

Population Health Matters

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EDITORIAL

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My Public Health Journey: Tackling Reality In and Out of the Classroom

Public health is my second career - I worked for many years as a radiographer, sonographer and eventually an administrator at Brigham & Women's Hospital in Boston. I really enjoyed that work. I loved taking care of patients and imaging was an interesting mix of art and science. I learned a lot at the Brigham and was able to advance even though I only had an Associate's Degree. Eventually, I became a Chief Technologist and ran several satellite imaging offices. In that role I was charged with creating a welcoming space that changed the way women's imaging was provided. I worked closely with a team of radiologists and technologists to set up boutique women's imaging centers across the city. There was a great deal of competition in the market; Boston, like Philadelphia, is home to several world-class medical centers and, if a patient had "access," there were several top-tier healthcare systems to choose from. Although I was proud of the work we did, I was worried about the women and families who could not get care - but I did not know how to help. Clearly, I needed more training.

I often tell students and colleagues the story of my first day in Public Health School. Orientation was on September 11, 2001. I was so excited to be there. I am a first generation college student and frankly, I could not believe I was at Harvard. I spent the first half of the morning waiting to be tossed out on my ear, after they finally realized they had made an error when they sent me that big envelope (yes, we got acceptance letters in the mail in the those days).

We sat in an auditorium learning all the things we needed to know to be successful students. But then something happened; a professor walked onto the stage and interrupted the speaker—there was an announcement. Televisions were rolled into the lobby and turned on in all the classrooms. There I was with dozens of people I did not know, watching the world change. I left orientation early, as many did, and I went to pick up my children at school. At that point, none of us really understood what was going on, but I was sure my kids would walk out of school that day into a world that was far different then the one we all knew in the morning.

Two days later, classes began. I sat down in my first public health class - *Maternal Child Health*. The professor, an accomplished scholar and educator, looked out into the class and asked, "What are the public health challenges facing the world today?" Remember, I had waited about 20 years to get to this place. I was the most "mature" student in the room and I was especially eager to learn. My hand flew up and I waved it with a bit of a panic. The professor called on me and I said, "**Terrorism -- terrorism is a public health crisis.**" The professor looked at me and said, "**Yes, but these slides were put together last week and we need to stick to the plan.**"

We talked about several important issues: drug addiction, chronic disease, infant mortality, obesity... many of the same things I discuss with my students today. But we did not talk about the massive loss of life, the mental health implications,

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the environmental fallout, war, anxiety, pain, emergency preparedness, danger, Islamophobia, marginalization or the fear and resentment that followed 9/11. As a professor and administrator I understand why she redirected the discussion, but I remember wondering, if I ever have the honor of being in front of a classroom, what would I do? How would I address a tragedy? I had no idea how often I would have to think about just that as I walked into class.

Like my colleagues, I have found myself walking into the classroom after being confronted with the world's harsh realities, far too often over the past several years. I have learned that, sometimes, the learning takes place when the professor gets out of the way and the young bright minds in the room can get to work. Recently, I have given students the space to speak about campus suicide, the presidential election, Charlottesville and the dismantling of the Affordable Care Act, hate crimes, racism and activism. I have given students the space to speak about Hurricanes Katrina, Sandy, and most recently Irma, Harvey and Maria. Facilitating conversations on these public health issues is not easy; rather, it is the most difficult component of my job. I always start by acknowledging that public health takes us to spaces and places that are complicated and often uncomfortable – but we need to go there. Acknowledging my own privilege and distance from the issue, reminding everyone that any of us might misstep, say the wrong thing or misarticulate a perspective but that any of these conversational failings is superior to the alternative – remaining silent.

I understand there might be days when I can't help students "go there." Maybe

that is what happened in 2001, when I was a student in a Maternal Child Health class. But, each time I have taken this risk and ushered students down this path, I have been left so very impressed by their ability to learn in the face of tragedy, to push themselves, to tease-out, unpack, and process the topic in order to see what public health professionals need to do. Each time, I am forced by the day's events to address tragedy in the classroom, I leave moved and inspired.

On October 2, many of us woke up to the horrific and paralyzing news of yet another act of senseless violence and we were saddened by the loss of innocent life. That week the syllabus said we were going to address **Health Disparities**, and **"we stuck to the plan."** We spoke about the horrific shootings in Las Vegas, we spoke about how gun laws varied by state and nation, we spoke about federal funding restrictions on gun violence research, we spoke about the gun lobby, the second amendment and the balance between civil liberty and public health. And then the hard conversation began - ***Why the "attention" disparity? Why does an event like this get our attention, when the daily death toll from gun violence is hardly a blip on our radar?*** What social, political and legal factors make our nation's response so different from Australia's? One student bravely shared that for many in our country every morning is just like that Monday's. Mothers, fathers, brothers and sisters wake up and are confronted by the horrific and paralyzing news of senseless violence on a daily basis.

Several students told me that class that day was hard but they learned so much from one another. They explained that they had never thought about the geographic, economic, racial and ethnic



Rosie Frasso, PhD, CPH

disparities that frame the issue of gun violence in the U.S.

It is a privilege and a huge obligation to be an educator. When students ask me why I teach I explain, only half in jest, that I am overwhelmed by all the work public health professionals need to do and I want to share the burden.

I have really enjoyed my transition to Jefferson. I am inspired by the dedication of the faculty and energized by the commitment of the students. As the Director of Public Health here at the College of Population Health, my job is to foster interest and excitement, and promote responsibility and obligation in the public health practitioners of the future. I gain peace from the knowledge that these bright, gifted, new public health professionals are going to make a difference in the world and I am honored that I have a chance to interact with them while they are on that journey.

