

# College Within the College: Population Health

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## College within the College (CwiC) -**Population Health Skills for Physicians**

- Incorporate culturally relevant information into a treatment plan for a patient
- Counsel individuals about healthy lifestyles

Identify community support and resources to serve patients

- Coordinate health care services as a member of multidisciplinary teams
- Promote primary and secondary prevention
- Advocate for the needs of patients and the community
- Conduct population health research/evaluation

Promote healthy lifestyles in communities

Work in partnership with community based agencies and organizations

## College within the College (CwiC)

- This parallel (and elective) curriculum emphasizes:
- Longitudinal mentored relationships, working closely with key faculty
- Didactic sessions; group seminars; experiential opportunities; on-line programs
- Participation across Years I-IV of medical school
- Completion of a scholarly project and product - Can be completed within 4 years, no additional tuition
- Opportunities to apply credits to other advanced degree programs
- (e.g 15 credits toward MPH)
- Students must be in good academic standing Applications available in December and students selected in late
- January of Year I.
- Programs begin early February of Year I
- All curriculum carefully woven into medical school calendar
- Years I and II: didactic sessions, seminars, experiential programs, and
- Years III and IV: complete clinical rotations and electives related to their concentration
- In the Summer between Year I and II, students work in areas related to their area of concentration.
- Each student must produce a "Scholarly Product" in Year IV.

## Benefits to students:

- Unique experience and exposure, graduate-student forum within a medical school environment
- Opportunity to keep learning alive in areas given less time in traditional
- Recognition at graduation: Dean's Letters, certificate of completion
- Credits toward an additional degree (e.g. MPH, MS, PhD)

## **CwiC – Population Health**

## Ideal for those interested in:

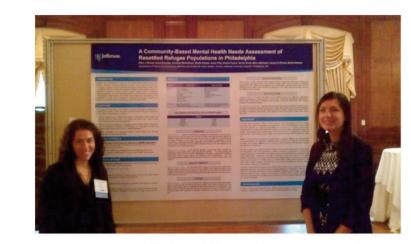
- Career in academic medicine and public health
- Community based research in future practice
- Addressing health equity and social justice
- Improving quality and cost of care
- Engaging with communities locally and globally
- Achievement beyond the curriculum

## **Evaluation**

- Pre test attitudes, beliefs
- Student and mentor satisfaction
- JMC Longitudinal study AAMC questionnaire
- Attrition rates
- Comparison to non-participants Specialty choice, Match results,

- \$1.25 million over five years
- Care Dual Degree Program (IPCDDP).
- especially its most vulnerable and underserved populations.

## **Opportunities to Present at Conferences**



Presenting Poster at Global Health Conference – San Diego Best Poster – AAFP – Global Health Conference 2012 - Minneapolis

# **Blood Pressure Plus - Community Benefit Screening Sites**

- 1. St. Simon Church 2. St. Matthew Church
- 3. St. Charles Senior Center
- 4. Christian St. YMCA 5. The John Gloucester House
- 6. Farmers' Market 7. Zion AME Church
- 8. Dixon House
- 9. Wilson Street Apartments 10. Faheem's Barbershop

Year 1

11. Pete Rock's and Kirby Mack's Barbershop (2600 Ridge Ave; not shown on map)

Year 2

Poster

15 Credits toward Jefferson MD/MPH

PH Curriculum

1or 2 Meetings Monthly

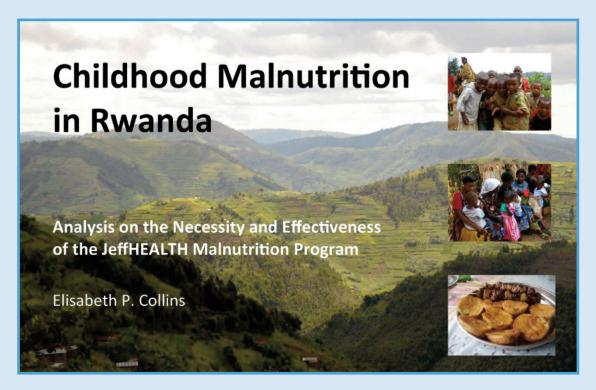
Summer

Project

Year 1



# Michael Cafarchio: **Language Access Barriers in the Healthcare Setting** For Refugees in Philadelphia Major refugee origin 250,000 to 500,000 10,000 to 100,000 < 10,000



9 - 2-3 hour sessions

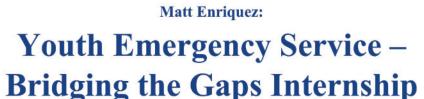
Readings, on-line

**Group Activities** 

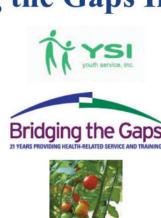
discussion, question

Year 4

# The Role of The United States Department of Housing and Urban Development's HUD-Veterans Affairs Supportive Housing Voucher Program in Eliminating Veteran Homelessness









