Course Information
Course Number and Title: A Practical Approach to Pediatric Public Health: The Basic Principles
Course Credits: 1

Term: Fall, 2011
Meeting Days & Times:
- Friday noon-1:00 p.m. Resident Noon Conference
- Thursday Grand Rounds 8:00-9:00 am (as announced)
- Other times as arranged per residency schedule

Faculty Contact Information
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Course Pre-requisites, Co-requisites, and/or Other Restrictions
This course is open to all Residents in Pediatrics.

Course Description
This course will introduce Pediatric Residents to the world of Public Health with a special emphasis on what pediatricians can do to bring about systems change to improve their patients’ health. Lectures will provide an overview of how children’s health is influenced by their social and physical environments and form a basis for 8 subsequent courses that will explore in more detail the concepts introduced. Hands-on activities will give residents skills and experience to begin their own public health projects. Topics specifically addressing child health will include social determinants of health, health inequities, cultural competence, working with community partners, and tools to develop and carry out a community-based project.
Course Format
Weekly one-hour lectures will be held during the resident noon conference period supplemented by some 8:00 a.m. sessions (See schedule.). In addition, Grand Rounds lectures on topics of interest to all pediatric faculty will feature outside speakers. All sessions will be recorded for those unable to attend the lecture.

Required Textbooks and Materials
Textbook:

Other Materials: Articles relevant to the lecture will be available through blackboard or a Department of Pediatrics course management website. Each lecturer will provide 1-2 articles.

Supplemental Course Materials

Student Learning Objectives/Outcomes (See separate page for competencies)
Pediatric residents will be able to:
1. give examples of ways in which the community and physical environments impact children’s health.
2. participate in community-based initiatives addressing issues impacting child health.
3. define and describe social determinants’ impact on health equity.
4. provide culturally competent care in a variety of settings to children from diverse backgrounds.
5. work with community groups that address child health.
6. design a public health project.

This basic course was designed to address three sets of competencies. Specific lecture topics are in parenthesis after competency addressed.

I. PUBLIC HEALTH COMPETENCIES (SOURCE: COUNCIL ON LINKAGES):
Domain #1: Analytic Assessment Skills
- Defines a problem (PROJECT DESIGN & ANALYSIS)
- Determines appropriate uses and limitations of both quantitative and qualitative data (PROJECT DESIGN & ANALYSIS)
- Identifies relevant and appropriate data and information sources (PROJECT DESIGN & ANALYSIS)
- Obtains and interprets information regarding risks and benefits to the community (PROJECT DESIGN & ANALYSIS)

Domain #2: Policy Development Skills
- Develops a plan to implement policy, including goals, outcomes and process objectives, and implementation steps (CHANGING COMMUNITY ENVIRONMENT, PROJECT DESIGN & ANALYSIS)

Domain #3: Communication Skills
- Communicates effectively, both in writing and orally, or in other ways (NARRATIVE MEDICINE, MOTIVATIONAL INTERVIEWING)
- Advocates for public health programs and resources (PEDIATRICIAN AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT, IDEA TO LAW)
- Leads and participates in groups to address specific issues (CLASS DISCUSSION & ASSIGNMENTS)
• Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives (CULTURAL COMPETENCE)

Domain #4: Cultural Competency Skills
• Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services (SOCIAL DETERMINANTS 1 & 2, GLOBAL HEALTH)
• Understands the dynamic forces contributing to cultural diversity (PUBLIC HEALTH FOUNDATIONS, SOCIAL DETERMINANTS 1 & 2, GLOBAL HEALTH)

Domain #5: Community Dimensions of Practice Skills
• Collaborates with community partners to promote the health of a population (CHANGING COMMUNITY ENVIRONMENT, PROJECT DESIGN & ANALYSIS)
• Identifies how public and private organizations operate within a community (TRANSPORTATION & HOUSING)

Domain #6: Basic Public Health Sciences Skills
• Defines, assesses and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services (ALL TOPICS)
• Understands the historical development, structure, and interaction of public health and health care systems (PUBLIC HEALTH FOUNDATIONS)
• Identifies and applies basic research methods used in public health (PROJECT DESIGN & ANALYSIS, MOTIVATIONAL INTERVIEWING)
• Identifies the limitations of research and the importance of observations and interrelationships (ALL TOPICS)

Domain #8: Leadership & Systems Thinking Skills
• Identifies internal and external issues that may impact delivery of essential public health services (ALL TOPICS)
• Uses the legal and political system to effect change (IDEA TO LAW)

II. NATIONAL PUBLIC HEALTH GOALS FOR PEDIATRIC RESIDENCY TRAINING (developed by national work groups through a grant to UCLA from HRSA, 2010)

