



Hello CDC

Ron LaPorte, Ph.D.

Please call me - Ron

Thank you to our Environmental Sensei

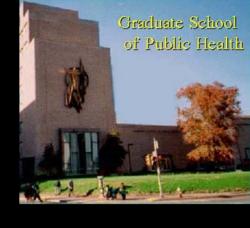
Evelyn Talbot, Dr. PH Jeanne V. Zborowski, Ph.D. University of Pittsburgh



Jeffery Shire CDC



WHO Collaborating Center



Ronald LaPorte, Ph.D.

Director

Disease Monitoring and

Telecommunications

Mita Lovalekar, M.D. Research Associate



Environmental Public Health Tracking Program



Climbing the
Ladder of
Environmental
Health Tracking
to better health

Evaluation

Improving Web impact

Work Force Development

Reaching Unreached

Public Policy

JIT

Dissemination Translation

Network





EPHTN Vision: Health Informed Communities

"translating environmental and public health data into meaningful information leads to increased knowledge; applying that knowledge leads to actions that result in healthy communities"



Goal 2

"Enhancing Environmental Public Heath Tracking Workforce and Infrastructure"

"Improving infrastructure and developing the work force"



Clobal Health Network

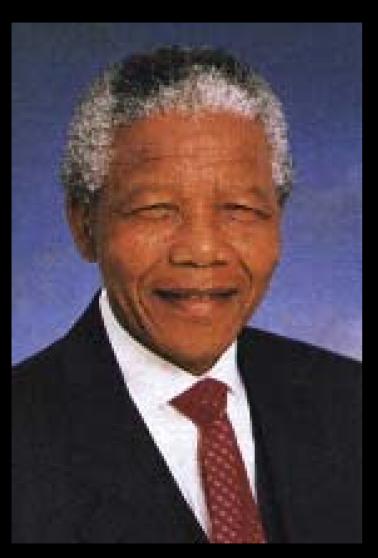
Global Health Network

Network everyone in prevention world wide

If Cars Developed at the Same Pace as IT



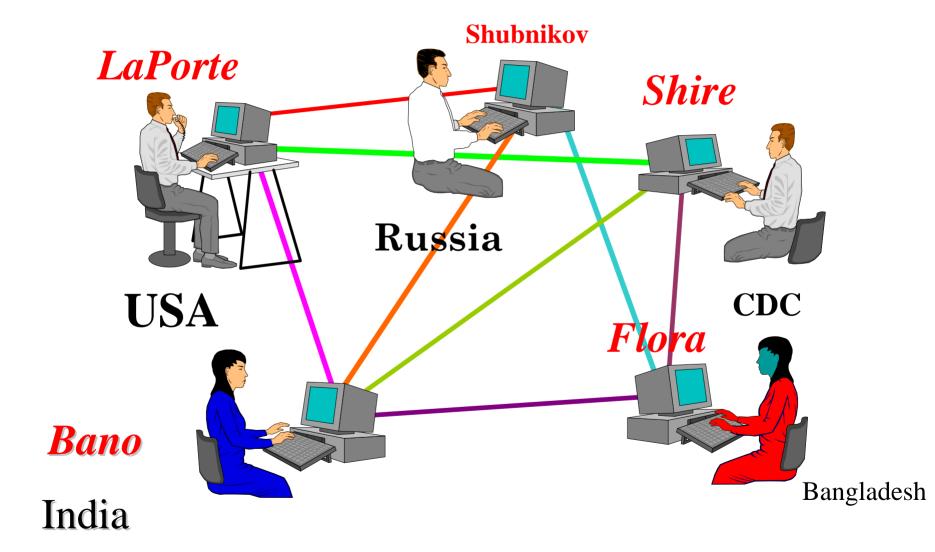
- 100,000 miles/hr
- 250,000 miles/gallon
- Cost = \$5.00



Education is the most powerful weapon which you can use to change the world.

Nelson Mandela

Human Networks







THE WORLD BANK GROUP







Overview of talk:

What is the Supercourse?

What are Supercourse-EPHTN Touch Points to build, and educate the work force?

Question:

How can we improve Prevention (and Environmental) education worldwide?

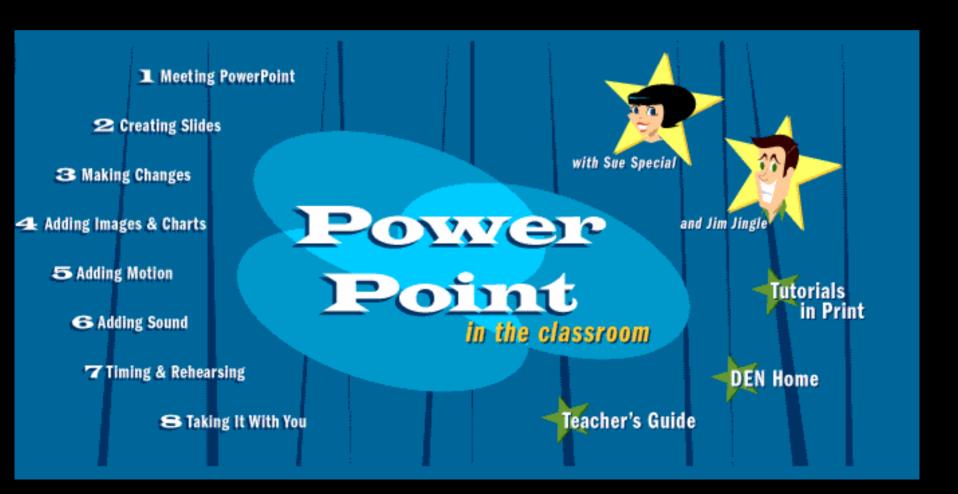
Answer:

