allows students to conduct a review of the literature on a public health topic or issue of interest to them. The paper may be related to a topic or issue that they identified in the *Prevention Is Primary* book (e.g., primary prevention, ethics, disparities, social justice, etc.) or from the journal readings. First experience with ‘serious’ graduate level writing and APA style.
Summary of HS 200

- Students leave well grounded in many important public health and prevention concepts including:
  - Social Ecological Model,
  - Social determinants of health,
  - Historical contexts of current health issues and public health strategies,
  - Community Based Participatory Research,
  - Health education code of ethics, and
  - The spectrum of prevention.
HS 272 Program Planning

- Theory and practice of developing community health programs. Focus on program planning within the context of strategic planning, problem/needs assessment, setting of program goals and objectives, and approaches to program evaluation.
Examples of Reading

- Program Planning and Proposal Writing - Expanded Version, The Grantsmanship Center, Los Angeles, CA.
Assignments

- **Community Needs Assessment**
  - Students examine health data and social indicators that are derived from a fictitious community. The purpose of the assignment is for students to examine data and then identify the important health and social conditions of a particular population that may contribute to those problems.
  - Rationale: To understand how to use community assessment data and information to develop goals and objectives for prevention.
### FAIRLY FAIR DATA FILE

| City Block Number | Predominant Racial Group | Median Age | Median Years of School | Median Home Value $1,000 | Median Family Income $1,000 | V1: Average Per Year | V2: Diagnosed Mental Illness Per 1000 Per Month | V3: Suicides Per 1000 | V4: Violent Crime Per 1000 Per Month | V5: Narcotics Arrests Per 1000 | V6: Mental Retardation Per 1000 | V7: Infant Mortality | V8: Population Density Per Block | V9: Average Days in Hospital Per Visit | V10: Visits to Physician Per 100 People | V11: Heart Disease Deaths | V12: Cancer Deaths | V13: Influenza Deaths |
|-------------------|--------------------------|------------|------------------------|--------------------------|-----------------------------|----------------------|--------------------------------------------|------------------------|--------------------------------------|--------------------------------|--------------------------|----|----------------|--------------------------|-----------------------------|---------------------------|----------------|----------------|----------------|
| 19                | Blues                    | 18         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 157               | Blues                    | 23         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 203               | Blues                    | 66         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 106               | Blues                    | 20         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 60                | Blues                    | 24         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 110               | Blues                    | 12         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 105               | Blues                    | 26         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 108               | Blues                    | 24         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 109               | Blues                    | 25         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 89                | Blues                    | 28         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 90                | Blues                    | 12         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 127               | Blues                    | 15         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 124               | Blues                    | 15         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 117               | Blues                    | 15         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |
| 118               | Blues                    | 15         | 15                     | 15                       | 6                           | 51                   | 5                           | 4                      | 5                                   | 2                             | 400                      | 50 | 50            | 10                       | 60                          | 20                        | 30                        | 30                        | 10                        | 20                       |

To sort: (1) Highlight all data only (not the column labels). (2) Click Table. (3) Click Sort. (4) Choose Columns to sort (indicate number or text in Type). (5) print table. (Note above table is sorted by race and home value).
Supporting Concepts

• Planning is not just problem/Need focused

• **Asset-Based Community Development**: John L. McKnight & John P. Kretzmann, Institute for Policy Research, Northwestern University

• **Primary Building Blocks** -- Assets and Capacities Located Inside the Neighborhood, Largely Under Neighborhood Control:
  • **Individual Assets** (Skills, talents, and residents’ experiences, individual businesses, etc.)
  • **Organizational Assets** (Cultural organizations, Citizens associations, business associations, faith community, etc.)

