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 National Headquarters
1330 G Street, NW
Washington, DC 20005

Day 1
***Proposed speaker(s), not yet confirmed**

8:00	Registration ➢ Saturday, January 10, 2004	
8:30	Opening Remarks ➢ Welcome ➢ Student Roundtable Activity: o Introductions o What type of health professional field are you in? o What is your interest in participating in this meeting? o What student organization are you with? o Does your organization currently have projects focused on achieving Healthy People 2010 goals?	Chris Day Meeting Preparation Sheet Participating Organizations
9:00	Keynote Address: Preparing the current and future workforce to develop a collaborative, integrated health system	Harvey Fineberg
10:00	Student Health Alliance ➢ Mission ➢ Purpose ➢ Membership ➢ Current and Future Goals	Chris Day FAQs SHA Organizational Chart Planning Retreat Summary Draft Bylaws Draft Project Criteria
10:45	**BREAK**	
11:00	**Panel Discussion:** Establishing a pipeline to preparedness. Addressing current and future workforce needs, shortages, recruitment and	Kaye Bender Stephanie Bailey Maureen Lichtveld

	retention.	
12:30	**LUNCH**	
1:30	Past, Present, and Future: Collaborations among national student and professional organizations	Jay Glasser Chris Day
2:30	Effective Collaboration utilizing Partnerships	Bobbie Berkowitz
3:30	**BREAK**	
3:45	Workgroup(s) 1. How can SHA participating organizations more effectively collaborate via this forum? 2. What national projects, initiatives or discussions should the SHA engage in during the next three to five years? 3. What are the criteria for identifying and implementing feasible strategies to mobilize student and SHA participating organization action around priority health issues, i.e. what constitutes an issue that the SHA needs to address?	Meeting Participants Hugh Tilson Student Organization Priorities
4:45	Workgroup reports	Meeting Participants Hugh Tilson
5:00	**Adjourn – Day 1**	
6:00 –7:30	**Social** – District Chophouse **FREE Appetizers – Private room** *Dinner reservations must be made separately on Saturday during meeting registration*	www.districtchophouse.com

Day 2

8:15	**Sign in**	
8:30	Workgroup: Developing and implementing strategies for effective collaboration: ➢ How students and SHA participating organizations can work together to advance collaborative projects and help achieve our nation's health objectives	Meeting Participants Hugh Tilson
9:30	Workgroup reports	Meeting Participants Hugh Tilson

9:45	**BREAK**	
10:00	Town Hall Meeting: Working together Now and in the Future to Improve Health ➢ Highlight the nation's most pressing national health issues ➢ Learn about Foundation and Federal agency funding priorities with regard to future workforce issues and Healthy People 2010 initiatives ➢ Dialogue with national health leaders about current and future strategies to improve the nation's health status and eliminate health disparities ➢ Discuss opportunities for student leadership and collaboration to help prepare the future workforce	Bill Frist* Edward Kennedy* Kerry Nesseler Suzanne Smith J. Michael McGinnis George Hardy
12:15	**LUNCH**	
1:30	Workgroup(s): 1. Consensus-building Workgroups: Refine process for gaining consensus and/or support for collaboration around proposed SHA activities 2. Communications Workgroups: Discuss strategies for communicating to students and the public to promote collaborative efforts	Meeting Participants
2:30	Action steps for future collaboration	Meeting Participants Hugh Tilson
2:50	Meeting Wrap-up and Evaluation	Chris Day Conference Evaluation Form
3:00	**ADJOURN MEETING**	

National Leadership Conference for Students in Healthcare
Meeting Preparation

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 professions to achieve our nation's health objectives.

To ensure we have a successful conference, SHA leaders have prepared the following pre-conference materials and questions/answers to help guide you in your workgroup discussions. Please read all of the following information below prior to the conference.

1. What is your role in this meeting?

Your role in this meeting 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 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 meeting?

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 discussion 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 we individually and collectively are trying to accomplish, and think about ways we can work together with them to achieve both our goals. For example, you will hear a George Hardy, Executive Director of the Association of State and Territorial Health Officials, speak about the possibility of securing funding for a national scholarship program similar to programs for medical students via the U.S. Armed Services to assist students through school in return for service in governmental public health agencies. If this is something we think will be helpful to our health professions, and an important need considering 25-46% of the governmental public health workforce will retire or be eligible for retirement in the next 5

years, we should consider offering our help. Also think about how the SHA can 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 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 objectives;
4. Revise and refine SHA's criteria for selecting projects/initiatives for collaborative work between 2 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 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 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 guide the future actions and projects of the SHA.

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/>.

Ice Breaker Workgroup
Saturday, 8:30-9:00

- Go around the table and introduce yourself.
  - Describe the type of health professional field are you in?
  - 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?
- If time permits, brainstorm a list of action items/next steps that you would like to see result at the conclusion of this conference.

Saturday, 3:45 – 4:45
Session Facilitated by Hugh Tilson

4. Choose someone to be a reporter
5. Choose someone to take notes
6. Work for one hour to address the following:
   - List 5-10 ways that SHA participating organizations more effectively collaborate via this forum? Prioritize them from 1-10 with 10 being the lowest priority and 1 being the highest).
   - 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 profession and other workforce issues.
   - 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.
   - 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?

Sunday, 8:30-9:30
Session Facilitated by Hugh Tilson

1. Choose someone to be a reporter
2. Choose someone to take notes
3. Work for one hour to address the following:
   - Briefly review SHA's draft criteria for selecting projects (Will be included in your meeting packet).
   - Briefly review the list of potential SHA projects, initiatives and discussions generated from Saturday's workgroups.
   - What are the criteria for identifying and implementing feasible strategies to mobilize student and SHA participating 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?
   - How can students and SHA participating organizations work together to advance the collaborative projects identified on Saturday.

Sunday, 1:30 – 2:30

1. Choose someone to be a reporter
2. Choose someone to take notes
3. Work for one hour to address 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 help summarize our recommendations and strategies and work with meeting participants to nominate priorities for action.

Organizations participating in the Student Health Alliance

1. **Student Academy of the American Academy of Physician Assistants** (SAAAPA)
2. **American Physical Therapy Association's Student Assembly** (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

Frequently Asked Questions

Questions Addressed:

1. What is the purpose of the Student Health Alliance?

2. What is the history of the Student Health Alliance?

3. What is the purpose of the National Leadership Conference for Students in Healthcare?

4. What are the objectives of the second annual National Leadership Conference for Students in Healthcare?

5. What is the focus of the second annual National Leadership Conference for Students in Healthcare?

6. How are SHA projects, initiatives and conferences funded?

Questions and Answers:

1. What is the purpose of the Student Health Alliance?

Today's healthcare climate is marred by inefficiency. There are more than 41 million Americans who lack health insurance, healthcare costs have raised to more than 14% of our nation's gross domestic product, the baby boomers are beginning to retire, our healthcare and public health workforce is spread very thin, our nation's capacity to provide quality health services teeters in the balance as more workers age and retire, and there is no relief in sight. Furthermore, the tragic events of September 11, 2001 demonstrated that health professionals don't effectively communicate and work with each other. In absence of major health system reform or a massive influx of adequately prepared health workers and funding, collaboration among and between the health professions and community partners may be our only option to curb this growing crisis.

The Student Health Alliance (SHA) was created on Saturday, November 9, 2003 as part of the first National Leadership Conference for Students in Healthcare held in Philadelphia, PA to establish a coalition of health professions students and others to: 1) build a greater understanding about the expertise, skills, and resources various health professions contribute to society as well as to other health professionals; and 2) foster and promote collaborative work focused on prevention and the Nation's Health Objectives.

Mission

The SHA is a multidisciplinary coalition of student dedicated to improving the health of 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.

