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## Regional Medicine-Public Health Education Centers-GME

Integrating population health, public health, and prevention into the residency curriculum

# Call for Proposals 2007

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Deadline for proposal receipt

**19 December 2007**

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 Medicine-Public Health Educational Centers

Integrating population health, public health, and prevention into the residency 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 integration of population health, public health, and prevention content (described in the Background section) into graduate medical education (GME) programs. The Cooperative Agreement was established in fall 2000 to facilitate improved and increased collaborations between public health and academic medicine to improve the health of populations. The inclusion of this content in residency curricula will help physicians contribute to long range improvements in the health of the public.

Funding to support this residency curriculum activity will be available from mid-January 2008 through 30 September 2008, with the opportunity to request an additional 12 months to complete the project. Residency programs must collaborate with colleagues in public health, including their state or local public health agency. Successful applicants are expected to share their experiences with one another and to participate in evaluations of the overall program across residency programs.

## 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 in four domains: Evidence base for practice; Clinical preventive services; Health systems and health policy; and Community aspects of practice (*American Journal of Preventive Medicine*; December 2004).

In 2007, the Institute of Medicine's *Training Physicians for Public Health Careers* focused on physicians who specialize in public health, but also stated that all physicians were part of the public health system. The report reinforced the findings of the 2002 report *Who Will Keep the Public Healthy?* by recommending that all physicians receive basic education in epidemiology, biostatistics, environmental health, health services administration, social and behavioral sciences, informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and ethics. The 2007 report added leadership, public health emergency preparedness, and clinical and community preventive service provision to this list. The report also supported the inclusion of this content through the continuum of physician education, regardless of specialty. It recommended that models be developed for integrating public health principles and practice into physician education at both undergraduate and graduate levels and that each graduate medical education program identify and include public health concepts and skills that are relevant to the practice of that specialty.

Because limited opportunities had existed 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. In 2006, a new cycle of funding became available to build on the pilot program. Eleven medical schools are currently in their 3rd project year of funding to pursue the "full integration" of population health into their curricula through collaborations with their public health colleagues. The current project extends the RMPHEC model to residency programs.

## Purpose:

This initiative will support at least six RMPHEC-GME grantees. Grantees will work with public health colleagues to train resident physicians who are not preparing specifically for careers in population health/public health to understand and appreciate the population health, public health, and prevention aspects of their specialty and practice. Residents should also learn about the public health systems in which they practice. Interactive learning opportunities with clinical relevance are encouraged. Activities supported through this grant may include any of the following: curricular development, enhancement, or evaluation; the development of educational products or evaluation tools that can be used in other programs or institutions. Applicants should choose activities that meet the needs of their programs. The activities of the RMPHEC-GME grantees are expected to support and/or expand on the Accreditation Council for Graduate Medical Education (ACGME) general competencies, particularly the competencies of practice-based learning and systems-based practice.

The RMPHEC-GMEs will include representation from the residency program and public health partners. These partners must include 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, public health, and prevention may be included in the proposal including, but not limited to:

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

Each GME Sponsor Institution may submit one proposal.

## Eligibility

- Eligible applicants are GME programs accredited by the ACGME.
- Submissions may represent one residency program or a consortium of residency programs. Consortia must describe the collaborative nature of their activities in their proposals.
- The GME programs must be based in a Sponsoring Institution that is a member of the AAMC.
- Each Sponsoring Institution is limited to one proposal submission.
- If more than one GME program at a Sponsoring Institution has interest in this opportunity, AAMC and CDC anticipate that the Designated Institutional Official (DIO) will facilitate either the choice of one program to represent their Institution or a collaboration among the interested GME programs. The required letter from the DIO should represent the Sponsoring Institution's support for a single proposal.
- To be consistent with the objectives of this initiative, preventive medicine residency programs may apply for this opportunity, but the targeted learners must include residents who are not preventive medicine residents. Preventive medicine residency programs are encouraged to collaborate with residency programs in other specialties.

## Program Design

During the initial funding period (mid January 2008-30 September 2008), awardees are expected to complete all planning and arrangements necessary to implement at least one curricular enhancement or activity to support the

inclusion of public health, population health, and prevention content in at least one residency program during the 2008-2009 academic year. Awardees must submit by 31 May 2008 a progress report that sets forth in detail their implementation plans, and an additional report at the end of the first project year.

The potential of future funding is uncertain. Additional funding will be dependent on the success of this pilot program and the availability of funds. With justification, 12 month no cost extensions will be granted.

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 late 2008 or early 2009. The purpose of these meetings is to provide an opportunity for staff from the RMPHEC-GMEs to share their plans and experiences with each other and with staff from AAMC and CDC. Travel support for two representatives from each RMPHEC-GME to attend this meeting will be provided by AAMC and need not be included in the proposed budget.

## 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 resident education related to population health, public health, and prevention, and existing collaborative efforts between the residency program or the Institutional Sponsor and public health entities
    - A description of needs related to resident education in population

health, public health, and prevention.

- Plan:
  - The administrative structure to support these activities
  - Program planning activities
  - Faculty and partners involved, their roles and their institutions
  - Timeline with measurable objectives
  - Discussion of possible barriers and strategies to overcome them
  - Potential roles for AAMC and CDC
  - Where appropriate, please indicate how this "center" could interact with other residency programs.
  - 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. 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 will be assessed.
- 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 Designated Institutional Official (DIO); Dean of the medical school, or CEO of the hospital or equivalent senior institutional leader; 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 residency program and public health entity, senior administrative support for this program, evidence that this program provides educational experience for all of residents (of particular value are active/experiential learning opportunities), and 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 a diversity of residency programs and curricular activities.

## Evaluation and Monitoring

Each school awarded a grant will be required to submit a progress report by 31 May 2008 and an invoice by 30 June 2008. In addition a final report and financial statement will be required 30 days after completion of the grant cycle (15 November 2008).

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

## Awards

A maximum of \$25,000 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:

Rika Maeshiro, M.D., M.P.H.  
Director, Public Health and Prevention Programs  
Division of Medical Education  
Association of American Medical Colleges  
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Washington DC 20037  
202-828-0436  
rmaeshiro@aamc.org

## Submission Deadline

Proposals and supporting materials must be received in hard copy by 19 December 2007. Applicants will be notified of the results of the review process by the week of 14 January 2008. Address proposals to:

Marquita Whiting  
Association of American Medical Colleges  
Division of Biomedical and Health Sciences Research  
2450 N Street, NW  
Washington, DC 20037

## Proposals Must Include the Following Elements

1. Involvement of an ACGME-accredited residency program and a local or state health department to identify appropriate population health/public health content and to integrate such content into the residency curriculum. Other entities that may be included in the proposal include, but are not limited to:
  - Area health education centers
  - Center for public health preparedness
  - Community based organization
  - Preventive medicine residency programs
  - School or program of public health
2. Evidence of senior administrative support from participating institutions. Letters of support should reflect an understanding of the roles and expectations of the collaborating partners.
3. Description of the administrative structure to support the activity, including key faculty and staff and their roles.
4. Specific proposal for the curricular activity. Activities may include curricular development, enhancement or evaluation and/or the development of educational products or evaluation tools that can be used in other residency programs and settings. The proposal should include measurable objectives and a timeline.
5. Evidence that this program will benefit all residents in the program.
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.

