

Phoenix Children's/Maricopa Medical Center

Program Contact Information

Residency Program Director: Grace Caputo MD MPH

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Phone: 602/546-1000

Web site: www.phoenixchildrens.com/

Program Facts

- Total Number of Residents: 92 (Including 28 PEDS Residents)
- Average number of residents in advocacy/community health training per year: 92
- Provides training in community health/advocacy to residents in pediatrics and internal medicine
- Longitudinal advocacy/community health training experiences is offered as an elective
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences offered for all residents

Program Advocacy Information Summary

In an effort to ensure that residents gain knowledge, skills, and perspectives that lead to successful community level advocacy, the Phoenix Children's Hospital/Maricopa Medical Center Pediatric Residency Program has found creative ways to make the Community Pediatrics Curriculum an important part of our training process. As part of this curriculum, the required Community Advocacy Projects (CAP) focus on bringing faculty and residents together to work on projects that lead to improving healthcare access for children in Maricopa County.

Residents are divided into groups based on area of common interest, and are encouraged to partner with community organizations and faculty sponsors to bring their ideas to fruition. There is substantial room for resident input in this curriculum, which ultimately leads to greater ownership of the wide spectrum of projects.

Projects

Examples of current projects include: creating a community resource database for local providers, starting an exercise curriculum to target obesity in youth at local elementary schools, increasing access to health education for international refugee immigrants, targeting domestic violence issues, providing education to teen moms, sports safety education and providing DKA education to local Peds ERs. Both the international refugee and teen mom group projects have been recently funded with AAP Resident Community Access to Child Health (CATCH) grants.

Additional Information

The pediatric residents also have a required 1 month block rotation called Community Health in their 2nd year of training. This month rotation is aimed at exposing the residents to local community resources and child advocacy efforts in the Phoenix and outlying areas. Trips are made to visit the state legislature and the public health department during this month.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Stanford/Lucile Packard Children's Hospital

Program Contact Information

Residency Program Director: Bill Rhine, MD

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Web site: <http://med.stanford.edu/pedsres/>

Advocacy Training Director: Lisa J. Chamberlain, MD, MPH

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Advocacy Training Coordinator: Janine Bishop, MPH

Phone: 650-725-0923 E-Mail: jbishop@stanford.edu

Program Facts

- Total Number of Residents: 72
- Average number of residents in advocacy/community health training per year: 26
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences offered for all residents as an elective
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

The resident training program at Lucile Packard Children's Hospital (LPCH) provides residents with several opportunities to work in the community and to develop and practice advocacy skills. All pediatric residents participate in a month long Community Pediatrics and Child Advocacy rotation PGY1. During PGY2, residents gain more advocacy skills through the Adolescent Medicine and Advocacy Rotation. Both rotations have a longitudinal class advocacy project.

Projects

Residents with a greater interest in working in the community and developing an independent advocacy project may apply for the StAT ([Stanford Advocacy Track](#)) and may elect to participate in the month long StAT Rotation. Specialized training through the StAT rotation and protected time to work on individual StAT projects occur during PGYs 2 and 3.

Additional Information

Please see our Web site for a more detailed overview of the community and advocacy training program at Stanford: <http://pedsadvocacy.stanford.edu/education/>

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

University of California San Francisco Pediatric Leadership for the Underserved (PLUS)

Program Contact Information

Residency Program Director: Anda K. Kuo, MD, MPH

Address: 1001 Potrero Avenue, MS6E, SF, CA 94122

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Web site: www.ucsf.edu/pedsplu

Advocacy Training Coordinator: Alicia Velasquez

Phone: 415-206-8361 E-Mail: AVelasquez@peds.ucsf.edu

Program Facts

- Total Number of Residents: 12 (4 per training year)
- Average number of residents in advocacy/community health training per year: 75 all in General Pediatric at UCSF
- Provides training in community health/advocacy to residents in pediatrics and some joint sessions with internal medicine residents and nursing students.
- Longitudinal advocacy/community health training experiences offered for all PLUS Residents
- Block advocacy/community health training experiences offered for all PLUS and non PLUS residents
- Community Projects experiences offered for all PLUS Residents and non PLUS residents
- Legislative advocacy/community health training experiences offered for all PLUS Residents

