Background

Fostering Collaboration among Pediatric Residency Programs, AAP Chapters, and Community-based Organizations to Build Organizational Capacity for Healthy Active Living and Community Advocacy

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Results (cont’d)

Human/Workforce Capacity

Scope: Motivation, knowledge, AHe, practices, and availability of grid leaders or key staff

- 10% of participating residency programs and 40% of chapters reported enhanced leadership staff capacity in facilitating HAL-related community collaborations.
- Substantial gains in HAL knowledge or interest were reported for 24% of residency program faculty leaders, 40% of resident leaders, and 40% of chapter leaders.

Additional Theme: Leader motivation, knowledge and skills and important success factors.

Organizational Culture

Scope: Attitudinal or behavioral patterns, beyond those of key grid leaders or staff

- 10% of residency programs reported an increased specialization in HAL issues across the organization, 10% reported an enhanced organizational culture of health.
- One chapter leader reported informal recognition as a HAL leader within the organization.

Additional Theme: Organizational support arises from observable outcomes and spurs capacity development.

- A lack of organizational support produces invisible barriers to success.

Overall Capacity

- Respondents reported gains in four aspects of capacity specific to HAL due to the grant (median of 4 vs. 4.4 aspects); however, all reported sustainable improvements in both.
- 90% of residency programs and 88% of chapters reported developing sustainable relationships with CBOs, compared across HAL interventions.
- 80% of residency programs and 86% of chapters developed enriched informational resources, related to NLs, such as changes to resident curricula or tools for CBOs or clinics.
- All chapters and half of residency programs reported sustainable increases in the skills or motivation levels of leaders or key staff, relevant to continued work on HAL issues.
- A third of organizations reported shifts in organizational culture relevant to the topic of HAL, though such changes were not a direct aim of the grant.
- About a quarter of grantees reported realizing additional funding or sustainment that HAL-related work in communities.
- A fifth of respondents reported reaching previously inaccessible populations with HAL assessments or measures (e.g., younger age groups, hospital pediatric, etc.)
- No organizations reported HAL-related changes to formal policy or infrastructure.

Informational Resources

Scope: Educational resources/training or access to data collection tools

- 76% of residency programs created sustainable HAL-related resources for CBOs; 50% for clinicians.
- 44% of chapters created HAL-related resources for CBOs and clinics; 19% of chapters created HAL-related changes to their residency curricula due to the grant (in one instance, created by their chapter).

Additional Theme: Collaboration among partners with different goals can foster resource innovation.

Human/Resident Capacity

Scope: Motivation, knowledge, AHe, practices of residents

- 90% of residency programs reported that participating residents substantially increased their knowledge and skills in HAL-related community collaborations.
- 48% of residency programs noted that residents enhanced their related skills with families.

Additional Theme: Fostering a patient-centered focus can facilitate the application of knowledge across community and practice settings.


Acknowledgements

Special thanks to the Healthy Active Living Grantees who participated in the key informant interviews to evaluate a grant program for pediatric residency programs and AAP chapters, engaged in CHA interventions, focused on HAL.

- Results suggest that residency programs and chapters built vital aspects of organizational capacity for HAL, in addition to that for CHA, due to the grant.
- HAL-related capacity enhancements typically occurred in the areas of partnerships, informational resources, and workforce capacity and sometimes included organizational capacity for HAL.
- Both residency programs and chapters typically developed strong, sustainable relationships with CBOs, likely to bolster their odds of future success in conducting HAL interventions.
- Relationships between collaborating residency programs and chapters typically also strengthened; however, the division of responsibilities varied greatly across grants, with residency programs often taking the lead.
- The common development of HAL-related changes to curricula and enduring community collaborations appears to approach near maturity because maintenance requires a high level of quality in training residents and conducting interventions.
- Residents who gain HAL-related knowledge and engage with families doing community interventions may be better prepared to meet the needs of families in clinical settings.
- Significant barriers to capacity development include staff turnover and a lack of internal organizational support, which can limit available resources (e.g. time).
- Limitations to this retrospective study include an incomplete response rate and the self-report nature of the data.

Rationale

- Formal training in principles and practices in Community Health and Advocacy (CHA) is a required component of pediatric residency training programs and a common goal for American Academy of Pediatrics (AAP) chapters.
- Promoting healthy active living (HAL) behaviors for young children and their families is an age-appropriate focus for such efforts because children can form healthy childhood community environments and healthy and effective clinical connections between pediatricians and families.
- However, in general, capacity-building processes are poorly understood and complex. Similarly, none, not even anomalies in isolation, and individual levels, are included on both CHA-related and specific (HAL) capacity.
- A systematic approach is needed to better understand the nature of capacity and the means of developing HAL capacity within the CHA efforts by residency programs and AAP chapters.

Grant Program

Between 2009 and 2015, the AAP Institute for Healthy Childhood Weight and AAP Community Pediatrics Training Initiative awarded 21 sub-grants ($158,625-600) to residency programs and AAP chapters for building CHA capacity through collaboration with community-based organizations (CBOs).

- The first 10 grants were awarded to residency programs or chapters separately. The last 11 grants required these entities to operate as partners, to help foster linkages and align efforts.
- All programs focused on implementing interventions, aimed at supporting children and families in achieving HAL behaviors.
- Grantees had access to expert, various tools and resources, and other grantees.

Research Aim: To evaluate the extent to which a structured funding opportunity supports the engagement of pediatric residency programs and AAP chapters with CBOs to build CHA capacity also improved organizational capacity for HAL.

Methods

- Semi-structured key informant interviews (1 hour) were conducted in July-September, 2015 with leaders from participating residency programs (n=10) and chapters (n=5). Of 9 residential programs and 2 chapters had participated in joint grants. Respondent representation of 12 and 21 grants (57%) non-respondents were primarily due to loss of contact or inability to find a mutually convenient time.
- The interview guide was based on an a priori-identified model of capacity relevant to public health systems and services organizations (Flaspohler et al., 2012). Definitions were adapted for consistency with the program’s logic model and revised again during analysis. Definitions included fiscal, human workforce, inter-organizational relationships, informational resources, policy, culture, system boundaries (i.e., access to new target population) and infrastructure.
- Interviews included some closed-ended questions, such as a rating scale (below) to assess the level of collaboration between organizations (Foy, et al., 2004).
- Transcribed interviews were analyzed for capacity dimensions as well as novel themes by an experienced qualitative researcher.

Overall Capacity

Based on 43 interviews, as well as Jean Davis, MPP, Jeffrey Kaczorowski, MD, FAAP, Kerilee Leazenby, and interviews, as well as Jean Davis, MPP, Jeffrey Kaczorowski, MD, FAAP, Kerilee Leazenby, and

Reference

A rubric for organizational capacity was adapted to provide a framework for key informant interviews to evaluate a grant program for pediatric residency programs and AAP chapters, engaged in CHA interventions, focused on HAL.

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Special thanks to the Healthy Active Living Grantees who participated in the key informant interviews, as well as Janice Davis, MPP, Jeffrey Kaczorowski, MD, FAAP, Kerilee Leazenby, and Janice Davis, MPP, for their guidance throughout the grant program.

Funding for the Healthy Active Living Grants Program was generously provided by the MetLife Foundation.