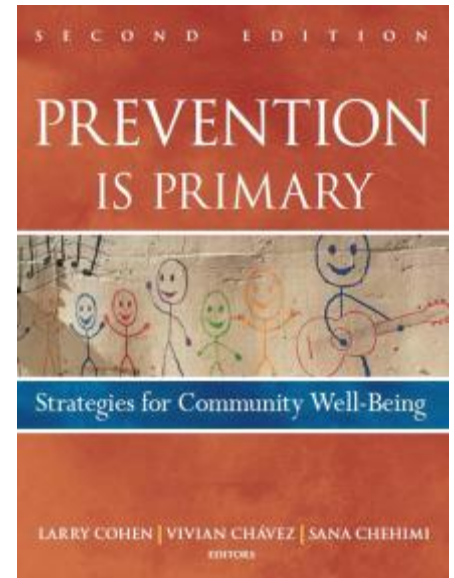


# TEACHING PREVENTION

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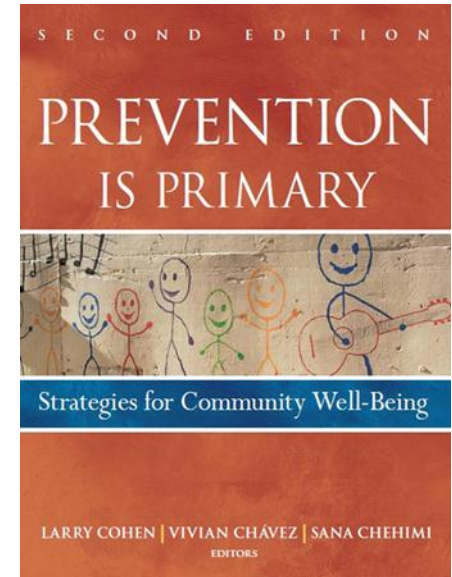
Strategies for Bringing Prevention to the  
Classroom

**Welcome! We will begin shortly.**

# TEACHING PREVENTION

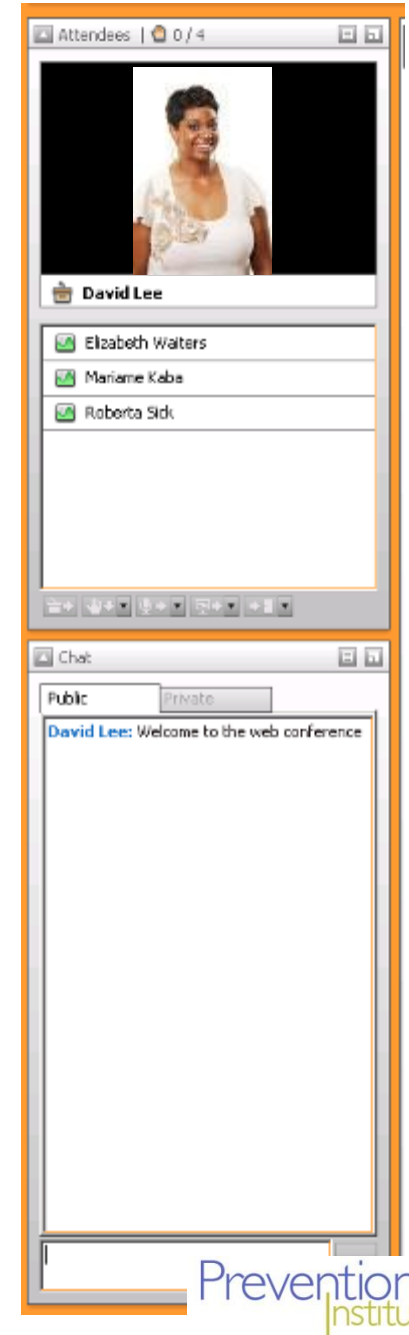
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Strategies for Bringing Prevention to the  
Classroom



# 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...

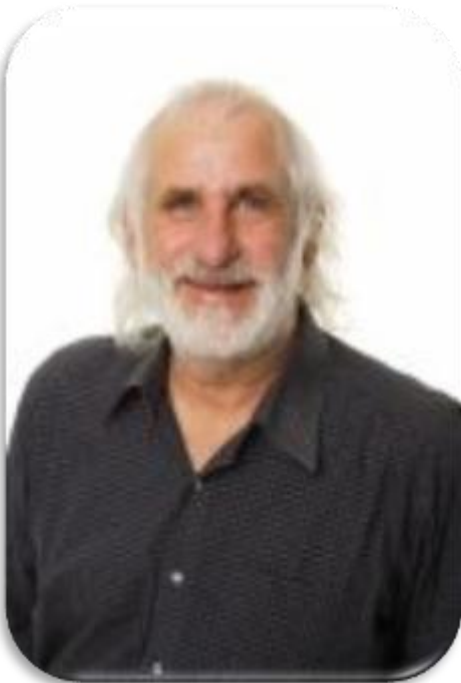
- Send a private chat to Carmen Johnson
- Call iLinc technical assistance at 1-800-799-4510

# Feedback and Resources

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

# Hosts

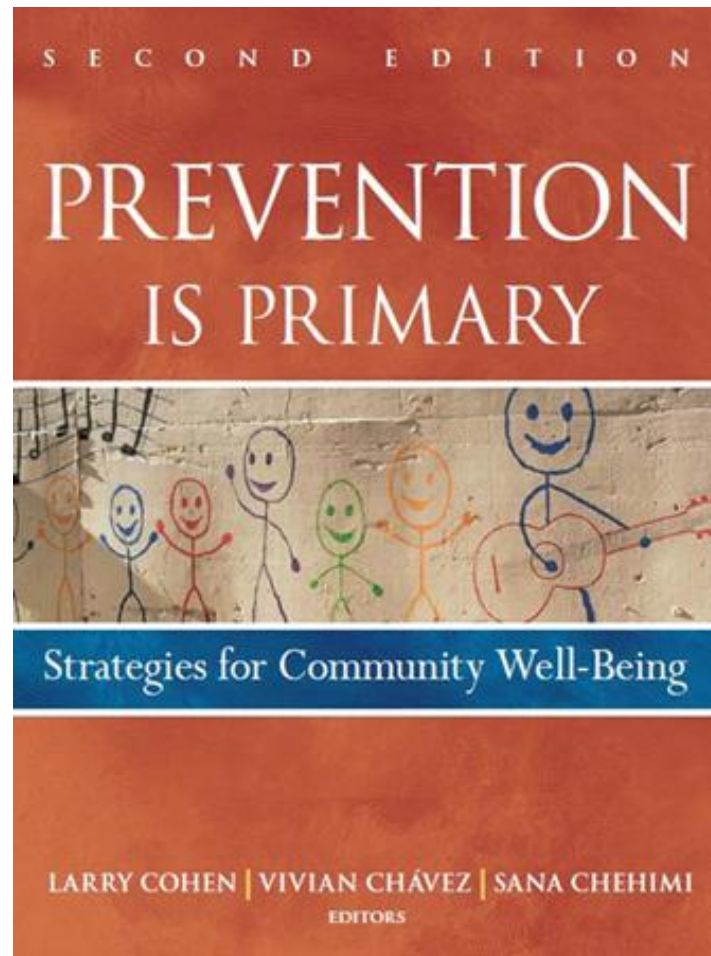
Larry Cohen, MSW  
Executive Director  
Prevention Institute



Sana Chehimi, MPH  
Program Director  
Prevention Institute



# *Prevention is Primary: Strategies for Community Well-Being*







Prevention Institute

Prevention Institute

# 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*







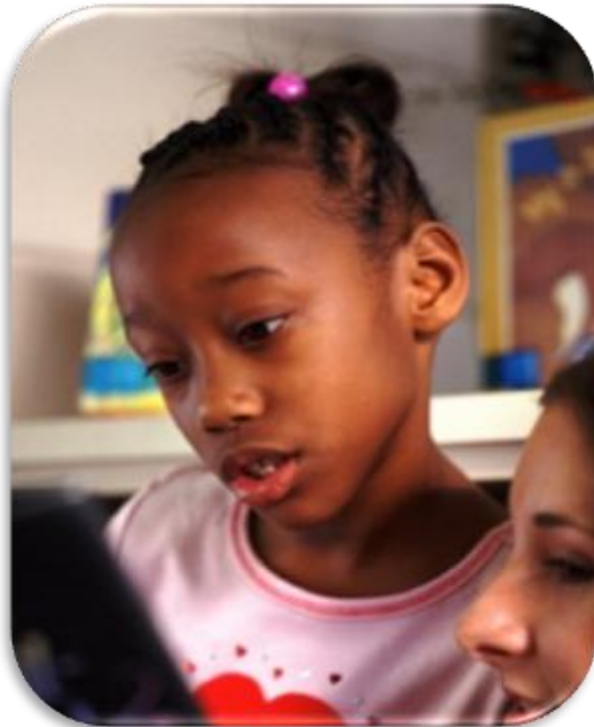






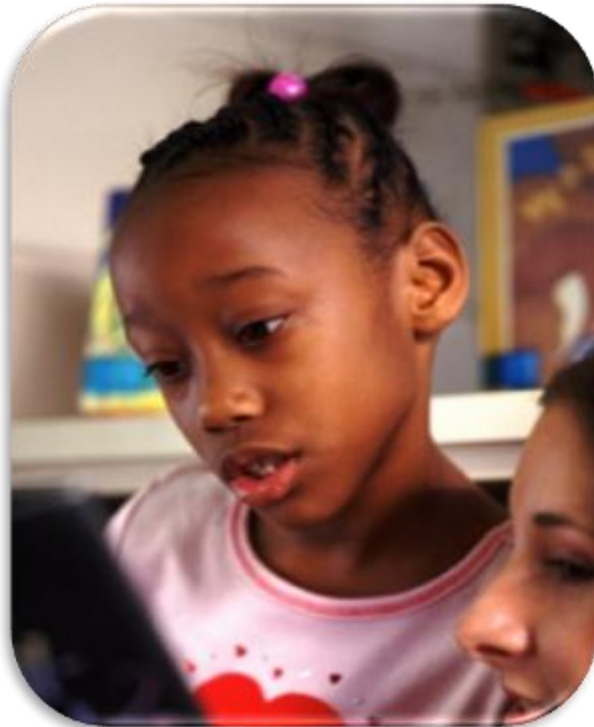


**Born in West Oakland, an African American person can expect to die almost 15 years earlier than a white person born in the Oakland Hills.**