Vision

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

2. **What is the history of the Student Health Alliance**

In 2001, the Public Health Student Caucus (PHSC) in official relations with the American Public Health Association (APHA) initiated a national student movement to convene the first National Leadership Conference for Students in Healthcare (NLC) at the 130th annual APHA meeting in Philadelphia, PA. The first conference, kicked off by Dr. David Satcher, M.D. Ph.D., the former U.S. Surgeon General, was aimed at improving communication and collaboration among national student organizations representing various health professions. At the conclusion of this conference, representatives from 12 national student organizations signed a memorandum of understanding to formalize into the Student Health Alliance (SHA), which established the following consensus:

- All organizations will jointly organize and assemble an annual national meeting, the NLC, to share ideas and information in order to work collaboratively on projects focused on preventing disease, promoting health and eliminating health disparities.

- All organizations will form an alliance in order to foster and promote collaborative work focused on prevention and the Nation's Health Objectives, Healthy People 2010.

- All organizations will urge their respective membership and chapters to participate in the collaborative projects developed as a result of the alliance.

- All organizations will exchange relevant printed resources and other information on a regular basis for the cross-education of their members and constituencies, and the interdisciplinary encouragement of novel ideas and approaches to preventing disease and promoting health.

Today, SHA is comprised of 13 national student organizations representing over 180,000 student members in physical therapy, allopathic and osteopathic medicine, medicine, nutrition, nursing, public health, health administration and social work.

Thanks to support from the Association of Academic Health Centers and grant funding from the Josiah Macy Jr. Foundation, PHSC in collaboration with the American Medical Student Association convened a planning retreat with the leaders of all SHA organizations at the Kaiser Family Foundation's National Headquarters in Washington, DC, on April 5-6 2003. During this meeting, SHA leaders began building the infrastructure necessary to establish SHA as an effective, long-lasting coalition of student organizations dedicated to: 1) improving the understanding about each of our respective health professions and organizations; and 2) collaborating to protect and improve the

health of our communities. More specifically, SHA representatives developed a draft mission and vision statements, bylaws, short and long-term goals and the organizational structure necessary to fulfill the mission. A list of draft criteria for selecting projects and initiatives for SHA participating organizations to collaborate and help achieve Healthy People 2010 objectives was also developed.

Since the retreat, SHA leaders have participated in regular conference calls to discuss opportunities to work together and reconvene the Second NLC. In June, the National Student Nurses Association (NSNA), an SHA participating organization, convened a panel of SHA leaders at their annual meeting in Phoenix, AZ. In front of an audience of more than 3,500 meeting participants, panelists described aspects of their educational training and highlighted opportunities for collaboration among and between SHA participating organizations and NSNA members. In the question and answer session that ensued, most of the questions regarded, "what public health has to offer nurses and the nursing profession and will SHA be creating a toolkit to assist schools develop "mini SHA's" on their respective campuses to facilitate local level collaboration." This is just one example of how SHA and its leadership has been effective in improving students and professionals' awareness about the expertise offered by various health professions.

In January 2003, PHSC with the support of AMSA and other SHA leadership was awarded $20,000 in conference support from the Centers for Disease Control and Prevention's Public Health Practice Program Office to help reconvene the National Leadership Conference for Students in Healthcare. The meeting date was set for January 9-11, 2004 in Washington D.C. because it didn't conflict with national meetings, finals, or testing blocks for the majority of SHA organizations and student members. Meeting attendance has been limited to up to 10 board members or national leadership from each of the SHA participating organizations. In future years, funds permitting, the SHA hopes to open the NLC to all members of SHA participating organizations.

3. **What is the purpose of the National Leadership Conference for Students in Healthcare?**

The National Leadership Conference for Students in Healthcare is meant to serve as a national forum for the leadership of the nations largest and most diverse student organizations representing various health and health-related disciplines to:

- Build and strengthen relationships among and between national student organizations in and interested in participating in SHA;
- Learn about and engage in collaborative projects and initiatives to achieve our nation's health objectives such as those in Healthy People 2010, our nation's prevention agenda;
- Build a greater understanding about the expertise, skills, and resources various health professions contribute to society as well as to other health professionals;
- Facilitate a greater understanding about the need for and purpose of the SHA;
- Raise the level of awareness about and need for greater collaboration between health and health-related disciplines students and professionals to create a more

effective and efficient health system capable of preventing injuries and illness and improving health;
- Exchange information and project ideas among and between student organizations participating in SHA as well as other affiliated organizations;
- Enhance the leadership competencies of our nation's future health workforce leadership;
- Facilitate interaction between students, professionals and funding agencies to help guide and support future collaborative efforts

4. **What are the objectives of the second annual National Leadership Conference for Students in Healthcare?**

Based on feedback from the first National Leadership Conference for Students in Healthcare, meeting objectives for the second annual meeting were developed to provide students with information and skills to help facilitate greater interaction among the participating students and their organizations. Additionally, several workgroups were incorporated into the meeting agenda to help promote this interaction. Meeting objectives for the second annual National Leadership Conference for Students in Healthcare include the following:

Objective 1:
Hear Harvey Fineberg, President of the Institute of Medicine speak about building partnerships among and between students and professionals to develop a more collaborative health system, guided by evidence based interventions to improve health outcomes.
Objective 2: Gain insight into perspectives and initiatives of health and health related professional student organizations and share ideas with fellow student leaders from multiple disciplines.
Objective 3: Share lessons learned throughout history about national, state and local student efforts aimed at collaborating to improve health.
Objective 4: Learn about and develop effective collaborative leadership skills.
Objective 5: Learn about and discuss practical and conceptual models for collaborative, interdisciplinary student projects.
Objective 6: Discuss how organizations participating in the SHA can partner in the coming year to help mobilize students to achieve Healthy People 2010 objectives.
Objective 7: Expand the number of major national student organizations participating in the Student Health Alliance by enlisting the most representative national student organizations in pharmacy, social work, psychology and ophthalmology.
Objective 8: Develop action items and next steps.

5. **What is the focus of the second annual National Leadership Conference for Students in Healthcare?**

The second annual National Leadership Conference for Students in Healthcare will focus on workforce issues. The first annual conference provided meeting participants with a

general understanding of Healthy People 2010, its goals and objectives, and the 10 leading health indicators. This year's conference will primarily focus on one specific area of Healthy People 2010 related to workforce issues, Focus Area 23, Public Health Infrastructure. The objectives detailed in Focus Area 23 deal with improving the skills and competence of the public health and healthcare workforce to more effectively address the health needs of the community with by focusing on prevention and the elimination of health disparities. This conference aims to facilitate students of various health professions to work together to build capacity and improve public health infrastructure. An intended outcome of the relationships and understanding among and between students in the various health professions represented at this meeting is that it will lead to collaborative efforts to achieve objectives in the other 27 focus areas of Healthy People 2010.

6. **How are SHA projects, initiatives and conferences funded?**

SHA funds its projects, initiatives and conferences via grant funding. SHA does not currently accept funding from pharmaceutical companies. To date, SHA has been successful raising more than $40,000 in grant funding from foundations, national associations, and federal agencies including the Josiah Macy Jr. Foundation, American Association of Physician Assistants, Association of Academic Health Centers, Association of School of Public Health, Centers for Disease Control and Prevention, and the W.K. Kellogg Foundation. Funds have been secured by utilizing APHA's tax-exempt status as a 501c3 organizations.

During the January 2003 planning retreat held in Washington, D.C., SHA student representatives created a new position, the SHA coordinator. The SHA coordinator's role, in part, is to secure funding for future SHA projects and initiatives in collaboration with SHA representatives.

