

# National Leadership Conference *for* *Students in Healthcare*

**Theme:** “Preparing today’s student leaders for tomorrow’s health system”

**Meeting Agenda**

**When:** Saturday, January 10 – Sunday, January 11, 2004

**Where:** Kaiser Family Foundation, Washington, D.C. Headquarters

1330 G Street, N.W.

Washington, D.C. 20005

**Day 1**

**\*Speaker(s), not yet confirmed as of 1/8/04**

<b>8:00</b>	Registration ➤ Saturday, January 10, 2004	
<b>8:30</b>	Opening Remarks ➤ Welcome ➤ Workgroup Session I – Ice Breaker activity <i>Instructions included in conference materials</i>	Chris Day
<b>9:00</b>	Keynote Address: Preparing the current and future workforce to develop a collaborative, integrated health system.	Harvey Fineberg
<b>10:00</b>	Student Health Alliance ➤ Mission ➤ Purpose ➤ Membership ➤ Current and Future Goals	Chris Day
<b>10:45</b>	<b>BREAK</b>	
<b>11:00</b>	<b>Panel Discussion:</b> Establishing a pipeline to preparedness. Addressing current and future workforce needs, shortages, recruitment and retention.	Kaye Bender Stephanie Bailey Maureen Lichtveld
<b>12:30</b>	<b>LUNCH (On your own)</b>	
<b>1:30</b>	Past, Present, and Future: Collaborations among national student and professional organizations.	Jay Glasser Neil Patel Chris Day
<b>2:30</b>	Effective Collaboration utilizing Partnerships	Bobbie Berkowitz

<b>3:30</b>	<b>BREAK</b>	
<b>3:45</b>	Workgroup Session II <i>Instructions included in conference materials</i>	Meeting Participants Hugh Tilson
<b>4:45</b>	Workgroup reports	Meeting Participants Hugh Tilson
<b>5:00</b>	<b>Adjourn – Day 1</b>	
<b>6:00</b> <b>–7:30</b>	<b>Social – District Chophouse</b> <b>FREE Appetizers – Private room</b> 509 7th Street, NW. (202) 347-3434  <i>Dinner reservations must be made separately on Saturday during meeting registration</i>	www.districtchophouse.com

## Day 2

<b>8:15</b>	<b>Sign in</b>	
<b>8:30</b>	Workgroup Session III <i>Instructions included in conference materials</i>	Meeting Participants Hugh Tilson
<b>9:30</b>	Workgroup reports	Meeting Participants Hugh Tilson
<b>9:45</b>	<b>BREAK</b>	
<b>10:00</b>	Town Hall Meeting: Working together Now and in the Future to Improve Health <ul style="list-style-type: none"> <li>➤ Highlight the nation’s most pressing national health issues</li> <li>➤ Learn about Foundation and Federal agency funding priorities with regard to future workforce issues and Healthy People 2010 initiatives</li> <li>➤ Dialogue with national health leaders about current and future strategies to improve the nation’s health status and eliminate health disparities</li> <li>➤ Discuss opportunities for student leadership and collaboration to help prepare the future workforce</li> </ul>	Bill Frist* Edward Kennedy* Kerry Nessler Suzanne Smith J. Michael McGinnis George Hardy
<b>12:15</b>	<b>LUNCH (Provided)</b>	

<b>1:30</b>	Workgroup Session IV <i>Instructions included in conference materials</i>	Meeting Participants
<b>2:30</b>	Action steps for future collaboration	Meeting Participants Hugh Tilson
<b>2:50</b>	Meeting Wrap-up and Evaluation	Chris Day
<b>3:00</b>	<b>ADJOURN MEETING</b>	

## **National Leadership Conference for Students in Healthcare** Conference Materials

The success of the second annual National Leadership Conference for Students in Healthcare will depend on input from the leaders in attendance. This conference will provide student leaders with a great opportunity to learn about our Nation's health objectives, meet and interact with presenters and other national student leaders, discuss our nation's most pressing health issues, and develop strategies to address the identified issues as individual organizations and collectively as the Student Health Alliance (SHA). The results of this conference will be seen in the weeks and months to follow as our members, organizations, and our health and health-related professions become more effective at engaging with other health and health-related professions to achieve our Nation's health objectives, i.e. Healthy People 2010.

