<table>
<thead>
<tr>
<th>Goals/Objectives</th>
<th>Resources</th>
<th>Activities</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOAL 1: Understand key issues related to the pediatrician’s role and interactions with public health systems at the local, state and national levels.</td>
<td>• The Future of the Public's Health in the 21st Century Committee on Assuring the Health of the Public in the 21st Century 2002 (Chp 3 “the governmental public health infrastructure”)</td>
<td>• Search state and local DHS or DPH websites regarding services</td>
<td>Report the services available through state and local DPH—perhaps having an actual list to compare to</td>
</tr>
<tr>
<td>1.1. Discuss, in general terms, the services of the state and local public health department (e.g., family planning, infectious disease surveillance, newborn screening, lead screening and abatement, oral health promotion). [KNOWLEDGE]</td>
<td>• Introduction to public health. Edition: 2 By Mary-Jane Schneider 2006 (Prologue and Chp 1… also Chp 25 touches on medical care and PH interface)</td>
<td>• Interview director or staff of state or local DHS or DPH regarding services and programs • Catalogue and report to ??? (residency program) the various programs and services</td>
<td>Ability to list the 10 essential PH services (I would have a hard time doing that myself!)</td>
</tr>
<tr>
<td>1.1.1 Describe services available to patients and families, how to access services, and collaborate with these agencies as opportunities arise in practice. [KNOWLEDGE]</td>
<td>• 10 essential public health services by the APHA: <a href="http://www.apha.org/programs/standards/performancestandardsprogram/resessentialservices.htm">http://www.apha.org/programs/standards/performancestandardsprogram/resessentialservices.htm</a> • Contact state and or local public health departments</td>
<td>• Same as above, but determine state and locally-specific mechanisms to access services • Collaborative project with a state or local DPH agency to address one of the service areas of need (e.g., family planning, infectious disease surveillance, newborn screening, lead screening and abatement, oral health promotion)</td>
<td>Assess whether residents were able to report a communicable disease correctly to DPH</td>
</tr>
<tr>
<td>1.1.2 Identify mandatory communication requirements necessitating contact between physicians and public health departments. [KNOWLEDGE]</td>
<td>• Reportable diseases vary by state—JAMA article summarizes status in 1999 • Contact state and/or local public health departments</td>
<td>• Go to state DOH website and find list of reportable conditions for your state; compare to NNDSS list. What are the key differences</td>
<td></td>
</tr>
<tr>
<td>1.1.3 Identify similarities and differences among different states’ and different local jurisdictions’ (county, city, municipality) public health systems. [ADVANCED SKILL]</td>
<td>• Good analysis and discussion in The Future of the Public's Health in the 21st Century (Chp 3—page 108+)</td>
<td>• Search state and local DHS or DPH websites regarding organizational structure. • Compare and contrast the local jurisdiction structures. • Compare and contrast the state DHS/DPH structure with other states.</td>
<td></td>
</tr>
<tr>
<td>1.1.4 Identify agencies, associations</td>
<td>Sloane et al. Effective Clinical Partnerships</td>
<td>Discuss with your local chapter’s</td>
<td>Essay question:</td>
</tr>
</tbody>
</table>
and other existing liaison opportunities bridging pediatric professionals and public health professionals and entities. [KNOWLEDGE]

Between Primary Care Medical Practices and Public Health Agencies [KNOWLEDGE]
An exemplary AAP chapter’s public health connections: [KNOWLEDGE]
http://www.ncpeds.org/public-health.html
To find your AAP chapter’s basic info and website address, go to [KNOWLEDGE]
http://www.aap.org/member/chapters/chapfact/

1.2 Discuss the structure and functions of the Centers for Disease Control and Prevention and the U.S. Public Health Service and other agencies important to children’s health within the Department of Health and Human Services (e.g., AHRQ, HRSA, CMS, NIH). [KNOWLEDGE]

US DHHS website [KNOWLEDGE]
http://emergency.cdc.gov/coca/

Participate in a CDC Clinician Outreach Communication Activity (COCA) conference call

GOAL 2: Understand how public health systems and pediatric professionals address the needs of children and youth around specific health concerns or conditions.

