COMMUNITY HEALTH AND ADVOCACY TRAINING LEARNING COMMUNITY

Sarah Garwood MD, Washington University in St Louis
Michelle Barnes MD, University of Illinois at Chicago
SPRING 2018 LEARNING COMMUNITY

The Plan:
Introductions and overview
Advocacy curriculum highlights
  Leora Mogilner MD
  Laurie Albertini MD and Lochrane Grant MD
  Joanna Lewis MD
Mini needs assessment at your tables
Tables share ideas about how the LC can support programs and PDs
Wrap up and resources
**What is your favorite sport?**

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<td>Baseball</td>
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<td>C</td>
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<td>Tennis</td>
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**1. Text**

Text **MICHDELBAR457 37607** once to join, then A, B, C, or D

**2. Send**

Send **michellebarn457** after joining the session.
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<td>Coordinator</td>
<td>179378</td>
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<td>Other</td>
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WHY CREATE THIS LEARNING COMMUNITY?
WE NEED TO TRAIN MORE PEDIATRICIANS TO BE LIKE YOU!
PROGRAM REQUIREMENTS

- ACGME (2017 program requirements) – Residency Curriculum must contain:
  - “ambulatory experiences to include elements of community pediatrics and child advocacy”; there must be TWO educational units

- Community health and child advocacy training are integral to Sub-competencies of Professionalism
  - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
  - Residents are expected to demonstrate compassion, integrity, and respect for others;
  - Responsiveness to patient needs that supersedes self-interest;
  - Respect for patient privacy and autonomy;
  - Accountability to patients, society, and the profession;
  - Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
HOW ARE PROGRAMS CURRENTLY MEETING THIS EXPECTATION?

- **Acad Pediatr.** 2017 Jul;17(5):544-549 (Cara Lichtenstein MD, Ben Hoffman MD, and Rachel Moon MD)

- Exploratory study using a survey of program directors in 2014. 43% response rate

- Of the programs that responded:
  - 75% of programs teach advocacy; 30% have a dedicated track
  - Experiential learning, self-reflection and didactic sessions were most commonly used methods.
  - Larger programs were more likely to teach Community Based Research.
  - Variety of methods used to teach advocacy, but no statistical differences between programs of different sizes.
OUR STORY IN MISSOURI

2013:
- 4 programs
  - 1 with month long block
  - 1 with 2 week block
  - 1 with nothing
  - 1 with scattered experiences and no protected faculty time.

2017:
- All 4 programs have a month long block
- All 4 programs have protected faculty time.
- State-wide advocacy track.
- Yearly Advocacy Day.
OUR STORY IN ILLINOIS

- Started in 2015
- Strong support from Illinois AAP
- 10 member programs
- Rome Visiting Professorship with Lisa Chamberlain: March 1-2, 2018
- Annual Advocacy Day
POWER OF COMMUNITY

Special Thanks to Ben Hoffman MD, Franklin Trimm MD, CPTI, and Board of APPD.
ADVOCACY IN ACTION!
ADVOCACY CURRICULUM HIGHLIGHTS

▪ Leora Mogilner: Icahn School of Medicine at Mount Sinai
▪ Laurie Albertini: Wake Forest, Brenner Children’s Hospital
▪ Lochrane Grant: Greenville Health Systems/ University of South Carolina
▪ Joanna Lewis: Advocate Children’s Hospital—Park Ridge
NY State Pediatric Advocacy Coalition (NYSPAC)

Leora Mogilner, MD
Associate Professor of Pediatrics
Icahn School of Medicine at Mount Sinai
Pediatric Residency Training Programs in New York State (N=30)
NYSPAC (New York State Pediatric Advocacy Coalition)

• Goals:
  – Improve community pediatrics and advocacy training in New York State
  – Collaborate with community based organizations to work on projects together to improve child health
  – Advocate collectively on behalf of child health across the state
**NYSPAC**

**Strengths**
- Dedicated faculty
- Collaboration decreases faculty isolation
- Motivated residents
- Leverage resident advocacy groups already in place
- Many programs in close proximity to each other
- Ability to share resources, speakers, CBO experiences

**Challenges**
- No dedicated staff support or funding
- Many programs with different levels of training and different resources
- Geographically spread out
- Difficult to maintain momentum/contact between meetings without admin support
NYSPAC—Solutions

• Geography:
  – Take advantage of other scheduled meetings to keep the work going (APPD/PAS/ other regional meetings)
  – Share curricular resources—conferences, talks, community site visits—between close sites

