

Course Director- Gillian Hopgood

Overall Goals of the Community and Advocacy Rotation:

The goals of this rotation are two-fold:

- 1) To gain a concrete understanding of how the health care that you provide to children fits into the bigger picture of health for individual children and the communities in which they live.
- 2) To develop skills and knowledge that will enable you to advocate for the health of the children that you serve throughout your career.

The 8-week rotation is currently divided into three discrete but interwoven sub-rotations: population health, policy and community. Each resident will have their own folder into which they upload the assignments. We have compiled articles and logistical resources that will help you to complete these assignments and to learn at your own pace. We welcome your input regarding additional content to add to remove from the repository.

As you move through the Community and Advocacy Rotation and through your clinical rotations, we encourage you to ask the following questions:

- Why is achieving “health” difficult for this child or family?
- What factors in this child’s life experience, family, community foster the child’s health?
- How can I help this individual child today?
- How can we as a profession help this child or population of children in the future?

The following pages describe the goals, format, and assignments for each part of the rotation, as well as a handy glossary of some key terms relevant to health equity. You may be called in for “back-up” duties during the Population Health or Policy sub-rotations. Any work that you don’t complete during the 2 weeks designated for those rotations must be completed during your 4-week Community sub-rotation.

Community Sub-rotation

Goals:

- To learn first-hand about resources and programs available to the children that we serve in Suffolk County. These programs are designed to foster health in children and/or to serve children who have experienced adverse childhood experiences (ACEs)[1].
- To further develop your communication skills by teaching health topics in different venues in the community.
- To develop skills and knowledge that will enable you to advocate for the health of the children that you serve at the individual level and at the community level.

Experience/activities:

The rotation is comprised of over 15 different learning venues or sites. Not every resident will experience every venue since opportunities vary month to month. Please consider how the mission of each site fits into the overall framework for fostering health equity[2]. Please know that maintaining our collaborations with our community partners requires that all Pediatric Residents of SBC are reliable partners. Please plan to be available between 8 am and 5 PM during this rotation. Corinne O’Day will reach out to you about 1 month before you start to identify any potential scheduling conflicts. Your personal calendar will be uploaded into your folder the week before you start the rotation.

Assignments:

- Show up at each site ready to learn and where appropriate, to educate. You will be responsible for reaching out to the contact at each site at least a day in advance to confirm.
- For several of the sites, you will give a presentation or lead a discussion. On the first day of your rotation, please reach out to the sites at which you will do some teaching in order to confirm the topic and/or any special considerations. For example, you may want to know the native languages of the teenage mom’s that you meet at Awixa.
- After each site or experience, you will journal briefly in the “reflections” power point provided. Each resident will do their own slide deck.

- Document an experience (either on this rotation or before) in which you encountered a case that exposed issues related to equity/inclusion/diversity in your practice. You will do this by filling out a brief REDCap survey. Dr. Hopgood will send you the link.

Population Health:

Goals:

- To learn techniques for investigating the demographics and community resources in the communities that you serve.
- For a specific community identify features that
 - Foster health and positive opportunities.
 - Make it more difficult for a child to be healthy.

Experience/activities: You will do a community profile project, which will be a hybrid virtual/ in person experience. The community that you choose will be within the catchment area of your continuity clinic. You will complete the “Understanding Government Assistance” assignment, [Understanding Government Assistance Programs 2017.docx](#). Additionally, you will complete the Population Health and the Epidemiology of Child Poverty modules from the TEACH curriculum at the website below.

<https://www.childrensmedicaleducation.org/TEACH-US/login/index.php>

Community Profile Project:

Virtual: For the town and the village/hamlet you will investigate:

- Demographics- ethnic breakdown; languages spoken, economic profile, education level, crime rate and statistics.
- Schools: How is the school district organized? graduation rate?
- Library: Where is it? What are its hours?
- Parks and recreation – are there parks? Safe spaces to run or walk?
- Health care delivery options
- Government: Who represents the people on a national, state, county, town level?

In person:

- You will visit the community in person and interview at least two people to explore the questions below. One person will be the parent of a child in the community. Another

person will be a community leader or person with intimate knowledge of the community.

- What things (programs, places, opportunities.) in this community makes it easier to raise a child that is healthy in body and mind?
 - What aspects of the community make it more difficult to raise as healthy child?
- Visit the library, and the local parks. Try to do your food shopping once in this community.

Policy:

Goals:

- To understand the unique role of a pediatrician in the legislative advocacy for issues pertaining to the health of children.
- To learn skills and knowledge that will enable you to be an effective advocate for legislation that promotes children’s health.

Experience/activities: You will work virtually and upload your assignments to your personal Community and Advocacy Folder. You’ll meet with the course director at the beginning of the rotation and discuss a potential subject for your written assignment. You will meet with the course director at the end of the rotation to discuss the issue that you have chosen and what you’ve learned about it.

Assignments:

- Learn key features of the legislative process by reviewing all 5 of the AAP advocacy training modules[3] the AAP Advocacy Guide[4].
- Complete a table in which you list at least 10 current issues relative to child health and name: the issue; what level of govt it is an issue at (federal, state, local,); and name a child advocacy organization that is focusing on it.
- Complete the module on Policy and Child Poverty at the TEACH curriculum: <https://www.childrensmedicaleducation.org/TEACH-US/login/index.php>
- Complete a written assignment on one current child advocacy issue of your choice.
 1. What is the issue and why do you care?
 2. Summarize the AAP position, if there is one.
 3. Determine whether there are any advocacy organizations or local groups working on this.

4. Identify any current laws or pending legislation and summarize them.
5. Identify the position of any of our NYS politicians at the federal, state and/or local levels.
6. Name at least 2 ways that you, as a pediatric resident, can advocate for this issue on behalf of the children and families that you serve.

Key definitions selected from Robert Wood Johnson Health Equity Framework[2]

- Discrimination: a broad term that includes but is not limited to racism. Prejudicial treatment has been based upon a wide range of characteristics, including not only racial or ethnic group, but also low income, disability, religion, LBBTA status, gender.
- Ethnicity or ethnic group: refers to belonging to a group of people who share a common culture.
- Health: physical and mental health status and well being
- Health equity: means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.
- Health disparities: differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. (Does not imply cause and effect).
- Health inequity: a particular kind of health disparity that that is not only of concern for being potentially unfair, but which is believed to reflect injustice.
- Race or racial group: refers to belonging to a group of people who share a common ancestry from a particular region of the globe.
- Racism: refers to prejudicial treatment based on racial or ethnic group and the societal institutions or structures that perpetuate this unfair treatment.

- Social determinants of health: nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live.

1. Gilgoff, R., et al., *Adverse Childhood Experiences, Outcomes, and Interventions*. *Pediatr Clin North Am*, 2020. **67**(2): p. 259-273.
2. Braverman, P.A., E; Orleans, T; Proctor, D; Plough, A, *What is Health Equity and What Difference Does a Definition Make?* 2017, Robert Wood Johnson Foundation: www.
3. Pediatrics, A.A.o. *Advocacy Training Modules 2023*; Available from: <https://www.aap.org/en/advocacy/advocacy-training-modules/>.
4. Pediatrics, A.A.o., *AAP Advocacy Guide- Connecting at the Community, State and Federal Levels*, AAP, Editor. 2009.