

THE WINDOW



A round-up of JHF news, events, milestones, publications, and more.

Urban Institute's Laudan Aron Comes to Pittsburgh to Talk About Our Nation's *Shorter Lives, Poorer Health*

The 2013 National Research Council/Institute of Medicine study, [*U.S. Health in International Perspective: Shorter Lives, Poorer Health*](#), was an indictment of the U.S. healthcare system. Despite spending nearly twice as much per capita on health care compared to other developed nations, Americans endure higher rates of illness, disability, and socioeconomic hardship — and each year, this health disparity widens.

On February 25-26, the Foundation hosted Laudan Aron, a senior fellow from the Urban Institute who co-directed *Shorter Lives, Poorer Health*, for a series of events at the QI²T Center designed to highlight America's population health shortfalls, suggest guiding principles for action, and spotlight real-world technology and models of care with the potential to address both the physical and social determinants of health.

During a Health 2.0 Pittsburgh meeting on February 25, Aron provided an overview of the NRC/IOM report's findings and identified nine major American health disadvantages. Relative to 16 peer countries, the U.S. has higher rates of infant mortality and preterm births, drug-related deaths, injuries and homicides, obesity and diabetes, cardiovascular disease, adolescent pregnancy and sexually-transmitted diseases, chronic lung disease, HIV/AIDS, and disability.

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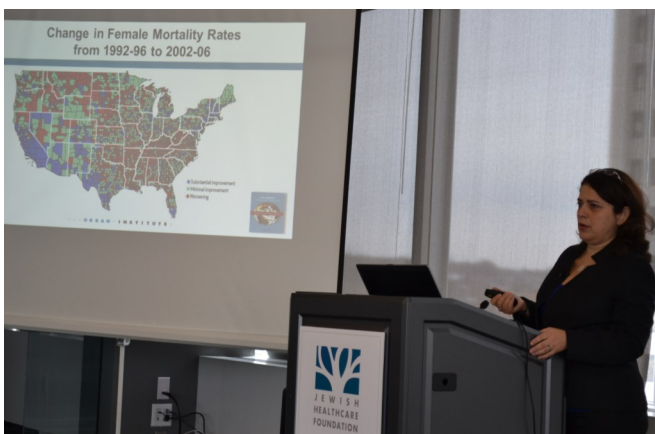
The U.S. lags behind, Aron noted, due to a complex web of health determinants that involves health systems (including barriers to obtaining insurance and accessing care, weak primary care, medical errors, limited care coordination), individual behaviors (diet, substance use, safety practices), social factors (educational opportunity, socioeconomic mobility, family stability), and the environment.

Aron then offered recommendations to close America's health gap, including devoting more resources to preventative, rather than reactive, interventions; making healthcare decisions founded upon strong science; investing in long-term initiatives that reflect community priorities and foster stability, particularly in traditionally underserved communities; and strengthening social service organizations whose services addresses barriers to health. The U.S. spends \$2 on health care for every \$1 spent on social welfare services, Aron said. In other industrialized countries, the spending mix is the exact opposite.

"Other developed countries are beating us on nearly every measure of mortality and morbidity because they're investing in early intervention and prevention," Aron said. "They're focusing on upstream care, preserving health at a much earlier stage than the U.S."



(L-R) Phipps Conservatory and Botanical Gardens Executive Director Richard Piacentini; Andrea Fairman, PhD, founder and CEO of UbiCue; PHRQL (Personal Health Recording for Quality of Life) CEO and co-founder Paul Sandberg; Vanessa Jameson, CEO of Covey; and Laudan Aron.



Laudan Aron shows a map documenting that in a significant number of U.S. counties, female mortality rates have worsened in recent years.

Following Aron's presentation, four local innovators explained how they're leveraging technology to address the root causes of America's dismal health outcomes. Andrea Fairman, PhD, founder and CEO of UbiCue, developed a system for two-way, real-time communication between clinicians and patients with chronic diseases. Patients receive treatment prompts and can track their health regimens via a smartphone app, which crunches data that clinicians can access through a secure, HIPAA-compliant portal. Vanessa Jameson, CEO of Covey, recently launched an app designed to establish real-world connections between mothers at similar life stages. Phipps Conservatory and

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Botanical Gardens Executive Director Richard Piacentini discussed Green Light Foods, which allows users to scan bar codes on foods and drinks and gauge the sugar, salt, and fat content based on a traffic light system. PHRQL (Personal Health Recording for Quality of Life) CEO and co-founder Paul Sandberg showed how his company has partnered with supermarkets, health plans, health systems, and dietitians to offer Connect & Coach, a platform that provides targeted nutritional therapy to consumers in grocery stores.

On February 26, Aron presented to and met with community members during an event that outlined a potential antidote to local population health concerns: iCount, a safety net accountable care organization for complex patients that combines primary care, behavioral health, and human services. The Forbes Funds developed the iCount model with a planning grant from JHF and other organizations.

Forbes Funds President Kate Dewey and Michael Blackwood, consultant to The Forbes Funds and former President & CEO of Gateway Health, explained how iCount will create local service clusters in communities. The clusters, centered on a strong primary care center and complemented by 15 or more social and behavioral health agencies, will bring together doctors, social workers, nurses, pharmacists, and community health workers to address the needs of the five percent of patients who account for more than 50% of healthcare costs. PRHI will provide training and coaching for iCount staff and its partner agencies. In 2015, The Forbes Funds and partners will select up to five communities as pilot sites for iCount.

“We have to redefine primary care on the ground level, in a way that builds upon existing resources such as human services, behavioral services, and federally qualified health centers,” Dewey said. “They have the intellectual property, community relationships, and understanding of the people they serve to move the needle.”

During her Pittsburgh visit, Aron also met with Foundation staff for a strategy session and presented during a PRHI Board of Directors meeting that examined how PRHI and the public health community are aligning their agendas to address the health indicators examined in *Shorter Lives, Poorer Health*.



(L-R) Laudan Aron, Pennsylvania Health Funders Collaborative Executive Director Ann S. Torregrossa, and PRHI Chief Medical Officer Keith Kanel, MD, take part in a strategy session on designing new models of care to improve population health indicators outlined in the *Shorter Lives, Poorer Health* report.



During a community event in the QI²T Center, The Forbes Funds President Kate Dewey discusses iCount, a safety net accountable care organization designed to deliver coordinated physical, social, and behavioral services in local communities.

Payment Reform Summit: Community Hospitals At A Crossroads

The western Pennsylvania healthcare market lags substantially behind other parts of the country in payment reform. In addition to possessing limited infrastructure for collaboration or cost-sharing, as of 2013-14, there has been no substantial Accountable Care Organization (ACO) activity, and no bundled payment arrangements. In addition, ongoing hospital consolidations threaten the independence of community hospitals. The impact of these structural shortcomings is exacerbated by the fact that the region is home to more patients with chronic diseases than elsewhere in Pennsylvania or in the U.S. more widely. Combined, these factors pose a challenge to the region's community hospitals. With such limited infrastructure for shared-savings or collaboration, there is a real question about how innovative and cost-saving programs like the [Primary Care Resource Center](#) (PCRC) model can be adopted and sustained.



Hoangmai Pham, MD, of the Center for Medicare & Medicaid Innovation Center (CMMI) presents via video Link. PRHI's Chief Medical Officer Keith Kanel, MD, on left.



Keynote Speaker John Bluford III, former chair of the American Hospital Association and president-emeritus of Truman Medical Centers.

To begin the conversation needed for the region's providers to consider payment reform, PRHI convened an all-day meeting in Pittsburgh on December 11 – **2014 Payment Reform Summit: Community Hospitals at the Crossroads**. Leadership teams from 20 community health systems – including the PCRC hospitals – came together with four payers and representatives from government, foundations, universities, business, physician groups, and hospital associations. The Summit was supported by a grant from the Robert Wood Johnson Foundation.