Knowledge
• GOAL 1: Residents will understand impact of various social determinants on the health and well-being of children and their families (SOCIAL DETERMINANTS 1 & 2, EPIDEMIOLOGY)
• GOAL 5: Residents will understand how prevention and health promotion impact patients, their families, and the community. (PEDIATRICIAN AS CHILD’S CHAMPION, EPIDEMIOLOGY)
• GOAL 7: Residents will understand the usual public health units in a large public health department which address specific health concerns or conditions facing children and youth (PEDIATRICIAN AS CHILD’S CHAMPION)

Clinical
• GOAL 1: Residents will address the improvement of patient health outcomes by applying knowledge of social determinants of health in their primary care practice. (SOCIAL DETERMINANTS 1 & 2)
• GOAL 2: Residents will develop the skills to recognize the assets in their patients and communities and build upon them to enhance the health of the population they serve. (CHANGING COMMUNITY ENVIRONMENT, CULTURAL COMPETENCE)
• GOAL 3: Residents will understand the logistical challenges in the design and implementation of prevention and health promotion programs. (CHANGING COMMUNITY ENVIRONMENT, PROJECT DESIGN & ANALYSIS, GLOBAL HEALTH)
• GOAL 4: Residents will communicate effectively with patients and their families about the topics of prevention and public health. (CULTURAL COMPETENCE)

Advocacy
• **GOAL 1:** Residents will understand the role that national, state, and local programs and policies have in regard to health promotion and prevention in your clinic population. (IDEA TO LAW)

• **GOAL 2:** Residents will be able to communicate effectively with the media and public about the public health issues affecting children’s health. (IDEA TO LAW)

• **GOAL 3:** Residents will be familiar with the AAP Resident Advocacy Modules which provide an overview of the legislative process, working with decision-makers, working in partnerships, advocacy communication, and voting. (IDEA TO LAW)

### III. AMERICAN COUNCIL ON GRADUATE MEDICAL EDUCATION (ACGME) Competencies. (ACGME competency code precedes each item.)

#### IV.A.5.a) Patient Care

- **Overall Goal:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. (MOTIVATIONAL INTERVIEWING, SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE, GLOBAL HEALTH, EPIDEMIOLOGY)

- **IV.A.5.a).**(1) Residents must be able to provide family-centered patient care that is culturally effective... (CULTURAL COMPETENCE)

- **IV.A.5.a).**(5).**(b) Residents should demonstrate competence in interviewing patients/ families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease (ALL TOPICS)

- **IV.A.5.a).**(5).**(h).**(i).**(f) Residents must be able to manage patients with chronic disease by coordinating the care rendered by other health care providers (PEDIATRICIAN AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT, SOCIAL DETERMINANTS 1 & 2, TRANSPORTATION & HOUSING)

#### IV.A.5.b) Medical Knowledge

- **Overall Goal:** demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. (ALL TOPICS)

- **IV.A.5.b).**(1).**(a) Inpatient

  - **IV.A.5.b).**(1).**(a).**(iv) There must be teaching rounds that are patient-based, and that address such areas as interpretation of clinical data, pathophysiology, differential diagnosis, cost-effective management of the patient and appropriate use of technology and disease prevention. (PEDIATRICIAN AS CHILD’S CHAMPION, NARRATIVE MEDICINE, SOCIAL DETERMINANTS 1 & 2, IDEA TO LAW)

- **IV.A.5.b).**(1).**(b) Emergency and Acute Illness Experience

  - **IV.A.5.b).**(1).**(b).**(viii).**(c) The experience for all residents should include acute manifestations or exacerbations of chronic diseases. (CHANGING COMMUNITY ENVIRONMENT, TRANSPORTATION & HOUSING)

- **IV.A.5.b).**(1).**(c) Continuity Experience

  - **IV.A.5.b).**(1).**(c).**(iv) The curriculum should emphasize the generalist approach to common office-based pediatric issues, including anticipatory guidance, developmental and behavioral issues, and immunization practices and health promotion, as well as the care of children with chronic conditions. Residents must learn to serve as the coordinator of comprehensive primary care for children with complex and multiple health-related problems, and to function as part of a healthcare team. (ALL TOPICS)

- **IV.A.5.b).**(1).**(e) Community and Child Advocacy Experiences

  - **IV.A.5.b).**(1).**(e).**(i) Residents must be provided structured educational experiences with planned didactic and experiential opportunities for learning and methods of evaluation which prepare them for the role of advocate for the health of children within the community. (PEDIATRICIAN...
AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT, SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE, PROJECT DESIGN & ANALYSIS, IDEA TO LAW, GLOBAL HEALTH)