Rosemary "Rosie" Frasso, PhD, MSc, CPH
Program Director, Public Health
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Jefferson College of Population Health

Growth in Global Health Engagement at Jefferson and Beyond: MPH Student Perspectives

Since it first formed in 2006, the Global Health Initiatives Committee (GHIC) has blossomed into a symbol for innovation and collaboration on global health projects across the Thomas Jefferson University (TJU) community. GHIC represents the

academic pillar of Global Jefferson and serves to educate and captivate students, faculty and staff about issues in healthcare that transcend national boundaries and promote diversity. GHIC brings together faculty and students from various

disciplines across the University with decades of experience in global health and deep roots in their local communities. GHIC first convened as an interdisciplinary planning group working with little to no funding to develop effective

communication streams across TJU and Philadelphia. Over the past few years, the committee focused on providing Jefferson students and trainees with access to quality global health curriculum, research, and service-learning/service opportunities that will broaden and enhance their educational expertise in the field. Thus far, GHIC has delivered more than 20 seminars, engaged in 30+ scholarly presentations, published various peer-reviewed articles and publications, and developed a set of Interactive Curriculum Experience (ICE) modules for the benefit of global health promotion at Jefferson. Moving forward, GHIC will maintain its commitment to the Global Jefferson mission and support the development of various international learning centers.

As student representatives from the Jefferson College of Population Health, (JCPH) we have had the opportunity to better understand the mission and core values of this committee as they related to our future careers in public health. The opportunity has given us a platform to further explore the importance of focusing on the social determinants of health, including the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, as described by the [World Health Organization](#).¹ The committee recognizes the need to include these public health principles in the curriculum and field work of our students and future health professionals.

One focus of the GHIC's current work is developing curriculum for health professional students that will explore global health fundamentals, cultural competency, and human rights, drawing parallels to the standards provided by various organizations and world-renowned schools of public and global health. This curriculum will be in different colleges across TJU during the initial stages of development but will eventually be available to all students. The hope is that a curriculum of this scope will better prepare students for future ethical and sustainable work with global populations. The committee has identified areas of improvement in student knowledge and experience, including the need for more in-depth material about emerging global health issues, information about ethical global health practice for foreign

practitioners, and in particular, interpersonal skills and cultural competency training that will enable students to interact most effectively with the community. In addition, GHIC has brainstormed ways for students to engage outside the United States that will be mutually beneficial to our students here in the US and students and colleagues globally.

We have also been involved with of the Jefferson Global Health Student Consortium (GHSC) that brings together a variety of TJU student organizations to collaborate on raising student awareness of global health issues. GHSC consists of on-campus organizations such as [JeffHOPE](#), [Refugee Health Partners](#) (RHP), and [Puentes de Salud](#) that each target different populations in Philadelphia. JeffHOPE allows students to participate in interprofessional teams (consisting of medical, physical therapy, and pharmacy students) at homeless shelters to help fill gaps in medical and rehabilitation care for the Philadelphia homeless population. RHP operates a student-run clinic and participates in citywide education and community settings. Puentes de Salud allows students to engage with South Philadelphia's rapidly growing Latino immigrant community to address the comprehensive wellness needs of the population.

The consortium hosts unique events, such as a recent screening and guided discussion of [American Heart](#), a documentary detailing the health care experiences of three refugees at a health clinic in Minnesota. These events help to encourage new collaborations and strengthen existing partnerships by providing students with up-to-date knowledge about current events and service opportunities. These opportunities not only allow for responsible and respectful engagement with vulnerable populations, but help educate students to engage with global



Brandon Horvath and Pia Ghosh

and local populations and become future community advocates and informed practitioners. As the consortium begins its transition from a working group to an active student organization during this upcoming academic year, the group will be able to more effectively embody its goals and values.

Among Jefferson's global health education opportunities, students can participate in a number of clinical and service-learning experiences within their disciplines. The JCPH allows students to arrange global projects to serve as their clerkship and capstone research experiences. The Sidney Kimmel Medical College's [Rwanda Health & Healing Project](#) provides students with immersive opportunities that are both enriching and sustainable, emphasizing a bidirectional model of global health education, in which trainees from Rwanda come to learn here at Jefferson. In partnership with [Hearts in Motion](#), the Department of Physical Therapy in the Jefferson College of Health Professions sent seven physical therapy students and three faculty members to Guatemala in late February 2017 as part of a global service-learning opportunity to practice their clinical skills in an ethical and culturally sound manner. The student group [Global Health Brigades](#) has taken trips to Honduras, Panama, Nicaragua and Ghana in recent years, striving to expose students to the necessity of cross-cultural competency and global healthcare and to service opportunities both locally and abroad for the application of skills obtained in the classroom.

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Development of these essential skills and engagement in their global experiences will propel students toward the levels of career readiness and professional development expected by employers. Our faculty members have consciously placed an emphasis on developing curriculum for students in all different health disciplines. In addition, we have had the opportunity to attend educational conferences such as the recent 2017 Consortium of Universities for Global Health Conference in Washington, DC this past April. The exposure to the current research and implementation work of our future colleagues from around the world was both insightful and motivating.

As public health students, we are currently working on our capstone projects in

a variety of fields with the hopes that research in important topics today can help better inform community health programming for the future. One example is the use of diverse research methods and program evaluation such as PhotoVoice, structured interviewing, and secondary data analysis in diverse and growing refugee, asylee, and immigrant populations from Africa, Asia, and the Middle East. This work will help us better understand and advocate for resettled global populations here in Philadelphia and abroad. Every year, more global health research is being done by students and faculty in the community as partnerships are being built.

