



*Promoting  
Community and  
Global Health  
Initiatives for  
Education,  
Practice,  
Research & Policy*

**ENGAGING  
INTERPROFESSIONAL TEAMS**



*Promoting  
Community and  
Global Health  
Initiatives for  
Education,  
Practice,  
Research & Policy*

*Quannetta T. Edwards, PhD, FNP-C, WHNP-C, FAANP*

*Ruth Trudgeon, MSN*

*Ivy Tuason, MSN, FNP-BC*

*Western University of Health Sciences, Pomona, CA*



Development  
Initiation  
Evaluation



*Health Education Programs*  
*Policies*  
*Regulations*



# Assessing Population Needs

The background of the slide features a blue-tinted image of a globe. Silhouettes of several people are positioned around the globe, appearing to walk or stand on its surface. The overall aesthetic is professional and academic.

# PURPOSE



*Describe the integration of  
community and global health into  
curriculum for education, practice,  
research and policy initiatives*



# FOCUS: Curriculum Development



- ⦿ Risk Assessment – Community
  - Educational/Ecological Approach
  - Vulnerability Model - *'at risk'*
- ⦿ Clinical Application
- ⦿ Inter-professional Collaborative Teams
- ⦿ Integration – multi-settings/multi disciplines
- ⦿ Rewards
- ⦿ Transcending into Global Health



# WESTERN UNIVERSITY OF HEALTH SCIENCES



## Health Science University

1. **Graduate Nursing**
  1. **Entry Level Masters**
  2. **Masters/DNP online**
2. Optometry
3. Podiatry
4. Dental
5. Osteopathic Medicine
6. Biomedical Sciences
7. Physician Assistant
8. Physical Therapy
9. Pharmacy
10. Veterinary Medicine
11. Health Profession Education



# SYMPOSIUM

Implementation of an Innovative Inter-professional Curriculum for Community Assessment for Master's & Doctoral Education

Community Engagement: Implementation of an Innovative Inter-professional Curriculum for Community Assessment & Practice for Master's Education

Implementation of an Innovative Inter-professional Global Health Curriculum for Doctoral Education

# POPULATION HEALTH CURRICULUM DEVELOPMENT



Community &  
Population Assessment



Community  
Engagement



Global Health





**Implementation of an  
Innovative Inter-professional  
Curriculum for Community  
Assessment for Master's &  
Doctoral Education**



## POPULATION HEALTH DEFINED:

*Health outcomes of a group of individuals, including the distribution of such outcomes within the group*

(Kindig & Stoddart, 2003)



# POPULATION HEALTH

Communities and Global Health

*Increase Years of Life  
and  
Quality of those Life Years*



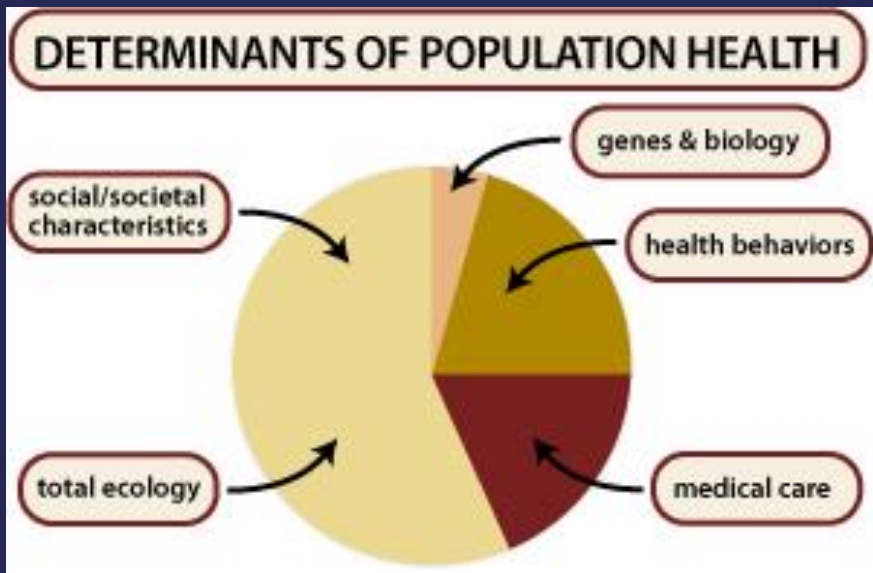
Broad spectrum approach when compared to 'individual' care that focuses on the environment, human behavior, lifestyle and medical care

*Disease Prevention & Health Promotion*

**POPULATION HEALTH**

# DETERMINANTS OF HEALTH

- Social and economic environment
- Physical environment
- Person's individual characteristics & behaviors







