Objective
To maximize resident engagement with advocacy and understanding of social determinants of health through:
1) Encouraging community involvement
2) Restructuring curriculum to maximize flexibility and personalize resident experiences
3) Leveraging faculty mentorship

Background
- Pediatricians play a valued role in their communities as patient and community advocates
- ACGME mandates that pediatric residency programs provide training in advocacy but does not specify how, and thus great variability exists
- Yale advocacy and social determinants of health curriculum was under-utilized among pediatric trainees

Organizing Principles:
- Maximizing faculty mentorship
- Highlighting city and community entities that advocate and serve families
- Facilitating scholarship and peer teaching

Implementation: Partnering with 18 faculty members, we created 7 HL tracks:
1. Adolescent
2. Early Care and Education
3. Global, Refugee, Immigrant Health
4. Injury Prevention
5. Medical-Legal Partnership
6. Medically Complex Care
7. Promoting Healthy Behaviors

Results
- Pre-intervention survey (Fall 2016):
  - 7% said extracurriculars important in determining post-residency plans
  - 1/3 said activities outside the hospital motivated them to enter pediatrics
  - High levels of desire for engagement with the community (8.3/10)
  - Low levels of confidence in ability to advocate for patients (4.5/10)
  - 23% correctly named the New Haven mayor
  - 66% named three community organizations that pursue children's health
  - Over-estimated % of children in New Haven living in poverty (average=46%; actual=34%)

- Participation: 42 residents have logged 169 diverse HL activities ranging from attending gun buy-backs to creating a breastfeeding curriculum for recent refugees

Conclusions
- Baseline advocacy knowledge and attitudes are low, suggesting a need for improved community engagement and advocacy education
- Early results indicate that residents are utilizing the flexibility of the curriculum and engaging in a diversity of community activities

Future Directions
- Expand curriculum to build peer teaching
- Qualitative study of residents’ response to the curriculum
- Post-intervention study of advocacy knowledge and attitudes
- Pre-survey for the incoming intern class (recruited with known availability of HealthyLives) to assess baseline attitudes and knowledge toward advocacy