We are grateful for the enriching experience of working with GHIC and its dedicated members. As future public health practitioners, it remains essential that Jefferson students, like ourselves,

continue to remain active and engaged within the University, local and global communities. This opportunity has provided us with insight into the processes required to achieve the aforementioned curriculum, community service, and health-specific goals and objectives of GHIC. Building synergistic community partnerships will help increase the collective impact that members of the Jefferson community can have at both the local and global levels.

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1. World Health Organization. Social Determinants of Health. http://www.who.int/social_determinants/en/ Accessed September 10, 2017.

Bridging the Gaps: Inspiration through Community Engagement

The national Nurse-Family Partnership (NFP) program focuses on connecting low-income underinsured minority women with nurses during their first pregnancy and working to maintain the connection until the child reaches the age of 2. This past summer I had the opportunity to work at the Philadelphia Nurse-Family Partnership and Mabel Morris Home Visiting Program (NFP/MM) through the Bridging the Gaps (BTG) Community Health Internship Program. The Mabel Morris Home Visiting Program connects nurses to low-income disadvantaged mothers with children under the age of 5. The nurses conduct home visits with each client every two weeks to provide education concerning pregnancy-related information, developmental milestones for their child, and/or nutritional and healthy living tips.

I worked alongside two other BTG health professional students, a doctoral occupational therapy student from Thomas Jefferson University and a nursing student from University of Pennsylvania,

to organize the non-profit's annual Community Action Day (CAD). The purpose of CAD is to promote a sense of community for families and encourage community engagement based on self-identified needs. Our goal was to bring in partners from the community that could provide resources to the mothers and families in the program. The responsibility of organizing CAD challenged me in so many new ways. Instead of acting in the role of an assistant to others, I was able to work with the other BTG interns and take on the responsibility of making decisions regarding the event. It was very encouraging to be able to exercise the skills I learned in my public health classes in the real world. I also learned how to network with other organizations in the community. It was very gratifying to see the results of our hard work that made Community Action Day a success. I enjoyed seeing the families take part in the activities and get connected to resources in their community that they may not have been aware of prior to the event.



Nisha Hodge by her poster at the Bridging the Gaps Symposium.

Working at the NFP this summer was an amazing experience. It showed me the extent of the reach and impact that community health organizations such as NFP/MM can have on the community. True health care should not only be limited to clinical care but also include social partnership, and NFP/MM embodies that notion. NFP/MM is an invaluable program that truly bridges the gap in health, information, and resources for the mothers and families that they serve. It's much more than a home visiting program. They are a family. NFP/MM gives new meaning to the age-old adage, "It takes a village to raise a child." My understanding of community health has definitely been affected and expanded by my experience

working at the Nurse-Family Partnership. This experience has only further cemented my desire to work with underserved populations in the field as a future clinician and public health practitioner.

Unlike other health professional summer programs, BTG brings together the opportunity to work in the community, network across health professional schools, and to also hear from individuals in the field that are doing amazing the work that we as students hope to one day be doing. This summer I felt as though I did "bridge the gap" through each individual life I was able to help and the connections I made with other BTG interns. I know now it is possible to

make an impact even if it is a small one. As the chaos theory states, "something as small as the flutter of a butterfly's wing can ultimately cause a typhoon halfway around the world." I believe BTG is the catalyst that sets in motion the journey for each student to make a difference in the future in their respective professions for a better world.

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Bridging Health Equity Across State Lines and Communities

August 2-3, 2017

This past August, Jefferson College of Population Health (JCPH) hosted the [U.S. Department of Health & Human Services' \(HHS\) Office of Minority Health](#) for the "Bridging Health Equity Across State Lines and Communities" meeting.

This meeting brought together state officers of minority health (SOMH) from HHS Region III (DC, DE, PA, MD, VA, and WV) to discuss how federal and state policies impact their state's health disparities programs that specifically focus on minority, vulnerable, marginalized, and disabled populations. The SOMHs, along with members from the [Regional Health Equity Council](#), identified key health priorities and recommendations to address health disparities and health equity across state lines.

The first day of the meeting was open to the public; approximately 65 individuals attended, including clinicians, public health professionals, academicians, representatives from social services organizations and the government, along with students.

The meeting began with a welcome from Daniel Gallardo, MPH, Regional Minority Health Consultant, Region III, Office of the Assistant Secretary for Health (OASH) at the HHS; Alexis Skoufalos, EdD, Associate Dean for Strategic Development and

Executive Director of the Center for Population Health Innovation at JCPH; Dalton Paxman, PhD, Regional Health Administrator, Region III, OASH at HHS; Pam Kania, MS, Acting Regional Director, Region III, Office of Intergovernmental and External Affairs at HHS; and Mary Cooney, Chief, Health Systems Transformation at the Association of State and Territorial Health Officials.

Rosie Frasso, PhD, MSc, CPH, [Public Health Program Director](#) at JCPH, provided an overview of equity, disparity, and the social determinants of health to set the tone for the two-day meeting. She explained how the social determinants of health contribute to health equity and disparity and reviewed case studies to demonstrate what people in the community are doing to help. One example was a project involving the homeless population that artist [Willie Baronet](#) has been working on for nearly 20 years. He collects signs that homeless people carry and displays the signs along with a story of the individual. This project is a creative way to bring awareness to people at a more human level by pairing qualitative research with quantitative data. Dr. Frasso's presentation was imperative to provide context and ensure that all attendees were using the same terms and vocabulary.

Following Frasso's presentation, the HHS regional agencies and state offices



provided short updates of various issues specific to their programs, policies, and interventions to address health disparities and health equity. This provided a great deal of insight for the officers of the SOMH, but also for the students, staff, faculty, and community leaders who attended.