To ensure we have a successful conference, SHA leaders have prepared the following conference materials and questions/answers to help guide you in your workgroup discussions. Please refer to these materials throughout the conference as needed.

### **1. What is your role in this conference?**

Your role is to provide the SHA leadership with a formal charge. More specifically, we need your help to brainstorm ideas about ways the SHA and its participating organizations can: 1) build a greater understanding about the expertise, skills, and resources our various health and health-related professions contribute to society as well as to other health professionals; and 2) foster and promote collaborative work focused on prevention and our Nation's health objectives. We need your ideas, input, enthusiasm, energy, and passion.

### **2. What can you do to prepare for this conference?**

The outcome of this meeting will be based on your level of participation. Thus, it is important that you are prepared to interact with fellow student leaders and ask questions of and engage in discussions with the meeting presenters. We assembled this group of presenters because they represent many of our various health professions, but also because they offer viewpoints from the national, federal, state and local levels. On Sunday, during our town hall session you will have the chance to interact with potential "funders" of our work. It will be important that we bring our "A" game to this session to learn more about their funding priorities, talk about what our organizations individually and collectively are trying to accomplish, and think about ways we can work together with these various agencies, organizations and foundations to achieve our collective goals. For example, you will hear George Hardy, Executive Director of the Association of State and Territorial Health Officials, speak about the possibility of securing funding for a loan repayment program national to programs currently available for medical students via the U.S. Armed Services to assist students pay for school in return for service in governmental public health agencies. If this is something we think will be helpful to our health and health-related professions, and an important need considering

25-46% of the governmental public health workforce will retire or be eligible for retirement in the next five years, we should consider offering our help. Also think about strategies for the SHA to secure on-going funding for our efforts. Draft up some questions in advance that you think might spur on discussion between the students and leaders.

### **3. What do we hope to accomplish?**

#### **Short Term Goals**

At the conclusion of this conference, we hope to accomplish the five short-term goals listed below:

1. Generate a list of 1-4 priority projects/initiatives for the SHA to formally consider for future work;
2. Develop strategies/ideas for creating a national student communication strategy to raise the level of awareness about the need for various health and-related professions students and professionals to collaborate to help achieve our nation's health objectives;
3. Develop potential strategies and recommendations for national student organizations to: 1) build and strengthen relationships with one another, circulate the strategies to their members for use at the local and state level, and mobilize their membership to take action to achieve Healthy People 2010 goals;
4. Revise and refine SHA's criteria for selecting projects/initiatives for collaborative work between two or more organizations participating in SHA; and
5. Expand the membership of the SHA to include national student representation from other health system partners not currently included in SHA.

#### **Long Term Goals**

SHA leaders hope that the following long-term results will be realized from this and future efforts:

1. Increased national press and publications about the success of the National Leadership Conference for Students in Healthcare and Student Health Alliance to help promote a greater level awareness about the need for students and professionals in various health disciplines to collaborate to improve the nation's health status;
2. Increased numbers of collaborative efforts by 2 or more student organizations participating in this conference as well as collaborative efforts by our state and local chapters;
3. Expanded SHA membership to include national student representation from as many health and health-related professions as possible; and
4. Strengthened relationships and improved communication among and between the national student organizations who are participating in the SHA or that attended this meeting.

#### **4. What is Healthy People 2010**

Healthy People 2010 is the prevention agenda for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Healthy People 2010 is designed to achieve two overarching goals: 1) Increase quality and years of healthy life; and 2) Eliminate health disparities. As part of this effort, 10 leading health indicators were established to measure the health of the nation over the next 10 years, up to 2010. These indicators are as follows:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

The SHA chose to use Healthy People 2010 as an organizing framework to guide our collaborative efforts, in part, because each of our organizations/professions are working in some capacity to address issues identified in one or more of the 10 Leading Health Indicators. Therefore, Healthy People 2010 provides a framework for students and student organizations to see the overlap and gaps between issues that our respective professions are currently addressing.

