FamilY Partnerships in a National Professional Membership Society

AMCHP Conference
April 7, 2016

Betsy Anderson
Julie Beckett
Greg Schell
SESSION OBJECTIVES

• Gain knowledge about the AAP Family Partnerships Network, and family engagement at a national-level organization.
• Understand the opportunities and benefits associated with family engagement in a professional medical society.
• Review data on family engagement in pediatric practices.
The mission of the AAP is to attain optimal physical, mental and social health and well-being for ALL infants, children, adolescents and young adults.

To accomplish this mission, the Academy shall support the professional needs of its members.
ABOUT THE AAP

64,000 Members
464 Employees
$109 Million in Revenue
10 Districts
66 Chapters
28 Committees
51 Sections
11 Councils
AAP Core Principles for Family Engagement

• The family is the principal caregiver and the center of strength and support for children

• The AAP recognizes that perspectives and information provided by families, children, adolescents, and young adults are essential components of collaborative decision-making in the delivery of high-quality, safe, and compassionate care. Patients and their families are integral partners of the health care team.

(full version can be found at www.aap.org/fpn)
History of Family Engagement at AAP

- 1990’s: AAP Medical Home Policy Statement and participation on some committees
- 2007: Parent Advisory Group (PAG) established
- 2011: Annual Leadership Forum Resolution on family engagement
- May 2014: AAP Board of Directors recommends to elevate PAG to be organization-wide
- October 2014: PAG renamed FamilyY Partnerships Network (FPN) Executive Committee.
FamilY Engagement at the AAP: FamilY Partnerships Network

Julie Beckett
AAP FAMILY PARTNERSHIPS NETWORK

Who is in the Network?

- Includes family/youth active in child health at national or state level, and those engaged in AAP initiatives
- Currently 50 members, primarily family advisors who are liaisons to AAP committees, initiatives, or chapters
AAP FAMILY PARTNERSHIPS NETWORK

Support and Inform Youth/Families

• Provide orientation and mentorship to youth/family advisors involved in AAP committees or initiatives
• Develop avenues to share best practices and lessons learned related to family engagement
• Provide information and education to families/youth on AAP initiatives and AAP Agenda for Children
AAP FAMILY PARTNERSHIPS NETWORK

Support and Inform Pediatricians and the AAP

• Help AAP think “outside the box” and provide missing perspectives
• Help the AAP standardize family engagement
• Lend support to AAP by collecting input from families and youth on strategic priority areas
• Review and provide family/youth perspective to AAP policy statements, reports, and initiatives
FAMILY PARTNERSHIPS NETWORK
EXECUTIVE COMMITTEE

- Current participation includes 7 family members, including parents and youth
- Develop orientation and mentoring processes and materials for family/youth and the AAP
- Provides oversight/leadership to FamilY Partnerships Network
- Assists in generating active family/youth input, participation, and engagement with AAP activities and programs (e.g. Friends of Children pilot)
FPN EXECUTIVE COMMITTEE
STRATEGIC PRIORITY AREAS

• Communications
• Community Asset Mapping
• Legislative Advocacy
• Growing the Network
• Chapter Outreach
• Promoting Family-Professional Partnerships in the Medical Home
AAP COMMITTEE PILOT

• Addition of a youth/family liaison to 4 national AAP committees for 2 years
  – Committee on Hospital Care
  – Committee on Pediatric Emergency Medicine
  – Committee on Practice and Ambulatory Medicine
  – Committee on Psychosocial Aspects of Child and Family Health

• Opportunity to pilot orientation/mentorship process

• Funded by AAP Friends of Children
AAP Chapters and Family Engagement

Betsy Anderson
AAP CHAPTERS: ENGAGEMENT WITH YOUTH AND FAMILY LEADERS

2011 Parental Involvement Survey
• At the time, 25% involved families - family coalitions, lobbying, education and training and others

2014 Compendium of Annual Chapter Reports
• At the time of reporting, 75% noted a variety of family collaborations and engagements
CHAPTER ASPECTS TO EXPLORE

• Website
• Committees
• Legislative Efforts
• Parent/Youth/Family Resources
• Newsletter
• Yearly education sessions
Family Engagement Data
Greg Schell
FATHER INVOLVEMENT MAKES A BIG DIFFERENCE!

In 2012-13 the University of Washington-Bothell conducted a cross sectional study on the affects of Fathers Network. The data reported father involvement resulted in the following:

~ Anxiety **decreased** 97%
~ Family relationships **improved** 77%
~ Enthusiasm towards their child **increased** 69%
~ Feelings of joy **increased** 67%
~ Feelings of hopelessness **decreased** 57%
~ I have someone to relate to **increased** 80%
• Longstanding survey of AAP members on pediatric topics
• 3 to 4 surveys conducted per year, randomized, representative sample
• Data are used to inform new AAP policies, programs, publications, and initiatives
Periodic Survey #79:  
Family Involvement in Practice  
2011-2012

Methods

• Random sample, mailed survey to non-retired U.S. AAP members
• Self reported data
• Response rate: N=1618; 59%
• Analyses limited to pediatricians providing primary care in office or clinic-based ambulatory care settings. Residents excluded. N=572
QUESTIONS

• What methods do pediatricians use to learn about the needs and experiences of their patients/patient families?
• What practice characteristics are associated with greater family involvement?
Methods Pediatricians Did Not Use to Learn About Patients/Families’ Needs and Experiences (%)

- Conducted pt/family surveys on experiences of care
- Received comments via ‘suggestion box’ or other ad hoc method
- Solicited input via interview, meeting or focus group
- Convened a patient/family advisory council

Source: AAP PS#79, 2011-12
You are more likely to have conducted patient/family survey if:

- Group practice (66%) or hospital/clinic based (74%) rather than solo/2-person practice (40%)
- Applied for family centered medical home recognition/accreditation (87% vs 60%)
You are more likely to have obtained comments through a suggestion box if:

• Group practice (54%) or hospital/clinic based (71%) rather than solo/2-person practice (34%)
• Applied for family centered medical home recognition/accreditation (67% vs 51%)
You are more likely to have obtained input through a interview, meeting, or focus group if:

- Applied for family centered medical home recognition/accreditation (53% vs 37%)
You are more likely to have convened a patient/family advisory council if:

- Hospital/clinic based (31%) rather than group practice (12%) or solo/2-person practice (11%)
- Applied for family centered medical home recognition/accreditation (30% vs 14%)
- West region (24%) rather than rest of country (South, 15%; MW, 13%; NE, 11%)
- High proportion of patients covered by public health insurance compared to fewer publicly insured patients (19% vs 13%)
**SUMMARY**

- Surveys of families and suggestion boxes are the most frequently used methods to get input from patients/families.
- Majority of general pediatricians do not plan to convene an advisory council and nearly one-half do not plan to conduct interviews.
- Varies by some practice characteristics.
Discussion: Engaging Families Opportunities, Benefits, Questions

• What we’ve learned – FPN; AMCHP
• Engaging:
  - Dads, Youth
  - Those with life challenges
  - Those without a special needs perspective
• Those employed; those who volunteer
• How to join the FPN
For Additional Information:
www.aap.org/fpn or skim@aap.org