Notable presenters included: John Bluford III, former chair of the American Hospital Association and president-emeritus of Truman Medical Centers; Hoangmai Pham, MD, of the Center for Medicare & Medicaid Innovation Center (CMMI); Michael Wolf, then-secretary of Health, Commonwealth of Pennsylvania; Joseph Martin, executive director of the Pennsylvania Health Care Cost Containment Council; Martin Gaynor, former director of the Bureau of Economics at the Federal Trade Commission; Tony Farah, MD, chief medical officer of the Allegheny Health Network; Edward J. Roth III, president

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and CEO, Aultman Health System (Canton, OH); Marion McGowan, RN, chief population health officer, Lancaster General Hospital; Steven Tringale, former president of Senior Division, Massachusetts Blue Cross/Blue Shield; Jennifer Perloff, PhD, Brandeis University; John Harty, chair of the Estes Park Institute; and Harold Miller, of the Center for Healthcare Quality and Payment Reform.

It is hoped that PCRC hospitals will consider participating in one of the Centers for Medicare & Medicaid Services (CMS) or commercial payment reform initiatives to sustain their PCRCs. Some of the Summit's key takeaways:

- * Change is needed if community hospitals are to survive and thrive. According to Joe Martin, over the last 10 years, the region's hospitals have experienced declining admissions (-11%), declining length of stay (-8%), shifting payer mix from commercial insurers to Medicaid, and shrinking operating margins (averaging 1-2% in calendar year 2013). Half of the 29 hospitals in the 11-county region around the City of Pittsburgh experienced negative operating margins in 2013.
- * A goal of payment reform efforts is to move away from volume-driven, fee-for-service (FFS) payment models to alternative models and population-based payment. As described by Dr. Pham, CMS has moved decisively in this direction. Commercial payers are following.
- * Two panelists from community hospitals in Ohio (Ed Roth) and Lancaster, Pennsylvania (Marion McGowan) described models for smaller hospitals to *transition* away from FFS by collaborating in "virtual networks." The networks allow the hospitals to negotiate as a group, reducing costs and improving quality and efficiency — all while maintaining their independence.
- * Steve Tringale noted that there are both challenges and opportunities in moving to value-based



Panelists Marion McGowan, RN, and Edward J. Roth III share innovations in place at Lancaster General Hospital and Aultman.



Allegheeny Health Network Chief Medical Officer Tony Farah, MD, talks about keeping care in the community.



Executive Breakout Session, with Jennifer Perloff, PhD (Brandeis University) and Steven Tringale (President and CEO, Tringale Health Strategies, LLC and Senior Fellow, Estes Park Institute).

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reimbursement, but there is nothing in these models that should force community hospitals to consider mergers.

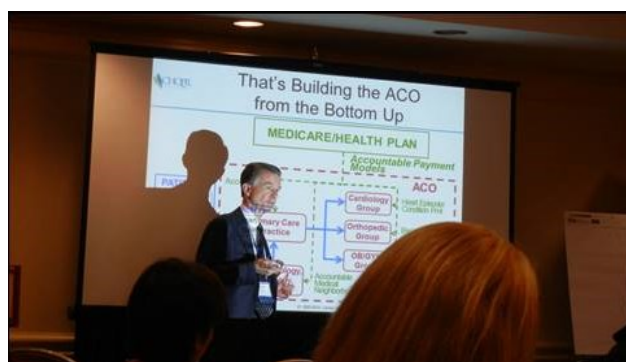
- * John Harty suggested that, because community hospitals are more likely to be able to affect population health, it will be easier for them move toward bundled payments than it will be for big healthcare systems. He noted that CMS is looking to community hospitals to test bundled payments.

The Summit gave attendees the opportunity to encounter new — and attainable — payment models, and to debate what the future of community hospitals in this region might look like.

[Presentations](#) are available on the PRHI website. Summit Proceedings will be published shortly, and will also be available online.



Trustee Breakout Session, led by John Harty (Estes Park Institute)



Physician Breakout Session, led by Harold Miller, Center for Healthcare Quality and Payment Reform

New Fellowship On Death and Dying: Participants Going Through *Closure*

In January, JHF and Health Careers Futures (HCF) launched the inaugural *Fellowship on Death & Dying: The Elephant in the Room*. The Fellowship, the fourth offered annually by JHF and HCF, is modeled after the Foundation's *Closure* Community Conversations and curriculum (closure.org).

Twenty-two graduate and doctoral students with backgrounds in medicine, nursing, pharmacy, policy, public health, law, health administration, research, social work, occupational therapy, physical therapy, and speech are participating in the fellowship, which explores the many medical, legal, social, cultural-familial, and spiritual aspects of death and dying.

The goal of the Fellowship is to help burgeoning professionals identify what they want to improve in the end of life (EOL) care system and implement those changes in their own settings. The facilitators — JHF consultants Jonathan Weinkle, MD, Tamara Sacks, MD, Foundation COO/CPO Nancy Zions, and Program Manager Robert Ferguson — provide a low-pressure environment and protected time for conversations.

The Fellowship includes six sessions. The first three occurred between January and February at different locations, including the Foundation's QI²T Center, Allegheny General Hospital (AGH), and Children's Hospital of Pittsburgh of UPMC.

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At the QI²T Center, Dr. Weinkle and Dr. Sacks provided an overview of death and dying and initiated conversations with the fellows about the EOL care system. Dr. Weinkle observed: “The most important thing is bringing us all around the table. We are crossing disciplines and institutions.”

Dr. Sacks helped the fellows rethink the paradigm for palliative care, remarking that it “should start when you are first diagnosed with a non-curable diagnosis.” At JHF we think that it’s never too soon to begin family conversations about death and dying, and we encourage people—even the fellows—to consider the options and to make their own preferences known.



(L-R) JHF Program Manager Robert Ferguson and fellows Alexandra Dulin, Heather Tomko, and Elizabeth Duggan discuss the end-of-life care system during the first session of the *Fellowship on Death and Dying: Elephant in the Room*. The session was held at the QI²T Center.

At AGH, fellows received a tour of the intensive care unit and the morgue while interacting with Debra L. Caplan, a senior vice president at Allegheny Health Network (AHN) and secretary of the JHF Board of Trustees; Dr. Susan Manzi, chair of AHN’s Department of Medicine; Dr. Anil C. Singh, pulmonologist and critical care physician at AHN; Dr. James B. Reilly, nephrologist and program director of the Internal Medicine Residency Program at AGH; Dr. Jeffrey Gordon, Hospice and Palliative Medicine physician at AHN, and Dr. Katherine Jasnosz, program director of the Pathology Residency and Fellowship Program and director of Autopsy at AGH.



Dr. Katherine Jasnosz (far right), program director of the Pathology Residency and Fellowship Program and director of Autopsy at AGH, leads JHF fellows and fellowship faculty member Dr. Jonathan Weinkle (center) through a tour of AGH’s morgue.

At Children’s Hospital of Pittsburgh of UPMC, Carol May, RN, manager of the Supportive Care Program, had a dialogue with the fellows to frame the issue of pediatric palliative care and family dynamics. Rev. Richard Freeman, manager of Pastoral Care at Children’s, and Daniel Leger, RN, talked with the fellows about spirituality and values at EOL.

May explained that her team’s goal is to provide the support system that children need to remain in their home environment. They teach residents to ask about the “what ifs” and goals of care without making any

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Dr. Anil C. Singh (far right), a pulmonologist and critical care physician at Allegheny Health Network, and Debra L. Caplan (dressed in blue), AHN senior vice president and secretary of the JHF Board of Trustees, provide fellows with a tour of Allegheny General Hospital's intensive care unit.