## Three Intersessions

- On-going Advising
- Special Topics Sessions (inter-clerkship)
- Public Health Research Methods
- Qualitative Research Methods
- JOINT DEGREE Transition

## Year 4

18- 2-3 hour sessions

On-line discussion,

questions

Group Work

## Electives – 2 required

- Refugee Health
- International Health
- Indian Health Service
- OtherTBD
- Peer mentoring
- Graduation "added qualifications -certificate"

- Publications and presentations
- Future academic career

## HRSA – Builds on CwiC - PH

- Create, implement, and evaluate a Jefferson Inter-professional Primary
- The mission of the IPCDDP is to provide outstanding training in primary care and innovative education in chronic care management and population and public health in order to prepare primary care leaders to serve as future change agents working to improve the health of Americans,

## **Enrollment**

- Cohort I February 2011
- 28 students 12% of the class
- Cohort II February 2012 - 40 students - 16% of the class
- Cohort III February 2013
- 45 students 18% of the class

## CwiC-PH Overview – 4 Year Course

Year 3

Apply Lessons in Clinical

**Access to PH Resources** 

**Announcements & Invitations** 

Year 2

**Elective Rotations** 

Special Population

**Capstone Project** 

Introduction PH/HP2020

Year 1

**Topics:** 

Ecological Model

Health Literacy

- Health Data Systems
- Social determinants Culture, race and health
- Environmental health
- ICM I enhancement
- Policy and advocacy • Global health – mini course (for International travel)
- Relevant campus and city programs

### Aug - Orientation BTG ICM II - cases On-going Advising On-going Advising Electives – 2 required MD/MPH and MD/MS Sept-Dec - Monthly overview Global Travel On-going Advising Special Topics Community Medicine DFCM Assistantship MD/MPH and MD/MS Discussions (Peers) Sessions - (inter- Refugee Health **Dec** - Application Other – To be arranged Syllabus, List serve, discussion board Peer mentoring clerkship) Medical Partnerships Jan – Interviews and Selection Peer mentoring Clerkship assignments JOINT DEGREE and Homelessness with guidelines Sept - May (2-5 PM twice monthly) - lecture, Assign Advisor Service to other -PH case-studies and International Health Assign Clinical Mentor (COPP) discussion, community site visit(s) organizations at interface reflections – one per Indian Health Service Participate -Jeff HOPE, Jeff YES clerkship - What would (clinical/public health): Advocacy/Policy Public Health Society, IMS, Other - Health Promotion - Preventive Services have prevented Other TBD On-Line – Epidemiology Late Jan - Syllabus, List serve, - Community Preventive Services Task Force admission? What policy discussion board, Learning Contract - Chronic Care Model change would improve Peer mentoring Feb- June (2-5 PM – twice monthly) Social epidemiology quality of care, prevent **Scholarly Project** lecture, discussion, PBL, community - Individual Health Behavior admission, improve Graduation - "added site visits (Project HOME, MCC, FNC Interpersonal Health Behavior outcome? qualifications -certificate" Mazzoni, YES) – Learning-Service - Social Theories Behavior In-Time Enhancements Dean's letter activities Community Models/CBPR Selectives - block Transcript - Population Health approaches to Topics experience with - Introduction PH/HP2020 Diabetes community agency; self-- Ecological Model CV Disease – Hypertension/CAD/Stroke guided assignments Health Data Systems **Scholarly Project** Obesity/overweight/nutrition Health Literacy planning •HIV, Hepatitis, HPV, Immunizations Social determinants -PRECEDE-PROCEED - Quality – **Transitions of Care** Individual health behavior - Tobacco control Culture, race and health - Environmental health - Maternal Child Health - ICM I enhancement - Public Health Ethics - Selected PBH 501 Classes Policy and advocacy Global health - mini course (for LUNCH and LEARNS and Relevant campus and International travel) city programs Mentoring and LONGITUDINAL LONGITUDINAL Mentoring and Advising quarterly Advising quarterly On-Going Evaluation

## **Example:** Year 1 – Session 2: Race and Culture

- Lecture Discussion
- Diversity Shuffle Reflection Paper In one page or less, please address the following questions:
- What racial/ethnic group do you belong to? How did it feel to be in the group which had to walk across? What incorrect assumptions or stereotypes do people make about your group? What surprised you about the exercise?
- In the two chapters from Culture, Health and Illness, Helman reviews the Scope of Medical Anthropology and Cultural Definitions of Anatomy and Physiology. Since you began at Jefferson and completed HFD and are getting deeply into Systems, what are your cultural views of the "body"? Have they changed? Share your thoughts.