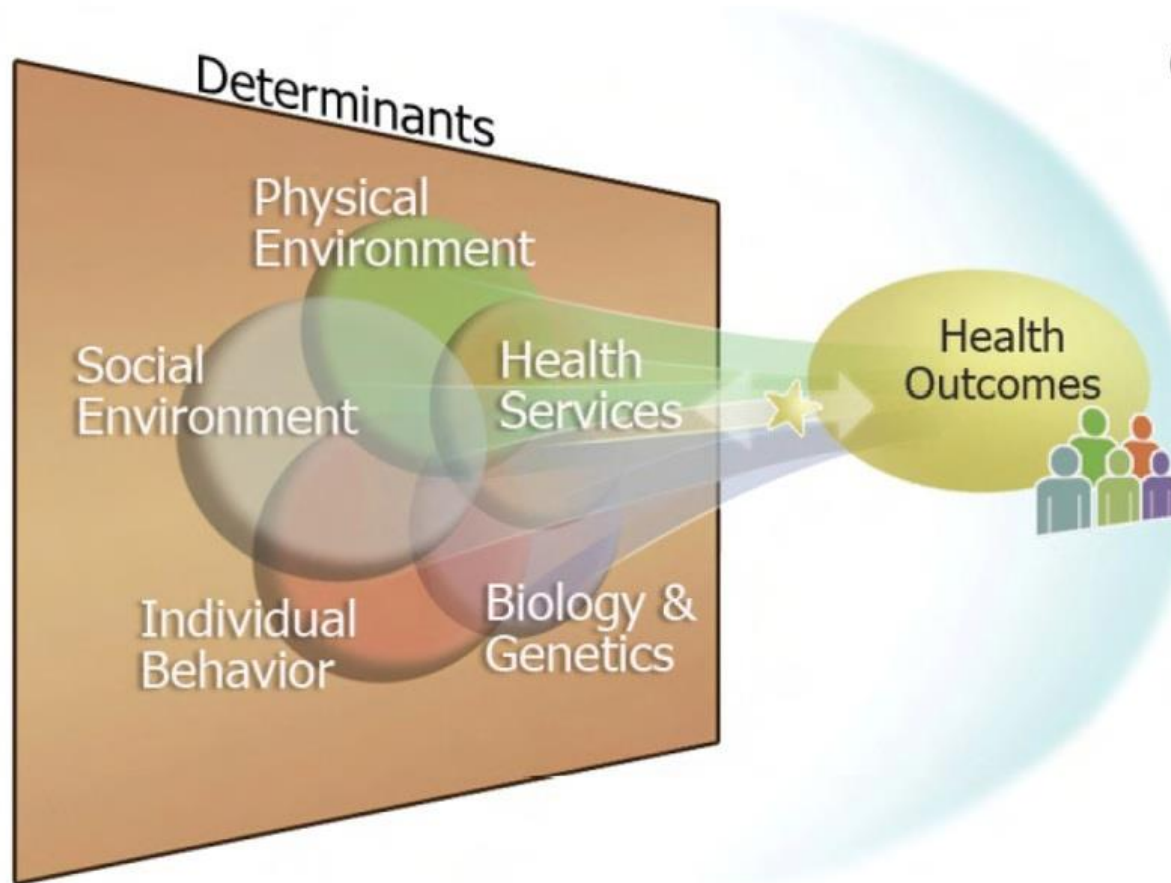
## SOCIAL DETERMINANTS OF HEALTH (SDOH)

*Healthy People 2020*

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>

# Healthy People 2020

*A society in which all people live long, healthy lives*



## Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.



## SOCIAL DETERMINANTS

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels

# Conceptual-Based Course

Master's of Nursing (online)

Doctoral of Nursing Practice (online)

Inter-professional Service Learning Course:  
(multi-settings)

Epidemiology, Research, Biostatistics and  
Community & Global health (osteopathic  
medicine)



## COMMUNITY ASSESSMENT

# American Association of College of Nurses (AACN)

- ◉ Inter-professional Collaboration for Improving Patient and Population Health Outcomes (*Essential VII*)
- ◉ Clinical Prevention and Population Health for Improving Health (*Essential VIII*)
- ◉ Clinical Prevention & Population Health for Improving the Nation's Health Clinical prevention (Essential II)
- ◉ Inter-professional Collaboration for Improving Patient and Population Health Outcomes (Essential VI)

**Master's Essentials**

**Doctoral of Nursing Practice (DNP) Essentials**



# Example of DNP Curriculum

- Topic 1: Introduction to **Community Assessment**, Health Disparities and Vulnerable Populations
  - Topic 2: Practice Approaches with Vulnerable Populations
  - Topic 3: Health Promotion & Prevention in Vulnerable Populations
  - Topic 4: Special Subgroup Considerations in Vulnerable Populations Care
- Discuss **determinants of vulnerability - social, epidemiology, biological, genetics, and/or behavioral factors** that define groups as *vulnerable populations* resulting in disparities in health and healthcare (*DNP Essentials I, VII*)
  - Differentiate between **theoretical/conceptual models of 'vulnerability'**, selecting appropriate frameworks applicable to at-risk populations (*DNP Essential I, VII*)
  - **Analyze selected communities using existing data sets** (epidemiological, environmental, social and behavioral) assessing and identifying at-risk vulnerable populations to generate and plan EBP strategies to improve health outcomes (*DNP Essentials I, VII*)
  - **Evaluate a community in a practice-based setting** focusing on identifying vulnerable populations and community determinants and mechanisms of vulnerability (*DNP Essentials VII, VIII*)

