include more HIV-related topics such as social determinant of health and social-emotional health modules, taking place over 3-days. Five trainers from BANCC and CEPC will co-facilitate the upcoming HIV Health Coaching training.

Outcomes/Results: There is great interest and need for disseminating innovative techniques to support people living with HIV. Health coaching is a collaborative approach to engage patients in their care and creates a culture of empowering patients to take control of their health for the entire HIV care team.

Conclusions: The marriage of HIV and health coaching has yielded insights into how we can support primary care team's delivery of better patient care. Our agencies have gained tremendous knowledge from one another and strengthened our respective work and dissemination.

Symptomatic early pregnancy: analysis of a new β-hCG assay, ultrasound, and clinical outcomes
Harsha-Bangura, A.*, Patberg, J., McNeil, S.

Context &Objective: Diagnosing and managing symptomatic early pregnancy is a critical component of family medicine clinic practice and residency education. Interpretation of β-hCG and ultrasound results should be informed by an understanding of the underlying prevalence of these conditions and, ideally, a validated management protocol within a given institution. Whether a family physician is practicing in the emergency department, the clinic or on the OB ward, s/he will encounter a woman who presents with a positive pregnancy test and abdominal pain and/or vaginal bleeding. Of women with a pregnancy of unknown location (PUL), 7-20% will ultimately be diagnosed with an ectopic pregnancy (Zhee 2014). Though the mortality of ectopic pregnancies has declined by over 50% between 1983 and 2008 (Stulberg 2016), it still accounts for around 6% of all maternal deaths (Barnhart 2004). The management of possible ectopic pregnancy is complicated by the imperative to avoid interruption of desired viable pregnancy and an evolving understanding of normal β-hCG ranges (Barnhart 2012). Given the certainty that family physicians will be involved in early pregnancy and the complexity involved (Herbitter 2013), teaching diagnosis and management of symptomatic early pregnancy is critical to family medicine education.

Setting/ Population: We did a retrospective case review in the months following a change in the β-hCG assay used at our institution, in which we correlated β-hCG values and prevalence of viable intrauterine pregnancies, non-viable intrauterine pregnancies and ectopic pregnancies. Using the relevant ICD-10 codes, we reviewed all cases presenting with symptomatic early pregnancy (vaginal bleeding and/or pain) who were evaluated with a serum β-hCG level and an ultrasound (US) from March 2015 to June 2016. Cases with ultrasounds and β-hCGs >1 day apart were later excluded. Encounter data was collated by 1 resident, and coded and analyzed by 2 others. Ultrasounds were coded according to consensus definitions (Barnhart 2011). Coding discrepancies were resolved through consensus.

Outcomes/Results: Tabulation of the final 101 cases revealed all ectopics (6) had an US class of 1 or 2 (probable/definite EP), with variable β-hcgs (all <75%ile). One patient with a class 2 US had a non-viable IUP. Of 22 class 3 US (PUL), 1 was persistent and treated as ectopic, 18 were non-viable and 3 were viable. Of 72 class 4 or 5 US (probable/definite IUP), 0 were ectopic, while 22% (5) of those with β-hCG 50-75%ile and 67% (16) of those with β-hCG >75%ile were viable.

Conclusions: US class 4-5 appears to rule out ectopic pregnancy regardless of β-hCG. Persistence of PULs was rare (4.5%) and most (81%) were non-viable. Future research will include applying clinical algorithms to PUL β-hCG trends to assess efficacy in our population.

Vision, Voice, Leadership:

How Patients Partner to Transform Health Systems

UCSF Department of Family & Community Medicine

Jack Rodnick Colloquium
Golden Gate Club, San Francisco
May 30, 2019

JACK RODNICK MEMORIAL FUND

Dr. Jonathan (Jack) Rodnick served as Chair of the UCSF Department of Family & Community Medicine from 1989 to 2003 and was a vital member of our faculty until his passing in January 2008. To honor his legacy as a leader and scholar, our department has created the ***Jack Rodnick Memorial Fund***. These funds support the Rodnick Colloquium on Innovations in Family & Community Medicine and Rodnick Research Grant Program, providing pilot funding for research projects by medical students, residents, fellows, and junior faculty. Such grants are instrumental in giving these "rising stars" a head start in their scholarly pursuits and positioning them to compete more successfully for larger research grants.

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Jack dedicated his life to improving medical education and patient care through intellectual inquiry and innovation. With the Rodnick Colloquium and Rodnick Research Gran Program, we invite you to join us in celebrating and continuing Jack's legacy.

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improvements in workflow: easier and seamless documentation into a client visit, signage to encourage clients to ask about CHP, and a system of financial compensation for the time spent coaching.

Conclusions: Medical students and barbers were able to partner together to actively improve a community-based health intervention.

Improving medication-assisted treatment for opioid use disorder at an urban primary care clinic
Wan, B*. Tomlinson, T. Hill-Sakurai, L. Patridge, A. Liang, K. Potter, M.

Context &Objective: There exist well-established clinics in the Bay Area that serve uninsured patients or those with Medi-Cal who have opioid use disorder (OUD), and yet we have found a paradoxical lack of access for our primary care patients who have other forms of medical insurance. This is a segment of the population who may not be screened routinely or receiving adequate treatment, even though OUD affects all populations regardless of insurance status. Only a couple of our X-licensed providers are successfully offering medication-assisted treatment (MAT) to our patients while others perceive insurmountable barriers to starting MAT. Meanwhile, providers are starting buprenorphine for patients in the emergency or inpatient settings and may not have access to timely and adequate follow-up for them.

Setting/ Population: Several providers and the medical assistant supervisor at Family Medicine at Lakeshore are working together for our primary care patients, both current and future.

Intervention/Study Design: We are working together to create a protocol at our clinic for starting and maintaining MAT for patients with OUD. This will be augmented by provider education in the form of webinars, three in-person seminars, and up to 25 hours of coaching through a grant from the Center for Clinical Innovation (Addiction Treatment Starts Here: Primary Care). In addition, we are coordinating with the clinics at the Department of General Internal Medicine, the Screening and Acute Care Clinic, the Parnassus Emergency Department, and the Moffitt-Long Hospitalists to expand timely access to X-licensed primary care providers for patients newly started on MAT.

Outcomes/Results: Although we will not have quarterly data until April 15, we are hoping that by decreasing stigma, increasing educational efforts, creating an MAT team, and partnering with other departments, that we will be able to increase screening for OUD, expand our patients' access to MAT if they screen positive, create a more streamlined protocol for buprenorphine induction, and continue treatment for patients newly started on MAT in another setting.

Conclusions: Teamwork and staff buy-in are key to the success of any proposed clinical efforts. Creating relationships across multiple settings at UCSF is beneficial for all patients.

The marriage of HIV and health coaching: A robust collaboration between two Family and Community Medicine training programs
Newstetter, Amanda; Chirinos, Chris*; Chen, Victoria; Osorio, Lori; Chhith, Veasna; Huang, Beatrice; Hahn, Monica; Price, Jessica

Context &Objective: Health coaching is an evidence-based practice that addresses and improves patient health outcomes related to cardiovascular risk reduction. Chronic disease self-management remains the single most effective intervention in mitigating disease burden. HIV is a chronic condition that can benefit from health coaching. Pivoting from leaders like the Bay Area North & Central Coast AIDS Education and Training Center (BANCC AETC) and LifeLong Medical Clinic (LLMC) in HIV work, and the Center for Excellence in Primary Care (CEPC) in health coaching training, the three organizations partnered to co-developed a curriculum on HIV Health Coaching and deliver training for care teams. We hope the synergy of our respective expertise will equip participants in their work with the HIV medical community striving to increase linkage, retention, and undetectable viral loads.

Setting/ Population: The 2-day pilot training took place in February 2018 with staff from Ashby and East Oakland LLMCs. The new iteration will take place March 19-21, 2019 in Oakland and is open to the public.

Intervention/Study Design: Through HRSA grant funding, BANCC AETC, LLMC, and CEPC delivered a successful 2-day pilot training. The pilot comprised CEPC's existing health coaching manual with HIV-related health modules. Participants learned how to implement health coaching techniques in their patient encounters of people living with HIV. After evaluating the pilot and building on the strengths of our training programs, a curricular update expanded the training content into a 200-page manual to

born patients (p<0.05).

Conclusions: We uncover different disease burden between refugees, immigrants and US-born patients. The refugee patient population at the FHC, despite being younger and having less chronic diseases, is just as affected by mental health disorders than immigrant and US-born patients. These results highlight a need for further research on disease burden in refugees and the need to appropriately focus resources for the different patient groups at the FHC.

Updates on The Cut Hypertension Program (CHP): Training Barbers of African American Barbershops to be Health Coaches
Taylor, Kenji*; Chirinos, Chris*; Chen, Victoria; Huang, Beatrice; Chhith, Veasna; Kenneth El-Amin*; Wright, Yusef*

Context &Objective: Black men have the highest rates of hypertension-related death of any other demographic group. Hypertension-related outreach via barbershops and the use of health coaches to provide out-of-clinic hypertension counseling is an established mode of improving blood pressure control. The Cut Hypertension Program (CHP) partners with barbers in the Bay Area to provide health coach training and barbershop-based outreach to improve rates of uncontrolled hypertension among African American men.

Setting/ Population: CHP has partnered with barbershops Chicago's (San Francisco) and Benny Adem (Oakland) with support from The UCSF Family and Community Medicine Department and The Centers for Excellence in Primary Care (CEPC).

Intervention/Study Design: CHP and CEPC have conducted two separate health coach trainings to barbers in Oakland and San Francisco. The training consisted of three 3-hour sessions that included curriculum on health disparities in the African American community, blood pressure interpretation and measurement, and the essential components of health coaching. CHP also continues to work with barbers to identify community-specific needs and resources, while supporting barber-led barbershop-based events to promote healthy advocacy in their community.

Outcomes/Results: Our participants reported an increase in confidence in their abilities to define various health conditions, such as hypertension and diabetes, as well as discussing ways to manage these conditions. Additionally, participants were very likely to recommend this training to a friend/ colleague.

Conclusions: CHP in partnership with CEPC was able to conduct two health coach training to barbers that shows promise in increasing their confidence to discuss and encourage behavior change for their clients (ie: patients) in a community setting.

The Cut Hypertension Program (CHP) and UCSF PRIME-US Capstone Project
Crimp M, Simon C, El-Amin K, Kokroko J, Latthivongskorn J, Quinones-Rivera A, Serrano E, Wright Y, Taylor K*

Context &Objective: Black men have the highest rates of hypertension-related death of any other demographic group. To address this disparity, The Cut Hypertension Program (CHP) partners with barbers in the Bay Area to provide health coach training and barbershop-based outreach. The UCSF PRIME-US students spent a month at two barbershops in San Francisco and Oakland conducting needs assessments among barbers and clients.

Setting/ Population: CHP in partnership with barbershops Chicago's (San Francisco) and Benny Adem (Oakland) hosted 6 UCSF PRIME-US medical students to complete their capstone project.

Intervention/Study Design: The 6 students split into two groups, one working with barbers at Chicago's and the other working Benny Adem. The Chicago's group developed a plan with the head barber to a conduct a needs assessment via semi-structured interviews. The Benny Adem group prototyped blood pressure screening workflows, documentation and a blood pressure screening algorithm for hypertensive urgency.

Outcomes/Results: The Chicago's group was able to identify client-related barriers to accepting screenings: privacy concerns, barber competency to take blood pressure, interpret blood pressure readings, and provide reliable advice. Barbers were comfortable providing screening with training, especially if clients initiated the conversation. The Benny's group identified several suggestions on

CONTENTS

COLLOQUIUM ORGANIZERS

COMMITTEE

Marcella Azucar • Amanda Sell
Isabel Lee, MD • Kelsey Holt, ScD • Leah Romito, MD
Maggie Edmunds MD, MPH • Patrick Lowrre, MD

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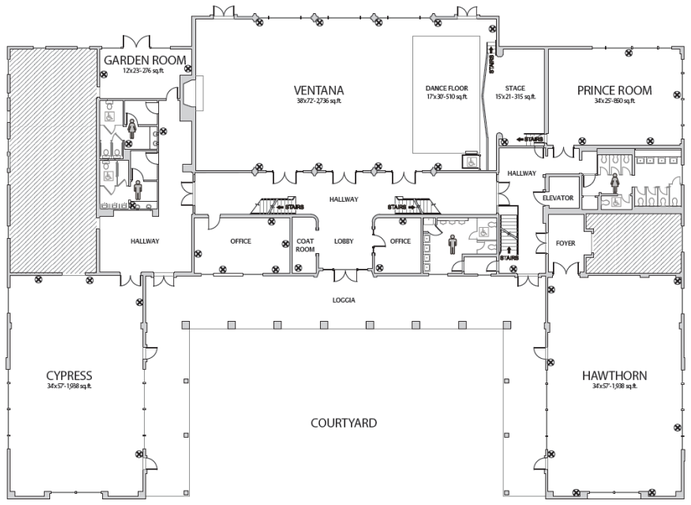
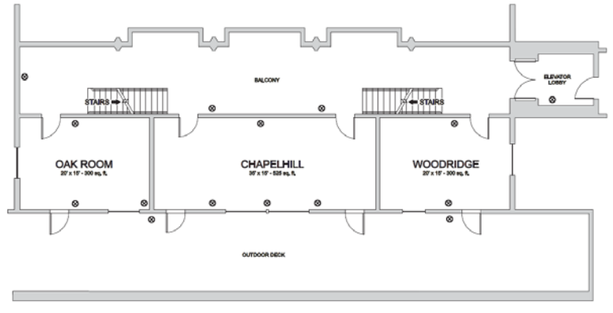
Presidio Trust

Golden Gate Club

First Floor



Mezzanine



* The Woodridge room is a designated lactation lounge.

DiGiammarino, A.* Raffel, K.

Context &Objective: Healthcare has been moving steadily toward a patient-centered paradigm that seeks to involve patients more in their own care. Teaching communication skills to future health professionals can increase such patient participation. Yet, despite the shift to patient-centered care, there had been almost no training in patient engagement techniques provided to students at the University of San Francisco School of Nursing and Health Professions. This project aimed to design and develop a sustainable patient engagement curriculum that meets the unique needs of faculty and students at the university.

Setting/ Population: The curriculum was created for faculty and students in the School of Nursing and Health Professions at The University of San Francisco

Intervention/Study Design: Formative interviews were conducted with eight faculty members to understand the best format, timing, and content for the curriculum. A course was then developed and piloted before qualitative feedback was collected from both faculty and learners.

Outcomes/Results: Faculty reviewers were overwhelmingly positive in their feedback because the course meets their expressed need for a combination of online didactics and in-person simulations that are easily accessed, modified, and merged with existing courses. To meet these needs a course with online work and in-class activities was created in the university's learning management system (LMS), which allows faculty to modify and import modules into their own courses. The curriculum covers the concepts of patient engagement, shared decision making, health coaching, decision aids, common communication barriers, and cultural competence. Modules use a mix of learning materials such as foundational journal articles, video demonstrations, role play scenarios, and written assessments to gauge student understanding.

Students who attended the pilot in-person workshops requested greater variety in simulation scenarios but reported a better understanding of patient engagement and comfort with sharing decisions with patients. One student strikingly stated "this is the first time I thought of [patient care] as a collaborative experience, this was the first time I had made that connection."

Conclusions: Using an LMS to distribute learning modules may increase student exposure to patient engagement techniques, help faculty build student knowledge and skills over time, and provide opportunities for interprofessional training.

Health status of refugee, US-born and immigrant patients
Raphael, E*, Barton, M, Sheriff, N, Hamad, R

Context &Objective: The purpose of this study is to elucidate disease burden in refugee, immigrant and US-born patients at the Family Health Center at ZSFG. About 85,000 refugees came to the US in 2016. Although they compulsorily go through medical screens, little is known about disease burden in this population compared to US-born patients.

Setting/ Population: Refugee, immigrant and US-born patients seen at the ZSFG Family Health Center over 3 years (2014-2017).

Intervention/Study Design: This is a retrospective cohort study. Demographic characteristics and presence of selected chronic diseases and mental health disorders were abstracted from patient medical records.

Outcomes/Results: We examined records of 333 refugees, 322 immigrants, and 184 US-born patients seen at the FHC. The mean age for refugee patients was 35, immigrant patients 47 and US-born patients 39 years. Women comprised 58% of the US-born group, 63% of the immigrant group, and 52% of the refugee group. In the refugee group, 76 (23%) were from China, 44 (13%) from El Salvador, 30 (9%) from Guatemala, and 22 (6%) from Mexico, country of origin was unknown for 5 (2%) patients. In the immigrant group, 43 (13%) were from Mexico, 33 (10%) from China, 29 (9%) from Guatemala, and 26 (8%) from El Salvador, country of origin was unknown in 81 (25%) patients. Sixty-eight (21%) immigrant patients and 23 (13%) US-born patients had diabetes, whereas only 16 (5%) refugee patients had diabetes ($p<0.05$). One-hundred and one (31%) immigrant patients and 52 (28%) US-born patients had hypertension compared to 23 (7%) refugee patients ($p<0.05$). Depression was present in 50 (27%) US-born patients, 75 (23%) immigrant patients and 59 (18%) refugee patients. Post-traumatic stress disorder was present in 44 (13%) refugee patients, 10 (3%) immigrant patients and 4 (2%) US-

prove trust through personal, reliable relationships with medical practitioners.

Setting/ Population: Through a three way collaboration between the Kaiser Community Medicine Fellowship, local advocacy organization Vallejo Together, and Touro University's Student Run Free Clinic, the VMHU serves all people without homes in the city of Vallejo regardless of age, gender, insurance, or documentation status.

Intervention/Study Design: We visit one encampment per month to provide care. Our multidisciplinary team includes nurses, medical and PA students, and primary care physicians. We offer basic clinic services and point of care support. We offer most patients resource coordination for needed services beyond our scope. In addition, a cohort of Napa Valley College students is conducting interviews to better assess barriers to care and ways we can address these at the Mobile Unit.

