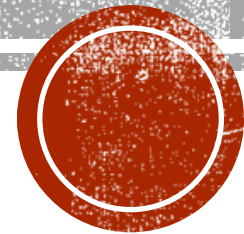


COMMUNITY HEALTH AND ADVOCACY TRAINING LEARNING COMMUNITY

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



POLL EVERYWHERE

What is your favorite sport?

Respond at PollEv.com/michellebarn457

Text **MICHELLEBARN457** to **37607** once to join, then **A, B, C, or D**

- Basketball **A**
- Baseball **B**
- Soccer **C**
- Tennis **D**

Poll Everywhere

1. Configure 2. Test 3. Present

Web Text message

Your audience texts **MICHELLEBARN457** once to **37607** to join your session.

Then they respond with **A, B, C, or D** when the poll is active.

37607

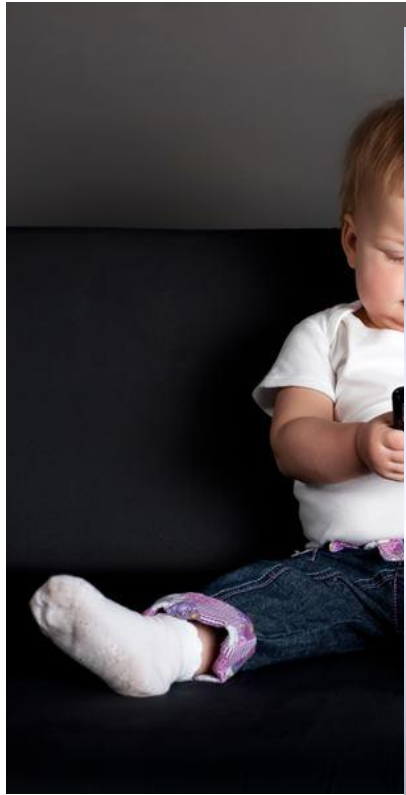
michellebarn457 Send



What is your role in your residency program?

Program Director/Associate Program Director	179360
Community Pediatrics Rotation Leader	179375
Coordinator	179378
Chief Resident/Rising Chief Resident	179381
Other	179403

WHY CREATE THIS LEARNING COMMUNITY?



WE NEED TO TRAIN MORE PEDIATRICIANS TO BE LIKE YOU!



ST. LOUIS AMERICAN 52° Clear

News Opinion Entertainment Health Business Sports Diversity Salutes to Excellence Newspaper in Education Multimedia

SLU project connects families to resources while training med students on community needs

By Sandra Jordan Jan 10, 2018

Photo by Wiley Price / St. Louis American

Latest News

Saint Louis University researchers are tackling hunger in the community by tracking it in a SLU medical clinic, and through training and connecting health advocates to children and families in need of available resources. A \$580,000 grant from Missouri Foundation for Health will support this work, including improving screening practices and follow-up care.

In the city of St. Louis, 26 percent of households regularly do not know whether they will be able to feed their family. A 2015 survey of patients at Danis Pediatric Center at SSM Health Cardinal Glennon Children's Hospital found that 57 percent of caregivers experienced some level of household food insecurity.

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.