The second day was focused on the SOMHs from Region III and provided an opportunity to discuss best practices to reduce and prevent health disparities, as well as brainstorm potential solutions across the region. The group left inspired and motivated to continue the discussion on their own and aim to have regional communication and workshops on a periodic basis.

UPCOMING EVENTS

December 1, 2017

Reducing Cancer Disparities by Engaging Stakeholders (RCaDES)
2nd Annual Conference
Thomas Jefferson University, Jefferson Alumni Hall
8:00 am – 4:00 pm

December 5, 2017

Community Driven Research Day (CDRD)
Temple University, Howard Gittis Student Center, Room 200 A&B
9:00 am – 12:00 pm

December 6, 2017

Population Health Forum
A Value Based Approach to Orthopedic Care
Thomas Jefferson University, Bluemle 101
8:30 am – 9:30 am

December 8, 2017

MPH Capstone Symposium
Jefferson College of Population Health, 901 Walnut Street, Lobby
9:30 am – 7:00 pm

January 10, 2018

Population Health Forum
Engaging Employers in Population Health: The Philadelphia Story
Thomas Jefferson University, Brent Auditorium, Jefferson
1020 Locust Street
8:30 am – 9:30 am

January 10-12, 2018

2018 Winter Institute on Qualitative Research Methods
Jan. 10 – 11, University of Pennsylvania, School of Nursing, Fagin Hall
Jan. 12, Thomas Jefferson University, Jefferson Alumni Hall, Room M13

January 18, 2018

Master of Public Health Information Session
Jefferson College of Population Health, 901 Walnut Street, 10th Fl.
5:30 pm – 7:30 pm

February 14, 2018

Population Health Forum
Jefferson & GE Partnership to Transform Healthcare Delivery
Thomas Jefferson University, Herbut Auditorium,
1025 Walnut Street, Ground Floor
8:30 am – 9:30 am

March 14, 2018

Population Health Forum
Connecting Consumers to Resources: Closing the Gap on
Social Determinants
Thomas Jefferson University, Bluemle Life Sciences Building,
Room 105/107, 223
8:30 am – 9:30 am

March 18 - 21, 2018

18th Population Health Colloquium
Loews Philadelphia Hotel

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HIGHLIGHTS:

- Announcement of the winner of the 2018 Hearst Health Prize for Excellence in Population Health
- PHA Forum 2018
- Special Tuesday Night Dinner, focused on collaboration, change and the future of healthcare
- Presentations from top industry leaders who are revolutionizing healthcare
- Networking opportunities, including an Opening Night Reception featuring Hearst Health Prize finalists
- Exhibit hall featuring new and exciting solutions, products and services

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Teaching Online for JCPH: An Introduction for Prospective Instructors

In 2017 the Jefferson College of Population Health (JCPH) introduced a series of online introductions for educators interested in teaching for our online degree programs. The sessions were created to respond to the many inquiries generated by our growing reputation and to allow us to draw from a national talent pool to systematically recruit faculty likely to meet our unique needs.

Offered three times throughout the year, these sessions have now attracted a total of 55 registrants seeking to learn more about our mission, our students, and the expectations we have for our adjunct faculty. The introductory sessions begin with a 1-hour live webinar co-presented by the Associate Dean for Academic Affairs and the Director of Online Learning. The webinar is followed a week later by a set of online activities designed to expose participants to JCPH students, faculty, learning models, and curriculum.

During the webinar, we share profiles of our current students and faculty, review JCPH program offerings, and introduce our teaching and learning model. Most importantly, attendees are oriented to their prospective roles as 'practitioner faculty'—industry experts with strong academic backgrounds who guide our students through discussion-centered, application focused course work.

At the same time, we aim to set realistic expectations about the rewards of working with our students—most of whom are already in leadership roles in health care—and the corresponding demands on instructor time and attention. Because

our adjunct faculty are a vital part of the intellectual bench strength of the College, they are screened, vetted, trained, and evaluated like other faculty on campus. Not everyone who attends the opening webinar finds that they are ready for the commitments involved.

For attendees who elect to proceed to the following week's online activities, access is provided to our online course management system, Blackboard. The introductory 'mini-course' housed there is completed online over the span of a week to ten days. The experience allows for participants to get hands-on exposure to our course materials while also demonstrating their own interests and aptitudes in three critical areas: designing a lesson, delivering instruction, and assessing student learning. Special emphasis is placed on lesson structure, moderating online discussion, and understanding the role of capstone projects in our Masters programs.

Once participants have completed this set of activities, their *curriculum vitae* are provided to the Academic Program Directors for further review. When the Directors see potential alignment between participants and Program needs, they arrange for an online teaching demonstration conducted together with the Director, Online Learning. Candidates who continue beyond a successful teaching demonstration are then assigned to shadow an experienced instructor during course delivery. In preparation for shadowing the candidate is also contracted to complete formal training and to author a 'guest lecture' for the course being shadowed. A series of conversations

between the hosting instructor and the candidate are also built into the structure of the shadowing experience.

After successful completion of the shadowing step, candidates are scheduled to teach courses. They receive special support during their first delivery, and participate afterward in the on-going support and professional development provided to all College faculty.

Our national outreach, driven by active recruiting of candidates from the Academic Program Directors, results in a wide range of qualified applicants participating in the Introduction experience. A representative cohort might include, for example, an experienced instructor already teaching part-time at the Yale University School of Medicine, a recent participant in our [Population Health Academy](#), a registered nurse with an MBA working for a large US commercial payer, a public health physician trained in Teaching/Learning at Oxford, the Chief Medical Information Officer at a Jefferson-affiliated health system, and our own graduates from both PhD and Masters programs.