*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

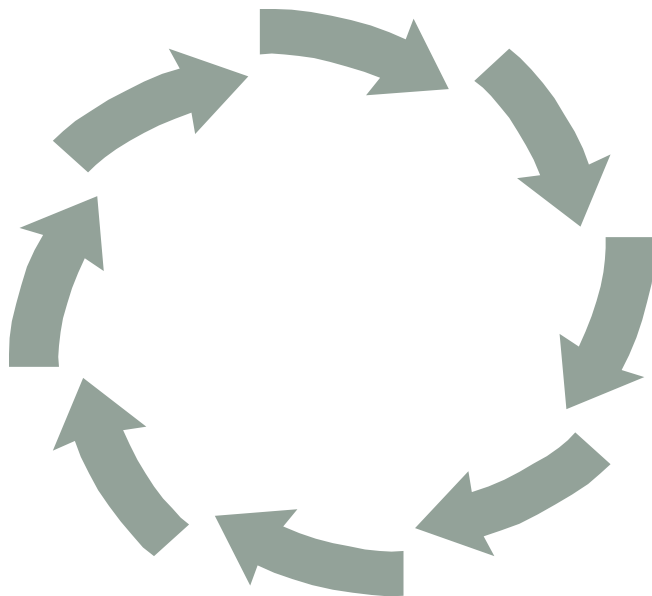


**"Of all the forms of inequality,  
injustice in health is the  
most shocking and  
inhuman."**

**- 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

1900	2000
<ol style="list-style-type: none"><li>1. Pneumonia and influenza</li><li>2. Tuberculosis</li><li>3. Diarrhea, enteritis, and ulceration of the intestines</li><li>4. Heart disease</li><li>5. Stroke</li></ol>	<ol style="list-style-type: none"><li>1. Heart disease</li><li>2. Cancer</li><li>3. Stroke</li><li>4. Chronic lower respiratory disease (incl. bronchitis, emphysema, and asthma)</li><li>5. Unintentional injuries</li></ol>