#### **5. What will be the next steps?**

The leadership of the SHA will work to convene a planning retreat following this conference to revise and refine the ideas, recommendations and strategies generated during this conference. This information will be used to inform and guide future SHA leadership decision making about priority projects/initiatives and next steps.

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## Workgroup Activities

To assist you prepare for the working group sessions, please find below the format and type of questions that you will be discussing during the conference. Please note that when we refer to our nation's health objectives, we generally mean Healthy People 2010. For more information about Healthy People 2010 please visit [www.healthypeople.gov/](http://www.healthypeople.gov/).

### Workgroup Session I

#### Ice Breaker Activity

Saturday, 8:30-9:00

Desired end product(s):

- Learn more about one another
- List desired end products and outcomes for the conference

Workgroup Format:

- Be sure you don't already know everyone at the table. If so, move to a new table.
- Go around the table and introduce yourself.
  - Describe the type of health or health-related professional field are you in?
  - Where are you in school and what are your career plans?
  - What student organization are you with?
  - What is your interest in participating in this meeting?
  - Does your organization currently have projects focused on achieving Healthy People 2010 goals?
  - List an action item/next step that you would like to see result from this conference.

### Workgroup Session II

Saturday, 3:45 – 4:45

Session Facilitated by Hugh Tilson

Desired end product(s):

- Develop recommendations and strategies to actively engage SHA member organizations in collaborative activities, i.e. regular conference calls, planning retreats, invitations to speak to SHA member organizations' leadership about relevant topics such as forming partnerships to advance projects of national significance.
- Find out what projects are common and unique to our organizations. Those in common we may wish to help devise plans to collaborate on. Those that are unique could benefit from a more comprehensive perspective by including other health and health-related professional students in the conceptual stages of development or the project itself.

Helpful materials for discussion:

- Draft SHA project criteria
- Matrix of SHA organizations priorities/national projects

Workgroup activities:

- Ensure an SHA liaison is at your table
- Choose someone to write down action items, recommendations, and suggestions and provide them to the facilitator once completed
- Work for one hour to address the following:
  - List 5-10 ways that SHA member organizations more effectively collaborate via this forum? Prioritize them from 1-10 with 10 being the lowest priority and 1 being the highest).

**Example(s):** Suggest a strategy for organizations to request help from other SHA participating organizations to initiate or implement a national project. Convene future planning retreats? Convene regional conferences? Recommend integrating SHA activities into each SHA member organizations annual meeting?

- Identify and list projects your organizations currently have focused on achieving Healthy People 2010 goals or other national health objectives, in particular, projects dealing with training, recruiting and retaining the next generation of health professionals including other workforce issues in your related field.

**Example(s):** Promote the need and secure funding for a loan repayment program to pay health and health related students way through school in return for years of service in governmental public health agencies. Advocate for a ceiling on work hours during training to ensure a good work/school/life balance. Advocate for healthy choices in school vending machines.

- List as many strategies as you can about how you might engage other student organizations to help improve the success and outcomes of your projects.

**Example:** Share project ideas/strategies with other student organizations for comments prior to moving to the implementation phase.

- List and prioritize the types of national projects, initiatives or discussions you think the SHA should engage in during the next three to five years?

**Example(s):** Develop a SHA journal focused on promoting collaborative leadership and building an understanding about how various health and health related professionals' skills augment one another to improve health. Develop a "project in a box" to assist local student chapter leadership develop school based SHA's to promote collaboration among the health and health-related professional schools on their campus.



Once you have brainstormed a list, provide it to Hugh Tilson. He will work with meeting participants to compile and prioritize the recommendations, strategies and actions items suggested.

### **Workgroup Session III**

Sunday, 8:30-9:30

Session Facilitated by Hugh Tilson

- Ensure an SHA liaison is at your table
- Choose someone to write down action items, recommendations, and suggestions and provide them to the facilitator once completed
- Briefly review SHA's draft criteria for selecting projects (included in your conference folder).
- Briefly review the list of potential SHA projects, initiatives and discussions generated from Saturday's workgroups.

Desired end product(s):

- ❑ Refined list of strategies to advance current and future SHA efforts by adequately and appropriately informing and gaining feedback and support from SHA member organizations.