Program Advocacy Information Summary

The UCSF Pediatric Residency Program has several training options, one of which is the Pediatric Leadership for the Underserved (PLUS) program. The mission of the PLUS program is to train and inspire future leaders in pediatrics to identify and address the varied issues that impact the health of vulnerable children. The foundation of our curriculum is based on three pillars: leadership, critical thinking and community engagement. The leadership curriculum includes interactive, skill-building sessions such as public speaking, negotiation, team building and time management as well as personal leadership development using a variety of inventories, reflective learning and peer-peer review. All PLUS residents engage in a longitudinal child health project with curricular support to develop community engagement and project skills.

The training for this program is integrated with the General Pediatrics Residency Program to include all components of clinical training to maintain the high standard of clinical care

required to practice General Pediatrics. Residents have one month per year, along with designated half-days during outpatient months for PLUS curriculum training and project development.

Accomplishments

PLUS residents have received grants such as the AAP CATCH grant and awards such as the Dyson Resident Advocacy Award. Graduates include Robert Wood Johnson Clinical Scholars, health policy fellows, Baylor AIDS Corp members, pediatricians in community health centers, a Medical Director of a public health clinic and a state-level health policy analyst. More important, however, than such outcomes is that the PLUS program develops the leadership capacity, provides new skills and fuels the passion of each of its residents.

Additional Information

The PLUS program matches 4 residents each year. There is no separate application for PLUS, and interested applicants should apply through the general UCSF pediatric residency application. Details of our program elements and curricular pillars are at www.ucsf.edu/pedsplus.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Children's Memorial/Feinberg School of Medicine

Program Contact Information

Residency Program Director: Sharon Unti, MD

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Web site: <http://www.childrensmemorial.org/professionals/pediatric/overview.aspx>

Advocacy Training Director: Barbara Bayldon, MD

Phone: 773/880-3830 Email: bbayldon@childrensmemorial.org

Advocacy Training Coordinator: Ali Herbst

Phone: 773/561-6640 E-Mail: aherbst@childrensmemorial.org

Program Facts

- Total Number of Residents: 92
- Average number of residents in advocacy/community health training per year: 31
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences offered for all residents as an elective
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

The Children's Memorial Pediatric Residency Program has several training options. One of which, is a second year 1 month community medicine and advocacy rotation requirement. This rotation incorporates; didactic /interactional sessions including a legislative session with the ILAAP, and principles of community advocacy; site experiences including, governmental programs such as WIC, Head Start, DSCC, and Family Court, Lead Inspection, Poison Control, as well as community agencies such as the largest Hispanic community service agency in Chicago, an umbrella social service agency in our area, a center for alternative medicine, a domestic violence shelter and a homeless shelter.

In addition, the program offers individual exploration of culture's effects on medical management- residents have a bibliography guide as well as the opportunity to explore other peer reviewed literature. They are also responsible for evaluating the cultural environment (in the broadest sense) of one of their continuity clinic patients, its effect on a management problem, and possible future steps for overcoming these obstacles.

Projects

The program includes an advocacy community project. The advocacy community project involves the resident class choosing a year long advocacy project that they work on together and pass from rotation to rotation. This is facilitated by the medical director and intermittent meetings of the class. The past two years the class has worked on a project addressing obesity and an intervention in the neighborhood school. The program offers an advocacy elective available to PL-3s, directed by the Head of the Office of Child Advocacy or Dr Sheehan, Associate Chair of Advocacy. There is currently an elective available to 3rd year residents in Tanzania, developed by a former resident, medical director Dr. Lina Abujamra, consisting of a month spent participating in hospital care at a pediatric hospital as well as developing pediatric protocols.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Mount Sinai Hospital – Chicago

Program Contact Information

Residency Program Director: Michael Lotke, MD

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Web site: www.sinai.org

Program Facts

- Total Number of Residents: 18
- Average number of residents in advocacy/community health training per year: 6
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences offered for all residents is required
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are elective for all residents

Program Advocacy Information Summary

Mount Sinai Hospital's Pediatric Residency Program has several training options which includes a four week mandatory block rotation for PL-1 year. The curriculum consists of readings, discussion, and literature searches to understand advocacy from "peds-parents-patients" in the office, to a public health model. Opportunities for advocacy explored via education and/or legislation at community, city, state, national levels. Methods for advocacy include handouts or readings, lectures, or articles disseminated via local press, print, photocopy, or mass media (press, radio, tv, internet).

