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Page: Family Medicine Philanthropic Consortium 2023 FMPC Grant Awards



Before completing this application, read the FMPC Grant Awards Program Eligibility Requirements

(<https://www.aafpfoundation.org/grants-awards/family-medicine-philanthropic-consortium-grants-program.html#>). This Webpage also contains Sample Grants from top-scoring applications.

IMPORTANT: Download the Budget Worksheet then upload as an attachment.

Submitted application *including* attachments **must not exceed 12 pages**. Longer submissions will be disqualified. If all entry fields are maxed out, your application will be approximately 4 pages; please limit attachments accordingly.

Completed application materials (budget and attachments) are due by 11:59 P.M. (Central Time), February 28, 2023.

DO NOT SAVE AND FINALIZE APPLICATION UNLESS BUDGET/ATTACHMENTS IS UPLOADED.

QUESTIONS? Contact Veronica Roberts at 913-906-6239 or email vroberts@aafp.org (<mailto:vroberts@aafp.org>).

We encourage all Chapter/Chapter Foundations to apply who are committed to supporting philanthropic projects focused on health priority areas and reflect the rich diversity of the specialty and the patients served.

Name

Title

Chapter/ Chapter Foundation Name

Oregon Academy of Family Physicians

Email

Phone

Mailing Address

Name of Chapter Executive

(if different than above)

Name

Title

Email

Phone

Mailing Address

US

Project Title

Primary Care Beyond Clinic Walls

FMPC Priority Area

PUBLIC HEALTH PROJECT (Focuses is on the health of families and communities by promoting healthy lifestyles; conducting research and/or providing education for disease and injury prevention; and/or projects that are humanitarian or service in nature that improve health of individuals or communities.)

Type of Project

EXISTING PROJECT (Either previously funded by FMPC or not previously funded)

Amount Requested from FMPC

\$7,000

Executive Summary

OAFP seeks to support collaboration among primary care, local public health officers (LPHO), and community-based organizations (CBOs) through this second year iteration of a pilot program focused on building effective, long-standing, collaborative relationships between CBOs, primary care providers, and public health. Participants will establish working relationships with CBOs focused on CBO needs, identified inequities, and social drivers of health. The scope of each project will be determined by the individual working in partnership with a CBO and/or LPHO and the PCBW mentors. Stipends of \$2,500 will be given to physicians and their partnering CBOs to support this work.

Goals of PCBCW include:

1. Establishing long-term relationships between our members and their communities
2. Enhancing physician reach with the goal of improving community health
3. Establishing infrastructure between primary care, CBOs and LPHs, enhancing the ability to respectfully and more rapidly respond to public health crises

Applications open January 17th, 2023 and close March 15th. Selected participants will be asked to attend the report-out panel session from the first PCBCW cohort on April 14th. Projects for this iteration will launch in May, and participants will receive weekly 1:1 mentoring from the PCBCW mentors as well as attend monthly cohort meetings and receive mentoring from members of the previous cohort. In August, cohort members will provide high-level feedback about their participation in the project and their progress. From September through October, participants will create written reports. From November to March 2024, participants will complete final evaluations while preparing their presentations for the spring 2024 annual conference. In April 2024, participants will share their findings and lessons learned, and the PCBCW team will begin disseminating information about the project and sharing a toolkit that can be used for interested AAFP chapters and other organizations to use when replicating similar projects of their own.

Target Audience

OAFP is seeking five to seven members for this project. Ideal candidates are those who have worked with their partnering community-based organization for at least one year, have experience participating in local public health, and wish to create projects with their partnering CBO based on needs outlined/related to the local Community Health Assessment or Community Health Improvement Plan. Data from our first iteration shows at least 55 connections were made by or on behalf of the five participants to support and share information about the work they are doing.

Interested members will be asked to complete an online application to express interest, outline their projects, describe the nature of the existing relationship with their partnering CBO, and outline the community needs they aim to address through their project. We will be advertising the application through local funders' networks, our weekly e-newsletter, our quarterly magazine, website, social media, and direct emails.

Problem/Need Statement

PCBCW seeks to address three needs: building an infrastructure between LPHO, CBOs, and primary care; addressing specific community-identified needs; mitigating physician burnout.

PCBCW arose out of the response to COVID-19. The missing infrastructure between local public health offices, primary care, and the community contributed to a scattered response to COVID-19 pandemic resulting in confusion among the community, especially within communities that already struggle to trust the healthcare system and government entities. This project aims to create this infrastructure by building relationships and creating connections and pathways for information, and it seeks to bring primary care physicians into the communities they serve to respectfully partner and respond to healthcare needs identified by those communities.