# Community Assessment the Process

1

- **Selected Community**

- Concepts of Community, Epidemiology & Biostatistics
- Utilization of external databases
- Cultural Training (inter-professional doctoral curriculum)

2

- **Community Assessment**

- Demographic Characteristics (who, what, where)
- Ecological/Educational Model
  - Social, Epidemiology, Behavior, Environment, Predisposing, Reinforcing, Enabling

3

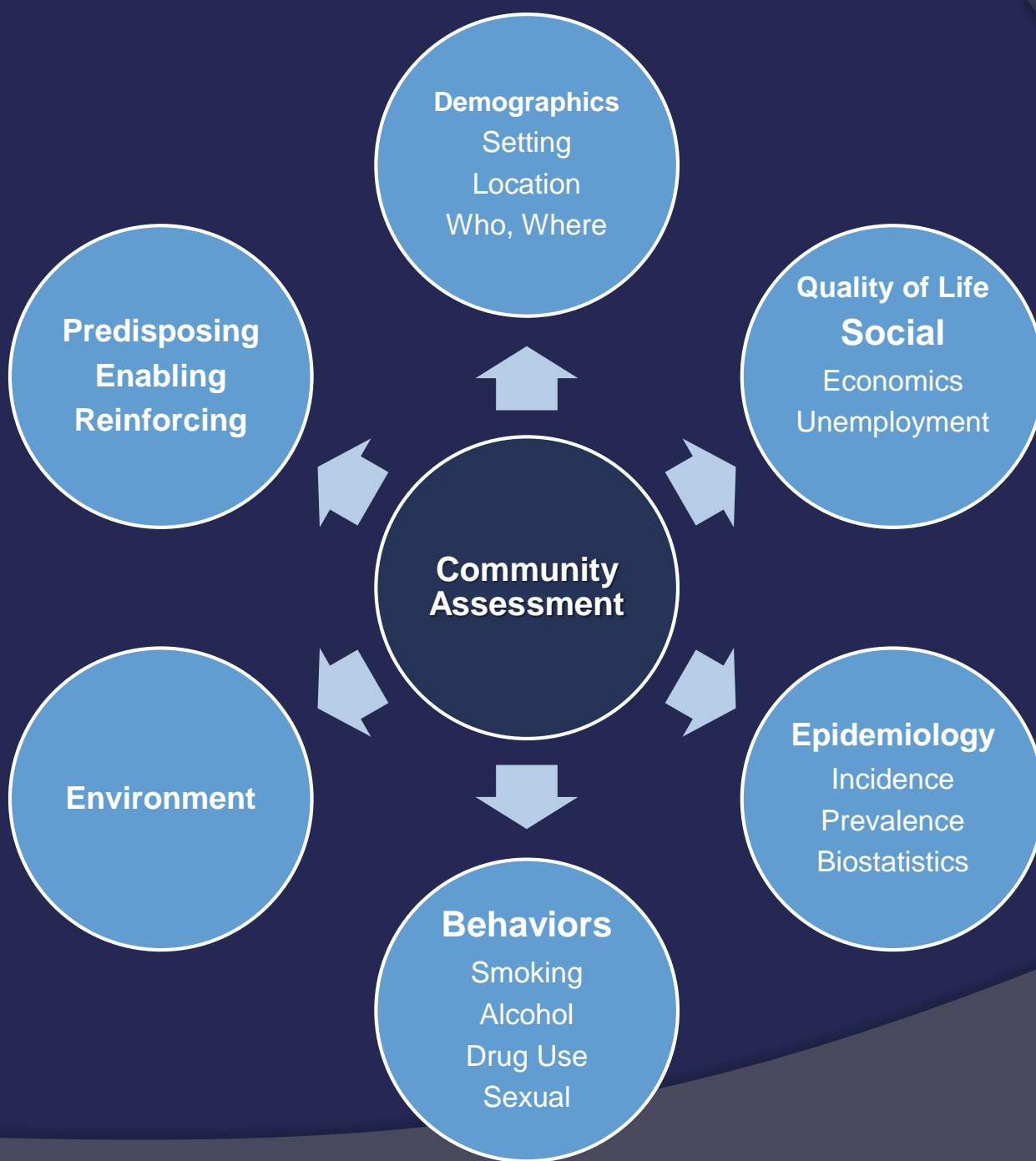
- **Critical Analysis of Data**

- Determination of Vulnerability
- Utilization of Vulnerability Models (doctoral curriculum)
- Prioritize Needs – Development of Evidence-Based Strategies

# Community Assessment

- *Assessment of Risk* – Needs
- Team/Group Approach
- Assignment of Selected Communities
- External Databases
- Theoretical Frameworks/Models
  - *Educational & Ecological Approach*
    - Who, What, Where?
      - Demographic Characteristics
      - Location/Setting
    - Precede Proceed Model
      - Social & Quality of Life Issues
      - Epidemiological
      - Behavioral
      - Environment
      - Predisposing
      - Reinforcing
      - Enabling