Outcomes/Results: In the 5 months of our existence, we have cared for ~66 patients. We have provided treatment for hypertension, heart failure, cellulitis, and carpal tunnel syndrome. We have referred people to dental, medical, laundry, and shower services. Our surveys and interviews have highlighted lack of trust in doctors as a major barrier to seeking care in addition to problems with transportation and finances. We are actively seeking out opportunities to expand the resource referral process to include coordinated entry interviews and mental health provision to better serve our patients.

Conclusions: The Vallejo Mobile Health Unit is responding to an expressed unmet need for a vulnerable population. Our interdisciplinary team provides judgement-free care, chipping away at the trust barrier, in order to care for people without homes. We have provided basic primary care services, but have an eye towards expansion in order to act not just as a medical bandaid, but as a pathway out of homelessness.

Coach Me Please!: A Faculty Peer Coaching Model
Lee, I*, Stafford, M., Ambedekar, D.*

Context &Objective: To promote lifelong learning among medical educators, it is important to weave applied faculty development into the fabric of teaching settings themselves. It can be challenging to identify and develop approaches to doing this that are meaningful and educationally valuable. One powerful method to enhance teaching skills is peer observation and feedback. Studies have shown that peer observation of lectures in both the classroom and wards settings improves faculty comfort and skill in teaching. We developed a peer coaching program for outpatient family medicine preceptors, adapting materials that were originally designed for lecture-based teaching at our institution. The Faculty Peer Coaching Program is a model for using faculty's collective teaching skills to provide ongoing professional development for one another via 1:1 coaching, and is built-in to the clinic day. It provides a structure for providing early guidance as a part of onboarding new faculty as well as for engaging experienced faculty around how to more effectively educate their learners.

Setting/ Population: Our project focused on Family Medicine faculty teaching in the UCSF Family and Community Medicine residency outpatient clinic, a federally qualified health center in San Francisco. We provide coaching both to core faculty as well as part-time preceptors who supervise residents in our clinical setting.

Intervention/Study Design: We recruited a group of core faculty interested in being peer coaches. We then trained them to observe preceptors during outpatient clinical teaching, lead a feedback session with that faculty peer, and then help them to set teaching improvement goals. Coaches commit to doing two 2-hour observations per quarter. Each coached faculty member fills out an evaluation immediately after as well as three months post-coaching. These coaching sessions are now a universal expectation for faculty precepting in our residency clinic.

Outcomes/Results: Faculty evaluations reflect an appreciation for an opportunity to talk about their teaching, receive feedback about it, and focus on specific improvement goals. The most challenging aspect continues to be scheduling the sessions.

Conclusions: Faculty peer observation is a well-received, do-able model of longitudinal faculty development which can help medical educators enhance teaching efficacy, whether early or later in their teaching careers.

Creation of a patient engagement techniques curriculum for a school of nursing and health professions

EVENT SCHEDULE

11:00 – 11:40 **Registration and Lunch** *Lobby & Courtyard*

11:40 – 11:50 **Welcome and Introduction** *Ventana Room*
Kevin Grumbach, MD
Hellman Endowed Professor and Chair
UCSF Department of Family and Community Medicine

11:50 – 1:20 **Plenary Session and Panel** *Ventana Room*
Moderator: James Rouse Iñiguez, MA, MS

Adriana Cabrera PAC Coordinator Family Health Center
Magdalen Edmunds, *MD, MPH, Assistant Medical Director, Family Health Center UCSF-ZSFG*
Melanie Millar, *ZSFG Patient Advisory Council members*
Sandra Bacon, *ZSFG Patient Advisory Council members*

Jill Countermine, *Santa Rosa Cancer PAC*
Linda Gummerson, *Santa Rosa Adult & Family Medicine PAC*
Rachel Friedman, *MD, Associate Program Director, Kaiser Permanente Santa Rosa Family Medicine Residency Program.*

Olga Maldonado, *Transforming Research as Usual Community Advisory Board of the UCSF Child Health Equity Institute*
Paula Fleisher*, MA, Associate Director, UCSF Center of Community Engagement & CTSI Community Engagement and Health Policy Program*
Roberto Vargas*, MPH, Associate Director, UCSF Center of Community Engagement & CTSI Community Engagement and Health Policy Program*

Amanda Newstetter*, MSW, Project Director, UCSF FCM BANCC AETC*
Chris Chirinos, *Program Manager****, UCSF FCM CEPC***
Robin Rheault, *Patient Advisor*

1:25 – 1:35 **UCSF Family Medicine Educational Alliance Awards for Collaboration in Education**
Margo Vener, MD, FCM Vice Chair of Education

1:35-1:45 *Move to concurrent session of your choice*

1:45— 2:50 **Concurrent Breakout Sessions #1** *Cypress, Hawthorn, & Prince Rooms*
See concurrent talk listing for specific room assignments Pg. 6

2:50 – 3:50 **Poster Viewing Session** *Cypress, Hawthorn, & Ventana Rooms*
See poster listing for more specific room/area assignments

3:55 – 5:00 **Concurrent Breakout Sessions #2** *Cypress, Hawthorn, & Prince Rooms*
See concurrent talk listing for specific room assignments Pg. 7

5:00 – 5:10 **Break**

5:15 – 5:30 **Closing Remarks** *Ventana Room*
Kevin Grumbach, MD

5:30 – 6:30 **Wine and Cheese Reception** *Lobby & Ventana Room*

CONCURRENT TALKS: *Session 1*

MATERNAL AND CHILD HEALTH — HAWTHORN ROOM

Moderator: Teresa Gomez, MD

HEALTH DISPARITIES — PRINCE ROOM

Moderator: Kenji Taylor, MD

EDUCATION AND TRAINING — CYPRESS ROOM

Moderator: Elizabeth Uy-Smith, MD

riences for both teachers and learners.

Setting/ Population: We will explore if approaching these important crossroads in a learner's career with the appropriate viewpoint could edify the learner and change common perceptions on the feedback process. The primary-care setting is ideally situated for instructing both the teacher and the learner about the importance of good quality feedback to improve overall feedback satisfaction, personal improvement, and advancement.

Intervention/Study Design: Our objective is to determine if medical learners and teachers, when taught about growth mindset and growth minded feedback through an instructional video, have differing views and attitudes towards feedback.

Outcomes/Results: The study is a multi-institutional collaborative study from seven academic centers nationwide. Subjects may be practicing in community primary care setting or larger centers as medical students, residents, fellows or faculty. A standardized teaching session by means of video will be administered to the intervention group between pre- and post-video survey. Survey results comparing pre- and post-tests with the intervention and control groups will be analyzed

Conclusions: Teaching of growth mindset may improve perception of feedback. If growth mindset is understood and encouraged, feedback experiences may be improved for all participants.

Get off the couch, walk With A doc at the park, and bring in the arts
Siegel, A. *, Bell, T.

Context &Objective: More than 75% of the community is inactive and suffering from chronic diseases worsened due to an inactive lifestyle. As part of the Champion Provider fellowship, which is aimed toward advocacy & PSE changes, we aimed to build a sustainable Walk With A Doc demonstration project to: support others to get active by providing opportunities for physical activity, activate open spaces, and encourage a variety of wellness activities and arts engagement to improve health.

Setting/ Population: WWAD monthly programs draw patients from our West Contra Costa County clinics and community. Physicians and Public Health practitioners from Contra Costa Health Services (CCHS) have led the walks and medical group visits.

Intervention/Study Design: A partnership between CCHS, Champion Providers, CWPP (Community Wellness Prevention Program) and East Bay Regional Park Districts secured the funds and planned seven walks between January - June 2019 at regional and local parks. A medical group visit at West County Health Center included fitness instruction and measurements of participants, including height, weight, weekly minutes of exercise, and blood pressure (adults only). The group was then taken by bus to the park, where they were served healthy food and had a walk with a naturalist and â€˜a doc'. After the 1-2 mile walks, the participants engaged in a combination of wellness activities, including yoga, Zumba, massage therapy, meditation, and Expressive Arts. Live music and food demonstrations were also provided. Fitness trackers and other incentives were given to participants. A tracking challenge website was initiated to motivate the participants and allow better tracking of willing participants. A weekly walking program was also started halfway through the study period.

Outcomes/Results: Participation ranged from 30-67 people. Our medical group visits have been sustainable for two physicians and support staff. Participants at the medical group visit were primarily overweight or obese (95% of adults and 62% children). Survey respondents loved the experience (78%) or liked it (22%), and 100% had positive subjective comments. Subjectively, some patients have had dramatic improvements in mood.

Conclusions: Walk With A Doc is a sustainable model to encourage patients and community members to get more active and engage with our local and regional parks. Participants thrived on the support and encouragement of staff and the group. Doctors used their influence to promote, demonstrate, and develop wellness skills around active living to the patients and the greater community.

Breaking the barriers: bringing care to the people with the Vallejo Mobile Health Unit
Fisher, E*, Jamall, S*, Dolores, C*

Context &Objective: The Vallejo Mobile Health Unit(VMHU) seeks to reduce the burden of disease and improve wellness of people without homes in Vallejo. By bringing medical care and resource coordination directly to the people with mobile outreach, we seek to remove barriers to care and im-

Setting/ Population: Our residency clinic, now two years in practice, designed a comprehensive and collaborative practice model that addresses two high demand healthcare needs of a managed Medi-Cal population and integrates both - full spectrum primary care combined with mental health services.

Intervention/Study Design: This collaborative design and teamwork sets the stage and allows patients to engage and participate as partners in their healthcare goals. To account for residents' hectic schedules, we developed a dyad or partnering system within our larger resident teams to encourage more direct communication between patient panels

Outcomes/Results: Our patient and community satisfaction scores via CG-CAHPS (Clinician and Group - Community Assessment Survey) reflects the positive feedback we have received with this new community based care model.

Conclusions: Although different and unusual, patients and their families have appreciated this alternative model of care and this pilot demonstrates the power of innovation in the primary care setting to improve the healthcare experience for both patients and residents.

Establishment of a community youth leadership council to promote youth-centered care delivery in San Francisco
Labat A*, Polanco-Mendoza D*, Morrison K, Teitel Y, Tapia M, Uy-Smith E

Context &Objective: The creation of the community youth leadership council (YLC) was a merging of shared goals from two clinic leadership teams, ZSFG Family Health Center (FHC) and New Generations Health Center (NGHC). NGHC aims to connect patients with a primary care medical home for more comprehensive health services or when a patients transition into adulthood. On the other hand, the FHC aims to benefit from NGHC's long-time presence in the youth community.

Setting/ Population: This collaboration aims to advance community wellness in a youth-centered healing environment, particularly for those who have been most isolated from accessing health care services. The YLC will assist us in establishing formal linkages with youth-facing organizations, as well as serving as consultants in creating a framework to increase pathways to primary care. The collectively -derived model will be evaluated by the youth under clinic staff and faculty supervision.

Intervention/Study Design: Using the expertise of the newly formed YLC, we aim to build upon the partnership between NGHC and FHC to help link this vulnerable demographic into a hospital campus-based, youth-friendly medical home. We constructed a participatory process that will engage youth leaders in developing mechanisms to increase access pathways for less-connected youth. Adding a youth-operated and youth-focused cohort to the patient advisory council process better addresses the lack of avenues to elicit youth perspectives.

Outcomes/Results: Recruitment for potential YLC members was done through local high schools, clinics, and online social media. A total of 40 youth applications were received via an online- or paper-based application process. At the inaugural YLC meeting, a total of 16 youth were in attendance. Through monthly meetings, the YLC will collaborate with clinics to improve youth-centered operations and successful referrals to care. Currently planned YLC projects include standardized patient training, mural development and installment, and school-based pop-up clinics. In addition, medical students and family medicine residents with a vested interest in adolescent health will participate as guest speakers, presenters and potential project partners.

Conclusions: By bringing health care to the forefront of our patients' lives, the collaboration between NGHC, FHC and SFUSD schools will uniquely allow San Francisco's youth to transform health care delivery and access.

Assessing the effects of a growth-minded approach to feedback on medical learners and faculty
Cohen A, Gilbert D, Hanna K, Hughes P, Leonard E, Uy-Smith E*, Koone T, Zakrajsek T

Context &Objective: Commonly in medicine, there is the necessity for ongoing supervisory and peer feedback structures. This persistent pressure to improve coupled with the expectation of perfection at all levels of medical education often leads to feedback having a negative connotation in the minds of learners. This iterative process should be focused on nurturing growth while learning, allow the teacher to present areas for improvement, and elicit the learners' means of achieving advancement. This study is aimed at whether teaching basic "growth mindset" principles can improve feedback expe-

CONCURRENT TALKS: *Session 2*

EDUCATION AND HEALTH DISPARITIES — CYPRESS ROOM

Moderator: Miranda Brillante

CLINICAL CARE — PRINCE ROOM

Moderator: Anthony Ababon

COMMUNITY ENGAGEMENT & WORKFORCE DEVELOPMENT — HAWTHORN ROOM

Moderator: Margae Knox, MPH

POSTER PRESENTATIONS

Addiction Medicine & Behavioral Health — Hawthorn Room

Resident led group visits in the management of chronic pain and opioid use disorder UCSF-Natividad residency responds to the opiate crisis.
Sanford, E Tirado, S Tirado, M Zaro, C Macias, E Jordan, A Espinoza-Saisi, A*
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The Cut Hypertension Program (CHP) and UCSF PRIME-US Capstone Project
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A community-designed and community-sustained intervention to support early childhood development for low-income families in San Francisco.
Lakatos, K., Olague, C., Moreno, R., Aroche, L., Tapia, M., Uy-Smith, E.*
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subset of preceptors who always submitted their evaluations on time and conducted structured interviews to identify best practices.

Outcomes/Results: We defined "on time" submission as within 2 weeks of the end of the evaluation period. Of the two interval evaluations, 49.8% and 49.7% respectively were submitted on time; for final evaluations 78.5% were submitted on time. Overall, 92% of students released the evaluation to the preceptor during the evaluation period. Of 52 evaluations that were released late by students, 73% were followed by late preceptor submissions. We considered whether other factors impacted grade timeliness including: the type of site (academic, Kaiser, community), prior experience with students, and presence of a site director. We are currently collecting structured interview data.

Conclusions: Many factors impact grade timeliness, only one of which is the submission of preceptor evaluations. Because preceptors practice in busy clinical environments, it may be challenging to complete evaluations in a timely manner. Identifying key practices that we can disseminate to clinical faculty to help streamline evaluation completion, as well as structural elements that associate with timeliness may impact our ability to make organizational changes to support effective grade submission practices.

The Impact of Integrating Primary Care Transformation Curriculum on the behavior and attitudes of recent family medicine post-graduates
Mooney, C.* Huang, B. Shaver, J

Context &Objective: The â€œ10 Buildings Blocks of High-Performing Primary Careâ€ has been utilized as a roadmap for clinics navigating the journey of practice transformation since 2014. However, transformation can be challenging, particularly in teaching clinics. The UCSF Double Helix Curriculum sought to tackle primary care transformation at four residency clinics by developing a curriculum and pairing it with clinical transformation at these sites. In addition to quantitative survey data, we gathered qualitative assessments from recent family medicine postgraduates on the effects that this curriculum has had on their work life, their perspectives, and their attitudes regarding the work of primary care.

Setting/ Population: Two focus groups (n=8) were conducted in May 2018 at Zuckerberg San Francisco General Hospital. This was the first Family Medicine graduating class that had any exposure to the UCSF Double Helix Curriculum.

Intervention/Study Design: Postgraduates were invited to participate via email. Out of a total of 15, 8 graduates participated. Two focus groups were conducted, with four graduates in each. An external team member facilitated the groups and included questions from six domains. The focus groups were audiotaped, transcribed, and analyzed using Atlas ti. This study received IRB exemption (18-24666).

Outcomes/Results: The domains analyzed included knowledge, behavior, residency education/ experience, confidence, impact, and optimism/resilience. Results showed that recent postgraduates found it frustrating to learn about the theory of high-performing primary care yet not see it consistently practiced in their clinical environment. Despite this, they found the knowledge of the building block model helpful because it provides them with specific language to discuss what works and what does not work in clinical settings.

Conclusions: The didactic and experiential education that postgraduates received during residency directly affects the postgraduates' attitudes and behavior towards their current clinical practices. Integration of primary care transformation education into family medicine residencies prepares postgraduates to thoughtfully evaluate and perhaps be positive change agents at their current clinical practice. Nonetheless, the translation in residency from theoretical knowledge to real-life clinical practice can be challenging if the postgraduates did not see high-performing primary care consistently implemented in their residency clinical practice.

Collaborative primary care: a pilot residency clinic training model
Chen, Will*; Cho, Tiffany; Clark, Marta; Fish, Jeremy

Context &Objective: We wanted to demonstrate the effectiveness of innovative outpatient delivery models in primary care training in an effort to improve patient care and satisfaction, while building residents' team communication skills.

Outcomes/Results: Large reductions in DD (mean â^† Â± SD) were reported in the INT group (-0.6 Â± 0.6), while minimal change was reported in the non-INT group (-0.2 Â± 0.6), yielding a statistically and clinically meaningful difference (-0.4Â±0.6, p = 0.002; effect size d=.67) between groups. Using the established MCID (0.19) for the T1-DDS, high DD persisted or increased (â‰¥ 1 MCID) for 51% of non-INT participants, compared to 23.5% in the INT group.

Conclusions: Targeted interventions lead to dramatic reductions in DD compared to untreated individuals. Furthermore, high DD does not resolve over time when left unaddressed; in fact, DD remains high or worsens in more than half of non-INT participants. Findings suggest that interventions targeting DD are clinically effective in T1 adults with high DD relative to non-treatment controls, and that high DD can become chronic if left untreated.