\* 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**



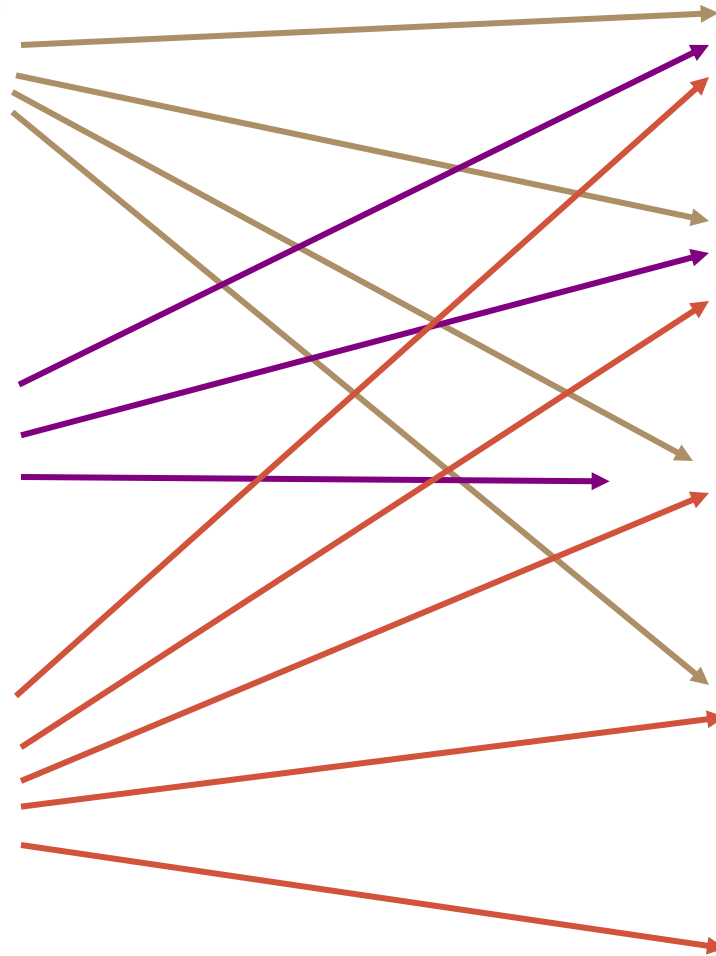
**Heart Disease**

**Cancer**

**Stroke**

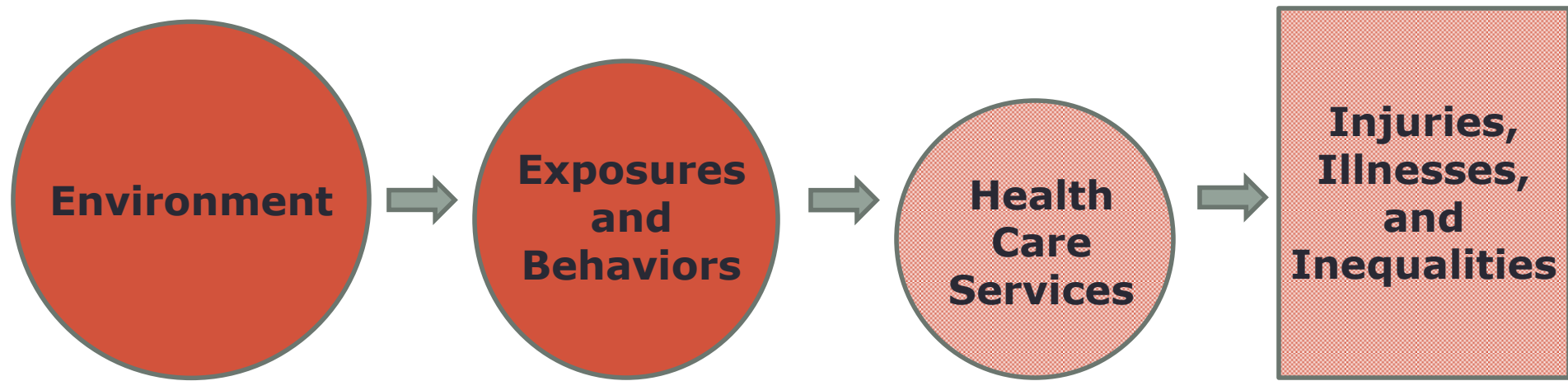
**Diabetes**

**Injuries  
& Violence**





# Linking Behaviors to the Environment



# Current U.S. Health Care Spending

**\$2.2 Trillion**

Genetics  
Medical Care  
Behaviors &  
Environment

**70%**

**20%**

**10%**

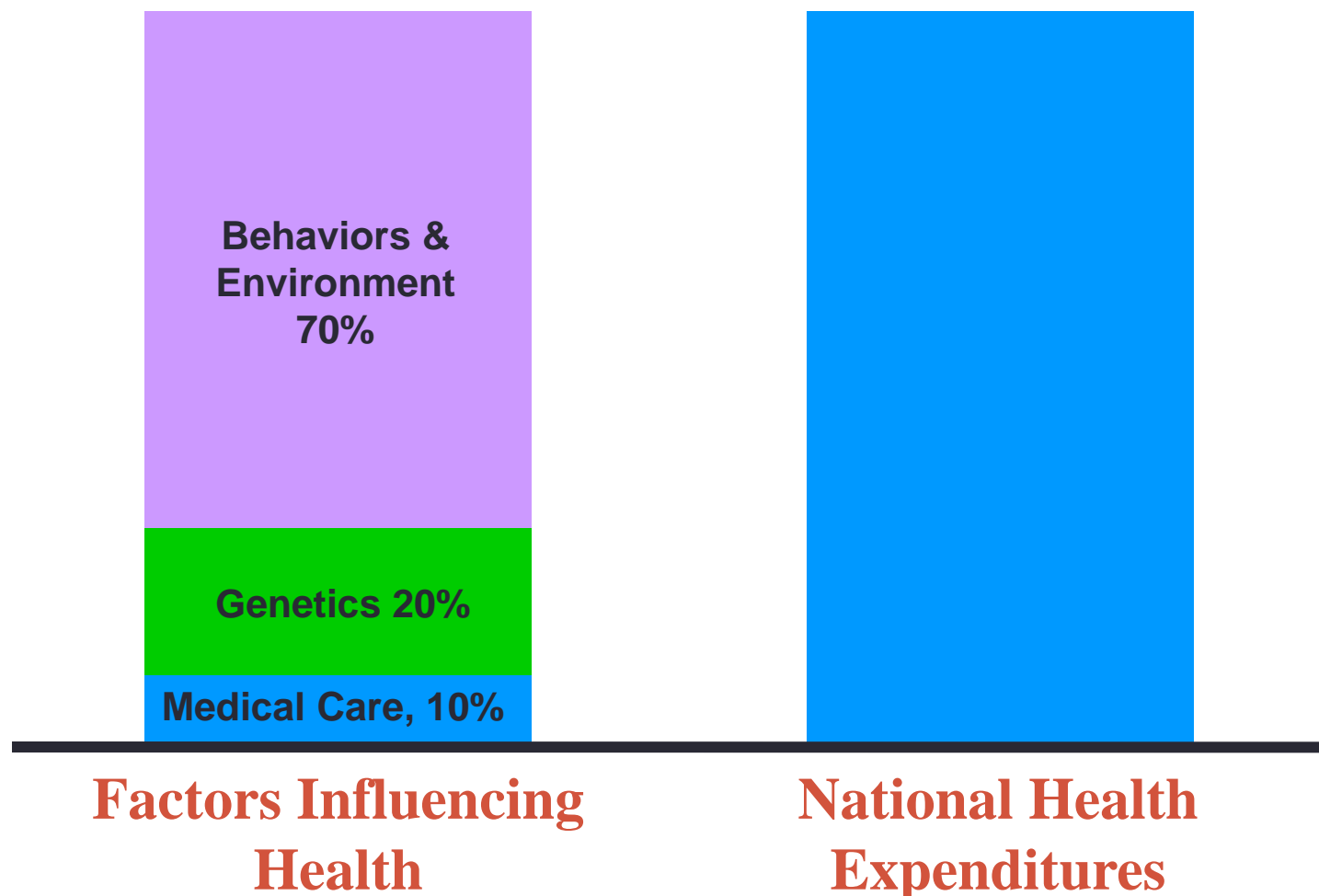
**Factors Influencing  
Health**

**National Health  
Expenditures**

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

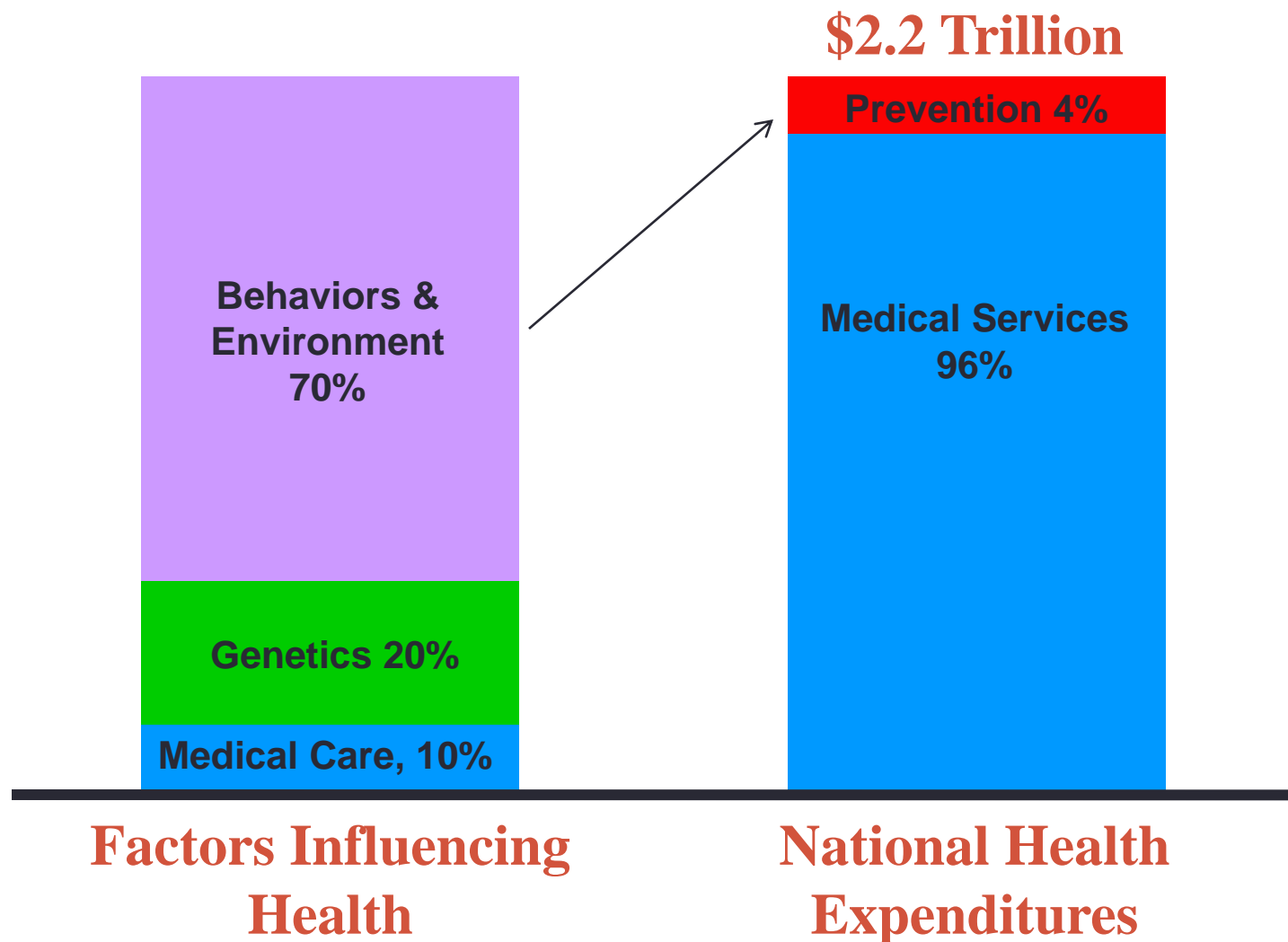
# Current U.S. Health Care Spending

**\$2.2 Trillion**



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



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**



SOURCE: *Prevention for A Healthy America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, Trust for America's Health, July 2008

# Return on Investment with Prevention

**Savings at  
5 years**



SOURCE: *Prevention for A Healthy America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities*, Trust for America's Health, July 2008

# Return on Investment with Prevention

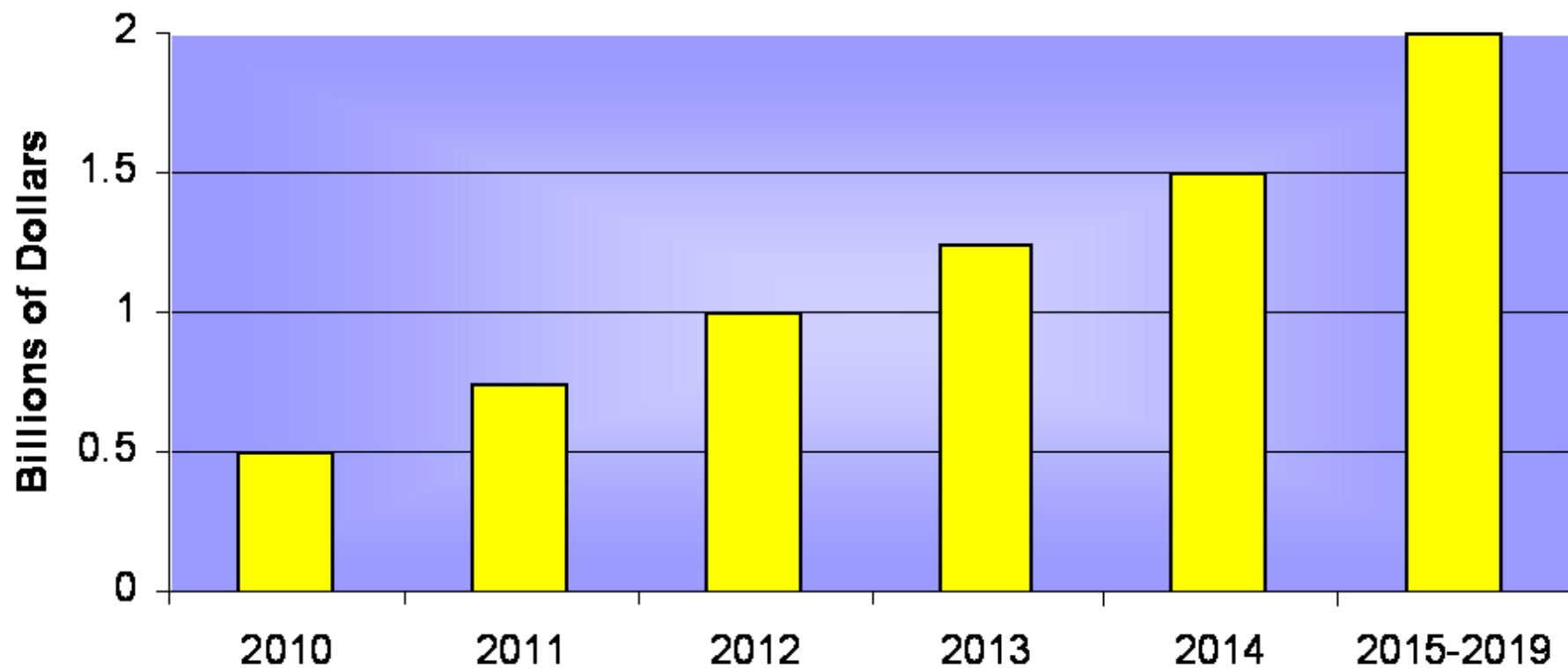
**Savings at 5 Years**



**\$16 Billion  
Annual Savings  
In 5 Years**

*SOURCE: Prevention for A Healthy America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities, Trust for America's Health, July 2008*

# Prevention and Public Health Fund 2010-2019



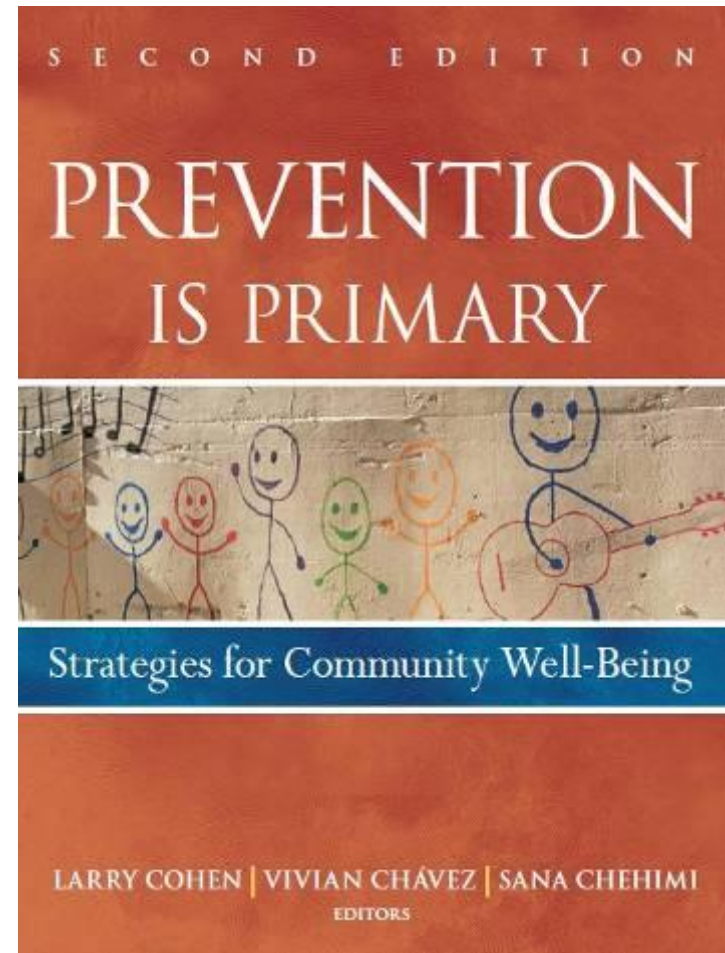


# Quality Prevention is the Catalyst for Change



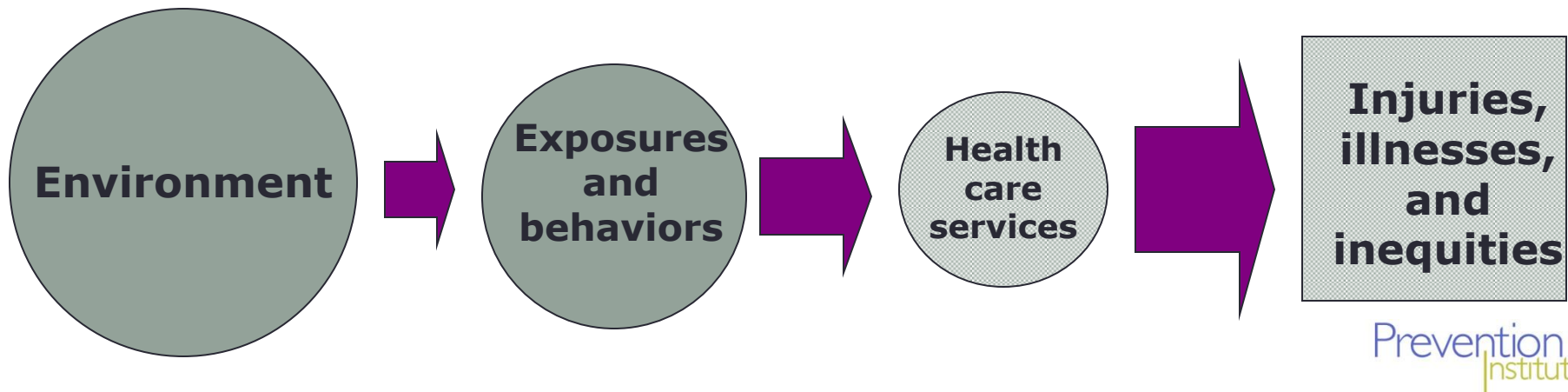
# Prevention is Primary: Strategies for Community Well-Being, 2<sup>nd</sup> ed.

