



# **FAMILY MEDICINE LEADS EMERGING LEADER INSTITUTE: PUBLIC HEALTH ADVOCACY PROGRAM**

**Melissa Campos, MD**

**Scripps Chula Vista Family Medicine Residency**

**San Diego, CA**

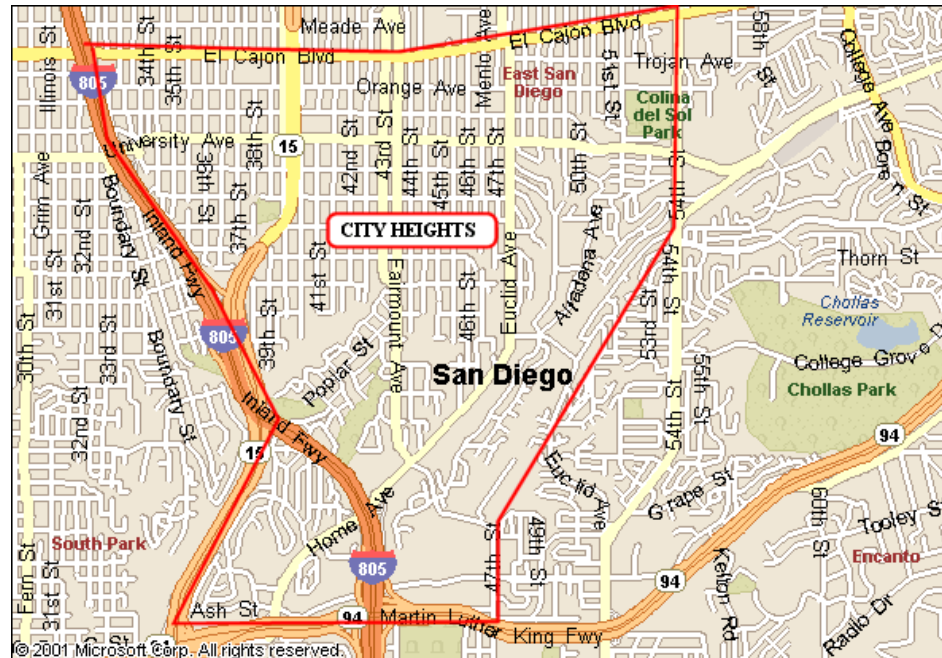
# OBJECTIVES

- Utilizing Stanford's Public Health Advocacy Curriculum, my objectives included:
  - Introduce the concept of public health
  - Identify community assets and barriers
  - Learn how to create a public health project
  - Empower the students to become agents of change in their communities
  - Inspire students to go into medicine



# HOOVER HIGH SCHOOL & CITY HEIGHTS

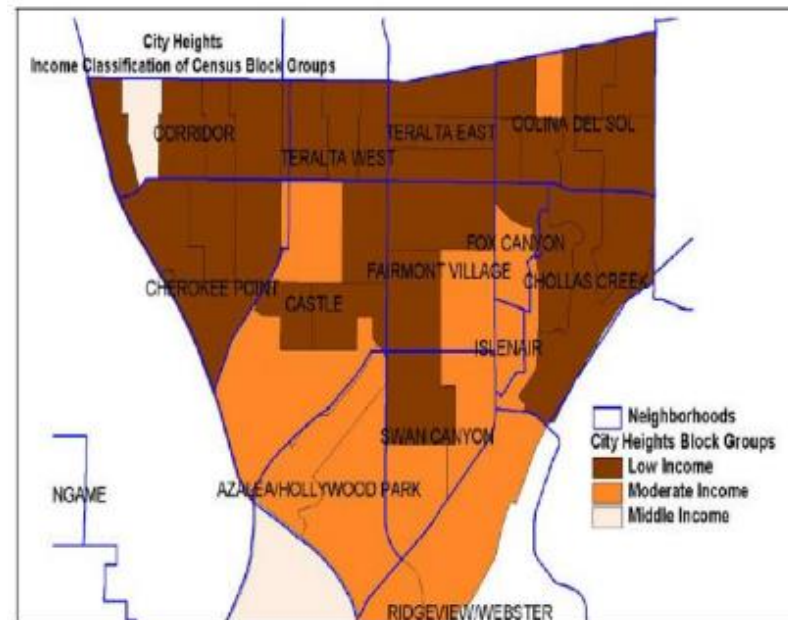
- Multiethnic, predominantly lower income area
- Approximately 40% of the population comes from immigrants from South America, Asia, and East Africa



# HOOVER HIGH SCHOOL & CITY HEIGHTS

- 71.9% of adolescents live in households below 300% of the Federal Poverty Level

Figure 4: Median Family Income in City Heights, 2012



Source: CUED (2013)



