The Children’s Hospital of Pittsburgh of UPMC already had a variety of active, educational experiences for resident in public and community health. However, most of these activities operated independently of each other with no common curricular foundation. We were interested in integrating these efforts into a comprehensive whole curriculum and saw the PPHCI Project as a resource towards this end.

**Pediatric Public Health Curriculum 2010-2011**

We used a “community building” approach that gathered local champions in our institution who were already active or open to incorporating public health perspectives in their educational and clinical roles. We wanted to engage them in a contributing to a culture change such that many resident educational experiences would naturally include public health thinking, implications and actions. Our aim was to make public health thinking and practice a part of, rather than and add-on, experience to resident education.

**Objectives**

**Goals:**
1. Residents will incorporate a public health perspective in their provision of care and patient advocacy by applying the SEPA approach (Similar cases, Epidemiology, Public health and preventive issues, and Action/advocacy), or other useful approaches.
2. Residents will address the improvement of patient health outcomes by applying knowledge of determinants of health (including but not limited to social determinants of health) in their primary care practice.

Residents will be able to:
- Describe public health role of pediatricians: generate ways pediatricians can impact the public’s health
- Discuss the impact of various social determinants on the health and well-being of children and their families.
- Describe how prevention and health promotion impacts patients, their families, and the community
- Apply the SEPA approach to integrate a public health orientation into pediatric care
- Refer appropriate children and families to various resources in the community that support the health and well-being of children and families.
- Effectively describe to patients and families the services available, how to access services, and collaborate with these agencies as opportunities arise in practice.
- Communicate effectively with patients and families when providing preventive behavioral counseling (e.g. smoking cessation, exercise, injury prevention, STI prevention, reproductive health).
- Find and use resources such as AAP policy statements or practice guidelines to inform best practices or evidence-based care and link you to efforts of the larger community of pediatric providers
- Engage in advocacy activities that improve the health or reduce barriers to health of individual patients or community members as a whole
Activities

Learning activities:

- Participation in a case-based on-line curricula or faculty facilitated discussions regarding the SEPA approach (applied to choking, smoking, teen driving, gun violence, drowning)
- Participate in noon conferences with public health topics
- Participate in a community advocacy block rotation during the PL2 year
- Present monthly at morning report using the SEPA template
- Conduct or participate in EBM presentations monthly
- Precepted primary care in the continuity clinic setting that includes taking family histories, assessing safety or health concerns in the family’s environment, taking actions to address the concerns at individual or community levels.
- Receive ongoing education and resource information from the CORE (community oriented resident education) resident group.
- Use the CORE blog to stay abreast of community resources
- Engage in injury prevention practice through participation in a new surgery elective for pediatric residents

Faculty

Leadership group:
CHP Faculty: Deborah Moss, MD, MPH; Dianna Ploof, EdD; Sonika Bhatnager MD MPH
CHP Chief Resident: Jennifer Wolford MD

Other CHP Partners
Resident Program Director
Division Chief, Child Advocacy
Chief Residents
CORE resident group

Other Public Health Resources

- AAP advocacy guide – [www.aap.org/moc/advocacyguide](http://www.aap.org/moc/advocacyguide);
  [www.aap.org/advocacy/childadvocacytips.htm](http://www.aap.org/advocacy/childadvocacytips.htm)
- Academic Pediatric Association Public Policy and Advocacy Committee
  [http://www.abcdinstitute.org/docs/Pediatricians.pdf](http://www.abcdinstitute.org/docs/Pediatricians.pdf)

Lessons Learned

Find the people in your setting who already are part of the ‘chorus’.
Enroll “champions”: People with a passion, long term view and the ability to dedicate some of their time until a program is institutionalized
Sharing news of progress quickly helps keep energy high
Keep the main goal simple and clear – be flexible as to how it might be made manifest – Changes need to be do-able for those involved, to fit their way of working
Culture change is a long term process that needs care and feeding

This information was provided courtesy of Children’s Hospital of Pittsburgh of UPMC– one of the participants in the Pediatric Public Health Curriculum Implementation Project. Site Directors: Deborah Moss MD, MPH, Dianna Ploof EdD, Jennifer Wolford MD