As of this writing, several prospective faculty attending the Introduction early this year are now shadowing courses. We expect to begin adding them to teaching schedules for 2018.

Juan Leon, PhD

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A Center Cultivating Cannabis Research and Policy takes Root at Jefferson

In keeping with its nearly 200-year history of innovation in science and medical education, Thomas Jefferson University is now the first major health sciences university in the United States to provide a comprehensive academic resource for education, research and practice in the medicinal application of cannabinoids. Founded in 2016, the goal of [The Lambert Center for the Study of Medicinal Cannabis and Hemp](#) is to advance

cutting-edge research, offer innovative educational opportunities and identify areas for improvement in patient experience and access to cannabinoids. It is guided by a [Steering Committee](#), composed of national and international experts in the field of medicinal cannabis.

The Center is located within Jefferson's [Institute of Emerging Health Professions](#)

(IEHP), which is an education and training "think tank" that seeks to identify and anticipate healthcare and health-related training needs as the Country's healthcare policies evolve over the next 3-7 years. With so many unanswered questions and incomplete answers about the effective use of cannabinoids, it is clearly an emerging healthcare policy and practice arena.

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The Center is named for Barry and Joy Lambert. Mr. Lambert, 70, is renowned in the Australian banking industry for founding Count Financial, Australia's largest network of accounting-based advisory firms. At 6-months old, Barry and Joy's granddaughter, Katelyn, was diagnosed with Dravet's syndrome, a form of severe epilepsy, which is a rare genetic abnormality that affects the brain's electric signaling system and causes severe and repetitive seizures. Cannabis derived from hemp gave Katelyn substantial relief from her seizures. The Lamberts' gift to Jefferson reflects a belief that increased study into medicinal cannabis will offer greater hope for others suffering from a range of medical conditions.

The Lambert Center's research efforts aim to evaluate and elevate the evidence base for cannabinoid therapy in multiple medical conditions. The Center is currently developing a study to examine the use of medicinal cannabis by patients with sickle cell anemia, as Pennsylvania is one of three states that allows cannabinoid therapy for this chronic condition. Other projects include a white paper that documents current knowledge of cannabis and cannabinoid use for specific medical conditions and a voluntary national registry of patients who are using medical cannabis. The purpose of the latter is to inform the medical community and dispensaries about patients' experiences with the therapy, so that quality, procedures, and outcomes can be improved.

In July 2017, the Lambert Center collaborated with Temple University and Greenhouse Ventures to host the first session of the *Medical Cannabis Education Tour* at Jefferson University. In late September, the Center received approval from the Pennsylvania Department of Health to launch its four-hour continuing education online course for physicians, pharmacists, nurse practitioners, and physician assistants regarding the scientific basis, legal requirements, and potential uses of medicinal cannabis. Many states, including Pennsylvania, require healthcare professionals to obtain such education before they can recommend medicinal cannabis therapies or address patient needs in a registered dispensing facility. The expert-developed, unbiased information about the medicinal uses of marijuana, hemp extract, and other cannabinoid-focused therapies features valid, balanced, and objective content that reflects the scientific standards of academic medicine. Seven elective modules on indications for cannabinoid therapy for specific conditions are available to help professionals feel even more confident regarding the subject. The Lambert Center, with the guidance of its Steering Committee, will soon be developing curricula for the first-ever Masters Degrees in Cannabinoid Medicine and Cannabinoid Chemistry.

The Lambert Center also houses the Entrepreneurship and Social Impact Initiative, which focuses on the development of inclusive and socially responsible business approaches within the emerging medical cannabis industry. Working with the

Brookings Institute and other leading think tanks, Center stakeholders are analyzing the impact that the industry could have on economic development and on the effects of exclusion (in many states, including Pennsylvania) of certain populations, such as individuals who were convicted of marijuana-related offenses that today would be considered minor or even non-criminal, from the industry. With the generous support of the Snider Foundation, the Lambert Center will launch a workforce development program this fall in Philadelphia, with the hope that the model will be successful and "transportable" to other cities.

In addition to the Lambert Center, the Institute for Emerging Professions also houses the National Academic Center for Telehealth and The Steven H. Korman Center for Community Engagement, which trains community health workers and other non-hospital-based caregivers.

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POPULATION HEALTH FORUMS

Population Health Informatics: Challenges, Opportunities, and Case Studies

Hadi Kharrazi, MHI, MD, PhD

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Research Director
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September 13, 2017

The Fall Population Health Forum series kicked off with a fascinating presentation on population health informatics by Dr. Hadi

Kharrazi, Research Director at the Johns Hopkins Center for Population Health IT (CPHIT) and Assistant Professor of Health Policy and Management at the Johns Hopkins School of Public Health. His research focuses on the application of informatics in risk stratification, and the effect of data type and quality in predicting utilization.

Dr. Kharrazi began with an overview of CPHIT. This mission of this center is to improve the health and well-being of populations by advancing the state-of-the-art of Health IT across public and private health organizations.

It focuses on the application of electronic health records (EHRs), mobile health, and other e-health and HIT tools targeted at communities and populations.

Dr. Kharrazi described population health informatics as an emerging field and domain that directly aligns with themes related to Triple Aim: better health for the population; lower cost through improvements; and better care for individuals. In trying to define informatics, Kharrazi points out that numerous types of informatics exist such as: bio, imaging, clinical, consumer health, and public health

informatics. Population health informatics, explains Kharrazi, is a hybrid of clinical, consumer, and public health informatics. It is important to understand many different data types in order to capture what is actually occurring in populations.

