State Collaboratives for Advocacy Education

Sarah Garwood MD, Washington University
Sara Bode MD, Nationwide Children’s Hospital
Sara Gonzalez MD, University of New Mexico
Introductions

Sarah Garwood MD, Washington University, St Louis
St Louis Children’s Hospital
1 month rotation in advocacy for all residents

My interests – Adolescent Medicine – transgender health, school-based health, trauma-informed care

4 Peds Residency Programs in Missouri
~300 pediatrics trainees

• Missouri ranks 32nd in child health
• 35% of children live in single parent households
• In St Louis city over 40% of the children live in poverty
Introductions

• Sara Bode MD, The Ohio State University, Columbus, Ohio
  • Nationwide Children’s Hospital
  • Currently 2 day Advocacy experience, 1 month elective, developing Advanced Competency in Advocacy

• My interests: School Health, Trauma Informed Care, Transforming Primary care delivery

• 9 Pediatric Residency Programs in Ohio

• Diverse communities, cultures, and health disparities

• Recent move from Arizona
  • 2 Pediatric Residency Programs
  • Statewide collaboration for Pediatricians at the Capitol
Introductions

• Sara Gonzalez MD
  • Medical Director, UNM Young Children’s Health Center: fully integrated community clinic with behavioral health services, home visitation, youth support groups, Neighboring program, parent groups, etc.
  • Director, Advocacy Program in Pediatrics
    • Advocacy/community engagement 4 week intern rotation, senior advocacy 4 week elective, longitudinal curriculum (lectures, workshops), Trips to Legislature for all interns.

• My Interests: Trauma-informed care, Excessive stress activation (toxic stress), early childhood development

• 1 pediatric residency program in state! Collaborate with family medicine advocacy curriculum on trips to legislature.
What challenges do you have in teaching advocacy?
Benefits of advocacy collaboratives


- Reduced faculty isolation
- Increased motivation
- Strengthened faculty academic development
- Enhanced identification of curricular areas of weakness and provided curricular development from new resources
- Helped to address barriers of limited resident time and program resources
State Collaboratives

Why create a state collaborative?

- ACGME requirements – variable support in our institutions.
- Time
- Kids need pediatricians prepared for advocacy now more than ever.
  - Screen for adversity risk factors
  - Identify toxic stress factors
  - Link families to resources
  - Lead community efforts to improve child health
  - Advocate for kids in the legislature.
“In the long run, child health is about advocacy...”

Health Affairs, 2004
Our Children need us to become more powerful on their behalf

“What is needed is a realization that power without love is reckless and abusive. And love without power is sentimental and anemic.”

~ Martin Luther King, Jr.
Collaborative Description

• Educational Collaboratives

• Chamberlain and colleagues – California Collaborative

• Connection to Community Pediatrics Training Initiative strategic plan
  • Lisa Chamberlain MD, Katie Plax MD, Ben Hoffman MD, and Jeff Kaczorowski MD

• Spread of collaboratives to other States
Built / Funded / Underway (2016)

TOTAL: 57

CA Total: 15
NY: 30
NC: 5
MO: 4
SC: 3
Assessing Feasibility / Needs Assessment (2017)

TOTAL: 42

TX: 13
IL: 11
MI: 9
NJ: 9
Potential (2020)

TOTAL: 31

FL: 8
VA: 6
PA: 8
OH: 9
State Collaboratives

• Missouri – keys to success
  • Structure with quarterly meetings, regular communication.
  • Mentorship from CPTI faculty.
  • Exposure to new concepts through collaborative interactions.
  • Hearing feedback, exchanging stories, and getting new ideas for programs and projects.
Missouri Advocacy Day
State Collaboratives

• **NewYork – keys to success**

• Thirty programs in state, many in close proximity to one another

• Yearly NYSPAC (New York State Pediatric Advocacy Coalition) conference
  • Over 150 attendees at last conference, with well-attended poster session and representation from 20 residency programs in addition to community based organizations and local government agencies

• Trips to Albany for NY State AAP Advocacy Day

• Sharing of curricula between programs, joint lectures and grand rounds

• Collaboration on CATCH grants between residency programs and joint projects with local CBO’s
State Collaboratives

- **New York—challenges**

  - Large number of programs, with wide range of experience. Some programs with very robust curricula and others with minimal curricula or advocacy activities

  - No formal funding to assist with organization and administration

- **Solutions:**

  - Applying for grants to fund an administrative position to oversee the Coalition

  - Developing relationships with MPH students with an interest in Advocacy to help with Advocacy and Community health initiatives
State Collaboratives

• **New Mexico – keys to success**
  
  • One program in state
    • Collaborate with Family Medicine and Preventative Medicine programs
  
  • Incorporate state chapter of AAP
    • Created Legislative Advocacy working group
    • Communication via email listserv
  