- 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**

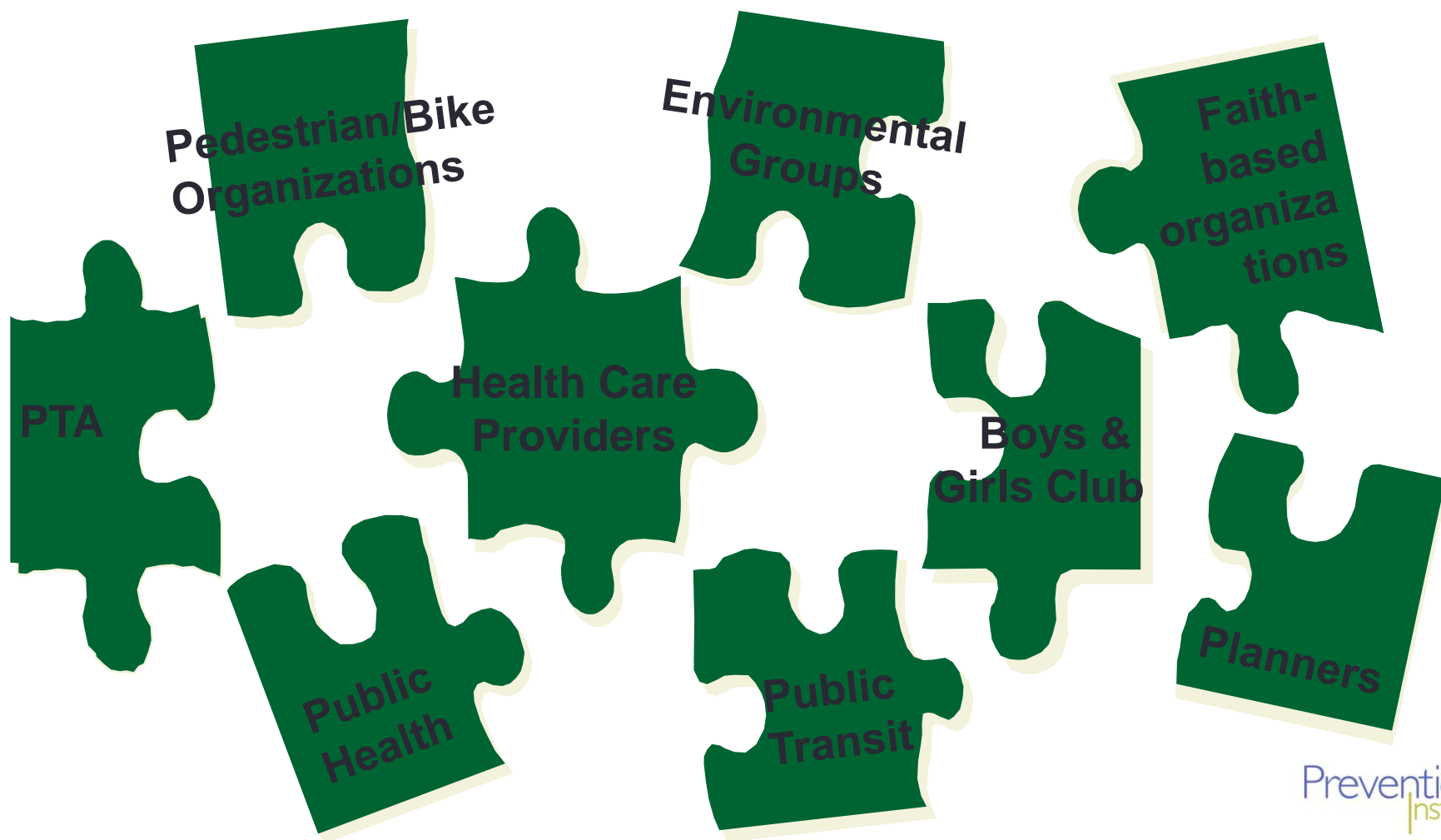
**Promoting Community Education**

**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



A photograph of the Golden Gate Bridge in San Francisco, viewed from a low angle near the water. The bridge's red-orange structure dominates the left side of the frame, extending towards the horizon. Below the bridge, a brick building (Fort Point) is visible, with several cars parked in front of it. The foreground shows a concrete walkway with a chain-link railing and a rocky shoreline where waves are breaking. The sky is a pale blue.

# Teaching *Primary Prevention*

Vivian Chávez, DrPH  
San Francisco State University

Photo: Crissy Pamatmat



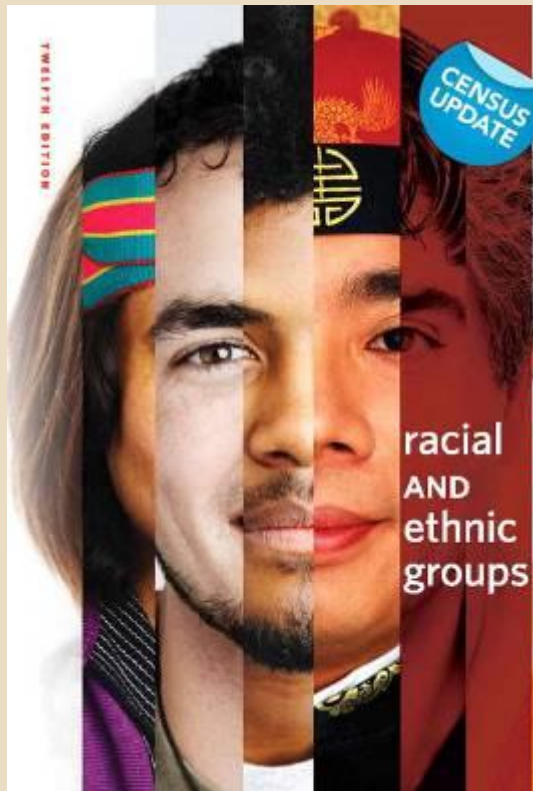
# Teaching prevention: essential components

- Cultural Humility is fundamental
- Peer Education builds learning communities
- Student creativity integrating text readings
- Human Rights framework
- Resilience: personal/global
- Media Advocacy
- Nonviolence

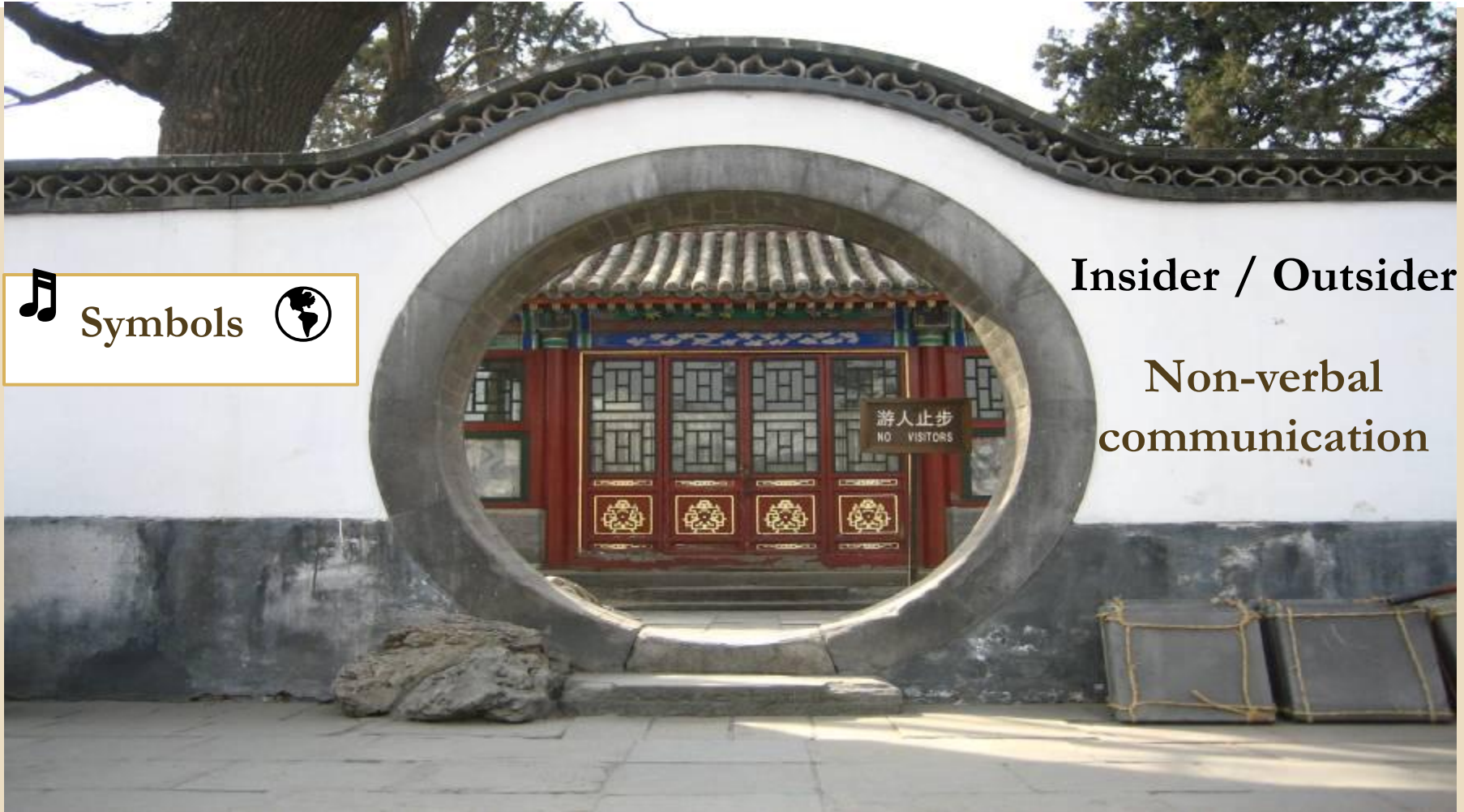


# Diversity & Social Justice:

## *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



# San Francisco State University

- Teaching Prevention through the lens of Community Organizing
- **Master of Public Health Program at SFSU**
- “Teaching Public Health Through a Pedagogy of Collegiality,” Chávez, Turalba & Malik, *American Journal of Public Health*, 2006.

# Dedicated to students, my colleagues



- 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

- Public Health: What It is and How It Works. 4<sup>th</sup> edition. Bernard J. Turnock (2009).
- Milestones in Public Health: Accomplishments in Public Health Over the Last 100 Years. New York: Pfizer Global Pharmaceuticals.
- Institute of Medicine (IOM). (2003) Chapter 1: *The Future of Public Health: Assuring America's Health* and Chapter 2: *The Future of Public Health: Understanding Public Health and its Determinants*

# Reading (continued)

- *The Open Society: Its Implications for Health Educators.* **Dorothy B. Nyswander** (1966).
- *Culture, health education, and critical consciousness.* **Collins O. Airhihenbuwa.** (1999). (Key concepts: centrality of culture, cultural assumptions of health behavior intervention, African perspectives, Pen-3 Model)
- *Bridging domains in efforts to reduce disparities in health and health care.* **Shiriki Kumanyika and Christiaan Mossink** (2006). (15 pages) (Key concepts: Social epidemiology perspectives, population vs. disease perspective).
- *A nationwide study of discrimination and chronic health conditions among Asian Americans.* **Gilbert Gee, et al** (2007). (Key concepts: nationwide surveys, new variables, documenting disparities)
- *Disparities in Smoking Between the Lesbian, Gay, and Bisexual Population and the General Population in California.* **Elisabeth P. Gruskin, et al.** (2007) (Key concepts: LGBT disparities, research in LGBT communities).



