



THE DYSON COMMUNITY PEDIATRICS TRAINING INITIATIVE
NATIONAL EVALUATION OFFICE
Women's and Children's Health Policy Center
Johns Hopkins Bloomberg School of Public Health

DINE FINDINGS SNAPSHOT – SPRING 2008

Begun in 2000, the Dyson Initiative National Evaluation (DINE) was designed to conduct an independent assessment of the short- and long-term effects of the Community Pediatrics Training Initiative (CPTI) on both pediatric residency training programs and on careers of individual pediatric residents. This longitudinal study is examining change across all Dyson funded programs. In addition, the DINE has yielded a considerable body of information on the nature and scope of community pediatrics residency training and practice nationally that will benefit the field into the future.

National data indicate that while the degree of emphasis on community pediatrics remained stable over the course of the project, funded programs successfully adopted robust curricular changes that enhanced pediatrician predispositions and skills for promoting community child health.

The cross site evaluation has found differences early in the careers of the first few cohorts of CPTI-trained physicians. The DINE survey of CPTI physicians in 2010 will yield important information about career paths, community activities and child health leadership roles of pediatricians trained at these programs. At that point in time, all 921 will be at least one year out in practice; one half will have been in practice for 5 years post-residency.

DINE Study Methods

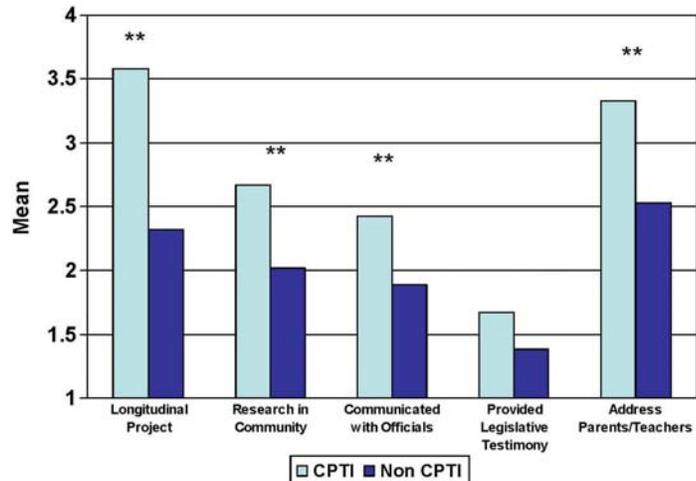
- Annual surveys of 900+ CPTI residents and graduates.
- In-person interviews with residents, program faculty, and medical institution leaders.
- Annual surveys of 250+ CPTI program faculty.
- National comparison surveys of residents, pediatric residency program directors, and pediatricians in practice.

CPTI Promotes Change in Programs

CPTI funded residency programs offer enhanced community pediatrics training compared to other programs by providing more experiences in community settings, more exposure to elected officials and more participation in community projects. In addition:

- CPTI programs are better able to meet competency requirements in patient care and advocacy.
- Community pediatrics at funded CPTI residency programs is now more visible among CBOs and within the medical school.

Resident Involvement CPTI vs. Non CPTI, 2005



Data reported for 12 CPTI-funded and 144 non CPTI-funded residency programs. Scale 1-4, 1=Not at All, 2= Somewhat, 3=Moderately, 4=Heavily ** P < .01

CPTI Enhances Participation in Community Child Health Activities During Residency

CPTI residents, relative to their peers nationally:

- Receive more training in schools, community health centers, and public health departments.
- Are more likely to have a mentor who is a community member.

CPTI residents credit their enhanced knowledge and skills to their training curricula.

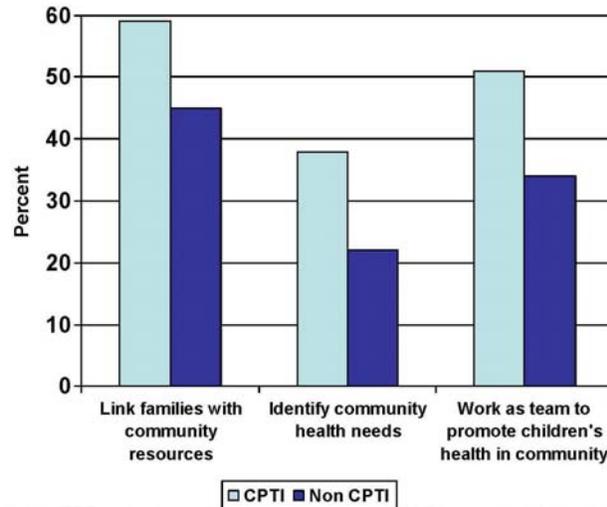
CPTI Physicians Early in Their Careers

More than half of the 115 CPTI graduates, who completed their residency 3 years ago, report being particularly skilled to collaborate with community organizations and to link families with community resources.

Within 3 years of completing residency, CPTI graduates increasingly:

- Serve on boards of community organizations
- Work in practices that provide literacy programs and social services
- Give talks to parents, teacher or other community groups
- Communicate with the media
- Educate legislators

Skills of CPTI Graduates vs. National Peers, 3 Years Later



Data reported for 79 CPTI graduates and 242 non-CPTI respondents, ages 31-36 years, to AAP Periodic Survey #60. All $p < .05$.

With the DINE 2010 Survey, We Will Learn:

- Extent to which CPTI graduates assume leadership positions and engage in systems change in their communities.
- The community child health activities in which all 921 CPTI-trained physicians are engaged once substantially established in their careers.
- How skills acquired during residency translate into providing medical homes for children.
- What community characteristics, colleague supports, and personal factors play a role in promoting community pediatrics.
- Extent to which CPTI graduates are training the next generation of pediatricians.

The DINE Team is especially grateful to the residents, faculty, administrators and community leaders who share their time and experiences with us to assess the impact of the CPTI. Their insights and information are helping shape the field of community pediatrics currently and for many years into the future.

We are greatly indebted to our colleagues who serve as members of the DINE National Advisory Committee: Gregory Blaschke; O. Marion Burton; Carol Carraccio; Stephen Downs; David Heppel; Jeffrey Kaczorowski; Phillip Nader; Judith Palfrey; Kenneth Roberts; Lee Sanders; Donald Schwarz; Jeffrey Stoddard; Thomas Tonniges; Patricia Volland; Daniel West; and Earnestine Willis.

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