Residents interface with social workers, WIC office, our hospitals epidemiologists who research the needs of the community (and outcomes of our outreach efforts) and our hospitals grant writers who get grants for outreach programs. They also interface with lab workers at the hospital, therapists, and other allied services to better understand "systems based practice" and how physicians are part of a medical team.

Projects

Advocacy projects are based on resident interest or inspired by what they learn that may be of use to the community. Frequent choices are handouts/pamphlets for distribution to our patients (nutrition, fevers, toilet training, electric safety, car seats – created "generic" installation instructions since many of our patients get hand-me-down seats without manufacturer instructions). Electric safety included getting outlet covers to distribute

handout (3/handout), helmet safety included coupons for discounted helmets, fevers contracting with major pharmacy to provide detachable coupon for free or reduced price thermometer. Other frequent choices are lectures to the community (burn injury prevention, sex and sexuality, nutrition – focus on lunchtime choices). Residents have written to Illinois legislature about child safety seat laws and habilitative services for autism (and were then invited to speak before the state panel). Several have spoken on the radio or been interviewed for TV about advocacy and community topics

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

University of Florida-Jacksonville Pediatrics Residency Program at Wolfson Children's Hospital

Program Contact Information

Residency Program Director: Jim Kirk, DO

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Web site: www.hscj.ufl.edu/peds/

Advocacy Training Coordinator: Joy E. Burgess, RN, MSN

Phone: 904/202-4216 E-Mail: joy.burgess@jax.ufl.edu

Program Facts

- Total Number of Residents: 33
- Average number of residents in advocacy/community health training per year: 33
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences are required for all residents
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

The resident training program at University of Florida-Jacksonville requires residents to engage in several opportunities to work in the community, and to develop and practice advocacy skills. Community Pediatrics Education is required for all pediatric residents and is conducted in three distinct parts over the 3 year residency program. Year 1 involves a Community Medicine Rotation, year 2 and year 3 are dedicated to Community Advocacy Initiative (CAI), also in year three residents partake in a Special Populations rotation.

Year # 1: Community Medicine Rotation – All PL-1s participate in a 30 day community block rotation where they are exposed to community resources, interact with diverse populations of urban children/youth and participate in child advocacy at the community and public policy levels. During this rotation residents are a) required to write an Op-Ed letter about a child advocacy issue and submit to the local print media for publication, b) required to contact their own local, state and national policy-makers (including Board of Education

representative) to introduce themselves and discuss a child advocacy concern and c) required to identify strategies that pediatricians can use to advocate on behalf of at risk urban youth.

Year # 2 and Year # 3: Community Advocacy Initiative (CAI) – A two year longitudinal community advocacy experience where residents work with a community-based organization (CBO) and a population of children to identify strengths, social determinants of health and community needs. At the end of the community assessment period (conducted during the first year of the CAI initiative), the resident performs a community service or CAI intervention to meet one of the needs of the population of children, CBO or to fulfill an existing gap. All residents are required to identify key advocacy issues that impact their CAI population or CBO. All residents are also required to participate in a scholarly activity related to their CAI such as writing a CATCH grant, submitting a manuscript for publication, submitting an abstract to a regional or national conference for a poster or oral presentation, or conducting a research study.

Year # 3: Special Populations rotation – all PL-3s are required to participate in a 30 day block rotation where they spend concentrated time working with a community pediatrician focusing on a specific area of child health and advocacy such as foster care, children with complex and terminal health concerns, children experiencing emotional and mental health issues and children transitioning to adulthood.