There is a spectrum of sources that affect the information captured, including: EHR, claims, mhealth apps, social networks, national data sets, computerized physician order entry (CPOE), web portals, and personal health records. The context is the relationship between physicians, practice teams, patients, family and caregivers, community, and delivery system. "If you want to really do population health informatics you need to have this milieu of different data sets," states Kharrazi. The challenge is how to link data sources and use them efficiently, while attempting understand which one has a better value. The process overall typically involves mining the data, extracting the knowledge and finding trends, validating, and sharing.

Dr. Kharrazi described the drivers behind population health informatics, which included incentives (meaningful use, state-wide HIEs); mandates (ACA, payment reforms, MACRA etc.); and facilitation (data standards, integration and sharing).

Kharrazi went on to discuss the process of developing a definition of population health information and the outcome of that definition (Table 1), which was created at

Table 1. Population Health Informatics – National Workshop on PopHI

Population Health Definition

Population health comprises organized activities for assessing and improving the health and well-being of a defined population. Population health is practiced by both private and public organizations. The target "population" can be a specific geographic community or region, or it may represent some other "denominator," such as enrollees of a health plan, persons residing in a provider's catchment area, or an aggregation of individuals with special needs. The difference between population health and public health is subtle, and there is not always a full consensus on these definitions. That said, public health services are typically provided by government agencies and include the "core" public health functions of health assessment, assurance, and policy-setting. In the United States, most actions of public health agencies represent population health, but a considerable proportion, if not the majority, of population health services are provided by private organizations.

Kharrazi et al. A proposed national research and development agenda for population health informatics: summary recommendations from a national expert workshop. *JAMIA*. 2017; 24(1):2-12.

a national population health IT workshop. This workshop also attempted to define the difference between population health, public health, and clinical informatics. Some of the main differences occur between operational goals, actions, and information challenges. For example, population health Informatics tends to have goals of outreach, prevention, care integration, and disease management. Public health informatics has a focus on assessment and prevention, and clinical informatics is focused on treatment and rehabilitation. The most compelling difference, explained Kharrazi, is with key stakeholders. Stakeholders for population health tend to be provider and payer systems and government and community, whereas public health

stakeholders are typically federal, state, and local governments and non-profits. Clinical information stakeholders tend to be health care providers and consumers.

CPHIT has over 30 different projects in process which cover a range of topics including: EHR-based utilization prediction, geriatric frailty, predicting elderly falls, VHA, obesity, opioid risk, pop-e measures, and consumer data.

As Dr. Kharrazi summarized his talk by stating that it is difficult to point out what each data source will provide. He also mentioned other challenges such as data quality, denominator, comparing models, feature reduction, temporal data, and privacy and security.

Re-envisioning Population Health for Vulnerable Older Adults: LIFE Story Today & Tomorrow

Mary D. Naylor, PhD, RN, FAAN

*Marian S. Ware Professor in Gerontology
Director, NewCourtland Center for
Transitions and Health
University of Pennsylvania School
of Nursing*

Pam Mammarella

*Vice President of Marketing and
Government Affairs
NewCourtland Senior Services*

Luz S. Ramos-Bonner, MD, FACP, AGF, CMD

*Medical Director
NewCourtland Primary Care Practice*

October 11, 2017

JCPH's October Population Health Forum and Special Grandon Session featured a

topic that is becoming more important to our field each day: managing the health of older adults with multiple chronic conditions. According to the [Pew Research Center](#), in the United States 1,000 people turn 65 each day. This Forum brought those numbers closer to home by focusing on an innovative model called [LIFE](#) (Living Independence for the Elderly), which is operated in 6 different sections of Philadelphia. The session provided a glimpse into this incredibly effective, yet not well-known, population health management system that, over the past 40 years, has helped thousands of American elders remain in the community for as long as possible. (Note: In other areas of the country, this program is known as PACE. The name LIFE is specific to Pennsylvania, in order to avoid confusion

with the Commonwealth's prescription assistance program for seniors, which is also called PACE – Pharmaceutical Assistance Contract for the Elderly).

Speaking about the service model and its implications were three accomplished women affiliated with [NewCourtland Senior Services](#): Mary D. Naylor, PhD; Pam Mammarella and Luz S. Ramos-Bonner, MD. NewCourtland Senior Services is one of two LIFE program operators in Philadelphia (the other being Mercy Health System). NewCourtland began serving older adults in 1871 and today provides home- and community-based services, affordable housing, and skilled nursing care in the city.

Continued on page 10

NewCourtland Board Member Dr. Mary Naylor began the program by outlining the climate of aging services in our country and discussing the particular challenges inherent in serving this population. Dr. Naylor is a world renowned researcher who currently directs the [NewCourtland Center for Transitions and Health](#) at the University of Pennsylvania. In this capacity she has influenced the integration of evidenced-based transitional care models in the 2010 Affordable Care Act, most notably with the Transitional Care Model, for which she and several other researchers and clinicians have received multiple federal grants to design, develop, evaluate and scale. Dr. Naylor focused her Forum introduction on the great difficulty of improving the health outcomes of older adults with chronic conditions (which means also supporting their caregivers) while reducing costs, given our country's fragmented health care system.

