Every Community Health Centers Needs to Implement the Community-Oriented Primary Care Curriculum

**Purpose:**
COPC is beneficial and needed in communities and residency programs. The goal of this study is to determine whether doing COPC improves resident outcomes.

**Methods:**
A COPC program was implemented in a family medicine residency program for 2nd and 3rd year residents. The residents were asked to complete a survey at the end of the program to evaluate their prior exposure to COPC, attitudes and interest in working in community health centers (CHCs).

**Results:**
The majority of the residents completed the survey. Residents indicated that they were satisfied with the program and the level of importance of COPC increased significantly. Many of them reported that they wanted to do COPC after graduation and that they were planning on working at community health centers.

**Conclusions:**
The COPC program was very successful and had an important impact on the residents. Programs like this could be an important part of teaching COPC in residencies across the country.
(Strong Abstract Sample)

Title: Evaluation of a Teaching Health Center (THC) Community Oriented Primary Care Curriculum

Purpose:
Community-oriented primary care (COPC) engages the community to improve population health. This study aimed to determine whether a COPC curriculum was associated with differences in community engagement, population health attitudes, and career plans.

Methods:
Study design: Multi-site, prospective cohort study. Setting / Intervention: Seven THC sites, six of which implemented a COPC curriculum (four modules, a case study, and completion of a COPC project). Participants: 59 second and third year family medicine residents (38 exposure, 21 control). Measures / Main Outcomes: Online survey assessing demographic variables, prior COPC exposure, attitudes toward population health and COPC, and interest in working in community health centers (CHCs). We sent a reminder two weeks after the initial email. We conducted bivariate analyses, stratified by curriculum exposure and used chi-squared tests to determine significance.

Results:
Twenty-one residents responded (36% response rate, 39% exposure, 29% control). Compared to controls, exposure residents were more likely to plan to incorporate COPC into future practice (93% strongly agree or agree vs. 50%, p = 0.02). Exposure residents were more likely to believe that the COPC process is valuable (87% vs. 17%, p = 0.002) and that conducting COPC is feasible for most CHCs (47% vs. 0%, p = 0.04). They were more likely to be able to identify community needs (100% vs. 67%, p = 0.02) and draw on conversations with people from the community to inform those needs (67% vs. 17%, p = 0.04). Following graduation, they were not more likely to plan to work at CHCs.

Conclusions:
Compared to controls, THC residents exposed to a COPC curriculum were more likely to plan to incorporate COPC, believe that CHCs could conduct COPC, and identify community needs. More research is needed to determine the impact of population health curricula on attitudes and career plans.