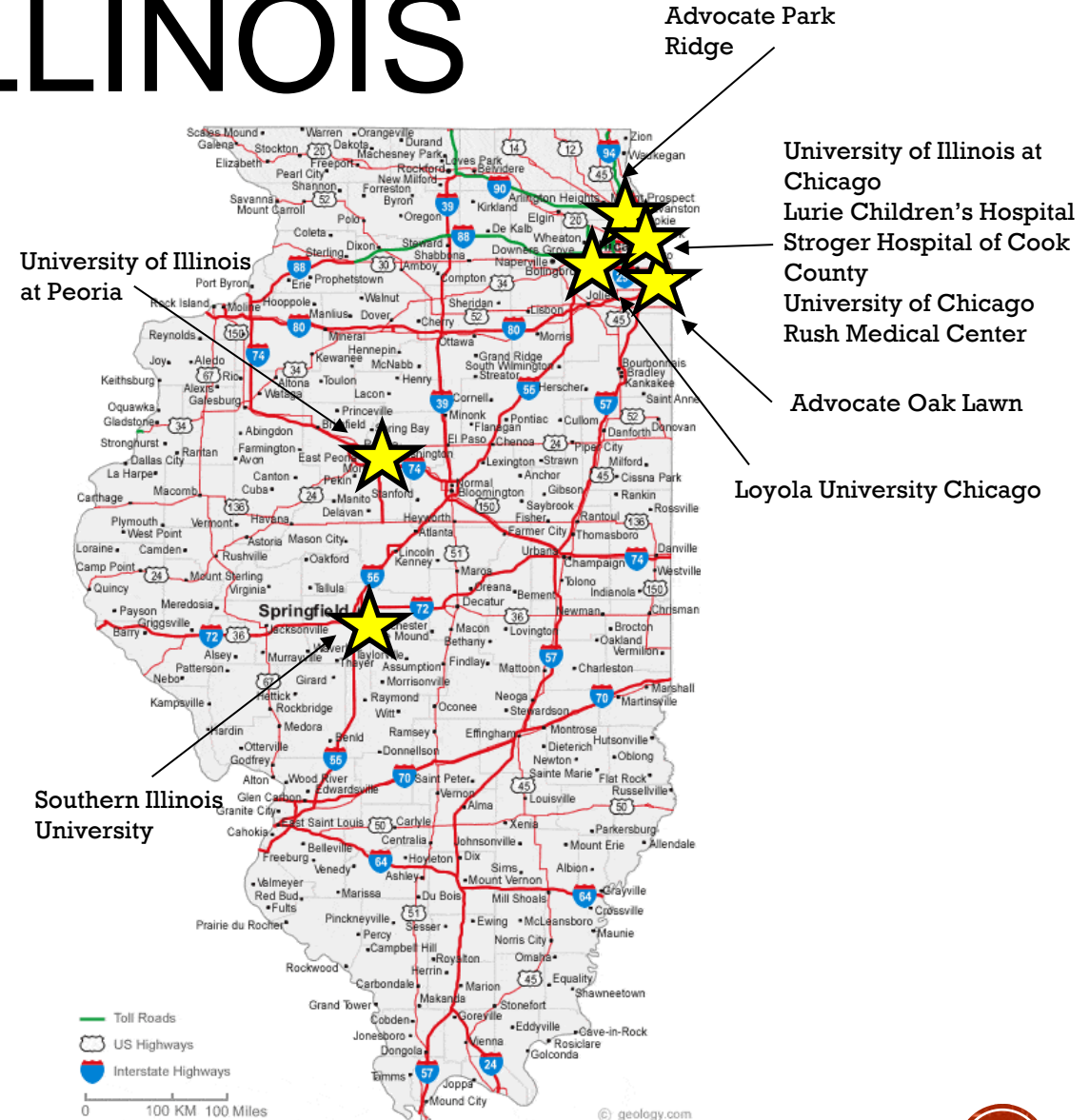
2017:

- 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.



9 million
American children are covered by CHIP
#ExtendCHIP



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



FIFTH ANNUAL

NYS PEDIATRIC ADVOCACY CONFERENCE

THURSDAY, NOVEMBER 9TH, 2017
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI



It is easier to build strong children than to repair broken men.



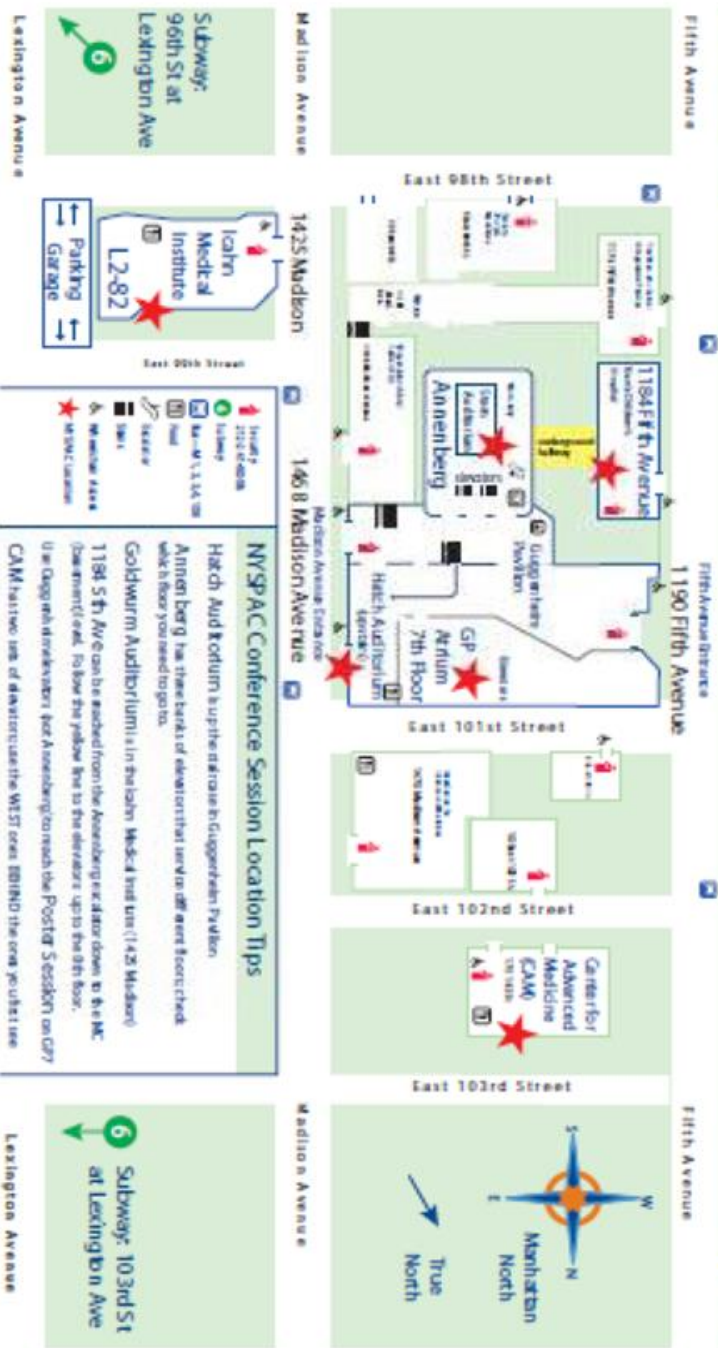
Special thanks:
Department of Pediatrics
Department of Population Health Science and Policy
and the Graduate Program in Public Health
Icahn School of Medicine at Mount Sinai
and
Department of Pediatrics
Columbia University Medical Center