• **Secondary Building Blocks** -- Assets Located within the Community but Largely Controlled by Outsiders
  • **Private and Non-Profit Organizations**: Higher education institutions, Hospitals, Social service agencies
  • **Public Institutions and Services**: Public schools, Libraries, Fire departments, Parks, law enforcement,
  • **Physical Resources**: Vacant land, commercial and industrial structures, housing

• **Potential Building Blocks** -- Resources Originating Outside the Neighborhood, Controlled by Outsiders
  • Social and health services services expenditures
  • Public capital improvement expenditures
  • Public information
Planning Brief Paper

Planning Brief Assignment

- Students to write an outline of their Program Plan (i.e., Proposal) on a health topic of their choice.
- Briefly describe problem/need, goals, objectives, and basic prevention intervention approaches grounded in at least two of the six levels of the spectrum of prevention: 1) strengthening individual knowledge and skills, 2) promoting community education, 3) educating providers, 4) fostering coalitions and networks, 5) changing organizational practices, and 6) influencing policy and legislation.
- Core component is program goals and objectives with a measurable outcome that focuses on prevention.
Health Issue: Rising Incidence of HIV/AIDS in African American women over age 50 in the rural Deep South

Goal: To increase safe sex behaviors in rural African American women over age 50 in 77 counties in Alabama, Georgia, and Mississippi

PROJECT PERIOD: July 1, 2008 – June 30, 2010

<table>
<thead>
<tr>
<th>Process</th>
<th>Impact (Intermediate Effect)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. By August 1, 2008, an SRBWI HIV/AIDS Task Force will be created to plan and monitor implementation of The Hen House Project throughout the priority population.</td>
<td>Four months after completing The Hen House SISTA program, 90% of program participants will be able to a) identify three high risk sexual behaviors associated with HIV transmission, b) list the cultural and gender triggers that affect safe sex negotiation, and c) demonstrate proper condom-use skills at the second booster session.</td>
<td>By June 30, 2010, 50% of participants in The Hen House Project will report a 75% increase in the use of safe sex behavior skills.</td>
</tr>
<tr>
<td>2. By September 1, 2008, the Task Force and the SRBWI New Visions Program will collaborate in production of a culturally sensitive HIV prevention social marketing campaign for the priority population.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. By November 1, 2008, two co-facilitators and one Project Coordinator from each state will be recruited and trained to conduct The Hen House Project for the priority population in their respective states.</td>
<td></td>
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</tr>
<tr>
<td>4. Three months after the SRBWI Hen House Project has ended, one CBO partner in each state will incorporate ongoing SISTA programs in to their annual budget.</td>
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</tbody>
</table>
Program Plan

Students write an individual 50-80 page program plan that builds on the previous assignments and contains, at a minimum, the following sections:

- cover letter
- problem statement,
- goals & objectives,
- intervention methods (behavioral, policy, environmental, educational, organizational change, etc.)
- theoretical basis,
- evaluation plan, and
- program budget.
### Core Objectives: Prevention Program Plan Examples

<table>
<thead>
<tr>
<th>Goal</th>
<th>Process</th>
<th>Impact</th>
<th>Prevention Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oral Health:</strong> To improve the oral health of the senior population of Santa Teresa Living Community through improved oral hygiene skills and dental hygiene preventive care.</td>
<td>By January 15, 2009, conduct 2 weekly educational sessions on dental health to the senior home care staff and residents.</td>
<td>By February 15, 2010 50% of the senior home residents have made an appointment to have a preventive care in the dental hygiene clinic.</td>
<td>By August 30, 2010, 70% of the residents of the living facility will have visited the dental hygiene clinic and shown a 50% reduction of plaque index report.</td>
</tr>
<tr>
<td><strong>Child Obesity:</strong> To promote healthy eating and exercise among fifth and sixth grade in Bret Harte Elementary School.</td>
<td>By March 2010, Bret Harte Elementary School teachers will deliver 40 hours health and physical education curriculum to 500 students.</td>
<td>By January 2012, 80% of the children who participated in the program will eat 3 to 5 cups of fruit and vegetables a day and exercise at least 60 minutes every day.</td>
<td>By January 2012, 70% of the children who participated in the program will maintain a healthy weight with a BMI score between 18.5 and 24.9.</td>
</tr>
<tr>
<td><strong>Fall Prevention:</strong> To reduce the number of falls experienced by senior patients discharged from Mercy hospital to an independent living setting.</td>
<td>By May 30, 2011, 300 senior patients age 65 and older being discharged to home will receive fall prevention interventions.</td>
<td>During 2 follow up phone interviews at 1 week and 1 month, 90% of 150 senior patients state their pre-discharge fall risk level and describe 3 self-directed measures to prevent falls after discharge.</td>
<td>By September 30, 2011, 90% of 150 patients will state by phone interview they have not fallen in the 30 days following discharge from the hospital.</td>
</tr>
</tbody>
</table>
HS 272 Summary

