

Maternal and Child Health Bureau

**Presentation for
MCHCOM.COM Call**

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Health Resources and Services Administration
Maternal and Child Health Bureau

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Welcome
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Maternal and Child Health Bureau

Moderator
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Promoting Child Health by Building Community Pediatrics Capacity

The Anne E. Dyson
Community Pediatrics Training
Initiative

Dyson Initiative Background

- ◆ Initiative was the brainchild of Anne E. Dyson, pediatrician and philanthropist
- ◆ Inspired by the STAND FOR CHILDREN
- ◆ How best to improve health services for children
- ◆ Recognition of a need to blend private and public health initiatives
- ◆ Willing response among residents
- ◆ Tie in with the AAP CATCH initiative

Pediatrics and Public Health Interface

(Source: Pediatrics and Public Health- The Interface, Concept paper drafted by Jeffrey Goldhagen, MD,MPH)

- ◆ A population based perspective to clinical care
- ◆ Focus on health promotion and prevention
- ◆ Inform public policy and health systems
- ◆ A platform for integration of pediatrics and public health education, knowledge and expertise
- ◆ Enrich care at the local level through collaborations and partnerships with community resources

Timing: Health Crises

- ◆ Recognition of social determinants of child health
- ◆ Increasing numbers of children with chronic health conditions
- ◆ Inadequate health care coverage for children
- ◆ Health disparities (especially black:white)

Black:White Disparities in Health

- ◆ Low Birth Weight 2.0 X
- ◆ Teen Births 1.7 X
- ◆ Infant Mortality 2.4 X
- ◆ Risk of Diabetes 1.5 X
- ◆ Death from Asthma 4.0 X
- ◆ Death from Homicide 15.0 X

Timing: Professional Organizations

- ◆ Institute of Medicine Report (IOM)
- ◆ American Committee on Graduate Medical Education (ACGME) Competencies in Care
- ◆ American Academy of Pediatrics (AAP) Policy Statement on Community Pediatrics
- ◆ Future of Pediatrics Education II (FOPE II)
- ◆ The Dyson Initiative

The Dyson Initiative Goal

To enhance pediatric training programs through interdisciplinary collaborations and community partnerships in order to equip over 1300 pediatric residents over the course of the project period with the tools and knowledge necessary to practice community based medicine and to advocate for the health and well being of children.

The Dyson Initiative/Public Health Match

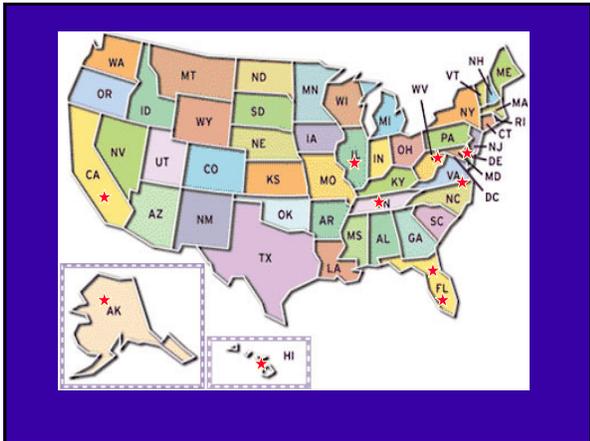
- ◆ Academic health centers, hospitals and resident training programs are engaged
- ◆ Residents are requesting and are prepared to participate in community based medicine training
- ◆ Community based organizations seek involvement from the medical providers
- ◆ Public health sector is looking for support and help with their initiatives

Initiative Sites and Scope of Participation

Wave	2000-01	2002-05	2006-07
1	Rochester Hawaii San Diego New York Philadelphia Milwaukee	Rochester Hawaii San Diego New York Philadelphia Milwaukee	
2		Miami Jacksonville Indiana Sacramento	Miami Jacksonville Indiana Sacramento

↑
2004

- ◆ Ten sites across the United States (out of 121 nationally)
- ◆ Resident training programs vary in size with the average size being 85 residents
- ◆ Over 300 Faculty are involved
- ◆ 21 Principal Investigators provide guidance and leadership
- ◆ Goal is to train 1300 residents over the project period