(Counter clockwise) At Children's Hospital of Pittsburgh of UPMC, Daniel Leger, RN (speaking); Rev. Richard Freeman, manager of Pastoral Care; Carol May, RN, manager of the Supportive Care Program; and Dr. Weinkle facilitate a conversation on the role of spirituality and values in end-of-life care.

assumptions. Rev. Freeman and Leger talked with the fellows about how to “be with people in a way that lets them know you are on a journey with them” and “actively listen, reframe it, and reflect it back so they can hear it in a different light.” Rev. Freeman stressed, “the best thing you can do is be comfortable in your own skin.”

The next two sessions will focus on community resources and options at EOL and caregivers’ and family members’ experience with death, dying, and grief.

During the final sixth session on March 30, the fellows will create action plans for our community, as well as their own careers and institutions, based on what they have learned and experienced.

2015 QI²T Fellows Working to Activate Patients, Help them Choose Wisely

Helping consumers use technology to take control of their health and choose wisely is a central goal of the Foundation’s [Center for Health Information Activation](#) (CHIA) — and it’s also the challenge posed to this year’s QI²T Health Innovator fellows. Thirty graduate students from fields including health science, business, design, computer science, and engineering are working closely with clinical and entrepreneurial mentors to develop products that activate patients and equip them with the knowledge to make positive health decisions.

The 2015 QI²T Fellowship kicked off in January with a panel discussion on consumer decision-making featuring Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark; Rema Padman, PhD, professor of Management Science and Healthcare Informatics at Carnegie

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Mellon University's H. John Heinz III College; and Rev. Sally Jo Snyder, director of advocacy and consumer engagement for the Consumer Health Coalition.

Dr. Fischer discussed how Highmark balances quality, value, affordability, and appropriateness of care, while also encouraging insurance members to take control of their health through coaching, incentive programs, and integrated health apps. Dr. Padman noted that there are upwards of 97,000 health apps available, and that organizations like CHIA can help consumers vet the vast quantity of information available in the digital age. Entrepreneurs are now positioned to develop information, tools, and solutions for health-oriented consumers at the individual, rather than aggregate, level. Rev. Snyder, who is conducting local consumer listening sessions to inform CHIA's mission, said that patients often tell her that they want to know the costs of healthcare decisions and desire a personal relationship with their providers founded upon mutual respect and expertise. Many consumers also consider pharmacists, social workers, faith communities, and family and friends part of their healthcare team.

During the fellowship's second session, JHF President and CEO Karen Wolk Feinstein, PhD, provided an overview of the Foundation's history and explained how CHIA will champion substantive, goal-directed partnerships between patients and providers through communication tools, skill-building, and guidance on assessing online health information and IT products, among other initiatives. CHIA exists, Dr. Feinstein said, because patients demand a new kind of healthcare experience. She cited research from the Altarum Institute showing that 93 percent of consumers want to make healthcare decisions



A panel discussion on consumer decision-making features (L-R): Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark; Rema Padman, PhD, professor of Management Science and Healthcare Informatics at Carnegie Mellon University's H. John Heinz III College; and Rev. Sally Jo Snyder, director of advocacy and consumer engagement for the Consumer Health Coalition.



JHF President and CEO Karen Feinstein provides an overview of the Foundation's history and explains how the Center for Health Information Activation will support the new patient-provider relationship.



QI²T Fellowship mentor Eric Rodriguez (right), MD, MPH, associate professor of medicine at the University of Pittsburgh School of Medicine's Division of Geriatrics, provides guidance to fellow Zachary Barnes and his multidisciplinary teammates as they brainstorm product ideas.

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either on their own or in collaboration with providers.

“It’s a brave new world, with consumers enjoying unprecedented access to health information,” Dr. Feinstein told the fellows. “It’s fundamentally changing how patients and physicians interact. I don’t look at you as students — I look at you as healthcare innovators and disrupters who are going to help patients choose wisely.”

The third session explored strategies to change consumer behavior. John Maier, PhD, MD, director of research and development for the University of Pittsburgh’s Department of Family Medicine and program director for the Pitt Innovation Challenge (PInCH), discussed how fellows can measure how much their products activate patients. Pre-and-post surveys, for example could gauge whether patients feel that fellows’ IT products boosted their knowledge and confidence to make sustainable health changes.

Baruch Fischhoff, PhD, Howard Heinz University professor, Department of Social and Decision Sciences and Department of Engineering and Public Policy at CMU, stressed the need to “see where people are” by developing communication tools that account for the beliefs, values, and life circumstances influencing users’ healthcare choices.

The fellows are working in teams of five to develop a “wire frame” (minimally viable product) of their patient activation technology. During the final session on April 14, fellows will pitch their products to a panel of expert judges for the opportunity to win a cash prize.



John Maier, PhD, MD, director of research and development for the University of Pittsburgh’s Department of Family Medicine and program director for the Pitt Innovation Challenge (PInCH), gives fellows tips on measuring how much their products motivate patients to become engaged in their health care.



Baruch Fischhoff, PhD, Howard Heinz University professor, Department of Social and Decision Sciences and Department of Engineering and Public Policy at CMU, outlines the components necessary for consumers to choose wisely.

“Brave Miss World” Sparks Awareness, Conversation About Campus Sexual Assault

At eighteen, Israeli Linor Abargil was abducted, stabbed, and raped in Milan, Italy two months before being crowned Miss World in 1998; and while many victims don’t speak out because they are ashamed, don’t think people will believe them, or believe it will be futile to do so, Linor fought to put her rapist behind bars.

Her story — which details her struggle to come to terms with her experience and her determination to transform herself from being a victim of a brutal crime into a victim’s advocate — is captured in “Brave Miss World.”

“She has taken the risk,” says the film’s director, “of opening up her wounds, in the hopes of changing the way we look at rape.”

A Department of Justice Report prepared for the Obama White House on campus sexual violence reported that one in five American women is the victim of an attempted or completed sexual assault while at college. 60% of rapes are estimated to go unreported to police.



Campus rape is a grave, persistent problem; and, although our colleges and universities have taken strides in the right direction, there is still a long way to go.

The Jewish Healthcare Foundation is committed to being part of the debate, and part of the solution.

We instigated the creation of a coalition of funders in western PA against campus sexual assault and approved a grant to JFilm to hold screening of “Brave Miss World” with discussion facilitated by Pittsburgh Action Against Rape (PAAR) on 20 college and university campuses in the Greater Pittsburgh area.

Screenings have already occurred at Art Institute of Pittsburgh, Bidwell Training Center, Carnegie Mellon University, Duquesne University, La Roche College, Robert Morris University, Seton Hill University, University of Pittsburgh, and



On February 20, JFilm Executive Director Katherine Spitz Cohan and PAAR Executive Director Allison Hall, screened the film and facilitated discussion with coalition funding partners and JHF staff.

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Westmoreland Community College. Almost 1,000 students have engaged in the screenings and PAAR-facilitated discussions so far, [raising awareness and activating students across campuses](#), and that total could double in the weeks to come.

Upcoming screenings and discussions include:

- Chatham University, March 5
- Kent State University, March 9
- Community College of Allegheny, South Campus, March 11
- Robert Morris University, April 8
- Carlow University Penn State University Greater Allegheny and Beaver, Westminster College, TBD

JHF, Magee-Womens Hospital of UPMC Raise Awareness of Gynecological Cancers, HPV Vaccine with Community Q&A, a Little Rock n' Roll

“No evidence of disease” is the phrase that every patient who has been treated for cancer longs to hear. Through its Human Papillomavirus (HPV) Vaccination Initiative, JHF is mobilizing healthcare providers, parents, young adults, community activists, and policy makers to ensure that HPV-related cancers never touch families in the Pittsburgh region.