# VULNERABILITY– Identifying *at risk* Populations

Community  
Assessment

- Theory-based process
- Ecological & Educational Approach
- Application of Community & Public Health Concepts; Epidemiology; Biostatistics



Identify  
*at risk*  
Populations

- Critical Thinking
- Analysis of Community Data
- Utilization of Theoretical Models focus on Vulnerability & Culture

Development of  
Evidence-Based  
Culturally  
Sensitive  
Strategies

- Health Promotion
- Disease Prevention



# COURSE OUTCOMES



- Favorable Evaluations
  - 4.5 - 4.6 out of 5 *Likert* Scale
- In-depth Community Assessment Data from multiple areas
- Curriculum Development across campus and multi-settings
- Establishment of Mentored Sites
- Implementation of Health promotion Quality/Safety Strategies
- Influenced Policy
  - Bicycle Safety
- Development of Research Strategies
  - Utilization of Physical Fitness towards empowerment

# Examples of Course Evaluations: DNP

## ⦿ Outstanding Evaluations (> 4.5/5.0)

- Strengthened critical thinking skills
- Enhanced learning experience
- Relevant to current or future role

## ⦿ Qualitative Exemplars:

- *Excellent! Excellent! Excellent ! learning experience with a very sharp learning curve. One of the best courses offered in DNP sessions*
- *The whole conceptual framework of vulnerability and population based health was awesome and eye opening.*
- *Performing a community assessment is a tool that will be of great use in my future practice. I value the ability to evaluate the community I serve and establish the challenges they face.*



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# Community Health Nursing

## Student Learning Objectives

Define the role of the nurse in various community settings.

Utilize a holistic approach in applying the nursing process to care of families, communities and populations.

Identify primary, secondary and tertiary prevention strategies in working with individuals and populations at risk.

Plan interventions in collaboration with communities in order to maintain/improve health.

Describe the impact of culture, socioeconomic status and environment on the health of a community or population.

Examine the use of evidence-based practice in developing care for vulnerable populations across the life span.

# Community Assessment



Windshield Survey



Community as Client



Cultural Diversity



Interprofessional Education

# Community Engagement

- ⦿ Recognize strengths and assets
- ⦿ Community participation
- ⦿ Empowerment and capacity building
- ⦿ Community coalitions





# Innovative Clinical Placements (ICP)

- Use of ICP in non-traditional settings enhances community assessment skills
- Interprofessional education
  - i.e. dental, optometry, nursing, and medical students

# ICP Sites



**Impoverished  
Inner City**



**Senior  
Centers**



**Homeless  
Shelters**



**Corrections**



**Native American  
Aboriginal Communities**

# ICP across the Lifespan

- WIC offices
- Headstart and Kindergarten classrooms
- After school program
- Homeless shelter
- Day care center
- Senior centers



# World Health Organization (2013)

- *Transforming and scaling up health professionals' education and training: WHO Education Guidelines 2013:*
  - Promotion of social accountability in professional education and of close collaboration with communities
  - Aim at health equity, delivery of people-centered services, responsiveness and inclusion.



World Health  
Organization

Student Nurses' Clinical Experience in  
Pomona, California

**COMMUNITY  
ENGAGEMENT**

# Community Engagement

## ● Cultural competency

- Low income mostly Hispanic population
- Multi-generation families
- Mostly immigrants





# Community Engagement

## ● Partnership building

- Non-profit organizations
- After school tutoring
- Community garden
- Community breakfasts



# Interprofessional Education

*“ A necessary step in preparing a ‘collaborative practice-ready’ health workforce that is better prepared to respond to local health needs” .*

Source: World Health Organization (2010): Framework for Action on Interprofessional Education & Collaborative Practice

# Interprofessional Learning Activities



Vision  
screening and  
referral



Dental  
screening and  
referral



Emergency  
preparedness

# Social Justice

*“Nurse educators embrace the concepts of justice and caring as guiding principles in teaching students about **ethics and human rights** within the provision of health care everywhere from local communities to the greater global community”.*

American Nurses Association, 2010

# Social Justice

- ⦿ Vulnerable populations
- ⦿ Equitable access to care
- ⦿ Environmental influence
  - Access to healthy food
  - Standard of housing
  - Safe environment





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**IMPLEMENTATION OF AN  
INNOVATIVE  
INTER-PROFESSIONAL  
GLOBAL HEALTH CURRICULUM  
FOR DOCTORAL EDUCATION**



## GOALS:

Health for all people in all nations by promoting wellness and eliminating avoidable disease, disability, and death

It can be attained by combining population-based health promotion and disease prevention measures with individual-level clinical care

# GLOBAL HEALTH INSTITUTE OF MEDICINE



Requires understanding of *health determinants, practices, and solutions, as well as basic and applied research on risk factors, disease, & disability*

# GLOBAL HEALTH INSTITUTE OF MEDICINE

# Global Health and *Healthy People 2020*



## Goal

- *Improve Public Health*
- *Strengthen U.S. National Security*

# Trends and Issues



Economic Globalization



Extensive International  
Travel & Commerce



Newly and  
Re-emerging Diseases

# Global Health: Beyond Infectious Diseases

- Diabetes and obesity
- Mental illness
- Substance abuse  
(includes tobacco)
- Injuries