- Course weaves prevention throughout the semester through assignments that include:
  - Community needs and asset assessment
  - Prevention focused goals and objectives
  - Intervention strategies grounded in individual behavior, community, and organizational change theory and supported by the Spectrum of Prevention
  - Evaluation that involves the community and produces information that is useful to the community.
Thank you
Teaching Prevention: Strategies for Bringing Prevention into the Classroom

Amin Azzam, MD, MA

UC Berkeley – UCSF Joint Medical Program (JMP)
Outline

1. Medical School Structure
2. Problem-Based Learning (PBL) as a pedagogical approach
3. PBL at the UC Berkeley – UCSF Joint Medical Program (JMP)
4. The JM Public PBL case
5. Measuring Impact
6. Next steps
Outline

1. Medical School Structure
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6. Next steps
From college kid to professional

My ENTIRE talk will focus ONLY on these years
Outline

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What exactly is PBL?

1. Students should be organized into small groups with a tutor.  
   *(in contrast to large lecture-based groups)*

2. Learning must be student-centered.  
   *(in contrast to instructor-centered teaching)*

3. The tutor must act as a facilitator or guide.  
   *(as opposed to a knowledge or content expert)*
What exactly is PBL?

4. Problems based in the practical world must be presented at the beginning of the learning process.

5. The problems should serve as a tool for the acquisition of both knowledge and general problem-solving skills.

6. Content knowledge should be acquired via self-directed learning.
The PBL curriculum: an iterative process
The PBL curriculum: an iterative process

1. Problem/Experience
2. Questions
3. Generalization
4. Application

Azzam: Prevention Webinar
Variation in use of PBL in pre-clerkship medical school years

<table>
<thead>
<tr>
<th>No. (%) of US Medical Schools</th>
<th>Percentage of curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 (45)</td>
<td>&lt; 10 %</td>
</tr>
<tr>
<td>28 (33)</td>
<td>10 – 25%</td>
</tr>
<tr>
<td>14 (16)</td>
<td>26 – 50%</td>
</tr>
<tr>
<td>5 (6)</td>
<td>51 – 75%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>School</th>
<th>Description</th>
<th>Percent of overall curriculum in 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCSF</td>
<td>8 cases over 2 years</td>
<td>&lt; 5 %</td>
</tr>
<tr>
<td>U Colorado Denver</td>
<td>2 hours / week</td>
<td>8 %</td>
</tr>
<tr>
<td>UCLA</td>
<td>4 hours / week</td>
<td>17 %</td>
</tr>
<tr>
<td>UC Berkeley JMP</td>
<td>7.5 hours / week</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Outline

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JMP Pre-clerkship Curriculum

1st Year

- Anatomy
  - Unit 1
  - Unit 2 (Assessment)
  - Unit 3 (Assessment)
  - Unit 4 (Assessment)

- Clinical Skills
  - Vacation

- Masters Thesis Curriculum
  - Assessment

2nd Year

- Vacation

- Clinical Skills
  - Unit 5
  - Unit 6 (Assessment)
  - Unit 7 (Assessment)
  - Unit 8 (Assessment)