Using and pregnant: evaluation of the management of stimulant use disorder in pregnant women, and the pilot of a contingency management program
Taylor K*, Sneden J, Seidman D, Snyder H

Context &Objective: In California., 5.2% of pregnant women have used methamphetamines at some point during pregnancy. While there are guidelines for the treatment of opiate use disorder in pregnancy, current management of stimulant use in pregnancy is based upon expert opinion, and varies widely. This project's aim is to standardize and expand the care the Zuckerberg San Francisco General Hospital (ZSFG) offers to pregnant women with stimulant use disorder, thus eliminating unconscious bias, providing the most evidence-based care available, and improving the health of mothers, children and families affected by stimulant use.

Setting/ Population: At the ZSFG's Birth Center between 2017-2018, 27 unique mothers tested positive for stimulants at the time of their delivery, which likely underestimates total use throughout the entire pregnancy. ZSFG is a safety net hospital for the city and county of San Francisco, and cares for many of its most marginalized pregnant patients who use substances.

Intervention/Study Design: We formed a multi-disciplinary working group of obstetricians, family medicine providers, social workers, midwives, and pharmacists to discuss the variations in management of pregnant women who use stimulants. As a results of these discussions, we executed a literature review on the known risks of stimulant used in pregnancy, and management and treatment options. We created an agreed upon flowsheet for best practices at ZSFG.

Outcomes/Results: One of the most studied and often used treatments for stimulant use in non-pregnant populations is contingency management in which negative urine toxicology screens are positively reinforced with monetary prizes. Through the Patient Care Fund, we are currently piloting a contingency management program for pregnant and post-partum women at ZSFG who use stimulants. Given the frequent involvement these families can have with Child Protective Services, our population can perceive urine testing as worsening their chances of custody. As such, the pilot's current main outcome is exploration of patient adherence and decreases in stimulant use.

Conclusions: We hope ongoing interdisciplinary work can continue to address care disparities, and the launch of the pilot will allow for healthier mothers and babies at ZSFG.

Punctuality is the virtue of the bored: successes and challenges in grade timeliness
Brode MD MPH, E*; Johnston, R; Vener MD MPH, M

Context &Objective: Timely submission of both formative and summative medical student evaluations are important for clinical skill development and preparation for the next phase of clinical learning. LCME identified grade timeliness as a core issue for UCSF to improve upon. The FCM clerkship was the only clerkships to have a 100% grade submission by the deadline for 2018. We strive to better understand the process for grade submission and identify best practices for timely evaluation submission.

Setting/ Population: In 2018, there were 170 third-year FCM students with 204 clinical preceptors at 56 sites.

Intervention/Study Design: We reviewed evaluation submission data from 2018 and calculated how many preceptors submitted on time evaluations for the first interval evaluation (4/2/2018" 6/17/2018), second interval evaluation (7/1/2018" 9/11/2018) and final evaluation (until 12/23/2018). We also looked at the timing of the student release of evaluations to preceptors. We then identified a

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program, did not have a significant impact on any of these outcomes.

Conclusions: These findings provide valuable information for health researchers and policymakers for evidence on the health impacts of the largest U.S. poverty alleviation program. Our results suggest that the income provided by the EITC improves overall and mental health, but that smaller state programs may not be generous enough to provide any additional benefit for these outcomes.

Pains, trains and automobiles: Impact of travel time on third-year student FCM clerkship experience
Crinon, S*; Brode, E: Vener, M

Context &Objective: Egregious traffic, commute expenses, unobtainable parking, and travel stress impact nearly everyone in the Bay Area. Medical students particularly express concern about the time and cost of commute to required clerkship sites. In FCM, we have nearly 300 clinical preceptors at 50 practice sites. Sites include SF as well as North, East or South Bay as far as 56 miles from SF; the median distance outside SF is 8 miles. We sought to assess whether commute distance associates with student evaluations of the site, exam scores, or frequency of student/preceptor concerns. In addition, we sought to identify best practices for equitably distributing commute requirements and resources.

Setting/ Population: We assessed data from 135 third-year medical students in 2018.

Intervention/Study Design: We reviewed travel distance using google maps. We assessed student exam scores and numeric course evaluations using clerkship data.

Outcomes/Results: Of the 135 third-year students in traditional programs, 95% requested a SF FCM clinic. For 2018, 50 students stayed in SF; 57 students travelled to sites within 20 miles of SF; and 28 travelled 21-56 miles outside SF. While third-year students are encouraged to own a car, only 25% said they did. To promote carpooling, FCM staff assigned students without cars to carpool â€œbuddiesâ€ with a car who commuted to the same site. Moreover, students travelling over 20 miles were given travel stipends. Methods of transportation included car (ownership, rental or borrowed), bicycle, motorcycle, BART, CalTrain, bus and Uber/Lyft.. Early concerns from students related to: 1) fear of being â€œdisadvantagedâ€ in third-year learning because they had to spend time more commuting than peers and 2) cost of commuting. However, end-of-year data analysis reviewed no significant difference in exam scores, clerkship evaluation scores, or student/preceptor concerns between SF sites, near-SF sites, and distant sites.

Conclusions: Student concerns about commute relate to cost of travel and equity of travel assignments. We met with associate deans to advocate for a more transparent distribution of travel time in third year for all clerkships in upcoming years. In addition, for future years, distributing travel stipends to students who drive peers may encourage more students to carpool.

To treat high diabetes distress or not: determining the clinical impact of targeted interventions with type 1 adults
Parra, J*; Hessler, D; Fisher, L; Polonsky, W; Strycker, L; Bowyer, V; Dedhia, M; Masharani, U

Context &Objective: Diabetes distress refers to the emotional burdens that are a common patient experience when managing a demanding chronic disease like diabetes. A recent study (T1-REDEEM) reported the relative effectiveness of two interventions to reduce high diabetes distress (DD) among adults with type 1 diabetes (T1), however there is little evidence to support their use compared to non-treatment controls. We leveraged two recent studies to examine differences between the effect of targeted interventions on high DD T1 adults and a comparable sample of untreated participants, as well as to document the stability of untreated DD over time.

Setting/ Population: A diverse sample of T1 adults from California, Arizona, Oregon, and Ontario recruited through patient registries, support groups, and diabetes organizations.

Intervention/Study Design: T1 adults with elevated baseline DD (mean â‰¥ 2.0) and HbA1c (â‰¥ 7.5), identified from a longitudinal, non-intervention study (non-INT) (N = 51, age = 40.4 [SD = 16.8], 72.5% female, baseline DD = 2.5 [SD = 0.4], baseline HbA1c = 8.4 [SD = 1.3]), were compared to a matched sample of T1 adults who participated in T1-REDEEM (INT) (N=51, age = 48.8 [SD = 15.3], 74.5% female, baseline DD = 2.6 [SD = 0.4], baseline HbA1c = 8.7 [SD = 1.0]). Both groups completed the T1-DDS questionnaire at baseline and 9 months.

Which features at residency programs matter most to UCSF students applying in Family Medicine?
Ransohoff, A*; Vener, M

Context &Objective: What residency program features most matter to students applying in FCM? In the literature, students cite geographic region, program type (academic, community), and patient population (rural, urban, underserved) as prominent factors in ranking programs. Other significant factors include sense of "fit" with faculty and residents and FCM as the only residency programs ("unopposed"). We investigated whether UCSF students' priorities aligned with their peers nationally. In addition, we hoped to characterize whether other programmatic features impacted students' decisions.

Setting/ Population: We surveyed ten fourth-year UCSF medical students who interviewed at FCM residencies in 2018-2019.

Intervention/Study Design: We conducted open-ended interviews and written surveys with students after they had interviewed at residencies.

Outcomes/Results: Like their peers nationally, UCSF students cited geographic needs (eg: near family) and program type (eg: urban underserved) as most decisive factors in ranking FCM residencies. Sense of "fitting in" with residents/faculty, opportunity for OB or procedures, and whether a program was unopposed were also highly significant factors to students.

Nearly all students mentioned the â€œClinic Firstâ€ model as the single educational feature that most impressed them about a program. Other features that excited students were global health opportunities to work abroad in residency immersive language-learning camps/programs; and year-long research or community projects. Non-curricular features that impressed students related to wellness such as: half-day off per month to manage personal needs and big sib mentoring programs. Program features seen as promoting quality of life, such as no pre-rounding, no night call during internship or free parking, were highly valued by applicants. Interestingly, while students could readily cite programmatic features that they admired in many programs, most admitted that this had a lesser impact on their residency rank list than factors such as geography and program type.

Conclusions: While many UCSF students make residency lists based on traditional factors such as geography, innovative programmatic features related to "Clinic First" model or wellness still make a strong positive impact. Next steps are to assess whether once students matriculate at residency, they advocate for starting some of these innovative features wherever they match. If so, this may be a potent avenue to disseminate "best practices" amongst programs.

Effects of US poverty alleviation policy on mental health and substance use
Collin, D.,* Shields-Zeeman, L.,* Batra, A., Hamad, R.

Context &Objective: The Earned Income Tax Credit (EITC) is the largest poverty-alleviation program in the US and has been shown to reduce poverty and increase labor force participation. It provides an additional tax refund at tax time for low-income working families. In additional to the federal EITC program that provided over $60 billion to about 30 million individuals nationwide in 2017, 26 states and Washington DC have implemented their own state-level EITCs that provide an additional refund. Previous studies have examined how EITC affects physical health, but few have evaluated whether the EITC impacts mental health and health behaviors. We employ two different methods to contribute new knowledge about this important policy.

Setting/ Population: We examined a large diverse nationally representative sample drawn from the Panel Study of Income Dynamics (N=40,844).

Intervention/Study Design: First, we analyzed the effect of the policy overall using instrumental variables analysis. Second, we analyzed the effect of the state EITC policies using difference-in-differences analysis. Outcomes included: self-reported overall health, psychological stress, smoking, and alcohol consumption.

Outcomes/Results: The EITC overall was associated with improved self-reported overall health and lower scores of psychological stress. It did not have a significant effect on smoking or alcohol consumption. Meanwhile, state EITC programs, which tend to provide smaller tax refunds than the federal

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community that currently does not provide any postpartum contraception.

Setting/ Population: All post-partum patients, >16 years of age, at Adventist Hospital Reedley willing to participate in the study.

Intervention/Study Design: Student researchers had didactic training to obtain informed consent, work with a translator, and conduct the survey. Questionnaires were conducted via Qualtrics. During the initial survey patients were asked if we could contact them again in eight weeks. Those that agreed to the phone call provided a contact phone number. Research team members conducted the 8-week phone calls to patients to ask the second portion of the survey.

Outcomes/Results: A total of 213 patients were eligible for the study and 78 patients participated in the in-hospital survey. The average age was 27 years old and 86% of participants self-identified as Hispanic. The majority of respondents (88%) desired a form of contraception and 93% wanted their preferred contraceptive prior to hospital discharge. Patients primarily wanted pills (15%), implant (12%), and IUD (12%). A multinomial logistic regression with the independent variables of age, desire to be pregnant in the future, interest in birth control lasting 3-10 years, satisfaction with birthing experience, and ethnicity did not significantly predict desired birth control. A total of 55% of participants completed the 8-week follow up survey, of those 81% of participants attended their post-partum appointment and 80% received contraception.

Conclusions: This was a random convenience sample and the research assistants were not consistently available, limiting our sample size. There was significant loss to follow up for the 8-week calls. Most women want contraception prior to hospital discharge. Fewer women wanted LARC, compared to similar studies and national data, which may reflect cultural differences and/or low health literacy among the study participants.

Measuring the impact of a diversity and social justice committee on interviews offered in a family medicine residency program
Symkowick,M*;O'Connell,T*;Mathur,M;Li,R;Rabbani,J;Stecker,T;Gonzalez,R

Context &Objective: Physician diversity in the United States does not reflect the diverse characteristics of the communities they serve. Research suggests that a diverse medical workforce increases access and quality of care for underserved populations. Several medical societies and certification boards, public health organizations, medical schools and residency training programs have called for novel, concerted efforts to narrow this diversity gap. In 2017, the Kaiser Permanente Napa-Solano Family Medicine Residency Program created a Diversity and Social Justice Committee to provide an equitable assessment of residency applicants who identify as underrepresented minorities (URMs) and who have had a significant distance travelled towards a career in medicine.

Setting/ Population: We assessed 2014-2017 US medical school graduate applicants to the Kaiser Permanente Napa-Solano Family Medicine Residency Program.

Intervention/Study Design: We imported longitudinal residency applicant data (N=3280) from the Electronic Residency Application Service (ERAS) to conduct a pre-post assessment of our diversity recruitment efforts. Descriptive statistics, bivariate and multivariable analysis were performed to understand how race, ethnicity and educational factors may determine which applicants were invited to interview.

Outcomes/Results: e will describe the key components of the Diversity and Social Justice Committee and lessons learned from its implementation in our residency program. More white applicants were invited to interview than Asian, African-American and Hispanic applicants in 2014-2016. After enactment of diversity efforts in 2017, the proportion of non-white applicants invited to interview significantly increased. Additionally, we will present several factors that statistically significantly predicted higher likelihood of being selected for an interview.

Conclusions: The Kaiser Permanente Napa-Solano Family Medicine Residency Program continues to work towards the goal of matching the diversity of our residents with that of our local community in Vallejo, CA, one of the most diverse cities in the US.

and local government agencies that work with (CYSHCN), health plans, medical providers, and provider advocacy organizations. Focus groups were conducted around the state and included 3 groups with families of CYSCHN, 3 groups with medical providers, 3 groups with local CCS administrators, and 1 focus group with health plans.

Outcomes/Results: Families of CYSHCN and their advocates identified many challenges including: delays in getting durable medical equipment (DME) and medical supplies (e.g. diapers), annual caps on the amount of DME they can get, lack of adequate access to mental health services, and not enough social support. Additional challenges are delays in access to and shortages of pediatric subspecialists, lack of adequate communication from CCs and Medi-Cal, difficulties finding providers of respite care, and problems with transportation services and travel distances to special care centers. The medical providers who care for this children also many encounter challenges, such as not knowing how to bill CCS for services, care coordination services often going unreimbursed, low reimbursement rates, and locating adult providers for their transitional age youth.

Conclusions: Effective strategies can and must be identified and implemented to reduce the burden and challenges that families and medical providers face in caring for CYSCHN to improve satisfaction and outcomes.

Demographic factors associated with childhood vaccine series and influenza vaccine coverage among Kaiser Permanente patients in Napa-Solano
Li, R.*, Rabbani, J., Symkowick, M., Bahou, M.

Context &Objective: Vaccination is effective in reducing morbidity and mortality related to several preventable diseases. However, a high population vaccine coverage is needed to prevent large outbreaks, especially in sub-populations where the vaccination rate does not reach the herd immunity threshold due to barriers to vaccination, concerns about vaccine safety, and distrust of medical community. This study aimed to identify demographic and clinical factors associated with vaccine coverage.

Setting/ Population: This quality improvement project included all active members whose primary care physicians (PCPs) were in one of four Kaiser facilities in the Napa-Solano service area as of 5/16/2018. We analyzed predictors and vaccination outcome data in the electronic health record from 5/17/2011 to 5/16/2018.

Intervention/Study Design: We performed descriptive statistics and developed two multivariable logistic regression models. Our primary model outcomes were completion (yes/no) of Child Combination 8 vaccination by 5/15/2018 and â‰¥1 dose of the influenza vaccine in the 2017/18 flu season. Model predictors included: age, gender, race, language, facility, module type (adult/pediatric), and numbers of visits to their PCP, Emergency Department (ED), and Immunization Clinic (IC).

Outcomes/Results: In the Child Combination 8 model, with every one-year increase in age, the likelihood of vaccine completion increased by 88% (OR = 1.88, 95% C.I. 1.77-2.00). Being of Asian/Pacific Islander descent (vs white; OR = 1.26, 95% C.I. 1.08-1.47) was associated with higher vaccine completion while being African American (vs white; OR = 0.81, 95% C.I. 0.69-0.96) and Hispanic/Latino (vs white; OR = 0.74, 95% C.I. 0.65-0.84) were associated with lower coverage. In the Influenza Vaccine model, age groups 0-4 and 65+ were more likely to acquire an influenza vaccine. Being male (vs female; OR = 0.87, 95% C.I. 0.86-0.89) or African American (vs white; OR=0.70, 95% C.I. 0.68-0.73) predicted a lower likelihood of getting an influenza vaccine. Being Asian/Pacific Islander (vs white) was also a positive predictor of influenza vaccination (OR = 1.37, 95% C.I. 1.33-1.41).

Conclusions: We identified several vaccine coverage differences between racial/ethnic subgroups, medical facilities, and outpatient clinic module type in the population of interest using predictive regression models. The findings from this study will inform future effective interventions to improve vaccination coverage.

Patient attitudes about and barriers to post-partum long-acting reversible contraception
Roepcke, F.*, Price, I., Hughes, S., Joseph, S.

Context &Objective: Pregnancies conceived after a short interpregnancy interval (< 18 months) are associated with health risks for both mothers and infants. Patients may be unaware of the risks or not provided the tools to prevent a short interpregnancy interval. We assessed patients' contraception knowledge, interest in receiving contraception information, desire to receive postpartum contraception, and ability to obtain postpartum contraception, including patient-perceived barriers in one rural

ABSTRACTS:

Building a culture of safety at the Family Health Center
Levy, Rachel*; Alkov, Danielle; Saba, George; Morris, Juliana; Uy-Smith, Elizabeth; Sharma, Anjana; Leung, Lydia

Context &Objective: The purpose of this initiative was to assess perceptions of safety and develop interventions to improve the culture of safety at the Family Health Center (FHC).

Setting/ Population: After experiencing several high and low acuity threats without sufficient security response, FHC leadership at the Zuckerberg San Francisco General Hospital (ZSFGH) developed the Safety Committee made up of patients, staff and providers.