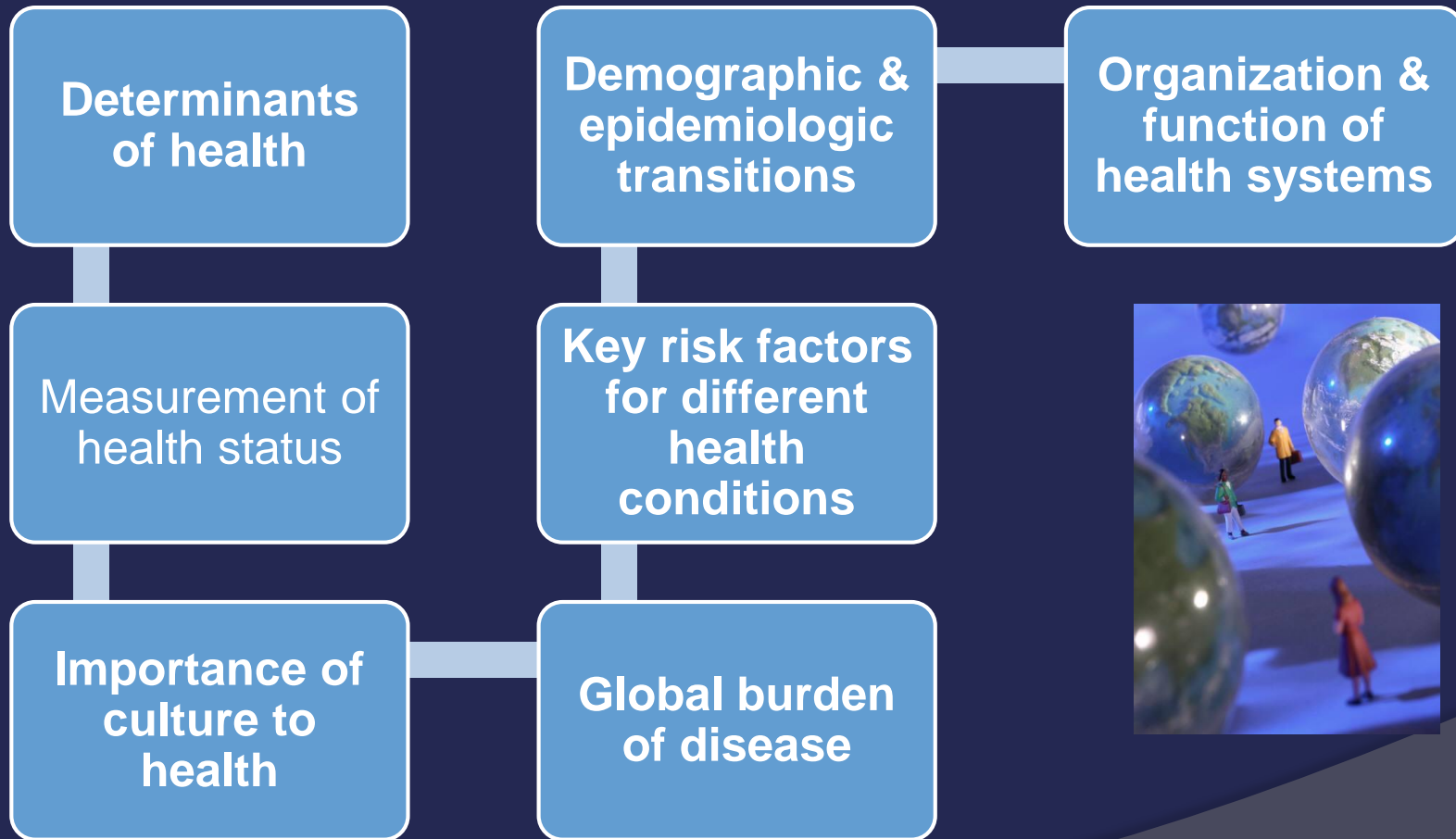




# Impact in the U.S.

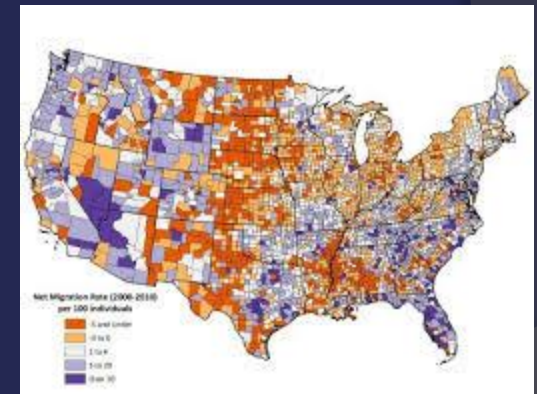
- ⦿ Infectious diseases outbreaks
- ⦿ Food borne illnesses
- ⦿ Contaminated pharmaceuticals
- ⦿ Data sharing
  - life expectancy, prevalence of chronic diseases

