

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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Background

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 apt focus for such efforts because it can facilitate both a) the creation of healthier community environments and b) more effective clinical conversations between pediatricians and families.
- However, in general, capacity-building processes are poorly understood and complex. Similarly, here, they must encompass community, organizational, and individual levels, meet community needs, and include a focus on both general (CHA) 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 (\$15,000-\$25,000) 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 interests.
- All projects focused on implementing interventions, aimed at supporting children and families in achieving HAL behaviors.
- Grantees had access to expert mentors, various tools and resources, and other grantees.

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

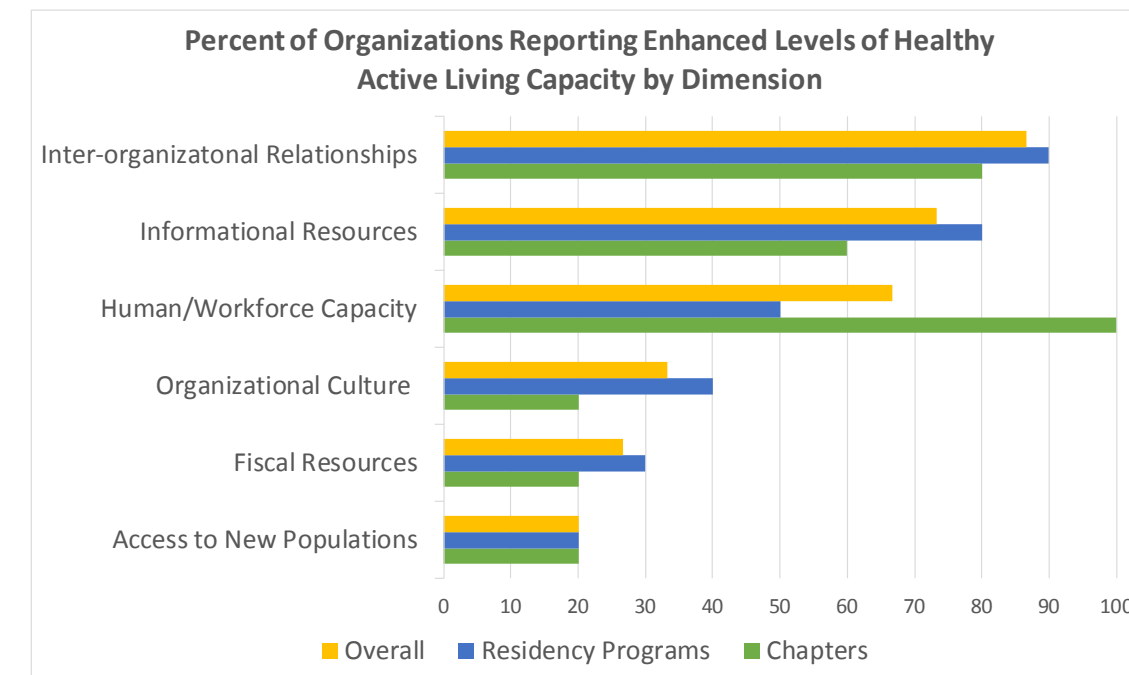
Methods

- Semi-structured key informant interviews (≤1 hour) were conducted between July-September, 2015 with leaders from participating residency programs (n=10) and chapters (n=5). Of these, 9 residency programs and 2 chapters had participated in joint grants.
- Respondents represented 12 of 21 total grants (57%); non-responses were primarily due to a loss of contact or inability to find a mutually convenient time.
- The interview guide was based on an eight-dimensional model of capacity relevant to public health systems and services organizations (Meyer, et al, 2012). Definitions were adapted for consistency with the program's logic model and revised again during analysis. Dimensions included fiscal, human/workforce, inter-organizational relationships, informational resources, policy, culture, system boundaries (i.e., access to new target populations) and infrastructure.
- Interviews included some closed-ended questions, such as a rating scale (below) to assess the level of collaboration between organizations (Frey, et al., 2006).
- Transcribed interviews were analyzed for capacity dimensions as well as novel themes by an AAP staff evaluator, who was not involved in administering grants or conducting interviews.

Collaboration Scale

	Networking: 1	Cooperation: 2	Coordination: 3	Coalition: 4	Collaboration: 5
Relationship Characteristics	<ul style="list-style-type: none"> Aware of organization Loosely defined roles Little communication All decisions are made independently 	<ul style="list-style-type: none"> Provide information to each other Somewhat Defined roles Formal communication All decisions are made independently 	<ul style="list-style-type: none"> Share information and resources Defined roles Frequent communication Some shared decision-making 	<ul style="list-style-type: none"> Share ideas Share resources Frequent and prioritized communication All members have a vote in decision-making 	<ul style="list-style-type: none"> Members belong to one system Frequent communication is characterized by mutual trust Consensus is reached on all decisions

Results



Overall Capacity

- Respondents reported gains in fewer aspects of capacity specific to HAL than to general CHA (median of 3 vs. 4 aspects); however, all reported sustainable improvements in both.
- 90% of residency programs and 80% of chapters reported developing sustainable relationships with CBOs, centered around HAL interventions.
- 80% of residency programs and 60% of chapters developed enduring informational resources, related to HAL, 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 area of HAL, though such changes were not a direct aim of the grant.
- About a quarter of grantees reported receiving additional funding to extend or sustain their HAL-related work in communities.
- A fifth of respondents reported reaching previously inaccessible populations with HAL assessments or resources (younger age group, hospitalized patients, etc.)
- No organizations reported HAL-related changes to formal policy or infrastructure.