On January 22, during Cervical Cancer Awareness Month, JHF and Magee-Womens Hospital of UPMC furthered the goal of eradicating HPV-related cancers through vaccination by hosting a film screening of “No Evidence of Disease” followed by an expert panel discussion on the HPV virus. KDKA-TV Pittsburgh personality Lynne Hayes-Freeland moderated the panel, which featured Miriam Cremer, MD, MPH, associate professor at the Cleveland Clinic and president and founder of Basic Health International; Richard Guido, MD, professor in the Department of Obstetrics, Gynecology and Reproductive Sciences, Division of Gynecologic Specialties at Magee-Womens Research Institute and Foundation; and Ana Radovic, MD, an adolescent medicine physician and pediatrician at Children’s Hospital of Pittsburgh of UPMC. The event was open to the public and was held in the auditorium of Magee-Womens Hospital of UPMC.



KDKA-TV Pittsburgh personality Lynne Hayes-Freeland moderates a panel discussion on the HPV virus. “Awareness is the first step,” Hayes-Freeland said during the event. “We have to do everything we can to eliminate these preventable cancers.”

The film took attendees on the road with No Evidence of Disease, a band of gynecologic oncology

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surgeons-turned-rockers who perform original music to raise awareness and research funding for gynecologic cancers and spread healing through music. It set the stage for a Q&A designed to provide more in-depth information on HPV and the cancer-preventing HPV vaccine.



(L-R) Expert panelists Ana Radovic, MD, an adolescent medicine physician and pediatrician at Children's Hospital of Pittsburgh of UPMC; Richard Guido, MD, professor in the Department of Obstetrics, Gynecology and Reproductive Sciences, Division of Gynecologic Specialties at Magee-Womens Research Institute and Foundation; and Miriam Cremer, MD, MPH, associate professor at the Cleveland Clinic and president and founder of Basic Health International.

During the panel, Dr. Radovic explained that HPV is responsible for nearly 27,000 new cases of cervical cancer, and lesser numbers of vaginal, vulvar, anal, throat, and penile cancers in the U.S. each year, as well as 90% of genital warts cases. The three-dose HPV vaccine, recommended for boys ages 11-21 and girls ages 11-26 is covered by insurance or the federal Vaccines for Children program, and can reduce the risk of developing HPV-related cancers by up to 99%. Yet just 38% of girls and 14% of boys receive all three doses of the vaccine, according to the Centers for Disease Control and Prevention.

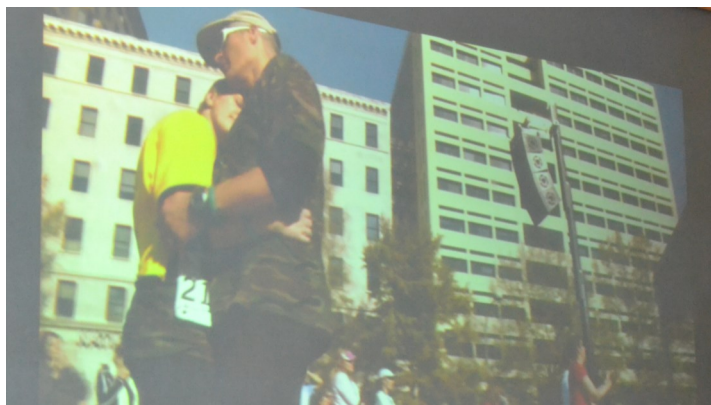
A strong provider recommendation of the HPV vaccine, and an open line of communication between parents and adolescents, can boost those low rates, Dr. Radovic said.

"The more we normalize HPV vaccination, the better," she said. "Nearly all women and men will be exposed to HPV during their lives. There's no stigma."

Dr. Cremer recalled completing a rotation in Honduras while in medical school and witnessing a woman bleed to death from cervical cancer, which is caused by HPV more than 90% of the time. That experience galvanized her to found Basic Health International, a non-profit dedicated to eliminating cervical cancer in disadvantaged communities. Dr. Cremer is principal investigator of a program in El Salvador, involving more than 30,000 women, that will incorporate HPV testing into the public sector.

"HPV vaccination rates are also skewed in the U.S.,"

Dr. Cremer noted. "Fewer at-risk girls and boys get vaccinated. We need to focus on increasing awareness



"No Evidence of Disease" recounts the personal stories of individuals and families affected by gynecologic cancer.

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and access in these high-risk communities.”

Several attendees asked panelists about the potential of the HPV vaccine to become a mandatory immunization for school-aged children in the U.S. Dr. Guido discussed the success of Australia’s free, school-based HPV vaccination program, which began in 2007. Since the program started, more than 70% of Australian girls turning 15 years old have received all three recommended doses of the HPV vaccine, and cases of female genital warts have decreased by 61%, according to a study published in the September 2014 issue of PLOS One. Although it is too early to report on reduced cases of HPV-related cervical cancer (the progression from infection with HPV and then developing cervical cancer often takes 10 to 20 years), Australia has seen a decrease in the number of cases of cervical abnormalities, a precursor to cervical cancer.

“This vaccine can make great inroads in preventing cancer and other diseases,” Dr. Guido said. “It takes a groundswell to make it happen.”

JHF and its many community partners are leading that groundswell in Pittsburgh.

“You are now part of the army helping us to move the needle on HPV vaccination,” said Nancy Zionts. Spread the word. You’ll be hearing from us further.”

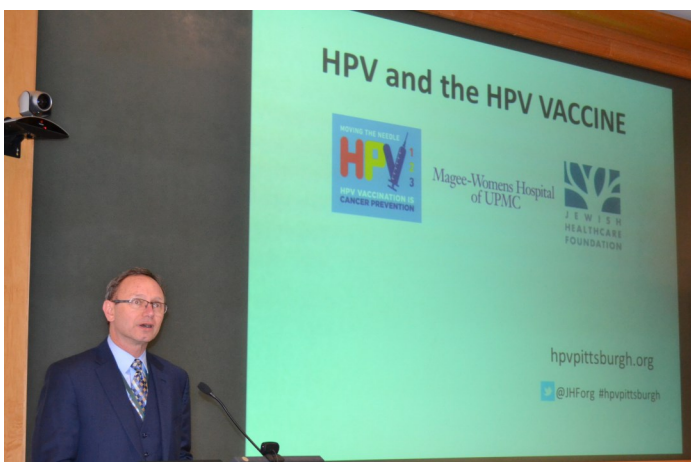
HPV VACCINATION INITIATIVE MAKING HEADLINES

[“Too Few Taking Advantage of HPV Vaccine”](#) (Western PA Guide to Good Health)

[“HPV Vaccine: A Cancer-Preventing Shot”](#) (Pittsburgh Parent)

[“A Rock Band that Battles HPV”](#) (Tracking Zebra)

[“HPV Vaccines Should be More Widely Administered”](#) (Pittsburgh Post-Gazette)



Robert P. Edwards, MD, Chair of Obstetrics, Gynecology, and Reproductive Sciences at the University of Pittsburgh School of Medicine and UPMC, welcomes attendees to the “No Evidence of Disease” event.



From brochures to posters to sign-up sheets for Grandmother Power, attendees had many opportunities to learn more about the vaccination initiative and become involved.

Regional HIV Collaborative Talks Measuring Impact, Linking to National Initiatives

JHF hosted the fourth meeting of the newly-formed Regional HIV Collaborative on February 4, with more than 25 support service professionals, health department representatives, and providers gathering in the QI²T Center to discuss how they can collectively evaluate services and examine their outcomes to strengthen HIV/AIDS services in southwestern Pennsylvania. JHF formed and facilitates the Collaborative, which features more than 15 provider, consumer, and community activist groups.