Get better lectures

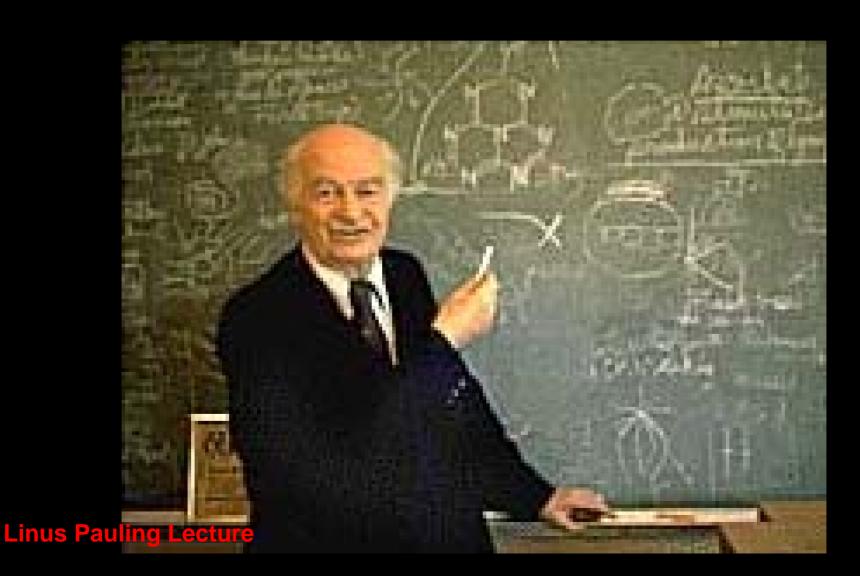
But how do I get better lectures?

Why don't scientists share our most exciting PowerPoint lectures for free?

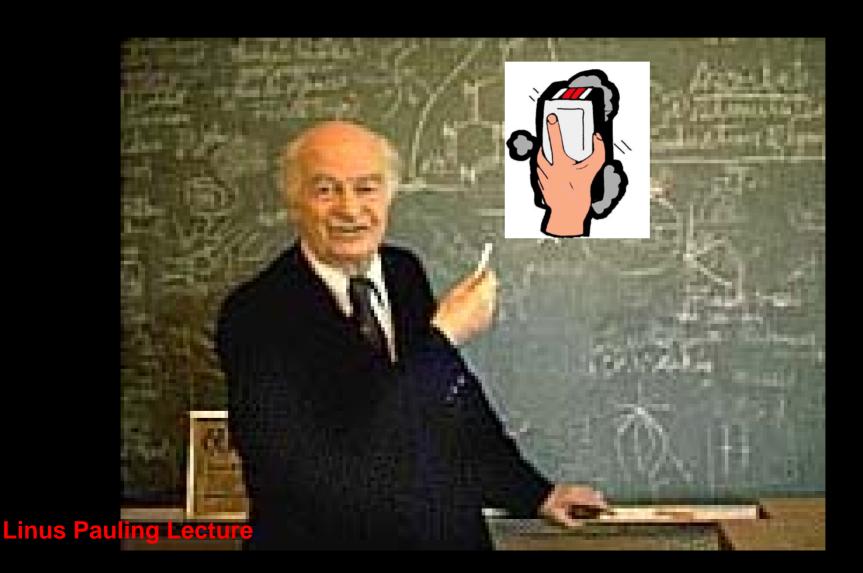
What is the global language of research and teaching?



Transformation of Workforce Education Dust to Dust



Transformation of Workforce Education Dust to Dust

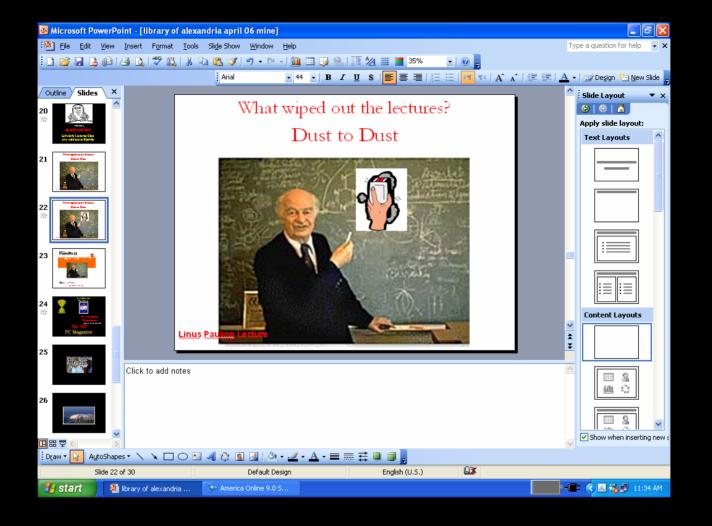




1950-2006

50,625,000,000

Scholarly Lectures Died and were lost to Eternity



Pauling Lectures saved on PowerPoint

Globalization



41,300 Faculty 151 Countries

23,000 in US 907 from CDC > 40 state epidemiologists 9,637 Academia US

Lectures





Klaus von Klitzing



Rolf M. Zinkernagel



Douglas D. Osheroff



Joseph E. Stiglitz



Robert f. Engle



George a. Olah



Sir Paul Nurse



Wolfgang Ketterle



Anthony Leggett



Edmond Fischer

Nobel Prize Winners



Roy Glauber



Alexei Abrikosov

21st. Century health challenges:

