



Tomorrow's Doctors, Tomorrow's Cures®

Regional Public Health-Medicine Educational Centers

Integrating population health into the medical school curriculum

Call for Proposals 2006

Learn

Serve

Lead

Deadline for proposal receipt

10 February 2006

This initiative is supported under a cooperative agreement from the Centers for Disease Control and Prevention through the Association of American Medical Colleges, grant number U36/CCU319276.

Association of
American Medical Colleges

Regional Public Health-Medicine Educational Centers

Integrating Population Health Into the Medical School Curriculum

General Information

The Centers for Disease Control and Prevention (CDC) has provided funds to the Association of American Medical Colleges (AAMC) through a Cooperative Agreement to support the full integration of population health into the standard 4-year medical school curriculum. The Cooperative Agreement was established in fall 2000 as a partnership between the CDC and the AAMC. This agreement emphasizes the importance of improved and increased collaborations between public health and medicine. Funding to support the planning of an integrated curriculum (Program Year 1) will be available from mid-February 2006 through 30 September 2006. Funding to support the implementation of the curriculum (Program Years 2-4) will be awarded based on merit and availability of funds. To achieve the integrated curriculum, medical schools are expected to collaborate with their state or local public health agency colleagues. Successful applicants are expected to share their experiences with one another and to participate in evaluations of the overall initiative across schools.

Background

Enhancing the education of the medical community about population health, the public health system, prevention, and the role of physicians in public health is a well-recognized need. In 1998, the second Medical School Objectives Project Report, *Contemporary Issues in Medicine: Medical Informatics and Population Health* recommended that all medical students receive training in epidemiology; biostatistics; disease prevention/health promotion; health care organization, management, and

financing; and environmental and public health as part of their population health education. In 2004, the Healthy People Curriculum Task Force provided more detailed recommendations regarding the content of health professionals' education in clinical prevention and population health (*American Journal of Preventive Medicine*; December 2004). Education in these areas should impart to medical students an understanding of how to work with the public health community on issues of common concern (e.g. Healthy People 2010 objectives; enhancing preparedness).

Because limited opportunities exist for the medical and public health practice communities to work together on educational agendas for medical students and residents, a pilot program was implemented in 2003 through the AAMC-CDC Cooperative Agreement to establish Regional Medicine-Public Health Education Centers (RMPHECs) in 7 medical schools. The RMPHECs were required to partner with a local and/or state health agency to improve the public health/population health education for their medical students. The seven schools received \$50,000 to implement their activities. This current initiative builds on the pilot program by supporting efforts at medical schools to work with health departments to fully integrate population health into their standard curriculum.

Purpose:

This initiative will support at least five additional Regional Medicine-Public Health Education Centers (RMPHECs) that will fully integrate population health into their medical school curriculum. All US medical schools accredited by the Liaison

Committee on Medical Education (LCME), including those schools that participated in the initial RMPHEC pilot program, are eligible to compete for this opportunity. The RMPHECs will include representation from a medical school and a department (local or state) of health. The term "center," indicates that there will be an administrative focus for the coordination of the program but does not imply the presence of a discrete facility.

Other entities with expertise in population health may be included in the proposal including, but not limited to:

- Area health education centers
- Centers for bioterrorism preparedness
- Centers for public health preparedness
- Community based organizations
- Schools or programs of public health

Eligibility

Eligible applicants include all US medical schools accredited by the Liaison Committee on Medical Education (LCME).

Program Design

During the initial funding period (mid February 2006-30 September 2006), awardees are expected to complete all planning and arrangements necessary to implement the proposed integrated curriculum during the 2006-2007 academic year. Awardees must submit by 30 June 2006 a progress report that sets forth in detail their implementation plans. AAMC and CDC staff may conduct a follow up site visit to review those plans with key individuals involved in the implementation of the program.

If funds are available, Program Year 2 will run from 1 October 2006 to 30 September 2007. Only awardees who demonstrate satisfactorily that they

are prepared to implement their integrated curriculum, based on their performance during the initial funding period, will receive funding (\$50,000) for Program Year 2. Awardees who are funded for the year 2 implementation phase of the program will be required to submit quarterly invoice requests and progress reports that summarize their experience with the program to date, any unanticipated difficulties that have been encountered in implementing the program, and plans for addressing those problems. A final report must be submitted by 15 November 2007. AAMC and CDC staff may conduct a site visit to review the applicant's experience during the implementation phase.

If funds are available, the third and fourth funding periods (\$50,000 each) will run from 1 October 2007 to 30 September 2008 and 1 October 2008 to 30 September 2009, respectively. Only awardees who satisfactorily implemented their integrated curriculum during prior program years, will receive funding for subsequent funding periods. Awardees will be required to submit quarterly invoice requests and progress reports that summarize their experience with the program to date, any unanticipated difficulties that have been encountered in implementing the program, and plans for addressing those problems. A final report must be submitted by 15 November 2008 (third funding period) and by 15 November 2009 (fourth funding period). AAMC and CDC staff may conduct a site visit to review the applicant's experience during the implementation phase.