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Mount Sinai Campus Map



NYS PAC Conference Session Location Tips

Hatch Auditorium is up the stairs to Guggenheim Pavilion.
Annenberg has three banks of elevators that serve all four floors; check with a floor you need to go to.
Goldswain Auditorium is in the Icahn Medical Institute (1425 Madison).
1198 5th Ave can be reached from the Annenberg area; take the MC (basement level). To use the elevator, go to the 8th floor.
Use Guggenheim elevators that Annenberg to reach the Postler Sessions on G77.
CAM has two sets of elevators: the WEST ones (B01ND) the ones you will use.

Subway: 103rd St at Lexington Ave
Subway: 96th St at Lexington Ave



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

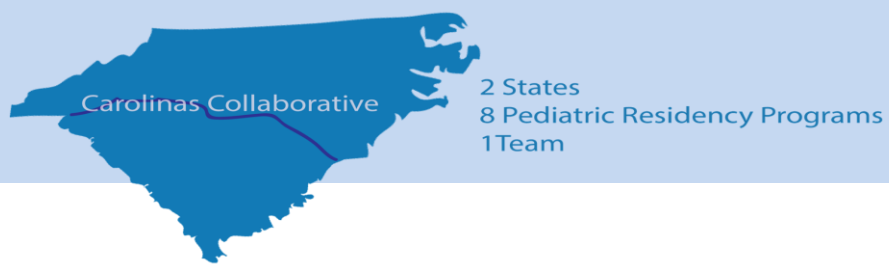
Carolinas Collaborative

2 states. 8 Programs. 1 Team.



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Carolinan 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



A program of the American Academy of Pediatrics



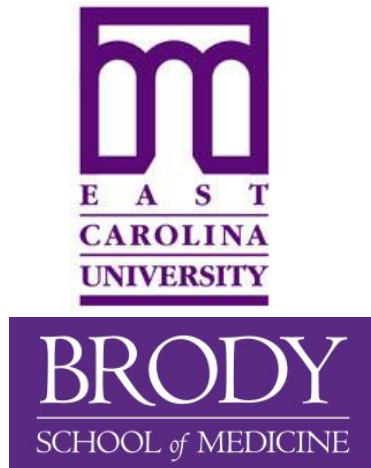


Carolinas Collaborative

2 States
8 Pediatric Residency Programs
1 Team



Brenner Children's Hospital
Wake Forest University Baptist Medical Center



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



- <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/CPTI/Pages/CHAMP.aspx>
- 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?