Dr. Naylor described the key characteristics of the national PACE model, which is designed to address this fragmented system through a person-centered and financially responsible approach. This Medicare regulated program was originally created for older adults 55+ who are eligible for both Medicare and Medicaid (dual eligible); as of 2015, people who are younger than 55 can now enter the program. The majority of participants are chronically ill, low-income elders who can reside safely in the community yet are nursing home-eligible. They receive a comprehensive service package through a PACE center that they are assigned to, which is a physical location that serves as the "heart" of the program. An interdisciplinary team of 11 professionals (a nurse; doctor; dentist; physical, recreation and occupational therapists; social worker; dietician; driver; personal care attendant; center manager; and home care aid) provide services at the center and in the home. Financing for the program is capitated (as opposed to fee-for-service), enabling services to be catered to the individual. The program serves as both the health plan and service provider, receiving payment directly from Medicare.

The PACE program has its roots in San Francisco at On Lok Senior Health Services (On Lok is Cantonese for "peaceful, happy



Forum and Grandon session speakers from left: Dr. Luz S. Ramos-Bonner, Pam Mammarella, and Dr. Mary Naylor.

abode"), which opened in 1973. The model was replicated at 10 sites in 1986 and its success as a population health management model can be inferred by the existence of 122 PACE programs in 31 states today. Currently, the largest program has more than 2,500 enrollees, yet the majority serve a few hundred people on average.

Following this overview, Pam Mammarella, discussed the program within the context of policy at the state level. Ms. Mammarella is responsible for NewCourtland Senior Services corporate communications, marketing, community outreach, public and government relations, strategic planning, as well as operations for the Network's senior centers. She began her talk discussing the savings provided by the PACE/LIFE program to Pennsylvania taxpayers: in 2014-2015, NewCourtland calculated that the annual cost of a nursing home per person was \$72,855, while the LIFE program was \$43,700. This represents a savings of \$29,158 per person.

Pennsylvania is currently undergoing a critical paradigm shift in long-term care services and supports, and will implement a new program, [Community](#)

[HealthChoices](#) (CHC), in 2018. CHC will engage three managed care organizations (AmeriHealth Caritas, Pennsylvania Health and Wellness (Centene), and UPMC for You) to coordinate health care and long-term services and supports (LTSS) for elders, persons with physical disabilities, and Pennsylvanians who are dual eligible. The CHC program, formerly a fee-for-service program, has traditionally been primarily administered by area agencies on aging. The PACE/LIFE program, which has existed as a capitated alternative to the CHC program since 1998, will remain an alternative in the 32 counties where it currently exists. Ms. Mammarella serves as the Chair of the Commonwealth of Pennsylvania's committee that made recommendations to policy makers about the implications of the new effort.

Dr. Luz S. Ramos-Bonner, the Medical Director for the [NewCourtland Primary Care Practice](#), described the PACE/LIFE model in Philadelphia. Dr. Bonner is a Fellow of both the American College of Physicians and the American Geriatric Society, and was previously was the medical director of the PACE program in Trenton, NJ. NewCourtland serves 1,200 seniors at three centers: Allegheny, Roosevelt Plaza and Germantown Senior

Services. The average participant is 74 years old and their stay within the program is 2.74 years. 95% said they would recommend the program to someone they know and care about.

Dr. Bonner provided measureable outcomes of the program, illustrating its use of data and its success as a population health management program. The PACE/LIFE population is high risk, and stratifying the population by reviewing participants' conditions as well as their hospital,

emergency room and PACE/LIFE clinic visits has enabled her staff to design interventions that are more effective.

In summing up the presentation, Dr. Naylor reiterated the importance of thinking about long-term services and supports from a population health management perspective that uses data, coordinated care transitions, a patient-centered approach and an integrated financing system, all of which are key to The Triple Aim.

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JCPH PUBLICATIONS

Bonsu J, **Frasso R**, Curry AE. Lessons from the field. The conduct of randomized controlled trials in Botswana. *Trials*. 2017; 18(1):503.

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Jefferson College of Population Health Invites You to Join The Grandon Society

A community of professionals dedicated to the future of population health

Grandon Society is a membership organization for professionals who are dedicated to transforming the US health care system through collaboration, education and innovation.

Events bring together stakeholders who have a deep passion to explore the cutting edge of micro and macro trends that influence the health of populations.

Members come from corporations, government, foundations, nonprofits, professional societies, and academia.

Network with like-minded professionals at conferences, breakfasts, and through our social media outlets.

The Grandon Society of the Jefferson College of Population Health was named for its friend, benefactor, and champion, Raymond C. Grandon, MD and his wife, Doris.

Dr. Grandon is a graduate of Jefferson Medical College (1945) who practiced medicine in the State of Pennsylvania until he was 96 years of age. He is one of the longest serving physicians in Pennsylvania.



*Dr. Nash with Doris Grandon and
Dr. Raymond C. Grandon*

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JCPH PRESENTATIONS

Frasso R. Starting on the same page: a review of equity, disparity, social determinants of health. Presented at: Bridging Health Equity Across State Lines and Communities, HHS Region III Meeting, August 3, 2017, Philadelphia, PA.

Frasso R. Health, thinking about equity, disparity and social determinants. Presented at: Public Health 3.0, PA Department of Health, September 20, 2017, Philadelphia, PA.

Lambert E, McIntire RK, Plumb J. Screening for adolescent alcohol and other drug use by Thomas Jefferson University Hospital providers: barriers and recommendations. Presented at: International Network on Brief Interventions and Other Drugs (INEBRIA), September 14-15, 2017, New York, NY.

McIntire RK. Goodman A, Sheu S, Urban T, Donie T. Data collection for public health action in the Somerset neighborhood of Kensington, Philadelphia. Presented at: Colloquium to Establish Consortium for Public Scholars, October 12-13, 2017, Philadelphia, PA.

McIntire RK. Improving health and well-being: geo-based analyses toward Sustainable Development Goal #3. Presented at: Geodesign Forum, 2017 DesignPhiladelphia Festival, October 6, 2017, Philadelphia, PA.