• Programs of differing sizes/resources
  – Pair up programs (buddy system) to help each other out

• No dedicated funding or staff support
  – No solution yet.....but we can dream
NYSPAC--Collaborative Efforts

• Legislative advocacy: yearly visits to Albany to advocate on behalf of children’s health
• Yearly conferences
• Collaboration on CATCH grants and resident projects during the year
• Sharing of curricular resources—conferences, talks, community site visits
NYSPAC Yearly Conference

- 5 conferences in three locations: Mount Sinai, Albany and Columbia
- 5th Annual Conference was November ’17
- Theme: Addressing Social Determinants of Health
- Keynote address: Dr. Mary Bassett, Commissioner of NYC DOHMH
It is easier to build strong children than to repair broken men.

Special thanks:
Department of Pediatrics
Department of Population Health Science and Policy
and the Graduate Program in Public Health
Icahn School of Medicine at Mount Sinai
and
Department of Pediatrics
Columbia University Medical Center
NYSPAC--Future Plans

- Seek funding to coordinate efforts throughout the year and support smaller programs with fewer resources
- Work closely with the AAP and other advocacy groups to advocate on behalf of children’s health
- Empower residents to develop and implement projects at their own institutions and across institutions
Carolinas Collaborative

2 states. 8 Programs. 1 Team.
Carolinas Collaborative

Protecting Children from the Detrimental Effects of Toxic Stress

• Create and strengthen authentic community partnerships through community-driven projects
• Enhance pediatric training curricula
• Enhance leadership in pediatric residency programs and pediatric department
• Align resources and expertise to sustain strong regional collaboration
Community Health and Advocacy Milestone Profile (CHAMP)

- Links CPTI gold-standard training objectives to ABP/ACGME milestones based competencies

- Helps to identify strengths and opportunities for bolstering curricula

Each program completed CHAMP tool at beginning of Collaborative
  - Filled out for entire residency program, not just community rotation

We discovered:
  - Wide variety of activities with high reliance on lectures/conferences, clinical experiences and site visits across all expectations
  - Some area less represented, especially legislative advocacy
  - Lack of standard evaluation for experiences with many relying on attending discussion with residents, resident reflection pieces, some with longitudinal projects
• Opportunity to identify what we felt to be integral to pediatric advocacy education

• Focused on 5 key curricular areas:
  – Resource Awareness
  – Toxic Stress
  – Vulnerable Populations
  – Social Determinants of Health
  – Health Disparities

• Developed 1-2 page documents of goals and objectives with associated curricular experiences
Putting the pieces together:

– Sharing our current curricular tools
– Closing curricular gaps
– Generalizing G&O
– Developing evaluation standard
– Identifying opportunities for collaboration to develop national advocacy standard
Mobile Health: Using the Advocate Ronald McDonald Care Mobile in Pediatric Residency Community Medicine Training

Joanna Lewis, MD, FAAP
Medical Director, Mobile Health
Residency Program Director
Advocate Children’s Hospital – Park Ridge
What is Mobile Health?

• Innovative model of health care delivery that has a proven track record of delivering care to populations that are known to suffer from health disparities.

• Mobile Health programs have been implemented by a wide spectrum of organizations from community health centers and hospitals to faith-based initiatives and public health agencies on an ad hoc basis as a way to address community need.
Mission

• Prevention
  – Deliver health education, which reduces overall medical costs, addresses behavior and lifestyle choices and helps motivate children to improve and maintain their health

• Treatment
  – Provide services ranging from immunizations and preventive check-ups to occasional treatment for chronic and acute illnesses and sports physicals

• Referral
  – Work with families to help them get access to ongoing care with a primary doctor or dentist.

• Compliance
  – Keep kids in school

• Education
  – Teach residents and students about community health in a mobile setting
Where are the poor?

Health Care In The Suburbs: An Analysis Of Suburban Poverty And Health Care Access

Alina S. Schnake-Mahl and Benjamin D. Sommers

effect. We found that nearly 40 percent of the uninsured population lived in suburban areas. Though unadjusted rates of health care access were better in suburban areas, compared to urban and rural communities, this advantage was greatly reduced after income and other demographics are accounted for. Overall, a substantial portion of the US population residing in the suburbs lacked health insurance and experienced difficulties accessing care. Increased policy attention is needed to address these challenges for vulnerable populations living in the suburbs.
2017 Service Area

Patients by ZIP Code

- 160
- 13
- 1
Services Provided

- Initial health screening
- Immunizations
- Primary care treatment
- Referral/follow up appointments
- Connection to a medical home