In addition, each applicant is strongly encouraged to choose projects based on their local community's community health needs assessment and/or community health improvement plan(CHA/CHIP). This data is specific to each community.

Finally, this project seeks to address physician burnout by providing consultation and moral support and allowing physicians to seek and engage in meaningful work that supports their communities. Each of the physicians from the pilot cohort has self-reported feelings of reduced burnout and increased feelings of support and job satisfaction. We will administer pre- and post- project burnout surveys to quantify these claims.



**Family Medicine Philanthropic Consortium
2023 FMPC Grant Awards Budget Worksheet**

INSTRUCTIONS:

- Complete and upload the budget worksheet with the application and attachments online.
- Completed application and attachments (budget and supporting documents) are due by 11:59 P.M. Central Time, February 28, 2023.
- Submitted application *including* attachments **MUST NOT EXCEED 12 PAGES**. Longer submissions will be disqualified.
- **QUESTIONS?** Contact Veronica Roberts at 913-906-6239 or email vroberts@aafp.org.

BUDGET

1. TABLE OF ALL FUNDING SOURCES FOR THIS PROJECT

	FMPC REQUEST	OTHER FUNDING	IN-KIND or NON-CA SH**	TOTAL BUDGET BY CATEGORY
STAFF & ADMIN <i>Include all staff and personnel, interns, consultants, volunteers, members, etc.</i>	\$ 0	\$ 83,674	\$ 0	\$ 83,674
SUPPLIES	\$ 0	\$ 250	\$ 0	\$ 250
EQUIPMENT	\$ 0	\$ 3,511	\$ 0	\$ 3,511
OTHER	\$ 7,000	\$ 19,171	\$ 0	\$ 24,171
TOTAL per Funding Source	\$ 7,000	\$ 106,606	\$ 0	Grand Total \$ 113,606
% of FMPC Staffing & Admin <u>Cannot exceed 30%</u>				
(*Calculate using FMPC Staff & Admin/Total FMPC Funding)	%0			

*For example, if total FMPC Request is \$2,000, FMPC Staff & Admin cannot exceed \$2,000 *.30=\$600.

**In-kind or non-cash donations can be goods, services or labor of people assigned to accomplish the project.

2. BUDGET NARRATIVE (500 words or less): This section should be comprehensive and address funding requested from FMPC, as well as funding from other sources and in-kind support. For all categories, please explain the need for the cost and how costs were estimated.

We are requesting \$7,000 from FMPC to disseminate information through written communications from third party sources and/or a professionally filmed and edited video from the annual conference. These written and filmed communications are to be shared with AAFP and state chapters as well as interested organizations and Coordinated Care Organizations throughout Oregon. If funds remain, the remainder will be used to help cover the travel and lodging costs for partnering CBO representatives to attend the annual conference to assist with answering questions and sharing feedback at the Primary Care Beyond Clinic Walls panel session.

The major expense for this project is personnel, and this budget reflects our learning from our first program cycle with respect to how funds are expended. We have dedicated a portion of staff time to this work, and have hired two consultants on a part-time basis to provide coaching and support to the physicians. Especially in this second cycle, we will also dedicate resources toward tools and subject matter expertise related to evaluation and communication.

PCBCW Grant Quarter IV Update

February 1, 2023

1. Cohort and Individual Meetings

a. Scheduling

- i. Meetings occur weekly for one physician, biweekly for three physicians, and monthly for one physician. This is based on their current availability and preference.
- ii. Cohort meetings remain on the third Monday of each month, and they occur at 12:30. Typically, 3/5 of the physicians make the cohort meeting each month, and attempts to set up alternate days have not been successful. Feedback from the cohort is that alternating times and days each month would be helpful to accommodate their many busy schedules.
- iii. 1:1 meetings continue, and they have recently focused on conceptualizing their projects, capturing data that is important to those who wish to learn about and replicate similar projects, and highlighting major successes over the past year. Many utilized 1:1 time for the mentors to ask questions and scribe responses.
- iv. Cohort meetings continue to be cohort-led, and they often feature opportunities for cohort members to share experiences with their CBOs and individual projects, perceptions about the project as a whole, and opportunities to improve and strengthen the project moving forward.

2. Feedback

a. Surveys

- i. Participants are asked to provide feedback about their projects and the support they receive from the PCBCW team monthly. Challenges over the past quarter include time management, orienting to staff changes within their partnering CBOs, balancing work/project/and other needs, and maintaining documentation. Setting new goals with their CBOs, continuing to identify and develop solutions for systemic change, and creating and maintaining new connections are areas participants express satisfaction and success. They report learning new skills in technical aptitude, delegation of responsibilities and work, and balancing and streamlining tasks.
- ii. Community-based organizations have reported challenges this quarter related to seasonal circumstances; staffing shortages due to illness, finding time to meet during the holidays, and having limited resources in their communities. They report increased confidence with serving their communities, feeling empowered by having the clinicians as consultants at their organizations, and generating new action plans and timelines as the work they are doing continues. One organization states that they “feel better supported in addressing the healthcare needs of [their] clients.”