# CRITICAL GLOBAL HEALTH CONCEPTS



# Role of U.S. in Global Health

- Leadership role in promoting comprehensive global, real-time infectious disease surveillance system
  - Promote health abroad
  - Prevent spread of disease
  - Protect U.S. population



# RECOMMENDATIONS FOR IMPROVED GLOBAL HEALTH



Increase existing interventions to achieve significant health gains



Generate & share knowledge to address health problems endemic to the global poor



Invest in people, institutions & capacity building with global partners



Increase U.S financial commitments to global health



Set the example of engaging in respectful partnerships

# Institute of Medicine

## The Future of Nursing:

### *Leading Change, Advancing Health*

## Recommendations for the Future of the US Nursing Workforce

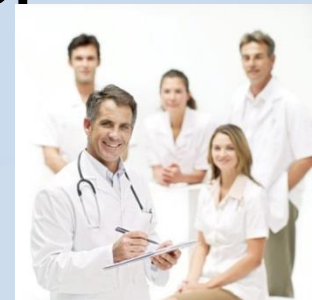


Global health as a subject  
matter to undergraduate and  
graduate nursing curricula

# Global Health Education in Western University of Health Sciences

**Inter-professional Collaboration Global  
Health Curriculum Development Module  
within an existing course in Department  
of Osteopathic Medicine curriculum**

- **Inter-Professional/Multi-Settings:**
- College of Osteopathic Medicine
- College of Optometry
- College of Graduate Nursing
- Pomona and Oregon Campuses



# Physician and Society II (PAS II)

## GOALS:

To shape medical students understanding of their world beyond the typical clinical setting and the interaction between the practice of medicine and real life events.

Starting point see professional possibilities in a much broader local, national and global context.

Use of experiential case studies and discussion topics to examine contemporary health issues impacting the delivery of healthcare in the United States and throughout the world





# PAS II Modules



Contemporary Health  
Issues and Policy



Disaster  
Preparedness



Global Health



Lifestyle Medicine



Medical Jurisprudence

# PAS II: Interprofessional Teaching and Collaboration

- 1 Course Director and 1 Vice Course Director
- 13 faculty members
  - Lebanon, Oregon and Pomona, CA
  - 5 with dual degrees
    - 2 DO/MPH, MD/MPH, PA/EdD, RN/JD
  - 4 DOs
  - 2 MDs
  - 1 FNP
  - 1 OD



# Timeline: Implementation Fall 2013



January/ February	March	April	May	June	August
Identify PAS II Faculty	Identify Module Leads and Faculty	Faculty Planning Pomona Campus April 11 Faculty Planning Lebanon April 2	Joint Faculty All Day Retreat May 21 Finalize lecture content and delivery modalities	Finalize Course Syllabus	Launch Course

# Global Health Module: 5 Faculty

- Internal medicine, practice medicine in many countries including three years in Malawi. Developed international health rotations in the Internal Medicine Residency Program. Director of a nursing home.

MD  
faculty



# Global Health Module: 5 Faculty



- Neurosurgeon and Associate Clinical Professor. Founded and chairs of non-for-profit organization which distributes prenatal micronutrients to childbearing age women in Nepal

MD  
Faculty





# Global Health Module: 5 Faculty

- Nursing education, administration, and program development. Currently enrolled in the PhD program with concentration in Global Health. Volunteer work in Philippines, Haiti, and Nicaragua.

Ivy Tuason,  
RN, MSN,  
FNP-BC



# Global Health Module: 5 Faculty



- Associate Professor, College of Optometry. Specializes in low vision specialization. Low vision rehabilitation with Under the Same Sun in Tanzania working with persons with Albinism and Fudem in El Salvador

Optometry  
faculty





# Global Health Module: 5 Faculty

- Director, Division of Global and Community Health / Asst. Professor, Dept. of Social Medicine & Healthcare Leadership, Medical officer in Baghdad, Project Manager of Palestine Children Relief Fund, Advisor for Iraqi Ministry of Health

MD/MPH  
Faculty



# Global Health Module

7-hour module given three separate times.

Introduction to global health.

Course objectives based on regulatory standards, professional organizations, current literature and trends, and faculty expertise.



# Interdisciplinary Planning and Development

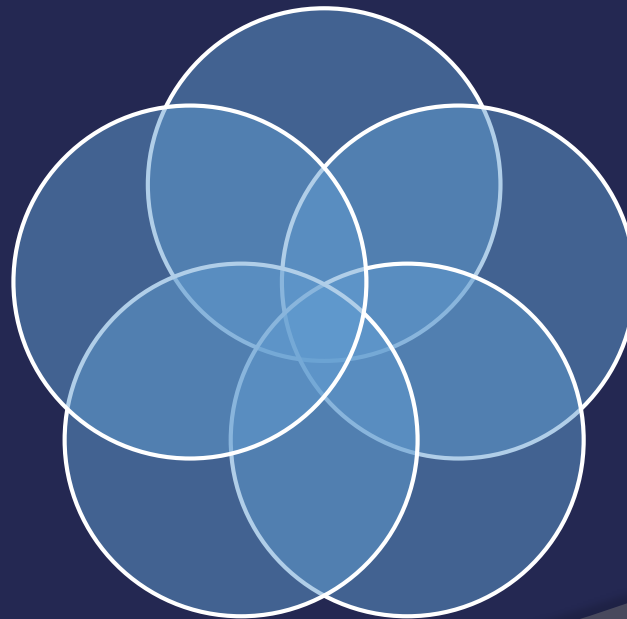
Faculty dynamics and workload

Education versus clinician teaching styles

Schedule-planning meetings

Time limitations

Distance-Oregon and California



# Objectives



Identify global health problems related to the influence of various geographic factors such as climate and location (medical geography)