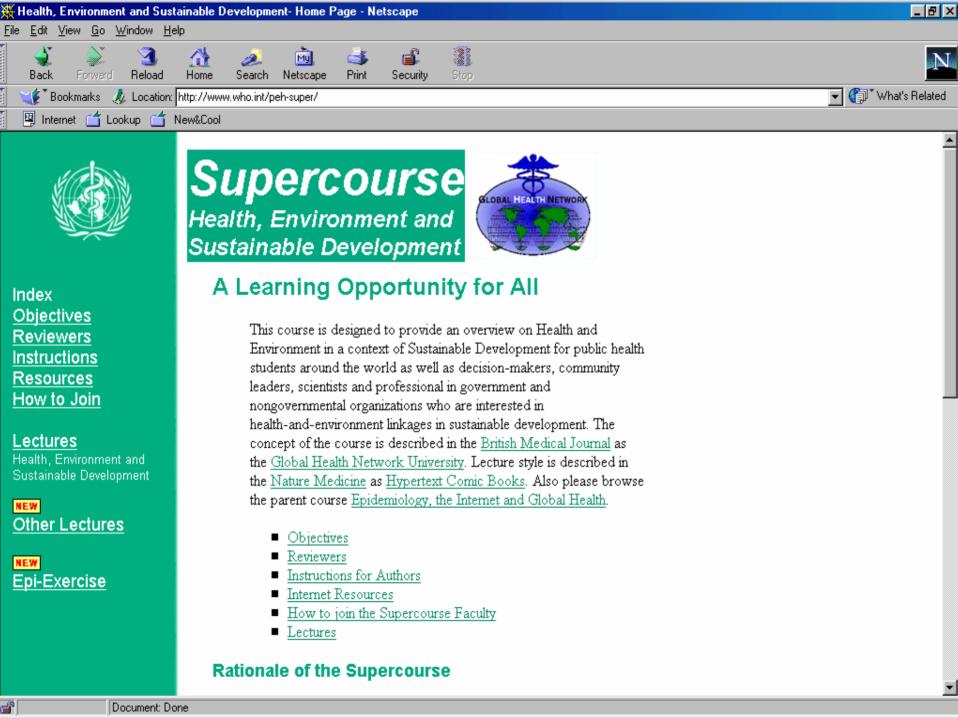
Can be all become healthy, wealthy, and wise?





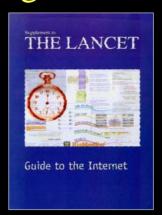
Jeffrey P. Koplan, M.D., M.P.H. Director, CDC; Administrator, ATSDR

+ 27 CDC Lectures





Top 11 Medical Pages Lancet



75 million hits/year 170 publications

(including, Science, BMJ, Lancet, Nature, Nature Med)

Top 100 PC Magazine



Super Course Committee of PUMC





www.supercourse.cn

Recent Just In Time (JIT) lectures:

Earthquake & Tsunami South Asia, 26 Dec 2004

This course (Executive Summary) is designed to provide an overview on epidemiology and the Internet for medical and health related students around the world. The concept of the course is described in the British Medical Journal as the Global Health Network University. Lecture style is described in the Nature Medicine as Hypertext Comic Books. "Supercourse" has 2130 lectures already.

Supercourse Committee of PUMC, China

Introduction and review | Forum | Topic Selection | News | PPT Background Download |国内课件专题 | About Us

What is the Supercourse?

- Overview
- Developers
- Internet Resources
- Publications (108)
- Supercourse Mirror Sites (44)