2.1 CSHCN: Collaborate with families and communities to provide care coordination in a medical home for children with special health care needs. [SKILL]

These are links to resources for 2.1 Collaborate with families and communities to provide care coordination in a medical home for CSHCN. [KNOWLEDGE]

http://www.medicalhomeinfo.org/

http://www.mchlibrary.info/KnowledgePaths/kp_cshcn.html

http://mchb.hrsa.gov/programs/specialneeds/measuresuccess.htm

Participate in a multidisciplinary case conference to discuss the total care of a child with special needs.

Communicate with a school or participate in an IEP or Section 504 meeting on behalf of a child with special needs.

Attend an AAP committee meeting or local equivalent professional organization addressing the needs of CSHCN.
2.1.1 Identify resources available to children and families with special needs (e.g., case management services, social work services, and services for homeless, migrant, pregnant or disabled children). [KNOWLEDGE]

- [WEBPAGE] http://www.cshcn-ca.org/index.php (or any equivalent state website)
  Shadow a clinical social worker who works with children and families and observe case management for several patients and families.

- [WEBPAGE] http://www.dmh.ca.gov/ (or any equivalent state website)
  Identify a local family resource center and visit to see what services they can provide for children with special needs and their families.

2.1.2 Identify agencies and resources that provide mental health services to children. [KNOWLEDGE]

- [WEBPAGE] http://www.dmh.ca.gov/ (or any equivalent state website)
  Identify the publicly-funded mental health agencies in your area. Identify additional contracted mental health agencies who provide services to children and families. Determine whether they have language services and the cost of their services. Find out the breadth of services they provide.

2.1.3 Be able to make referrals for children and families who need these resources. [SKILL]

2.1.4 Be able to develop a system for tracking the quality of care coordination services delivered (i.e., a tracking system for referrals made) [ADVANCED SKILL, gets at Quality Improvement, a cross-cutting theme]

2.2 Immunizations: Identify agencies and their functions in assuring safe and effective immunization programs (e.g., VFC, VAERS, VSD, FDA, CDC, ACIP, state and/or local agencies). [KNOWLEDGE]

- [WEBPAGE] CDC vaccine website: www.cdc.gov/vaccines
- [WEBPAGE] AAP vaccine website: www.cispimunize.org
- [WEBPAGE] Children’s Hospital of Philadelphia Vaccine Information Center: http://www.chop.edu/consumer/jsp/microsite/microsite.jsp?id=75918
- [WEBPAGE] Immunization Action Coalition:
  Trace the story of rotavirus vaccine, from initial approval of Rotashield® to unexpected safety concerns arising to withdrawal to approval of two newer vaccines, Rotateq® and Rotarix®. Study the development, approval and administration of pandemic H1N1 vaccine

