Summary: Results are presented for the evaluation of a grant program aimed at helping pediatric residency programs sustainably increase their organizational capacity for training residents in community health and advocacy through projects related to healthy, active living.

Rationale
- Advocacy training is a required component of pediatric residency training, but considerable variability exists among residents’ exposure to this training and competency in community pediatrics.
- Pediatric residency programs are complex organizational systems, so the effectiveness of advocacy training programs can be impacted by a multitude of factors.

A better understanding is needed of components of organizational capacity to inform advocacy training efforts.

Grant Program
- From 2009-2015, the American Academy of Pediatrics (AAP) Community Pediatrics Training Initiative and Institute for Healthy Childhood Weight supported three cohorts of grantees, representing 17 residency programs.
- To build advocacy capacity, residency programs collaborated with community-based organizations (CBOs) to implement programs for children and families to improve nutrition and physical activity behaviors.
- Grantees had access to tools and coaching from AAP staff and mentors.

Method
- 59% of faculty who led the grant projects (n=10) participated in semi-structured interviews (~1 hour) between July-September 2015.
- Non-response was primarily due to loss of contact or inability to find a convenient time during the interview period.
- The interview guide was based on a model of organizational capacity developed by Meyer, et al. (2012).
- Interviewees used a rating scale to assess the level of collaboration, and competency in community pediatrics.

Results
- 70% of residency programs reported substantial capacity gains in resident leaders related to leadership skill and content knowledge.
- 70% reported substantial capacity gains in resident leaders related to leadership skill and content knowledge.

Limitations & Conclusions
- Interpretation is limited somewhat by the response rate, as well as potential biases, inherent to self-report data.

Conclusions
- Pediatric residency programs were typically able to build varied aspects of organizational capacity for community advocacy training and programs.
- The vast majority of programs achieved coalition levels of collaboration during the grant and developed sustainable community relationships, likely to bolster their odds of continued success.
- Passion and expertise for community pediatrics, developed in faculty and student leaders, helped foster project success, as well as broader interest/engagement by residents and the larger organization.
- The development of curricula and enduring community resources also appear likely to help maintain a high level of quality of resident training in community pediatrics.
- Engaging with families in the community during training may also help residents meet the needs of patients in clinical settings.
- Significant barriers to success include staff turnover (residency program or CBO) and overcoming a lack of internal organizational support that limits available resources (e.g. faculty time).

References
- Frey BB, Lohmeier JH, Lee SW, Tollefson N. Measuring collaboration capacity: Collaborations with Community Partners to Foster Healthy Active Living: Janice L. Liebhart, MS; Jeanine Donnelly, MPH; Mala Thapar, MPH; Benjamin D. Hoffman, MD. 1American Academy of Pediatrics; 2Oregon Health & Science University

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