## Example: Year 1 – Session 4: Advocacy

- 510-515 Introduction/Orientation Break into 5 groups
- Think about an issue that you have "advocated" for, what did you do, was it
- 515-600 Group Work ideas, themes

effective, what would you differently

• 600-630 – Report Out/Summary • 630-800 – Food Inc

## **Example: Year 1 – Session 6: Linking Social Determinants, Advocacy, Homeless Prevention, Integrated Care**

- · Community Assessment (walking tour, windshield assessment; existing data)
- The Wellness Center
- Honickman Comcast Learning Center

## **Example: Year 1 – Sessions 9 and 10**

- Public Health Ethics
- Human Rights
- Country Health Profiles Case Discussions

## Final paper – Year 1 • The scientific basis for Public Health rests on the study of risks to the health of populations and on the systems designed to deliver required services. The problem-solving paradigm in Public Health

practice is a model to apply this science. The key components of this

**Annual Poster Session** 

model are: - Problem Definition

- Policy Development

- Problem Magnitude - A Conceptual Framework (e.g. - Ecological
- Framework) for Key Determinants Intervention Strategy
- Implementation and Evaluation

## Year 2

## Topics:

- Health Promotion Preventive Services
- Community Preventive Services Task Force
- Chronic Care Model
- Social epidemiology PRECEDE-PROCEED
- Individual health behavior Social Theories Behavior
- Community Models/CBPR
- Population Health approaches to
- Diabetes - CV Disease - Hypertension/CAD/Stroke
- Cancer - HIV, Hepatitis, HPV, Immunizations

Obesity/overweight/nutrition

- Quality Transitions of Care
- Public Health Ethics

**Year 2 Examples** 

Literacy

- Health Literacy
- Presentations of Summer Work
- Link to Fundamentals of Clinical Medicine Integration of Theory PRECEDE, TTM, HBM, SLT
- Preventive Cardiology Million Hearts Campaign - Reproductive Health - Cervical Cancer/HPV

- GI - Hepatitis C and Colon Cancer

- Diabetes - DSME Group Visit - Cancer Prevention and Control

- Community Engagement - Immersion

- Asthma/COPD - Tobacco Control

- Mental Health - ACES and Trauma Informed Care

## Example: Year 2 – Session 2

- Health Literacy
- Scope of the problem - Recognizing literacy problems in individuals
- Strategies for working with low literacy individuals and populations
- Teach back exercise
- Medication assessment
- Assignment taking an informed consent and modify to 5-6th grade reading level

## Example: Year 2 – Session 2

- Liver, GI Disease, Hepatitis, Alcoholic Liver Disease,
  - Preventive Services Task Force
- Cancer Prevention and Control
- "Put Prevention into Practice" Hepatitis C – Screening

## Example: Year 2 – Session 11

- Hematologic Malignancies
- Palliative Care a Public Health Issue - Health Beliefs and Culture
- Readings

Year 3

- Patient diagnosis: Describe the encounter/diagnosis:
- Community Diagnosis: Define the Problem:
- Include the Healthy People 2020 Guidelines What do we know about the population with this diagnosis? - Include as appropriate epidemiology (prevalence, mortality, morbidity, behavioral

risk factors, environmental factors (access, policy, environment, etc), what are

the patient/population gaps in knowledge, attitudes/beliefs, enabling factors, and

## reinforcing factors. Describe your patient's risk and enabling factors if known.

- **Treatment: Individual and Community Approaches**  How would/did you treat the patient? What are the current clinical guidelines for management?
- What are the current Clinical Preventive Service Guidelines for this problem (if applicable)? • How would you treat the population? What approaches would be

effective at the population level? What are the best practices/ evidence

interpersonal level to assist you in counseling and identifying barriers?

based approaches? (e.g. Community Preventive Service Guidelines)

### What barriers might your patient and community residents face in adhering to the treatment?

• What theory(s)/model might you use at the individual level and/or

What might physicians do at the population level to address this problem?

## If applicable, what may have prevented the office visit or hospitalization?

- Community Medicine
- Medical Partnerships and Homelessness
- Advocacy/Policy
- Scholarly Project

# What have we learned so far

- Weave around the ebbs and flows of student examination
- Discussions preferred "no talking heads"

Flexibility in assignment due dates – a 4 year course!

Small group discussions

## Challenges

• Ensuring PH related summer projects

Maintaining mentoring relationship

- Competing with traditional curriculum Competing with extensive extracurricular opportunities
- Organizing meaningful discussions Articulating role of PH in clinical training and care
- Challenge of taking extra year for MPH financial, personal, momentum