Additional Information

Jacksonville Pediatrics Advocacy Network (JPAN) – All residents have the opportunity to join an advocacy group run by pediatric residents whose purpose is to promote active resident participation in community advocacy in collaboration with local child advocacy organizations and groups.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Barbara Bush Children's Hospital at Maine Medical Center

Program Contact Information

Residency Program Director: Brian Youth MD

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Phone: 207/662-2353 Email: youthb@mmc.org

Web site: www.mmc.org/PediatricResidency

Advocacy Training Director: Christopher Stenberg, MD

Phone: 207/662-2932 Email: stenbc@mmc.org

Program Facts

- Total Number of Residents: 18 (12 Med-Peds)
- Average number of residents in advocacy/community health training per year: 6
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences offered for all residents as an elective
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are offered for all residents as an elective

Program Advocacy Information Summary

The resident training program at Barbara Bush Children's Hospital at Maine Medical Center (BBCH) provides residents with several opportunities to work in the community, and to develop and practice advocacy skills. The format of the Community and Child Advocacy rotation at the BBCH is divided into self-study modules, a child abuse experience, and a mini project.

1. Overview of core advocacy concepts delivered in self-study teaching modules, articles, etc.
2. A core Child Abuse experience which highlights the role of advocacy in health care.
3. Mini project work - this lets the resident focus on a specific topic and see what the challenges and opportunities are for advocacy in their specific topic

A focused presentation is given at the conclusion of the rotation to the Director and others, on how they would advocate in support of their topic at the local (school board), state or national level.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Mayo School of Graduate Medical Education (Pediatrics)

Program Contact Information

Residency Program Director: Robert G. Voigt, MD

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Web site: www.mayo.edu/msgme/pedmed-programs.html

Advocacy Training Director: Jason H. Homme, MD, Marcie Billings MD, Amy Barton, MD

Phone: 507/284- 5243 Email: homme.jason@mayo.edu, billings.marcie@mayo.edu, barton.amy@mayo.edu

Program Facts

- Total Number of Residents: 34
- Average number of residents in advocacy/community health training per year: 34
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences are required for all residents
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are elective for residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

Pediatric residents in the Mayo School of Graduate Medical Education (MSGME) training program receive advocacy and community health training in both block and longitudinal format. Much of the training is required but there are opportunities available for additional elective experiences as desired by trainees.

Block required experiences include:

- Year 1 ambulatory pediatrics month which includes experiential learning in child and family advocacy (child abuse/neglect), public health (refugee health, community health, public health nursing), public school system interface with children with special health care needs or emotional/behavioral problems, local free clinic, sick daycare program, and the head start program.
- Year 2 developmental and behavioral pediatrics month includes experiential learning activities / site visits for local pre-kindergarten education, Montessori learning paradigm, and center for children with autism spectrum disorders.

- Year 3 ambulatory pediatrics month includes experiential learning in patient care at the local free clinic and perform a self-reflective exercise including assessment of systems based practice concepts as they pertain to these clinic patients.

Longitudinal experiences include:

- Longitudinal child and family advocacy curriculum regarding child abuse and neglect. Includes didactic lectures, group discussion sessions (including internal providers as well as guest experts), individual learning modules, participation in child and family advocacy team rounds, and opportunities to provide consultative services under supervision.
- Longitudinal public health / child advocacy curriculum. Includes didactic lecture series (provided by pediatric and preventative medicine providers), participation in a quality improvement project (led by chief resident), and “Capitol rounds” (experience with lobbying surrounding health related issues).

Elective experiences include:

- Further elective experiences in preventative medicine and child abuse by special design of residents and program leadership.

All residents are required to engage in a scholarly project during their training years. Some choose for this project to focus on advocacy issues.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Carolinas Medical Center (Levine Children's Hospital)

Program Contact Information

Residency Program Director: Suzette S. Caudle, MD

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Web site: www.carolinasmedicalcenter.org

Advocacy Training Director : Philip Sanford Zeskind, MD

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Advocacy Training Coordinator: Lisa Herzner

Phone: 704/681-6882 E-Mail: lisa.herzner@carolinashealthcare.org

Program Facts

- Total Number of Residents: 29, transitioning to 36
- Average number of residents in advocacy/community health training per year: 8, transitioning to 12
- Provides training in community health/advocacy to residents in pediatrics
- Block advocacy/community health training experiences are required for all residents.
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

At Carolinas Medical Center (Levine Children's Hospital) the advocacy rotation is a required block month in the second year of training. Residents spend most of the block month at the Council for Children's Rights, the premier child advocacy group in the region. Residents are provided a desk, phone and computer and participate with professional child advocates in providing services in the four primary child advocacy domains: Education, Health/Mental, Juvenile Justice and Social Services. Residents also meet with representatives of other child and family service organizations, including Community Health Services. They also meet with the CMC Vice President for Government Relations to discuss child health-related legislative issues and meet with legislators in the state capitol when the legislature is in session.