STUDENT HEALTH ALLIANCE
Participating Organizations

Organization	Founded	# Units	# Students	Indepdant	Leadership	Programs
ACHE: (Chicago, IL) www.ache.org Affiliate organization			3,618	No, independent student chapters tied to ACHE		Speakers Program Hill-Rom Essay Contest Student Chapter News – published 6 times per year. Student Networking Meeting
ACNP: (DC) www.acnp.org	1993	34 state affil 7 natl. affil	1,000 students $45/year	No, separate. Student organizations at schools	Board is NPs & Academics No students currently on Board	Clinical conference Policy conference
ADA: (Chicago) www.eatright.org	1917	Over 90 student dietetic associations in colleges and universities nationwide	9,900 Dues: $43/year	No	Two students hold leadership positions: One on House of Delegates and one on Commission on Accreditation for Dietetics Education; both elected every year (so the new reps come in June 1, 2003 - May 31, 2004)	Student track and networking reception at ADA Annual Food & Nutrition Conference & Expand discounted conference rate; student-member web site with online newsletter; e-group for students only, access to other Member benefits, such as no annual fee credit card, ADA's journal on-line, etc
AMA-MSS: (Chicago, IL) www.ama-assn.org/go/mss	1972	146 Medical School Chapters, organized by state, and then further organized into 7 Regions	49,000 90% overlap with AMSA Dues: $68 /4 years	No, A student section of the AMA	National coordination by a Governing Council (7 Medical Students) One Medical Student sits on the AMA board of trustees One Medical Student sits on each of the AMA councils. Each Region has a Chair, some regions have additional Regional Officers. Each State has a Chair and an Executive Board, and each chapter has a boardof officers.	Annual and Interim Meetings National Advocacy Leadership Conference National Service Project Each Region has an annual meeting
AMSA: (VA) www.amsa.org	1950 (SAMA)	10 regions; Chapters at medical schools Dues: One-time dues are $65 for 4 years of medical	40,000	Yes	Board represents regions Staff of 25 (5 med students), Medical Students Chair the Programming and Action Committees, also serve as the National Office Leadership; leadership elected at national convention annually in March	New focus on pre-med Natl. Conference 5 regional conferences Magazine, "The New Physician" Expose students to the moral issues of practice. AMSA Foundation

		school and extend through the entire residency.				
PHSC: (DC) www.phsc.org	1996	Campus Liaisons at 46 Schools, Members at more than 110 schools	4,500 Dues: 50$/year PHSC receives no funding from student member dues, raises money independently.	No, A Caucus within the APHA	Pres, Past-President, Pres-Elect, 14 Committees (Co-Chairs), 3 subcommittees; President serves on APHA Executive Board, students liaisons to several APHA sections, Leadership Elected Each year at Annual meeting in October/January	Student opportunities, creating ongoing dialogue about public health curricula, leadership development, creating partnerships; Student Health Alliance, National Mentoring Program Annual Meeting with APHA Quarterly Newsletter, News and Views
APTA: (VA) www.aptastudent.org/	1991	50 Chapters	12,000 (55%)	No, Student section	Student Board of Directors, Student Liaisons from each State	Annual meeting part of APTA annual meeting
ASDA: (Chicago, IL) www.asdanet.org	1971	54 Schools Not all 50 states	15,000 Dues: $65/year National dues, Local Chapters have dues as well (varies)	Yes, Linked to ADA	Pres., 2 VPs Speaker, 10 trustees, 6 + consultants, 4 externs, students on each ADA Council, 5 votes in ADA House of Delegates	Push for pre-dental chapters 3 annual conferences Legislative program Magazine
NABSW: (Detroit, MI) www.Nabsw.org	1968	46 Chapters 30 states		No, linked to Intl. NABSW	Has student exec. Board Pres, 2 VPs	Professional development Intl. Conference, Natl. Conference. Local agendas
NSNA: (NYC) www.nsna.org	1952	School and states chapters; National dues are $20 for the first year and $30 for subsequent years; State dues run from $5 to $15 per year. Dues vary by state, pay 1-2 years at a time	30,000	Independent	Pres., VP, Secretary, Treasurer, 5 Directors; Student Executive Board w Executive Director and other Staff; elections take place in April.	Professional Development, local, state and national meetings and conferences; Imprint Magazine, leadership development, scholarships; NSNA Foundation
SAAAPA: (VA) www.saaapa.aapa.org/	????	132 Schools 47 states	10,000 Dues: $85 full	No, Student Section	10 board members, 5 regional chairs, diversity chairs	National and regional meetings

		5 regions	program	of AAPA		
SNMA: (DC) www.snma.org	1964, Indep since 1967	142 Chapters 10 regions	Dues: $60 for 4 years of medical school. $15 pre-med members.	Yes, prior student section of NMA	Local chapters, 10 regions with regional board, national board; President, Vice President, President Elect, Chair person	Focus on minority students and community service Developing undergraduate affiliate Service Projects
SOMA: (Chicago, IL) www.studentdo.com/	1970	20 Chapters, one at each Osteopathic Medical School	6,000 Dues: $60 for 4 years	Yes, Close links to parent AOA	Board of Trustees, National Board, Committees 3 Regions	2 conferences/year with voting representatives from each chapter. Professional Development Leadership Improved Health Publications

STUDENT HEALTH ALLIANCE
Planning Retreat
Washington, DC
April 4-6, 2003

Convening: Thanks to grant funding from the Josiah Macy Jr. Foundation, the Public Health Student Caucus (PHSC) in collaboration with the American Medical Student Association (AMSA) convened twelve national organizations of health students collectively known as the Student Health Alliance (SHA). The SHA met at the Kaiser Family Foundation's National Headquarters in Washington, DC, on April 5-6 2003 to develop the following infrastructure for the Alliance: 1) mission statement; 2) vision statement; 3) short and long term goals; and 4) the organizational structure necessary to fulfill the mission. Representatives from each of the 12 organizations participating in SHA contributed to this discussion including:

American Dental Student Association (ADSA)
American Dietetic Association (ADA)
American Physical Therapy Association's Student Assembly (APTA)
American Public Health Association - Public Health Student Caucus (PHSC)
American College of Nurse Practitioners (ACNP)
American Medical Association – Medical Student Section (AMA-MSS)
American Medical Student Association (AMSA)
Student Academy of the American Academy of Physician Assistants (SAAAPA)
Student National Medical Association (SNMA)
Student Osteopathic Medical Association (SOMA)
National Association of Black Social Workers (NABSW)
National Student Nurses Association (NSNA)

Background. The SHA was established on Saturday, November 9, 2002, in Philadelphia, Pennsylvania during the First National Leadership Conference for Students in Healthcare. Specifically, representatives from 12 national student organizations signed a memorandum of understanding to formalize into the Student Health Alliance, which established the following consensus:

- All organizations will jointly organize and assemble an annual national meeting, the National Student Leadership Conference, to share ideas and information in order to work collaboratively on projects focused on preventing disease, promoting health and eliminating health disparities.

- All organizations will form an alliance in order to foster and promote collaborative work focused on prevention and the Nation's Health Objectives, Healthy People 2010.

- All organizations will urge their respective membership and chapters to participate in the collaborative projects developed as a result of the alliance.

- All organizations will exchange relevant printed resources and other information on a regular basis for the cross-education of their members and constituencies, and the interdisciplinary encouragement of novel ideas and approaches to preventing disease and promoting health.

At the conclusion of the meeting, its was determined that a planning retreat must be convened within 6 months of the Leadership Conference to develop a mission, vision, goals and structure for the Student Health Alliance. In response to this charge, student leaders from the PHSC and the AMSA worked with the Association of Academic Health Centers (AHC) to identify potential funding sources to convene a planning retreat. Based on discussions with the AHC, it was determined that the Josiah Macy Jr. Foundation, an organization committed to help demonstrate or encourage ways to increase teamwork between and among health care professionals, would be the most appropriate foundation to seek funding for this project. In January 2003, the Student Health Alliance, through the American Public Health Association, was awarded $12,000 to convene the planning retreat in Washington, D.C. in April 2003.

Planning Retreat: In order to build on lessons learned from past successes and failures at creating national student coalitions, Fitzhugh Mullan, a national health leader and historian discussed the history of health student organizing in the 20th century. The SHA leaders considered the premise that students are the future, and as such have a special license to challenge the way things are, imagine how things might be and mobilize to influence positive system change. The structure and function of each of these past organizations were also discussed and related to SHA's current efforts. Those present then presented brief background about their organizations, summarized on the matrix attached.