# 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

- Planning, Implementing, and Evaluating Health Promotion Programs, McKenzie, James F., Neiger, Brad L., & Thackery, R. Benjamin Cummings, 2009, Fifth edition.
- Proposal Writing, Second Edition. Coley, Soraya and Scheinberg, Cynthia A. Sage Publications, 2007.
- Program Planning and Proposal Writing - Expanded Version, The Grantsmanship Center, Los Angeles, CA.
- Optional: The Process of Program Evaluation, The Grantsmanship Center, Los Angeles, CA.
- Optional: Evaluation Fundamentals: Insights into the Outcomes, Effectiveness, and Quality of Health Programs 2<sup>nd</sup> Edition. Arlene Fink June 2004. Sage Publications.

# 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**

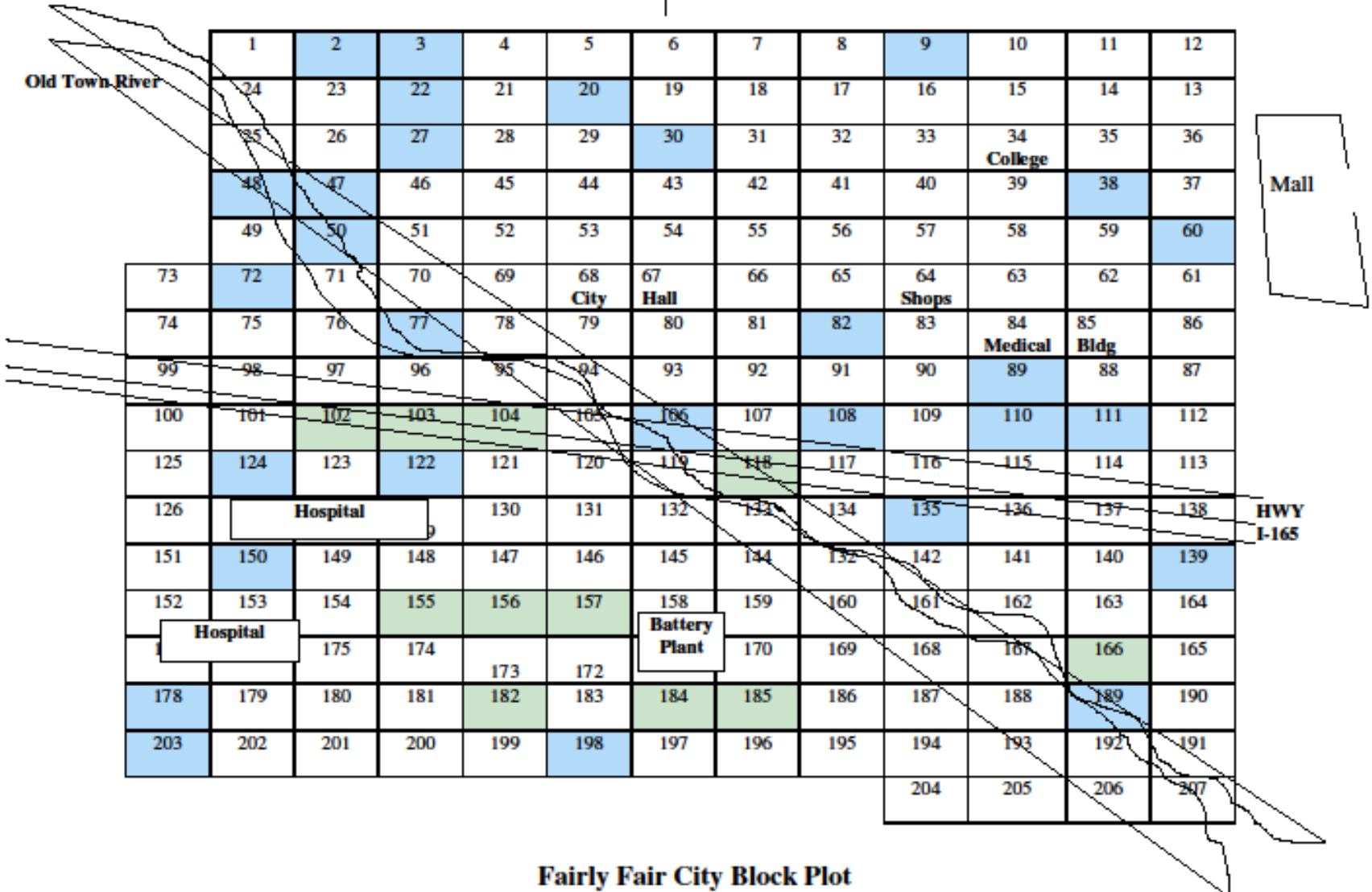
City Block Number	V1 Predominant Racial Group	V2 Median Age	V3 Median Home Value in \$1,000s	V4 Median Years of School	V5 Average Family Income Per Year \$1,000s	V6 Diagnosed Mental Illness Per 1000 Per Month	V7 Narcotics Arrests Per 1000 Per Month	V8 Suicides Per 1000 Per Year	V9 Violent Crime Per 1000 Per Month	V10 Mental Retardation Per 1000 Births	V11 Infant Mortality Per 1000 Births	V12 Population Density Per Block	V13 Average Days in Hospital Per Visit	V14 Visits to Physician Per 100 People	V15 V16 V17		
															Per1	100,000	POP.
															Deaths	Deaths	Deaths
															Heart Disease	Cancer	Influenza
9	Blues	18	75	13	15	4	51	5	2	4	0	400	5	40	0	5	2
135	Blues	23	75	12	18	16	5	7	4	60	4	240	15	50	32	8	20
203	Blues	23	75	12	18	16	4	7	6	60	4	270	15	40	32	10	10
106	Blues	66	75	6	15	23	1	4	5	10	10	280	30	400	3000	900	200
60	Blues	20	80	15	22	6	51	3	1	4	1	450	5	50	2	7	2
110	Blues	24	80	11	18	16	5	8	6	50	5	270	15	50	33	10	20
82	Blues	62	80	9	45	20	0	3	4	10	10	300	20	380	2700	750	190
38	Blues	19	85	14	16	5	50	2	3	5	2	500	4	30	1	6	1
139	Blues	24	85	10	19	17	3	8	4	60	5	260	16	40	33	8	10
108	Blues	64	85	7	20	22	0	4	4	9	12	280	25	390	2900	850	200
189	Blues	25	90	9	23	18	5	9	5	50	5	270	17	50	34	9	20
89	Blues	63	90	8	44	21	1	2	4	9	12	300	22	390	2800	800	200
20	Blues	28	100	15	22	15	32	6	2	28	1	90	4	100	70	40	15
2	Blues	29	125	14	36	16	30	4	0	29	3	80	4	90	70	45	15
122	Blues	29	125	14	24	16	30	4	0	29	1	80	3	90	70	45	10
150	Blues	29	125	14	36	16	30	6	1	29	2	80	4	100	70	45	5
22	Blues	30	150	13	37	15	27	4	2	30	3	70	3	90	80	50	20
198	Blues	30	150	13	36	15	27	4	2	30	3	70	3	80	80	50	5
3	Blues	31	175	12	42	16	29	5	0	31	2	70	3	80	90	50	10
30	Blues	31	175	12	41	17	29	6	1	30	1	70	4	100	90	45	10
124	Blues	31	175	12	40	17	29	5	0	30	1	70	2	80	90	50	10
27	Blues	32	175	11	42	18	28	5	1	32	2	70	4	80	100	55	15
111	Blues	26	195	8	25	18	4	9	6	40	4	250	17	40	35	9	10
178	Blues	32	200	11	42	18	28	4	2	32	2	70	4	90	100	55	10
48	Blues	47	200	20	46	0	41	15	0	9	1	15	1	190	350	200	14
77	Blues	49	210	19	49	1	40	16	1	10	1	20	2	200	400	240	15
72	Blues	51	215	17	51	1	39	15	1	9	1	15	3	210	430	250	14
47	Blues	50	220	18	51	1	38	16	0	10	0	20	3	210	420	250	15
50	Blues	52	225	16	52	2	39	16	1	10	0	20	4	220	450	260	15
182	Greens	13	55	9	8	28	61	16	20	160	20	660	22	1	2	11	70
104	Greens	23	55	11	10	28	61	16	20	160	15	650	22	4	3	12	50
157	Greens	14	60	10	9	29	60	17	18	170	21	650	21	2	2	11	50
185	Greens	14	60	10	8	29	60	17	17	170	19	650	21	2	2	10	60
155	Greens	15	65	11	10	30	59	18	22	180	20	640	27	3	2	11	60
166	Greens	15	65	10	10	30	59	18	22	180	19	630	29	2	3	12	60
156	Greens	17	66	11	12	31	57	20	20	200	15	630	19	4	3	10	70
184	Greens	16	70	12	15	31	58	19	21	190	18	610	35	0	3	10	50
103	Greens	28	70	12	16	9	5	6	5	70	9	390	19	10	4	7	15
102	Greens	29	70	13	18	10	6	7	5	60	10	200	15	30	5	8	10
118	Greens	30	75	14	20	11	6	8	4	80	10	150	10	30	5	8	10

**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)**



# H.S. 272

North



# 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**

Process	Impact (Intermediate Effect)	Outcome
<ol style="list-style-type: none"><li>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.</li><li>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.</li><li>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.</li><li>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.</li></ol>	<ol style="list-style-type: none"><li>1. 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.</li><li>2. Six months after completing The Hen House SISTA program, a telephone survey will indicate that 75% of participants will report increased self-efficacy in the use of sexual assertion skills to negotiate safe sex behaviors with their partners.</li></ol>	<ol style="list-style-type: none"><li>1. 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.</li></ol>

# 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

Goal	Process	Impact	Prevention Outcome
<b>Oral Health:</b> To improve the oral health of the senior population of Santa Teresa Living Community through improved oral hygiene skills and dental hygiene preventive care.	By January 15, 2009, conduct 2 weekly educational sessions on dental health to the senior home care staff and residents.	By February 15, 2010 50% of the senior home residents have made an appointment to have a preventive care in the dental hygiene clinic.	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.
<b>Child Obesity:</b> To promote healthy eating and exercise among fifth and sixth grade in Bret Harte Elementary School.	By March 2010, Bret Harte Elementary School teachers will deliver 40 hours health and physical education curriculum to 500 students.	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.	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.
<b>Fall Prevention:</b> To reduce the number of falls experienced by senior patients discharged from Mercy hospital to an independent living setting	By May 30, 2011, 300 senior patients age 65 and older being discharged to home will receive fall prevention interventions.	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.	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.