Identify prevalence and related statistics of the most common global diseases such as TB, malaria, AIDS

Recognize current public health approaches to provision of global health care including common factors such as social, political, and cultural barriers to health care

Recognize international health disparities, as well as the ethical considerations of practicing global health

Identify clinical adaptations, resources, safety/risk management and other related issues pertinent to practice of short-term international health

# Global Health Module: Topics

Focus on Global Health Issues

Goal: influence a commitment to global responsibility

Global Disease  
Patterns and  
Health  
Disparities

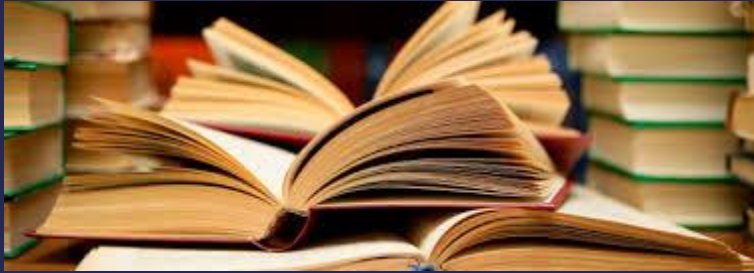
Determinants of  
Health

Adaptations of  
Clinical  
Examinations

International  
Short-term care



# Course Delivery



**PAS 2 GLOBAL HEALTH**  
**READING LIST – FALL, 2013**

**REQUIRED**

- "Global Burden of Disease 2010: Understanding Disease, Injury, and Risk," LANCET
- "Fever in Returning Travelers: A Case-Based Approach," AFP
- "The Pretravel Consultation," AFP
- "US Health in International Perspective," IOM
- "Noncommunicable Diseases," NEJM
- "Policy Making with Health Equity at its Heart," JAMA
- "Primary Health Care in Low-Income Countries," JAMA
- "An International Service Corps for Health," NEJM
- "The Millenium Villages Project," Lancet
- "Denis Burkitt and the African Lymphoma," ECancerMedicalScience
- "Effects of Prenatal Micronutrient and Early Food Supplementation on Maternal Hemoglobin, Birth Weight, and Infant Mortality Among Children in Bangladesh," JAMA

**OPTIONAL**

- Global Health 101, Chapters 1 & 2, Richard Skolnik, (AVAILABLE AT WUHS LIBRARY ONLINE)
- "A Framework Convention on Global Health," JAMA
- "Achieving Equity in Global Health," JAMA
- "Exposing Poverty and Inspiring Medical Humanitarianism," JAMA
- "Geosentinel Surveillance of Illness in Returned Travelers, 2007-2011," AIM
- "Governance Challenges in Global Health," NEJM
- "The Effect of an Integrated Multisector Model: Millenium Villages Project," Lancet
- WHO HIV/AIDS, Fact Sheet on HIV, WHO



## PAS 2 – CASE STUDY

You are a 4th year student preparing for an international health rotation at a rural mission hospital in Malawi. You will be spending 4 weeks there. An old friend has lived and worked there for 2 years as a volunteer with his wife and 2 children. He is an American internist who went to the same medical school as you. You are married and your spouse is thinking of coming as well.

1. What questions do you have for your friend about the logistics of your work?
2. How can you prepare yourself for the medical aspects of your work?
3. How can you prepare yourself for the social/family aspects of your stay?
4. What are your pre-travel needs and requirements? What vaccinations and preventive measures will be necessary?
5. What stereotypes might you have about sub-Saharan Africa? What stereotypes do they have of you?
6. Should your spouse come? What factors might predict a successful or frustrating visit for your spouse?

You arrive at the hospital with your spouse after 2 days of travel. You are warmly welcomed. The hospital has 100 beds filled to capacity, and 4 main wards: male, female, maternity and pediatrics. There are 2 American physicians, otherwise a complete Malawian staff of 120 including 4 physician assistants and nurses. The hospital serves a 100,000 person catchment area. They see 150 outpatients daily, deliver 100 babies per month, staff 3 peripheral health centers, and conduct 20 monthly mobile clinics to different locations.

1. Your internist friend has taken over ½ of the hospital's ward duties, including supervising maternity, doing pediatrics at times, and doing some surgeries. What do you feel of that arrangement?
2. How should you apply yourself? Should you do surgeries? Should you deliver babies?
3. Your friend asks you to round on the male ward on your own ("the nurses will help you out"), and then report back to him. He says they can really use your help. How do you feel about that?
4. There will be opportunities to do some procedures that you have seen but never been allowed to do as a student in medical school (paracentesis, lumbar punctures). How do you feel about that? Are the standards different than the US?