The participants agreed that for the planning retreat to be successful, a vision statement, well-defined goals, and structure must be developed to operationalize the items agreed upon in the memorandum of understanding. To accomplish this, meeting participants were to be respectful of the views of others, would ask questions to clarify differences, would agree to keep the conversation confidential in terms of not attributing particular ideas to individuals and to specify when speaking personally or organizationally.

- **Activities**: Participants agreed that before any formal organizational structure could be developed, the types of activities and initiatives the organization might undertake must be discussed and that these would initially be based on items listed in the memorandum of understanding. After consideration, the group agreed that the activities would fall into two categories: Educational and

Collaborative. Brainstorming about activities in each category produced the following lists:

- Educational Activities – guided by Healthy People 2010
  - Exchanges about the organizational structures, their values, their priorities
    Professional issues and activities
  - Electronic Communication
    Conference calls
    List-serves
    Web links, webcasts, web-chat, discussion boards
  - Publications – collective versus one participating organization promoting SHA activities
  - Conferences
  - Topic-focused events
  - Guided by Healthy People 2010
- Collaborative Activities – guided by Healthy People 2010
  -- Communication (using the same techniques listed above)
  -- Events, Conferences
  -- Policy statements
  -- Actions/Joint activities
    Improve heath
    Improve collaboration

The group noted that there was a lot of overlap in these lists, and that most activities could combine educational and collaborative objectives.

Vision and Mission. The group decided that it would be helpful to have a vision and mission statement to organize their thoughts. A working group produced the following vision statement:

> *"The Student Health Alliance aims to improve the health of our communities and the effectiveness of our health care delivery system by fostering an awareness, understanding and collaboration among members of the health care team."*

Some participants questioned whether the term "health care" and "health care team" were too narrow. Others questioned whether some this statement was really a mission statement. They proposed a vision statement more focused on end goals:

> ***"****We envision a health care delivery system in which members of (all, some) disciplines more effectively collaborate and have a greater understanding of their respective roles.*

Some participants expressed concern over the term "roles."

Everyone agreed to consider language for these statements and to get comments to Toni, Bridgette or Princess before April 20th.

Structure. A small working group reported and the group discussed and accepted the following proposals:

- SHA would be a virtual organization or coalition, at least at first. It would be made up of designated official people who would act as liaisons from the founding dozen student health organizations. Each organization would have one representative and one vote (see "decision-making" below).

- Liaisons would:
  -- have term of at least one year (staggered to meet the cycles of the individual organizations)
  -- have an active clear line of communication to their organizations student governing body
  -- meet at least once per year (this would be called the "Annual Meeting")
  – communicate on behalf of their organizations through various forums created by SHA,
  – direct the activities of SHA, and
  -- work with the three leadership positions defined below.

- A Coordinator would:
  -- be elected for a term of one year at the annual meeting (see "decision-making" below),
  – not vote, except to break a tie,
  – have been a liaison previous to election as coordinator,
  – convene and preside over the SHA,
  – identify potential funding sources,
  – oversee management of resources of SHA,
  -- identify health-student organizations outside of SHA for potential communication and/or inclusion,
  – convene special working groups as needed,
  – report back to the liaisons about the work of committees or working groups, and
  -- continue to advise and consult with SHA for at least one year after term as coordinator is done.

- A Communications Facilitator would be:
  -- one of the current liaisons,
  – appointed by the Coordinator and approved by the liaisons,
  -- responsible for all outgoing educational materials, and
  -- able to solicit subgroups of liaisons as needed for projects or activities.

- A Convenor of the National Leadership Conference for Students in Healthcare would be:
  -- one of the current liaisons at the time selected (if later not a liaison, no vote)
  – appointed by the Coordinator at least six months before a conference, and approved by the liaisons,
  -- responsible for coordinating the annual conference (next: January 2004), and
  -- able to solicit subgroups of liaisons as needed for projects or activities.

Decision-Making. Decisions within SHA will be governed by two principles:

1) One vote per organization, and
2) No financial burden can be put on a group without their explicit consent.

Decision-making would take place in two stages: First SHA would consider the political and financial implications of any potential decision that would commit SHA and/or its participating organizations to action such as organizational structure changes, ratification of policies, projects, initiatives etc. Based on the implications of the decision to be made, several voting procedures as detailed below could be utilized.

Second, SHA would explore where resources might be found to carry it out. The participants agreed that an organization might approve of a project and yet not be able to support it with resources (money, staff, promotion, volunteers). In this case, the student organization could "opt-out" of financial burden or "opt-in" if it wished to contribute funding to advance a SHA project. No organization would be subject to financial burden, or "opting-in" without its express written consent. Further, an organization might not be enthusiastic about a project and yet support it in solidarity with others.

Those participating agreed that the group would operate under a modified form of parliamentary procedures in which discussions would be informal, but decisions would be formal to record the precise matters being considered, the decisions made, and the responsibilities accepted or assigned.

Everyone agreed that decisions could be made in face-to-face meetings, or by electronic means such as conference calls and email polls.

The quorum for decision-making would be two-thirds of all participating groups.

If a liaison could not participate in a decision-making forum, a substitute or alternate from that organization could be allowed to vote provided that the designated liaison had formally given a proxy. A liaison could not give a proxy to someone from another organization.

A simple majority vote of those present/participating and voting would be sufficient for internal and administrative matters such as approval of reports and minutes, and election or affirmation of leadership.

A two-thirds super majority of all participating groups would be needed for matters that are not routine in nature, such as:

-- adoption of budgets (or other appropriation of funds),
– strategic plans (including prioritizing, defining events, pursuing funding),
– alternation of by-laws, and
– affirmation of new participating organizations or affiliates.

Consensus (Quaker style, no-one blocking consensus) would be used to determine if SHA as a group publicly endorses (or undertakes) a program or position.

The Communication Rule: Everybody is free to communicate with each other, but most of the time (except when the communication is personal or clearly bi-lateral), everybody should be copied.

The Advance Notice Rule: Big issues (requiring consensus) should be sent out at least 30-days in advance of a decision, so that liaison will have to time to circulate the issue to their decision-structures and get clear authority and guidance.

By-Laws: Based on these discussions and notes, Sayeed, Neil and Paul agreed to begin drafting by-laws.

Projects: Adam and Annmarie will work on developing criteria to consider and define projects as well as brainstorming a list of example project ideas that would advance our "draft" mission focused on education and collaboration.

New Members: The participants agreed that groups that want to be part of SHA should seek membership. No criteria will be defined at this point. New members will be elected as described above. Many groups have been invited and have not yet decided to join. These include Pharmacists, the NASW and ACHE. Occupational therapists, chiropractors, and other specialty groups (such as podiatrists and opthamologists), and have not been contacted.

Next Steps: Chris will continue as coordinator at least until the next national leadership meeting in January 2004. He will send out these notes and will send out the electronic version of the SHA logo so all groups can post information about SHA to their web-sites.

SHA representatives will go back to their organization and work on formalizing the newly developed "liaison" position as part of the formal structure. For example, PHSC will explore incorporating language into their bylaws that establishes the President as the official liaison to SHA and that participation in the SHA is part of his/her position duties. SHA representatives should report to Chris within two months

By-Laws: Based on these discussions and notes, Sayeed, Neil and Paul agreed to begin drafting by-laws and have a draft completed no later than 60 days after Sunday April 6.

Projects: Adam and Annmarie will work on developing criteria to consider and define projects as well as brainstorming a list of example project ideas that would advance our "draft" mission focused on education and collaboration and have a draft completed for circulation to all SHA representatives no later than 60 days from Sunday April 6.

Mission/Vision: Everyone agreed to consider language for the mission/visions statements and to get comments to Toni, Bridgette and Princess before April 20th. At that point, Toni, Bridgette or Princess will review the comments, revise and refine the mission/vision statements and provide them to Chris by May 1.