# 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

 Medical

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

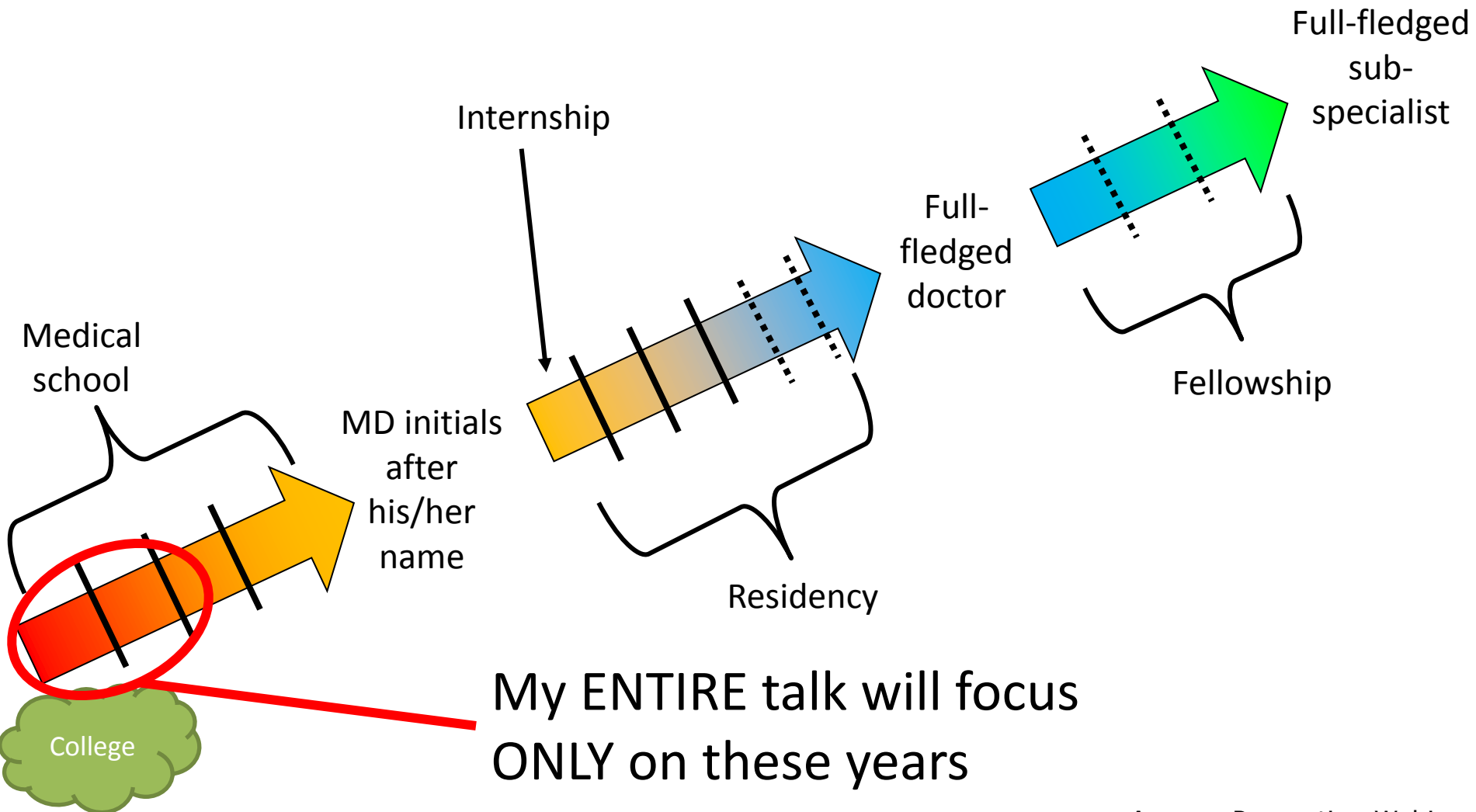


# Outline

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# From college kid to professional





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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)*

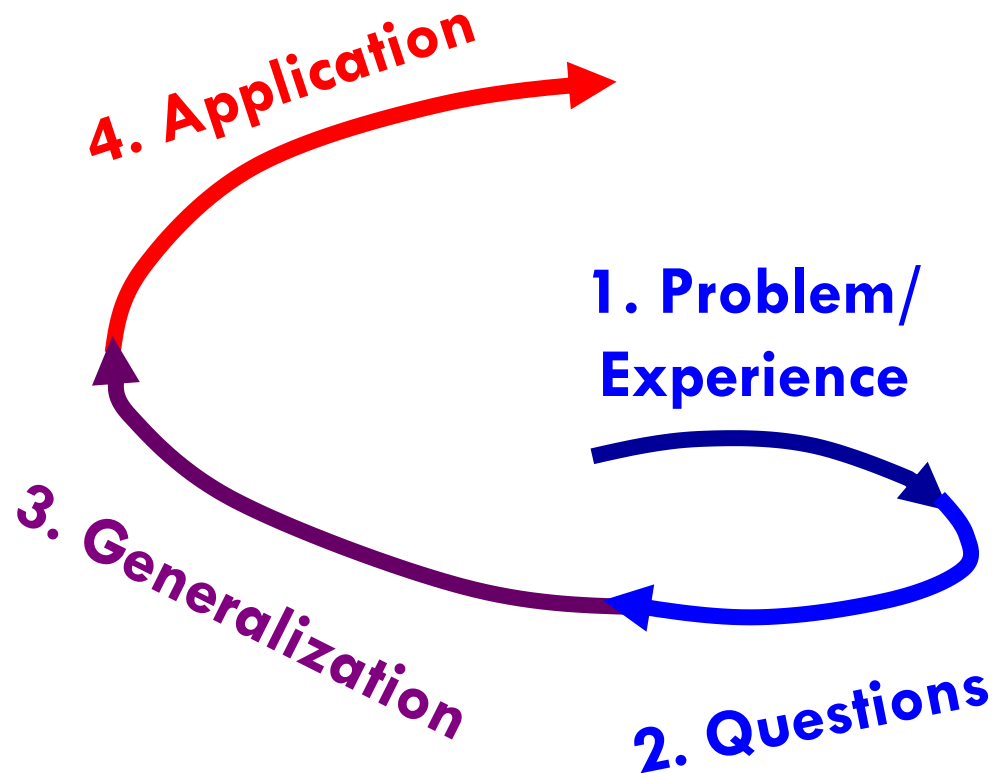
3. The tutor must act as a facilitator or guide.

*(as opposed to a knowledge or content expert)*

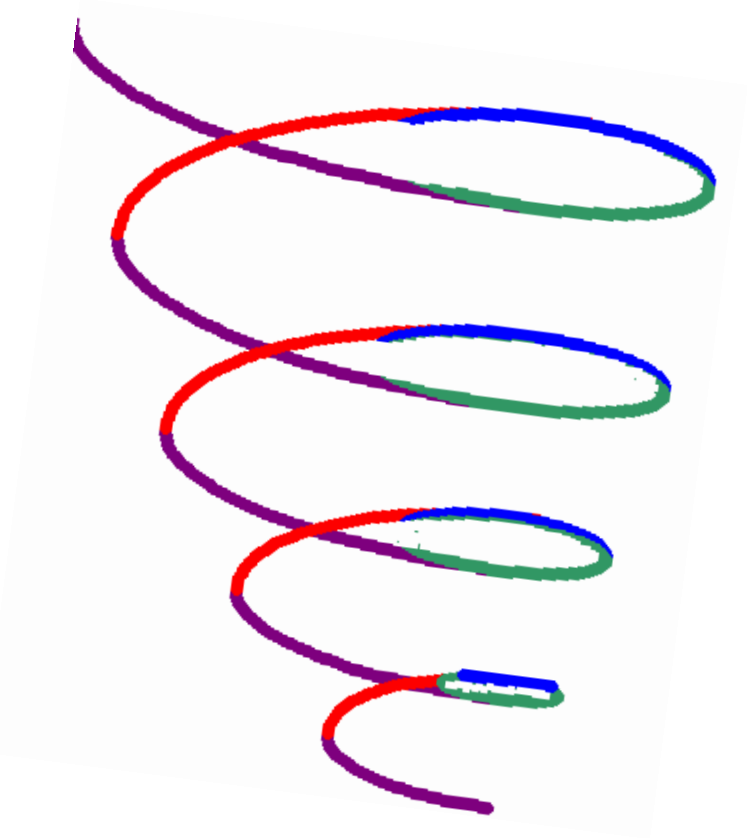
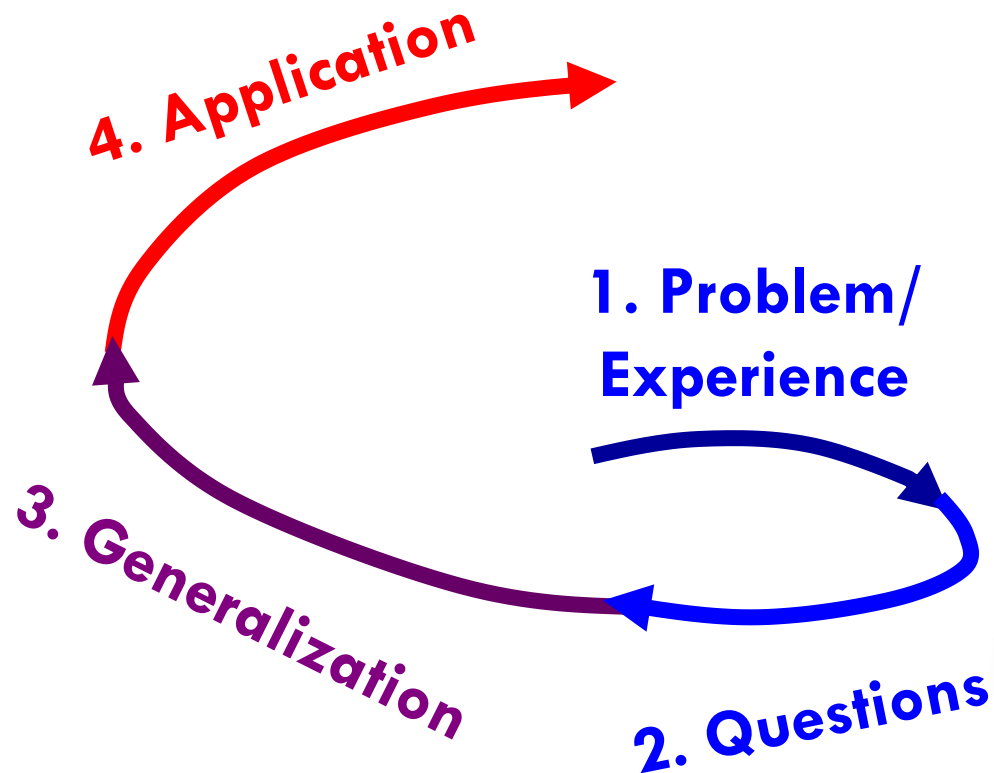
# What exactly is PBL?

