Building a Systems Approach to Community Health and Health Equity for Academic Medical Centers

Request for Applications
Deadline for Applications: October 28, 2016
The AAMC Accelerating Health Equity Advancing through Discovery (AHEAD) initiative seeks to identify, evaluate, and disseminate effective and replicable AAMC-member-institution practices that improve community health and reduce health inequities. This research partnership will support the creation and dissemination of evidence-based strategies to address prioritized community health needs. For more information about AHEAD, please visit www.aamc.org/AHEAD.

This project is supported by grant number R13HS024884 from the Agency for Healthcare Research and Quality. This award includes funds for 12 months of support effective September 1, 2016. Pending the availability of funds, future-year budget periods will cycle on September 1, 2017.
Background

As a result of health care reform, identifying solutions to seemingly intransigent health and health care inequities has become more urgent for academic medical centers (AMCs), which are now at financial risk for medical and social conditions over prolonged periods of time. To make health care safer, higher quality, and more accessible, affordable, and equitable, AMCs and their public health and community partners are developing targeted actions to address issues related to community health, population health, and health equity. For example:

- Health care leaders are experimenting with alternative payment models and delivery systems, such as accountable care organizations (ACOs) and patient-centered medical homes (PCMHs), to connect community health improvement activities with the management of the patient populations for whom they care.
- Not-for-profit hospitals, in collaboration with public health experts and local community members, must conduct triennial community health needs assessments (CHNAs) to identify intervention points to improve the well-being of local neighborhoods.
- In response to Accreditation Council for Graduate Medical Education (ACGME) expectations of the clinical learning environment, residency program directors are developing ways to educate trainees on quality-improvement strategies for identifying and minimizing health care disparities.
- To improve local health and build community capacity, scientists are embarking on community-engaged and community-partnered research that incorporates community expertise in all stages of the research process.
- AMCs are creating robust partnerships and education programs for developing a diverse health professional workforce to foster cultural competency and inclusivity and to better serve local communities.

AMCs often engage in activities like those mentioned above with minimal collaboration or coordination. To have greater impact on both the health of local communities and on AMCs’ priorities related to their clinical care, education, and research missions, it is paramount to weave these activities into a coherent, efficient, and mutually reinforcing system aimed at improving health outcomes and minimizing inequity. Although opportunities exist to convene individuals who play similar roles at different institutions so they might share lessons learned and spread successes, rarely is there a protected workspace to bring together individuals who approach issues of population and community health from distinct angles and in distinct, though potentially complementary, roles.

To address this critical gap and to improve the quality and effectiveness of health promotion and health care delivery for communities and patients, the Association of American Medical Colleges (AAMC) is seeking applications for institutions to participate in a multiyear series of meetings focused on “Building a Systems Approach to Community Health and Health Equity for Academic Medical Centers.”
Specific Aims of the Meeting Series

Over the course of three proposed annual meetings, we aim to:

1. Create a protected workspace for interprofessional academic medical center teams (e.g., community benefit lead, designated institutional official (DIO) responsible for GME accreditation, community-engaged scientist, chief medical/nursing officers, quality improvement leaders, diversity and inclusion leads, and community health worker) and their public health and/or community partners to meet for the purpose of identifying crossover priorities and opportunities for enhanced clinical, educational, programmatic, and scientific collaboration.

   This will be accomplished through the requirement that institutions applying to participate in the meeting series assemble a team composed of individuals with the portfolios and institutional leverage to forge new, enduring collaborations across mission areas. A letter of support from institutional leadership will also be required.

2. Deploy site-specific implementation plans that bring together clinical, research, educational, and administrative community health efforts into a system of mutually reinforcing, sustainable activities.

   This will be achieved through a combination of the following:
   • Interactive panel discussions with leaders in community health and academic medicine
   • Opportunities for peer-to-peer learning between individuals in similar roles across institutions
   • Check-ins and virtual meetings between annual workshops to troubleshoot and solidify implementation and evaluation plans

3. Develop a research and evaluation strategy to enrich and assess the implementation of the site-specific plans and their outputs/outcomes for communities, the health system, and learners.