- [WEBPAGE] Find and fill out a VAERS form for a fictional child who suffers a fever and seizure following MMRV immunization
Lee G and Lieu T. Vaccine Financing in the United States: An Emerging Crisis. Lee and Lieu Arch Pediatr Adolesc Med. 2009; 163: 485-487. National Association of City and County Health officials site on vaccine financing, with several links: http://www.naccho.org/topics/hpdp/infectious/immunization/financing.cfm | Be able to define the Vaccines for Children program, and to state the advantages and disadvantages of being a Universal Purchase state. Contact several practices and/or vaccine wholesalers to discover issues involved in finding good prices for vaccines. | For the practice type into which the resident hopes to go (or a typical practice in your state), state the pros and cons of VFC vaccine purchase versus private purchase |
| --- | --- | --- | --- |
| 2.2.2 Be able to track immunization rates in your local community. [SKILL] | MMWR. National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months - United States, 2008. At http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5833a3.htm  
Your state health department website  
Coalition of coalitions (find your local coalition) http://www.izcoalitions.org/ | Trace immunization rates for children in your state or community over the past 5 years. If they’re increasing, why? If they’re decreasing, why? Determine if there are efforts in your state or community to increase immunization rates. Determine what are the impediments to better immunization rate in your state or community, and consider what might be done to improve rates. | Study the modules in the “TIDE” program (Teaching Immunization Delivery and Evaluation) from Med. Univ. of S. C., take evaluations at end of each module |
| 2.2.3 Be able to track vaccine-preventable diseases in your community [SKILL] | To find the web address for your state health department: http://www.cdc.gov/mmwr/international/relres.html  
National Notifiable Diseases: http://www.cdc.gov/ncphi/disss/nndss/phs/infdis.htm | Trace the events leading to eradication or near-elimination of smallpox, measles, Haemophilus influenza b disease in the country or in your community, or look at the decreases in rotavirus disease since adoption of that vaccine. Study the recent increase in pertussis across the country or in your community, and determine what are the successes and problems in pertussis control. | Essay question: what are the differences between vaccine refusers and those whose children are behind on immunizations? How can each be helped to get their children up to date? |
| 2.2.4 Identify barriers to vaccine completion, including vaccine refusal and means of addressing them. [KNOWLEDGE] | Kimmel et al. Addressing immunization barriers, benefits, and risks. J Fam Pract. 2007 Feb;56(2 Suppl Vaccines):S61-9  
Institute of Medicine (IOM). Overcoming Barriers to Immunization: A Workshop Summary (1994) - rather old, but the principles remain the same. At http://www.nap.edu/openbook.php?isbn=N1000 | Look at some of the websites that promote immunization refusal (e.g., http://www.nvic.org/ and http://www.nationalautismassociation.org/thimerosal.php); devise arguments to counter their claims. Differentiate between vaccine refusers and those whose children are behind on | Write essay on vaccine refusers in your state or community, means of countering their arguments |
| 400 | Genao and Wong on Immunization Disparities among Latinos: [http://web.msm.edu/ncpc/Publications/genao_wong_immunization.pdf](http://web.msm.edu/ncpc/Publications/genao_wong_immunization.pdf) | immunizations. Devise methods to deal with both groups. Discuss any immunization discrepancies that occur within populations in a nearby locality. |

| 2.3. Obesity: Identify and collaborate with community-based organizations, schools, and/or legislators to address important health problems affecting children. [SKILL] | 1) [www.cdc.org](http://www.cdc.org)  
2) Specific state and local health department data sources  
3) Clinic or Hospital data sources  
2. Residents will contribute as an active, participatory community collaborator to promote healthy nutrition and/or active lifestyle activities for their clinic or hospital population (e.g. working with schools, parks and recreation, Boys and Girls club, etc.) | % of residents completing a written reflection on their experience with a community collaborator or activity (Resident logs and assessments by preceptors). |

| 2.3.1. Be able to track rates of obesity among children in the community, or state or nationally [SKILL] | 1) [www.cdc.org](http://www.cdc.org)  
2) State and Local health department data sources  
3) Clinic or Hospital data sources  
2. Set up a system to track rates of obesity in continuity clinic or hospital admissions. | % of residents who know how to track rates of obesity among children in their community, or state or nationally (pre and post test) |

| 2.3.2. Identify initiatives at the community, state or national level that address childhood obesity from a public health perspective. [KNOWLEDGE] | 1) [www.cdc.org](http://www.cdc.org)  
2) State and Local health department data sources  
3) Clinic or Hospital data sources | 1. Identify the obesity action plans from your local and national state obesity efforts.  
2. Identify community resources (using the asset mapping approach) to optimize physical activity and access to healthy and fresh foods in particular child-care facilities and Schools.  
3. Develop a code card with resources for residents to be able to easily access information related to programs and initiatives addressing childhood obesity. | % of residents improving their Pre and post test knowledge scores. |

| 2.3.3. Identify and be able to address public health areas (or perhaps community areas) that may contribute to or mitigate obesity in children, such as the built environment, access to nutritional | 1) Institute of Medicine (2005) preventing Childhood Obesity: Health in Balance. Jeffrey Koplan, Catharyn Liverman, and Vivica Kraak (editors). [http://www.nap.edu/catalog/11015.html](http://www.nap.edu/catalog/11015.html)  
2) American Academy of Pediatrics. Assessment of Child and Adolescent | 1. Residents will participate in at least one of the following activities to promote healthy nutrition and/or active lifestyle programs and policies: Letter to the Editor, Local legislative visit, Legislative activities with the AAP, Media interviews. | % of residents completing a written reflection on their experience with a community collaborator or activity (residents completing a written reflection on their experience with a community collaborator or activity (Resident logs and assessments by preceptors). |
| foods, media/advertisements, etc. [KNOWLEDGE] | Overweight and Obesity. *Pediatrics* Supplement 4. 2007;120. 3) 3. US DHHS Blue Print For Action: [http://aspe.hhs.gov/health/blueprint/](http://aspe.hhs.gov/health/blueprint/) | 2. Residents will participate as active collaborators with an insurance company or healthcare system to promote health- and fitness-promoting programs and policies and/or reimbursement for obesity treatment. 3. Residents will work on changing the residency continuity clinic or hospital to become a nutrition and physical activity friendly environment, with point of decision prompts (e.g. use the stairs not elevators), non-commercial health promotion materials, and no visible unhealthy foods. | activity (Resident logs and assessments by preceptors). |