Helpful materials for discussion:

- ❑ Draft SHA project criteria
- ❑ Draft Bylaws and Constitution (included in your conference folder).
- ❑ List of potential SHA projects generated on Saturday

Work for one hour to address the following:

- What are the criteria for identifying and implementing feasible strategies to mobilize student and SHA member organization action around these projects, i.e. what constitutes an issue that the SHA needs to address? Do different types of issues require different criteria? What might be some of the political and financial implications? What are we missing?

**Example:** (theoretical) The leadership of the SHA determined it wanted to collectively endorse the promotion of universal healthcare as the most effective/efficient health delivery system in the U.S. Because this may be a highly controversial subject with political implications for each SHA member organizations, is the process for going back to our individual boards for consideration, as described in the DRAFT bylaws sufficient? Are the criteria for the types of decisions that need to be discussed with a SHA liaison's organization appropriate? Suggest changes if necessary.

- How can students and SHA member organizations work together to advance the collaborative projects identified on Saturday?

**Example:** Co-author a grant to support the cost of SHA initiating a national project with letters of support from each organization. Pool staff, volunteer and other resources to contribute to a particular initiative or project. Develop a “help wanted” website where students from various health and health-related professions in SHA can post questions to the leadership or general membership of other SHA organizations for feedback and ideas.

### **Workgroup Session IV**

**Sunday, 1:30 – 2:30**

Session facilitated by Hugh Tilson

- Ensure an SHA liaison is at your table
- Choose someone to write down action items, recommendations, and suggestions and provide them to the facilitator once completed
- Workgroups 1-6 engage in the Consensus building discussion first and the Communications discussion second.
- Workgroups 7-12 engage in the Communication building discussion first and the Consensus discussion second.
- Once completed with the first discussion, immediately provide Hugh Tilson with a copy of your suggestions/strategies.
- Once completed with the second discussion, immediately provide the Hugh Tilson with a copy of your suggestions/strategies.

Desired end product(s):

- ❑ Acceptable process for SHA liaisons to bring proposed SHA decisions, when applicable, to the attention of their organization leadership for buy-in.
- ❑ List of potential strategies and material subject and types to raise the level of awareness about SHA activities, collaboration, etc.

Work for one hour to address each of the following:

- Consensus-building Discussion: Refine process for gaining consensus and/or support for collaboration around proposed SHA activities. (30 minutes)
- Communications Discussion: Discuss strategies for communicating to students and the public to promote collaborative efforts. (30 minutes)

**Sunday 2:30 –2:50**

Hugh Tilson will work with conference participants to help summarize our recommendations and strategies and nominate priorities for action.



### **Student Health Alliance Member Organizations**

- 1. Student Academy of the American Academy of Physician Assistants (SAAAPA)**
- 2. Student Assembly of the American Physical Therapy Association (SA-APTA)**
- 3. The National Association of Black Social Workers (NABSW)**
- 4. American College of Healthcare Executives (ACHE)\*\***
- 5. Student Osteopathic Medical Association (SOMA)**
- 6. American Medical Association – Medical Student Section (AMA-MSS)**
- 7. American Medical Student Association (AMSA)**
- 8. Student National Medical Association (SNMA)**
- 9. National Student Nurses Association (NSNA)**
- 10. American Dental Student Association (ADSA)**
- 11. American Dietetic Association (ADA)**
- 12. American Public Health Association - Public Health Student Caucus (PHSC)**
- 13. American College of Nurse Practitioners (ACNP)**

### **Other Student Organizations who will be in attendance at the Second Annual National Leadership Conference for Students in Healthcare**

- 1. American Pharmacists Association, Academy of Students of Pharmacy (APhA-ASP)**

\*\* Denotes affiliate membership

# **Student Health Alliance**

## Constitution and By-laws

### **ARTICLE I. – Mission:**

The Student Health Alliance (SHA) is a multidisciplinary coalition of students dedicated to improving the health our communities and the effectiveness of our health system by fostering and promoting collaborative work focusing on prevention and achieving our Nation's health objectives.