Top Diagnoses

- Poor vision
- Asthma
- Overweight/obesity issues
- Dental Caries
- Behavioral Health concerns
A Typical Day

- 1 attending/APN, 2 residents
- 15-25 patients seen
- ~5.5 - 6 hours at school
- School receives copies of all paperwork
- Students receive copies of school physical form, VIS sheets, insurance, educational information
- Follow up with all known PCPs
- Residents refer to themselves for follow up
African American, 11%
Caucasian, 13%
Hispanic, 45%
Other, 31%

Up-To-Date
Routine
Delayed

Medicaid
Uninsured

1-4 years
12-17 years
5-11 years
18+ years

Advocate Children's Hospital
Trainee Involvement

• 75 resident participants since September 2013

• AY 2016-2017 36/37 residents (71 visits)
  • 12 PGY1 (100%) (2-3 days)
  • 13 PGY2 (100%) (2 days)
  • 11 PGY3 (91.7%) (1-2 days)

• AY 2017-2018 35/37 residents (96 visits)
  • 11 PGY1 (91.7%) (2-3 days)
  • 12 PGY2 (100%) (3-5 days)
  • 12 PGY3 (92.3%) (1-2 days)

• PGY1 – Outpatient Pediatrics & Community Pediatrics

• PGY2 – Adolescent Medicine & Community Pediatrics

• PGY3 – Elective
Evaluation of Trainees

• Since AY 2015-2016 incorporated milestone-based evaluation into Care Mobile experience
  • PC1
    • Gather essential and accurate information about the patient
  • ICS1
    • Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
  • PROF1
    • Humanism, compassion, integrity, and respect for others; based on the characteristics of an empathetic practitioner
Trainee Evaluation – Reflective Journals

• “I found it so refreshing. It was such a wonderful reminder of why people in primary care do what they do. It also was a reminder of the kind of community one can create wherever they go”

• “Today in the care mobile was not at all what I had anticipated. It was much rougher compared to what occurs in the clinic setting, more cut and dry but complex at the same time due to the limitations of what we could provide for the children. I witnessed children who were very well dressed but when asked questions were noted to be living in very unfortunate financial situations. I met a relocated family from Puerto Rico and heard of the dust storms that impacted the child’s asthma when they lived there. It hadn’t occurred to me that there would be other triggers for asthma exacerbations in other parts of the world due to other natural weather conditions.”

• “I heard a story of a little boy who slept on the floor with his father while his sister and mother shared the bed. He slept near the heater to keep warm at night. It made me realize that some of the warm clothes we provided to the children might be all that they have in regards to newer clothes. It was very sad to hear his story, but it made me happy that we could help him and other children like him in some way. ”

• “I met the Caremobile at a local high school today. I was shocked by how many students failed the vision screen. How can you learn in high school if you can’t see the board? I was also sad when one girl told me that she didn’t have toothpaste at home because her family couldn’t afford it. You realize how quickly daily servings of fruits and veggies become inconsequential when families are really just struggling to put food on the table every day.”

• “This was a really fun day. I felt like a “real doctor” with lots of patients of my own. Some of the kids broke my heart a little bit… like this one little girl who said she has no friends. Luckily, the school is aware of this and is helping her out. Some kids needed 5 or 6 shots today, and it made me happy to know that we were able to help them get up-to-date today. Overall, today was a very rewarding experience.”
CONTACT US!

- Laurie Albertini, MD, Wake Forest, Brenner Children’s Hospital, lalberti@wakehealth.edu
- Joanna Lewis, MD, Advocate Children’s Hospital Park Ridge joanna.lewis@advocatehealth.com
- Leora Mogilner, MD, Icahn School of Medicine at Mount Sinai leora.mogilner@mountsinai.org
- Michelle Barnes, MD, University of Illinois at Chicago, mbarnes@uic.edu
- Sarah Garwood, MD, Washington University in St. Louis, garwoods@wustl.edu
The Community Pediatrics Training Initiative (CPTI) is a national program of the AAP that aims to improve child health by strengthening community health and advocacy training in pediatric residency programs. Meet the leadership team and learn more.

Grants
Current opportunities and abstracts of funded projects.

Tools & Resources
Tools, articles and more for faculty and trainees.

6 Drivers of Success for Community Health and Advocacy Education in Pediatrics
Explore these drivers to consider the strengths of your program and find resources for further development.
Advocacy Training Modules

These training modules and guides were created to help you prepare for and present the legislative advocacy training curriculum in an easy-to-follow and uniform format. A trainer guide accompanies each of the modules and provides prompting questions you can use to encourage participation and input, tips for presenting the training content, and suggestions on timing.