| 2.4 Injury Prevention: Identify and promote family and community use of commonly available preventive services such as poison control, playground safety, proper use of car seats and restraints, gunlocks, etc. [SKILL] | Poison  
American Association of Poison Control Centers  
[www.aapcc.org/dnn/PoisoningPrevention/ChildTips/tabid/120/default.aspx](http://www.aapcc.org/dnn/PoisoningPrevention/ChildTips/tabid/120/default.aspx)  
For a poison emergency in U.S. call 1800-222-1222  
Playground Safety –  
[http://kidsyhealth.org/parent/firstaid_safe/outdoor/playground.html](http://kidsyhealth.org/parent/firstaid_safe/outdoor/playground.html) and  
National Program for Playground Safety  
[www.uni.edu/playground](http://www.uni.edu/playground) - call 1-800-554-PLAY  
Car Seat Safety  
American Academy of Pediatrics –  
[Aap.org/family/carseatguide.htm](http://Aap.org/family/carseatguide.htm)  
National office 847-434-4000  
D.C. office 202-347-8600  
Gun Safety  
Child Safe Project –  
[www.projectchildsafe.org](http://www.projectchildsafe.org)  
Phone: 202-426-1320  
Safe Kids USA –  
[www.usa.safekids.org](http://www.usa.safekids.org)  
Phone – 202-662-0600 | Create educational flyers – 6th grade or below – using large font words and pictures.  
Do an educational flyer for each area of safety – make them colorful and maybe conduct focus groups with targeted population to ascertain best methods and materials to include  
Distribute these fact sheets through doctor offices, community locations, media press releases, etc.  
Keep track of the number and type of flyers distributed and the method of distribution, e.g. door to door outreach, posters/flyers in doctor's offices, mailings, website, etc. (Educational flyers should include risk factors such as motor vehicle injuries, alcohol-involved motor vehicle deaths, self reported seat belt safety, homicide, suicide, fall injuries, brain injuries, poisoning, smoke alarm use) | |

| 2.4.1 Understand the impact of policies which affect population-level injury prevention efforts, and compare them and their | Population-level injury prevention efforts have to have strong surveillance capacities. Could be achieved by setting standards for surveillance capacities, specific injuries and injury risk factors, injury data sets and integration of injury | For population efforts  
Must include risk factors and data sets to address:  
Risk factors such as: motor vehicle injuries, alcohol involved motor vehicle |
Effectiveness with individual patient-based prevention methods. [KNOWLEDGE]

- Data systems.

Regarding comparing population efforts to individual patient-based interventions – research has shown that injury prevention counseling by pediatricians is very effective and that there are costs savings as a result of the Injury Prevention Program (TIPP) – [www.childrenssafetynetwork.org](http://www.childrenssafetynetwork.org)

Deaths, self reported seat belt safety use, homicide, suicide, firearm injuries, traumatic brain injuries, fall injuries, poisoning, smoke alarm use, submersion injuries

Data sets such as: vital records, hospital discharge, fatality analysis reporting system, behavioral risk factor surveillance system, youth risk behavior surveillance system, emergency department data, medical examiner, child death review, national occupant protection use, uniform crime reporting system, emergency medical services,

For individual patient methods: Protocols must be developed to ensure that Dr’s provide easy to understand and pertinent education to reduce injuries

Keep track of the number of injury prevention counseling sessions conducted by the Pediatricians and keep track of the number of pediatricians willing to offer counseling