   This will be accomplished through the following:
   • An iterative process to identify metrics important to various stakeholders within the participating institutions and the communities they serve
   • A clear delineation of the activities, outputs, and outcomes related to the proposed collaborations
   • One year of post-implementation data collection to evaluate site coordination plans
Eligibility

Institutional teams will be selected to attend the series of meetings through a competitive application process. To receive this award, institutions must be members of the AAMC. Teams of up to six individuals are invited to apply. Teams must be composed of individuals with the portfolios and institutional leverage to forge new, enduring collaborations across mission areas. Appropriate team members might include, for example, community-engaged scientists, hospital community benefit directors, quality improvement officers, service learning coordinators, nursing leadership, representatives from local public health departments, and representatives from partnering community-based organizations. By submitting this application, an institution's team is committing to attend three annual in-person meetings and four virtual meetings, and to complete and submit prework in advance of some or all of these meetings. The introductory webinar for new awardees will be held on January 10, 2017, at 1 pm ET, and the first annual in-person meeting is scheduled for February 23, 2017, at AAMC headquarters in Washington, D.C.

Award

The Agency for Healthcare Research and Quality (AHRQ) and the AAMC will provide funds to support six institutional teams of up to six members each to attend three annual in-person and four virtual meetings. Funding is available to cover transportation and lodging associated with travel to the three annual in-person meetings, which will be held in Washington, D.C. The AAMC will provide meals (not covered with AHRQ funds) during the in-person meetings.

Application Submission

The application is provided as a separate document (fillable PDF). In the space provided on the application, enter responses related to relevance, team composition, current activities, and opportunities for mentorship. The application package should also include letters of support from institutional leadership and community organization leaders.

Submission Deadline

The application and all supporting documents must be received by October 28, 2016, at 5 pm ET. Send the complete application package (application form, résumés/CVs, and letters of support) to healthequityresearch@aamc.org.
Criteria for Selection

Six institutional teams will be invited to attend the meeting series. A panel of experts will evaluate each application on the following criteria:

- Depth of support from institutional and community leaders, including letters of support.
- Evidence of ongoing, collaborative, institutional efforts across research, clinical, and education missions to address community health and health disparities.
- Ability of the team members to contribute to the work plan and implement identified strategies at their home institution.
- The interprofessional nature of the team.
- Existence and description of partnerships with collaborators external to the institution (e.g., community residents, public health) whose collaboration will be necessary to implement identified strategies successfully.
- Ability of the applicant team to evaluate its efforts and provide process and outcome data to the AAMC.
- The commitment of all team members to attend all three workshops, participate in related virtual meetings, and produce deliverables in a timely fashion.
  - Introductory webinar for new grantees: January 10, 2017
  - First in-person meeting at the Association of American Medical Colleges, Washington, D.C.: February 23, 2017

Application Review

A review team consisting of 10 representatives from across AAMC work units (i.e., Scientific Affairs, Medical Education, Health Care Affairs, Diversity Policy and Programs) will convene to review all complete applications.

Evaluation and Monitoring

During the second or third year, AAMC project team members will visit each of the six participating institutions to assess current implementation activities, troubleshoot, engage institutional leadership, and meet with the medical center, the community, public health partners, and any other parties who might not have attended the workshops.

Additionally, each of the six participating teams will provide the AAMC with annual written progress reports that include:

Year 1: A description of activities related to development of site-specific plans
Year 2: A description of the implementation strategies and the development of process and outcome evaluations
Year 3: A description of the outcomes from metrics implemented in Year 2
The AAMC will offer successful applicants:
1. As-needed consultation by AAMC members and staff experts
2. Travel support for up to six team members to attend three annual in-person meetings at AAMC headquarters in Washington, D.C., for institutional teams to share progress and problem solve
3. Opportunities to showcase accomplishments and share challenges and lessons learned with a national audience through webinars, conference presentations, and other AAMC communication vehicles
4. Opportunity to collaborate on articles for peer-reviewed journals

Questions

Direct all inquiries and communications to:
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