The awardees will be expected to send their principal investigator and key members of their curriculum development and implementation teams to meetings to be held at the AAMC in Washington, DC in 2007, 2008, and 2009. The purpose of these meetings is to provide an opportunity for staff

from the Regional Medicine-Public Health Education Centers to share their plans and experiences with each other and with staff from AAMC and CDC.

Application Submission

Proposals should be no longer than 10 single-spaced pages (excluding cover page, executive summary, CVs, budget information, letters of support and appendices). The submission package must include:

- Cover page (PHS 398 form, page 1)
- Executive summary (1 page maximum, 12-point font)
- Program Proposal (Maximum 10 single-spaced pages)
 - Background/need
 - A description of current programs that provide medical student education related to population health, public health, prevention and preparedness, existing collaborative efforts between the medical school and public health entities
 - A description of needs related to medical student education in population health, public health, prevention and preparedness
 - Plan:
 - The administrative structure you would develop
 - Program planning activities
 - Discussion of possible barriers and strategies to overcome them
 - Potential roles for AAMC and CDC
 - Where appropriate indicate how this "center" could interact with other medical schools.
 - Information on mechanisms in place or to be developed to sustain this effort
 - Educational programs: A general description of educational materials and approaches that may include experiential learning programs, clinical experiences etc. Priority will be given to centers that provide opportunities for

experiential learning in public health settings. The level and number of trainees that would be engaged by the programs should be clearly indicated.

- Evaluation:
 - Plans for process- and outcome-evaluations of your activity. Include specific measurable objectives that you will assess.
- Budget: Please use the Budget page from Federal form PHS 398 (Form Page 4) to outline your budget request and provide an accompanying budget justification
- Letters of Support: Letters of support from the Dean of the medical school, a senior official of the local or state public health department, and other collaborating entities should be provided.
- Curriculum Vitae: Provide these (CV or NIH biosketch) for the principal investigator and key personnel to participate in the program

One original and four copies of the entire submission package should be submitted.

Criteria for Selection

Criteria for selection will include: evidence of active participation of a medical school and public health entity, senior administrative support for this program, evidence that this program provides educational experience for all medical students (of particular value are active/experiential learning opportunities), feasibility of implementation.

Each proposal will be reviewed against the criteria described in this request for applications. The reviewers will include representatives of the AAMC and CDC. Those proposals meeting all criteria will be reviewed to assure that funds are awarded to reflect geographical regions as well as the diversity of U.S. allopathic medical schools.

Evaluation and Monitoring

Each school awarded a grant will be required to submit a progress report and an invoice by 30 June 2006. In addition a final report and financial statement will be required 30 days after completion of the grant cycle (15 November 2006).

AAMC staff will communicate regularly with grantees. Conference calls among all grantees, AAMC, and CDC may be scheduled as needed.

Awards

A maximum of \$50,000 will be available for each successful program. Indirect costs will not be supported by grant funds.

Questions

All inquiries and communications should be addressed to:

Michael E. Whitcomb, M.D.
Senior Vice President
Division of Medical Education
Association of American Medical Colleges
2450 N Street, NW
Washington DC 20037
202-828-0665
mwhitcomb@aamc.org

Submission Deadline

Proposals and supporting materials must be received in hard copy by 10 February 2006. Please submit one original and four copies of the entire package. Applicants will be notified of the results of the review process by the week of 20 February 2006.

Address proposals to:

Tammi Simpson, M.A.
Association of American Medical Colleges
Division of Medical Education
2450 N Street, NW
Washington, DC 20037

Proposals Must Include the Following Elements

1. Involvement of a medical school and a local or state health department to fully integrate population health into the medical school curriculum.
Other entities may be included in the proposal including but not limited to:
 - Area health education centers
 - Center for bioterrorism preparedness
 - Center for public health preparedness
 - Community based organization
 - School or program of public health
2. Evidence of senior administrative support from participating institutions
3. Specific proposal for an administrative structure to facilitate collaboration
4. Specific proposal for an integrated curriculum that involves faculty from participating institutions
5. Evidence that this program will benefit all medical students
6. Plan to assure that the curriculum can be sustained at the end of the grant cycle
7. Evaluation criteria to assess success of the process and program. These criteria should reflect specific objectives of the proposal.
8. Discussion of barriers to curriculum integration and strategies to overcome these barriers
9. Suggestions for roles for the AAMC and CDC in this program
10. Expertise of principal investigator and key participants in the program



Association of
American Medical Colleges

2450 N Street, N.W., Washington, D.C. 20037-1127
T 202 828 0400 F 202 828 1125
www.aamc.org