- Masters Thesis Curriculum
  - Assessment

3rd Year

- Vacation

- Clinical Skills
  - Unit 9
  - Unit 10 (Assessment)
  - Unit 11

- USMLE self study
  - Clinical Rotations begin at UCSF

- Masters Thesis Curriculum
  - Assessment

Azzam: Prevention Webinar
Typical JMP PBL Case

1st Year
- Anatomy
- Unit 1
- Unit 2
- Unit 3
- Unit 4

2nd Year
- Unit 5
- Unit 6
- Unit 7
- Unit 8

3rd Year
- Unit 9
- Unit 10
- Unit 11

- Case 112: Breast CA
- Case 39: Acute MI

Monday 2.5 hours
Wednesday 2.5 hours
Friday 2.5 hours
The structural “magic”
Outline

1. Medical School Structure
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Public Health in the cases?

1st Year
- Anatomy
  - Unit 1
  - Unit 2
  - Unit 3
  - Unit 4

2nd Year
- Unit 5
- Unit 6
- Unit 7
- Unit 8

3rd Year
- Unit 9
- Unit 10
- Unit 11

Case 39: Acute MI
- Single patient
- Multiple patients
- Single disease

Case 112: Breast CA
- Single patient
- Multiple patients
- Single disease

Neighborhood as the patient?
“JM Public” PBL Case

- Richmond, CA “Iron Triangle” neighborhood
- Case “protagonist” is a newly minted MD new to the neighborhood primary care clinic
- Begins with a routine outpatient visit by a child who has asthma and obesity
- Progresses to the MD attending a community organizing meeting
- Concludes with the MD contacting the county Public Health Department to build collaborative ties
1. Medical School Structure
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6. Next steps
Core Public Health Content

• Association of American Medical Colleges (AAMC) and Centers for Disease Control & Prevention (CDC) jointly sponsored Regional Medicine-Public Health Education Centers (RMPHECs)

• The RMPHECs drafted “Population Health Competencies” for Medical Students
Core Public Health Competencies

• There are a total of 12 Competencies
• All graduates from medical school should demonstrate the following competencies to contribute to improving the health and health care for defined populations (e.g. their patient panels, local communities, states, nations, and global regions)
Core Public Health Competencies

1. Assess the health status of populations using available data...

2. Discuss the role of socioeconomic, environmental, cultural, and other population-level determinants of health...

3. Integrate emerging information on individuals’ biologic and genetic risk with population level factors...

4. Appraise the quality of the evidence of peer reviewed medical and public health literature...
Core Public Health Competencies

5. Apply primary and secondary prevention strategies that improve the health of individuals and populations.

6. Identify community assets and resources to improve the health of individuals and populations.

7. Explain how community-engagement strategies may be used to improve the health of communities...

8. Participate in population health improvement strategies...
Core Public Health Competencies

9. Discuss the functions of public health systems including those that require or benefit from the contributions of clinicians...

10. Describe the organization and financing of the U.S. health care system, and their effects on access, utilization, and quality of care...

11. Discuss the ethical implications of health care resource allocation and emerging technologies...

12. Identify quality improvement methods to improve medical care and population health.
So when the students are “in the driver’s seat,” do they actually choose to cover any of these core public health topics?

Preliminary data suggests:

11 of 12 topics are covered at least superficially across the 29 handouts the 16 students created for each other.
JMP Pre-clerkship Curriculum

1st Year
- Anatomy
- Clinical Skills
- Masters Thesis Curriculum

2nd Year
- Vacation
- Clinical Skills
- Masters Thesis Curriculum

3rd Year
- Vacation
- Clinical Skills
- Masters Thesis Curriculum

“JM Public” case lives here!

Assessment

USMLE clinical rotations begin at UCSF
Outline

1. Medical School Structure
2. Problem-Based Learning (PBL) as a pedagogical approach
3. PBL at the UC Berkeley – UCSF Joint Medical Program (JMP)
4. The JM Public PBL case
5. Measuring Impact
6. Next steps
Next Steps

• JMP Public Health Committee tasked with looking for other areas to “infuse” these topics into the curriculum
• Dissemination! (hence this webinar)
• Exploration with other interested medical education communities
  – Ways to incorporate into your curriculum?

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Question and Answer

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