

Advisory Committee on Interdisciplinary, Community-Based Linkages
“Preparing the Inter-professional Workforce to Address Health Behaviors”

April 22-23, 2010
Meeting Minutes

Attendance

ACICBL Members:

Ronald H. Rozensky, PhD, ABPP (Committee Chairperson)
Jane Hamel-Lambert, PhD, MBA (Committee Co-Chairperson)
Robert J. Alpino, MIA
David R. Garr, MD
Beth D. Jarrett, DPM
Linda J. Kanzleiter, MPsSc, DEd
Barbara N. Logan, PhD, MA, MSN
David H. Perrin, PhD, ATC
Linda J. Redford, RN, Ph.D.
Steven R. Shelton, MBA, PA-C
Jay H. Shubrook Jr., DO, FACOFP, FAAFP
Laurie Wylie, MA, RN, SNP

HRSA Staff:

Joan Weiss, PhD, RN, CRNP (Designated Federal Official, ACICBL and Director, Division of Diversity and Interdisciplinary Education (DDIE))
Louis D. Coccodrilli, MPH (Branch Chief, Area Health Education Centers Program (AHEC))
Norma J. Hatot, CAPT/USPHS, Senior Project Officer, AHEC Program

Invited Guests:

Bonnie Spring, PhD, ABPP
Belinda Borrelli, PhD
Patrick Remington, MD, MPH
Bernard Guyer, MD, MPH

Format of Minutes

These minutes consist of three sections:

- I. Introduction
- II. Expert Presentations
- III. Next Steps

I. Introduction

Dr. Ronald Rozensky, Chairperson of the Committee, welcomed all committee members and invited guests and introduced the working title of the ACICBL's Tenth Annual Report. To set the tone, Dr. Rozensky briefly emphasized the importance of this year's subject because of its connection with the health behavior issues addressed in "Healthy People 2010" and its alignment to the Committee's mission. Within the context of healthcare reform and the Administration's focus on obesity, this year's subject is relevant and ahead of the curve. The Committee will look across all health disciplines to address ways healthcare professionals can be trained and educated to positively influence health behaviors.

II. Expert Presentations

1. Health Behaviors: Evidence, Impact, Implications

Bonnie Spring, PhD, ABPP

Professor of Preventive Medicine, Psychology, and Psychiatry; Director of Behavioral Medicine; Co-Program Leader for Cancer Prevention; Northwestern University, Evanston, IL

Dr. Spring defined examples of health risk behaviors, outlined their relevance, and addressed ways to reduce them—as most health risk behaviors are linked to the onset of preventable diseases. She provided evidence that health professionals can successfully reduce risk behaviors and the efforts are worth the investment. She emphasized that all healthcare disciplines can be instrumental in changing patients' health behaviors. She also pointed out that many effective methods for changing health behaviors are cost-effective, but they are not widely utilized. Dr. Spring presented several curriculum recommendations for health professionals: 1) Educate all primary care professionals about evidence-based practices; 2) Educate to perform evidence-based treatment of health risk behaviors; and 3) Educate in inter-professional teams.

2. Motivational Interviewing: Evidence, Practice, and Implications for Training

Belinda Borrelli, PhD

Professor of psychiatry, the Center for Behavioral and Preventive Medicine; Brown University school of medicine, Providence, RI

Dr. Borrelli discussed Motivational Interviewing (MI) as an effective method to help patients positively change health risk behaviors. Dr. Borrelli outlined the style and techniques of MI and she presented a video demonstration to exemplify the interpersonal process between healthcare professionals and their patients. She also pointed out the contrasting communication styles of standard approaches and the motivational approach - the difference being that the motivational approach elicits a patient's personal choice and recognizes ambivalence as a natural part of the change process. Dr. Borrelli outlined the key principles and foundations of MI and how they are implemented. She also provided evidence in support of MI effectiveness and the challenges to introducing MI into health professionals' training curricula. Dr. Borrelli provided the following recommendations: 1) Support faculty who are dedicated to patient-centered communication; 2) Integrate MI into vertical curricula throughout medical education; 3) Use evidence to persuade medical schools and residency programs to incorporate curricula for MI skills; 4) Create a national database for curricula, techniques, and assessment methodologies; 5) Establish patient-centered communication as a career development goal; and 6) Emphasize more strongly the fields of behavioral and social sciences in licensing examinations.

3. Strategies to Improve Health from the Individual to the Community, Population Health and Health Behaviors

Patrick Remington, MD, MPH

Associate Dean of Public Health, School of Medicine and Public Health; University of Wisconsin, Madison, WI

Dr. Remington briefed the Committee on public health surveillance across populations and how an epidemiological approach can garner public health action and support. He also shared his experience developing a health rankings tool for the counties of Wisconsin, which has been expanded to a nationwide study and ranking system. Dr. Remington elicited a public response to improve health rankings at the community level and cited success stories as well as limitations to the ranking tool. Dr. Remington left the Committee with the following recommendations: 1) Educate health professionals on the role of community leadership and action; 2) Develop collaboration among health professional leaders to provide

better patient care via inter-professional teams; 3) Increase training in community-based leadership and engage faculty to serve as role models for students.

4. Inter-professional Education and Models for Practice: Visions of the Possible

Barnard Guyer, MD, MPH

Zanvyl Krieger Professor of Children's Health; Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Dr. Guyer brought a life-course perspective to the discussion of health behaviors and informed the Committee on how experiences, environment, and biology shape health in early life. He emphasized the importance of investing in early childhood education to yield better health behaviors in future generations. Dr. Guyer shared with the Committee a framework for establishing lifelong health in early childhood and ways to build capacities among families and communities which will enable them to provide a good foundation for life-long health. He also provided programmatic examples of early childhood education in community settings and placed high importance on cross-training between the fields of early childhood health, development, and education. Dr. Guyer gave the following recommendations to the Committee: 1) U.S. Department of Education and U.S. Department of Health and Human Services should, at some level, collaborate their efforts to develop an integrated curriculum for health professionals in early childhood health promotion; 2) Support the inter-professional nature of public health education for children's development and life-long health.

III. Next Steps

- The Committee agreed to review the expert testimony and develop proto-recommendations to be included in the Tenth Annual Report.
- The Committee members will check their availability in July to establish meeting dates.
- The Committee will also submit additional subject matter experts to present at the scheduled meeting in July.
- The Committee collectively suggested speakers for the next meeting in the following areas:
 1. Older adult health behaviors [already identified];
 2. Best practices in health behavior curricula and educational methodologies across health professional disciplines;
 3. Healthy People 2020 regarding health behaviors;
 4. Healthcare reform policy executors and the implications of healthcare reform for health workforce training;
 5. Private industry insurers on health behavior change (with potential for a panel); and
 6. Department of Veterans Affairs model for addressing health behaviors (with potential for a Federal panel of speakers from the U.S. Department of Labor, U.S. Department of Education, and Centers for Medicare and Medicaid).
- Expert writer, Dr. Katharine Hendrix, will prepare an updated draft outline for the report reflecting the Committee's proto-recommendations.
- The next meeting of the ACICBL is tentatively projected for August 19 – 20, 2010 in Rockville, Maryland.