

Name: Ilan Shapiro, MD, MBA, FAAP, FACHE

Professional Title, Organization: Chief Health Correspondent and Medical Affairs Officer, AltaMed Health Services

CHIP Title: White Coats for Change

Project Description:

The White Coats For Change (WCC) project is a transformative initiative aimed at equipping and empowering health care providers to actively engage in civic activities and drive systemic change.

The White Coats For Change (WCC) project was born out of my frustration as a health care provider. I grew weary of prescribing solutions that I knew were nearly impossible for my patients to achieve. The need for a substantial impact in our community led me to seek an alternative approach. WCC is my response—a departure from temporary fixes, aiming to instigate genuine systemic change. It's my commitment to healing on a broader scale, both within individual lives and the health care system as a whole.

This initiative emerged from the collective frustration health care providers experience due to the constraints they face in advocating for broader social and systemic improvements. Recognizing that only 20% of health outcomes are determined by the health care system itself, with the remaining 80% being influenced by Social Determinants of Health, WCC acknowledges the need to address these underlying factors to create a healthier society. With the guidance and coordination of the Government Affairs, Medical Education, and the Institute of Health Equity, we have joined forces to bring solutions.

Personally, the project is deeply important as it seeks to bridge the gap between medical-behavioral practice and community advocacy, aligning with my own commitment to holistic health care. The intended impact is to foster a generation of health care providers who are not only skilled clinicians but also active agents of change, working towards healthier communities and policies that address root causes of health disparities. This has been actively created to have a structure within the organization to unite efforts.

There are 3 key objectives: (1) Learning about advocacy and civic engagement; (2) civic participation, and (3) Activation in health care policy forums to bring the voice of the community health care systems.

While quantifying the full impact requires ongoing evaluation, systemic change takes time, and the progress and outcomes have started. Regarding the curriculum, it will be part of any health care provider that starts within AltaMed. Also, there will be an extended curriculum about civic participation and advocacy that will be offered to the participants for WCC. The curriculum has been created and has been proposed to integrate “on the street” activities not just to prescribe medications, but to be part of prescribed treatment for a healthier community.

The educational component is crucial, but reaching the community has been one of the key objectives. Currently, we have activated at least ten health care providers (MD's, RN's, Psychologists, etc.) to be present in State Hearings and advocacy days and share articles about priority concerns in our community. and activation in academies, institutions, and associations has been reached.

Lastly, as the third objective, we are building community power to be present in policy forums where traditionally, Community partners would have a voice, but no representation. It is exciting the opportunities that have been achieved with the California Medical Association creating the first Community Clinics Mode of Practice and other local, state, and national forums, bridging barriers to create integrative policy solutions that go above and beyond our four walls of the clinic.

Key Findings and Lessons Learned:

The CHIP journey was terrific. In was almost half way along the fellowship when my first CHIP was done. The problem that I was working to solve was partially resolved in the health care system. I knew that I could take the easy road out, but wanted to be part of change.

During that January it was clear that the community and health care providers after the pandemic where having a lot of ideas, but was challenging to translate them into action. Had the opportunity to create synergies with the Government Affairs SVP, and White Coats for Change was born. I planning the project on that date. Working in a large FQHC, many efforts were connected, but the key was to laser them into action. There were three important aspects of the project: (1) Learning about advocacy and civic engagement, (2) civic participation, and (3) activation in health care policy forums to bring the voice of the community with the involvement of providers in the health care systems. (pilot, implementation, scaling, etc.) stage.

The planning was the easiest part, creating a vision and mission was exciting. The barriers started when the primary role of health care providers is to be with our patients. Creating a balancing act to participate and at the same time minimize disruption of services was vital. Starting with medical leadership that has allotted time for administrative activities was one of the solutions. The selection at this stage was done by activity level. Providers that have been participating in these areas were approached and brought more opportunities to collaborate. Will have the barrier with other providers to build knowledge and create that time frame for the activity. This will be coordinated with Medical Leadership to distinguish the criteria and allow the budgetary constraints that could impact the clinic.

We are starting to see some gains with WCC. Under the leadership of Government Affairs (GA), the project has brought to testify and be part of hearings in more than 7 bills that directly impacted our community. Also, having 5 providers visit key representatives to share our commitment and concerns to have a healthy safety net.

Now that the project is scaling, activating and bringing more collaborators will be crucial. The following phase would bring 2 providers for each of the 5 initial providers. This will work as a “leader to leader” system. On the other side, there needs to be a close collaboration on bill analysts and GA officers in order to give feedback and activate WCC. Creating a source of information and space for training with frequency will be key to continuing learning and improving the project.

