Project Leaders: Elizabeth A. Browder, MD; Haley K. Johnson, MD; and, Bonnie McTyre, MD
Project Title: Pediatrics 101: A Course for New Teachers

North Carolina public schools are understaffed with school nurses. Because of the paucity of medical professionals in schools, teachers and office staff often manage student healthcare needs. The North Carolina average school nurse to student ratio is 1:1,177, which is much lower than the AAP recommendation of 1:750. An estimated 12% of students have intellectual, emotional, and health impairments that must be addressed during school hours. Medical training is not a part of teacher education, however teachers help manage asthma medication administration, anaphylaxis treatment, and seizure therapy. In addition to responding to medical emergencies, teachers may identify signs of attention deficits, depression, or anxiety. The project’s aim is to empower public school educators with the information they need to maximize student well being in an environment that is understaffed with medical professionals. The applicants collaborated with their local school system, Winston-Salem/Forsyth County Schools, to provide educational sessions on basic child health issues for public school teachers. Topics include asthma management (including action plans, proper inhaler use, spacer use), food allergy (including anaphylaxis and EpiPen use), attention deficit hyperactivity disorder, mental health disorders, headache, abdominal pain, fever, and common dermatologic conditions.

This project, "Pediatrics 101: A Course for New Teachers", ranked high for its potential for broad impact on daily lives of school children (especially those in areas/schools understaffed with medical professionals) and for targeting new and probably younger teachers who can use this throughout their careers.

Project Leaders: Maya Ragavan, MD; Sarah Lucha, HomeSafe Manager
Project Title: Health Access and Education Programming for Survivors of Intimate Partner Violence

Intimate partner violence (IPV; also called domestic violence) is recognized to cause serious physical, psychological, and sexual health morbidities to survivors and has detrimental effects on children who witness violence. Surviving IPV disempowers families and often leaves women and children without access to medical care and with limited knowledge about preventive health. Additionally, IPV survivors and their families suffer from multiple barriers making it difficult to seek medical and preventive healthcare including lack of access to transportation and housing, lack of insurance and access to medical homes, immigration and cultural barriers, and a fear of healthcare providers. Consequently, there is a need for evidence-based,
culturally resonant programs for families who have survived IPV, focused on improving health quality, access to medical homes, and overall self-worth. The purpose of this initiative is to use a community-based participatory research approach to develop a comprehensive, trauma-informed, health program specifically for female IPV survivors and their adolescent children residing at a transitional housing center. This is a multi-phase initiative comprised of an initial needs assessment with women, adolescents, and staff at the housing center, development, implementation, and evaluation of a health access and education program, dissemination of the results in the community and through academic channels, and coalition-building with community partners to ensure sustainability.

Dr. Ragavan's project, “Health Access and Education Programming for Survivors of Intimate Partner Violence”, ranked high because it is an extraordinary, data driven project embracing both Community Pediatric principles and CBPR principles and because of its proven record of funding support, which predicts its sustainability.

**Project Leaders: Ramanan Satchi, MD; Tori Logan, DO; Edmundo Martinez, MD; and, Erica Owchar, MD**

**Project Title: Promoting Healthy Eating Active Play (PHEAP)**

Promoting Healthy Eating Active Play (PHEAP) is a family-focused educational program targeting families of younger children living in socioeconomically challenged neighborhoods by educating them on recommended nutrition and physical activity, and facilitating positive, feasible, and accessible health behavior changes. This community-based programming tailored to this population is a unique approach to modifying obesogenic behaviors in this age group, as it has not been well studied in previous literature. The primary outcome was to evaluate the impact of curricula on parent knowledge of healthy behaviors in early childhood. Other outcomes included assessment of engagement and acceptability of programming, feasibility and impact of brief action planning (BAP), and health behavior changes of participating families. Analysis of data showed PHEAP improved participant knowledge about healthy family behaviors of children under age 5. Participant acceptability was high based on good attendance and satisfaction ratings. BAP was also a promising approach to facilitating family health behavior changes with 76.9% of participants reporting partial or full success in attaining goals. This project also strengthened linkages between the residency program and the community and built strong relationships with the local Head Start programs and the Friendship House Latino community center. Lastly, the PHEAP program has been well accepted by members of the project leaders’ residency program and has increased awareness and experience in obesity prevention education among the participating pediatric residents.