The AAP Advocacy Guide is designed to make it easier for you to advocate for children and pediatricians. It includes tips, tools, and real-life examples from other pediatricians about how you can use your voice to create positive and lasting change as an individual with patients and families, in your community, through your chapter and in your state, and at the federal level.

Please feel free to modify the presentations to fit the needs of your program. The training modules were designed as stand-alone trainings and do not need to occur sequentially. However, starting with the Overview of the Legislation Process module is recommended. This module will help pediatric residents get comfortable with basic skills outlined in subsequent modules. Each module is designed to take about 45 minutes, incorporate "real time" learning, and be fun and interactive.

- Training Module 1: Overview of the Legislative Process
- Training Module 2: Working in Partnerships
- Training Module 3: Working with Decision-Makers
- Training Module 4: Advocacy Communication
- Training Module 5: Voting with Children’s Health and Pediatric Resident’s Schedule in Mind
U.S. Child Poverty Curriculum

The Academic Pediatric Association (APA) Task Force on Child Poverty convened the Education Subcommittee to develop educational tools to promote understanding of the impact of poverty and other social determinants of health on child well-being over the life course and across generations. These training modules include a facilitators’ guide, and a presentation. Some also include cases and learner pre-work.

+ Module 1: The Epidemiology of Child Poverty
+ Module 2: Social Determinants of Health
+ Module 3: The Biomedical Influences of Poverty
+ Module 4: Taking Action to Address Child Poverty

Acknowledgements

Please let us know what you think. APAPovertyModules@aap.org.
# Community Health and Advocacy Milestones Profile (CHAMP) Map

## Community Health and Advocacy Goals & Objectives

### A. Culturally Effective Care

Pediatricians must demonstrate skills that result in effective care of children and families from all cultural backgrounds and from diverse communities.

Graduates are expected to:

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<th>Milestones-Based Sub-competencies</th>
<th>Rotation/ Curricular Activity</th>
<th>Assessment Method/ Demonstration of Competence</th>
<th>Level of Competence to be Demonstrated</th>
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<td>Reporting Currently Required</td>
<td>Reporting Not Yet Required</td>
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1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters
   - ICS1
   - ICS2
   - PBL1I
   - PROF6
   - PROF2
   - PROF5
   - GME core curriculum
   - Continuity Clinic curriculum and practice
   - Community rotation reflection piece
   - Short essay response and feedback
   - Continuity Clinic evaluation
   - Knows

2. Integrate into clinical encounters an understanding of diversity (e.g. family composition, gender, age, culture, race, religion, disabilities, sexual orientation, and cultural beliefs and practices) by recognizing and respecting families' cultural backgrounds.
   - ICS1
   - ICS2
   - SBP1
   - PBL1I
   - PROF6
   - PBL18
   - PBL19
   - PROF5
   - Healthy Steps home visits and clinic visits
   - Horizon Hospice home visits
   - Continuity Clinic practice
   - Adolescent rotation
   - Developmental/Behavioral rotation
   - Healthy Steps and Community, Adolescent, Developmental, and Continuity Clinic rotation evaluations
   - Knows how

3. Identify children, youth, or families who have limited English language proficiency and demonstrate the ability to use Professional interpreters and written materials in the family's primary language to maximize communication.
   - ICS1
   - SBP1
   - PBL17
   - PBL18
   - PROF5
   - Continuity Clinic curriculum and practice
   - Family-Centered Rounds
   - Newborn Nursery
   - Continuity Clinic evaluation
   - General Pediatrics Ward and Newborn Nursery rotation evaluations
   - Knows how

4. Identify, analyze, and describe health disparities, as well as organizational assets and barriers to delivering culturally effective services.
   - SBP2
   - PBL13
   - PROF2
   - ICS3
   - ICS4
   - ICS5
   - SBP1
   - PROF5
   - Community Health and Advocacy Track (CHAT)
   - Health Disparities in Chicago lecture
   - Community rotation readings
   - SPH course and evaluation
   - Knows

5. Describe and outline quality improvement activities to achieve health care equity.
   - SBP2
   - PBL13
   - ICS3
   - ICS4
   - ICS5
   - PROF5
   - QI Project
   - Community Health and Advocacy Track
   - QI workshop series
   - Patient Safety Conference
   - QI Project evaluation
   - SPH course and evaluation
   - Informal feedback
   - Does