Name of Institution	Location	Population	Number of Residents	Highlights
Columbia University	Northern Manhattan, NY	8,008,278 people, 24.2% of which (1,940,369) are children	60 Peds-Children's Hospital, 18 Peds-Harlem Hospital	Well integrated into the community; strong partnerships with range of CBOs
Children's Hospital of Philadelphia	Philadelphia, PA	1.5 million in city, metropolitan area 5 million	106 Peds	Advocacy focused program, including strong partnership with PPCY
Medical College of Wisconsin	Milwaukee, WI	940,164 in the greater Milwaukee area	52 Peds 16 (Med/Peds) 95 Family Medicine	Range of strong multidisciplinary partners
University of California, San Diego	San Diego, CA	2.8 million in greater San Diego area	40 Peds Navy: 22 Peds	Focus on four main populations: Rural/Native American, Urban/Immigrant, Homeless/Urban Poor, Border Region
University of Hawaii	Honolulu, HI	876,156 in Honolulu 22% Hawaiian, 20% Caucasian, 18% Japanese, 12% Filipino, 4% Chinese in Hawaii	21 Peds 11 Med/Peds	Only pediatric tertiary center in the state of Hawaii; range of match funders and CBO support.
University of Rochester	Rochester, NY	1.4 Million in the greater Rochester area	49 Peds	Strong history of community pediatrics trainings; innovative PLC/CARE program.

Name of Institution	Location	Population	Number of Residents	Highlights
Indiana University	Indianapolis, IN	800,000 (metro-politan Indianapolis; 1.5 million statewide)	70 Peds 35 Med/Peds 24 Family Medicine	America's Heartland. Only pediatric training program in state; trains 80% of pediatricians in Indiana.
UC Davis	Sacramento, CA	1.4 million (both urban and rural)	33 Peds 23 Fam/ Medicine Texas Airforce Base 16 Peds 11 Family Medicine	Strong history of community collaboratives working on community health problems with Sierra Health Foundation.
University of Florida	Jacksonville, FL	780,000; serves 1.3 million people	32 Peds	Total integration of the Department of Public Health and Pediatrics with great diversity among residents.
University of Miami	Miami Beach, FL	2.25 million; 57% Hispanic, 20% African, 45% foreign-born	61 Peds 14 Fam/Med/Ped	Poorest large city in the US; striking cultural diversity in community, faculty, and residents.

National Program Office Focus

- I. Provide assistance to individual sites
 - » Program model, guiding principles, lessons learned
 - » Institutional awareness and visibility
 - » Issues based programming
- ◆ Cross site coordination
 - » Promote cross site program and community health project collaborations
 - » Facilitate and share cross site lessons learned
 - » Plan and implement annual Symposium
- ◆ Assume a pro-active national role to mainstream community pediatrics training across all 121 residency programs

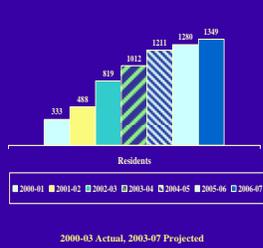
Community Pediatrics Training Transformation

From	To
Focusing on biology only	Enhancing care by addressing social determinants of child health
Practicing in isolation from the community	Integrated within the community
Caring for one child at a time	Expanding intervention services to a community of children
Providing responsive medical care	Including a focus on prevention
Being culturally insulated	Being culturally proficient

Enhance Community Pediatrics Training Programs by

- ◆ Accessing resources of the local community, to provide didactic and experiential opportunities in advocacy and community based medicine
- ◆ Facilitating faculty development and leadership in addressing community health needs
- ◆ Cultivating community based partnerships to enhance the impact of the intervention
- ◆ Implementing community health projects to address pressing community child health needs

Cumulative Number of Residents in Training



- Two thirds are female
- Group is ethnically diverse
- Faculty-resident projects increased 4 fold
- Residents initiating community projects increased 2.5 times
- Residents anticipate greater community involvement once in practice (DINE report)

