The Healthy Bronx Initiative
CAMILLE RODRIGUEZ, MD, Jacobi Medical Center
ALYSSA RUIZ, MARAH RAMIREZ, MPH, VIVIAN FERNANDEZ, MPH, FARBOD RAISZADEH, MD, PHD,
Committee of Interns and Residents

In 2011, the CIR members of the Bronx created the Healthy Bronx Initiative (HBI) with the goal of going beyond the hospital walls to understand the context in which our patients lived. By identifying and tackling the root causes of health problems in our community, we broadened our role as service-oriented providers but found that we were ill-prepared to address the environmental and behavioral factors that not only influence health but prevent diseases.

To address this problem, we incorporated one of CIR’s four core values, service, to implement a model that would improve the quality of care we provide to our community. Through service, we hoped to gain a better understanding of the conditions our patients face in our community and be better informed when advising and treating them. Since then, CIR has developed other service-oriented programs, including the Family Health Challenge, which is tackling one of the most serious health concerns – child obesity. By educating and encouraging healthy behavior changes in the classrooms of school-age children, residents that have participated in the Family Health Challenge are making strides to halt the progression of obesity in the Bronx and finding that they are in fact learning along the way.

Below is the culmination of a year’s worth of work and data regarding the implementation and dissemination of the Family Health Challenge.
INTRODUCTION
The Bronx stands last among New York State counties in most health outcomes, including overweight and obesity. Almost half of children enrolled in the South Bronx Head Start program are overweight or obese.

OBJECTIVE
To address these health disparities, resident physicians of the Committee of Interns and Residents (CIR) created the Healthy Bronx Initiative (HBI). In January of 2013, the HBI collaborated with the Mary Mitchell Center (MMC) and Dr. Elizabeth Walker of the Prevention and Control Core (PCC) of the Einstein Diabetes Research Center to launch the Family Health Challenge (FHC), a childhood curriculum focused on healthy behavior changes administered by resident physicians.

METHODS
Thirty-nine Internal Medicine, Pediatrics, Emergency Medicine, and Family Medicine residents participated in the 2013 FHC, which included:

- Training as educators and counselors from Einstein faculty and HBI staff to implement an 8-week course for approximately 180 schoolchildren, ages 7-11, on a weekly nutrition, physical activity, or environmental health topic.
- A year-long intervention, wherein residents addressed a critical problem in the children’s health environment on an individual, family, and community level in a classroom.

To determine the impact that the FHC had on participating children, a pre-/post-intervention evaluation of self-reported behaviors targeted for the FHC was completed, along with open-ended questions about barriers and facilitators to the specific behavior changes.

RESULTS
The program raised residents’ awareness of social and environmental issues. The program increased the self-reported competence of 73% of participants as health educators. 87% of the participants stated that FHC increased their awareness of the role of physician activism in improving population health:

- To what degree did participation in the Family Health Challenge affect the following:

  - Your personal ability to address health disparities
  - Your intervention, steps to social health education
  - Your ability to advocate for policies that impact the health disparity
  - Your ability to bridge gaps in health knowledge and awareness
  - Your ability to advocate for structural policies
  - Your willingness to address health disparities
  - Your awareness of the role of physician activism in improving population health

  

SIGNIFICANCE
Social and environmental determinants of health, including community nutrition and physical activity, are not covered extensively in graduate medical education, despite their profound impact on patient outcomes. The FHC provided a unique opportunity for residents that:

- Increased self-reported knowledge and awareness of social and environmental issues
- Increased competence as health educators
- Increased interest in pursuing a career that addresses health disparities
- Improved health behaviors of participating children

Moving the intervention out of the hospital and into the community contextualized residents’ care of underserved populations and serves as a model that could be implemented more broadly in residency programs.

References