FAQ

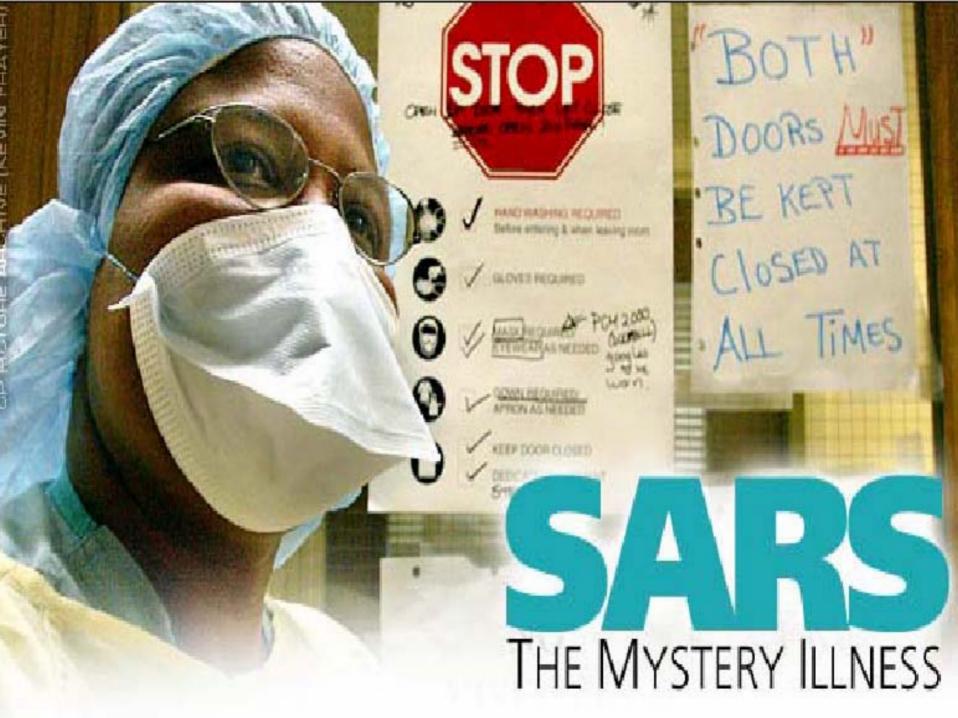
- ❷ 校内参与同学
- ❷丁香园会员
- Oftp.supercourse.cn(only for PUMC participants)

www.supercourse.cn

China Supercourse

Just-in-Time

Lectures



Just-in-Time Lectures



Severe Acute Respiratory Syndrome (SARS): **Basics**

Update June 10, 2003

Rashid A. Chotani, MD, MPH

Assistant Professor, School of Medicine, School of Public Health & Center for International Emergency, Disaster & Refugee Studies Director, Global Infectious Disease Surveillance & Alert System Johns Hopkins School of Medicine & Public Health

410-614-8330

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Jobs

Education and practice

Back to results

Just-in-time lectures: SARS

Home > Search Journal > Simple > Results > Text

With the emergence of Severe Acute Respiratory Syndrome (SARS), an enormous public-health effort is needed to limit further spread of the infection. As of May 19, 2003, SARS has spread to potentially 30 countries, in five continents, causing 7864 cases and 643 deaths since the initial cases were identified when they peaked in late February, 2003. The actual outbreak was later identified to have occurred in Guandong Province, China, in November, 2001. At present the overall case-fatality proportion is 8:2%, but has considerable variation across countries, ranging from 5:5% (289/5236) in China to 16-4% (23/140) in Canada.1

Lack of information and knowledge about a global outbreak such as SARS makes all affected people vulnerable, especially health professionals who need accurate and up-to-date information to care for patients and undertake crucial research. Advances in information technology, however, have meant that health information can be rapidly accumulated and disseminated through the internet to the global medical community. The wide accessibility of this medium means that Just-in-time (JIT) lectures, which target educators, can help to improve the dissemination of information in a health crisis.

The concept of JIT lectures comes from manufacturing, where JIT inventory control achieved huge savings and flexibility When applied to medicine, the basic idea of JIT lectures is that new information about a disease presented in a structured format (using PowerPoint) can be disseminated instantly. The beauty of JIT lectures is the speed with which critical lectures can be written and distributed. The widespread use of computing in health-care systems enhances the flow of information over the internet. Moreover, the capture-recapture epidemiological tools used for Global Disease Telemonitoring

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THE LANCET Infectious Diseases