Faculty Development -- Key to resident training, program integration and sustainability

- Grand rounds, symposia and training sessions on community child health tripled (DINE report)
- Skill building and knowledge development sessions increased 5 fold (Dine report)

Rochester's evolution of faculty development venues

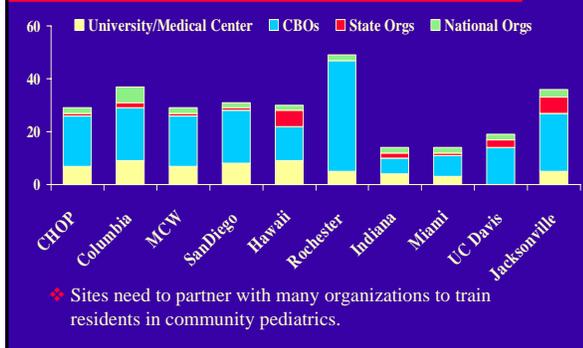
	2000-01	2001-02	2002-03
Community Meetings	x		
Grand Rounds		x	x
One-on-One Meetings	x x	x x	x x
Faculty Meetings	x x x	x x x xx	xxxxxxxx
Program Evaluation	x	x x x	xxxxxxxx
Seminars		x x x xx	xxxxxxxx
Block Orientation		x (pilot)	x

Community Pediatrics Projects Implementation



- There has been a substantial increase in the number of projects - mostly by Wave 1 sites
- Service/clinical projects have almost doubled and address various child health indicators including access to care, mental health and nutrition/fitness

Partners Directly Involved in Resident Training, by Dyson Site and Type of Organization



Opportunity

The Anne E Dyson Community Pediatrics Training Initiative is well positioned to take a leadership role to inform the transformation of residency training to respond to the IOM, ACGME and FOPE II recommendations and requirements as well as the needs of the community and public health sector

How is the Transformation Accomplished The Community Pediatrics Training Model

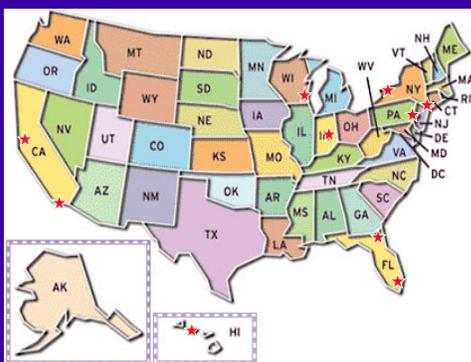
Outcome	Core Program Components
Enhanced care by addressing social determinants of health	Didactic and experiential curriculum Faculty leadership and development
Integrated within the community	Partnerships and issue based projects
Expanded services to include a community of children	Partnerships and issue based projects
Care with a focus on prevention Culturally responsive care	Partnerships and issue based projects
	Didactic and experiential curriculum Partnerships and issue based projects Faculty leadership and development

Program Development: Complementary Strategies at the Sites



Advancing Children's Health

- ◆ The following are some examples by site of how residents directly interface and collaborate with community partners to learn about community based medicine and to advocate for children's health
- ◆ Local community based groups and providers welcome this level of collaboration and teaching of the residents
- ◆ Children and families are the beneficiaries of the intervention provided



In **Rochester**, residents have mobilized the entire pediatric housestaff and nursing staff to advocate on behalf of programs for underserved children. Through petitions and public testimonies, the residents were able to secure funding to maintain a foster care clinic serving 1400 kids, prenatal home visitor program for 110 families, and preventative services for over 4000 children who are at risk for being placed into or out of foster care.

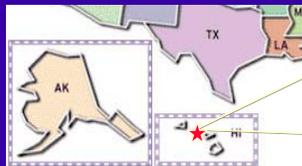


In **New York City**, the residents collaborated with Harlem's Children's Zone Initiative to plan and implement an Asthma Intervention Project in response to asthma being the number one reason for hospital admissions and ED visits. The Children's Zone is a 24 square block area in Harlem and the residents set out to screen all kids between the ages of 0-12 years living in the Zone and to coordinate intensive services as needed. The goal was to screen 2200 kids and the residents screened 1933 children - 26% of the kids were diagnosed with asthma, this rate is 4 times the national rate for asthma.

