Legislative Advocacy: Evaluation of a Grand Rounds Intervention for Pediatricians

Rachel Bensen, MD, MPH; Heidi Roman, MD; Melina Bersamin, PhD; Yi Lu, BA; Sarah Horwitz, PhD; Lisa J. Chamberlain, MD, MPH

From the Lucile Packard Children's Hospital at Stanford University, Palo Alto, Calif (Dr Bensen); Division of General Pediatrics, Santa Clara Valley Medical Center, San Jose, Calif (Dr Roman); Department of Child Development, California State University, Sacramento, Calif (Dr Bersamin); Department of Anthropology, Stanford University, Stanford, Calif (Mr Lu); Center for Health Policy, Stanford University, Stanford, Calif (Dr Horwitz); and Division of General Pediatrics, Department of Pediatrics, Stanford University School of Medicine, Palo Alto, Calif (Drs Horwitz and Chamberlain)
The authors declare that they have no conflict of interest.
Address correspondence to Rachel Bensen, MD, MPH, 750 Welch Rd, Ste 116, Palo Alto, CA 94304 (e-mail: bensen@stanford.edu).
Received for publication August 27, 2012; accepted August 19, 2013.

Abstract

Objective: To evaluate the impact of a Grand Rounds Action Alert (GRAA) intervention on the behaviors, knowledge, and attitudes of pediatric grand rounds (GR) attendees; and to assess its acceptability.

Methods: A cross-sectional, quasi-experimental study was performed at a freestanding children's hospital. GRAA on child health legislative topics were presented in the first 2 minutes of the pediatric GR session as well as posted outside. Each session included an action item, such as writing/signing letters to elected officials or informational sheets with legislator contact information. Main outcome measures included self-reported behavior, advocacy knowledge, attitudes, and acceptability.

Results: One year after GRAA implementation, GR attendees with high exposure to the intervention were more likely to have written/signed a letter to a legislator compared to those with low/no exposure (60% vs 35%, $P = .016$). Those with high exposure were also more knowledgeable regarding financing of health care for low-income children (20% vs 5%, $P = .027$). Attitudes toward advocacy at baseline were positive: respondents agreed it is important to remain informed about (98%) and advocate for (94%) legislation favorable to children's health. Implementing this program was challenging, but the intervention was accepted favorably: 93% of respondents agreed that GRAA should continue.

Conclusions: GRAA facilitated participation in legislative advocacy behaviors while improving self-perceived knowledge of legislative issues relating to children's health. They were well received in a large tertiary children's hospital.

Keywords: advocacy; education; grand rounds

Academic Pediatrics 2014;14:181–185

What's New

A Grand Rounds Action Alert (GRAA) intervention covering timely child health legislative topics increased physician participation through communication with legislators, increased knowledge about the financing of health care for low-income populations, and was well received at a children's hospital.

THE THREATS TO child health are deeply intertwined with a family's economic, social, and environmental conditions.[1–4] Thus, pediatricians increasingly need to engage at the community[5,6] and policy levels[3] to improve child health. Accreditation bodies charged with shaping pediatric[7] and other medical training[8] have responded by increasing community and advocacy training requirements.[9,10]

The public role for physicians is defined "assuming responsibility for addressing health-related matters beyond care of individual patients."[11] Despite recent debate whether a public role should be an expectation of all physicians,[12] an overwhelming majority of physicians and pediatricians endorse the centrality of this role.[11] Although some research has been done on advocacy training within pediatric residencies, there is little evidence for how to effectively engage practicing pediatricians. Physicians are less civically engaged than their peers of comparable socioeconomic status,[13] and pediatricians demonstrate less political engagement than anesthesiologists and general surgeons.[11] Furthermore decreasing engagement in community health activities has been reported,[14] citing lack of time being a barrier.[15]

An untapped opportunity to engage pediatricians in advocacy activities is weekly grand rounds (GR).[16] A series of brief presentations, called Grand Round Action Alerts (GRAAs), were given at the beginning of GR to educate and provide an opportunity for pediatricians to engage in advocacy activities. The project's goal was to implement and assess the effectiveness and acceptability of the GRAA model. Our hypothesis was that exposure to GRAA would increase advocacy behaviors (writing to or calling legislators) and improve self-perceived knowledge of legislative issues of GR attendees.