Mary Hawk, DrPH, LSW, a visiting assistant professor of behavioral and community health sciences at the University of Pittsburgh Graduate School of Public Health, gave a presentation on how HIV services are measured for process, outcomes, and impact. Hawk has 20-plus years of experience as a case manager, grant proposal writer, and program director, including stints at the Pennsylvania/Mid-Atlantic AIDS Education and Training Center (which provides HIV/AIDS consultation services to healthcare



Mary Hawk, DrPH, LSW, a visiting assistant professor of behavioral and community health sciences at the University of Pittsburgh Graduate School of Public Health, gave a presentation on evaluating HIV/AIDS services during the Collaborative meeting.

professionals in a six-state region and the District of Columbia) and the Pittsburgh AIDS Task Force. She was also a founding member of The Open Door, Inc. Hawk stressed the importance of linking the Collaborative's evaluation efforts to regional, state, and national goals, including improving clients' health literacy, medication adherence, and understanding of how to reduce the risk of infection. Those interim goals support the larger vision of suppressing viral loads and reducing transmission of the virus.

During the meeting, members discussed how the Regional HIV Collaborative provides an opportunity to engage a variety of stakeholders and study successful collaborative evaluation efforts elsewhere in the U.S. San Francisco, for example, launched a "Getting to Zero" plan which expands access to Pre-Exposure Prophylaxis (PrEP) drugs that greatly reduce the risk of infection, provides Anti-Retroviral Therapy (ART) within 48 hours of diagnosis, and seeks to eliminate barriers in retaining HIV-positive individuals in care.

The Collaborative meeting was co-facilitated by Macedonia Family and Community Enrichment Center Executive Director Trisha Gadson, who used the remainder of the meeting to establish the structure of the Regional HIV Collaborative and to identify the overall mission, purpose, and core components necessary for growth in stakeholder involvement.

The Foundation's HIV/AIDS team announced that it is developing a regional online calendar to inform case managers and clients of events in the HIV community, such as support groups and communal dinners. Host organizations will have the opportunity to post events on the calendar, which will be available on the JHF website.

Health 2.0 Meeting Shows How Technology Can Help Seniors Age Successfully

“Take two seconds, close your eyes, and think of a loved one who is in their eighties or nineties,” Nancy Zionts said, gazing at a standing room-only crowd gathered for a [Health 2.0](#) meeting at Carnegie Mellon University’s Gates and Hillman Centers. “Think of the best day that loved one could ever have. Now, create something that can make it happen.”



(L-R): Vickie Dellaquila, member of the Greater Pittsburgh Chapter of the National Aging in Place Council; Mildred E. Morrison, MPM, administrator of the Allegheny County Department of Human Services’ Area Agency on Aging; Nancy Zionts; CMU Robotics Institute student Laura Herlant; Susan Lewandowski, NHA, vice president of clinical services for Vincentian Collaborative System; Navity founder Nahom Beyene, PhD; AbiliLife founder Courtney Williamson and Chief Technology Officer Noah Papas; CMU Robotics Institute Student Ada Zhang; Deepan Kamaraj, MD, research associate for the Human Engineering Research Laboratories and PRHI Board member; RistCall founder Srinath Vaddepally; and JHF Consultant Christine Fulton.

On January 21, medical professionals, designers, developers, social service providers, students, patient advocates, and others explored the current state of aging in our region and the role that technology can play in helping seniors age successfully, avoiding preventable hospitalizations and institutionalizations that diminish quality of life. The Health 2.0 event showcased thought leaders in senior services and product design, as well as technology solutions that allow seniors to remain safe, connected, and more independent in their homes and communities.

Nearly 17% of Allegheny County residents are over the age of 65, according to the University of Pittsburgh’s University Center for Social and Urban Research (UCSUR) — well above the 13% national average. By 2030, UCSUR estimates that older adults will account for 22% of Allegheny County’s population and 20% of the U.S. population. With world-class research, computer science, and medical facilities working together, Pittsburgh is positioned to meet the needs of an aging population.

Jim Osborn, executive director of CMU’s Quality of Life Technology Center (QoLT), moderated a panel discussion featuring Vickie Dellaquila, a member of the Greater Pittsburgh Chapter of the National Aging in Place Council (NAIPC); Susan Lewandowski, NHA, vice president of clinical services for Vincentian Collaborative System; Mildred E. Morrison, MPM, administrator of the Allegheny County Department of Human Services’ Area Agency on Aging (AAA); Pete Wendel, user experience manager for Walgreens; and Zionts.

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Dellaquila provided an overview of NAIPC, a network of businesses and non-profits that offer services ranging from home modification to occupational therapy to financial management. Lewandowski noted that Vincentian Collaborative System has partnered with the QoLT (a National Science Foundation Engineering Research Center) on a number of projects, including one which analyzed seniors' walking motions, which is informing modifications to their facility interiors and has implications on any new design of nursing homes to better prevent falls. Morrison explained how the AAA plans and coordinates health and social services for more than 43,000 older adults each year, serving as an advocate for seniors in a variety of living situations. Wendel highlighted Walgreens' community pharmacists, who link patients with educational and community resources while also providing disease management consultations.



Deepan Kamaraj, MD, explains his work at the Human Engineering Research Laboratories (HERL). HERL's "Cueing Kitchen" (pictured here) guides individuals with cognitive impairments through multi-step tasks through the use of wireless sensors and audio prompts.



Jodi Forlizzi, PhD, professor at CMU's Human-Computer Interaction Institute, and Jim Osborn, executive director of CMU's Quality of Life Technology Center.

Zionts noted that many funders at October's annual Grantmakers in Aging National Conference were excited about the potential of technology to help seniors age in place, and that the Consumer Electronics Association Foundation is providing a number of grants to connect seniors and disabled individuals with innovative health products.

"From wellness and social engagement to chronic disease management, and from independent living to long-term care settings, there are many technologies that can help seniors age in accordance with their goals and values," Zionts said.

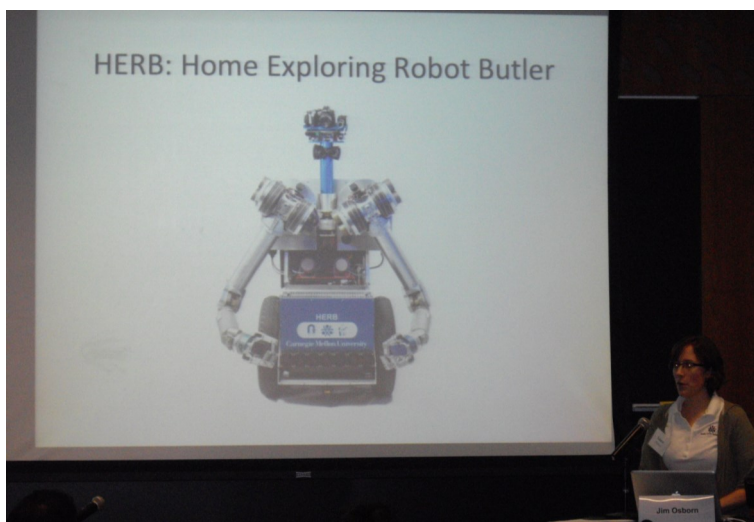
The Health 2.0 meeting, co-sponsored by JHF, PRHI, the QoLT, and the Pittsburgh Technology Council, showed how technology can be harnessed to improve seniors' lives, with six presentations. Deepan Kamaraj, MD, delved into his work as a research associate for the Human Engineering Research Laboratories (HERL), a joint effort by the University of Pittsburgh, the VA Healthcare System, and UPMC

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to develop and test assistive technology for individuals with disabilities and frail seniors. HERL's many projects include CAREN (Computer Assisted Rehab ENvironment), a 3-D virtual reality system that captures data on changes in a person's gait across different simulated surfaces. Dr. Kamaraj, a 2014 JHF summer intern, was recently selected as a member of the Pittsburgh Regional Health Initiative's Board of Directors.

