



Community Health and Advocacy Training in Pediatrics: Using Asset-Based Community Development for Sustainability

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Pediatricians play a critical role in promoting the health of all children,¹⁻⁴ and community health and child advocacy experiences are now a required component of pediatric residency training.⁵ Since the 1999 initiation of the University of California Davis pediatric residency program's Communities and Health Professionals Together (CHPT) partnership,⁶⁻⁸ the CHPT's scope has expanded to include training of residents from the Departments of Family and Community Medicine and Internal Medicine, as well as students from the Schools of Nursing, Medicine, and Public Health.

Previously, CHPT was a 2-week annual experience, focused in a single community and culminating in a project.⁶⁻⁸ We worked collaboratively with our community partners to make a major curricular change based on program evaluations from pediatric residents and community faculty. CHPT is now a 4-week, topic-based experience for first-year residents, with those who elect to develop an advocacy project receiving additional 4-week experiences in the second and third years (Table; available at www.jpeds.com). Community and academic faculty developed an exhaustive list of potential topics from which community faculty identified their "expert" topic and then worked with academic faculty to plan didactics, readings, educational activities, and reflective exercises. Here we share lessons learned from CHPT for the sustainability of a robust community health and advocacy training program applying asset-based community development (ABCD), a strengths-based approach to building strong communities by identifying and mobilizing local assets.⁹

Identifying Local Community and Institutional Assets

Community faculty play a vital role in teaching health professionals how to engage and build partnerships with communities by conveying the cultural contexts, local challenges, and community assets present in the neighborhood. Ongoing identification and recruitment of community partners is essential. Our community faculty includes neighborhood leaders (eg, leader of a grassroots community-based service and advocacy group), local service providers (eg, physician assistant and midwife who founded a rural health center), ed-

ucators (eg, school district administrator), and nonprofit organization administrators. Institutional assets include an academic faculty with interest and experience in community partnerships, advocacy, and community-based participatory research, both within and outside our department, and educational program leadership who value community and child advocacy and provide learners dedicated time to build successful partnerships with local groups.

Nurturing Community Institutional Partnerships: Bridging the Cultural Divide Using the Program Manager as Cultural Broker

In ABCD, different community assets bring different strengths to the partnership; however, sustaining partnerships between the university and community organizations requires bridging the cultural differences. The role of the CHPT's Program Manager (E.S.) is to bridge these cultural gaps to cultivate and maintain community relationships. The Program Manager was hired from within the community and brings experience and credibility with community partners when explaining differing perspectives and promoting collaborative problem solving to reach mutually beneficial outcomes. For example, when residents accustomed to a hierarchical medical system were frustrated with how long it was taking to make decisions on projects and were unclear on the roles of community partners, the Program Manager explained that, in the community, decisions are often made collaboratively by group consensus, and there often is no designated leader. When community partners were concerned that residents were having difficulty meeting outside of their CHPT rotation, the Program Manager instituted "shadow days," during which community partners could shadow residents to better understand their schedules additionally, the Program Manager developed a CHPT dictionary that explains such concepts as "call" and "living wage." Community faculty cite the Program Manager as key to efficacy and sustainability, prioritizing the Program Manager position for resource development rather than funding for their own roles.

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ABCD	Asset-based community development
CHPT	Communities and Health Professionals Together

Building Capacity

Community Partners

Community faculty bring invaluable experience with community health issues. We build on their experience through the CHPT Academy, an annual series of workshops that provides them with a common venue and format to discuss community health and advocacy with our residents. The CHPT Academy provides community faculty and local partners an opportunity to discuss ABCD, social capital, determinants of health, patient-centered medical home, and program planning and evaluation. In addition, because teaching residents is often a new experience for community faculty, we also discuss how to apply adult learning principles to make residents' community experiences explicitly relevant to them.

Academic Faculty

Until recently, a single academic faculty member (R.P.) primarily ran our CHPT rotation at the university. But sustaining teaching in community health and advocacy requires a village. We identified additional faculty, community and academic pediatricians, and pediatric subspecialists who were also involved with the community to speak to residents at orientation about their experiences. This allowed us to highlight to residents the importance of community pediatrics to all pediatricians, introduce different role models, and recast faculty's image of themselves to include community. We then identified academic faculty with expertise in different areas of community health and advocacy and incorporated them into our required CHPT rotation to provide access to content experts, help residents reflect on their community experiences and incorporate what they learned into becoming better pediatricians.

Look Beyond Pediatrics

We expanded on community health teaching efforts in other disciplines (Family and Community Medicine in 2006 and Internal Medicine in 2007) to develop collaboration across different programs. By 2010, what was originally Communities and Physicians Together became CHPT, with significant input from community faculty to reflect the multiprofessional, interdisciplinary focus of community health and advocacy education.

Developing Shared Vision by Documenting and Sharing Outcomes

CHPT builds on the broad expertise and assets in community health and advocacy within the University of California Davis Health System, the opportunities for collaboration with university academic departments and outside academic programs, and a range of partnerships with community collaboratives and agencies in order to build an educational, research, and innovative services program that supports the emergence of healthy communities. CHPT offers learners at different stages of development the opportunity to engage in meaningful learning and exchange with diverse community partners.

Harnessing institutional support also drew on the ABCD approach, emphasizing assets and strengths within the health care system related to community health and advocacy and encouraging collaboration across disciplines and programs. We celebrate our successful joint projects and partnership during our annual symposium for community partners, residents, and faculty. Highlighting CHPT through awards, emphasizing multiprofessional education, and coordinating with other residency programs beyond the institution increases institutional, multidepartmental support.