Inter-organizational Relationships

Scope: Number, diversity, and strength of collaborative relationships

Number and diversity of CBO partners

- 23 sustained CBO relationships were reported across grant cycles, i.e., nearly 2 per grant.
- Nearly all CBOs were in non-healthcare settings; 10 were in early care and education.

Levels of collaboration with CBOs (see scale):

- Increased in residency programs from a median of 1.3 (networking) to 4 (operating as a coalition).
- Increased in chapters from a median of 2.0 (cooperation) to 3.5 (coordination/coalition).

Collaboration between residency program and chapters (joint grants)

- Median levels of collaboration increased from 2.3 (cooperation) to 3.5 (coordination/coalition).
- The role of chapters varied from highly engaged (e.g., seasoned champions) to very limited (e.g., fiscal agents), though the latter did not typically diminish grant success.

Additional Themes

- Relationships with CBOs provide important cultural insights for future work.
- Encouraging autonomy and flexibility in relationships facilitates success.
- Turnover is a cross-cutting barrier that is particularly challenging within community settings.

Results (cont'd)

Human/Workforce Capacity

Scope: Motivation, knowledge, skills, practices, and availability of grant leaders or key staff

- 30% of participating residency programs and 60% of chapters reported enhanced leader/key staff capacity in facilitating HAL-related community collaborations.
- Substantial gains in HAL knowledge or interest were reported for 20% of residency program faculty leaders, 40% of resident leaders, and 40% of chapter leaders.

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

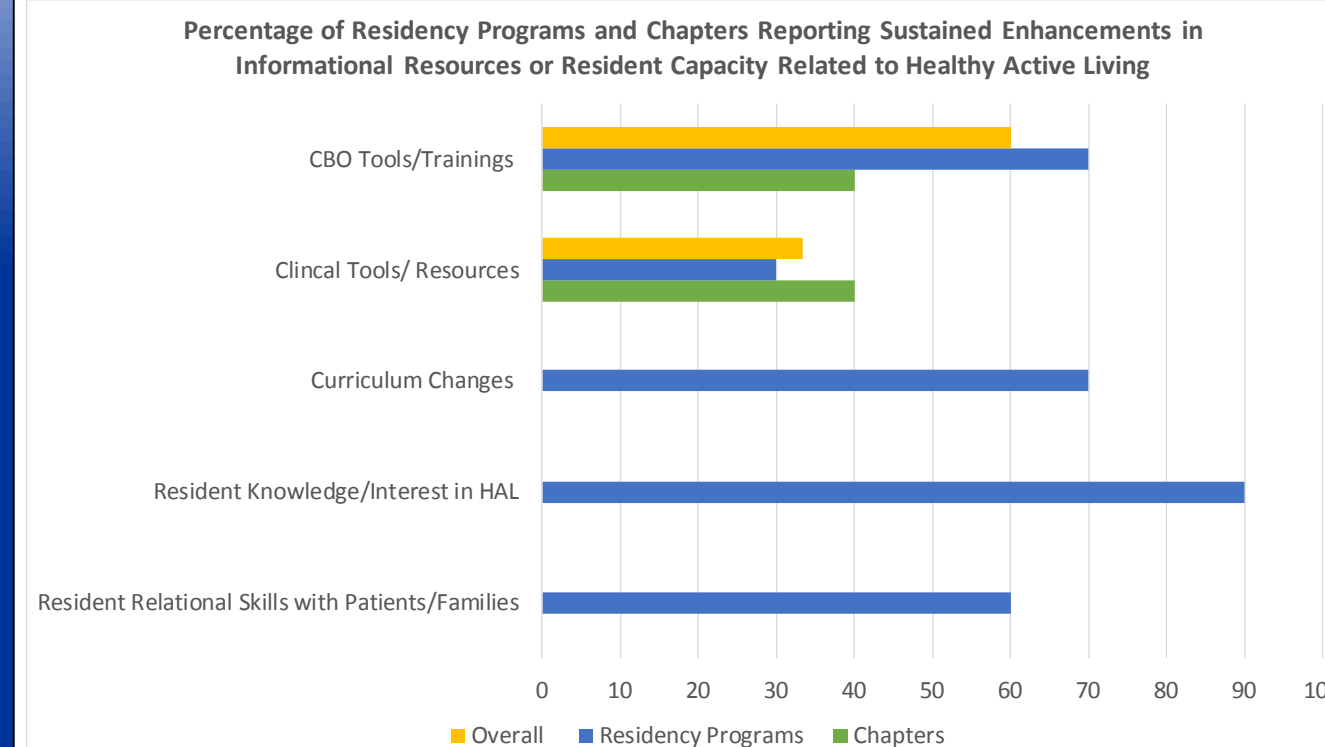
Organizational Culture

Scope: Attitudinal or behavioral norms, beyond those of key grant leaders or staff

- 30% 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 Themes

- Organizational support arises from observable outcomes and sparks capacity development.
- A lack of organizational support produces invisible barriers to success.



Informational Resources

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

- 70% of residency programs created sustainable HAL-related resources for CBOs; 30% for clinics.
- 40% of chapters created HAL-related resources for CBOs and clinics.
- 70% of residency programs made sustainable, 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, skills, practices of residents

- 90% of residency programs reported that participating residents substantively increased their knowledge/interest in HAL due to the grant.
- 60% of residency programs noted that residents enhanced their relational skills with families.

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

Conclusions

- 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.
- Results suggest that residency programs and chapters built varied 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 culture, fiscal resources and access to target populations.
- 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 or clinical resources appears likely to help grantees maintain a high level of quality in training residents and conducting interventions.
- Residents who gain HAL-related knowledge and engage with families during 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.

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