RESEARCH ARTICLE

HEALTH EQUITY

HEALTH AFFAIRS > VOL. 36, NO. 10: EMERGENCY DEPARTMENTS, BEHAVIORAL HEALTH & MORE

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

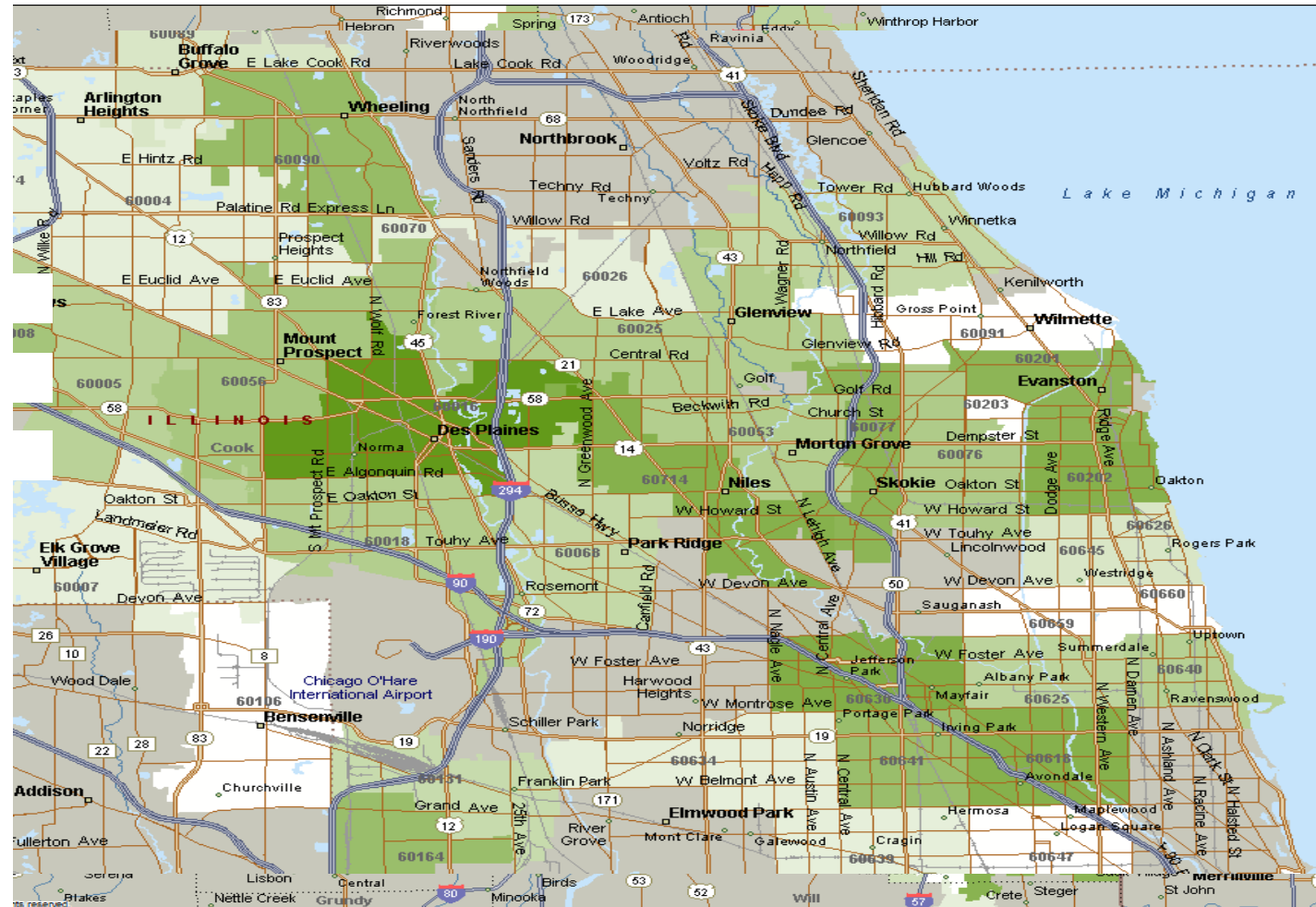
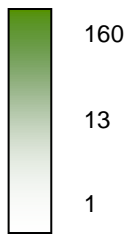
Alina S. Schnake-Mahl¹ and Benjamin D. Sommers²