The primary goal of this rotation is to train the pediatric resident in the conceptual and procedural issues surrounding child advocacy, in general, and the process by which the

pediatrician can advocate for children, in particular. As such, residents will become familiar with (1) the depth of the needs and services that children in our community require, (2) how many of the children in our community “fall through the cracks” of the service system, (3) the treatment and support services that our community offers and (4) how the pediatrician can utilize those services in the process of child advocacy.

Resident Requirements:

1. Daily journal of “Reflections” concerning their learning experiences.
2. Develop and resolve two prepared cases in which child advocacy is necessary.
3. Required readings
4. Oral presentation regarding a case or class child advocacy topic of their choice.

Additional elective experience is available if desired in advocacy or community pediatrics.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Columbia University Medical Center

Program Contact Information

Residency Program Director: Betsy Wedemeyer, MD

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Advocacy Training Director: Dodi Meyer, MD

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Advocacy Training Assistant Director: Anne Armstrong-Coben, MD

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Advocacy Training Coordinator: Martha Bolivar

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Program Facts

- Total Number of Residents: 60
- Average number of residents in advocacy/community health training per year: 60
- Provides training in community health/advocacy to residents in pediatrics
- Longitudinal advocacy/community health training experiences required for all residents
- Block advocacy/community health training experiences are required for all residents
- Community Project experiences are elective for residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

The curricular goal of our Community Pediatrics training program is to broaden pediatric residency education to ensure that all residents acquire the knowledge, skills, and attitudes that will enable them to: work effectively as life-long advocates in partnership with the community, define the health problems of the children they serve, provide curative and preventive services, and evaluate the effectiveness of those services.

Three core concepts--community health, cultural competency, and advocacy--are integrated into all three years of residency training. For residents with a particular interest in

community pediatrics, an in depth training experience fosters the development of future leaders in community pediatrics.

Service-Learning Methodology

The overarching and unique methodology of our curriculum is the utilization of service-learning. Service-learning is a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection. Pediatric residents not only provide direct service but are expected to learn about the context in which the service is provided, the connection between the service and their academic coursework, and their role as citizens.

TRAINING

Year 1- Required Ambulatory Block, 1 month, Focus “Early Childhood Support” Activities include home visits, WIC center, working with lactation specialist, interpreter use, and visiting a community-based program focused on early childhood support.

Year 2- Required Ambulatory Block, 1 month, Focus “Maternal Child Health” Activities include home visits.

Year 3- Required Ambulatory Block, 1 month, Focus “Injury Prevention” and “Children With Special Health Care Needs” Activities include home visits, participation in pedestrian education for school age children, and visit to chronic care pediatric facility.

Year 2- Required Community Pediatrics Block, 1 month This month is an opportunity for residents to focus on core concepts of community pediatrics including community health, cultural competency, and legislative advocacy. Activities include visits to multiple community-based organizations that address such issues as domestic violence, homelessness, young parenthood, and parents dealing with children with special health care needs. Residents participate in activities that address issues of health literacy and improving communication skills.

Legislative Advocacy Curriculum- required 5 dedicated sessions (1/2) days during 2nd year and 1 session during 3rd year. The curriculum covers the general area of the pediatrician as advocate as well as provides opportunity to learn about programs such as SCHIP. The residents research and present a “Hot Topic” during a monthly Legislative Advocacy conference.