### **ARTICLE II. – Vision:**

A nationwide network of national student organizations, students, and professionals working together in unison to promote a more collaborative health system capable of achieving our nation's health objectives.

### **ARTICLE III. – Membership:**

Membership of this National Organization shall consist of the following organizations and their designated Representatives to the Student Health Alliance who have formally signed the Memorandum of Understanding. A Member Organization will be removed from the Student Health Alliance after a formal petition is presented to the Student Health Alliance voting membership.

1. Student Academy of the American Academy of Physician Assistants (SAAAPA)
2. American Physical Therapy Association's Student Assembly (APTA)
3. National Association of Black Social Workers (NABSW)
4. American College of Healthcare Executives (ACHE)
5. Student Osteopathic Medical Association (SOMA)
6. American Medical Association - Medical Student Section (AMA-MSS)
7. American Medical Student Association (AMSA)
8. Student National Medical Association (SNMA)
9. National Student Nurses Association (NSNA)
10. American Student Dental Association (ASDA)
11. American Dietetic Association (ADA)
12. American Public Health Association - Public Health Student Caucus (PHSC)
13. American College of Nurse Practitioners (ACNP)

Affiliate organizations may attend meetings and participate in conference calls, however, these organizations shall have no voting rights at any meeting or conference call.

**ARTICLE IV. – Executive Committee:**

The Executive Committee is the voting delegation of the Student Health Alliance and will be composed of a single Representative from each member organization of the Student Health Alliance and will meet yearly at the Annual Planning Retreat.

**ARTICLE V. – Officers & Duties:**

1. Coordinator –

A. Election:

This individual must have served for at least one-year as a student organization’s liaison before being eligible to run for the office of Coordinator. Further, the Coordinator will be elected for a one-year term at the annual meeting by the current Representatives serving on SHA Executive Committee.

B. Voting Rights:

The Coordinator will have no voting rights except to break a tie vote of the Executive Committee.

C. Duties:

The Coordinator of the Student Health Alliance will be responsible for convening and presiding over all meetings of the Student Health Alliance including agenda development, for working with Student Health Alliance organizations to identify and secure funding for the Student Health Alliance, for budget development, for the management of all resources of the Student Health Alliance, for reporting the progress of working groups or liaison subcommittees to all other Liaisons, to identify health-related student organizations that are not members of the Student Health Alliance for potential communication and or inclusion in the Student Health Alliance, for official representation for the Student Health Alliance at meetings or functions, and to continue in an advisory and consulting role for at least one year after the Coordinator’s term is complete.

D. Powers:

The Coordinator shall be able to convene special working groups at his/her discretion.

2. Communications Facilitator –

A. Election:

Will be currently serving Representative appointed by the Coordinator and approved by the Representatives by a simple majority vote at the Annual Planning Retreat.

B. Duties:

The Communications Facilitator will be responsible for working with Student Health Alliance representatives to develop and disseminate all outgoing educational materials from the Student Health Alliance.

C. Powers:

The Communications Facilitator will be empowered to work with the Coordinator to solicit feedback and help from subgroups of currently serving Representatives for projects and activities when assistance is needed.

3. Convenor of the National Leadership Conference for Students in Healthcare –

A. Election:

Will be currently serving Representative appointed by the Coordinator and approved by the Representatives by a simple majority vote at least six months in advance of a conference.

B. Duties:

The Convenor of the National Leadership Conference for Students in Healthcare will be responsible for coordinating the annual conference for the Student Health Alliance.

C. Powers:

The Communications Facilitator will be empowered to work with the Coordinator to solicit feedback and help from subgroups of currently serving Representatives for projects and activities when assistance is needed.

4. Representative –

A. Election:

Student Health Alliance representatives are the appointed designee from a member student organization to represent that student organization's interests within the framework of the Student Health Alliance, that the representative is a part of the decision making structure of the student organization that they represent, and that person shall represent their

organization for a term of at least one year by the member student organizations calendar year.

B. Duties:

The Representative is to maintain lines of communication and to report Student Health Alliance activities and policies to their sponsoring student organization governing body. The Representative will meet at least once per year with other members of the Student Health Alliance at the Annual Planning Retreat, they will vote to direct the activities of the Student Health Alliance, and they will work with the above three leadership positions of the Student Health Alliance to facilitate the continued operation and existence of the Student Health Alliance.

