**Project Title:** Leveraging Clinical Programs to Enhance Community Partnerships with Academic Health Centers (AHC): A Case Study (Implementing Group Prenatal Care in Urban High Schools)

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**Collaborators:** Veronica Mallett, MD, Texas Tech University Health Sciences Center El Paso

**Background, Challenge, or Opportunity:** Established as the only health science center across the U.S./Mexico Border in 2013, TTUHSC El Paso summarized its core missions as “education, research, patient care...beyond borders.” Despite being a new institution, the community has held TTUHSC to the same standards of public accountability as most other well established institutions. TTUHSC El Paso recognizes that the relationship between the academic health center and its community is a critical leverage point for the future of AHC sustainability. Tying missions of the AHC to important societal needs can be a challenge but can be accomplished through community based education, research, clinical care, and service. Implementing clinical programs in the community can be an innovative way to enhance community partnerships. The high teen birth rate in West Texas and low graduation rates spotlights the need for innovative programs that provide the opportunity to engage with communities by bringing clinical programs such as teen group prenatal care to the local and surrounding high schools.

**Purpose/Objectives:** Explore, plan, and establish a pilot teen group prenatal care program in one of the local high schools. This will serve as an operational model that outlines the clinical, administrative and research infrastructure to be easily translatable to other locations and programs. Objectives include: 1) establish needs assessment 2) identify stakeholders and collaborators in the community 3) formalize agreements between participating institutions 3) launch a pilot program instituting the teen group prenatal care at a local urban high school 4) measure community impact and patient outcomes.

**Methods/Approach:**

**Exploration/ Needs Assessment:** 1) Initiate discussions with leadership 2) Held teen focus groups 3) Created a SWOT analysis to establish feasibility on implementation of the pilot and on the expansion of the program to surrounding counties.

**Planning Phase/ Engagement of Stakeholders:** Established a steering committee to establish the logistical needs and to make decisions to smoothly launch the program at the local high school.

**Pilot/ Demonstration Project:** The pilot project was launched in January of 2016.

**Outcomes and Evaluation Strategy:**

Assess impact of program: a) clinical: recruitment into group prenatal care, earlier enrollment into prenatal care, increased compliance to prenatal visits, adherence to immunizations and medications, decreased morbidity in delivery outcomes, assess breastfeeding rates, clinical volume and profitability, and reducing rapid repeat pregnancy rates.

Assess extent of collaborations (nurse family partnership, WIC, Medicaid, increased school attendance, community foundation involvement).

Assess institutional impact on community (scholarship, other program implementation, grant funding, creating a network of providers to improve upon clinical care and media coverage.

Impact on community (demand for similar services on a broader scale, sustainability, desire for broader education, broader community relationships).
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Sireesha Reddy, MD and Veronica Mallett, MD

Methods and Approach

### Exploration/ Needs Assessment:
- Initiated discussions with clinical leadership to have off-site clinics, leadership from school districts to assess the interest, with foundations to assess their support of the project, with principals of schools to assess their needs and support.
- Identified high schools and stakeholders who would have the most to gain
- Held teen focus groups to assess interest and needs
- Created a SWOT analysis to establish feasibility of implementation of the pilot program and on the expansion of the program to surrounding counties.

### Structure and Stakeholders

**Strengths**
- Expertise and Track record: only AHC that offers group prenatal care
- Credibility: Community looks to us to pave the way
- Leadership: Supportive that this is a worthwhile venture
- Commitment: Willing to do what it takes

**Weakness**
- Marketing
- Enrollment
- Institutional rigidity
- Inefficient resources

**Opportunities**
- Community engagement: media, school board, local leaders
- Increased clinical care revenue
- New opportunities for research
- New innovative way to offer clinical care
- Patient centered

**Threats**
- Competition
- Traditional methods
- Changes in leadership, staff, sponsors
- Stakeholders: parents

**Objectives**

1. Establish needs assessment
2. Identify stakeholders and collaborators in the community
3. Formalize agreements between participating institutions
4. Launch a pilot program
5. Measure community impact and patient outcomes

### Discussion

During the pilot phase, we had immediate stakeholder buy-in from the school board to the participating teens. The school district funded renovations of the on-site clinical practice area. There is one particular high school in the heart of the city that has over 200 pregnant and/or recently postpartum. The school has onsite daycare. We have had focus groups at that school to understand needs of the teens. We have administered demographic surveys and held intro sessions explaining the concept of centering/group prenatal care to the students, teachers, the principal, their counselors, social workers and at risk coordinators to elicit participation. We enrolled several teens who would not have had any prenatal care. They all were enrolled in insurance plans whereas three had no insurance coverage. They were 95% compliant with their prenatal visits. Only one student missed a visit because of missing a school day. The positive changes in enrollment, visit compliance is reassuring.

The program has had extensive media interest through newspapers and television coverage. Local foundations have expressed interest in partnership through education and event sponsorship. We have had interest from other schools in the area who have expressed interest in our program. We plan to submit a progress report to the school board with “case examples” and clinical outcomes.

### Future

The following outcomes will be a measure of the program’s effectiveness:
- Increase AHC’s participation in federal and foundation grants with significant community based components
- Recognition through AAMC Community Service Award, other community awards
- Development of university wide structures (office, centers) coordinating partnership initiatives with communities
- Incorporate community engagement activities into the institutional strategic planning process

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**Assess impact of program**
- clinically recruitment into group prenatal care
- earlier enrollment into prenatal care
- increased compliance to prenatal care
- adherence to immunizations and medications
- decreased morbidity in delivery outcomes
- increased breastfeeding rates
- clinical volume and profitability
- reduced repeat pregnancy rates

**Assess extent of collaborations**
- nurse family partnership WIC
- Medicaid
- increased school attendance
- community foundation involvement

**Assess internal institutional impact**
- scholarship
- other program implementation
- grant funding (MOU, LBWH, and PCORI)
- creating a network of providers to improve upon clinical care
- media coverage

**Assess impact on community**
- demand for similar services on a broader scale
- sustainability
- desire for broader education
- broader community relationships

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**Pilot/ Demonstration Project:** The pilot project was launched in January of 2016.

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