3. Progress Reports

- i. Kayla and Jennifer continue to keep regular notes on each individual and cohort meeting. Four out of five of the physicians completed and turned in reports related to their project work since April of last year, highlighting their successes, milestones, and lessons learned. Since the previous report, at least thirteen (13) new connections have been made by or on behalf of our participants.
- ii. Primary Care Coordinator and Integrated Bx Health
 1. The physician who has helped create the primary care coordinator reports challenges with time management. They do report positive progress in continuing ongoing integration, persistence, building relationships, and considering ways their work can impact systemic and structural needs.
- iii. Clackamas Volunteers in Medicine within Clackamas Community College
 1. The physician working to help co-locate and create curriculum for this partnership reports struggles with time management. They state that they have been successful this quarter in clarifying their goals and timelines, and they feel a sense of connection with their partnering CBOs.
- iv. Vaccine Confidence and Beyond within Latinx Communities
 1. The physician who has helped build connections and spread health awareness and vaccine confidence education continues to connect public health organizations with one another while building a network of colleagues, clinics, and CBOs who support and serve Latinx communities.
- v. Suicide Awareness in Rural Communities
 1. The physician who works to increase suicide awareness efforts has worked to implement new triaging, intervention, and documentation strategies within her clinic while simultaneously reviving a tri-county suicide awareness coalition that dissolved during the pandemic. She and her partnering CBO continue to determine what future goals are, and she is currently working with them to create a system for triaging support phone calls, identify opportunities for grief group facilitator trainings, and connect them with appropriate community resources.
- vi. Gender-Affirming Care
 1. The physician seeking to increase access to gender-affirming care has been fully onboarded at their partnering CBO and now serves as the medical director of gender-affirming care. They are currently working to inventory the needs of the CBO as well as ways to educate staff on best practices in gender-affirming care. They hope to create EHR templates and shortcuts that will easily ensure inclusive language and proper pronouns for clients are used in documentation. They continue to work with other public

health agencies in the community to identify gaps in gender-affirming care throughout the community and opportunities for advocacy in these areas.

- b. CBO engagement
 - i. CBOs continue to be responsive to emails, and most submit monthly progress reports upon request. All report positive interactions with their partnered clinicians, and four out of five have scheduled interviews with the PCBCW team to review their own lessons learned and project feedback.
 - c. Stipends
 - i. All stipends have been issued to this iteration's physicians and partnering CBOs.
4. Wrapping Up Iteration I
- a. The first cohort has submitted reports detailing their project work, lessons learned, successes, and challenges. They will be presenting their findings at a panel at the spring OAFP annual conference in April at Salishan Coastal Lodge. CBO contacts will be invited to attend this session. PCBCW team will continue to receive support, report on their work, and then begin transitioning from the inaugural cohort of active participants to mentors for the next cohort.
5. Beginning Iteration II
- a. Applications for Iteration II opened January 17th and will close on March 15th. Ideal candidates for Iteration II are those who have worked with their partnering community-based organization for at least one year, have experience participating in local public health efforts, and wish to create projects with their partnering CBOs based on needs outlined in the local Community Health Assessment or Community Health Improvement Plan. Projects that address Equity, Inclusion, and Diversity, serve rural areas, or align with OAFP's strategic planning focus areas (primary care workforce pathways, reproductive health, primary care reform, administrative task relief, burnout mitigation or prevention) will be given special consideration and preference. Those chosen to participate in the second cohort will be invited to attend the annual conference in April 2023 and to attend the PCBCW panel to meet their mentors from the first cohort. More information can be found on the OAFP website, <https://oafp.org/community/primary-care-beyond-clinic-walls/>.

In Our Physicians' Own Words

This document is a collection of quotes from the five physicians who participated in the inaugural iteration of Primary Care Beyond Clinic Walls. They share what project tools were helpful, lessons they have learned, and how this project has impacted their sense of passion and purpose.

What Works - Structure, Strategy, and Support

“Parceling out my volunteer time has motivated me to be more productive and effective... I did not have a dedicated project action item sheet or accountability to myself, clinic, or work group to drive things with clear timelines until after entering the grant program and receiving guidance from the administrative support team. They helped me learn a new way to be organized. Having it online in the pre-prepared format was helpful for me and something I have carried over to other projects. Additionally it helps me develop a sense of true accomplishment seeing all the work that I have completed.”