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



# Variation in use of PBL in pre-clerkship medical school years

No. (%) of US Medical Schools	Percentage of curriculum
39 (45)	< 10 %
28 (33)	10 – 25%
14 (16)	26 – 50%
5 (6)	51 – 75%

*Kincade S. "A Snapshot of the Status of Problem-Based Learning in U. S. Medical Schools, 2003–04." Acad Med. 2005; 80:300–301.*

School	Description	Percent of overall curriculum in 2009
UCSF	8 cases over 2 years	< 5 %
U Colorado Denver	2 hours / week	8 %
UCLA	4 hours / week	17 %
UC Berkeley JMP	7.5 hours / week	100 %

*"Problem-based Learning: Variations in missions, implementations, and outcomes among four medical schools." Workshop at AAMC WGEA Regional Meeting 2009.*

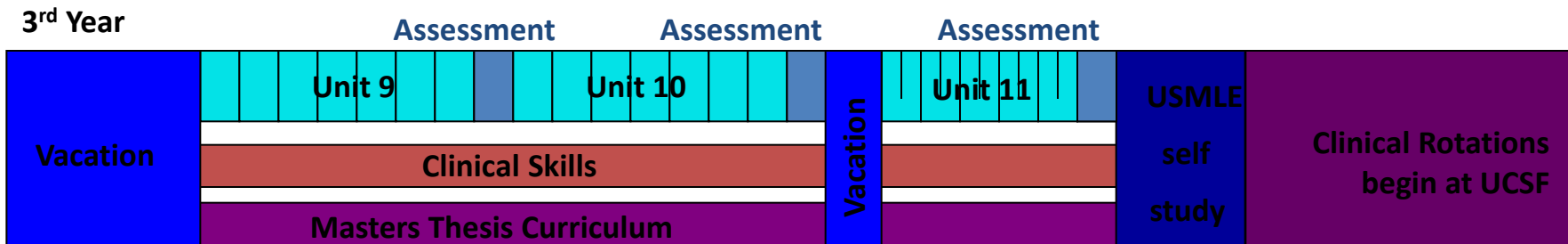
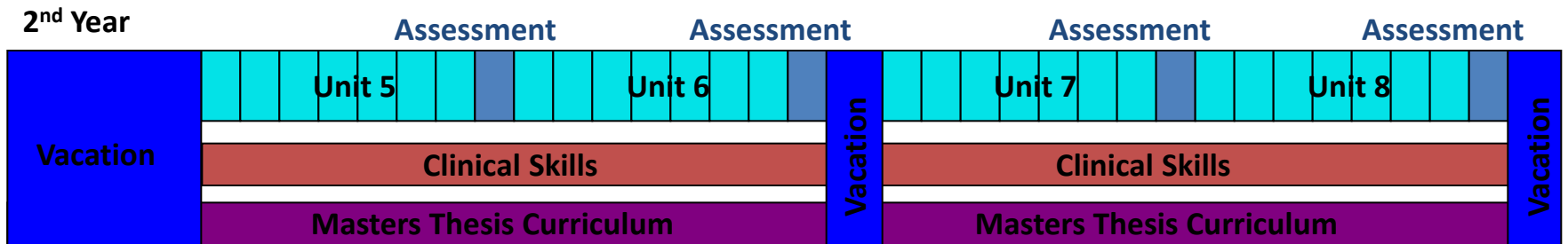
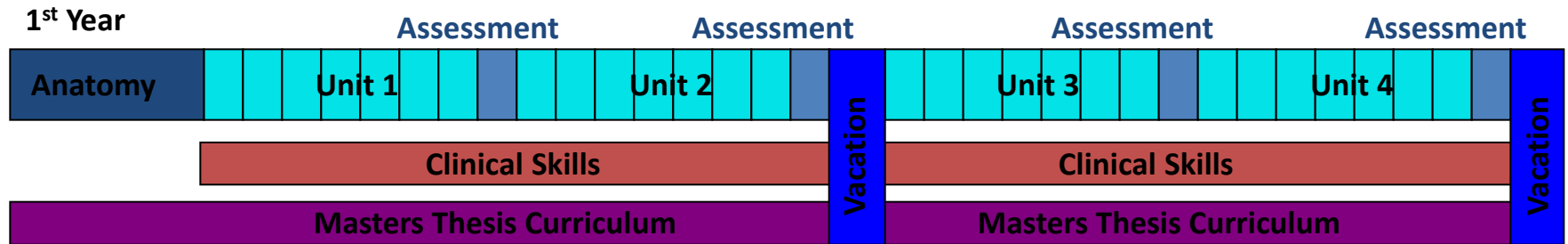


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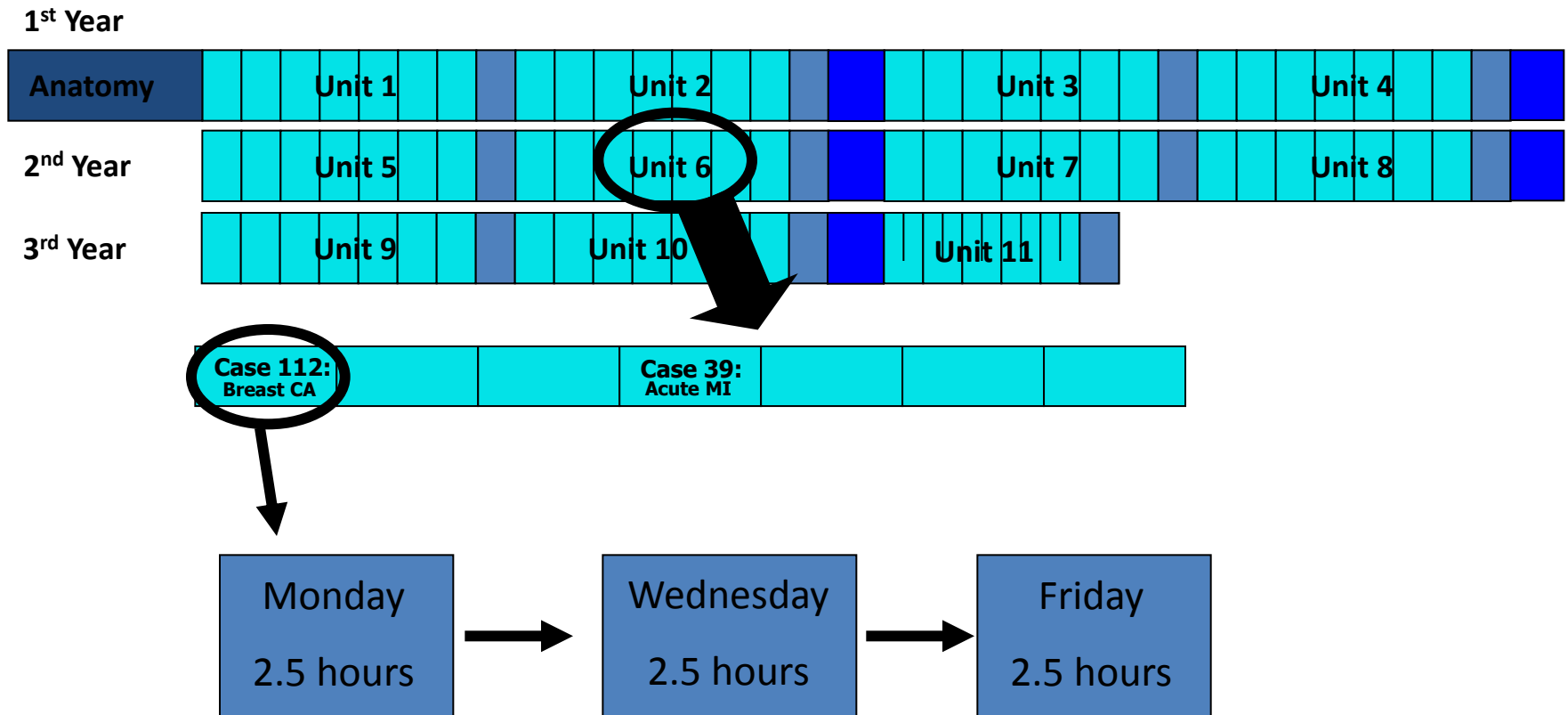
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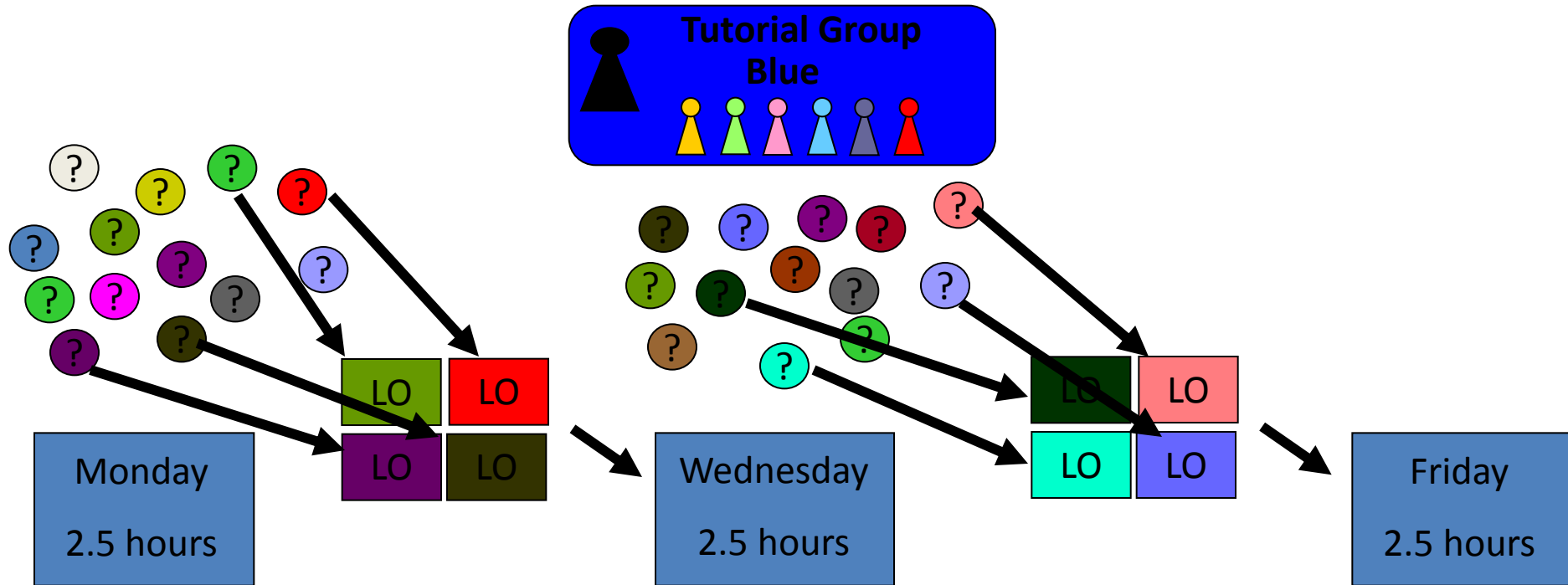
# JMP Pre-clerkship Curriculum