METHODS

SETTING

The study was conducted in a large quaternary, free-standing children's hospital between March 2009 and May 2010. The Department of Pediatrics holds weekly GR consisting of an hour long presentation, typically attended by 60 to 90 individuals.

PARTICIPANTS

Attendees at GR include pediatric providers from a wide range of backgrounds: medical students, residents, fellows, retired and active, academic- and community-based physicians, nurse practitioners, physician assistants, pharmacists, physical therapists, support staff, child life specialists, and community members. Inclusion criteria were attendance at pediatric GR. Exclusion criteria included being any type of student (including medical, pharmacy, or physical therapy), given their transient nature in the department and thus their ability to attend GR. GR attendance varied from week to week, resulting in a high degree of variability in exposure to the intervention.

INTERVENTION

GRAA focused on timely child health legislation, consisted of 4 to 5 PowerPoint slides presented in the first 2 minutes of GR by 2 of the authors (LC and RB). A variety of topics were presented (Table 1), with 2 recurring themes: the impact of national health reform proposals on children and the California budget shortfall. GRAA were not considered to be formally a part of GR, but they preceded GR and were not included in the Continuing Medical Education provided at GR. Opportunities to take action included signing letters and being provided with key talking points for calling legislators. A summary of the PowerPoint presentation was placed on a table outside the auditorium near the coffee provided for GR attendees, providing information to latecomers. Resources from the American Academy of Pediatrics and a variety of local and national child health advocacy organizations were utilized in preparing presentations and action items. All topics and presentations were approved by the hospital director of government relations before presentation.

SURVEY

An anonymous survey was used to assess the behaviors, knowledge, and attitudes of pediatric GR attendees. The survey utilized both dichotomous yes/no and a 5-point Likert scale ("strongly disagree" to "strongly agree"). Space was provided for respondents to provide open-ended feedback on the intervention. The survey was developed in consultation with a research scientist familiar with survey design (MB), piloted with 10 individuals, and then revised for clarity. The baseline survey had a total 35 brief items, while the follow-up contained 29 items and took 4 to 5 minutes to complete. When possible, questions were adapted from existing survey tools.[17,18] Cronbach's alpha scale assessed the survey's internal reliability within the domains, ranging from .86 (knowledge) to .91 (attitude). This was not done for the behavior domain because Cronbach's alpha scale is not typically used for binary outcomes, precluding measuring aspects of the construct in a comparable way. Instead, a summative scale was created cataloging completed activities.

Surveys were distributed to all attendees of pediatric GR lectures upon arrival to the auditorium. Data were collected before the first GRAA (baseline) and at 1 year. Because attendance at GR varied weekly, surveys were collected for 2 consecutive weeks at each time point with verbal instructions to complete the survey only if one had not completed it the previous week.

ANALYSIS

We dichotomized GRAA attendance into 0 to 1 (low/no exposure) and 2 or more sessions (high exposure) because of the way the data clustered creating a natural breakpoint. Approximately half of the respondents attended between 0 and 1 sessions, while the second half attended 2 or more (n = 43, 49%, and n = 45, 51%). Because of small cell sizes, calculating a dose response was not possible, but collapsing the small cell sizes allowed us to examine the impact of the intervention. Chi-square analyses by

Table 1. Grand Rounds Action Alert Topics

Introduction to Grand Rounds Action Alerts

State

- California special election—discussed ballot measure that threatened funding for First 5 programs (a system of education, health services, child care, and other programs for children up to 5 years of age) and mental health services.
- Multiple sessions highlighting the impact of impending California budget cuts with decreased funding for CHIP on access to care and child health.
- Implications of proposed cuts to the state poison control program.
- Potential impact of proposed changes in eligibility to the Early Start program.
- Support for maintaining California's Title 5 Program, California Children's Services.
- Proposed state legislation to ensure access to drinking water in public schools.
- Proposed legislation to insure adequate vaccine reimbursement in California.

Federal

- Reviewed key features of the recently enacted CHIPRA.
- National health reform—multiple sessions discussed the potential impact on children's health and how to contact one's representative to encourage attention to these issues.
- Federal legislation—discussion of preservation of Antibiotics for Medical Treatment Act, and information presented on a federal bill proposing to limit the nonmedical use of antibiotics.

CHIP = child health insurance program; CHIPRA = children's health insurance program reauthorization act of 2009.