- IV.A.5.b).1.(e).ii. The curriculum should include:
- IV.A.5.b).1.(e).ii. (a) community-oriented care with focus on the health needs of all children within a community, particularly underserved populations (ALL TOPICS)
- IV.A.5.b).1.(e).ii. (b) culturally-effective health care (SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE)
- IV.A.5.b).1.(e).ii. (c) effects on child health of common environmental toxins such as lead, and also of potential agents used in bioterrorism (CHANGING COMMUNITY ENVIRONMENT, TRANSPORTATION & HOUSING, GLOBAL HEALTH, EPIDEMIOLOGY)
- IV.A.5.b).1.(e).ii. (d) the role of the pediatrician in child advocacy, including the legislative process (PEDIATRICIAN AS CHILD’S CHAMPION, IDEA TO LAW)
- IV.A.5.b).1.(e).ii. (e) the role of the pediatrician in disease and injury prevention (MOTIVATIONAL INTERVIEWING, PEDIATRICIAN AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT, TRANSPORTATION & HOUSING, EPIDEMIOLOGY)

IV.A.5.b).1.(f)) Subspecialty Education

- IV.A.5.b).1.(f).i. The curriculum must be designed to teach each resident the knowledge and skills appropriate for a general pediatrician, including the management of psychosocial problems that affect children with complex chronic disorders and their families. (PEDIATRICIAN AS CHILD’S CHAMPION, SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE, TRANSPORTATION & HOUSING, GLOBAL HEALTH)


- IV.A.5.b).1.(f).vii. (b) Residents must receive an integrated experience that incorporates adolescent issues... experiences throughout the three years (e.g. community settings). (CHANGING COMMUNITY ENVIRONMENT)

Residents must receive instruction and experience in:

- IV.A.5.b).1.(f).vii. (c).iii. common adolescent health problems, including chronic illness, sports-related issues, motor vehicle safety, and the effects of violence in conflict resolution (SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE)
- IV.A.5.b).1.(f).vii. (c).iv. interviewing the adolescent patient with attention to confidentiality, consent, and cultural background (MOTIVATIONAL INTERVIEWING, CULTURAL COMPETENCE)
- IV.A.5.b).1.(f).vii. (c).v. psychosocial issues, such as peer and family relations, depression, eating disorders, substance abuse, suicide, and school performance (MOTIVATIONAL INTERVIEWING, CHANGING COMMUNITY ENVIRONMENT, SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE, TRANSPORTATION & HOUSING)


- IV.A.5.b).1.(f).viii. (c) residents must have an integrated experience that incorporate behavioral and developmental issues into ambulatory and inpatient experiences throughout the three years (e.g.... community setting, continuity clinic)

The program must include instruction in:

- IV.A.5.b).1.(f).x. Elective Experiences

Elective should be designed to enrich the educational experience of residents in conformity with their needs, interests, and/ or professional plans.

- IV.A.5.b).1.(f).x. (d).vii. needs of children at risk (e.g., those in poverty, from fragmented or substance abusing families, or victims of child abuse/ neglect.

IV.A.5.d) Interpersonal & Communication Skills

Residents are expected to
• IV.A.5.d).(1) communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds. (PEDIATRICIAN AS CHILD’S CHAMPION, NARRATIVE MEDICINE, SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE, GLOBAL HEALTH)
• IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies (CLASS DISCUSSION, ASSIGNMENTS)

IV.A.5.e) Professionalism
Residents are expected to demonstrate
• IV.A.5.e).(1) compassion, integrity and respect for others (SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE)
• IV.A.5.e.(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (SOCIAL DETERMINANTS 1 & 2, CULTURAL COMPETENCE)

IV.A.5.f) Systems-based Practice
• (overall goal) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (ALL TOPICS)
Residents are expected to:
• IV.A.5.f).(4) advocate for quality patient care and optimal patient care systems (PEDIATRICIAN AS CHILD’S CHAMPION, IDEA TO LAW)
• IV.A.5.f).(5) work in interprofessional teams to enhance patient safety and improve patient care quality (PEDIATRICIAN AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT)
• IV.A.5.f).(7) Know how to advocate for the promotion of health and the prevention of disease and injury in populations (PEDIATRICIAN AS CHILD’S CHAMPION, IDEA TO LAW)