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



Services Provided

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

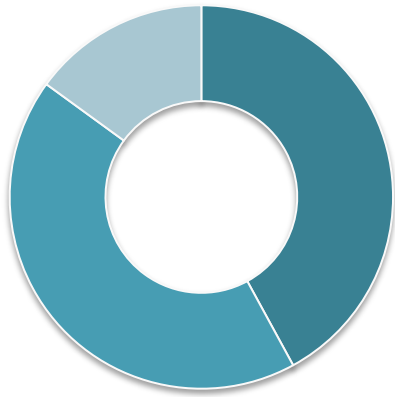
Top Diagnoses

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

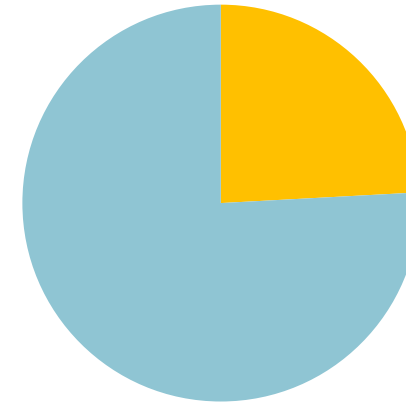


A Typical Day

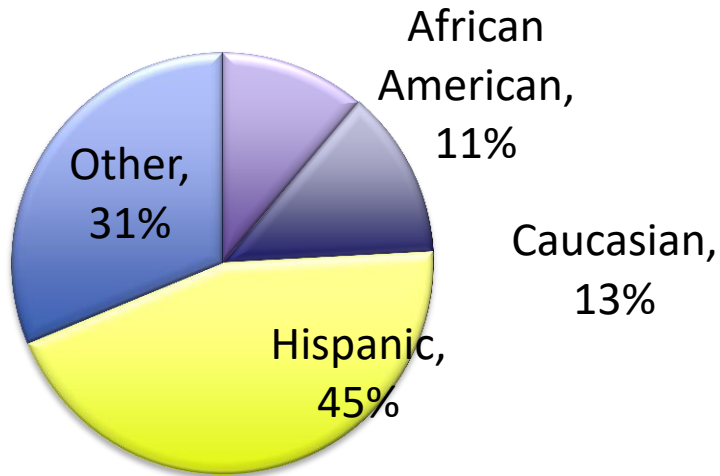
- 1 attending/APN, 2 residents
- 15-25 patients seen
- ~5.5 - 6 hours at school
- School receives copies of all paperwork
- Students receive copies of school physical form, VIS sheets, insurance, educational information
- Follow up with all known PCPs
- Residents refer to themselves for follow up



- Up-To-Date
- Routine
- Delayed

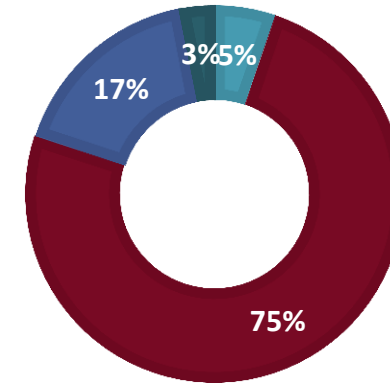


- Medicaid
- Uninsured



- African American, 11%
- Caucasian, 13%
- Hispanic, 45%
- Other, 31%

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



- 17%
- 3%
- 5%
- 75%



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 in to 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



- Community Pediatrics
- CPTI Home
- About
- Grants
- Tools & Resources
- Drivers of Success



COMMUNITY PEDIATRICS TRAINING INITIATIVE

A program of the American Academy of Pediatrics

Advertising Disclaimer

One conversation on **opioid** safety could save a life.

American Academy of Pediatrics
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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.



- Community Pediatrics
- CPTI Home
- About
- Grants
- Tools & Resources
- Drivers of Success

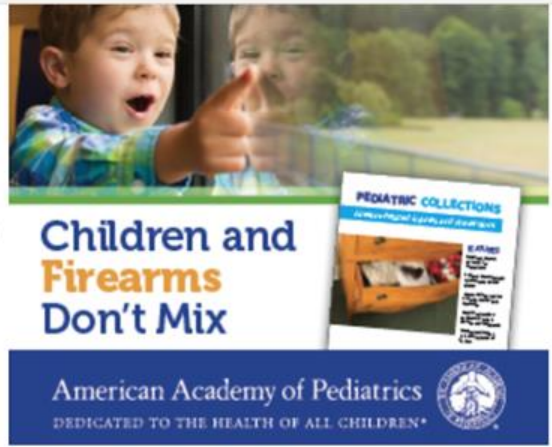
Advocacy Training Modules

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





Community Pediatrics

CPTI Home

About

Grants

Tools & Resources

Drivers of Success

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 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:	Milestones-Based Sub-competencies		Rotation/ Curricular Activity	Assessment Method/ Demonstration of Competence	Level of Competence to be Demonstrated -Knows -Knows how -Shows how -Does
	As of September 2014				
	Reporting Currently Required	Reporting Not Yet Required			
1. Identify and manage cultural attributes, stereotypes, and biases they bring to clinical encounters	ICS1 ICS2 PBL11 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 PBL12	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