Neurology

Oncoloay

Chesal, 2000

Eric Noji, M.D. **CDC**

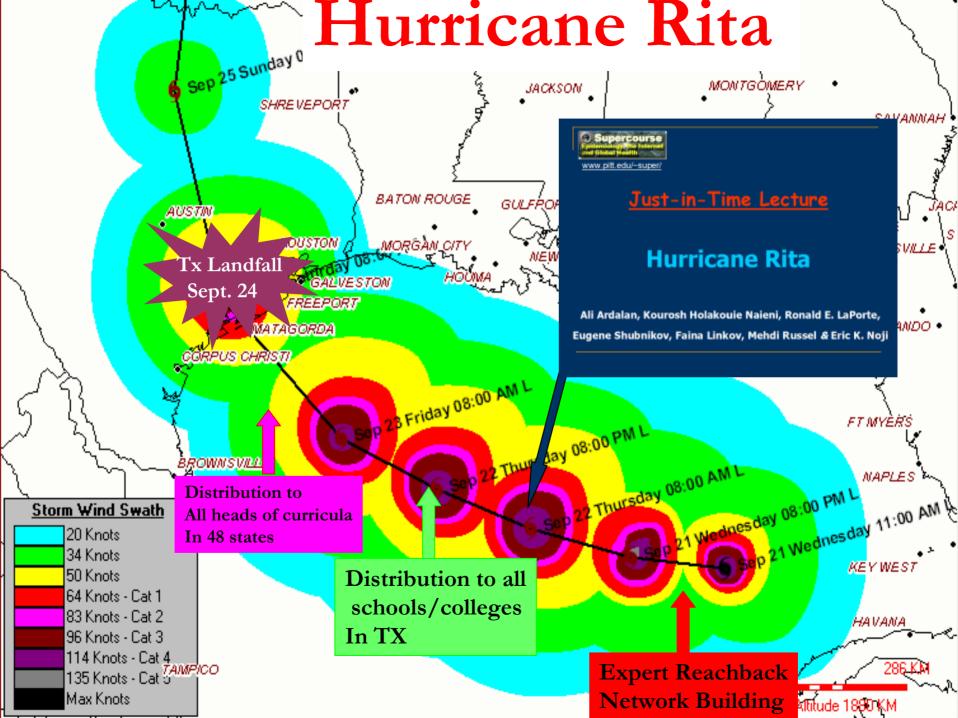




Ali Aldadan, M.D. Tehran, Iran

Bam Earthquake in Iran





2006-2007

Training over 1 million using Supercourse Lectures

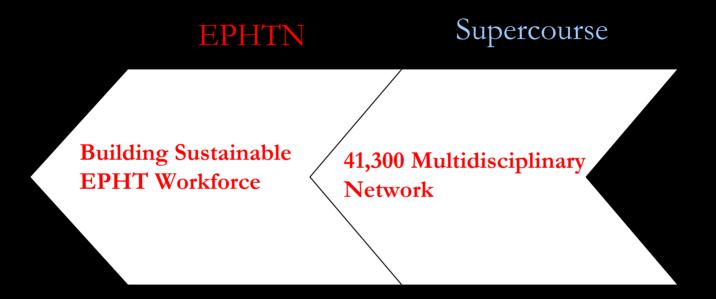
Web Impact Ratings: Page Ranking 4/40,000,000 epidemiology, 9/430,000,000 global health

Environmental Health lectures: 3&4/7,050,000



Touch Points between Supercourse and EPHTN

Touch Points 1: Network



Building the Workforce Network By e-recruiting, Social Marketing and Viral Marketing

41,300 in the Supercourse Network

Recruiting 1% = 413

Recruiting 5% = 2,065

Recruiting 10% = 4,130

Touch Points 2: Information/Knowledge

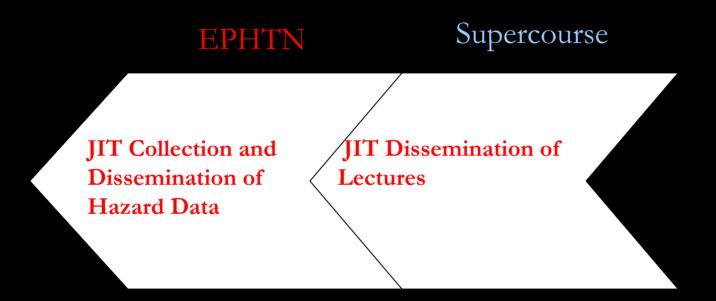
Dissemination of Surveillance Data/knowledge Data/knowledge Surveillance Internet sites

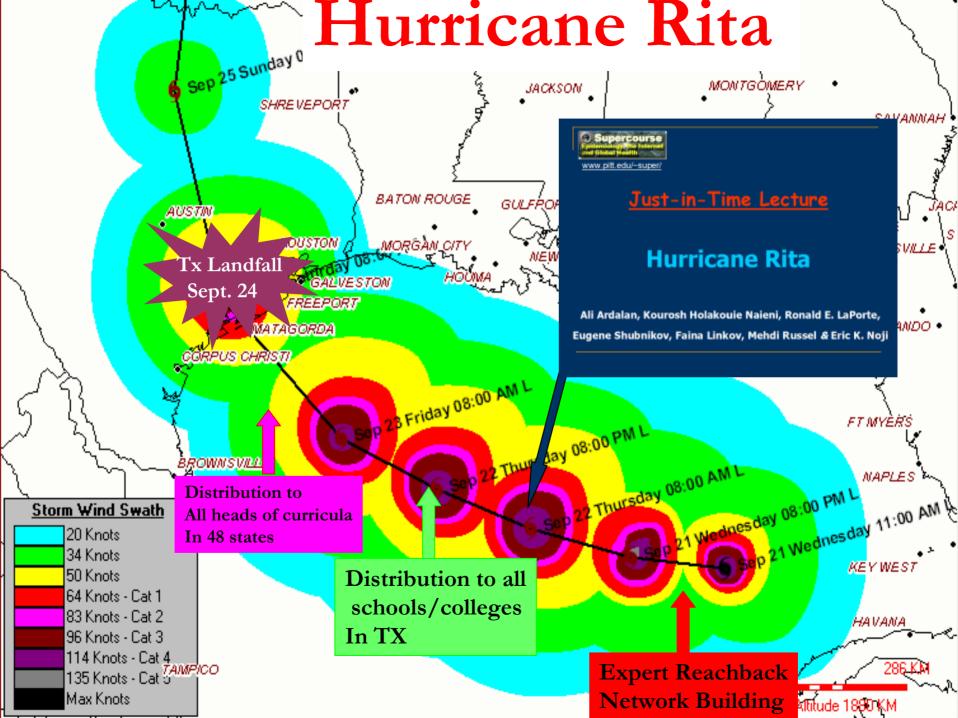
Data
Dissemination
Through EPHTN
Web page