Intervention/Study Design: Under their guidance, I administered a survey to attendings, residents, PAs, NPs, pharmacists, nutritionists, porters, medical assistants, medical clerks, and behavioral health therapists. The results were analyzed and presented at an all staff meeting.

Outcomes/Results: The safety survey had a total of 88 participants with representation from all professions. Perceptions of safety were measured on a 5-point scale (1 very unsafe, 5 very safe). As a group, NPs (4.4), faculty (3.8) and attending physicians (4.3) feel the most safe in clinic while behavioral health therapists (3.2) and medical assistants (3.2) feel the least safe in clinic. In terms of the relationship to security, the clinic is divided. Some respondents feel the sheriffs have made the clinic feel less safe when they are in the building with guns. Other respondents cite lack of security when the sheriffs cannot respond because they are busy or that the cadets might not respond quickly enough.

As a result of the survey, the FHC implemented more surveillance and integration of cadets into clinic team. The safety committee designed the Acute Crisis Team (ACT) of trained staff members who will respond to threats in a protocolized, well-documented and trauma-informed manner.

Conclusions: Through this process, I continue to learn how trauma and power shape one's concept of safety and suggestions for change. The study results indicate a division in perceptions of safety at the Family Health Center that those working on the front line (medical assistants) and with patients experiencing acute stress (behavioral health therapists) feel less safe in clinic than other staff counterparts. The process of developing the ACT has also taught me about the importance of trauma-informed care in a safety-net hospital.

PrEP and PEP Access Is Challenging: Changing the paradigm with online navigation services
Weber, Shannon; McCord, Alan; Oseguera-Bhatnagar, Yamini; O'Neal, Reilly; Romero, Charlie; Lazar, Laura Marie*

Context &Objective: U.S.-based uptake of pre-exposure prophylaxis (PrEP) for HIV prevention is high among White gay men in urban centers. Overall uptake of PrEP is below the CDC's estimated 1.1 million potential beneficiaries; 1.4% of potential Black and 2.5% of potential Latinx beneficiaries are estimated to have filled a PrEP prescription, contrasted with 14% filled by potential White beneficiaries. HIV prevention education and benefits navigation are essential to assure potential PrEP/ PEP (post-exposure prophylaxis) users access coverage, government services, and industry-sponsored resources. Given that Black and Latinx internet users access online spaces at rates comparable to White users , the potential for narrowing the racial PrEP access gap through online outreach and education is high.

Setting/ Population: PleasePrEPMe:Connect reaches potential Californian PrEP/PEP users online. Promotion focuses on Black and Latinx men who have sex with men and trans women. Visitors range in age (13-70+), level of PrEP/PEP knowledge, and complexity of need.

Intervention/Study Design: PleasePrEPMe:Connect is staffed by navigators utilizing a sexual health coaching model, delivering PrEP/PEP information/referrals via online chat. In English and Spanish, navigators locate PEP/PrEP services through PleasePrEPMe's provider directory, respond to frequently asked questions, and support uninsured, insured and undocumented visitors with benefits navigation.

Outcomes/Results: From Jan-Dec 2018 PleasePrEPMe:Connect had 934 interactions (65% chat; 9.8% offline messages; 19% email; and 6.2% text/calls/social media). Of these, 8% required additional investigation and follow-up. Challenging cases included: emergency PEP situations including rape (34%); complex insurance needs (11%); locating trans-competent providers (7%); and global resources (3%).

Conclusions: Analysis of chat transcripts provides insight into the challenges faced by consumers attempting to access care. It offers a window into how online spaces act as an essential conduit of confidential, accurate information, often inaccessible offline due to geography, stigma, misinformation, or lack of resources. The PleasePrEPMe:Connect experience demonstrates that compassionate yet practical healthcare navigation can occur online, granting the potential to reach individuals yet unserved by the health system.

How point of care ultrasound improves patient care in underserved communities: the Contra Costa experience
Jayasekera N*, Bergman K, Ferguson M, Standish J.

Context &Objective: Context and Objectives: Point-of â€"care ultrasound (POCUS) can improve diagnostic accuracy and procedural competency. Although POCUS training and research in Family Medicine is relatively new, multiple studies have shown that POCUS can improve patient care in resource limited settings (RLS) and underserved populations. In June 2011 the Contra Costa Family Medicine Residency Program (CCFMRP) initiated a comprehensive POCUS curriculum and credentialing process for all incoming residents. An abstract of this innovative program was presented at the Rodnick Colloquium in 2013. Six years later, we will discuss the growth of the program and how POCUS has been utilized with current trainees and graduates of the CCFMRP to improve patient care in RLS and underserved populations

Setting/ Population: Setting/Populations: The POCUS program is based at the CCFMRP in Martinez, CA. Foundation training in POCUS is initiated for all incoming interns and global health fellows in an annual two-day, 16 hour intensive hands-on workshop covering 10 core applications. Further training occurs through a popular 2-3 week POCUS elective that residents and fellows can take during their clinical training. The program is managed by Neil Jayasekera MD and Kevin Bergman MD and receives support by the CCFMRP and departments of Family Medicine, Radiology, Cardiology, and other relevant clinical departments.

Intervention/Study Design: Interventions/Study Designs: Graduates of the CCFMRP and Contra Costa/UCSF Global Health Fellowship were surveyed in 2015 to assess if and how they utilize POCUS in their post-graduate medical practice.

Outcomes/Results: Outcomes/Results: 12 of the 13 graduates of the 2015 Contra Costa FMRP work with underserved populations and 77% of them use POCUS on a regular basis to improve patient care. Examples of settings where our graduates utilize POCUS in RLS and underserved populations include: healthcare for the homeless including street medicine, Indian Health Service, rural medicine, global health, and FQHC â€¨s such as Contra Costa Health Services.

Conclusions: Conclusions: POCUS training and research in Family Medicine is in its infancy. As evidenced by the Contra Costa experience POCUS training in a Family Medicine Residency program can improve patient care in RLS with underserved populations.

Pearl drop fridays: a novel method for integrating continuing medical education, inquiry, and information sharing into the culture of a family medicine residency program
Liu, M*, Harris, B, & Ridout, K

Context &Objective: Integrating continuing medical education (CME) into practice is integral to the efficient translation of knowledge to the healthcare workplace. Innovative and fun ways to integrate CME can facilitate this process while promoting a culture of inquiry and information sharing. To facilitate integration, we piloted a novel information sharing process among our family medicine residency, called "Pearl Drop Fridays" (PDF).

Setting/ Population: Twenty-six family medicine faculty and residents from a community-based outpatient clinic in Northern California participated in the pilot.

Intervention/Study Design: Beginning in July of 2018, weekly, participants identified a question, outlined issues impacting patient care and practice, and provided answers and resources via email.

and integrative health across all years. 6) Inpatient experiences provide hospital-based immersions; 7) Sustaining wellness as a primary care physician is emphasized throughout. Although our work is still early, we aspire to make our vision a reality.

Conclusions: Early outpatient immersion, consistent primary care schedules, immediate investiture with a robust patient panel, and longitudinal ambulatory experiences may help residents feel competent and capable in clinic from the start of residency. Our goal is to have gradating residents say: "I know I can succeed in delivering high-performing primary care because I already did this for my three years of residency."

In Our Hands: A primary care procedures elective teaches students the scope and role of Family Medicine
Harrison, F*: Galewyrck, S

Context &Objective: Family Medicine (FM) offers many opportunities for office-based procedures, yet learners are rarely exposed to this aspect of FM until residency. This is our fourth year of offering a primary care procedures elective for first year UCSF medical students. Course goals include 1) educate about family physicians' roles in procedures; 2) explain the importance of providing procedures in a patient's medical home; 3) provide an opportunity for students to try hands-on simulation of procedures; 4) introduce first year students to primary care faculty and resident role models.

Setting/ Population: First-year UCSF medical students

Intervention/Study Design: Workshops include a primary care case and discussion of how each procedure fits into the overall context of the patient-centered medical home. Providing students with an opportunity to learn about primary care procedures leverages students' interest in procedures with a chance to better understand the scope of FM.

Outcomes/Results: Quantitative and qualitative outcome data is collected annually using a pre- and post-elective survey. Topics assessed included: interest in primary care, interest in performing procedures, belief that family physicians should perform procedures, and impact of resident role models. Students endorse enjoying the elective and appreciating the clinical context of the procedures. Survey data collected shows a high pre and post test interest in primary care. This year we will survey our first participants post match regarding their career choice.

Conclusions: We hope that this course is a model for other student electives that expose students to engaging aspects of FM during pivotal years in which they formulate their understanding of primary care and consider specialty choice. Family medicine faces a critical work force shortage. Medical students are often primarily exposed to specialist lecturers and small group leaders in the preclinical curriculum. This elective is one way to increase interest among pre-clinical students and connect them with family medicine faculty and resident mentors early in their career process. In particular, it leverages a common student interest procedures to connect them with more general family medicine content and faculty. As a course instead of a single evening procedural workshop - it provides longitudinal opportunities for relationship building.

Caring for Children and Youth with Special Health Care Needs in California: Challenges facing families and providers
Rienks, J*, Shatara, A, Dedhia, M

Context &Objective: State agencies receiving Title V funds, including California Children Services, are required to conduct a needs assessment every 5 year and identify problems/issues to work on improving over the next 5 years. The Family Health Outcomes Project is currently conducting a needs assessment of California Children Services to identify potential problems/issues related to services for children/youth with special health care needs (CYSHCN).

Setting/ Population: California Children's Services (CCS) is a state program that provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children with CCS-eligible medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, and traumatic injuries. Because there are also financial eligibility limits for participation in CCS, the program serves predominantly poor families enrolled in Medi-Cal.

Intervention/Study Design: Fifteen key informant interviews and 9 focus groups were conducted as part of the needs assessment. Key informants included family advocates, representatives from state

San Joaquin Valley Program in Medical Education (SJV PRIME): Training future physicians committed to caring for vulnerable patient populations in the Central Valley
Kelley, R*; Neves, G: Stoltz, S; Poncelet, A; Alving, L; Vener, M

Context &Objective: The San Joaquin Valley (SJV), with a rapidly growing and very low-income population, is California's most medically underserved region. We sought to create and implement a UCSF SJV Program in Medical Education track (SJV PRIME) to prepare future physicians who are committed to caring for SJV patient populations, prepared to provide skillful, culturally appropriate care, and poised to become leaders critical to solving this impending health care crisis.

Setting/ Population: We recruited future physicians who were raised and/or educated within the Central Valley and committed to caring for diverse SJV communities. After meeting UCSF acceptance criteria, students may apply to SJV PRIME. In 2019-20, six students will matriculate, and twelve students each year thereafter. This expands the current UCSF class size.

Intervention/Study Design: Educators, administrators, and community workers from Fresno and SF collaborated in the SJV PRIME Task Force. We developed a four-year experience in SF and Fresno. Prior to matriculating to SF, incoming first-year students spend two weeks in Fresno immersing in community engagement and team building. Subsequently, students spend pre-clinical (F1) years in SF and work with SJV PRIME coaches in SF and Fresno. During the summer, students return to the SJV for projects. In third and fourth year, students live in Fresno and complete longitudinal integrated clerkships, career launch and inquiry projects in the SJV. Over all four years, the students are supported in achieving competencies to care for vulnerable SJV communities.

Outcomes/Results: Program assessment focuses on: 1) equivalency with other UCSF sites/ programs, 2) accomplishment of the program's mission. The former includes clerkship performance, evaluations, etc. The latter includes focus groups, identity survey, and endpoints including residency location, career choice and practice outcomes.

Conclusions: Incredible enthusiasm and support for SJV PRIME at UCSF, UCSF Fresno, UC Merced, and among community partners have been very gratifying and underscores the deep commitment to increasing health care access in the SJV. In addition to developing curriculum, our team is working to ensure students share a sense of group identity and a high level of engagement in the SJV community. Strong communication and coordination, faculty development and community support are pivotal to ensuring the program's success.

Way far outside the box: Applying thirteen building blocks, best practices and trainee input to envision a High-Performing Primary Care Residency
Vener, M*; Bodenheimer, T: Hill-Sakurai, L; Grumbach, K

Context &Objective: Residency programs have dual goals of caring for patients and educating trainees. Because educational experiences are often organized into month-long blocks focused on service needs, residents may feel primary care clinics are less emphasized, particularly early in training. We sought to envision a FCM High-Performing Primary Care Residency where education is structured around clinic and trainees graduate having successfully cared for a robust patient panel for three years.

Setting/ Population: We interviewed stakeholders including: UCSF FCM clinic leadership, CEPC faculty, GME leaders, fourth-year students and FCM interns. We also reviewed the literature and examined other FCM residency curricula.

Intervention/Study Design: We sought to apply the thirteen building blocks of high-functioning primary care residency clinics and integrate stakeholder feedback to envision a innovative FCM residency.

Outcomes/Results: We designed a residency based on the following key principles: 1) High Performing Primary Care immersion at start of internship promotes rapid acquisition of skills, including population health, QI, etc; this helps residents feel competent in clinic early on. 2) Full panel investiture with a 500-person patient panel from day one. Coached by faculty mentors in panel management from the start, residents manage their own robust panel for three years; 3) Primary care is primary and consistent â€" Residents have the same two full days of clinic throughout most of residency; consistency promotes meaningful continuity and fosters team-based care. 4) Clinic feels welcoming; 5) Longitudinal integrated ambulatory care is the foundation of residency instead of block rotations. Ambulatory Integration (AI) includes consistent, full days of primary care, geriatrics, women's health, behavioral health

The presenter identified the subsequent presenter by stating “challenge Dr. X to drop a pearl” in an email, giving one week for the presenter to prepare the next pearl. Instructions regarding pearl content or nature were omitted to allow the participant freedom to choose the topic area. After 8 months, faculty and residents were surveyed to evaluate acceptability of this method for integrating CME into everyday practice.

Outcomes/Results: PDF topics included women's and men's health, musculoskeletal issues, emergency care, otolaryngology, immunization guidelines, H. pylori treatments, and microcytic anemia work-up. Resources included apps, diagrams, algorithms, clinical evidence, and specialist input. Initial barriers to implementation were confusion around timing and what it meant to be “challenged” to complete a pearl. Lulls in pearl emails were overcome by the pearl initiator sending out another pearl and challenging another participant. Twenty of the 26 participants (77%) replied to the survey; 90% reported changing their practice due to PDFs. Most chose PDFs based on knowledge gaps (40%) or sharing something helpful from a clinical case (25%). Ninety percent of participants reported they would use the format to share new information from conferences.

Conclusions: PDFs were an acceptable method to facilitate information sharing in a residency program that was improved by identifying the next presenter and by re-initiating a “challenge” if needed. Diagrams and a light and fun frame also improved success. Future directions could include integration to the resident's didactic structure and inclusion of specialists.

The map to methodical madness: milestone-based residency evaluations
Patel, L*, Reouk, D, Chu, F & Morgan, W

Context &Objective: The ACGME competency-based milestones aim to generate meaningful, objective feedback by facilitating the description of residents' skills and knowledge during clinical rotations by faculty. However, significant drawbacks exist; not all milestones are relevant to the curricular goals of each rotation and it is time consuming for faculty to scan through all the milestones to identify those pertinent to their rotation. This project aimed to tailor the faculty evaluation process by using rotation-specific milestones to make evaluations more meaningful and efficient to complete.

Setting/ Population: Family medicine and sub-specialty residency faculty from a community-based outpatient clinic in Northern California participated in the study.

Intervention/Study Design: The program residency evaluation committee took all ACGME milestones and sorted them by milestone levels (Level 1-5). Behavior-based milestones, developed previously by separating individually identifiable behaviors in each milestone, were then assigned to each rotation evaluation based on the rotational curricular objectives, by training year (PGY1-3), and quarter (1-4). Evaluations consisted of two open-ended questions that inquired about residents' strengths and areas for improvement, then included a checklist of 9 to 12 behavior-based milestones with a yes/no/ not observed scale (â€œnot observedâ€ indicated the faculty did not have an opportunity to observe the behavior), an inquiry regarding whether the resident received the feedback, and whether the resident requires remediation for the rotation. Evaluations were then programmed into our educational software platform, MedHub.

Outcomes/Results: In the first residency quarter, 193 individual evaluations were sent to X faculty. The response rate was 68.2%, with an on-time response rate of 66.1% [defined as within 4 weeks of the evaluation send date, which was usually the first day of the rotation (+/- 3 days)]. We received a total of 552 milestone data points, [m(SD)=92(3.03)]. Residents received an average of 45 constructive comments. This information facilitated a snapshot of resident milestone performance after one quarter.

Conclusions: Milestone-based evaluation process provided meaningful feedback to evaluate resident performance and appeared to facilitate faculty response. Future directions include a survey of faculty on how behavior-based milestone residency evaluations improve faculty completion of evaluations and familiarity with ACGME competency domains and milestones.

Implementing adverse childhood experience screening and trauma-informed care in primary care
Uy, A*, Chu, F, Ridout, S, Harris, B, & Ridout, K

Context &Objective: Approximately 60% of the American population experiences one or more adverse childhood experiences (ACEs), defined as abuse, neglect, parental separation or care-giver psychiatric/substance

use disorder. ACE exposure increases risk for health conditions including hypertension, diabetes, cancer, and psychiatric disorders, exacting costs greater than $124 billion over the lifespan. There is great interest in identifying ACEs clinically to facilitate trauma-informed care as tertiary prevention and ACE screening can improve health-related quality of life. Despite reports of ACE screening feasibility and acceptability, clinical implementation is low due to the time-intensive nature of most screening tools. As such, we aimed to implement a streamlined ACE screening tool and trauma-informed care practice in primary care.

Setting/ Population: Participants included patients being seen by family medicine residents and faculty in a community-based family medicine outpatient clinic in Northern California.