This model can be used primarily to educate, activate and represent the needs of our community with health care provider involvement. The health care systems can choose the level of involvement depending on their resources and workforce. This has opened a door for providers to regain energy and see the impact, not just in the clinic, but in the community. There will be three levels of system participation: (1) sharing information, (2) creation of conversations, and (3) leaders of the conversation. Depending on the level and resources, partnering with trade associations, academies and local CBO’s could amplify the message.

One key learning from this process is that health care providers need to be involved in health care policy. Usually, we see a provider that is not giving services as a problem. It will be an acute problem. If that provider, on an organized fashion, could change the way that services are given or help voice out the importance of a project that needs to be implemented, that couple of hours of reduced services will be very limited, compared to the health and wellness that could be created. There will be a long road until everything is working as well as possible, in the meantime, White Coats for Change will continue to spread health and wellness in our communities

The journey with the CHIP (Community Health Innovation Project) was a remarkable one. About halfway through my fellowship, I completed my first CHIP. The problem I aimed to solve within the health care system had already seen partial resolution. While an easier path was available, I chose to embrace the opportunity to be part of a broader change.

During that January, it became evident that the community and health care providers were brimming with ideas post-pandemic. Yet, translating these ideas into action proved challenging. This is when I connected with the Government Affairs SVP, leading to the inception of White Coats for Change (WCC). I began planning the project on that very day, aiming to synthesize these ideas into impactful action. Being part of a large FQHC (Federally Qualified Health Center), several efforts were interconnected. However, the crux was to channel them towards effective action. The project revolved around three critical facets: (1) learning advocacy and civic engagement, (2) fostering civic participation, and (3) engaging in health care policy forums to represent the community’s voice alongside health care providers.

Creating a vision and mission was invigorating, making the planning phase feel relatively effortless. However challenges arose as the primary role of health care providers is patient care. Striking a balance between participation and maintaining service continuity was essential. Medical leadership, with dedicated administrative time, helped navigate this balance. Provider

selection was based on their engagement level, involving those who were already active collaborators. The challenge lay in involving other providers, building knowledge, and carving out time for this endeavor. Collaboration with Medical Leadership was pivotal in establishing criteria and budget constraints.

Signs of progress with WCC are visible. Under Government Affairs leadership, the project has testified and participated in hearings for over 7 bills impacting our community. Five providers visited key representatives to convey our commitment and concerns for a robust safety net. As we scale, activating more collaborators becomes pivotal. This next phase involves pairing two providers with each of the original five, fostering a "leader to leader" structure. Collaboration with bill analysts and GA officers for feedback and activation will be essential. Establishing a knowledge source and training platform will sustain learning and project refinement.

This model's core purpose is educating, activating, and representing community needs with provider involvement. Health care systems can choose involvement levels based on resources and workforce. It has empowered providers to witness impact not only in clinics but throughout the community. Three levels of system participation emerge 1) Sharing information, 2) Creating conversations, and 3) Leading conversations. Depending on the level and resources, partnering with associations, academies, and local organizations amplifies the message.

The education-activation-representation aspects need to be ready for the providers. Having scheduled days, opportunities, training, and visits need to be shared.

A key lesson learned is the vital role of health care providers in policy. While reduced services may seem problematic, organized providers can drive service transformation or advocate for project implementation, generating minimal disruption compared to the health and wellness gains achieved. While challenges persist, White Coats for Change continues its mission to spread health and well-being in our communities.

Next Steps:

Right now, White Coats for Change has teamed up with the Government Affairs, Institute of Health Equity, and Medical Education departments to work together. We're a new program and we're all about getting feedback, figuring out how things should work, and using advocacy tools that are already out there to get our providers ready. The big goal for next year is to scale up. We're getting close to some important stuff that could really affect our community, so having a group of health care leaders who are ready to stand up for our patients is going to be a big deal.

In the past, we've done things like encouraging people to register to vote, which we know is a big part of what keeps people healthy. But we're not just about doing things – we want to see real results from policies that affect our community. In our Health care System, we've got over 400 medical providers, not even counting all the other team members. So, by 2024, we want to make sure everyone's in the loop, and we have a core crew of 40 who are really into this idea.

Part of the system that needs to be implemented is prioritization of health care policies and activities to be involved, in order to deploy de WCC.

Now, money is going to be important. Travel, training, and having time set aside – all that needs some budgeting. From feeling frustrated about not being able to help our patients beyond the clinic walls, now we've got a chance. There's a bunch of health care folks who are all about White Coats for Change, and we're ready to make sure our community's voice is heard loud and clear.