
The Healthy Bronx Initiative

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In 2011, the CIR members of the Bronx created the Healthy Bronx Initiative (HBI) with the goal of going beyond the hospital walls to understand the context in which our patients lived. By identifying and tackling the root causes of health problems in our community, we broadened our role as service-oriented providers but found that we were ill-prepared to address the environmental and behavioral factors that not only influence health but prevent diseases.

To address this problem, we incorporated one of CIR's four core values, service, to implement a model that would improve the quality of care we provide to our community. Through service, we hoped to gain a better understanding of the conditions our patients

face in our community and be better informed when advising and treating them. Since then, CIR has developed other service-oriented programs, including the Family Health Challenge, which is tackling one of the most serious health concerns – child obesity. By educating and encouraging healthy behavior changes in the classrooms of school-age children, residents that have participated in the Family Health Challenge are making strides to halt the progression of obesity in the Bronx and finding that they are in fact learning along the way.

Below is the culmination of a year's worth of work and data regarding the implementation and dissemination of the Family Health Challenge.

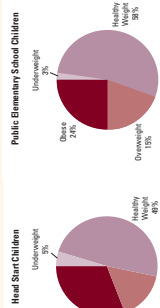
PHYSICIANS AS COMMUNITY HEALTH EDUCATORS: RESIDENT ENGAGEMENT IN ADDRESSING HEALTH DISPARITIES THROUGH THE BRONX FAMILY HEALTH CHALLENGE

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Introduction

The Bronx stands last among New York State counties in most health outcomes, including overweight and obesity. Almost half of children enrolled in the South Bronx Head Start program are overweight or obese¹:



To address these health disparities, resident physicians of the Committee of Interns and Residents (CIR) created the Healthy Bronx Initiative (HBI). In January of 2013, the HBI collaborated with the Mary Mitchell Center (MMC) and Dr. Elizabeth Walker of the Prevention and Control Core (PCC) of the Einstein Diabetes Research Center to launch the Family Health Challenge (FHC), a childhood curriculum focused on healthy behavior changes administered by resident physicians.

Objective

To understand the role of the FHC in increasing residents' knowledge and attitudes toward social and environmental determinants of health and empowering them to engage in community-based solutions to health disparities.

Methods

Thirty-nine Internal Medicine, Pediatrics, Emergency Medicine, and Family Medicine residents participated in the 2013 FHC, which included:

- Training as educators and counselors from Einstein faculty and HBI staff to implement an 8-week course for approximately 180 schoolchildren, ages 7-11, on a weekly nutrition, physical activity, or environmental health topic.
 - A year-long intervention, wherein residents addressed a critical problem in the children's health environment on an individual, family, and community level in a classroom.
- To determine the impact that the FHC had on participating children, a pre-/post-intervention evaluation of self-reported behaviors targeted for the FHC was completed, along with open-ended questions about barriers and facilitators to the specific behavior changes.

Methods

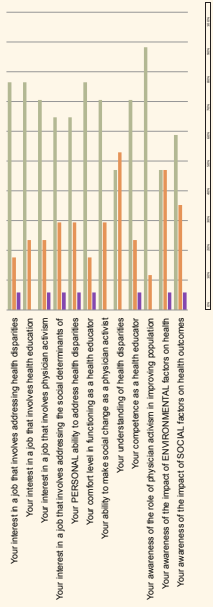
To determine the impact that the FHC had on participating residents, we developed and administered a web-based KAP survey at the end of the year, focusing on social and environmental determinants of health and the empowerment of resident physicians in addressing health disparities:



Results

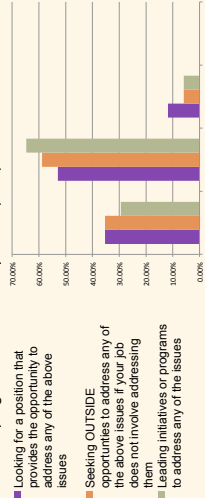
The program raised residents' awareness of social and environmental issues. The program increased the self-reported competence of 73% of participants as health educators. 87% of the participants stated that FHC increased their awareness of the role of physician activism in improving population health:

To what degree did participation in Family Health Challenge affect the following:

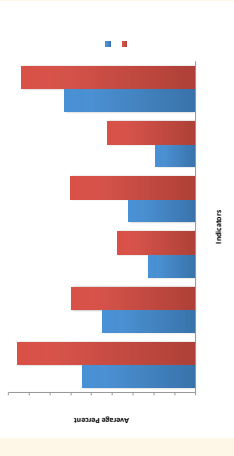


Results

The majority of participants also reported an interest in pursuing a career that provides opportunities to address health disparities (87%), and to lead initiatives or programs on health disparities (83%):



Children who participated in the FHC demonstrated improvements in 6 of 9 behaviors targeted for the intervention:



Significance

Social and environmental determinants of health, including community nutrition and physical activity, are not covered extensively in graduate medical education, despite their profound impact on patient outcomes. The FHC provided a unique opportunity for residents that:

- Increased self-reported knowledge and awareness of social and environmental issues
 - Increased competence as health educators
 - Increased interest in pursuing a career that addresses health disparities
 - Improved health behaviors of participating children
- Moving the intervention out of the hospital and into the community contextualized residents' care of underserved populations and serves as a model that could be implemented more broadly in residency programs.

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References

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