C. Powers:

The Representative from each organization shall have a single vote as representation of their organization within the framework of the Student Health Alliance and shall have the ability to designate a formal proxy in the event that the Liaison cannot attend a meeting of the Student Health Alliance (this includes conferences, conference phone calls, list serves, or other electronic means).

**ARTICLE VI. – Discussions, Decisions, and Voting:**

A. Two overlying principles shall govern decisions within the Student Health Alliance:

1. Each member organization, as represented by its Representative, shall have one vote.
2. No financial burden can be put on a member organization without that member organization's express, explicit, and written consent.

B. Discussions & Decisions:

The Student Health Alliance meetings will utilize a modified form of parliamentary procedure where discussions among the Representatives will be informal to assure that adequate consideration is given to a particular issue being considered by the Student Health Alliance. However, decisions will be formal, utilizing Robert's Rules of Order (recording the precise matters to be considered, the decisions made, and the responsibilities accepted or assigned).

C. Voting:

1. Each Representative or their formally recognized proxy shall have one vote. A student organization may obtain a formal proxy via notification and acceptance by the Student Health Alliance Coordinator.

2. **Quorum** is required for a vote to be taken and shall consist of two-thirds of the Representatives of all participating groups composing the Student Health Alliance.
3. **Simple Majority** Vote will be required for internal Student Health Alliance administrative matters (i.e.: Minute approval, elections, affirmation of leadership)
4. A two-thirds **Super Majority** of all participating groups will be required for non-routine areas of consideration (i.e. Adoption of budgets, strategic planning, alteration of by-laws, affirming new participating organizations or affiliates).
5. **Consensus** (Quaker style – No-one blocking consensus) is to be used for Student Health Alliance public endorsement of policy positions, programs, or legislation.

#### **ARTICLE VII. - Meetings:**

The Student Health Alliance shall convene at least one annual conference referred in this document as the ‘Annual Meeting’ and one Annual Planning Retreat for the Executive Committee, including the Coordinator, Convenor, and Facilitator.

#### **ARTICLE VIII. – Funding:**

Funding for the Student Health Alliance may be secured from National, Federal, State, and Local Agencies, organizations, associations, and businesses. At this time the Student Health Alliance will not be pursuing funding from pharmaceutical companies or their representatives.



## Draft Project Criteria and Examples

The following represents different levels of engagement for organizations to work together to advance the SHA educational and collaborative goals:

**Networking**

**Coordinating**

**Cooperating**

**Collaborating**

### Examples of Levels of Engagement:

**Networking**

- Introduce yourself to the people at your table-NAME
- Find out one interesting thing about each person

**Coordinating**---looking at what you do/they do and where there might be mutual overlap

- Tell 2 people what you do/what do you work on. Exchange this information at your table and decide who will present a few interesting facts to present to the group as a whole

**Cooperating**

- Ask people to identify a way in which you can share one of your skills or the work that you do to further one another's goals

**Collaborating**

- What resources do YOU have that could help the problem?
- What type of information can you give me or what can you do to support my work?
- Sharing resources, but not giving anything up
- Each of us advancing our own goals w/ some common purpose
- Resources are shared but I'm still controlling mine
- No risk involved—chose to share your resources for a defined purpose
- Sharing resources, enhancing capacity of everyone at the table, it's not just you
- Having a common purpose
- Getting buy-in

### Draft Project Criteria

- A. Any member of the SHA can initiate a project.
- B. Information about projects should be proposed to all organizations in the SHA, however participation is not mandatory.
- C. Every proposal that is meant to be endorsed by the SHA must be presented in a timely manner in accordance with the bylaws of the SHA.
- D. Any political and financial implications of engaging in a project must be included in the proposal to the SHA.
- E. In order for a project to be endorsed by the SHA, a consensus must be reached in accordance to the SHA bylaws.