Planning Retreat Summary: Chris will work with Frank Blechman to revise and refine the summary of the planning retreat and submit the final report and budget to the Josiah Mach Foundation, no later than January 1, 2004 per the grant guidelines.

# # #

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 lest 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 <u>you</u> 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
- Ask people to work together to create something new at their table (could use name tags, silver ware, etc.) JMC – remember to ask the grp. to ensure everyone participates
- 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. Websites/Webcasts for the public
G. Video
H. Television commercials/interviews
I. Radio ads/interviews
J. Position/Policy statements
K. Lobbying
L. Fundraising

BIOGRAPHICAL SKETCHS

Harvey V. Fineberg, MD, PhD

Harvey V. Fineberg is President of the Institute of Medicine. He served as Provost of Harvard University from 1997 to 2001, following thirteen years as Dean of the Harvard School of Public Health. He has devoted most of his academic career to the fields of health policy and medical decision making. Dr. Fineberg helped found and served as president of the Society for Medical Decision Making and also served as adviser and consultant to the US Centers for Disease Control and the World Health Organization. At the Institute of Medicine, he has chaired and served on a number of panels dealing with health policy issues, ranging from AIDS to vaccine safety. He is the author, co-author, and co-editor of numerous books and articles on such diverse topics as AIDS prevention, tuberculosis control, assessment of new medical technology, clinical and public health decision making, and understanding risk in society.

STEPHANIE B.C. BAILEY, M.D., MSHSA

Stephanie Bailey, M.D., M.S.H.S.A., is a native of Denton, Maryland. She received her B.S. in Psychology from Clark University, Worchester, Massachusetts; her M.D. from Meharry Medical College, Nashville, Tennessee; and performed her residency in Internal Medicine at Grady Memorial/Emory University in Atlanta, Georgia. She later obtained a Masters of Science in Health Services Administration at the College of St. Francis. During medical school training, she was a National Health Service Corp. recipient and later fulfilled that obligation in rural Dickson County. Dr. Bailey began her career at the Metro Nashville Public Health Department in 1981 as Medical Advisor for the East Nashville Clinic. From this position, she advanced to Medical Director/Director of Health Services Administration in 1988; Acting Director of Health in January 1995; and in May 1995 was appointed Director of Health. This position manages a 43 million dollar budget and 579 employees. She is known for integrity, being a change agent/systems thinker, initiative, fairness, enthusiasm, flexibility, loyalty and motivation to achieve results, asking the hard questions, ability to productively and cooperatively contribute to team efforts, inclusiveness, leadership abilities, management skills, and vision.

Helping the city of Nashville become one of the best-managed cities in the world, has become one of Dr. Bailey's passions. To that end, she led the Managing for Results Initiative in Nashville - spearheading this management transformation for Metro Government. Dr. Bailey successfully advocated for and received a budget increase from $24,000,000 to $40,000,000 during her tenure as Director of Health.

She sits on the Board of Directors for the Nashville Academy of Medicine, United Way, the Cumberland Valley Girl Scouts, and Character Counts. She is an active member of all of the appropriate organizations of her profession and career e.g., APHA, TPHA, AMA, NAM, R.F. Boyd Medical Society, Southern Health, and TMA. She is a Past

President of the National Association of County and City Health Officials (NACCHO). As NACCHO Board member she chaired the workgroup that developed the PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) tool. Dr. Bailey has been appointed to three National Committees by Secretary of Health, Donna Shalala: the Advisory Council for the Elimination of Tuberculosis (ACET), the Advisory Board to the Director of CDC, and the National Rural Health Committee. In 1999 she was appointed by the Governor of Tennessee to sit on the Environmental Justice Board. In May 1999, Dr. Bailey was selected to serve as co-chair for the CDC Task Force for Public Health Workforce Development and currently serves as Senior Consultant to the Public Health Practice and Program Office, CDC, for local Public Health practice. She is a Rotarian.

Her professional honors include being the recipient of the 1989 Middle Tennessee Outstanding Leaders and Achievers Award, the 1996 National Urban League Whitney M. Young Jr. Medical Award, 1998 inductee into the YWCA Academy of Women of Achievement, 1998 Recipient Citizenship Award from Northwest Civitan and ATHENA nominee in 2002. She is also a graduate of Leadership Nashville, a nominee to the International Who's Who Among Professionals, and a year 6 graduate of the National Public Health Leadership Institute. Dr. Bailey is a published author and has spoken nationally, regionally, and locally on many subjects, including testimony before a Senate Subcommittee. She is featured in the book *Journey to Leadership: Profiles of Women Leaders in Public Health* by Carol Woltring and Carole Barlas. On September 29, 1999, The Association of State and Territorial Health Officials honored Dr. Bailey with the "Excellence in Public Health Award" for local Leadership.

Dr. Bailey is married and has three children—two daughters and one son, and a host of hobbies.

Kaye Bender, RN, PhD, FAAN

Kaye Bender, RN, PhD, FAAN, is Dean and Professor of the University of Mississippi Medical Center School of Nursing (Since May 2003). Prior to assuming that position, she was Deputy State Health Officer for the Mississippi State Department of Health for 5 years and Chief of Staff fr the Mississippi State Department of Health for 10 years. She began her career as a public health nurse in 1977 and held many public health staff and supervisors positions in the local public health system in Mississippi prior to coming to the state office.

Dr. Bender has a BSN from the University of Mississippi; a MS in Community Health Nursing from the University of Southern Mississippi, and a Phd in Clinical Health Sciences from the University of Mississippi Medical Center. She is a Fellow in the American Academy of Nursing and is a graduate of the CDC/Western Consortium Public Health Leadership Institute.

Dr. Bender has served on several local, state, and national public health and nursing committees and has held several offices in public health and nursing organizations. She most recently served on two Institute of Medicine Study Committees, "The Future of the Public's Health in the 21st Century" and "Who Will Keep the Public Healthy?".

Dr. Bender has published several articles and book chapters and has provided numerous presentations on public health and nursing topics. Her research area of interest is public health and health systems research. She has successfully managed a project entitled "School Health Nurses for a Tobacco-Free Mississippi" in which school nurses were employed to implement interventions to reduce or prevent tobacco use among school-aged children. The project, $2.5 million for the past five years, has demonstrated success in accomplishing its goals (publication pending). Currently, she manages a School Health Nurse Early Periodic Screening, Diagnosis, and Treatment Project funded by a foundation in Mississippi. The role of the school health nurse is to provide school-based health screenings and referral to Medicaid eligible children. The project is in its second funded year.

Maureen Lichtveld, MD, MPH
Associate Director for Workforce Development
Public Health Practice Program Office
Centers for Disease Control and Prevention
Tel. 770-488-2480 Fax. 770-488-2574
E-mail: mal7@cdc.gov

As the Associate Director for Workforce Development, and Director, Office of Workforce Planning and Policy, in the Public Health Practice Program Office (PHPPO), at the Centers for Disease Control and Prevention (CDC), Dr. Maureen Lichtveld provides leadership in the implementation of the *CDC/ATSDR National Public Health Workforce Development Strategic Plan.* Her efforts combine biomedical, social, epidemiological, behavioral, and policy data to address issues of science, policy and public health practice associated with public health workforce preparedness. National programs directed by Dr. Lichtveld include: *The Global and National Implementation Plan for Public Health Workforce Development* which outlines an array of actions to be undertaken by CDC and numerous partners in Federal, State, and local health agencies, in academic institutions, and in communities; a national system of 22 Centers for Public Health Preparedness (CPHP) established to strengthen bioterrorism and emergency preparedness at the frontlines by linking academic expertise and assets to state and local health agency needs; a national *Public Health Training Program for Bioterrorism (BT) Preparedness and Response* which outlines activities related to training strategies to enhance preparedness at the frontline and to prepare health care professional to respond to BT and other current and emerging threats; and the CDC National Academic Partnership Program designed to engage member institutions from key national academic professional associations, such as ASPH, ATPM, MHPF, and AAMC, in conducting a growing spectrum of CDC-supported prevention research training and fellowships.