You are in the attending's shoes. The student wants to do a research project to present back at your medical school; you have some experience in research projects. It would involve studying pregnant HIV women and transmission of HIV infection to neonates. He'd like to trial a medication that you have heard helps decrease transmission; it is not yet being used at this hospital.

1. Should your attending allow you to do the study? What difficulties might there be in conducting the research?

The attending and you are called urgently to see a patient on the wards. He is 40, HIV+, and suffering from pericardial tuberculosis. Overnight he became severely short of breath with a low blood pressure, and clinically he has cardiac tamponade. No surgeon is locally available to perform a pericardial window to relieve the tamponade. The attending could do a pericardiocentesis by placing a needle into the pericardial sac, but the last time he did that was on a dying patient back in training.

1. Should he attempt the procedure?
2. Should the patient be referred to the capital 4 hours away, or should you let him die?
3. She may have had a very different outcome if she were at a major medical center in the US. What underlying root causes, i.e. larger social/economic determinants of health, have led to this situation?

A friend of yours has always had a heart for missionary work and the people of Africa, is inspired by your trip, and uses the occasion of your rotation to make a donation of \$25,000 to the work of the hospital. He wants you to decide how it should be spent.

1. What should you do with the donation? How would you inform your decision? Do the intentions of the donor matter?
2. Who should be in control of the money? What do you need to understand about the operation and finances of the hospital?

The hospital is a church run institution, and firmly is against birth control practices and does not want them discussed on the campus. You are aware of a high fertility rate (7) and a high maternal mortality rate (500/100,000) in Malawi. You have learned in preparing for the trip that birth control measures have made a worldwide impact on both of these key statistics. The government hospital an hour away does offer these options. You are seeing a 35 year old woman for a post-partum check after her 10th pregnancy (4 of which were miscarriages).

1. Is it ethical for you to suggest to this woman to seek birth control measures elsewhere? Is it culturally appropriate and sensitive to do so? Is this a cultural or ethical issue?
2. What are factors that have led to this woman's situation? What are the upstream or social determinants? What public health measures, apart from birth control, could impact this situation?





## Health Disparities/Public Health Insurance Case Study – Asthma

### Case:

You are caring for an 8 yo African-American female on the general pediatrics floor. She was transferred from the PICU, where she was admitted for respiratory failure and status asthmaticus. She has a history of “wheezing” but has never been diagnosed with asthma. She receives a majority of her care in the ER and Urgent Care centers. She has never been on controller asthma medications. She lives at home with her mother and 2 siblings. Her mother is employed as a clerk at a hospital and earns \$29,942 per year, placing her at approximately 145% of the FPL. Her mother’s employer provides health insurance, however, she cannot afford to add all three of her children to her health insurance plan.

### Questions:

- 1) Lack of health insurance limits this patient’s access to quality asthma care. But barriers to quality care exist even for those who are insured, what are some of those barriers?
- 2) Are there differences in asthma prevalence by race and income? Are there differences in how children in minority groups access medical care? How do these differences affect asthma care?
- 3) How are most children in the United States insured? Do you think it is common for a person to have a job yet not have health insurance coverage for their children? What are other health insurance options available to this family? Does she qualify for public insurance?
- 4) How could you be an advocate for this child? How can you help ensure improved asthma care?

# Sample Schedule

<b>Day 2: 3 hours</b>	<b>Presenter</b>	<b>Topic</b>	<b>Time</b>
Day 2 - 3hrs	Ivy	Water for Ayole	20
		Didactic water/public health/ cultural competency	20
		Nepal / Tanzania? case	45
		Break	10
		Public health implications re government policy	20
	Becky	Global Health Ethics	20
		Tropical diseases (AIDS, TB, Malaria)	30
		Guatemala	15
		Total	180

# Evaluations of Students

- Reflection papers
- Objective examination
- Attendance



# Course Evaluations

- ◎ 187 out of 221 responded
- ◎ 3.3 out of 4.0
  - Learning objectives clear
  - Instruction well organized
  - Instructor communicated material effectively
  - Overall instructor effectiveness

# Course Evaluations Exemplars

- ① *“Global health seems unnecessary when I have an insanely difficult renal final to study for.”*
- ② *“This information would have been more interesting at another time.”*
- ③ *“Material was too basic.”*

# Implications

- ⦿ Interprofessional learning
- ⦿ Global health as an elective and specialty
- ⦿ Centralized global health rotations
- ⦿ Timing
- ⦿ Faculty challenges



# Nurses as Leaders in Population Health

**Central to health-care  
system**

**Understand the  
relationship between  
disease & social  
determinants of  
health**

**Knowledgeable about  
strategies that  
promote health and  
reduce disparities**

**Social Change  
Social Justice**

**Education  
Research**

**Health care policy**

Thank You!

Danke

Salamat

Obrigado

谢谢

MERCI

Gracias

KEA LEBOGA

Domo

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