Introduction

Our learning community is made up of 7 first-year MPH students and 1 first-year medical student. Our focus is on increasing engagement of parents and guardians in the health of their children.

Healthy Kids, Healthy Families, Healthy Homes

We had 2 partner sites:
- Southeast Children’s Fund
- Marie Reed Elementary School

Southeast Children’s Fund is largely low-income and African-American, while Marie Reed is also low-income but is more ethnically diverse, with a large amount of Hispanic residents.

Why here, why now?

76,753 students were enrolled in DC Public Schools and Charter Schools in FY12, all of whom have to get a Universal Health Certificate filled out every year by their guardian and health provider. The complexity of our healthcare system makes many uninsured and underinsured families have difficulty in accessing the health care system. This problem delays the services that need to be done and prevents children from enrolling in school on time. Furthermore, the lack of access prevents families from being monitored and counseled on healthy eating and healthy behaviors, which creates a barrier in these communities. Thus our goal was to enable parents and guardians to advocate for their children's health by providing helpful resources.

Starter Project: What We Did and How We Did It

Service Project Process Details

- A regular weekly meeting date was set to facilitate regular communication
- Initial site visits and coach meetings were conducted to determine priority populations and greatest need for each site
  - Southeast Children’s Fund: Board meeting and Halloween party
  - Marie Reed: Mental Health Team meeting
- Resources for binders were chosen and assembled; teams chose sections on which to become experts and create interactive tools to demonstrate key elements of resource binder
- Implementation times were scheduled
  - Marie Reed implementations: increased knowledge/awareness, built advocacy skills, addressed attitudes and perceptions about immunizations, child development stages, over-the-counter & prescription medications, communicating with healthcare providers, health & nutrition literacy, whole vs. processed foods, and family activities around health topics
  - Southeast Children’s Fund implementations: attended parent training graduation, creating an educational webinar/video to explain binder resources, will attend summer science fair

Changes in the Community

- Although we did not collect any data, increase in knowledge and positive attitudes were observed
- Parents and guardians have more resources (resource binder) to advocate for their children’s health and there is potential for the resources to be disseminated to others in the community

Recommenations

- Implementation dates should be planned at the start of the year
- Projects should be started even if the dates are not decided at the moment
- While this group was focusing on guardian engagement, children should be included in the implementation as well
- Scheduling a weekly meeting is an effective way to keep track of the group
- Understanding best methods of communication with sites and coaches (i.e. email, phone, text) in the beginning will be beneficial when coordinating events

What We Learned

This experience helped us better understand what it means to work in a team and how to work with others with different personalities and work ethics. Throughout this experience, we have all discovered how differently each one of us operate, whether it’s communicating (i.e. email, phone, text), taking on various levels of responsibility, or the level of commitment a person is able to give. While we tried to adhere to our timeline, we learned the importance of being adaptable to changing conditions on our team and at the sites. We all had different strengths and weaknesses which allowed our team to grow and work very well together. The knowledge and skills acquired in ISCOPES will be useful in our future team-based projects.

Kudos

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