Noah Papas, chief technology officer for AbiliLife, shared the start-up's efforts to create an assistive back and shoulder brace for Parkinson's disease patients and the elderly based on their specific biomechanics. Navity founder Nahom Beyene, PhD, explained how his company can help seniors stay safe on the road by offering advice based on recorded driving data. Carnegie Mellon Robotics Institute PhD students Laura Herlant and Ada Zhang shared projects on which they're working, including HERB (Home Exploring Robot Butler) and a home monitoring system to gauge the severity of tremors for those with Parkinson's disease.



Laura Herlant introduces the Health 2.0 crowd to HERB, a robot butler designed to assist disabled people in their homes.

Srinath Vaddepally, founder of RistCall, offered a demo of a water-proof, rechargeable watch designed to improve upon traditional patient call buttons. RistCall allows patients to make specific requests (such as assistance with meals and medication), which are sent to a nurse wearing a matching watch.

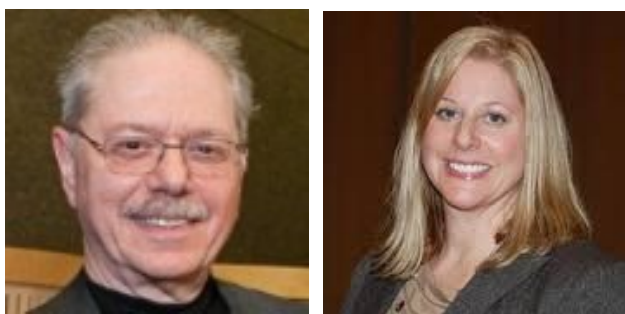
"Pittsburgh has been a great environment for me," said Vaddepally, a CMU graduate who participated in JHF's QI²T Health Innovators and Patient Safety Fellowships. "It's the right place, and the right time, for life-changing innovation."

Jewish Association on Aging Goes Electronic, Enhances Care Quality and Staff Engagement in Partnership with PRHI-Led Pilot Program

Hospitals and physician practices have strengthened their health information technology infrastructure since the passage of the Affordable Care Act, capitalizing on federal incentive programs to adopt and meaningfully use electronic health records (EHRs). But EHR adoption rates in long-term care facilities — ineligible for such incentive programs — lag behind.

With the support of PRHI, however, the Jewish Association on Aging (JAA) is at the vanguard of using EHRs to streamline and enhance resident care, engage staff, and share information with hospital partners

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PRHI Chief Medical Informatics and Learning Officer Bruce Block, MD, and JAA President and CEO Deborah Winn-Horvitz.

focused on preventing avoidable readmissions. During a Long-Term Living webinar on January 22, PRHI Chief Medical Informatics and Learning Officer Bruce Block, MD, and JAA President and CEO Deborah Winn-Horvitz described how a PRHI-led national pilot program to provide subsidized EHR support in long-term care settings is helping the JAA take a data-driven approach across its continuum of senior services.

As a regional contractor for the Office of the National Coordinator for Health Information Technology (ONC-HIT), PRHI has provided subsidized EHR implementation and optimization support to physicians' practices since 2010. But previously, those funds could not be used to assist long-term care facilities. After working with individual practices and learning of their desire to share data across care settings, PRHI submitted a federal proposal to use a portion of the ONC-HIT funds to support assistance for long-term care facilities.

"We had to find the early adopters and innovators in long-term care," Dr. Block said during the webinar. "We made a strong case to the JAA's leadership that they could become a 'self-healing' organization — they could harness data to identify problems, create decision supports, and solve problems. We never had to make the case about the potential to enhance resident care — that's at the heart of the JAA's mission."

PRHI helped the JAA identify workplace needs, study how other regional facilities use EHRs, meet with vendors for product demonstrations, select the right product, implement the EHR, and redesign workflows to maximize the system's impact on patient care. PRHI has initiated similar services for other long-term/post-acute organizations, including Presbyterian Senior Care, Asbury Heights, and the Kane Regional Centers.

"We engaged staff at the JAA by sitting down with them and discussing their work," Dr. Block said. "Everybody in the room hears just what it takes to be a CNA or an LPN, and those people receive some recognition and respect. They also see that the electronic health record is a tool to help them



During the webinar, Dr. Block and Winn-Horvitz explained how electronic health records help the JAA deliver coordinated, quality care across its continuum of senior services.

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perform their work even better and eliminate duplication of effort.”

The JAA’s EHR system went live in its skilled nursing, rehab, and personal care units in July of 2014, and will be implemented for home and community-based services in 2015. Since going electronic, the JAA has improved its CASPER (Certification And Survey Provider Enhanced Reports) quality measure scores; standardized procedures to admit, monitor, and care for residents; and created a fully electronic claims submission and payment process.

Health reform requirements and the 2014 IMPACT (Improving Medicare Post-Acute Care Transformation) Act, which requires post-acute data assessment and collection to be standardized, will only increase the need for long-term care facilities to be wired for quality improvement.

“With PRHI’s support, the JAA is positioned to promote quality and satisfaction of clients and staff, ensure a seamless flow of patient information, and participate in new models of care,” Winn-Horvitz said. “Real-time data — and a strategy to act upon it — is key.”

Nancy Zionts, Judith Black Showcase Closure During National POLST Paradigm Task Force Conference

A Physician Orders for Life-Sustaining Treatment (POLST) form provides a means by which seriously ill patients can direct the kinds of treatment they want or do not want to receive in a medical crisis. What kind of medical treatment is acceptable under what circumstances? Do you want extraordinary measures taken (such as CPR, a ventilator, or feeding tube)? It serves as a conduit for larger discussions between individuals with life-threatening conditions and their clinicians and family members about what matters most to the individual at the end of life.



Nancy Zionts and Judith Black, MD, MHA, medical director for senior markets at Highmark, showcase JHF’s *Closure* initiative during the National POLST Paradigm Task Force Conference in Newport Beach, CA.

The documentation of patient wishes is a medical order that will be followed in an emergency. The clinician signature on the form, a promise to honor these wishes in an emergency.

On February 6, Nancy Zionts and Judith Black, MD, MHA, medical director for senior markets at Highmark, presented Pennsylvania’s approach to POLST and JHF’s [*Closure*](#) initiative to raise expectations for end-of-life care during the annual National POLST Paradigm Task Force (NPPTF) Conference in Newport Beach, CA.

JHF co-sponsored the conference, which gathered representatives from each of the 37 states with an

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endorsed POLST program, members of the NPPTF board, and other thought leaders in end-of-life care. Attendees explored strategies to create POLST champions within medical facilities and in the broader community, as well as ways to track, record, and retrieve POLST forms using electronic health records. The POLST Task Force unveiled a quality improvement toolkit, which gauges how frequently patients' and families' care goals are met, the quality of POLST conversations between patients and providers, and opportunities to streamline the form.

The Foundation serves as the statewide coordinator for PA POLST, providing education and resources to help patients, families, and healthcare providers turn care preferences into medical orders. Zionts and Dr. Black are also on the committee for the Coalition for Quality at the End of Life (CQEL), an alliance of healthcare systems, providers, payers, community groups, government, philanthropic, and faith-based organizations that partnered with JHF to help establish an endorsed POLST program in Pennsylvania and continues to work to engage the community to build patient demand for better end-of-life care and capacity among local healthcare institutions for the delivery of skilled and compassionate end-of-life care.

JHF's *Closure* initiative complements POLST discussions, giving people the tools and resources to make educated end-of-life decisions that are consistent with their values and beliefs. *Closure* features in-person presentations, online learning material, *Closure* Community Conversations, and *Closure 101*, a curriculum developed to educate consumers and healthcare professionals about end-of-life issues and options.

"Many people at the conference were excited to learn how we're using POLST within the context of *Closure*, engaging in deeper conversations about patients' and families' spiritual wishes, their legal and medical knowledge of the situation, and the caregiving perspective," Zionts says. "Since the conference, twelve states have already requested copies of our caregiver implementation manuals because they want to bring the *Closure* program to their communities."