Intervention/Study Design: We planned and developed, with key stakeholders, a screening measure and piloted screening during adult (age 18-years-old) physical exams. Screening rates, along with referrals to resilience-building resources, were measured. Feedback from stakeholders regarding the screening and referral process, along with strategies to build provider knowledge of trauma-informed care, were gathered and informed workflows disseminated to our larger population.

Outcomes/Results: A review of the literature resulted in a four-question abbreviated ACE screening tool. Screening and referral did not significantly impact clinic workflow; over the course of implementation screening for ACEs and referral to resiliency resources increased to 100%. Rates of reported ACE exposure were comparable to nationwide data ($p > .05$). Qualitative results revealed that patients appreciated ACE screening and resilience-building support resources. We identified several barriers to screening, which included paper screening tools, streamlining referral resources, and initial resistance from staff that was overcome by processing their own history of ACE exposure and providing tools to speak with patients regarding ACEs.

Conclusions: Stakeholders embraced trauma-informed practices and reported increased joy in practice. Screening and referral was fast; referral to resiliency resources increased to 100% of patients with a positive screen. Patients reported appreciating screening and referral. Barriers to screening included paper screening tools, streamlining referral resources, and staff comfort. Future directions include expansion to the entire family medicine department.

Design and pilot study of a brief structured format for teaching residents evidence-based medicine and literature appraisal skills in a journal club format
Ridout, K*, Harris, B, Yang, Z, Reouk, D, & Ridout, S

Context &Objective: Goals of evidence-based medicine (EBM) education include developing a working knowledge of literature searches, evaluating evidence levels, appraising methodology, and interpreting results with their impact on clinical practice. The journal club format, involving group discussion of an article led by a peer facilitator, offers learners an efficient way to practice these skills. However, journal clubs often lack structure making them less impactful. This project aimed to: (1) create an efficient, objective form which uses EBM tools that can be applied in regular practice, and (2) obtain pilot data from stakeholders on usefulness and acceptability.

Setting/ Population: Fourteen psychiatrists and one medical student who attend a Journal Club session in a community-based outpatient psychiatry clinic in Northern CA.

Intervention/Study Design: A handout was constructed by content experts including: a brief recapitulation of EBM principles, study types, effective medical literature search instructions, and a novel form guiding users through the most salient components to evaluate the paper they are reviewing. Data were collected from participants via anonymous survey including a 5-point Likert scale to assess usefulness. Qualitative data regarding strengths versus weaknesses of the EBM tool and utility were assessed.

Outcomes/Results: Seven participants responded to the survey. Seventy-two percent (5 / 7) felt the tool was very useful in understanding EBM; 100% (7 / 7) would use this format for article appraisal and teaching EBM again, and 86% (6 / 7) would recommend this tool to others. Most respondents reported taking 60 minutes or less to use this tool (57%, n=4). Respondents reported structure and efficiency as strengths and no weaknesses were identified for this tool.

Conclusions: These data indicate that this novel EBM tool was highly acceptable to users, suggesting tool implementation in other settings may be helpful, including resident instruction. Unlike many existing tools, this comprehensive tool includes all steps needed to critically appraise an article

Intervention/Study Design: A non-concurrent cohort study was conducted on adult patients at KP-NSA who completed the Patient Health Questionnaire-9 (PHQ-9) from July 31, 2016 â€“ July 31, 2017. Clinical data from Electronic Medical Records (EMR) was obtained to assess several patient demographics and risk factors including age, sex, race/ethnicity, marital status, and tobacco use. We determined the association between depression severity (based on most recent PHQ-9 score between July 31, 2016 â€“ July 31, 2017) and ED utilization (number of ED visits in August 1st, 2017 to August 1st, 2018) using descriptive statistics, bivariate analysis, and multivariate negative binomial regression (NBR).

Outcomes/Results: The study population was primarily female (68%) and over the age of 41 years (60%). 33% of patients had at least 1 ED visit. 58% of patients identified as Non-Hispanic White while the remaining 42% consisted of minorities. 92.5% reported some form of depression. 22.4% of patients had moderately severe/severe depression. After adjusting for several factors, we found that patients with moderately severe/severe depression had statistically significantly more ED visits (incidence rate ratio = 1.22, 95% CI = 1.064 â€“ 1.396) than patients without depression. Minimally depressed patients had significantly less ED visits (IRR = 0.86; 95% CI = 0.75-0.99) compared to those non-depressed patients.

Conclusions: Our results suggest that among those who were screened, patients with moderately severe/severe depression utilized the ED at higher rates. Collaboration between Emergency Medicine, Primary Care, and Behavioral Health Departments may be warranted in order to address frequent ED utilization among patients with high depression severity. Potential implications include the evaluation of barriers to screen for depression, improvement of care coordination, and use of the ED as a signal for depression screening.

Adapting the Ryan White AIDS Education & Training Center's training approach to increase consumer engagement among providers in Whole Person Care in Alameda County
Amarathithada, D.*, Morris, P., Chow, P., Reyes, E.M.

Context &Objective: Alameda County Care Connect (Care Connect) is a county-wide initiative to improve access to services for three groups of Medi-Cal eligible residents: high utilizers, chronically ill, and homeless individuals. This five-year (2016-2020) Whole Person Care pilot coordinates primary care, behavioral health, housing and other providers for these populations.

Setting/ Population: UCSF's Pacific AIDS Education & Training Center, together with Community Health Center Network, adapted our expertise in adult learning, training modalities and community health, to implement a training plan that increases skills, knowledge, and capacity of country providers to work effectively with these communities.

Intervention/Study Design: Consumer engagement skills (e.g., Motivational Interviewing and Trauma Informed Care) are core competencies for providers and form a key stream in the AC Care Connect Academy. This stream includes topics on Cultural Humility, Empathy Effect, Harm Reduction, Health Literacy, Housing Problem Solving, Mental Health First Aid, Motivational Interviewing, Social Determinants of Health, and Trauma Informed Care. The Academy also includes sector knowledge and tracks for housing and care management. Since 2018, we facilitated 29 trainings, with 300+ unique participants from 85+ organizations. Participants were from the following sectors: Primary Care Clinics (30%), Housing (22%), Care Coordination (16%), Hospitals (9%), Integrated Behavioral Health (9%), Social Services Agency (7%), Criminal Justice (3%), and Substance Use Disorder (2%).

Outcomes/Results: Participants in the trainings rated them highly: average quality of trainings in 2019 was rated 4.6 out of 5 and average quality of presenters was rated 4.6 out of 5. Recurring evaluation comments include: trainings have helped participants better serve their clients, interacting with providers outside of their field has greatly improved participants' abilities to provide care services, and participants expressed gratitude for the trainings.

Conclusions: While the project is ongoing, themes are emerging. Increased understanding and validation of a client's cultural background and experiences enhances individualized care services. Equipping providers with resources outside their field of expertise connects their clients with patient's own priorities and illustrates the need for integrating systems that previously didn't interface. Through these and other efforts, this Whole Person initiative hopes to ensure those in the county facing physical, behavioral, and social challenges can achieve optimal independence and health.

We used difference-in-difference models, comparing outcomes among EITC-eligible women exposed to the EITC in different trimesters, while differencing out seasonal trends in outcomes among non-eligible women. We compared the effects across race/ethnicity.

Outcomes/Results: Using a probabilistic algorithm to impute EITC eligibility revealed a decrease in preterm birth ($\hat{I}^2$=-0.014, 95% CI (-0.178,-0.010)) when receiving the EITC refund in the third trimester relative to preconception. A significant interaction was found by race/ethnicity, such that Non-Hispanic Black women experienced a stronger protective effect against preterm birth for third trimester refunds ($\hat{I}^2$=-0.030, 95% CI (-0.049,-0.011)).

Conclusions: Differences in preterm birth by trimester of income receipt may reveal information about the stress pathway and identify points of intervention for social and economic policy. These findings suggest that expansion of EITC or other income interventions may have promise to reduce racial inequities in preterm birth.

The effects of paid family leave on child and parent mental health: a natural experiment leveraging U.S. state policies
Hamad, R; Irish, A; Modrek, S; White, J

Context &Objective: Paid family leave (PFL) policies provide salary support for parents after the birth or adoption of a child. The U.S. is the only high-income country with no federal PFL policy in place, although several states have passed such legislation. PFL policies have increasing support from the public and policymakers in the U.S., but there is limited evidence of their health effects. We tested the hypothesis that PFL policies recently implemented in California and New Jersey improved the mental health of affected children and their parents.

Setting/ Population: We examined a large diverse sample drawn from the National Health Interview Survey, a nationally representative serial cross-sectional survey. We included about 90,000 children born during 1997-2016 and about 30,000 parents.

Intervention/Study Design: Child outcomes included a mental health indicator based on the Child Behavior Checklist (CBCL) for younger children, and the Strengths and Difficulties Questionnaire (SDQ) score for older children. Parent outcomes included the Kessler-6 score, which captures psychological distress. We conducted a difference-in-differences (DiD) analysis, a quasi-experimental method comparing the change in child and parental mental health outcomes in treatment states before and after PFL policies were implemented, differencing out underlying temporal trends in control states where no PFL policies were implemented.

Outcomes/Results: The passage of PFL policies reduced the rates of mental health problems among younger children ($\hat{I}^2$ = -0.11 in CBCL score; 95% CI: -0.19, -0.034), but there was no statistically significant change for older children ($\hat{I}^2$ = 0.006 in SDQ score; 95%CI: -0.033, 0.046). Parents' mental health was also improved after the passage of PFL policies ($\hat{I}^2$ = -0.26 in K6 score, 95%CI: -0.11, -0.41), including both mothers and fathers. We also found differences in the health effects of PFL policies based on parental income and race.

Conclusions: Children's and parents' mental health improved after implementation of state PFL policies. This is among the first studies to provide evidence of the health effects of these actively debated policies. Future studies should examine other outcomes as PFL policies are enacted and expanded in additional states.

An examination of depression severity and emergency department utilization among napa and solano county patients in an integrated health system
Thompson Andreas, C.*, MPH, Rabbani, J. DrPH, MPH, Stecker, T., MD, Gonzalez, R. MD

Context &Objective: Depression has been shown to negatively impact clinical outcomes and raise medical care costs among affected individuals. Prior research suggests that the emergency department (ED) is highly utilized by those who are depressed. Identifying depression severity groups at higher risk of utilizing the ED may provide greater opportunity to improve patient health outcomes and increase care quality.

Setting/ Population: 18,574 adult patients in Kaiser Permanente Napa-Solano Service Area (KP-NSA)

and can be used for any journal article regardless of study type. Broader use at multiple levels of training and collaboration with other institutions may be warranted to further facilitate EBM education; a vital area of medical training and practice.

Improving resident knowledge and mental health outcomes in primary care residency through integrated behavioral health model
Panchal, H*, Harris, B, Ridout, K, & Chu, F

Context &Objective: Primary care physicians are most often the initial contact for patients who have mental health concerns. The collaborative care model has been shown to be an effective way of improving mental health outcomes through collaboration and integration of mental health consultants within primary care. As such, we aimed to increase family medicine resident knowledge and comfort with and improve patient health outcomes in mental health by using a novel application of the collaborative care model to treat mental health conditions within primary care.

Setting/ Population: Patients with mental health concerns being treated by residents in an outpatient, Family Medicine clinic in a community hospital in Northern California.

Intervention/Study Design: Two psychiatrists were embedded within a family medicine clinic to support residents. Electronic medical records and an excel spreadsheet (provided by the Advanced Integrative Medical Science institute) were used to track patients seen by residents. Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder Questionnaire (GAD-7) scores were collected from patients at each visit. Bi-weekly panel reviews were completed to monitor safety concerns, adjust interventions, and track follow-up. Resident baseline knowledge and comfort in treating mental health conditions were assessed and patient outcomes were evaluated.

Outcomes/Results: Needs assessment results suggested residents needed more support in diagnosis and management of mental health conditions. After implementation of the collaborative care model, patient outcome data suggested improvement in mental health conditions. Among active patients (n=23), 66% improvement in PHQ-9 scores were noted (n=6) and 46% improvement was noted in GAD scores (n=6). Four patients were referred to specialty care for management of schizophrenia, substance-induced psychosis, moderate cannabis use disorder, moderate severe alcohol use disorder, and suicidal ideation with plans for further management. Five patients declined treatment and follow-up for mental health.

Conclusions: Improvement in patient mental health suggested efficacy of the collaborative care model in primary care. Future directions include a follow-up survey to assess for change in resident knowledge and comfort level with diagnosing and managing mental illness.

Design of a systematic review and meta-analysis of recovery strategies after acute musculoskeletal injuries
Evans, J*, Aynsley, S, Ridout, K, Harris, B, & Ridout, S

Context &Objective: The traditional clinical management for acute musculoskeletal injuries is rest, ice, compression, and elevation (RICE). However, an alternative recovery strategy is gaining clinical popularity involving movement, elevation, traction, and heat (METH). To date, there have been no systematic reviews comparing these two rehabilitation strategies. The goal of this study was to design a systematic review and meta-analysis of the evidence for RICE versus METH in recovery after acute musculoskeletal injuries in the shoulder, knee or ankle.

Setting/ Population: A comprehensive electronic search of PubMed/MEDLINE, Cochrane, CINAHL, and PEDRO for studies of adults (â‰¥ 18-years-old) with an acute musculoskeletal injury in the shoulder, knee or ankle. The search was limited to studies in English with no date restrictions.

Intervention/Study Design: The preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines were followed and this study was registered with the international prospective register of systematic reviews (PROSPERO). Included studies were empirical and examined 1) both genders after acute injury in the shoulder, knee or ankle with 2) an intervention of rest and/or ice and/or compression and/or elevation, or 3) movement and/or heat and/or traction and/or elevation, 4) measured outcomes related to time to recovery or pain, 5) provided adequate description of interventions and outcomes to determine the recovery strategies used, and 6) presented sufficient data to calculate effect sizes. Exclusion criteria included studies including participants with injuries from chronic

conditions alone like osteoarthritis or chronic pain or studies not conducted in humans.

Outcomes/Results: Using the described strategy, the literature search returned a total of 148 articles, of which 3 were duplicates, resulting in a total of 145 independent articles. Of these, 28 compared hot to cold treatment, 40 examined RICE as a rehabilitation strategy, 40 compared movement to rest, and 40 compared compression to traction. No studies examining METH as an intervention were found, nor any studies comparing METH to RICE.

Conclusions: The literature regarding the novel recovery strategy of METH is still emerging. Future directions include a thorough review of the extracted literature for inclusion and exclusion criteria and summation for a systematic review and meta-analysis.

Beyond the classroom: incorporating active learning strategies into family medicine residency didactics
Reouk, D*, Panchal, H, Ridout, K, & Chu, F

Context &Objective: Residency didactics in a lecture format, provide a large volume of information in a timely manner, however, lectures rarely include active learning methods that have been shown to improve adult learners' retention and engagement with the material. Therefore, we created didactic sessions that incorporated adult learning techniques (including problem-based cases, flipped classroom model, jigsaw discussion, board review question discussion, panel management after didactics, workshops, and journal club) to improve information retention, engagement with material, and to extend the learning outside of the residents' clinical rotations.

Setting/ Population: Family medicine residents from a community medical center in Northern California who are transitioning from the pedagogy of medical learning to becoming scholarly practitioners.

Intervention/Study Design: We created 4-week didactic modules; each module was related to a core family medicine topic (n=20) and included three longitudinal topics -- American Family Physician Journal review, behavioral health, and research/quality improvement. Activities completed during each module were dedicated to the core topic. To be clinically-relevant, lectures were designed to be case-based and were completed by speakers at varying levels of expertise (e.g., faculty from family medicine, specialists, medical students and clinical pharmacy residents). At the end of each module, all presentations and handouts were uploaded in a cloud drive for reference. Residents were interviewed to evaluate strengths and weaknesses and initial in-training exam scores were evaluated.

Outcomes/Results: Initial feedback from residents suggested that this design was helpful in improving information retention and learning engagement than didactic sessions at other institutions. Residents also indicated that differing levels of expertise in speakers was helpful in improving insight into patient care, and methods like problem-based case review and flipped classroom were especially helpful. Excellent in-training exam scores [m(SD) = 488.33(59.13)] also suggested that didactic sessions were helpful in information retention.

Conclusions: Initial results suggest that conducting core topic-focused didactics using active learning techniques improved information retention and engagement with material and were generally well -liked by residents. Future directions include conducting a focus group with residents to get more insight into learning practices that work well and areas for improvement and continuing to evaluate performance on in-training exams.

Characterizing the relationships of older homeless adults who serve as caregivers
Rosenwohl-Mack, S*; Kushel M; Knight K

Context &Objective: The homeless population, like the general population, is aging. The aging of the population has created a workforce need for personal caregivers who have cultural competence in working with people who are or have been homeless. Informal unpaid caregivers provide the bulk of in-home care that adults receive, typically providing assistance with 1 or more instrumental activity of daily living (IADL) or activity of daily living (ADL). We interviewed older homeless adults about experiences of providing personal care to family members, to assess past experience and future potential for occupational training.

Setting/ Population: Our setting was a purposive sample of 44 homeless participants from the HOPE HOME study, a cohort of 350 homeless adults aged 50 and over in Oakland, CA.

determine if residents can establish, run, and sustain an offsite community based screening clinic.

Outcomes/Results: To date 95 senior citizens and homeless individuals have received foot care screening at Monument Crisis Center, and the program has been sustained for 16 months serving an average of 3 to 5 patients per week.

Conclusions: The results suggest that there is interest and demand for community based access points for health care screening. The results also support that a community based clinic model can be sustained by residents when providing non invasive screenings.

Reducing readmissions rates at Family Health Center through a care transitions coordinator
Stephan, Louise*, Chela, Karamjit, Stein, Brianna

Context &Objective: The thirty-day post hospitalization period is characterized by risk of adverse events and unsuccessful follow up, especially for populations with low health literacy, fewer resources, and socially complex situations. The aim of this intervention was to prevent 30-day readmissions to the hospital by providing close follow up and facilitating re-connection with patients' primary medical home through an FHC-based care transitions coordinator (CTC).