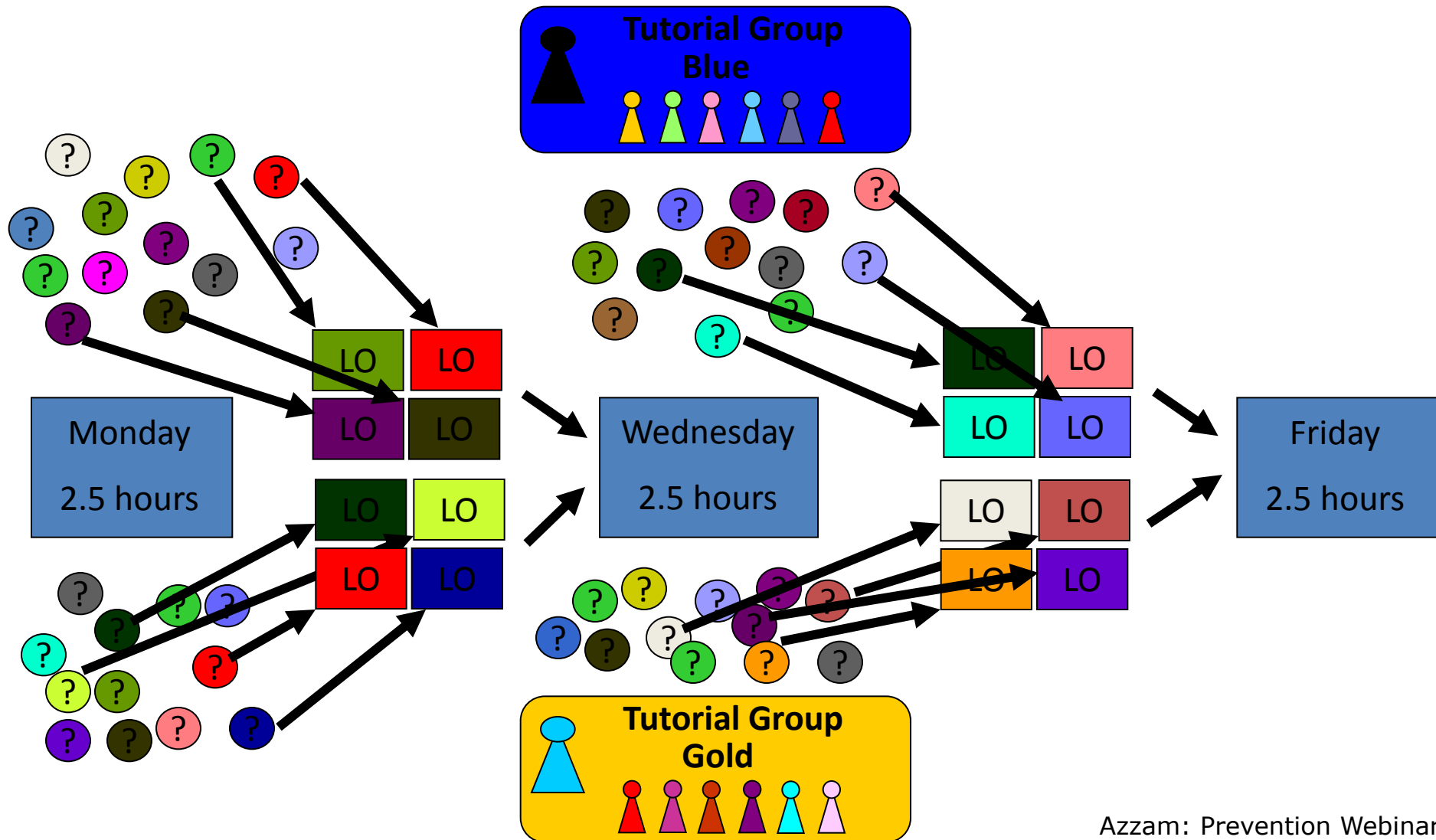
# Typical JMP PBL Case



# CICBC nuts & bolts



# The structural “magic”



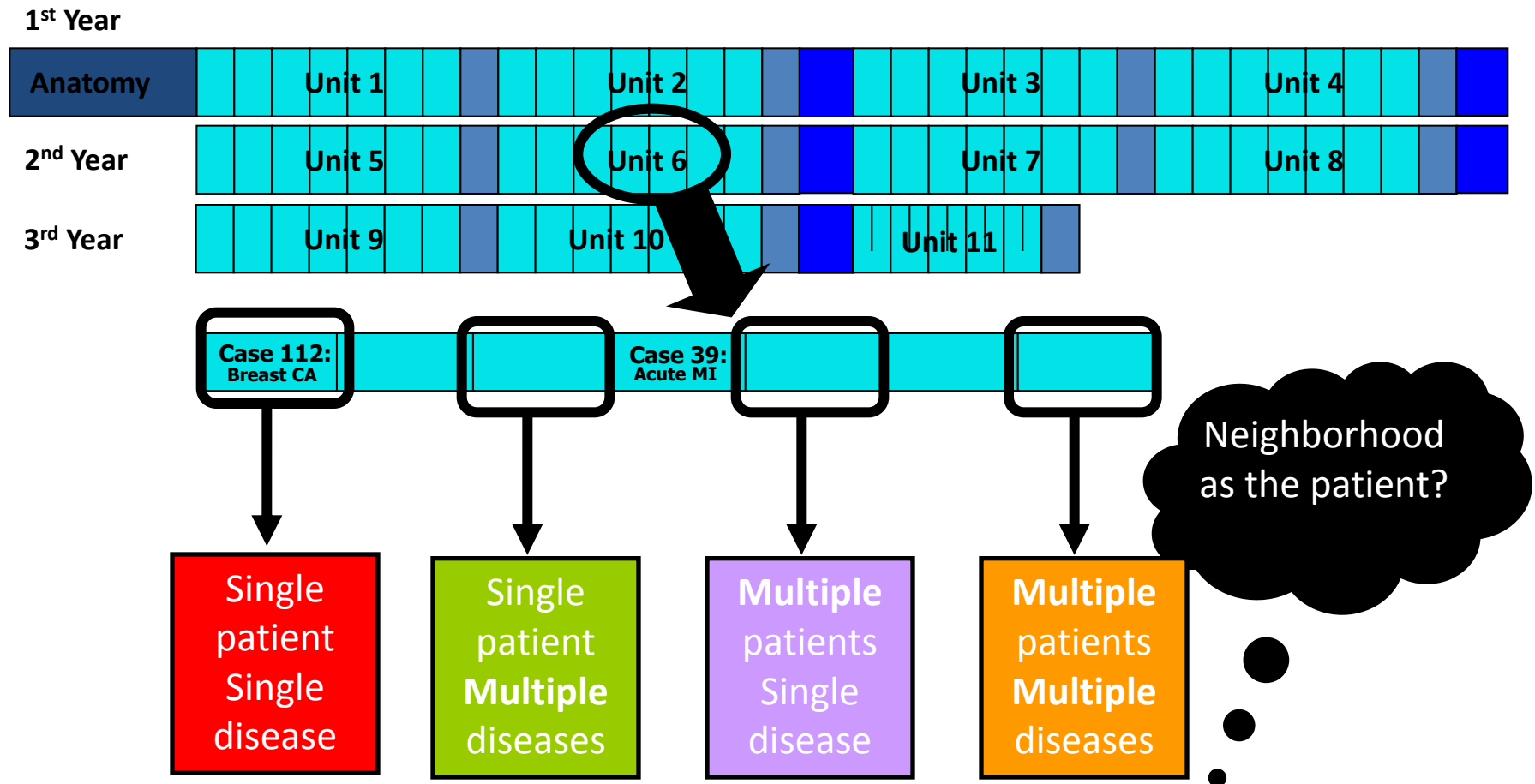
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# Public Health in the cases?



# **JOINT MEDICAL PROGRAM**

University of California Berkeley  
School of Public Health

## **Case No. 505**



## **JM Public**

Original Case Written by:

Cora Hoover, MS, MD, MPH; Candice Wong, MD, MPH, PhD;  
Amin Azzam, MD, MA

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# “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

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# 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.

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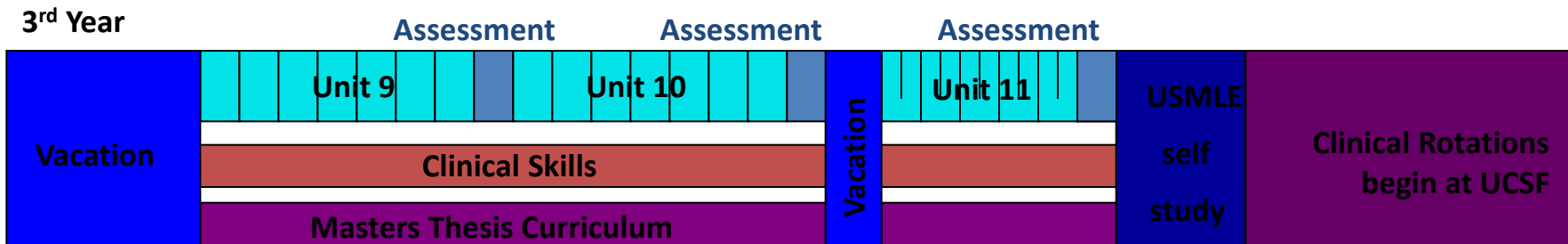
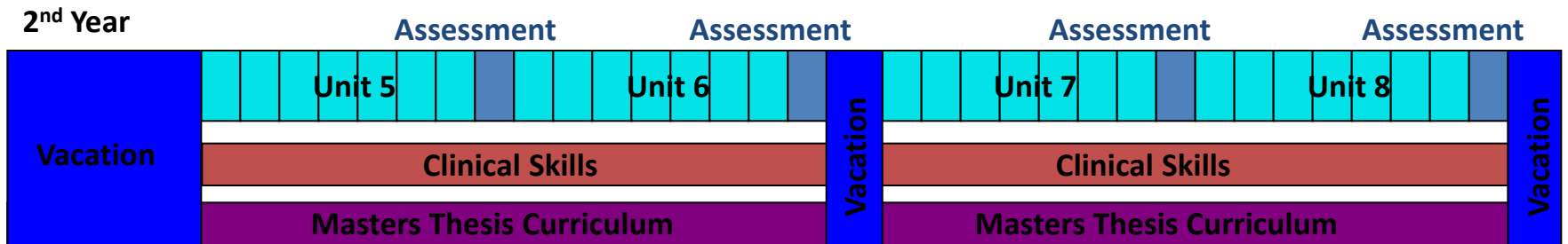
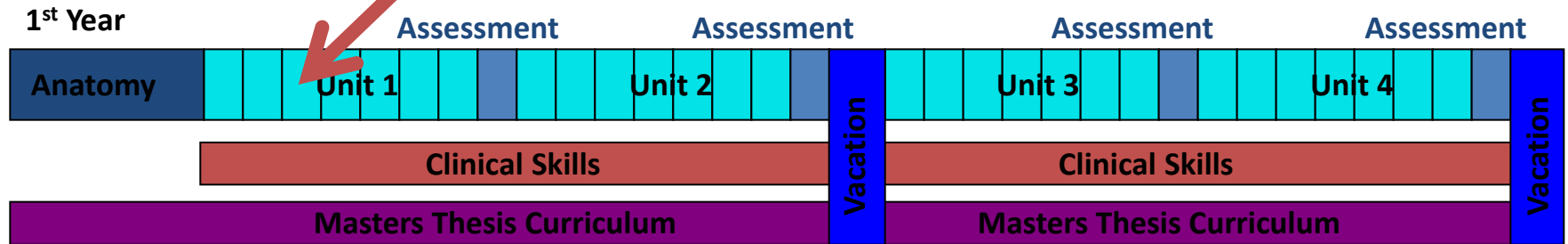
So when the students are “in the driver’s seat,” do they actually choose to cover any of these core public health topics?

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

“JM Public” case lives here!



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# 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



# Prevention Institute

Putting prevention  
at the center of community well-being

[www.preventioninstitute.org](http://www.preventioninstitute.org)

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