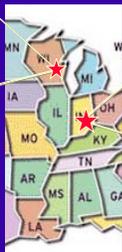
In **Philadelphia**, the residents conducted a national survey on residency training on domestic violence. Through a survey of all chief residents of the 194 non-military programs in the country, the residents at CHOP discovered that very few chief residents received formal training about domestic violence and few actually screened their patients.



In **Hawaii**, the residents assessed the amount and effect of sunlight exposure among children in elementary schools in their community. The residents were concerned that the climate in Hawaii placed the children at increased health risk and that the schools needed to have a sun exposure policy in place. Their assessment indicated the need for sun exposure policy in the schools and they are currently working in collaboration with the health department and the school to develop these.



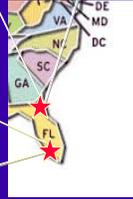
The Residents in **Milwaukee** have developed a partnership with the Next Door Foundation to understand the oral health needs of children living in their community. Through their efforts they were able to revise the Head Start physical screening exam forms for 500 kids annually to include oral health screening. In addition, the residents successfully advocated for Medicaid reimbursement of fluoride varnishes applied by pediatricians which affects every child receiving primary care.



In **Indianapolis**, the residents have developed their own Spanish language radio talk show entitled *Preguntale al Pediatra* or *Ask the Doctor*. Families call into the show with questions and the residents use this as an opportunity to educate entire communities on various health topics. It is also a wonderful opportunity for the residents to learn more about the health issues facing the Hispanic Community.

The residents in **Jacksonville** participate in what they call Community Advocacy Initiatives (CAI) by selecting a *village* or population that they would like to focus on. Some examples of a CAI are a childhood obesity education program which includes web resources, a school-based program to determine the needs of children with cerebral palsy, and a community-based referral protocol for children with asthma. In addition the Jacksonville program has a formal partnership with the local Health Department where the residents have the opportunity to see patients and work in concert with public health providers.

Through participation in parent discussion groups at a local daycare center, the residents in **Miami** developed a pediatric obesity project that correlates parents' perception of their child's and their own weight status to their child's and their own actual weight status. In addition, the residents also assessed the correlation between the family's ethnic and socioeconomic status and the incidence of obesity. Results indicated that parents underestimated the child's weight status and accurately assessed their own and that the prevalence of obesity was highest in the center serving mainly African American children. The next steps for the residents is use the lessons learned to develop a culturally responsive intervention to address the high rates of obesity at the community level.





Using the methodology and concept of Asset Based Community Development, the residents in **Sacramento** are partnering with five community collaboratives that are all part of the Sierra Health Foundation's Community Partnerships for Healthy Children. During their first year, residents are introduced to a collaborative through a two week block rotation. In the second year, they begin their longitudinal project.

The projects at **San Diego** have focused around immersion days where residents have had the opportunity to experience the diverse cultures and communities of the San Diego area. They have had immersion days for the Hmong, Naval, Mexican and Native American cultures, exploring the complexities of health care and barriers to care for each.

We will have arrived, when

- The majority of pediatrics training programs have clearly defined curricula in Community Pediatrics.
- The faculty are supported for their time and effort teaching Community Pediatrics.
- There is sustained operational commitment to Community Pediatrics at AHCs.
- Academic Health Centers practice Community Pediatrics.
- Scholarly efforts nationally assure the continued innovation and quality in Community Pediatrics.

Opportunities to engage residents in public health activities

- ◆ Community health projects
- ◆ Educational infrastructure support
- ◆ Evaluation at the community level
- ◆ Faculty development
- ◆ Program coordination
- ◆ Other

Review of State Needs Assessments: Highlights of Promising Approaches

Introduction By: Jeff Koshel
Division of State and Community Health, MCHB

Presented By: Renee Schwalberg, MPH
Health Systems Research, Inc.