Setting/ Population: Our population includes the roughly 1500 Family Health Center patients who were admitted to ZSFGH over the period of one year. We outreached to patients admitted to all inpatient services excluding Psychiatry and Obstetrics. We did not outreach to patients discharged to skilled nursing facilities, residential treatment programs, or patients already enrolled in the CCM program.

Intervention/Study Design: We tracked FHC patients admitted to and discharged from ZSFGH on a daily basis, coordinating follow-up appointments during their admission. We performed post-discharge phone call within 72 hours of discharge, including symptom review, medication verification, and coaching on discharge instructions. The CTC communicated with inpatient team to troubleshoot errors in discharge medications, and coordinated with case managers and caretakers on patients' discharge plan. The coordinator facilitated communication within the patient's FHC team and PCP for any urgent needs, accompanying select patients to their follow-up appointments. Finally, the CTC sent reconciled medication lists to the patients' community pharmacies.

Outcomes/Results: The readmissions rate for those who did not attend a post-discharge visit was 19%, regardless of whether they received a phone call. The readmissions rate was the lowest (11%) for those who both received a phone call and attended a post-discharge visit; for those who received a visit only, the readmissions rate was 15%. Many of our patients were not reachable â€" 15% had no phone or a non-functional phone. A small subset of patients disproportionately contributed to our readmissions rate: two patients contributed 16% of all readmissions in one year.

Conclusions: Our most vulnerable patients (i.e. without a phone or stable housing) would likely benefit from more intensive, wraparound care management than our intervention provides. We should focus our resources on partnering with the primary provider to optimize and increase attendance to hospital discharge visits.

The effect of timing of Earned Income Tax Credit refunds on preterm birth
Karasek, D*., Batra, A., Baer, R., Rogers, L., Prather, A., Gomez, A., Pantell, M, Chambers, B., Feuer, S., Jelliffe-Pawlowski, L., Hamad, R.

Context &Objective: Preterm birth occurs in nearly 10% of US births and increases the risk for adverse social and health outcomes. Socioeconomic and racial disparities in preterm birth are well established, and may be the result of economic insecurity and related stress. The earned income tax credit (EITC) is the largest US poverty alleviation program, providing tax refunds to lowâ€income working families. Studies have shown that the EITC improves birthweight and gestational age.

Setting/ Population: Using a quasi-experimental design, we examined whether the trimester of EITC receipt affects likelihood of preterm birth. We used a probabilistic algorithm to identify the EITC-eligible population. Assuming EITC refund receipt in February, we assigned California births during 2005-2011 (N=3,749,946) to trimester of EITC receipt based on date of birth and gestational age.

Intervention/Study Design: We created a probabilistic algorithm to identify EITC-eligible births using the 2001-2015 waves of the Panel Study of Income Dynamics and applied it to the CA birth file.

reminder was appreciated but other barriers that came up included clinic hours, transportation and ongoing substance use. Based on their feedback, we have decided to abandon the physical prescription reminder and attempt improvement in access by managing hypertension over the phone.

Conclusions: Engaging patients in quality improvement work at every step of the process is crucial to ensuring interventions are truly patient-centered. The next step is to invite patients to be part of the task force and continue PDSA cycles around interventions to improve hypertension control among our African American patients.

Intervening on socioeconomic adversity in pediatric urgent care: A randomized trial
Gottlieb LM, Hessler D, Wing H*, Velazquez D, Romero A, Urrutia Caceres E, Arevalo C, Munoz A, Hernandez M, Herrera P, Bernal Suarez M, Keeton VF, Adler N.

Context &Objective: Though social adversity has been shown to impact children's immediate health as well as lifelong disease risk, little evidence is available on health care interventions to reduce social risks. We examined the impacts of social risk screening paired with a) written community resource information; or b) in-person family navigation services provided during and following pediatric urgent care visits.

Setting/ Population: Between 2016 and 2018, we conducted an RCT at Zuckerberg San Francisco General Hospital. Research assistants invited English or Spanish-speaking caregivers accompanying minor children to low acuity pediatric urgent care visits to participate.

Intervention/Study Design: All adult participants completed a standardized social risk assessment before randomization into 1 of 2 trial arms. In arm 1, caregivers received pre-written information on a range of community resources to address socioeconomic adversity. In arm 2, trained navigators worked individually with caregivers for up to 3 months to resolve prioritized social needs. Primary outcomes included change in number of social risks at 6-months.

Outcomes/Results: 614 caregivers and their children enrolled in the study (n=304 in arm 1 and n=309 in arm 2). 82% of participants self-identified as Latino and 9% black. 89% of households earned less than $35,000/yr. There were no group differences by family demographics. At baseline, participants reported an average of 4.2 (SE=.15) social risks (of 18 total). 92.2% identified over â‰¥1 social risk. Among those with â‰¥1 baseline social risks, at 6 months there were significantly greater decreases in the navigation group than in the group receiving written resources (0.6Â±.32, p<.05); total number of social risks significantly decreased in both groups (mean change Â± SE: -2.1Â±.22 and -1.5Â±.23, respectively, both p<.05).

Conclusions: This RCT examined the effectiveness of in-person navigation versus delivery of written resource information to decrease family-reported social risks. At 6 months post-enrollment, the number of endorsed social risks decreased in both trial arms, with larger decreases in the group receiving navigation services. These preliminary results suggest different interventions can reduce social adversity in pediatric health care settings, and that outcomes are likely to be based on intervention dose. Clinical providers should consider selecting interventions based on population needs and available resources.

Happy Feet at Monument Crisis Center
Scrubb, A.*

Context &Objective: Homeless individuals are often continuously transient and are vulnerable to foot injury. The prevalence of diabetes in the general population indicates that this population, along with senior citizens and low income individuals who have poor access to care may also have foot care issues that need evaluation. The Happy Feet program was originally developed by the UCLA PRIME Program in 2008 to provide foot care evaluations for transient homeless populations in Los Angeles.

Setting/ Population: In 2017, the John Muir Health Family Medicine Residency partnered with the Monument Crisis Center which is a resource center for homeless and disadvantaged individuals of all ages in Concord, CA.

Intervention/Study Design: The Happy Feet model was adapted into a weekly diabetes foot care screening clinic where John Muir Family Medicine residents provide foot cleanings, inspections, and sensory exams to clients at Monument Crisis Center. The goal in establishing the Happy Feet clinic set out to A) improve access to screening services for a population with limited access to care, and B)

Intervention/Study Design: We conducted semi-structured, qualitative interviews. We selected participants from among those who had stayed with housed family members for at least one day in the prior six months. We defined caregiving as assistance with â‰¥1 IADL or ADL. We identified themes through an inductive approach for each participant, and we selected common themes for discussion.

Outcomes/Results: Of the 44 study participants, 12 (27%) were caregivers. Themes for homeless adults who provide care include: caregiving as reciprocity for periods of staying with a housed family member, resentment in caring for family when care was unappreciated, reluctance of other family members to having the homeless family member provide care, conflict between providing care and the caregiver's own needs, and a duty to act as a caregiver for parents. Participants provided care at different points in time: some became homeless following the death of the person they cared for, while others acted as informal caregivers while being homeless.

Conclusions: Homeless older adults act as informal caregivers for housed family members. Caregiving presents job opportunities for homeless people, who could be paid as caregivers through Medicaid's Home and Community-Based Services to support family members. Taking a strength-based approach to homelessness, clinicians should consider asking homeless older adults about potential caregiving relationships to identify current or potential future caregivers in need of workforce training or support.

Smoothies to scholars: a health sciences pipeline program for underrepresented minority youth
Sidhu, N*; Hansen, M*; Marshall, D*

Context &Objective: The Roseland Pathways Project (RPP) is a health careers pathway program facilitated by a family medicine residency. It was developed in collaboration with a local elementary school, and student-family input. Objectives included student health education, addressing disparities in underrepresented minority (URM) communities representation among medical personnel, as well as providing community-based learning opportunities for resident physicians, while exploring the capacity for a residency program to integrate student pathways education into the core residency curriculum.

Setting/ Population: RPP takes place at an elementary school, 3rd- 6th grade classrooms, in the highest disparity area of our community. Every other Friday residents visit three different classrooms to facilitate a 25 minute activity. During all three years of residency, resident instructors have time allocated for participation during their leadership block curriculum.

Intervention/Study Design: Our program utilized student-parent feedback to develop the curriculum. Parents identified an interest in a variety of health topics as well as an interest in exposing students to careers in health care. Lessons were created to focus on topics of health, health care and discussion of URM communities in STEM and Health Care with a goal to empowers students to realize their potential as future community leaders. Resident participation was directed towards learning lesson plan development, group facilitation, and adaptation of health topics to group and youth settings.

Outcomes/Results: By end of pilot program year, 20 different residents will have taught 24 lessons in a total of 13 different classrooms. Students learned about nutrition, bike safety, medical interviews, human anatomy and the contributions of URM physicians and scientists. Each class was provided opportunities to imagine themselves as future physicians through different activities. Resident were evaluated by students and teachers on facilitation and teaching styles, with feedback then delivered by a faculty mentor.

Conclusions: RPP demonstrates that medical education pathways programs are adaptable to younger audiences and can address community and parent learning goals. Family medicine residencies can also successfully integrate pathways education into the core residency curriculum. The program creates fun and re-energizing opportunities for busy residents. This is an essential additional benefit of our program, especially in the face of unprecedented levels of physician burnout.

Understanding training needs for primary care physicians in suicide risk assessment and triage
Panchal, H*, Harris, B, & Chu, F

Context &Objective: Suicide rates have reached epidemic proportions with nearly 44,000 completing suicide in the U.S. yearly. Studies show that 45% of patients who completed suicide had seen their PCP within 1 month of their death compared to only 20% of those patients who had sought mental health services. Other studies show 80%-90% of patients who committed suicide had contact

with PCPs within one year of their death. Training healthcare providers can reduce suicide attempts and deaths; however, suicide prevention training is not required in most medical programs. It is imperative for PCPs to identify patients at risk for suicide and connect them to higher level of care. After several near misses, it became apparent that PCPs had gaps in knowledge regarding suicide risk management and triage and that a needs assessment was necessary to evaluate training needs. As such, we aimed to assess training needs among PCPs regarding knowledge about suicide and violence risk screening (SAVRS) and comfort in identifying and managing these patients.

Setting/ Population: Family Medicine PCPs (including residents) in a community-based clinic in Northern California.

Intervention/Study Design: An online, mix-method needs assessment regarding provider knowledge and comfort with SAVRS was administered to the PCPs. Participants were asked to rate knowledge and comfort along a Likert scale with lower scores indicating less knowledge and more discomfort. Qualitative questions inquired about barriers to risk assessment.

Outcomes/Results: Sixty seven percent (n=12) of PCPs were not comfortable with suicide risk assessment, 75% did not feel comfortable managing suicidal patients, 86% did not feel comfortable with risk documentation, 83% did not feel comfortable doing safety plan, 91% did not feel comfortable precepting residents who have an acutely suicidal patient, 33% did not know how to contact our crisis services, and 41% did not know the clinic workflow for high risk patients.

Conclusions: The needs assessment shows significant knowledge and comfort gaps in assessment, management, and triage of high-risk patients. Future directions include implementation of training to increase provider knowledge and comfort level with screening, identifying patients at risk for suicide and connecting these patients in a timely manner to higher level of services.

Differences in perspectives of and needs associated with coaching among underrepresented racial, ethnic and social minority and majority medical students
Najibi, S*, Carney, P, Thayer, E, Deiorio, N

Context &Objective: Academic coaching is emerging as an important method to assist learners in navigating individualized, competency-based, education. Little is known about how the academic coaching needs of medical students differ between those who are racially, ethnically, and socially underrepresented minority (RES-URM) and those who represent the majority. This single-site exploratory study investigated student perceptions and coaching needs associated with a mandatory academic coaching program, and coaches' understanding of and preparedness to address these potentially differing needs.

Setting/ Population: Oregon Health & Science University administers a required coaching program for all medical students. Learners meet multiple times a year with protected faculty coaches to support goal formation and competency attainment. This 2016 mixed-methods study used focus groups comprised of RES-URM and majority medical students, as well as a cross-sectional survey of faculty coaches, to obtain study data.

Intervention/Study Design: Focus group participants engaged in discussions facilitated by a doctoral-level expert in qualitative research. A web-based survey was administered to faculty coaches that included whether faculty consider themselves or any of their students URM, what needs they perceive URM students have that differ from non-URM students, and their self-reported skill level and interest in undertaking programming specific to URM students.

Outcomes/Results: Seven themes emerged from the student focus groups. Three of these reflected the coaching relationship, and four reflected the coaching process. Each theme had content that differed between the RES-URM and majority students. RES-RM students especially expressed experiencing stress about sharing vulnerabilities. Sixty-eight percent of coaches expressed that RES-URM students would not have differing needs of their coaches. Greater than 80% of coaches thought they would be moderately to extremely likely to enhance skills through specialized programming.

Conclusions: Medical schools have developed programs to recruit students from diverse backgrounds in hopes that these graduates will serve diverse populations. However, programs must understand potentially differing needs of these students. While coaching offers the possibility of increased self-efficacy and academic success, a one-size-fits-all approach may not offer maximal chance of success with end of rotation handoffs. Future directions include use of ethnographic research methods (observation and field notes) and reflective writing prompts to document the 2-week blocks' effects.

GREAT ASPIRations: Launching a Patient- and Community Stakeholder-Engaged Research Accelerator for Health Equity at UCSF
Fleisher, P.*, Palmer, N., Nguyen, T. and TBD From our SAB

Context &Objective: Patient-centered research is uniquely rewarding and challenging for academic researchers and patient and community stakeholder advisors. With high standards for diverse participant recruitment and equitable partnership, patient-centered research that aims to address health inequities holds even greater promise and poses additional challenges. Launched in October 2018, Accelerating Systematic Stakeholder Patient and Institution Research Engagement (ASPIRE) is a 2-year PCORI-funded initiative at UCSF that aims to address these challenges by assessing institutional conditions and promoting changes in institutional infrastructure and resource allocation to promote best practices and efficiencies in patient-centered and community stakeholder-engaged research.

Setting/ Population: ASPIRE is led by faculty and staff from the UCSF Department of Internal Medicine, UCSF CTSI Community Engagement and Health Policy Program/UCSF Center for Community Engagement. The goals of ASPIRE are aligned with the School of Medicine Differences Matter Initiative (Research Action Group for Equity) and other UCSF programs and initiatives that promote health and health care equity. A Stakeholder Advisory Board (SAB) comprised of patient and community advisors, UCSF PCOR principal investigators, and institutional research leaders will guide ASPIRE activities.

Intervention/Study Design: ASPIRE launched a needs assessment and asset mapping survey to investigate barriers and facilitators to patient-centered and community stakeholder-engaged research at UCSF. A qualitative study â€“ key informant interviews and focus groups â€“ will take place in the spring of 2019.

Outcomes/Results: In 2019, based on study findings and guided by the SAB, a toolkit and web portal for all stakeholders will be developed. The first year of ASPIRE will culminate in a symposium to share study findings. In the fall of 2020, ASPIRE will host a convening of current and potential stakeholder advisors and recommendations for institutional infrastructure changes will be delivered.

Conclusions: Overcoming institutional barriers and challenges to patient and community stakeholder engagement in research requires a comprehensive, strategic and patient- and community stakeholder-engaged approach. ASPIRE aims to be a model nationally for such institutional change at academic medical centers.

Hypertension Equity at the Family Health Center: Patient Engagement in Quality Improvement
Fernandez, L; Cabrera, A; Grundland, H; Guidry, D; Stephan, L; Vargas, M; Taylor, K*

Context &Objective: The disparity in blood pressure control rates in African-Americans compared to the all hypertensive patients is at 7% at the Family Health Center. Studies show that African-Americans are at greater risk for cardiovascular disease and stroke and high blood pressure is a strong risk factor. In order to address this disparity, the Family Health Center formed a multidisciplinary hypertension equity working group and engaged African American patients through the patience advisory council (PAC) and phone surveys through multiple PDSA cycles.

Setting/ Population: The Family Health Center, the largest San Francisco Department of Public Health clinic.

Intervention/Study Design: We formed a multidisciplinary hypertension equity taskforce consisting of providers, medical assistant, health worker, data analyst and care coordinator with the express goal of engaging patients in the quality improvement program through the PAC and semi-structured interviews over the phone.

Outcomes/Results: The team initially identified RN-led blood pressure visits as a potential intervention to increase hypertension control based on the literature. We interviewed patients on the phone and found that they thought a physical reminder would be helpful as a reminder to attend RN appointments. We developed a paper prescription for RN visits and then adjusted it based on feedback from our PAC. We then piloted the intervention over 3 months in one clinic team. During this time, our hypertension control rates did not change and paradoxically we found African American patients were being prescribed RN appointments less. We then phone interviewed patients and found the physical

Setting/ Population: Team Lily is a ZSFG-based roving team comprised of an obstetrician, social worker, and psychiatrist, providing trauma-informed pregnancy care and wrap-around services to pregnant people not currently accessing adequate care. The program began accepting referrals in October 2018.

Intervention/Study Design: We retrospectively reviewed charts of Team Lily patients enrolled October 1, 2018 â€“ March 1, 2019. We extracted demographic and medical characteristics, social determinants of health at enrollment, and referral sources, and performed descriptive analyses.

Outcomes/Results: 27 patients enrolled with a median age of 29 (range 22-45). 52% identified as Black, 33% as White, and 7% as Latinx. 74% were multiparous, of whom 55% reported child protective services' involvement with a prior child. The median gestational age at referral was 23 weeks (range 6-38). The majority of patients were unstably housed or homeless, with 22% unsheltered, 37% in shelters, 15% staying with family/friends, and 19% incarcerated at enrollment. Black patients disproportionately experienced incarceration during pregnancy (75%).