Prior to this position, Dr. Lichtveld held several key leadership and management positions at the Agency for Toxic Substances and Disease Registry (ATSDR), where she most recently served as the Director of the Division of Health Education and Promotion. In this position, she directed an integrated, community-based national public health program in health education, risk communication, environmental medicine, and health promotion. Since joining ATSDR in 1987, Dr. Lichtveld also served as Acting Deputy Assistant Administrator; Assistant Director for Public Health Practice, Chief Biomedical Officer, Division of Health Assessment and Consultation, and Chairperson, Medical Waste Workgroup.

Dr. Lichtveld has received numerous honors, including a Special Service Award for activities associated with the CDC Health Alert Network and the Emergency Operations Center in the aftermath of September 11th, the Public Health Service Special Recognition Award, an ATSDR Outstanding Science Group Award, Environmental Health Scientist of the Year, CDC Service to the Public Honor Award, and letters of appreciation from members of Congress. She is recognized nationally and internationally for her scholarly contributions to the field of public health by authoring numerous publications and serving on editorial boards of contemporary public health journals. Dr. Lichtveld received her MD from the University of Suriname and her MPH from Johns Hopkins School of Hygiene and Public Health. She is also a graduate of CDC=s National Public Health Leadership Institute and is an Adjunct Assistant Professor at the Tulane School of Public Health and Topical Medicine.

Jay Howard Glasser, Ph.D., M.S.

Professor, Biometry
University of Texas Health Science Center
School of Public Health
P.O. Box 20186
Houston, TX 77225
Office Phone: 713-500-9173 Fax: 713-500-9171
Email: jglasser@sph.uth.tmc.edu

EDUCATION:

B.A.	1957	University of Connecticut	Zoology
M.Sci.	1960	Columbia University	Biostatistics
Ph.D.	1967	North Carolina State Univ.	Experimental Statistics

CURRENT ACADEMIC APPOINTMENTS:

Co-Director, Graduate Program in Health Care Technology Assessment, The University of Texas Health Science Center, Houston, Texas.

Professor of Biometry and Computer Sciences, School of Public Health, The University of Texas Health Science Center, Houston, Texas.

Adjunct Professor - Department of Ophthalmology, The University of Texas Medical School, Houston, Texas.

Editor: The Medicine and Public Health Initiative Website: www.mphi.net. A Joint Collaboration of The American Medical Association and The American Public Health Association (1996 to present)

President: Delta Omega Honorary Society, Univ. of Texas School of Public Health Chapter

HONORS AND/OR SPECIAL AWARDS:

Fellow (Honorary) Royal Institute for Public Health, UK
Sigma Xi
Delta Omega
Statistics Section Academic and Professional Achievement Award for Public Health and Statistical Methods, The American Public Health Association (1997)

EDITORIAL BOARDS

Public Health, Journal of The Royal Institute of Public Health
Journal of Evidenced- based Health Policy and Management

NATIONAL OFFICES (current only):

Immediate Past President and Executive Board member, The American Public Health Association

President, The Medicine and Public Health Initiative (American Medical Association and The American Public Health Association), Member of the Founding Group and National Committee 1993-present

Member, The Executive Board, The American Association of Colleges of Podiatric Medicine

NATIONAL ADVISORY AND REVIEW COMMITTEES (current only):

Chair: The Universal Health Care Task Force: The American Public Health Association

Member: Task Force on Association Reorganization, The American Public Health Association

Member: Distance Learning Council, Associations of Schools of Public Health

Chair The Scientific Advisory Committee, Towards Unity for Health Project, World Health Organization, Geneva

Member: Scientific Advisory Committee, The World Federation of Public Health Associations

Consultant: The China Medical Board, New York, New York

PUBLICATIONS (2003):

Glasser J. H. *Students: The Future of Public Health Student Health* Spectrum, Nov, 2003.

Glasser, J. H. *Counting and accounting for the health of the public*, The Nation's Health, Nov. 2003

Glasser, J.H. *Powering up a trust fund for our public health system*, The Nation's Health, October, 2003

Mc Ghee, CR, Glasser, JH, Chen WC and Pomeroy N: *Forecasting Health Care Expenditures and Utilization Expenditures and Utilization based on a Markov Process and a Deterministic Cost Function in Managed Care Settings* Institute of Mathematical Statistics Vol. 43, p. 229-238, Oct. 2003.

Glasser, J.H. *Joining Medicine, public health together is a good fit,* The Nation's Health, September, 2003

Glasser, J. H. *Global tobacco treaty will be remembered as the year's success*, The Nation's Health August, 2003

Glasser, J. H. *Balancing the dramatic with everyday health needs,* The Nation's Health June/ July 2003,

Glasser, J. H. *How to collectively create a public health pandemic,* The Nation's Health, May, 2003

Glasser, J. H. *Effectively communicating public health messages* The Nation's Health April, 2003

Glasser, J. H. *Protecting and defending the right to health care coverage,* The Nation's Health, March 2003

Glasser, J. H. *Building a unified highway system for public health,* The Nations Health, February 2003

Glasser, J. H. *Moving together toward our 132 year of service*, Dec 2002/January 2003, The Nations Health

Glasser, J. H. and Wells, A., *Using the Internet to Develop Interdisciplinary Education*. Education for Health Journal, In Press.

Prager, T., Chuang, A., Slater, C., Glasser, J., Ruiz, R. *The Cataract Outcome Study Group. The Houston Vision Assessment Test (HVAT): Reliability and Validity*. Ophthalmic Epidemiology, In Press

OTHER PAPERS:

Lippeveld, T and Glasser J, *Towards Equity in Education, Service and Health Care Delivery Measuring Progress: lessons learned,* Newcastle, Australia, October 2003

Bobbie Berkowitz, Ph.D., M.N. B.S.N.

NAME	POSITION TITLE
BOBBIE BERKOWITZ	PROFESSOR AND CHAIR

EDUCATION *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE	YEAR CONFERRED	FIELD OF STUDY
University of Washington	B.S.N.	1972	Nursing
University of Washington	M.N.	1981	Nursing
Case Western Reserve University	Ph.D.	1990	Nursing Science
CDC Public Health Leadership Institute		1993-1994	Scholar

PROFESSIONAL EXPERIENCE (1986-2002):

Chief of Nursing Services (9/86-5/93) Seattle-King County Department of Public Health, Seattle, WA.

Deputy Secretary (5/93-7/96) Washington State Department of Health, Olympia, WA.

Deputy Director/Sr. Lecturer (7/96-9/97) RWJF Turning Point National Program Office, University of Washington School of Public Health & Community Medicine, Seattle, WA.

Director & Adjunct Professor (10/97-Present) RWJF Turning Point National Program Office, University of Washington School of Public Health and Community Medicine.

Director, Center for the Advancement of Health Disparities Research (2002-Present) Professor and Chair (7/98-Present) University of Washington School of Nursing, Dept. of Psychosocial & Community Health.