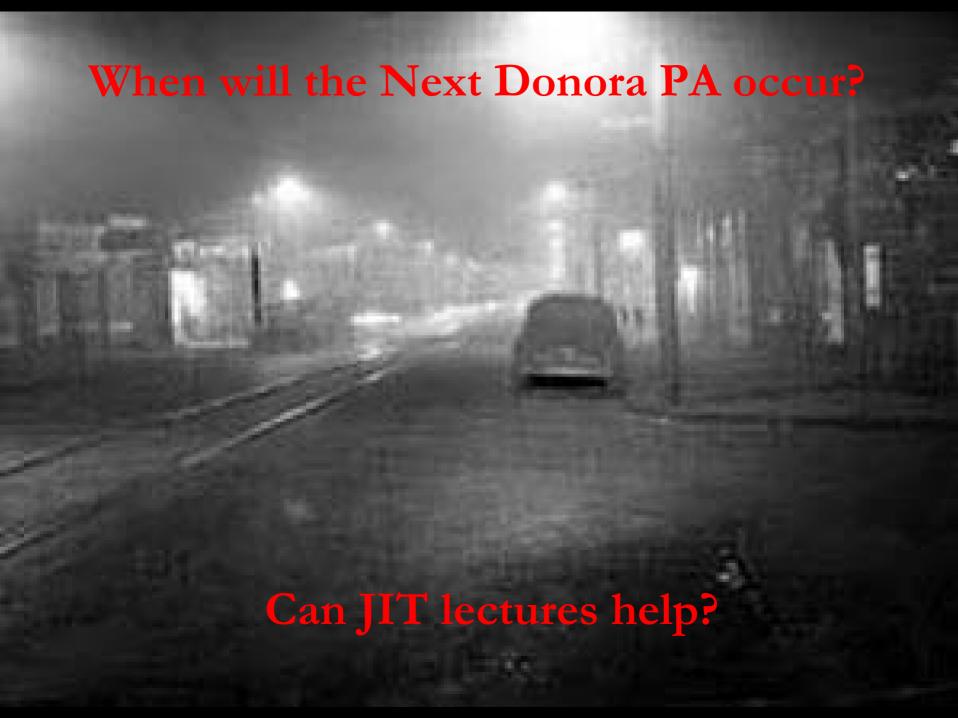
EPHTN
Dissemination

Graphic Dissemination Supercourse

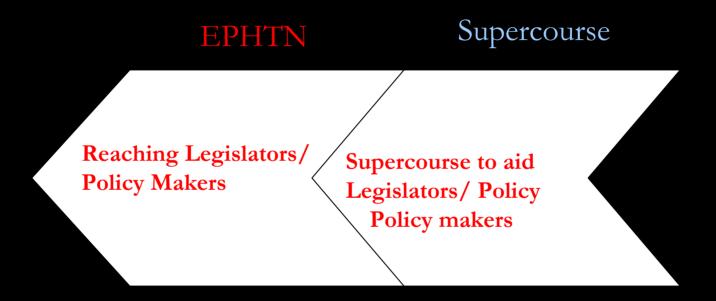
Touch Points 3: Just-in-Time Environmental data







Touch Points 4: Science and Public Policy



We want to improve Science and Public Policy.

We are 1 degree of separation from policy makers through our networking of over 80% of IOM and NAS members. We will make a major emphasis in building a Science and public policy program.

Touch Points 5: Advancing Science, and Collaboration

EPHTN

Supercourse

Advancing EPHTN
Knowledge and
Translation to the
workforce and
population

Science translation to Global Interdisciplinary
Classrooms

Touch Points 6: Reaching the Unreached

Reaching the most Vulnerable Supercourse to reach Disabled, American Indians, Americans not Speaking English



American Indians

Dean Seneca, MPH CDC



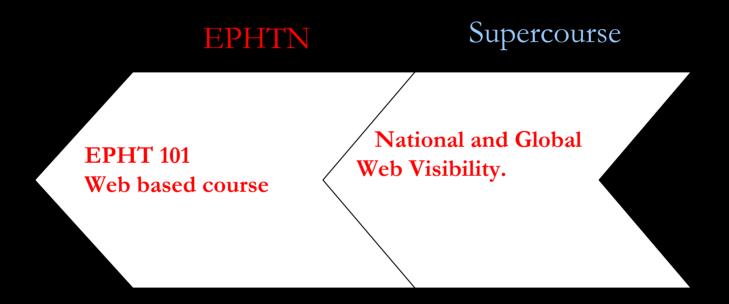
Different Languages



Disabled

Bambang Parmanto, Ph.D. Disability and Web Access

Touch Points 7: Education/Workplace Development



Touch Points 8: Web Visibility

Presence

Supercourse **EPHTN** One of the highest **Currently Limited** rated health web pages, feeding into EPHTN to