**SHA encourages collaboration among all member organizations of SHA, however projects can be initiated that do not include all members of the SHA. Projects that do not include all SHA organizations cannot be endorsed with the SHA name.**

**Project Areas:**

SHA projects focus on two main areas: 1) Education; and 2) Collaboration.

- I. Education-** occurs among and between SHA member organizations. Goal is to build a greater understanding about the expertise, skills, and resources various SHA health professions students and their organizations contribute to society as well as to other health professionals by sharing information about:
- A. History of profession
  - B. Educational background
  - C. Role in health delivery system
  - D. History of organization, organizations values/mission, organizations structure, organizations current sponsored projects (including priority issues and activities)
  - E. Resources available for other SHA member organizations

**Potential Strategies for Improving Education**

- A. Listservs/Discussion boards
  - B. Websites/Webcast/Web chat
  - C. Email
  - D. Collaborative publications- magazines, journals, newsletters, pamphlets
  - E. Video conferencing
  - F. Telephone- conference calls
  - G. Conferences/Events/Forums- workshops, presentations, panel discussions
- II. Collaborative Work -** occurs within the community, goal is to have SHA members work in partnership to promote an efficient, quality health delivery system focusing on prevention and the nation's health objectives.

**Strategies**

- A. Health fairs
- B. Community fund raising activities
- C. Community awareness events- community centers, hospitals, clinics, schools
- D. Articles- magazines, newspaper, websites
- E. Pamphlets/Educational tools
- F. Video/Websites/Webcasts for the public
- G. Creation of local SHAs at academic health centers
- H. Television commercials/interviews
- I. Radio ads/interviews
- J. Position/Policy statements
- K. Lobbying
- L. Fundraising

**Second Annual National Leadership Conference for Students in Healthcare  
Kaiser Family Foundation – Washington D.C.  
January 10 – 11, 2004**

**EVALUATION INSTRUMENT**

**1. Harvey Fineberg**

	Excellent	Good	Adequate	Poor
His knowledge of the subject matter was:				
The extent to which he held my interest was:				
Overall, I would rate him as:				

General comments regarding his presentation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Bobbie Berkowitz**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding her presentation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Stephanie Bailey**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding her presentation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**4. Kaye Bender**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding her presentation: \_\_\_\_\_

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**5. Maureen Lichtveld**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding his presentation: \_\_\_\_\_

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**6. Jay Glasser**

	Excellent	Good	Adequate	Poor
His knowledge of the subject matter was:				
The extent to which he held my interest was:				
Overall, I would rate him as:				

General comments regarding his presentation: \_\_\_\_\_

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**7. George Hardy**

	Excellent	Good	Adequate	Poor
His knowledge of the subject matter was:				
The extent to which he held my interest was:				
Overall, I would rate him as:				

General comments regarding his presentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. J. Michael McGinnis**

	Excellent	Good	Adequate	Poor
His knowledge of the subject matter was:				
The extent to which he held my interest was:				
Overall, I would rate him as:				

General comments regarding his presentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Suzanne Smith**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding her presentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Hugh Tilson**

	Excellent	Good	Adequate	Poor
His knowledge of the subject matter was:				
The extent to which he held my interest was:				
Overall, I would rate him as:				

General comments regarding his work as facilitator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Kerry Nessler**

	Excellent	Good	Adequate	Poor
Her knowledge of the subject matter was:				
The extent to which she held my interest was:				
Overall, I would rate her as:				

General comments regarding her presentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Other**

	Excellent	Good	Adequate	Poor
Panel Presentation – Working together now and in the future to improve health				

General comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL INFORMATION

9. What aspect(s) of the conference did you like best? Please explain:

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10. What benefits have you or the organization you represent received because of your attendance at the National Leadership Conference for Students in Healthcare?

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11. Would you be interested in attending the National Leadership Conference for Students in Healthcare next year? \_\_\_ Yes \_\_\_ No

Please list topics of interest for next year's meeting:

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12. What aspect(s) of the conference did you like least and what are your suggestions for improvement?

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13. Please add any other comments or recommendations:

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Thank you for attending the conference and completing this evaluation. We look forward to learning about your work to improve collaboration among students in various health and health-related professions to achieve our Nation's health objectives, Healthy People 2010.