We have highlighted CHPT accomplishments locally and nationally with support from the Department Chair and Dean's Office for nominations for awards that demonstrate the health system's longstanding history of community engagement, partnership building, and community health education. The 2009 Gold Country Champions for Change award (local), the 2005 Community Campus Partnerships for Health award (national), and the 2007 Ehrlich Faculty Service Learning Award (national) are examples of awards that have allowed CHPT not only to increase its visibility in our university, but also to be relevant to its mission.

Since 2009, we have participated in a statewide collaborative of residency programs engaged in teaching community pediatrics and advocacy, the California Community Pediatrics and Legislative Advocacy Training Collaborative. Participation in this collaborative has increased the visibility of CHPT beyond University of California Davis and provided new opportunities to showcase community pediatrics to a wider audience, while underscoring the broad institutional support for community pediatrics and advocacy education across several residency programs.

Finally, institutional support can be sustained only if there is ongoing "product," whether through awards, community benefit, or publications. Specifically, CHPT has participated in both process and outcomes evaluations over the past decade, publishing results in peer-reviewed journals.⁶⁻⁸

Discussion

ABCD builds on existing strengths in the community to sustainably address community challenges. We emphasize to our trainees that the most successful projects involve partnering with the community, building capacity, and developing a project that can be sustained by the community, even after the resident has graduated. Similarly, the most successful community health and advocacy training programs involve identifying and nurturing community and institutional partnerships; building capacity in community partners, faculty, and institution; and documenting and sharing outcomes to harness institutional support for a sustainable program. ■

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References available at www.jpeds.com

References

1. American Academy of Pediatrics, Committee on Community Health Services. The pediatrician's role in community pediatrics. *Pediatrics* 1999;103:1304-7.
2. Rushton FE Jr. The pediatrician's role in community pediatrics. *Pediatrics* 2005;115:1092-4.
3. American Academy of Pediatrics. Community pediatrics: health equity. Available from: http://www.aap.org/commpeps/resources/health_equity.html. Accessed November 22, 2011.
4. American Academy of Pediatrics. Policy statement: the pediatrician's role in community pediatrics. Reaffirmed January 2010. *Pediatrics* 2010;125:e978.
5. Accreditation Council for Graduate Medical Education. ACGME program requirements for graduate medical education in pediatrics, effective July 1, 2007. Available from: http://www.acgme.org/acWebsite/downloads/RRC_progReq/320_pediatrics_07012007.pdf. Accessed January 27, 2011.
6. Pan RJ, Littlefield D, Valladolid SG, Tapping PJ, West DC. Building healthier communities for children and families: applying asset-based community development to community pediatrics. *Pediatrics* 2005;115:1185-7.
7. Hufford L, West DC, Paterniti DA, Pan RJ. Community-based advocacy training: applying asset-based community development in resident education. *Acad Med* 2009;84:765-70.
8. Paterniti DA, Pan RJ, Smith LF, Horan NM, West DC. From physician-centered to community-oriented perspectives on health care: assessing the efficacy of community-based training. *Acad Med* 2006;81:347-53.
9. Kretzmann JP, McKnight JL. Building communities from the inside out: a path toward finding and mobilizing a community's assets. Chicago: ACTA Publications; 1993.

Table. Summary of 4-week CHPT program for pediatric first-year residents at University of California Davis

Week	Topic	Objectives	Didactics	Examples of activities
1	Nutrition, health disparities, local assets	<ul style="list-style-type: none"> • Explore local assets for nutrition. 	<ul style="list-style-type: none"> • Health disparities • Community assets for addressing health disparities 	<ul style="list-style-type: none"> • Assess WIC, a locally-organized farmers; market, a community-driven breakfast program that includes maternal socialization activities, and the food bank as local assets for child and maternal nutrition. • Recognize local supports for breastfeeding by shadowing a community lactation specialist.
2	Family functioning, determinants of health and ABCD	<ul style="list-style-type: none"> • Understand the benefits of a strengths-based approach when working with a family in need. 	<ul style="list-style-type: none"> • Determinants of health • ABCD • Social capital 	<ul style="list-style-type: none"> • Participate in a parent support group. • Visit a rural family resource center. • Understand challenges of adolescent-parent communication by talking with a local youth group about their communication strengths and identifying opportunities for improvement. • Identify local individual, associational, and institutional community assets for healthier family functioning
3	Safety and cultural humility	<ul style="list-style-type: none"> • Understand the spectrum of prevention, a public health model, and local unintentional injury prevention efforts. 	<ul style="list-style-type: none"> • Cultural humility • Public health 	<ul style="list-style-type: none"> • Become familiar with community-grown efforts to support marginalized youth, including local volunteer networks and institutional "wrap-around" programs. • Develop capacity by facilitating the discussion between young people and their parents about safe driving practices.
4	School health, disability and special needs	<ul style="list-style-type: none"> • Recognize disability as opportunities for diversity rather than deficits. • Understand the coordinated school health model and how parents, community members, community groups, and physicians partner with local schools to create positive environments where students thrive. 	<ul style="list-style-type: none"> • Disability • School health 	<ul style="list-style-type: none"> • Shadow a speech pathologist and a special education teacher to understand local community and educational supports for special needs students.

WIC, Special Supplemental Nutrition Program for Women, Infants, and Children