improve web health

Web Presence





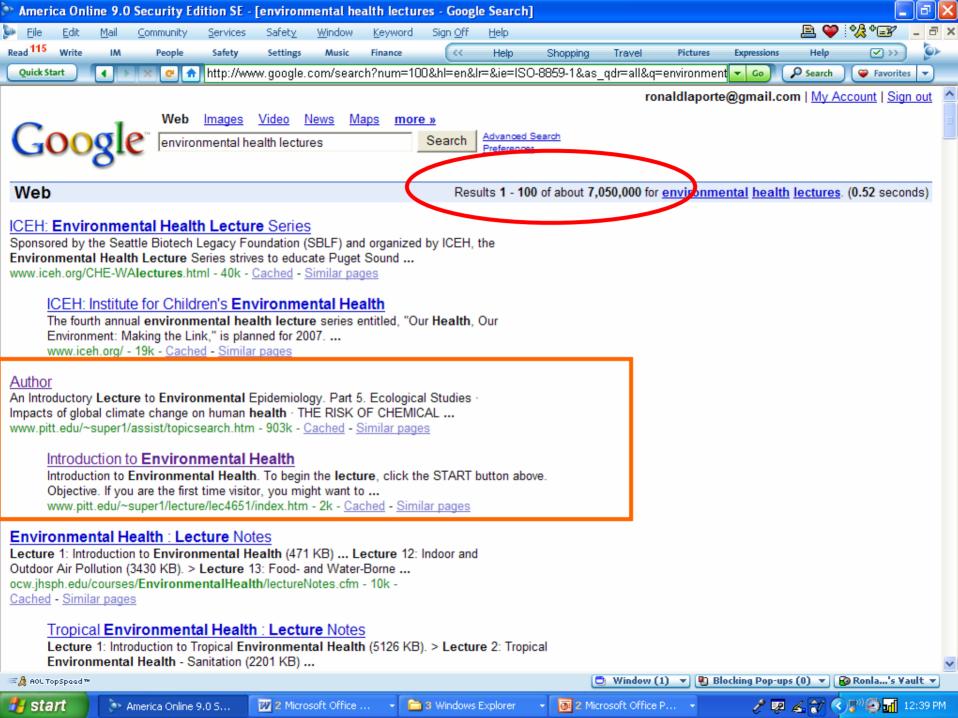
Web Presence



NATIONAL

Environmental Public
Health Tracking
Program

Marked Increase
In Reach and
Web Visibility to
public and legislators
for local, state,
National successes



Page Ranks Environmental Health Lectures



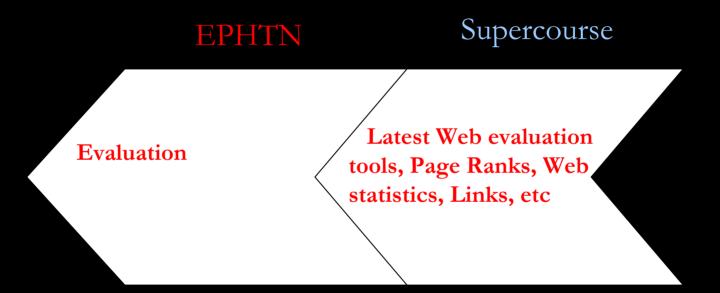


3

74

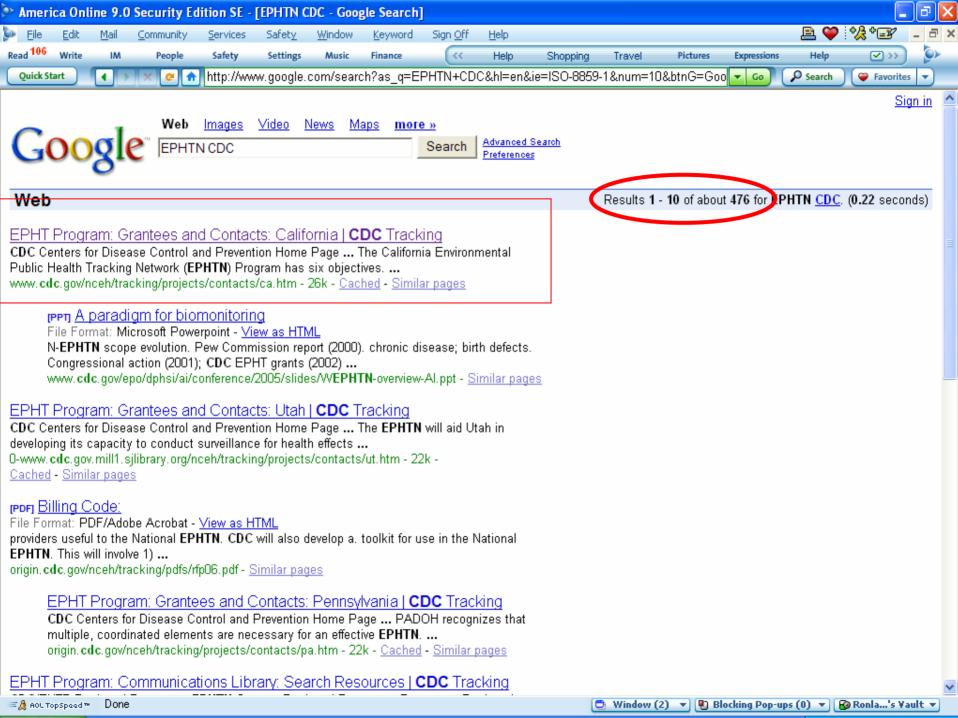
7,050,000

Touch Points 9: Evaluation



One Measure of Impact, and Tracking Impact = Google Page Ranking

The algorithm that Google uses to determine page rankings is simple. When one searches on Google using a key phrase, the results are displayed in order of the "Google Page Rank". The Google Page Rank system interprets a link from page A to page B as a vote, by page A, for page B. In addition to the number of links, Google also looks at the page that casts the vote, such that votes cast by pages that are themselves important, carry more weight. In addition, Google also looks at the relevance of the page as regards the keywords used to search. It combines Page Rank with text-matching techniques to find pages that are both important and relevant to the search. (from Google) One obviously wants to be in the top 20, as you will not be seen. (http://en.wikipedia.org/wiki/PageRank)