Aultman Shows How Community Hospitals Can Thrive through Commitment to QI, Partnerships

The Lean principles that then-Chairman Paul O'Neill so successfully applied at ALCOA — striving for zero deficiencies, equipping employees with the tools necessary to treat patients safely, reliably, and at best practice — are the foundation upon which the Pittsburgh Regional Health Initiative is built. Together O'Neill and Karen Feinstein guided the development of PRHI's Perfecting Patient



(L-R): Kevin Pete, RPh, senior vice president of Aultman Health Foundation; Emily Menyes, Independent Hospital Network coordinator for Aultman Health Foundation; PRHI Chief Medical Informatics and Learning Officer Bruce Block, MD; Vi Leggett, chief external affairs officer of Aultman College; JHF President and CEO Karen Feinstein; PRHI Chief Medical Officer Keith Kanel, MD, and Director of Education and Coaching Mark Valenti; Aultman Hospital Chief Quality Officer Lori Mertes, MD; and Edward J. Roth III, president and CEO of Aultman Health Foundation.

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CareSM, a LEAN methodology for health care. More than 5,000 frontline healthcare workers have been trained in PPC to date.

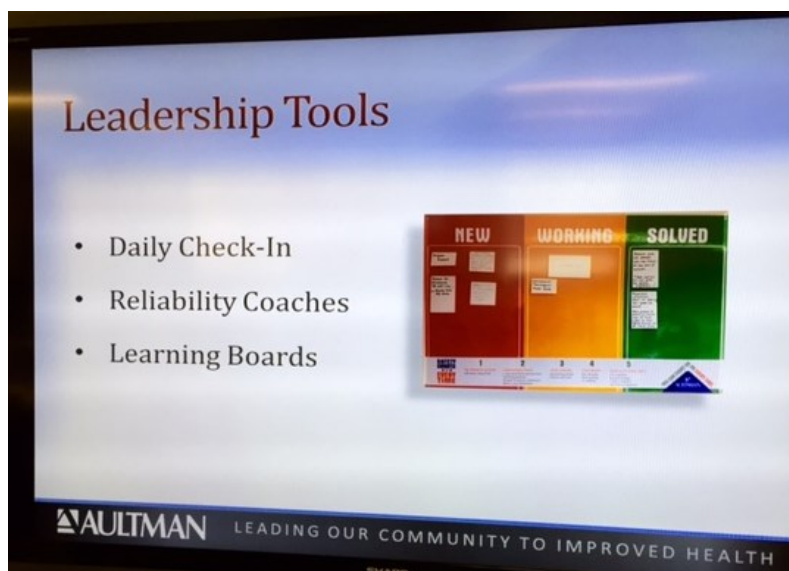
On December 11, 2014, Edward J. Roth III, president and CEO of the Aultman Health Foundation, a health system that has served Canton and north central Ohio for 123 years, spoke at the PRHI Payment Reform Summit. Impressed with the many innovations of which Mr. Roth spoke — including their own “university” —PRHI arranged a visit.

On February 16, Karen Feinstein, PRHI Chief Medical Informatics and Learning Officer Bruce Block, MD, Chief Medical Officer Keith Kanel, MD, and Director of Education and Coaching Mark Valenti visited Aultman to learn how it’s positioned to meet community health needs through a commitment to quality improvement and partnerships with other independent, non-profit hospitals.

“Our own community hospitals are exploring local and national models of excellence,” Dr. Feinstein says. “We’re impressed by Aultman’s variety of educational and safety measures, which create an environment for quality patient outcomes, and their networking skills. There’s a reason why they were featured during our December Payment Reform Summit: they not only perform good deeds, but also do it in a way that’s sustainable.”



Aultman offers a variety of opportunities for career advancement and shared learning, including a physician leadership college and an *Exploring Leaders* program in which employees work with seasoned executives.



Aultman’s QI process includes daily check-ins, reliability coaches, and learning boards, where employees post problems and then work collectively to solve them.

Aultman Hospital is part of the Aultman Health Foundation, a vertically integrated system that provides access to services, care delivery, and training for tomorrow’s health professionals. In addition to its 800-plus bed hospital in Canton, Aultman includes an insurance organization (AultCare) with 440,000 members and a 95% retention rate, as well as the Aultman College of Nursing and Health Sciences.

At Aultman Hospital, the PRHI team witnessed the health system’s strategy for

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creating organizational consistency and excellence. Management performs a daily check-in to discuss potential problems — a medication shortage, a call-off by a key staff member — and develop solutions. On each unit, Aultman trains reliability coaches who frequently perform observations, make safety recommendations, and share success stories. Aultman also has a physician leadership college that focuses on organizational behavior, process management, and economics, as well as an *Exploring Leader* program that provides high-potential employees across disciplines with opportunities to work with senior management, craft process improvement projects, and volunteer in the community.

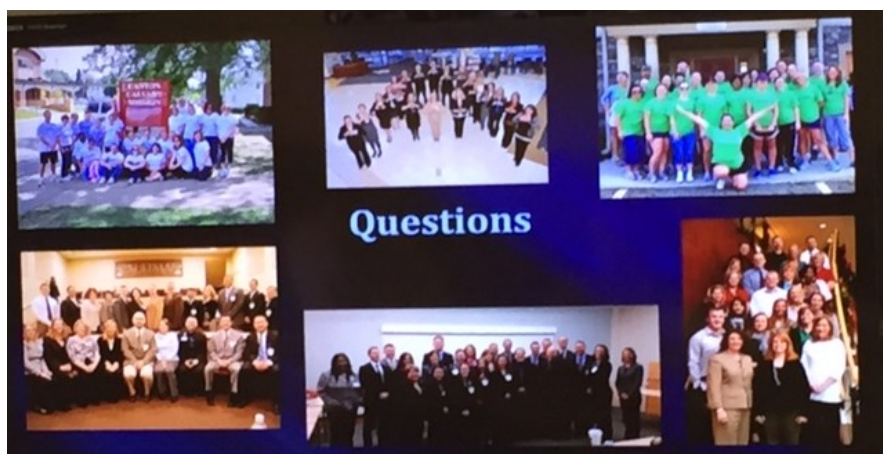
“Aultman’s Lean-based training, leadership college, and *Exploring Leader* program prepare healthcare workers to catalyze change and become coaches in quality improvement,” Dr. Feinstein says. “It prepares them for this new world of value-based purchasing, transparency, and public reporting. They’re putting into action ideas from Paul O’Neill that set us in motion at PRHI.”

The health system has taken many other steps to maintain independence, improve population health, and preserve operating margins. In 1996, Aultman Hospital helped create the Independent Hospital Network (IHN), a collaboration with four other regional community hospitals to integrate services in the community and build infrastructure for purchasing, quality improvement, training and staffing, and patient engagement. IHN has created a data

exchange to securely share patient information across hospitals, standardized care procedures, and spawned a number of joint educational and professional development programs. An IHN regional cancer center provides radiation therapy services closer to patients’ homes, and a community blood program has ensured a consistent supply while slashing costs by a third.

In 2011, Aultman joined an IHN sourcing group that allows 23 hospitals in Ohio, Indiana, and Michigan to jointly purchase data processing, clinical, dietary, lab, and billing services, among other items. Since June of 2014, the sourcing group has shown a seven-to-one return on investment. In January of 2015, Aultman partnered with five other leading Ohio health systems (Cleveland Clinic, OhioHealth, Premier Health, ProMedica, and TriHealth) to form the Midwest Health Collaborative (MHC), which will share best practices and design care innovations.

“How many community hospitals are wired for safety, have a favorable bottom line, and are constantly thinking about the future?” Dr. Feinstein said. “Aultman shows how organizations can compete on some



Established in 1892, Aultman Hospital maintains deep ties to Canton, Ohio, and the surrounding communities that it serves.