Other Professional Contributions,Scholarships, Fellowships, Honors and Awards (Selected);

American Nurses Association Certification, Nursing Administration Advanced (1986-Present)

Washington State Board of Health (1988-93)

Board of Directors, Hanford Environmental Health Foundation (1991-present)

Washington State Public Health Association Annual Award (1992)

American Public Health Association Creative Achievement Award in Nursing (1993)
American Academy of Nursing (Elected 1993)
University of Washington School of Nursing Distinguished Alumni Award (1994)
Editorial Board, Public Health Nursing (1995-Present)
Committee on National Statistics, National Research Council, *Performance Measures for Partnership Grants* (Aug., 1995)
Institute of Medicine *Committee on Monitoring and Improving the Health of Communities* (Co-Chair, 1995-1997)
Honorary Life Membership, Washington State Public Health Association (1996)
19th Elizabeth Sterling Soule Lectureship (1997)
Alberta Heritage Foundation for Medical Research, Canada, Performance Management (1998)

Reviewer, The Robert Wood Johnson Foundation Executive Nurse Fellows Program (1998-99)

Board of Directors, Qualis Health (1999-present)
Board of Directors, Public Health Foundation (2000-present)
Institute of Medicine (Elected 2001)

Group Health Cooperative Center for Health Promotion, Evaluation of Partnerships for the Public's Health Grant (2001-2003)

Associate Editor, Nursing Outlook

Institute of Medicine and Transportation Research Board *Committee on Physical Activity, Health, Transportation, and Land Use*, Vice-Chair (2002-2004)

Review Committee, AHRQ Study Section (2003)

Review Panel, NINR (2003)

Board of Trustees, Group Health Cooperative (2004-present)

Publications (Selected):

Berkowitz, B. (1994). Cost versus quality of health care. In Health Care Rationing: Dilemma and Paradox, Vol. 6, Series on Nursing Administration.
Berkowitz, B. (1995). Health system reform: A blueprint for the future of public health. Journal of Public Health Management and Practice, 1(1).
Berkowitz, B. (1995). Improving our health by improving our system: Transitions in public health. Family and Community Health, 18(3).
Berkowitz, B. & Katz, A. (1995). Public health takes center stage in health reform. Washington Public Health, 13.
Berkowitz, B. (1997) Evidence of leadership. Journal of Public Health Management and Practice, 3 (1).
Bailey, LA, Durch JS, Stoto MA, and Institute of Medicine Committee on Using Performance Monitoring to Improve Community Health (**B. Berkowitz**, Co-Chair). Improving Health in the Community: A Role for Performance Monitoring. WA. DC, National Academy of Sciences Press, 1997.
Berkowitz, B. & Fields, M. (1997). Public health improvement plan: Sustaining the vision, Washington Public Health, 15.

Berkowitz, B. (2000) Collaboration for health: Models for state, community and academic partnerships. Journal of Public Health Management and Practice, 6(1).
Berkowitz, B. & Thompson, J. (2000) Turning point: Responding to challenges in public health, Washington Public Health, 17.
Berkowitz, B. et.al. (2001) Public Health Nursing Leadership: A Guide to Managing the Core Functions, American Nurses Publishing.
Berkowitz, B. (2001) Communicating Across Organization Networks in Health Care. Indianapolis, The College Network,
Nicola, R., **Berkowitz, B.**, & Lafronza, V. (2002) A turning point for public health. Journal of Public Health Management and Practice, 8(1).
Sawyer, L., **Berkowitz, B**. et.al. (2002) Expanding ANA's quality indicators to the community. Outcomes Management for Nursing Practice, 6(2), 53-61.
Berkowitz, B. et.al. (2002) Rural public health: Policy and research opportunities. Journal of Rural Health.
Berkowitz, B. (2002) Public health nursing practice: Aftermath of September 11, 2001. Online Journal of Issues in Nursing.
Berkowitz, B. (2002) Nursing Management. Indianapolis, The College Network.
Ward, D. & **Berkowitz, B**. (2002) Arching the flood: How to bridge the gap between nursing schools and hospitals. Health Affairs, 21 (5), 42-52.
Berkowitz, B. & Nicola, R. (2003) Public health infrastructure system change: Outcomes from the turning point initiative. Journal of Public Health Management and Practice, 9(3), 224-227.
Larson, E., Palazzo, L., **Berkowitz, B**., Pirani, M., & Hart, L.G. (2003) The Contribution of Nurse Practitioners and Physician Assistants to Generalist Care in Underserved Areas of Washington State. Health Services Research. 38(4):1033-1050.

Research and Grant Awards

Ongoing

Berkowitz, (PI) 5/1/03-4/30/04
Robert Wood Johnson Foundation
Turning Point: Collaborating for a New Century in Public Health
Pilot testing of products, models and outcomes from Turning Point implementation and dissemination of findings.

P20 NR08351 **Berkowitz (PI)** 10/1/02-9/30/07
National Institute of Nursing Research
Center for the Advancement of Health Disparities Research
Development of a research center that will participate in and provide leadership to research-based innovations targeted at reducing health disparities among and within population groups.

1D20HP 00007-01 Oberle (PI) **Berkowitz (Co-investigator)**
7/1/2000-6/30/2005
Health Services Resources Administration

Public Health Training Center

Development and implementation of public health nursing leadership distance learning curriculum.

Completed

42620 **Berkowitz (PI)** 5/1/02-4/30/03

Robert Wood Johnson Foundation

Turning Point: Collaborating for a New Century in Public Health

On-going implementation of public health systems change in 23 states plus one additional state (co-hort five). Implementation and testing of on-line documentation system for public health infrastructure improvement.

38920 **Berkowitz (PI)** 5/1/01-4/30/02

Robert Wood Johnson Foundation

Turning Point: Collaborating for a New Century in Public Health

Implementation and testing of five national collaborative models for public health law, social marketing, information technology, collaborative leadership and performance management. Addition of 3 additional states (co-hort three).

36608 **Berkowitz (PI)** 5/1/00-4/30/01

Robert Wood Johnson Foundation

Turning Point: Collaborating for a New Century in Public Health

Implementation of strategies to transform and strengthen public health infrastructure

in 20 (co-hort one and two) states using a collaborative model.

1U1 U76 MB 1006-01 Hart (PI) **Berkowitz (Co-investigator)**
9/1/98-8/30/01

Health Services Resources Administration

Center for Health Workforce Distribution Studies

A study to determine the total contribution to generalist care made by nurse practitioners and to determine their role in providing generalist care in rural Health Professional Shortage Areas. The study also explored the proportion of total generalist care provided to women by women nurse practitioners.

6 U77 HP 03022-07 HART (PI) Berkowitz **(Co-investigator)**
9/1/98-8/30/01

Health Services Resources Administration

Pacific Islands Continuing Clinical Education Program

Assess the Continuing Nursing Education (CNE) needs of nurses within the Pacific Basin. Collaborate with the American Pacific Nurse Leaders Council and nursing education institutions in the PacificRregion (University of Guam and University of Hawaii) to develop a CNE plan.

34031 **Berkowitz (PI)** 5/1/99-4/30/00
Robert Wood Johnson Foundation
Turning Point: Collaborating for a New Century in Public Health
Implementation phase to test strategies developed during planning phase.

31536 **Berkowitz (PI)** 5/1/98-4/30/99
Robert Wood Johnson Foundation
Turning Point: Collaborating for a New Century in Public Health
Planning grant to develop strategies for improving public health infrastructure at the state and local level in 14 states and 41 communities (co-hort one) and 7 states (co-hort two) using a collaborative model.

U48/COU009654 (SP7) **Berkowitz (PI)** 10/1/97-9/30/98
Centers for Disease Control and Prevention
Enabling Performance Measurement in States and Communities
A study to examine the barriers to states and to local agencies in developing performance management systems.

Hugh H. Tilson, M.D., Dr.P.H.
Clinical Professor of Epidemiology and Health Policy and
Senior Advisor to the Dean, UNC School of Public Health
March, 2003

Hugh Tilson M.D. (Washington University, St. Louis, Missouri 1964), DrPH (Harvard School of Public Health 1972) is a practicing epidemiologist and outcomes researcher, whose career in public health and preventive medicine spans more than 35 years. Fifteen years of public service included duties as a U.S. Army Preventive Medicine Officer in Europe; Consultant to the Federal Office of Economic Opportunity, National Center for Health Services Research, and Veterans Administration; Local Public Health Officer and Human Services Director for Multnomah County (Portland), Oregon (NACHO President, 1976); and State Public Health Director for North Carolina. His pioneering work in Portland, Oregon's "Project Health" was widely cited as a prototype for national healthcare financing under a "managed competition" model.