Community Pediatrics Track – elective 3 residents/ year with an interest in Community Pediatrics are chosen and participate in this track which includes additional activities such as designing and implementing a community health project to be completed during the course of three years. These residents develop the skills to become future leaders in the field.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

St Christopher's Hospital for Children

Program Contact Information

Residency Program Director: Robert McGregor, MD

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Web site: <http://www.stchristophershospital.com>

Advocacy Training Director: Dan Taylor, MD

Phone: 215/427-3891 Email: dtaylor01@drexelmed.edu

Program Facts

- Total Number of Residents: 88
- Average number of residents in advocacy/community health training per year: 28 (all interns)
- Provides training in community health/advocacy to residents in pediatrics.
- Longitudinal advocacy/community health training experiences are required for all residents
- Block advocacy/community health training experiences are required for all residents
- Community Projects experiences are required for all residents

Program Advocacy Information Summary

St Christopher's Hospital for Children has a Community Pediatrics and Child Advocacy rotation. This is a required 2 week block during intern year. Residents rotate at 12 community-based organizations and perform self evaluations of the rotation and themselves. Residents also have a mandatory longitudinal advocacy project that they must complete before graduation.

Residents also go through Cap4Kids cases (www.cap4kids.org/philadelphia) to learn about the various community based organizations in the community and scenarios for referral. We also have 11 noon lecture/year about various social determinants of health bringing in mostly representatives from outside our institution.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Penn State University Milton S. Hershey Medical Center Program

Program Contact Information

Residency Program Director: Kelly R. Leite, DO

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Web site: <http://www.pennstatehershey.org/web/childrens/education/pedsresidency>

Advocacy Training Director: Jennifer Hubbell, MD

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Advocacy Training Coordinator: Sally Hollowell, C-TAGME

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Program Facts

- Total Number of Residents: 43
- Average number of residents in advocacy/community health training per year: 14
- Provides training in community health/advocacy to residents in pediatrics
- Block advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

The Penn State University advocacy rotation is a two week block rotation in the intern year. There is a set of required reading material, a pretest, a posttest, and a writing assignment. Time is spent with different community agencies including (but not limited to) Children and Youth, WIC, Lead Screening Program, Head Start, Early Intervention, and the Children's Resource Center which is the site at which children who have had suspected sexual abuse are evaluated.

We have also developed a relationship with The Penn State Dickinson School of Law whereby pediatric residents work with law students and social work students in The Child Advocacy Clinic. There, actual family law cases are developed and tried, and pediatric residents are expected to contribute their knowledge to the cases.

For the past two years, we have sponsored a pediatric resident to attend the American Academy of Pediatrics Legislative Conference in Washington DC. In the future we hope to add a legislative component to the advocacy rotation with the help of our local and state politicians who are nearby in Harrisburg, PA

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Hasbro Children's Hospital

Program Contact Information

Residency Program Director: Adam Pallant MD

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Web site: HasbroChildrensHospital.org

Advocacy Training Director: Patricia Flanagan MD

Phone: 401/444-7987 Email: Pflanagan@lifespan.org

Program Facts

- Total Number of Residents: 53 Ped, 16 Med-Ped, 15 triple board
- Average number of residents in advocacy/community health training per year: 17 currently, plan to expand over the next year
- Provides training in community health/advocacy to residents in pediatrics.
- Block advocacy/community health training experiences are required for all residents.
- Community Projects experiences are required for all residents
- Legislative advocacy/community health training experiences are required for all residents

Program Advocacy Information Summary

At Hasbro Children's Hospital there is a required one-month intern rotation that has 4 basic components: learning about community and learning advocacy skills, experiencing the community by working along side AmeriCorps members and Ready-to-Learn Providence staff as they support families in early learning and quality care for young children, project creation: either in groups or individually, residents will identify an issue, research it in Providence, create an intervention, and write a CATCH grant application for funding it. This will be done with the help of a faculty mentor, writing, reflection, and narrative. Two other essential components are a narrated advocacy bus tour and a scavenger hunt with photo documentation.

The rotation begins with an "Advocacy Bus Tour" of Providence neighborhoods. We drive through many neighborhoods, pointing out resources, schools, libraries, playgrounds. We also pay attention to challenges such as fast food locations, liquor store/bars, housing conditions, traffic patterns.