Climbing the Ladder of Health together

Evaluation

Improving Web impact

Work Force Development

Reaching Unreached

Public Policy

JIT

Dissemination Translation

Network





Vision: Health Informed Communities

"translating environmental and public health data into meaningful information leads to increased knowledge; applying that knowledge leads to actions that result in health communities"

Conclusions, Possible areas we can help EPHTN?



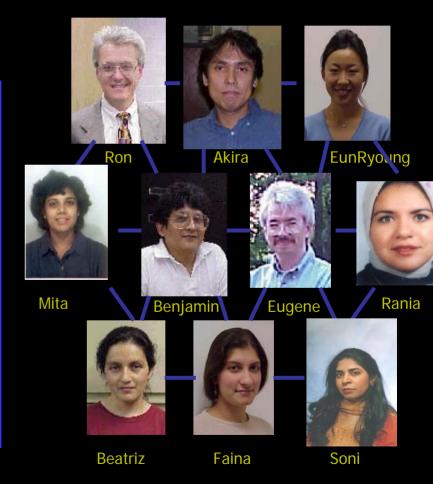


- Workplace recruitment
- Workplace education
- Numbers trained
- Public Health Web visibility
- Legislative Visibility
- CDC Visibility
- Translation of EPHTN to Public
- Environmental JIT capabilities
- Reaching the Unreached
- Web assessment and evaluation
- Many others, thoughts??

Supercourse Developers

Ron LaPorte,
Akira Sekikawa
EunRyoung Sa
Mita Lovalekar
Benjamin Acosta
Eugene Shubnikov
Rania Saad
Beatriz Rodriquiz
Faina Linkov
Soni Dodoni
Abed Husseini

USA
Japan
Korea
India
Mexico
Russia
Egypt
Mexico
USA/Ukraine
Pakistan
Palestine





Good By CDC

Thank you for the Opportunity

Please comment ronlaporte@aol.com



Special Lectures

- Other Supercourse Lectures and Supercourse Courses
- Supercourse Legacy Lectures
- NIH Supercourse
- Supercourse Lectures Available in Power Point

Want to join us?

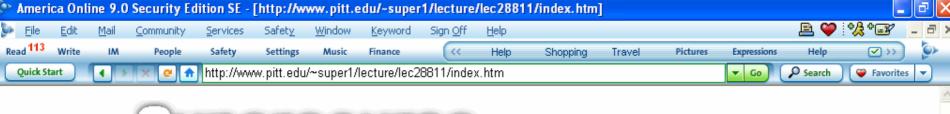
- How to join the faculty member?
- Instructions for authors
- CD/DVD download
- Public Health Training in Pittsburgh?

The lecture of the week - Can the Concept of Environmental Public Health Tracking Work in a Real Life Setting? (beta version for the environmental scientists)



If you have any comments or questions on this page or the Supercourse, please contact Professor Ronald E LaPorte.

- Updated (January/29/2007) - 🔀





[Lists of Lectures] [Front Page]

Can the Concept of Environmental Public Health Tracking Work in a **Real Life Setting?**



To begin the lecture, click the START button above.

This is a beta version. Uploading date: January 25, 2007

Your comments to this version would be highly appreciated as well.

If you are the first time visitor, you might want to know [How to navigate within and outside the lecture]

[Submit Your comments]

PPT file of the lecture













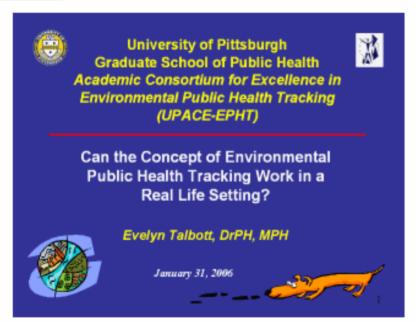


nline 9.0 Security Edition SE - [http://www.pitt.edu/~super1/lecture/lec28811/001.htm]





front | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | review









National Environmental Public Health Tracking Network

- Institute of Medicine (1988) noted that "the removal of environmental health authority from public health agencies has led to fragmented responsibility, lack of coordination, and inadequate attention to the health dimensions of environmental problems."
- In 2001, the Pew Environmental Health Commission issued the report "America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network", which stated that "the existing environmental health system is neither adequate nor well organized, recommended the creation of a Nationwide Health Tracking Network for disease and exposures."

As early as 1988, the Institute of Medicine noted that the removal of authority for environmental health from public health agencies had resulted in a fragmentation of responsibility and lack of attention to the health problems potentially caused by environmental influences. In 2001, the Pew Environmental Health Commission called for the creation of a national environmental health tracking network to address the need for the systematic surveillance of environmental exposures and related disease outcomes.

EPHTN Supercourse?



www.pitt.edu/~super1/