During fifteen years in the multinational pharmaceutical industry, he is credited for introducing many epidemiologic principles and innovations … public health in the

private sector. Upon his retirement from industry in 1996, he joined the full time faculty of UNC School of Public Health in Chapel Hill. He is an advisor to government and industry in health outcomes, drug safety, and evidence based health policy, including, most recently public health preparedness. He chairs the National Steering Committee for the Centers for Education and Research in Therapeutics (CERTs) program for AHRQ and the CDC working group on Research for the Public Health Workforce. He served on the original IOM Committee which wrote the landmark 1988 report on the Future of Public Health and served as liaison from the IOM Board on Health Promotion and Disease Prevention to the Committee working on the new report: "The Future of the Public's Health". He is a Lifetime National Associate of the National Academies of Science. At UNC he has been one of the founding members of the 'Institute for Public Health', assuring the new and expanded role of the School of Public Health in strengthening public health services for all communities in the State and beyond, and he serves as a "Senior Fellow" for Maine's Center for Public Health.

HRSA BIOGRAPHY:

Kerry Paige Nesseler, R.N., M.S.

Associate Administrator for Health Professions
Health Resources and Services Administration
U.S. Department of Health and Human Services

DECEMBER 2002

Kerry Paige Nesseler, R.N., M.S., was appointed Associate Administrator for Health Professions in the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) on July 29, 2002.

HRSA works to fill in the health care gaps for people who live outside the economic and medical mainstream. The agency uses its $6.2 billion annual budget (FY 2002) to expand access to quality health care for all Americans through an array of grants to state and local governments, health care providers and health professions training programs.

As associate administrator for HRSA's Bureau of Health Professions, Nesseler is responsible for developing and implementing federal policies and programs for health professionals throughout the United States. With a fiscal year 2002 budget of $818 million and a staff of 380, she directs a variety of health professions programs affecting the nation's physicians, dentists, nurses, allied health professionals and health workforce issues. She also oversees the National Health Service Corps, Ready Responders, curriculum development for bioterrorism, the Children's Hospital Graduate Medical Education Program, the National Practitioner Data Banks and the Healthcare Integrity and Protection Data Banks.

Nesseler served as deputy associate administrator for programs for HRSA's Maternal and Child Health Bureau between 2000 and her current appointment. From 1998-2000, she was senior advisor to the associate administrator, and was a senior nurse consultant at MCHB for five years prior to that.
From 1992-1993, Nesseler was a nurse epidemiologist with the Centers for Disease Control and Prevention, and first worked with HRSA from 1990-1992 as a senior project officer/nurse consultant in the Bureau of Primary Health Care. From 1986-1990, she was with the Indian Health Service in Minnesota as a maternal-child health program coordinator. In 1989, she had an assignment to the College of Micronesia, Majuro, where she taught MCH nursing. While in Hawaii from 1982-1986, Nesseler held various nursing positions, including clinical nursing instructor at Kapiolani Community College in Honolulu (1985) and nursing educator and instructor (1985-1986) at the University of Hawaii at Manoa, Honolulu.

In 2002, Nesseler was selected by the Association of Women's Health, Obstetric and Neonatal Nurses to serve on the childbearing and newborn advisory panel.

Nesseler received a bachelor of science degree in nursing from the University of San Francisco. She earned a master of science in nursing from the University of Hawaii. She holds the rank of captain in the U.S. Public Health Service Commissioned Corps.

Suzanne M. Smith, M.D., M.P.H., M.P.A.

Suzanne M. Smith, M.D., M.P.H., M.P.A., has recently been named Acting Director, Public Health Practice Program Office (PHPPO), at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. In that role, Dr. Smith is responsible for leading CDC activities that strengthen and build the capacity of the public health system. As a part of this effort, Dr. Smith oversees programs that work directly with public health leaders nationwide; medical schools, schools of public health, and other academic institutions; and national, state, and local public health agencies and organizations.

Prior to joining PHPPO, Dr. Smith served as Chief of the Health Care and Aging Studies Branch in the National Center for Chronic Disease Prevention and Health Promotion at CDC. Her professional interests include health promotion and disease prevention among older adults, integration of prevention strategies in organized health systems, preventive services and programs for women, and national surveillance of behavioral risk factors. Dr. Smith has held a variety of leadership roles at CDC in her work with state and local governments, health care systems, chronic disease control programs, and injury prevention. She is a graduate of Penn State University (B.A.), the Medical College of Pennsylvania (M.D.), Emory University (M.P.H.), and Harvard University (M.P.A.), where she was a Kennedy Fellow in the Kennedy School of Government. Dr. Smith is board-certified in internal medicine, infectious diseases, and preventive medicine, and is a Fellow of the American College of Physicians. In 2002, she was awarded the Outstanding Alumnae/i Achievement Award from the Medical College of Pennsylvania.

J. Michael McGinnis, M.D., M.P.P
Senior vice president and director of the Health Group
The Robert Wood Johnson Foundation

J. Michael McGinnis, M.D., M.P.P., is a senior vice president and director of the Health Group. He oversees Foundation programs for health promotion and disease prevention, and those to advance the development of human capital for health and health care. He directs all grant making and programs related to the Foundation's goals of promoting healthy communities and lifestyles and reducing the personal, social, and economic harm caused by substance abuse, tobacco, alcohol, and illicit drugs.

Prior to joining the Foundation in March 1999, McGinnis was scholar-in-residence at the National Academy of Sciences in Washington, D.C. Previously, he held an appointment throughout the Carter, Reagan, Bush and Clinton Administrations (1977-1995), as deputy assistant secretary for health and assistant surgeon general in the Department of Health and Human Services, responsible for coordinating policies in health promotion and disease prevention. During his government service, McGinnis was principal architect of the *Healthy People* process to set national health goals and objectives; the formation of the HHS Nutrition Policy Board and development of the HHS/USDA *Dietary Guidelines for Americans*; and the creation of the U.S. Preventive Services Task Force which produced the *Guide to Clinical Preventive Services*. McGinnis has served on various

committees and boards, including the NAS Board on Agriculture, Health and the Environment; the NAS Food and Nutrition Board; the NAS Institute of Medicine's Committee on Health and the Environment; the Department of Health and Human Services' Nutrition Policy Board (chair); the DHHS Working Group on Sentinel Objectives (chair); the DHHS Task Force on Health Risk Assessment (chair); the National Coordinating Committee on Clinical Preventive Services (chair); and the Armed Forces Epidemiological Board.

McGinnis also has extensive international experience, including service as chair of the World Bank/European Commission Task Force to rebuild the health sector in Bosnia and as field epidemiologist and regional coordinator for the World Health Organization smallpox eradication program in India. He is a member of the Institute of Medicine of the NAS and a fellow of both the American College of Epidemiology and the American College of Preventive Medicine. He holds an appointment as visiting professor of public policy at Duke University.

McGinnis received M.D. and M.A. degrees from the University of California, Los Angeles; a master's degree in public policy from Harvard University; and a B.A. from the University of California, Berkeley.

George E. Hardy, Jr., MD, MPH

Dr. Hardy currently serves as Executive Director of the Association of State and Territorial Health Officials (ASTHO) in Washington, D.C. He began his career in public health with the Centers for Disease Control and Prevention (CDC) in 1966 as an Epidemic Intelligence Service officer. In addition to holding several positions at CDC, he has also directed the Jefferson County Department of Health in Birmingham, Alabama, and served as a member of the professional staff of the Subcommittee on Health and the Environment in the U.S. House of Representatives. In 1980, Dr. Hardy was named Assistant Director of CDC, heading CDC's Washington Office for 12 years. In 1984 he was also appointed as an Assistant Surgeon General in the United States Public Health Service. From 1992 to 1999 he was Executive Director of the International Life Sciences Institute. Dr. Hardy is a graduate of Albion College in Albion, Michigan; received his MD from the Cornell University Medical College; and his MPH from the Harvard University School of Public Health. He is board certified in general preventive medicine and public health.

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: _____

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:

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:

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:

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 meeting facilitator: _____

_____

_____

_____

11. Kerry Nesseler

	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:

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

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:

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

13. Please add any other comments or recommendations:

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 professions to achieve Healthy People 2010 Objectives.