Substance use disorders were prevalent, including methamphetamines (48%), opioids (44%), and cocaine (26%); one-third reported intravenous drug use. Mental health disorders were also common, including depression/anxiety (48%), PTSD (30%), and bipolar disorder (19%). 62% had dual diagnoses of mental health and substance use disorders. Most common infections diagnosed included trichomonas (30%), hepatitis C (26%), syphilis (7%) and chlamydia (7%).

Finally, referral sources were diverse, most frequently from L&D (27%), jail (19%), prenatal clinic (15%), and the homeless outreach team (12%).

Conclusions: Team Lily patients are disproportionately affected by intersecting social determinants of health and structural traumas that pose significant barriers to prenatal care. Future studies are needed to assess if Team Lily's approach improves outcomes of this medically and socially complex population.

Starting from scratch: an innovative 2-week block and modular quarter schedule
Chu, F* & Patel, L

Context &Objective: Scheduling is the bane of faculty's existence for good reason. Creating and maintaining annual block and daily rotation schedules consumes significant time and energy. The experience can be disorienting as residents' progress through a random collection of rotations that fit the schedule â€œjigsaw puzzle.â€ We developed a 2-week block schedule that enhanced repetition, provided an orderly progression of rotations, and facilitated resident bonding.

Setting/ Population: Family Medicine faculty and residents in a community-based hospital in Northern California.

Intervention/Study Design: First a literature search for alternative X+Y or 2-week block residency scheduling was conducted but yielded few articles. We then utilized Clinic First principles, including scheduling clinics and inpatient duties on separate days, increasing family medicine practice to half days, and engaging leadership in the planning of the schedule. We also developed clinical skills, research and quality improvement, and professional development blocks for more robust training. Because the block schedules repeated six times quarterly with different residents in each rotation, schedule variability was decreased. Two-week blocks meant that exposure to each rotation was brief, and non-Family Medicine faculty had less time with our residents. Faculty had significant concerns about residents' ability to adapt to each rotation.

Outcomes/Results: Six months into the program, the 2-week blocks have kept our residents connected to each other via handoffs and kept their energy and interest high. Our residents initiated a process of pre- and post-rotation handoffs to inform the subsequent resident. From initial feedback, residents noted they are less fatigued and are easily refreshed. The amount of time needed to oversee, troubleshoot and maintain the schedules was relatively low, around 1 hour per week. For a new program, this is relatively efficient.

Conclusions: The 2-week block/modular quarter schedule can potentially decrease residency time spent managing schedules, provide a logical progression of rotations, and increase resident bonding

cess. RES-URM students cite different coaching needs than majority students, which most coaches do not recognize. Faculty and program development regarding these unique needs is warranted.

Perinatal chagas screening: a value-based proposal
Katz J*, Cardona A

Context &Objective: Chagas disease is a parasitic pathology notable for its potential to cause chronic, progressive cardiac and gastrointestinal complications with significant morbidity/mortality. The vectors are endemic to rural regions of Central and South America and while substantial progress has been made to control spread in endemic countries, it is estimated that greater than 300,000 infected individuals currently reside in the United States, nearly one third of whom reside in California. In adults, a timely diagnosis is challenging and by the time tissue inflammation leads to end-organ dysfunction, treatment is no longer effective. Even if diagnosed early, estimated efficacy for treatment of adults ranges between 40% to 70%. Of special concern is congenital transmission, with estimates of transmission rates ranging between 1% and 10%. Infants with congenital infection are most often asymptomatic at birth however remain at high risk to develop life-threatening end-stage complications decades later.

The WHO recommends targeted screening of pregnant women in non-endemic regions with risk factors for infection. The advent of new point-of-care rapid diagnostic tests (RDTs) with high sensitivity provide an opportunity for timely and cost-effective screening. These diagnostics require further validation in non-endemic regions before use as independent screening tools. Using the less expensive RDT and a targeted screening protocol to test high-risk women, lifetime cost savings is estimated to be $1,376 per birth.

Setting/ Population: Women presenting to Labor and Delivery at Natividad Medical Center in Salinas, California will undergo targeted screening for Chagas infection.

Intervention/Study Design: If a woman has 1) previously lived in endemic areas, 2) received blood transfusions in endemic areas, or 3) was born to a mother who lived in an endemic areas, chagas screening will be offered. Two point-of-care RDTs will be utilized on-site in addition to conventional testing off-site. The aim is to 1) establish local prevalence of chagas infection, 2) evaluate rate of congenital transmission and 3) test the validity of RDTs for stand-alone use in screening. If testing is positive, treatment will be offered to mother and infant in accordance with CDC recommendations.

Outcomes/Results: N/A

Conclusions: N/A

The public health research internship program: an innovative approach to increasing and diversifying scholarly activity in graduate medical education
Rabbani, J.*, Gonzalez, R., Stecker, T., Symkowick, M., O'Connell, T., Dorado, F., and Loaiza, M.

Context &Objective: Increasing the level of scholarly activity among medical residents, fellows, and faculty is a priority of residency programs and their respective accreditation bodies. However, there are several challenges to completing scholarly activities including limited time and training in research and public health methodology. Opportunities exist in integrating public health students into residency programs to co-create research and quality improvement projects aligned with residency, patient, and community goals. Additionally, public health students seek innovative opportunities to apply their training in health care settings.

Setting/ Population: The Kaiser Permanente Napa-Solano Family Medicine program began piloting the Public Health Research (PHR) Internship Program in July 2017. Since then, 12 public health students have completed public health research rotations with the faculty and residents.

Intervention/Study Design: The program has 3 core experiences: a scholarly project, applied public health practice, and mentorship. PHR interns are matched with residents, fellows, and faculty to create patient-centered and community-based projects.

Outcomes/Results: We will highlight the experiences and lessons learned of integrating public health students into our residency program and medical center. We found that public health students significantly contributed to increased scholarly activity and output in our residency program. Students

utilized their time and public health training to complement the clinical expertise of medical practitioners. Projects have included an examinations of health patterns among Napa Valley farmworkers; factors associated with HgbA1C goal attainment among diabetic patients; Medi-Cal patient groups at-risk for high utilization of health services; implicit bias among family medicine residents; epidemiological risk factors among rural Honduran villagers; predictors of vaccination; and program planning models to inform diabetes care. The public health research interns also helped develop a group obesity health education class and assessed the association between depression severity and emergency department utilization.

Conclusions: Due to the existing infrastructure and culture within residency programs to support applied learning, residencies are well-suited practicum and internship sites for public health students. Expansion of this internship program is currently underway at other Kaiser Permanente residency programs in Northern California.

Evaluation of medical student experiences with residents undergoing educational value training
Oberoi, Angad and Saleh, Gaber*

Context &Objective: Our study set out to determine if residents trained in creating educational value lead to better medical student experiences when working with the resident. Using student centered learning categories. We developed a systematic method of determining priorities for the learner as well as for the educator, developing expectations at the start of working together, and providing feedback at the end of working together. The development of the education value method was based on scholarly search looking for research articles pertaining to resident and medical student education best practices. From our research 4 main areas of focus were developed to creating a positive learning environment: 1. Feedback 2. Effective role modeling 3. Supportive Environment 4. Asking effective questions. These main areas were then used to train residents in how to create an experience with high educational value for the learner.

Setting/ Population: The John Muir Health Residency Practice Clinic. 4th year medical students completing away rotations at John Muir Health.

Intervention/Study Design: Medical students were randomized to work with a resident trained in creating educational value and half were randomized to a control resident (not-trained in educational value) for a half day shift. At the end of the shift the participants completed a qualitative survey focusing on the four factors that create a positive learning environment with the educator.

Outcomes/Results: Survey results showed a statistically significant difference in terms of the 3 categories evaluated for the medical students that worked with a resident training in creating high educational value, compared to the residents that didn't.

Conclusions: Will minimal time investment into residency training, residents can incorporate high value educational methods that provide useful benefits in terms of further developing residents as educators and also providing a beneficial learning environment for medical students.

Models of faculty involvement in family medicine residency clinics
Bodenheimer T*, Marianna Kong

Context &Objective: Residency clinics are challenged to provide accessible team-based care that optimizes continuity of care for patients and residents. We initiated this project to learn how faculty involvement might help to meet these challenges.

Setting/ Population: The Transforming Teaching Practices team at the Center for Excellence in Primary Care did detailed site-visits to 45 primary care residency clinics around the US. We also asked these clinics to complete the Building Blocks of Primary Care Assessment for Transforming Teaching Practices to evaluate clinic performance.

Intervention/Study Design: In this observational study, as part of our site visits we did semi-structured interviews with residency program directors, clinic medical directors, faculty and residents to learn the extent to which faculty was involved in the clinic. We looked at clinics' Building Blocks of Primary Care Assessment to determine their relationship to faculty involvement.

Outcomes/Results: We observed a spectrum of faculty involvement. Some residency programs have many faculty with very little time in the clinic while others have a focused faculty almost full time

be used to develop 1-2pp training tools for clinicians. These documents will be made available on our website and disseminated in trainings provided by the ODPC.

Resident led group visits in the management of chronic pain and opioid use disorder- UCSF-Natividad residency responds to the opiate crisis.
Sanford, E* Tirado, S Tirado, M Zaro, C Macias, E Jordan, A Espinoza-Saisi, A

Context &Objective: Natividad Residents learn to address the chronic pain and opioid use disorder crisis in multiple settings. This presentation describes our comprehensive approach focusing on two novel group visit interventions.

Setting/ Population: Residents are X-Waiver trained and work in an addiction center learning medically assisted therapy. They participate in needle exchange programs, rehabilitation centers, and AA meetings. Curriculum includes faculty presentations, assigned readings, one-on-one motivational interviewing practice in clinic, ED and videotaped reviews. There are faculty-resident chronic pain chart reviews and care plan development.

Intervention/Study Design: Two new kinds of group visits have been added to the curriculum. 1. Residents observe and participate in chronic pain support groups with individual doctor-patient side visits. 2. Residents co-facilitate group visits in collaboration with clinicians from community clinics and addiction centers (JANUS). With faculty support, residents deliver group education on chronic pain and addiction medicine topics to struggling patients. Complementary approaches to chronic pain are also practiced. During their interactions, residents teach and learn from patients with various levels of chronic pain and opioid dependence. Empowering the community, residents help train peer recovery mentors during the group visits.

Outcomes/Results: Two surveys of Residents who participated the groups reveal changes in perspectives:

1. 100% of residents valued their participation.
2. 93% - improved understanding of chronic pain and how patients cope.
3. 81% - noted a change in attitude, 75% reporting a more positive view.
4. For all participants, there was appreciation of the deep connection between chronic pain, opioid dependency, psychosocial stressors and emotional trauma.
5. Residents understand how peer recovery coaches help patients learn to manage pain without opioids.
6. Residents learned the shared medical visit approach as a format which fosters peer-to-peer learning as well as the involvement of a larger number of patients than possible with individual office visits.
7. Residents learn best by teaching others.

Conclusions: Resident training with support groups results in improvement in attitudes towards chronic pain and opioid dependence. This group therapy model offers a useful strategy for tackling the opioid crisis and complements other resident instruction in the treatment of patients with chronic pain and opioid addiction.

Who is missing from prenatal care? Exploring referral patterns and patient characteristics of Team Lily, a program providing wraparound services for pregnant people accessing inadequate prenatal care at Zuckerberg San Francisco General Hospital
Wei K*, Taylor K*, Teitel Y, Oza K, Weber S, Schwartz R, Wallin AR, Thomas M, Seidman D*

Context &Objective: Zuckerberg San Francisco General (ZSFG) Hospital cares for many pregnant people who access scant prenatal care or care exclusively on labor and delivery (L&D). The number of these patients and reasons for inadequate care is unknown. Using data from Team Lily, a program to improve prenatal care of people with significant barriers to accessing services, we examined baseline patient characteristics and sources of referral in order to better understand this patient population and improve ongoing care.

organization interventions that could promote agricultural occupational health.

Setting/ Population: Study participants were recruited in community locations in central and southern California, and in East Tennessee. The lead researcher worked with community organizations at UCB, UCSF, and East Tennessee State University.

Intervention/Study Design: Thirty-six tomato workers participated in semi-structured interviews and focus groups, which were transcribed, coded, and analyzed using grounded theory.

Outcomes/Results: These data suggest that income insecurity and hazardous supervisory practices including wage theft, intimidation, and retaliation put workers at risk of preventable illness and injury. These adverse experiences may be considered sequelae of workers' lack of job control, exposures to poor work safety climates, and positions of socioeconomic structural vulnerability. Other aspects of U.S. tomato industry work organization including health-conscious supervisory practices and the support of workers' organizations suggest that modifying work organization to better safeguard health is possible.

Conclusions: These findings inform the following recommendations for promoting tomato workers' health through interventions targeting organizational systems: "Supervisors should require preventive resting periods, which reduce heat illnesses and musculoskeletal injuries. " Industry stakeholders, especially consumers, should seek to uphold and expand employer accountability measures, design business models that pay living wages, and implement crop production methods that reduce hazard exposures. "Government authorities should enforce and expand occupational health and safety regulations, include agricultural workers in existing occupational health protections, and create opportunities for undocumented workers to obtain work authorization. "Health care providers should collaborate with patients, workers' organizations, employers, and occupational health colleagues to implement interventions targeting work organization in addition to offering health education and direct care.

Who defines MY quality of life?: perspectives from people with developmental disabilities and their caregivers.
Crisp-Cooper, M*, Slavin, K*, Mejia, P*, Cummins, J*

Context &Objective: Increasingly, people with developmental disabilities (DD) are living in the community and accessing mainstream health care systems and offices. Yet, most health care professionals have limited exposure to people with complex disabilities outside of clinical settings and often lack the skills to communicate effectively. This project seeks to improve awareness of how unconscious bias manifests in clinical interactions and to improve quality of care by hearing directly from people with disabilities.

Setting/ Population: Adults with varying DD and chronic health conditions. Caregivers of transition age youth (14-21) and adults with DD.

Intervention/Study Design: The Office of Developmental Primary Care (ODPC) partnered with two disability advocates to explore the experiences that people with DD and their caregivers have had when accessing health care. Fourteen participants attended two discussion groups; one for adult self-advocates, one for caregivers. Participants represented a diverse range of ages, ethnicities, gender identities, and socio-economic backgrounds. Most were regional center clients. Topics included communication, personal life values, change in or loss of function, health care decision-making, and advance care planning. Various techniques were used to communicate respect for participants and to create a safe environment. Participants shared experiences and provided advice on improving clinical interactions with patients with DD.

Outcomes/Results: Themes that arose from both groups included false assumptions regarding quality of life, inaccurate prognosis, and failing to offer a full range of treatment options. Recommendations included the need for clinicians to: receive dedicated training in order to serve this population effectively; seek out, listen to, and trust the input of patients with DD and their caregivers; view patients holistically, especially their lives outside of the medical setting.

Conclusions: Health care professionals benefit from patient feedback. Collaboration with people from the target, underserved populations to design and implement the project was key to obtaining candid and detailed feedback and actionable next steps. Findings will be written into a report and will

in the clinic. Between these poles of the spectrum is a hybrid model with a few almost full-time faculty and faculty very-part-time in the clinic. Associations between the faculty models and the clinics' Building Blocks of Primary Care Assessment were mixed.

Conclusions: Our impression is that a focused or at least a hybrid faculty model facilitates improved clinic functioning. However, a more robust study design would be needed to corroborate this impression.

Improving inpatient rounds in a community-based family medicine residency program
Brichard J*

Context &Objective: Family medicine residency programs must find the right balance between patient care and teaching. Over the past decades, inpatient rounding has changed from bedside rounds to increasingly frequent management discussions in a conference room leaving less time spent with patients. Our current inpatient medicine rounds is based on a table rounds model. We hypothesized that changing some aspects of our rounding procedure would help with efficiency, allowing more time spent at the bedside with patients, while keeping teaching a priority.

Setting/ Population: Faculty and residents at the Stanford-O'Connor Hospital Family Medicine Residency

Intervention/Study Design: Surveys were administered to elicit faculty and resident perspectives on our current rounding procedure, as well as residents' prior inpatient rounding experience during their medical school clerkships (in Family or Internal Medicine).

Outcomes/Results: Our current rounding procedure includes two table rounds a day (on average 2 hours a day) with the attending physician. Teaching can be part of both rounds. We have an open ICU model, with pre-rounding on ICU patients completed before morning report and rounds with the ICU attending usually mid-morning. Our average inpatient census is 20 floor patients and 2 ICU patients.18 residents (75%) and 7 faculty (70%) completed the surveys. From the residents' survey we gathered rounding experiences from across 21 FM/IM programs. 95% of the studied programs do pre-rounding 100% have a separate ICU rotation, and round only once a day. Regarding our rounding procedure, 56% of faculty and 89% of residents are in favor of changing it, with 72% of resident willing to keep two rounds daily with the afternoon round focusing on teaching. 57% of the faculty and 72% of the residents would consider going back to bedside rounds for occasional teaching purposes. Regarding teaching modalities 60% of residents suggest having regular teaching only during afternoon rounds.

Conclusions: This study confirmed our hypothesis that faculty and residents are interested in changing our inpatient rounding procedure. Improving our rounding efficiency can be done through shorter and more concise patient presentations. Teaching should stay an important part of our rounding, especially in the afternoon. Short bedside rounds can be reintroduced for teaching purposes.

Continuity of care in our residency clinic, did we improve?
Brichard J

Context &Objective: Continuity of care has been shown to improve quality of care in primary health care clinic, Prior studies conducted in our residency clinic showed that our continuity index has improved between 2011 and 2016. Several actions have been implemented since 2012 to continue to improve our continuity of care. The goal of our study is to assess our current continuity index compare to 2016 and identify areas that need further improvements.