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levels, but also come together so that all ships rise.”

Community Health Workers: A Force for Improving Population Health

On the [Health Affairs Blog](#), Network for Excellence in Health Innovation (NEHI) Senior Program Director Judy Phalen, MPH, and Senior Health Policy Associate Rebecca Paradis, MPA, explore the potential of community health workers to deliver culturally competent care to their neighbors with complex medical and social needs. Phalen and Paradis’ post recaps NEHI’s 2014 conference that gathered thought leaders from across the globe to discuss the role community health workers in the continuum of care. JHF co-sponsored the NEHI conference along with the Rose Community Foundation and the Association of American Medical Colleges (AAMC), which hosted the event at its Washington, DC headquarters.

Phalen and Paradis note that community health workers can increase care access in traditionally underserved areas and address the social determinants of health, helping patients avoid costly hospitalizations and re-hospitalizations by managing their conditions. Community health workers can also now be reimbursed by Medicaid for providing physician-recommended preventive services. But for community health workers to become an integrated, integral part of the U.S. health system, they need to be supported by stronger training, certification, and reimbursement policies.

In April of 2015, JHF will host a summit in Harrisburg focused on advancing policies that could make Pennsylvania a leader in improving population health by harnessing the skills and cultural insight of community health workers. Stay tuned for more information.

March 8 Symposium Explores Jewish Genetics, Cancer Prevention

**I Inherited
What???**

You and Your Genes:
The Explosive New World of Genetics
A Community-Wide Symposium



On March 8, JGenes Pittsburgh and Magee-Womens Hospital of UPMC will host a free symposium to educate the community about Jewish genetic diseases as well as the importance of early intervention in preventing breast cancer and Human Papillomavirus (HPV)-related cancers. “I Inherited What??? You and Your Genes: The Explosive New World of Genetics” will take place from 10am-12pm at Magee-

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Womens' auditorium (300 Halket Street, Oakland).

The event was organized by JHF Consultant Dodie Roskies, MPH, director of JGenes Pittsburgh, who will also moderate a panel discussion. The Foundation serves as the fiscal agent and is an advisory committee member for the program, which was launched with funding from JHF as well as The Pittsburgh Foundation and the Lawrence and Rebecca Stern Family Foundation (which serves as an ongoing funder).

Presenters include:

- **David N. Finegold**, MD, Pediatric Medical Genetics, Children's Hospital of Pittsburgh of UPMC
- **Rachel Golden**, Education Ambassador, Bright Pink
- **Kara Levine**, Genetic Counselor, GeneDx
- **Sue Steele**, HPV Vaccination Initiative Program Coordinator, Jewish Healthcare Foundation
- **Harold C. Wiesenfeld**, MD, Obstetrics and Gynecology, Magee-Womens Hospital of UPMC

Community partners for the March 8 event include Bright Pink; Hadassah Greater Pittsburgh; Jewish Community Center of Pittsburgh; Jewish Federation of Greater Pittsburgh; JHF; Jewish Women's Foundation of Greater Pittsburgh; JGenes Pittsburgh; Ladies Hospital Aid Society; Magee-Womens Hospital of UPMC; NA'AMAT Pittsburgh Council; National Council of Jewish Women, Pittsburgh Section; and the Lawrence and Rebecca Stern Family Foundation.

Seating for the event is limited, and registration is required. To register, [click here](#) or contact NA'AMAT's Dee Selekmán at 412-521-5253 or naamatpgh@hotmail.com.

For more information on JGenes Pittsburgh, visit www.jgenespggh.org.

Planned Parenthood Develops HPV Vaccination Education for Youth

As part of the Jewish Healthcare Foundation's HPV Vaccination Initiative, Planned Parenthood of Western PA (PPWP) developed a two-lesson module on HPV vaccination for middle and high school students. On February 20, the education staff at PPWP delivered a three-hour training for 23 educators and youth-serving organization staff.

Providers who attended the training received an HPV 101 refresher, full instructional training on two 45-minute long lessons, curricular materials, and copies of a take-home media piece to inspire discussion with their parents/guardians. Using games, group discussion, and multimedia learning, the lessons train students on how vaccines work in the immune system, how HPV attacks and mutates cells, how people spread it to one another, and how the HPV vaccine can help protect them from cancer and genital warts. In addition to training other educators to teach the modules, PPWP will be presenting the module to 1,700 students in school-based and community program settings.

The module can be delivered in a school-based setting such as a health class or in any community-based setting where providers interact with youth. Lessons can also be combined to be taught in one 1.5 hour session. The module will be available soon for a free download on www.hpvpittsburgh.org.



23 educators and youth-serving staff engage in a Planned Parenthood of Western Pennsylvania training session so they can inform youth about the HPV vaccine.



Katie Horowitz, vice president of education for Planned Parenthood of Western Pennsylvania, gauges educators' and service providers' knowledge of HPV.

David J. Malone Honored by Epilepsy Foundation Western/Central Pennsylvania

Congratulations to JHF Trustee and Health Careers Futures Board Chair David J. Malone, who was honored as the “King of the Mardi Gras” during the Epilepsy Foundation Western/Central Pennsylvania (EFWCP)’s annual Mardi Gras Gala black tie event at the Westin Convention Center Pittsburgh on February 17. The EFWCP provides public education and support services to individuals and families affected by epilepsy and seizures in 49 Pennsylvania counties.



JHF Trustee and Health Careers Futures Board Chair David J. Malone is crowned King of the Mardi Gras by Cindy and David Shapira.



(L-R): Stefani Pashman, CEO of the Three Rivers Workforce Investment Board; with Karen Feinstein and Nancy Zionts



Summer Internship

Application Deadline March 16th



JHF's 2014 summer interns (L-R): Gandha Kinikar, Daniel Radin, Matthew Caplan, Kara Rogan, Samuel Kelly, Erica Ciesielski, Victor Talisa, Mariel McMarlin, Avigail Oren, Deepan Kamaraj, MD, Nupur Desai. (Not pictured: Meredith Hughes)

ELIGIBILITY

Current students in graduate programs including but not limited to:

- Policy & Law
- Public Health
- Medicine
- Computer Science
- Business
- Education
- Social Work
- Health Administration
- Nursing
- Rehabilitation
- Biostatistics

TO APPLY

Please complete the [online application](#), including submission of a personal statement, resume, and letter of reference. Please indicate up to 3 projects that interest you on the application form.

For questions and more information, please contact [Nancy Zionts](#), Chief Operating Officer and Chief Program Officer.

GOALS

As an intern you will:

- gain exposure to JHF, PRHI, and HCF,
- learn PRHI's Perfecting Patient CareSM (PPC) quality improvement methodology for health professionals,
- contribute to team projects (preliminary list below), and
- present your experience to the staff and Boards.

DATES

June 1 - August 6
(Mondays through Thursdays)
8:30 am - 5:00 pm

TIMELINE

March 16: application deadline

March 10 - 31: candidate interviews

April 6: acceptance notification

June 1 - 12: orientation and PPC training

June 15 - August 6: interns work with mentors and contribute to selected projects

August 3 - 6: final presentations to staff and Board

INTERNSHIP PROJECT POSITIONS

(list in development)

- Patient Safety Fellowship Program
- Minority AIDS Initiative
- Communications
- Long-Term Care and RAVEN Initiative
- Tomorrow's HealthCareTM Online Knowledge Network
- Data Analysis for the Primary Care Research Center (PCRC) Project
- HPV Vaccination Outreach and Activism
- Aging Environmental Scan
- Predictive Modeling and Prevention of Admissions to Nursing Facilities and Hospitals
- Community Health Worker Policy Research and Program Design
- Addressing Campus Rape and Sexual Violence

APPLICATION DEADLINE MARCH 16TH