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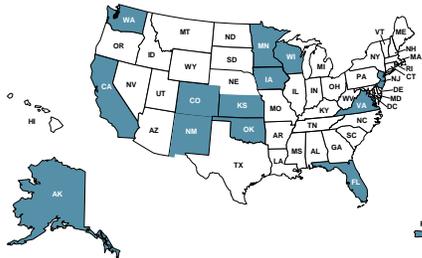
Study Design

- Literature Review
- Review of 2000 Needs Assessments
- Interviews with 9 States
- Final Report on Promising Approaches with Generic Needs Assessment Template

Technical Approach to Needs Assessment Review

- Development of Abstraction Tool and Criteria for Promising Approaches
- Selection of Study States
- Document Review
- Preliminary Findings Report: A Descriptive Review of Promising Approaches, not "Best" Approaches

15 Study States



Overview of Findings

Many promising approaches. There is no one exemplary State model for all aspects of needs assessment. The promising approaches are specific to individual components of needs assessment.



Organization of Findings

- Assessment of Health Needs
- Capacity Assessment
- Putting it All Together: Setting Priorities and the Process

Findings:



Identification of Health Needs:
Indicators and Data Sources



Innovative Indicators on Emerging Issues

- Social/Behavioral Measures of Perinatal/Women's Health
- Youth Risk and Protective Behaviors
- Childhood Asthma
- Childhood Obesity



Innovative Qualitative Indicators

- Black Women's Views on Factors Affecting Pregnancy Outcomes Among Blacks
- Health Status and Related Circumstances of CSHCN and their families
- Knowledge, Attitudes and Practices of Adults Regarding their Relationship to Teens



Innovative State and Local Data Sources

- Parent Surveys (on Health Access, CSHCN, and Adolescents)
- Surveys and Focus Groups with Special Populations of Consumers
- Health Provider Surveys



Innovative State Data Sources (cont'd)

- MCH Risk Assessment Databases
- Universal Newborn Developmental Risk Screening Database
- Toddler Survey
- FIMR and Maternal Mortality Review data

Findings:



Capacity Assessment



Promising Approaches to Capacity Assessment

- Service Accessibility
- Oral Health Capacity
- MCH infrastructure Capacity, e.g., for Data Collection and Analysis, Quality Assurance, Parent/Consumer Involvement
- Structural and Environmental Factors Influencing MCH Needs



Promising Approaches to Capacity Assessment (cont'd)

- Quantitative Measures of Accessibility (comparing extent of current services to size of population "in-need")
- Assessing Cultural Competency of Services and Providers
- Incorporation of Community or Regional-level Capacity Assessment



Capacity Assessment: Ideas to Consider

- Analysis of Capacity at the Community or Regional Level to Address Priority Needs-- Including Assets and Resources
- Closer Matching of Capacity Assessment to Identified Priority Needs
- A System-wide Approach

Findings/Challenges:



Putting it All Together: Setting
Priorities and the Process



Identifying and Prioritizing Needs

- Defined Methods:** A defined protocol and criteria for ranking and prioritizing needs
- An Inclusive Process:** Input from local constituencies and other stakeholders
- Priorities Address Multiple Aspects of Need:** Health Status, outcomes, service and system capacity



The Process is as Important as the Product

- Designate Clear Leadership, Responsibility and Oversight
- Involve the Right People, Including Diverse Perspectives and Data Analysis Expertise
- Coordinate with State and Local Needs Assessment of other MCH and HRSA programs (HIV, Primary Care)



Remember... the assessment is a tool used to guide strategic planning for service system improvements. Findings are utilized to develop tailored strategies to address priority issues identified in the assessment.

Thus... promising approaches link assessment findings (needs and capacity) to priority selection and resource allocation



Have a practice you want to tell us about?
Have questions you want to explore?

Email us:
Vivian Gabor at vgabor@hsrnet.com
or
Renee Schwalberg (project director) at rschwalberg@hsrnet.com



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Questions and Answers

Please visit www.mchcom.com for an archive of this event and others.