The first two weeks of this rotation consist of morning didactic sessions at Hasbro and in the community. The afternoons are service-learning experiences at various programs within Ready To Learn Providence (R2LP). R2LP is a community-based collaborative focused on quality early care and education and community development. R2LP trains AmeriCorp members to work in family day cares and in libraries. In addition, residents will have a “scavenger hunt” list of tasks and visits to complete during the rotation. They will be provided with a camera and asked to document their adventures in the community. Photos will be shared with the group on our final day of presentations and celebrations.

The third week involves a faculty-mentored mini-project, which requires identifying an issue, performing a community assessment in partnership with a community member, researching the historical, political, societal roots of the issue, potential policy interventions and structural solutions. Projects are written as CATCH Grant applications. Since the grant cycle for resident applications, these will be considered draft applications and may be submitted for either the January or July deadlines.

In addition, a unique but essential piece of this rotation is instilling the habit of reflection and reflective narrative into the work of the residents. Through out the rotation writing, reflection, and narrative skills are developed. During subsequent months of their training, they are encouraged to write a brief reflection on the ways in which social determinants of health impacted the rotation they are currently completing.

The final day of the rotation we invite R2LP staff, AmeriCorp members, faculty members and residents to hear presentations of CATCH proposals and photo displays of community experiences.

Examples of projects being developed by this year’s interns include one group of residents interested in defining and addressing spiritual needs of hospitalized children, another group working with visual arts and drawing as a way to better understand experiences of refugee populations receiving care in our clinics, one resident is designing an intervention that will re-cycle bikes and promote safety and physical activity, and a resident is focusing on early literacy promotion in the in-pt setting.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

Vanderbilt

Program Contact Information

Residency Program Director: Rebecca R. Swan, MD FAAP

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Phone: 615/322-3023 Email: Rebecca.swan@vanderbilt.edu

Web site: <http://www.vanderbiltchildrens.com/residency>

Advocacy Training Director: Michael D. Warren MD FAAP

Phone: 615/936-2430 Email: Michael.warren@vanderbilt.edu

Program Facts

- Total Number of Residents: 68 (plus 16 Med-Peds)
- Average number of residents in advocacy/community health training per year: All
- Provides training in community health/advocacy to residents in pediatrics and internal medicine/pediatrics
- Longitudinal advocacy/community health training experiences required for all residents
- Block advocacy/community health training experiences are elective
- Community Projects experiences are elective
- Legislative advocacy/community health training experiences are elective

Program Advocacy Information Summary

All Vanderbilt Pediatric and Med-Peds residents have the opportunity to participate in a variety of advocacy training experiences. The residency program received an AAP CATCH training grant in 2008 to develop CORE (Community-Oriented Resident Education). CORE includes a community needs assessment component to help residents identify community needs, which then inform the design of individual or group advocacy projects.

Residents have the opportunity to participate in a number of advocacy experiences, including a legislative advocacy rotation (month-long rotation in Tennessee legislature with TN AAP lobbyist or in Washington DC with the AAP Federal Affairs Office). Vanderbilt's proximity to the Tennessee State Capitol also affords residents a unique opportunity to be involved in more focused legislative advocacy efforts throughout the year. Over the past few years, Vanderbilt Pediatric residents have worked to advocate for increased physical activity in schools and a ban on indoor smoking in public buildings in Tennessee. Residents can also elect to participate in a "second-clinic" experience in which they can spend one-half day per week working in a community clinic, child-serving agency, or working on an advocacy project.

The Vanderbilt residents also have a long-standing relationship with a local elementary school, and residents go there once a month to provide health education classes for 2nd and 3rd grade students. Residents have also participated in activities with parents from the school, such as healthy cooking classes.

For residents who desire a shorter-term experience, there are a number of opportunities to participate in smaller, time-limited projects. These have included a collection drive for the local YWCA domestic violence shelter, a voter registration drive in the General Pediatrics clinic, and local health fairs.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

University of Utah Pediatric Residency

Program Contact Information

Residency Program Director: Jim Bale, MD

Address: 100 North Mario Capecchi Drive, SLC, UT 84113

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Web site: <http://www.ped.med.utah.edu/residency/resindex.html>

Advocacy Training Director: Wendy Hobson-Rohrer, MD, MSPH

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Program Facts

- Total Number of Residents: 82
- Average number of residents in advocacy/community health training per year: 21
- Provides training in community health/advocacy to residents in pediatrics.
- Longitudinal advocacy/community health training experiences offered for all residents as an elective
- Block advocacy/community health training experiences are required for all residents
- Community Projects experiences are offered as an elective
- Legislative advocacy/community health training experiences are required for all residents.