McIntire RK. Keith S, **Leader A,** Glanz K, Boamah M, Ziegler-Johnson C. Methods for identifying neighborhoods with high burden of prostate cancer. Presented at: American College of Epidemiology Annual Meeting, September 24-26, 2017, New Orleans, LA.

McIntire RK, Singer D, DiVito B, DiCarlo M, German E, Payton C. Observed characteristics associated with smoking among patrons of Philadelphia parks. Presented at: Urban Health Symposium, September 7-8, 2017, Philadelphia, PA.

Singer D. Opioid prescribing in the workplace. Presented at: Greater Philadelphia Business Coalition on Health, Annual Well Summit, September 12, 2017, Philadelphia, PA.

IDEAS AND ARTICLES WELCOME FOR *POPULATION HEALTH MATTERS*

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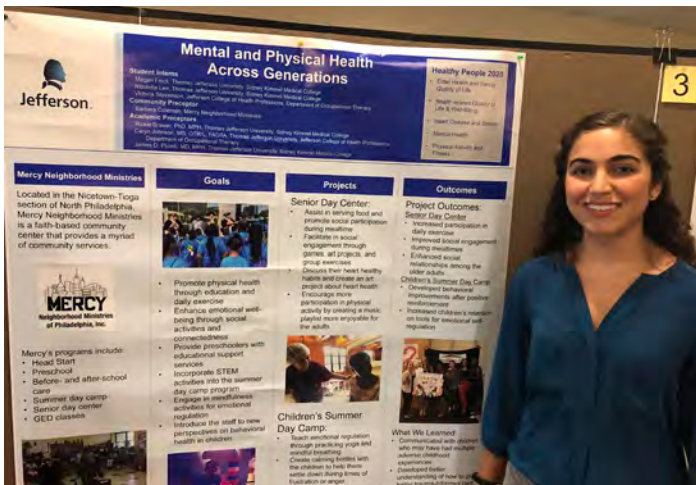
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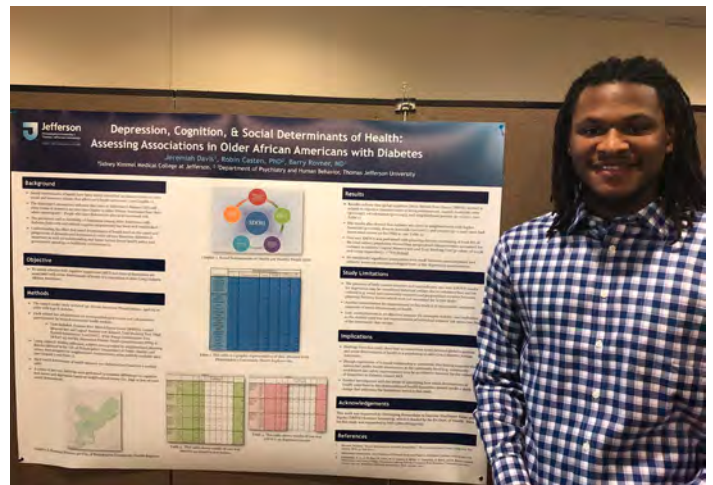
Dr. McIntire presented at GeoDesign Forum



JCPH hosted PA Department of Health conference, "Public Health 3.0 Moving Health Forward."



College within the College (CwiC) Population Health poster session with Megan Feik



College with the College (CwiC) Population Health Poster session with Jeremiah Davis.



MPH Alumni Natacha Bagwe received a Top 10 Submission Recognition at APHA, for her poster presentation "Climate Change and Resulting Floods: Using Social Capital to Strengthen Community Resilience in Eastwick, Philadelphia."



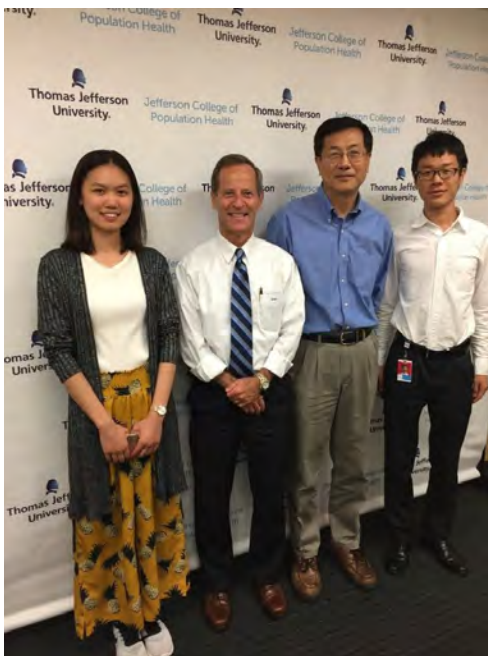
MPH Program Director Rosie Frasso at APHA.



From left: Madalene Zale, April Smith, and Dr. Priya Mammen at APHA



Lia Scalzo, MPH at APHA



From left: Li Zhou, MS, Dr. Boxiong Tang, MD (Teva Pharmaceuticals) and Yingfeng YE, PhD Candidate. Li and Yingfeng were summer interns with Teva's Global HEOR team and paid a special visit to JCPH.



JCPH HEOR Fellows at a recent conference. From left: Jennifer Voelker, PharmD (Janssen Scientific Affairs, LLC), Sonia Lee, MSPH, (Ethicon), David Singer, PharmD (Janssen Scientific Affairs, LLC) Lauren Djatche, (Novartis AG) Lauren Bartolome, PharmD (Novartis AG) and Alberto Batista, PharmD (Teva Pharmaceuticals)

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