The program must ensure structured educational experiences to address:
• IV.A.5.f).(7).(a) patient advocacy within the system (understanding the epidemiology of major health problems and health literacy awareness in the community. (PEDIATRICIAN AS CHILD’S CHAMPION, CHANGING COMMUNITY ENVIRONMENT, IDEA TO LAW, EPIDEMIOLOGY)
• IV.A.5.f).(7).(d) Health care organization, financing, and practice management, including the organization and financing of health care services for children at the local, state, and national levels and the role of the pediatrician in the legislative process (PEDIATRICIAN AS CHILD’S CHAMPION, IDEA TO LAW)
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<th>DATE</th>
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<th>READINGS &amp; DISCUSSION</th>
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<tr>
<td>8/4/11</td>
<td>Dr. Robert Schwartz MD, Professor of Pediatrics, Wake Forest University, &amp; Centers for Diabetes Research &amp; Integrative Medicine</td>
<td>Motivational Interviewing</td>
<td>Schneider, Chapter 1</td>
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<td>8/11/11</td>
<td>John Harrington, Assoc Prof CHKD, Director General Academic Pediatrics, EVMS</td>
<td>Autism Update</td>
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<td>8/12/11</td>
<td>Dr. Kate Ferguson EdD, MS, Director Division of Community Health &amp; Research, &amp; Associate Professor of Pediatrics, EVMS</td>
<td>Historical &amp; Theoretical Foundations of Public Health</td>
<td>Schneider, Ch. 9</td>
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<tr>
<td>8/18/11</td>
<td>Sayantani Dasgupta Clinical Asst Professor of Pediatrics, &amp; Faculty, Program of Narrative Medicine, Columbia University</td>
<td>Narrative Medicine</td>
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<tr>
<td>8/19/11</td>
<td>Amy Paulson, MPH- C, Executive Director CINCH, and Instructor EVMS Department of Pediatrics &amp; Dr. J. Paulson MD, Medical Director Child Health Advocacy Institute, Children’s National Medical Center</td>
<td>Changing the Community Environment to Improve Children’s Health</td>
<td>Schneider, Ch. 19, J. Paulson online Grande Rounds</td>
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<td>8/24/11</td>
<td>Dr. Cheza Garvin, Academic Director, Consortium for Infant and Child Health (CINCH) &amp; Assistant Professor of Pediatrics, EVNS (2 hrs)</td>
<td>Social Determinants of Health</td>
<td>Schneider, Ch. 14</td>
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<td>9/1/11</td>
<td>Dr. Karen Remley MD, MBA, Health Director, Virginia Department of Health</td>
<td>Pediatrician as Child’s Champion in Public Health World</td>
<td>Schneider, Chapter 3</td>
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<td>9/2/11</td>
<td>Dr. CW Gowen MD, Pediatrics Residency Program Director and Professor of Pediatrics EVMS, Sriraman, &amp; Ferguson</td>
<td>Mid-term summary &amp; feedback</td>
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<tr>
<td>9/4/11</td>
<td>Dr. Robert W. Block, President-elect AAP</td>
<td>Social Determinants of Health: Lifetime Consequences of Maltreatment</td>
<td>9/4/11 GR</td>
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<td>9/9/11</td>
<td>noon</td>
<td>Sylvia Copeland-Murphy, Client Services Director Norfolk Redevelopment &amp; Housing Authority &amp; Jude Taylor-Fishwick MS,</td>
<td>Transportation &amp; Housing Challenges</td>
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<td>9/16/11</td>
<td>noon</td>
<td>Amy Perkins MS, Biostatistician Children’s Hospital of the King’s Daughter &amp; N. Sriraman</td>
<td>PROJECT DESIGN &amp; ANALYSIS. Developing a Project and Designing the Analysis</td>
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<td>9/23/11</td>
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<td>Dr. Natasha Sriraman MD MPH, Associate Residency Program Director and Assistant Professor of Pediatrics, EVMS</td>
<td>Cultural Competence</td>
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<td>9/29/11</td>
<td>noon</td>
<td>Bryan Kane MD</td>
<td>Internet Teaching &amp; Learning</td>
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<td>9/30/11</td>
<td>noon</td>
<td>Dr. Carolyn Moneymaker MD, Associate Professor of Pediatrics EVMS, &amp; Director Global Health Program</td>
<td>Health of Children around the Globe</td>
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<td>10/7/11</td>
<td>noon</td>
<td>Dr Kenji Cunnion MD MPH, Director Division of Basic Sciences &amp; Associate Professor of Pediatrics and of Microbiology &amp; Molecular Cell Biology, EVMS</td>
<td>Epidemiology &amp; Infect Diseases of Childhood</td>
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<td>10/20/11</td>
<td>noon</td>
<td>Dr Wayne Giles, CDC</td>
<td>Healthy Communities: What Providers Can Do</td>
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<td>11/11/11</td>
<td>noon</td>
<td>Dr. Ralph Northam MD, Professor of Pediatrics and State Representative</td>
<td>How an Idea to Improve Health Becomes a Law</td>
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Total Course Hours: 20