# CLASSROOM DEMOGRAPHICS

Demographics	Percentage of Class
Female	77%
Latino	60%
Asian	26%
Black	11%
White	0%
Other	3%



# SCHEDULE

- **We had 5 Monday morning sessions from 9am to 10:30am in an 10<sup>th</sup> grade English class comprised of 35 students.**
- **The sessions were as follows:**
  - Introduction to Public Health
  - Identifying Community Assets and Barriers
  - How-To: Health Disparities Advocacy Projects
  - Planning Session
  - Presentations



# INTRODUCTION TO PUBLIC HEALTH SESSION

- Discussed the difference between health equality and equity
- Discussed health case scenarios and addressed what made the individual healthy and unhealthy
- Discussed ways to make those individuals healthier



# IDENTIFYING COMMUNITY ASSETS AND BARRIERS SESSION

- Had students take pictures of their community in a PhotoVoice activity
- Discussed what was healthy and unhealthy in each picture
- We had the students come up with ideas to fix the community health issues brought up in those images





# HOW-TO: HEALTH DISPARITIES ADVOCACY PROJECTS SESSION

- Discussed project guidelines and examples
- Students self selected into 4 groups of interest:
  - Obesity
  - Air Pollution
  - Trash in the Community
  - Lack of Street Lights



# HEALTH ADVOCACY PROJECTS

- In essentially 1-2 weeks, the 4 groups addressed the 3 levels of advocacy—individual, service, and activism, and they created a project to address their public health issue
- Only 1 group changed their project
  - The “Trash in the Community” group came up with a new issue—Elder abuse and loneliness—as they were not passionate about the 1<sup>st</sup> issue
- All students wrote that they enjoyed the idea of the program
  - 1 student simply wished it wasn’t so “medicine-centric”



# SURVEY

## Part 2: Confidence assessment

The following section lists different topics. For each topic, please rate how confident you are in achieving each task. Rate your degree of confidence by recording a number using the scale given below:

**0**  
Not confident at all

**1**  
Moderately confident

**2**  
Highly confident

Confidence Interval  
(0-2)

- |     |   |       |
|-----|---|-------|
| 1.  | I will graduate from high school  | _____ |
| 2.  | After high school, I'm going to a Community College/JC  | _____ |
| 3.  | After high school, I'm going to a 4 year College  | _____ |
| 4.  | After high school, I'm planning on the military   | _____ |
| 5.  | Getting a job right after high school   | _____ |
| 6.  | I understand how social, cultural, economic, and/or political factors can influence health behaviors and health or disease outcomes | _____ |
| 7.  | I can identify public health issues in my community   | _____ |
| 8.  | I can create positive change in my community  | _____ |
| 9.  | I can work in a future job in health care   | _____ |
| 10. | I can become a doctor   | _____ |



# SURVEY RESULTS

Question	Pre-Program Confidence	Post-Program Confidence	P-value	95% CI
I understand how social, cultural, economic, and/or political factors can influence health behaviors and health or disease outcomes	1.31	1.91	$2 \times 10^{-6}$	1.8 to 2
I can identify public health issues in my community	1.09	1.91	$3 \times 10^{-7}$	1.8 to 2
I can create positive change in my community	1.5	1.91	$9 \times 10^{-4}$	1.8 to 2
I can work in a future job in health care	1.66	1.8	0.17	1.6 to 2
I can become a doctor	1.64	1.66	0.47	1.4 to 1.9



# CONCLUSION

- **The students were inspired to create change in their communities.**
  - In fact, many wished to implement their projects or to have had more time with the project to expand upon their ideas.
- **Overall, interest in a career in medicine did not change as a result of this program.**
  - Many of the students were already interested in working in the medical field prior to the program.



# FUTURE DIRECTIONS

- Follow up with these students in the future to see if they have become involved in the community
- Consider a summer or after school session to allow the students leave the classroom and explore their community more easily



# REFERENCES

- Bliesner, J. and Bussell, M.R. (2013, August). The Informal Economy in City Heights. Retrieved from [http://www.cityheightscdc.org/wp-content/uploads/The-Informal-Economy-in-City-Heights\\_Final-Version\\_August-26-2013.pdf](http://www.cityheightscdc.org/wp-content/uploads/The-Informal-Economy-in-City-Heights_Final-Version_August-26-2013.pdf)
- Various images from Google.com search
- Picture of tomatoes from student, K. P.
- Picture of pollution from student, J. R.



The left side of the slide features a decorative vertical band with several thin, parallel lines in shades of brown, tan, and white. To the right of these lines are five solid orange circles of varying sizes, arranged in a cluster that tapers towards the bottom.

**THANK YOU!**

**ANY QUESTIONS?**