

## Enhancing Community Health by Improving Physician Participation

Crump C<sup>1,2\*</sup>, Ariella G<sup>1,2</sup> and Calman NS<sup>1,2</sup>

<sup>1</sup>Department of Family Medicine and Community Health, Icahn School of Medicine at Mount Sinai, New York, USA

<sup>2</sup>Institute for Family Health, New York, USA

\*Corresponding author: Casey Crump, M.D., Ph.D., Department of Family Medicine and Community Health, Icahn School of Medicine at Mount Sinai, One Gustave L. Levy Place, Box 1077, New York, USA, Tel: (212) 659-1471, Fax: (212) 423-2998, E-mail: [casey.crump@mssm.edu](mailto:casey.crump@mssm.edu)

Received date: September 22, 2016; Accepted date: October 13, 2016; Published date: October 17, 2016

Copyright: © 2016 Crump C, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Abstract

Leading medical associations have called for renewed standards of medical professionalism, including stronger public advocacy, a commitment to social justice in health care, and greater community engagement. New strategies are needed to enhance community participation among physicians, which can improve public trust in the medical profession and contribute needed expertise and teamwork to matters of community health. One strategy is to incorporate community participation and leadership in medical training through community-based organization (CBO) placement of residents. We describe a model CBO placement program within a family medicine residency in Harlem, New York City. This program enables residents to partner with organizations that address social, political, economic, and environmental determinants of health in underserved populations, and to assume leadership roles in community health activities. Broader implementation of this model in other settings, both urban and rural, can enhance community participation by physicians within a sustainable framework, and promote medical professionalism and community health.

**Keywords:** Community health services; Physicians; Professionalism

### Introduction

Physicians have played a vital role in solving community health problems for centuries. However, by various measures, their overall public role and community advocacy have weakened over the past 50 years [1]. This change has been attributed to the rapidly changing health care landscape that has placed more demands on physicians, an increasing fragmentation of organized medicine, and a public perception of self-interest within the medical profession in promoting the interests of its members [1-3]. In response to these challenges, leading medical associations have called for renewed standards of medical professionalism, including stronger public advocacy, a commitment to social justice in health care, and community engagement [2,3]. Greater community participation by physicians is critically needed to promote public trust in the medical profession and provide expertise and teamwork on matters of community health [4].

Few studies have examined community participation among physicians to identify important predictors or barriers. In a 1998 survey of 247 early-career primary care physicians, nearly two-thirds reported speaking to a community group about health issues in the previous 2 years, and one-third reported actively working with a community group to address a local health problem [5]. In a 2006 survey of 1,662 primary care and specialty physicians, 95% of physicians regarded community participation as important, whereas 54% had provided health-related expertise to local community organizations (e.g., school boards, parent-teacher organizations, athletic teams, local media) in the previous 3 years [6]. Underrepresented minorities had higher odds than other physicians of being civic-minded or actively involved in their community, whereas family physicians and pediatricians had higher odds than general internists or specialists (general surgeons, anesthesiologists, and

cardiologists) of regarding community participation as “very important” [6]. Other components of medical training background or specific curricula were not examined.

New strategies are needed to promote community engagement among physicians within a framework that has realistic expectations yet can make positive impacts on community health. One strategy is to incorporate a sustainable model for community participation within medical training, through community-based organization (CBO) placement of residents. This approach is currently being implemented at the Harlem Family Medicine Residency, which is part of the Institute for Family Health (IFH) in New York. IFH consists of a large network of Federally Qualified Health Centers affiliated with the Icahn School of Medicine at Mount Sinai that provides comprehensive primary care to nearly 100,000 historically underserved patients in New York City and the Hudson Valley. The Harlem Family Medicine Residency, founded in 2012, provides highly accessible, longitudinal care to ~20,000 patients in Harlem, a culturally diverse and predominantly low-income community in New York City.

The CBO placement program is part of the Harlem residency’s 3 year community health curriculum that aims to provide an in-depth understanding of health care practice in underserved communities. Within the context of social, political, economic, and environmental determinants of health, residents learn how to address patients’ health issues at all levels, including family and community needs in connection with the complex health care systems of New York City and state and national health policy. The specific goals of the CBO placement program are to:

- Learn the mission, structure, and function of a community service organization
- Identify strengths and vulnerabilities of the surrounding community

- Understand mechanisms and strategies used to engage the community and
- Gain practical experience in leading community health activities for diverse, underserved populations.

This program is funded by the Teaching Health Center Graduate Medical Education program, which awards medical education funding directly to community-based primary health care sites.

In this CBO placement program, residents select a community service organization in Harlem and spend 4 to 8 hours per month

participating in ongoing projects or project development as mutually identified by the organization and residency program. Residents are expected to become an active team member of the organization and assume a leadership role in a specific community health activity during all 3 years of their residency. Each resident is assigned a senior mentor in the community organization who oversees the resident's activities and provides quarterly feedback. Residents have partnered with various community-based organizations that provide a wide array of social, educational, legal, housing, nutritional, and physical and mental health services to underserved populations in Harlem (Table 1).

Community-based organization	Services
Harlem Children's Zone	Educational, health, and food services for low-income children and youth
Harlem RBI	Year-round sports, educational, and enrichment activities for underserved children and youth
Lenox Hill Neighborhood House	Integrated social, educational, legal, housing, physical and mental health, nutrition, and fitness services
Little Sisters of the Assumption Family Health Services	Educational, health, parenting, childhood development, and food services
New York Common Pantry	Food and nutrition services for homeless or low-income individuals and families
Ali Forney Center	Housing for homeless lesbian, gay, bisexual, and transgender (LGBT) youth
African Services Committee	Educational, legal, housing, health, and food services for African immigrants and refugees

**Table 1:** Partner organizations in the Harlem community-based organization placement program.

The main challenge encountered in the CBO placement program is inconsistent scheduling given the busy nature of residents' clinical training responsibilities. We found that partnering with fewer organizations and assigning more residents to each organization was more successful and sustainable, because it allowed residents to work as teams and have at least one representative present more consistently. Identifying organizations with greater flexibility regarding resident scheduling and participation was also an important factor, despite risking a loss of focus on sustained development of projects. Additional follow-up will be needed to assess longer-term outcomes of this program, including its effects on community participation and leadership among these early-stage physicians later in their career.

This CBO placement program can potentially be implemented more broadly in other settings, both urban and rural, and not only in primary care but specialty training programs. Such programs can help foster community engagement and leadership within a framework of realistic expectations that are compatible with clinical practice and potentially feasible at any stage of a medical career. Broader implementation of this model in other settings can improve

community participation among physicians within a sustainable framework that helps renew the values of medical professionalism [2,3] and makes positive impacts on community health.

## References

1. Stevens RA (2007) Public roles for the medical profession in the United States: beyond theories of decline and fall. *Milbank Q* 79: 327-53, III.
2. Medical Professionalism Project (2002) Medical professionalism in the new millennium: a physicians' charter. *Lancet* 359: 520-522.
3. Wynia MK, Latham SR, Kao AC, Berg JW, Emanuel LL (1999) Medical professionalism in society. *N Engl J Med* 341: 1612-1616.
4. Gruen RL, Pearson SD, Brennan TA (2004) Physician-citizens--public roles and professional obligations. *JAMA* 291: 94-98.
5. Pathman DE, Steiner BD, Williams E, Toija R (1998) The four community dimensions of primary care practice. *J Fam Pract* 46: 293-303.
6. Gruen RL, Campbell EG, Blumenthal D (2006) Public roles of US physicians: community participation, political involvement, and collective advocacy. *JAMA* 296: 2467-2475.