<table>
<thead>
<tr>
<th>2.4.2 Know how to advocate for an injury prevention strategy in your local community. [ADVANCED SKILL, gets at Policy and Advocacy, another cross-cutting theme]</th>
<th>Community organizations in targeted areas</th>
<th>Community leaders in targeted areas</th>
<th>Legislators in targeted areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community organizations in targeted areas</td>
<td>Community leaders in targeted areas</td>
<td>Legislators in targeted areas</td>
<td>Media in targeted areas</td>
</tr>
<tr>
<td>Social Marketing Methods – Facebook, etc.</td>
<td>Utilizing collaborative efforts – convene stakeholders in order to take on an issue. Include community organizations, community leaders, legislators, government organization leaders, home visiting to get the word out – grassroots.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host an event such as town hall forum/rally and invite all interested parties. Let the VIP’s know which other VIPS have been invited. Decide rules of engagement if a town hall forum – will questions be prearranged so that leaders come with answers. Ensure rules help keep a peaceful and constructive environment. Make sure the community/targeted population help decide the major issues or questions upon which to advocate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document proceedings from the town hall forum or meeting with action steps to</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic</td>
<td>Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-----------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5. Emergency Preparedness: Identify the role of pediatric professionals in interacting with public health systems around emergency preparedness. [KNOWLEDGE]</td>
<td>1. Pediatrics 2006 article (Groupsite)  2. Academic Medicine article 2008 (Groupsite)  3. APTR Clinician Preparedness Competencies Brochure (2 pages) <a href="http://www.aptrweb.org/resources/pdfs/Competencies_Brochure.pdf">http://www.aptrweb.org/resources/pdfs/Competencies_Brochure.pdf</a>  4. CDC has set up a free registry to provide clinicians with real-time information to help prepare for (and possibly respond to) terrorism and other emergency events. Participants will receive regular e-mail updates on terrorism and other emergency issues and on training opportunities relevant to clinicians. <a href="http://emergency.cdc.gov/clinregistry/">http://emergency.cdc.gov/clinregistry/</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5.2 Know the liability and registration procedures to volunteer as a health care provider in the event of an emergency such a bioterrorism attack, an environmental contamination, or epidemics. [KNOWLEDGE]</td>
<td>Medical Reserve Corps website <a href="http://www.medicalreservecorps.gov/HomePage">http://www.medicalreservecorps.gov/HomePage</a>  MRC 101: [<a href="http://www.medicalreservecorps.gov/File/MRC_Resources/mrc_101.ppt#270,1,Slide">http://www.medicalreservecorps.gov/File/MRC_Resources/mrc_101.ppt#270,1,Slide</a> 1](<a href="http://www.medicalreservecorps.gov/File/MRC_Resources/mrc_101.ppt#270,1,Slide">http://www.medicalreservecorps.gov/File/MRC_Resources/mrc_101.ppt#270,1,Slide</a> 1)  Visit the MRC website <a href="http://www.medicalreservecorps.gov/FindMRC.asp">http://www.medicalreservecorps.gov/FindMRC.asp</a> to find up-to-date information on the MRC unit in your community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5.3 Know the policies and protocols involved in participating in emergency preparedness drills in your local health care system. [KNOWLEDGE]</td>
<td>State and local health department websites  Locate public health exercises in your community  Use pre-existing material to run a tabletop exercise for housestaff relating to preparedness  Complete a COCA training online <a href="http://emergency.cdc.gov/coca/training.asp">http://emergency.cdc.gov/coca/training.asp</a>  % residents who attend a drill or exercise in their community or % residents who conduct an exercise of their own</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.5.4 Be able to communicate</td>
<td>Crisis and Emergency Risk Communication Training  Critique of press releases during anthrax  CERC training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
effectively with the media or public about the emergency (provide information, manage fears and expectations, provide guidance on where to seek care, etc.). [ADVANCED SKILL, gets at Media and Communication, another cross-cutting theme]

| (CERC): checklist of the Basic Tenets of Risk Communication | outbreaks in 2001 to see which tenets of risk communication are done well and which are not |
| Association for State and Territorial Health Officers (ASTHO) Useful Practices: http://www.astho.org/upract_search.aspx | Review of video available at www.cdc.gov on talking to parents about vaccines to see which tenets of risk communication are employed |
| modules at www.cdc.gov |