“The 1:1 meetings have been very helpful, particularly in the beginning... It was encouraging to have consistent support and excellent suggestions.”

“The PCBCW program was very helpful in several areas. Having mentorship and coaching provided very useful objective perspective, input and insight which would not have otherwise available. It also was helpful in suggesting other resources and sources of information relevant to my project.”

Lessons Learned - Community, Communication, and Consistency are Key

“Regarding time given, [the partnering CBO] has been respectful and appreciative of it. The first few months felt a bit choppy because their expectations were not in alignment with what I could provide. Once I clarified my role the relationship improved. This was a great learning point about setting time and availability expectations early to prevent hurt feelings or people feeling as if they are left hanging. We can lose boundaries and focus as clinicians because we are not seeing volunteering as work outside of our professional title, and this can lead to burnout. I think it has helped me put better boundaries around my work and life. In addition, I have acknowledged that I am doing the good in the world that I want to do because I'm dedicated to a project as my volunteer work. I recognize, and am being recognized by others, for what I am implementing to better my community.”

“I don't need to be quite so scared to contact strangers. There are folks who are excited to work on projects like this and they would like to team up to do this work together. Everything seems more possible if you can assemble a group of like-minded folks. There are some people out there who have already started, and we can do it faster and better than by ourselves.”

“This project has had numerous specific learning opportunities. Caring for people involves ongoing work to enhance communication and rapport building skills... I have continued to improve my rudimentary skills in the Google platform as well as other apps and software programs to permit participation in virtual

meetings and to document, distribute and share information. The assistance from PCBCW was very useful, and the outside perspective it supplied allowed me to learn my 'unknown unknowns'."

"In the fall, as our community began to see the rise in numbers in influenza, RSV, and COVID-19, the demands for a trusted messenger to deliver culturally appropriate messaging to the Latino community began to grow. This emphasized to me that many organizations work in silos, and a key learning point has been the importance of cross organizational health resource sharing in order to avoid duplication of work... Another significant moment occurred with an exchange of digital resources between [a state University] and Oregon Health Authority through my connection. Another key lesson is that by being a trusted connection, I can serve as a bridge between organizations and thereby facilitate the sharing of information in order to reduce duplication of work."

"It is important to be patient but persistent in all efforts, set modest goals while maintaining an ambitious vision, and not least, to attend to timely documentation. We frequently reviewed our understanding that long daunting journeys are always begun and accomplished by taking many small steps."

Passion in Primary Care: How Collaborations Contribute to Career Satisfaction

"Community work has absolutely increased joy and satisfaction in my profession."

"I have been pleasantly surprised by the amount of process change and relationship building that has occurred. At the beginning I assumed that I would only be engaged with [the partnering CBO]. The fingerlings that came out of the grant were more than expected. When I reflect on how much engagement and long-term change will come out of my grant, I feel immense pride."

"I am also amazed at how much I was able to accomplish in such a short time period. This realization gives me motivation, strength and courage to continue without the grant pushing me along. PCBCW kickstarted the passion I have had smoldering. It opened me to seizing my opportunities for personal and professional growth and filled a void that I had been noticing for several years."

"Hearing about other people's projects, even if they're not related, makes my work seem more possible and easier... If I can see other people working on projects as well, it seems like we are making progress on all the problems, and one day we will be in a better place."

"PCBCW is valuable for any physician with the desire to branch into work in the community."

"The other members of my PCBCW cohort were also helpful for suggestions of resources, considerations and steps to advance my project, and very importantly, for inspiration, encouragement, and camaraderie."

"This has been an extremely positive and satisfying experience which arose fortuitously at a time when I was closing my family medicine clinic practice and was ready for a new direction. The congruence of vision, project, and meaningful work which allows me to "be the change I want to see" is profoundly satisfying. It has given an opportunity to continue learning and to make a contribution to my community, and has thereby precluded burnout, depression, and a potential life transition crisis. "



January

Kickoff



Week 1

Applications Solicited - Open
January 17, 2023



March

Applications evaluated, participants notified



April
13-15

First cohort meeting; stipends issued; community partners identified; first cohort (2022-23) to present at conference



May

Projects launched



May-July

Ongoing monthly cohort meetings, weekly technical assistance



August

Gaining feedback about Iteration II from current and previous cohorts.



Sep - Oct

Participants' projects reach meaningful milestone and Sharing report-out questions and presentation guide



Nov.- March

Evaluation, dissemination of information, preparation for annual conference thru coaching and support



April 2024

Second cohort (2023-24) presentation of findings at annual conference