Program Advocacy Information Summary

The resident training program at University of Utah provides residents with several opportunities to work in the community, and to develop and practice advocacy skills. We offer Advocacy Nights for all levels, these are informal gatherings of residents, usually at someone's home to discuss advocacy topics, do an advocacy activity or watch a movie. Recent topics have included environmental health, refugee health and making dinner for families at Ronald McDonald House.

Required block rotation - PL2 year – This is a one month block rotation that is shared with our Children with Special Health Care Needs rotation. Residents rotate with community organizations, public health agencies, child care centers and go to legislative sessions (when schedules allow). Residents usually present a health topic to a Latino or refugee parent group. At the end of the month, the residents present at “Advocacy Morning Report.

Advocacy Noon Conference - all levels – We have dedicated time during our noon conference series to present advocacy conferences.

Advocacy Morning Report – all levels – Once every 4 weeks, the PL2(s) on the advocacy rotation present an advocacy related case and presentation.

Longitudinal Advocacy Project – PL2 and above – Residents apply to use their second half day of continuity clinic to complete a mentored longitudinal advocacy project. Most of these residents apply for and receive AAP CATCH grants and they also research their outcomes.

Advocacy Elective – all levels – Residents may elect to do a 2-4 week advocacy elective to work on a project or to do legislative work during Utah’s Legislative session.

*** Information provided to American Academy of Pediatrics; Community Pediatrics Training Initiative November 2008**

University of Colorado

Program Contact Information

Residency Curriculum Director: Amy Shriver, MD

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Web site: www.TheChildrensHospital.org/advocacy

Program Advocacy Information Summary

The Advocacy Curriculum at The Children's Hospital is a resident-driven initiative which was implemented in 2008. Our curriculum is unique in that the residency program exists in the same city as the state capitol. This allows residents a first-hand opportunity to witness and participate in executive and legislative advocacy at the state level. Residents can meet with legislators and lobbyists and can attend state AAP conferences to learn how this organization interfaces with the state government.

The curriculum focuses on 3 areas of advocacy intervention: Patient level, Community level and Policy Level.

All residents get hands on experiences in these 3 areas during their first two years. For residents with additional interests in advocacy an intensive 2-4 week elective is offered with Government Affairs department of The Children's Hospital.

All participants:

All residents attend a Colorado AAP (American Academy of Pediatrics) Legislative/Executive committee meeting to see how the AAP functions as a key player advocating for child health. Also, all residents complete an interactive online module that includes numerous key advocacy skills such as: how to write a fact sheet, who to pick as a bill sponsor and how to structure a bill to gain passage in a divided legislature. Lastly, all residents have lunch with local pediatric leaders in advocacy to discuss the integration of advocacy into a career in pediatrics.

PL1 Year:

PL1's spend two half days experiencing a Community Awareness activity and travel to the Capitol to discuss Medicaid and SCHP with the office of Healthcare Policy and Financing (HCPF).

PL2 Year:

PL2's spend two half days investigating a local Community Organization and also travel to the Capitol to discuss current health issues with legislators and community health leaders.

Advanced Advocacy Curriculum:

Those residents who show interest in continuing with advocacy education may participate in a 2-4 week elective that involves a more intensive experience with the state legislature.

Residents work closely with the Department of Governmental Affairs at The Children's Hospital to learn about how physicians can influence public policy decisions related to children's health. Participants will gain knowledge and understanding of the legislative process and the variety and scope of legislative issues introduced each year that have the potential to impact the health and well-being of Colorado's children. The goal of the elective is for residents to develop an advocacy project based on their own interests, and use the skills they developed during PL1 and PL2 year to create awareness of their project. Residents will be expected to develop a fact sheet about their advocacy topic.