  • Mentorship from CPTI faculty.
    • Monthly communication via planning tool and conference call for first 2 years
  
  • Co-sponsor educational workshops and initiatives
    • Community & Advocacy in Pediatrics Symposium each year
    • Trips to Santa Fe Legislature
    • Professional development at New Mexico Pediatric Society lecture series
    • Refugee Clinic
Collaboration on Advocacy Education

- Media Advocacy Workshop
- CAPS: Suicide Prevention (CAPS: Toxic Stress)

Symposium: Community & Advocacy in Pediatrics and Primary Care

Early Childhood Advocacy and Family Visiting

11:00 a.m. - 1:00 p.m.
Register Now

Followed by:
1st Annual Legislative Luncheon 1:00 p.m. - 2:00 p.m.

Free childcare, smaller group size, and networking opportunities.

Please join us! Free Registration.
RSVP to: jchavez@unm.edu (505) 569-4879

University of New Mexico Advocacy Program in Pediatrics

MEdia Advocacy Training
UNM Children’s Hospital
Thurs, Dec 18, 1:00 - 1:30 pm - 6th Floor, Tully Conf Rm

Inspiring Child Health Advocates to Move from Awareness to Action!

- Social and Economic Impacts on Health
- Media and Legislative Advocacy
- Community Projects 101 and Poster Session
- Lunch with Community Advocates and Decision-Makers!

UNM Advocacy Program in Pediatrics, Curriculum Coordinator: jchavez@unm.edu, or tcomer@unm.com

GIVE NEW MEXICO CHILDREN A VOICE
FREE CME CREDITS

RSVP to SarahDeGonzalez@gmail.com
- Immunization legislation
- Shaken Baby Syndrome prevention program
- Home Visitation expansion
## Steps to Build a Collaborative

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<tr>
<th>Development stage</th>
<th>Organizational Steps</th>
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| Readiness Assessment| Identify Programs and Leadership  
                      Organize and Map Needs |
| Build Shared Foundation| Convene programs in person; identify shared priorities and resources  
                          Unite programs around initial shared activity; experience early “win” |
| Implementation       | Obtain Collaborative Funding  
                      Build capacity in Community Pediatrics and Advocacy Training  
                      Build partnership with AAP Chapter in the State  
                      Establish communication strategy and plan  
                      Create plan to evaluate impact |
| Maintenance          | Evolve/Expand Membership  
                      Build shared activities between programs  
                      Obtain ongoing funding  
                      Evaluate Impact |
| Dissemination        | Advance child health, community pediatrics and advocacy in the field  
                      Disseminate model to other states  
                      Ensure ongoing core leadership and vision through faculty development |
Collaborative Continuum/Roadmap

Readiness Assessment
- Identify programs and leadership
- Organize and map needs

Build Shared Foundation
- Convene: ID shared priorities/resources
- Unite around an early “win”

Implementation
- Obtain collaborative funding
- Build capacity
- Partner with AAP
- Communication plan
- Impact evaluation plan

Maintenance
- Evolve/expand
- Build shared activities
- Ongoing funding

Dissemination
- Advance field
- Disseminate model
- Faculty development
# My Readiness Assessment

<table>
<thead>
<tr>
<th>Impact: Small</th>
<th>Large</th>
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<tbody>
<tr>
<td>Time and Effort to Implement</td>
<td></td>
</tr>
<tr>
<td>Easy</td>
<td>7</td>
</tr>
<tr>
<td>Hard</td>
<td>6</td>
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1. Institutional Support for Advocacy Training
2. Connections to funders?
3. Existing core curriculum - legislative days, policy updates, block curriculum
4. Do you know your state faculty champions?
5. Relationship with Government Relations
6. Relationship with large community based regional organizations: YMCA, WIC, etc.
7. AAP State Chapter support
8. Current regional/state meetings/events?
9. Other Ideas?
Project Planning Tool

- CPTI tool to help with overall project planning
- Can be effective to move forward with your advocacy program
- Encompasses 6 core areas
  - Develop and sustain effective community partnerships
  - Increase resident competency in community pediatrics, advocacy, and public health by creating a comprehensive curriculum
  - Enhance your capacity as a faculty champion to lead the program
  - Enhance institutional/senior leadership support
  - Create and effective team of residents, families, community members, and faculty who can help plan and oversee
  - Obtain and leverage resources

- A State Collaborative Aids in these efforts!!
Wrap Up

• Readiness Assessment
• Champ Tool
• Collaborative Roadmap
• List-Serv Sign Up
• CPTI Support:

• Contact Info:
  • Sarah Garwood: Garwood_s@kids.wustl.edu
  • Sara Bode: sara.bode@nationwidechildrens.org
  • Sara Gonzalez: SaGonzalez@salud.unm.edu
  • Leora Mogilner: leora.mogilner@mountsinai.org