Setting/ Population: Residency clinic at Stanford - O'Connor Hospital Family medicine residency program

Intervention/Study Design: The inclusion criteria were all patients with at least 3 visits from July1, 2017 to March, 1 2018. We had a total of 639 patients. We randomly selected 60 adults, 35 children age 2 to 18 years, 35 children under 2 years and 20 OB patients for a chart review. Assigned Ecw PCP, number of visits, acute vs non acute visits, chronic disease (diabetes), different providers seen were reported. We identified the usual provider of care (UPC) for each patient. Continuity was measured through the percent of visits with the UPC, the dispersion continuity score (based on the number of providers seen) and the percent of visit with clinic team providers.

Outcomes/Results: Among 150 patients chart review, we found that 23 % of patients have an inaccurate assigned PCP when an obvious UPC has been identified. On average, patients had 4.5 visits and saw 2.9 providers resulting in an improvement in our clinic dispersion score from 0.42 in 2016 to 0.54 in 2018. This improvement was markedly seen in our OB population (0.45 in 2016 vs 0.7 in 2018). Our clinic usual provider continuity index (for non acute visits) improved from 63% in 2016 vs 67% in 2018 mainly secondary to the increased continuity within our OB population. Our continuity improved for adults with diabetes (52% in 2011, 76% in 2016 vs 77% in 2018).

Our provider perspective continuity index however continues to decrease from 2015 to 2017 (43% in 2016 vs 37% in 2017).

Conclusions: Our continuity in clinic overall improved mainly due to a important increase of continuity within our Ob population. Despite different interventions done over the past few years, the provider continuity continues to decline since 2015.

Effects of educational policies on health among sociodemographic subgroups and implications for health disparities
Vable AM*, Hamad R, Galusa D, Cullen MR

Context &Objective: Increased education is consistently linked to better health, but few studies examine whether policies to increase educational attainment can improve health at the population level, or whether such policies differentially impact sociodemographic subgroups. We used unique administrative data linked to claims data to understand differences in the effects of a specific type of education policyâ€"compulsory schooling laws (CSLs)â€"among different race, sex, and race-sex subgroups. Throughout the 1900s, states implemented CSLs at different times, which increased years of K-12 schooling by changing the ages of mandatory school attendance (e.g., from age 5 or 6 until age 17 or 18).

Setting/ Population: Administrative data were drawn from a sample of U.S. manufacturing workers born 1900-1964 and were linked to health care claims data from 1999-2015 (N=121,123). The outcome was an overall heath risk score constructed from claims data, which predicted an individual's health care utilization; higher scores indicate higher predicted healthcare utilization, and greater risk of chronic disease and mortality.

Intervention/Study Design: We examined whether CSLs led to changes in the health risk score using instrumental variables, which allowed us to make causal inferences. Because of the possibility that these policies had differential effects by sociodemographic subgroup (e.g., an additionally year of schooling may have different effects for Black women than for White men), we also examined whether CSLs had different effects among Black and White men and women.

Outcomes/Results: Overall, there was no association between compulsory schooling laws and the health risk score (B = -0.04; 95%CI: -0.15, 0.08). Among race-sex subgroups, Black women's health improved from increased education due to compulsory schooling laws (B = -1.70; 95%CI: -2.78, -0.79), while Black men's health was worse (B = 1.13; 95%CI: 0.32, 2.14).

Conclusions: Compulsory schooling laws reduced racial disparities in health among women, but increased racial disparities in among men. Results are consistent with prior literature finding Black women disproportionately benefit from each year of education, and Black men experience more discrimination with increased education. Findings suggest policies to increase educational attainment alone may not eliminate health disparities due to broader structural inequities.

Using the Physician Wellness Inventory to monitor resilience and prevent burnout at a family medicine residency program
Braun, A*; Lamb, L

Context &Objective: It is well documented that one quarter of residents at any given time experience depression, high rates of fatigue and emotional exhaustion. Fostering resident wellness is a top priority for the Accreditation Council for Graduate Medical Education, which requires that all residency programs recognize and develop systems that support resident emotional, physical and psychological well being. The KP Santa Rosa Family Medicine Residency Program has implemented a curriculum to support resident well being as well as a process for monitoring wellness throughout residency.

Setting/ Population: KP Santa Rosa Family Medicine Residency Program welcomed its first class

Outcomes/Results: We distributed the online test in August 2018 (n=22) and February 2019 (n=29). Data revealed that providers and non-providers scored at least 70% in all categories: fire/life/safety, workflows, and equipment. Over time, scores improved in fire/life/safety and declined in workflows and equipment. Providers scored slightly higher than non-providers in all categories. Staff perception of training effectiveness and learning preferences are currently being assessed.

Conclusions: Periodic knowledge assessments can guide leadership teams in effectively training staff for relocation. Understanding staff perception of effective training and preferred learning styles can also inform future interventions to ensure sustainability after the transition. This strategy can be applied to other changes in clinical and operational workflows. Ongoing feedback from staff is critical because changes in staffing, patient demand, community needs, and hospital and government mandates can alter intervention effectiveness. Future studies are needed to determine factors that support sustained change and whether these changes translate into improved patient outcomes.

Acceptability of social risk screening to patients and caregivers at a family medicine clinic
De Marchis, E*; Hessler, D; Fleegler, E; Doran, K; Lindau, S; Adler, N; Byhoff, E; Cohen, A; Ettinger de Cuba, S; Fichtenberg, C; Gavin, N; Huebschmann, A; Jepson, S; Johnson, W; Lewis, C; Ochoa, E; Olson, A; Prather, A; Raven, M; Sandel, M; Sheward, R; T

Context &Objective: Little is known about patient acceptability of health care-based social risk screening, though acceptability has implications for the adoption, reach, usefulness, and sustainability of screening in health care settings. We explored the acceptability of the Center for Medicare and Medicaid Innovation's (CMMI) social risk screening tool, which covers 5 actionable social domains: food, housing, utilities, transportation, and safety.

Setting/ Population: Convenience sample of 103 English and Spanish speaking adult patients and pediatric caregivers at a San Francisco family medicine clinic.

Intervention/Study Design: Mixed-methods, cross-sectional survey. Surveys included the CMMI social risk screening tool, and additional items on the acceptability of screening and hypothesized predictors. The primary outcome was perceived appropriateness of screening at the health center; a secondary outcome was comfort with including social risk data in electronic health records (EHRs). Logistic regressions were used to evaluate both measures. Semi-structured interviews were conducted with a subset of survey respondents and probed additional aspects of acceptability. Interviews were transcribed, translated and inductively coded into themes.

Outcomes/Results: 71% of respondents screened positive for at least 1 of 5 social risks. 84% reported screening was appropriate; 4% reported screening was inappropriate. 69% reported being comfortable with including social risk data in EHRs; 8% reported discomfort. In adjusted models, there were no significant associations between social risk domains, cumulative number of social risks, or respondent-level characteristics, for either acceptability measure. Interview themes centered on: 1) impact of social risks on patient health; 2) importance of an empathic and patient-centered approach to screening; 3) therapeutic and trust-building benefits of discussing social risks with providers; and 4) lack of expectation for the health center to resolve social needs.

Conclusions: A large majority of respondents found social risk screening acceptable and were comfortable with including screening results in the EHR. Acceptability did not differ by social risk or patient demographics. Interviews highlighted the importance of a patient-centered approach. High rates of acceptability support health care-based social screening implementation efforts and interviews suggest a benefit to screening even when available resources do not meet all needs. Future research should explore how to improve acceptability of EHR integration, and evaluate framing and implementation of screening.

"When we don't produce, bring another:" impacts of work organization on tomato worker health
Kelley, R.*; Ivey, S.; Silver, K.; Holmes, S.

Context &Objective: We investigated U.S. tomato workers' perspectives on how work processes and management structures (i.e. â€œwork organizationâ€) impact occupational health. Farmworkers have some of the poorest health outcomes of any occupational group in the U.S., which is related to their position of structural vulnerability (the degree of harm a person may suffer due to their position within social structures or hierarchical social orders). Occupational health researchers have called for increased investigation of agricultural work organization, particularly in the U.S. Southeast. This study aimed to raise awareness of systemic obstacles to farmworker health and assist in identifying work

Conclusions: Reducing bias cannot be achieved by training alone. It requires a culture that supports honest conversations about bias and a system that purposely selects for a diversity of skills and experience.

Prioritizing family engagement and family-centeredness in the complex systems of care for children and youth with special health care needs through key informant interviews and focus groups.
Shatara, Adrienne, MPH*; Rienks, Jennifer, PhD; Dedhia, Mansi, MSc, MPH

Context &Objective: The Family Health Outcomes Project at UCSF has been contracted to conduct a needs assessment on the California Children's Services (CCS) program, a State-funded program serving low-income Children and Youth with Special Health Care Needs (CYSHCN). CYSHCN often have chronic and complex diagnoses or disabilities, and are high utilizers of California's health care systems. The needs assessment will identify priorities for program improvement to be worked on in the next five years. We conducted key informant interviews and focus groups to collect qualitative data on issues, among them: family engagement and family-centeredness of CCS and other programs that serve CYSHCN.

Setting/ Population: Key informants were individuals who work within the systems that care for or support CYSHCN and their families. We conducted all interviews over the phone. Focus group participants were: 1) families of CYSHCN, 2) providers and health plans for CYSHCN, and 3) County administrators of CCS. Many California regions were represented in our interview and focus group participant populations.

Intervention/Study Design: We conducted 15 key informant interviews with 20 individuals. We conducted 9 focus groups, with 4-12 people in each. We summarized responses from both key informant interviews and focus groups to be used in written and oral presentations, and to help advance the process of prioritizing issues for the next five years.

Outcomes/Results: Participants consider family engagement one of the main strengths of CCS, but note it remains inconsistent across counties and systems. They agree that family engagement and family-centered care is integral to the best health outcomes for CYSHCN. They agree families experience a number of challenges and barriers to engagement as it pertains to both getting the care that they need for themselves and their children, and participating in efforts to improve the systems of care (i.e. parent advisory boards). They disagree on what best practices are/should be. Feedback also included suggestions for improvement.

Conclusions: Moving forward, we will include family engagement and family-centered care as one of the main aspects of the care of CYSHCN to prioritize, and we will integrate it into future needs assessment work.

Evaluating strategies to prepare staff for clinic relocation.
***Liang, C, Manaois, A, Lee, A, Roca, M, Labuguen, R**

Context &Objective: Clinic relocation imposes significant stress on staff. In the context of complex coordination with multiple stakeholders, staff need to learn new workflows and operational requirements for an unfamiliar space. The Zuckerberg San Francisco General (ZSFG) Adult Urgent Care Center (UCC) was the first unit to move into the campus' outpatient medical building. Our leadership team implemented various interventions to prepare staff for a smooth transition. To determine our level of success, we are assessing staff knowledge, perception of preparedness, and learning preferences.

Setting/ Population: The UCC is located in San Francisco's Mission neighborhood and provides services to the county's urban underserved population. Its 44 staff members comprise of physicians, nurse practitioners, physician assistants, nurses, medical assistants, health workers, a clerk, and a social worker.

Intervention/Study Design: From September 2016 through February 2019, we implemented interventions to prepare staff for this relocation. Interventions included presentations, tours, workshops, activities (e.g., scavenger hunt), online learning modules and tests, demonstrations, simulations, email and huddle announcements, information postings, and policy and standard work attestation. To assess staff preparedness, we distributed an online test. We are currently distributing a staff survey to assess perception of training effectiveness and learning preferences.

of six Family Medicine residents in 2018. Resident wellness is monitored on a quarterly basis using the Physician Wellbeing Inventory, which is a short and actionable survey that measures factors that promote wellness and prevent burnout.

Intervention/Study Design: Wellness data is collected from residents on a quarterly basis throughout the three-year residency program. The data is used to tailor interventions to each resident to ensure residents maintain balance over time. Aggregate wellness data is shared with advisors and the program director to monitor trends and identify activities that could improve resilience at a programmatic level. Finally, each of the three concepts measured in the Physician Wellbeing Index is assigned a numerical value with a cut-off point which, if outside of the expected range, triggers a discussion between the resident and a Behavioral Medicine Co-Director

Outcomes/Results: The first three of Physician Wellbeing Index data have been collected and shared with residents, advisers, and confidentially to the program director. The data showed an increase in career purpose and distress as residents were completing their first six months of training and during the winter months, both of which impacted resiliency. We are currently developing interventions to strengthen resiliency during this period for the next class of residents.

Conclusions: Using a simple questionnaire to track a resident's level of resilience over time is a concrete measure to ensure we understand the evolution of each resident's resilience and can intervene early if there is a problem.

Comparing PrEP calls received at the Clinician Consultation Center to national PrEP disparity needs
Kanani, A*; Chu C; Goldhammer, B

Context &Objective: HIV pre-exposure prophylaxis usage across the U.S. has increased remarkably from 2012-2016, however widespread disparities by race, gender, geography, and sexual orientation exist. This study aims to determine whether callers to the national PrEPline from 2015-2019 sought guidance on patient populations that are most highly affected by PrEP-related disparities.

Setting/ Population: The Clinician Consultation Center is a federally supported service that provides free, point-of-care telephone-based consultation and guidance for any U.S. healthcare provider seeking expert support on HIV prevention and/or treatment.

Intervention/Study Design: The PrEPline was started in July 2014. Consultation information is stored electronically in a semi-structured format and includes relevant patient details, consultant recommendations, and caller information such as practice setting. Calls between November 2015 and February 2019 were reviewed for this analysis.

Outcomes/Results: The PrEPline provided 917 patient-specific consultations between November 2015 and February 2019. 81% involved cis male patients, 16% cis female, 1.7% transgender and the remainder unknown/other. 33% patients were identified as Caucasian, 8.7% Hispanic/Latinx, 7.8% Black/African American, 3% Asian. 43% of calls did not include patient race/ethnicity information. Regarding HIV risk factor, MSM was identified as a sole risk factor in 318/917 (35%) cases (MSM and at least one or more other risk factors were reported in 71.3%). â€œTransgenderâ€ was identified as a risk factor among 2.6% of cases. Injection drug use was identified among 1.4% of cases. â€œHIV-positive partnerâ€ was identified in 24%. 42.5% of calls came from the West, 11.5% Midwest, 19.5% South, and 26% Northeast.

Conclusions: Although the PrEPline receives calls from across the U.S., the majority involve Caucasian cis males who have sex with other men. Cis women and transgender individuals, people of color, and individuals living outside of the Western U.S. are relatively underrepresented. The communities with greatest need for widespread PrEP roll-out include communities of color, particularly African American/Latinx, women, and the South. More effective marketing of PrEPline services to clinicians serving those communities may help address PrEP-related disparities.

Not trying to solve riddles: young people's needs and preferences for online abortion information
Fox E, Gusman N, Wilson W, Thompson K, Steinauer J, Dehlendorf C

Context &Objective: Young people in the US face substantial barriers to abortion, including cost, legal restrictions, stigma, later discovery of pregnancy compared with older groups, and limited experi-

ence navigating health care systems. Adolescents and young adults frequently search the Internet for reproductive health information, but report difficulty finding trustworthy health information online. In addition to a lack of evidence-based online information about abortion accessible to youth, there is a proliferation of misinformation from anti-choice entities. We sought to gather input from geographically diverse young people to inform the design and content of a new youth-focused website about abortion.

Setting/ Population: We sought input from members of community-based youth groups in Pennsylvania, Louisiana, and California. Participants were age 15-30 and predominantly female.

Intervention/Study Design: We conducted focus groups guided by principles of user-centered design. We asked participants about their experiences searching for reproductive health information online, how their peers might search specifically for abortion information, and informational needs about abortion. Facilitators showed groups screenshots of existing health-related websites to understand preferences for tone, aesthetic, and navigation. We used content analysis of focus group transcripts to understand content and design preferences and inform the development of a website meeting youth preferences.

Outcomes/Results: We conducted four focus groups with a total of 33 participants. Groups expressed a need for trustworthy, evidence-based information to help young people learn about and access abortion. Most participants wanted information presented in a serious and straightforward tone. Hospitals, universities, and health care organizations (particularly Planned Parenthood) were seen as the most credible sources for abortion information. The most frequently desired content topics were: where to get an abortion, what types of abortion someone can get, what it's like to get an abortion, cost, and potential negative outcomes of abortion. Given the range of geographies and ages in these focus groups, the general consensus on content and tone is noteworthy.

Conclusions: Participant responses indicate a desire among young people for health care organizations to provide straightforward online information about abortion. We will continue to gather input from youth as we design a website about abortion.

It lightens your load: Interviews with family members receiving social services navigation in a pediatric urgent care
Aronstam A, Velazquez D*, Wing H, Hessler D, Keeton V, Gottlieb LM

Context &Objective: Interest is rapidly growing in health care-based programs to identify and reduce patients' social risks, like housing, food, and transportation. Yet little research examines if and how these programs affect patients. We conducted this study to explore pathways through which identifying and intervening on families' social needs might influence patient or caregiver health.

Setting/ Population: This study took place at the Zuckerberg San Francisco General Hospital. We leveraged a large, randomized controlled trial underway in the pediatric urgent care unit. In the primary trial, over 600 families were recruited into one of two arms: a) an intervention arm that offered Health Advocates (HA) program services, a navigation program where families are asked about social barriers to health and provided 1:1 navigation services; vs b) a control arm where families are asked about social barriers to health and provided written resource information.

Intervention/Study Design: We recruited 27 English and/or Spanish-speaking caregivers from the trial intervention arm who had already completed all other study activities. We conducted semi-structured interviews with domains including caregivers' perceptions of programs' impact on social needs, stress, and overall health. Preliminary analyses based on grounded theory involved open coding of 11 of 27 interviews and are presented below.

Outcomes/Results: Participants primarily described two pathways through which the experience of working with a navigator lowered caregiver stress burden.1. Decrease social barriers to health: Participants reported that navigators helped them learn about and access social resources. Follow-up calls reminded caregivers to ask about services or to continue working on resource referrals. Increased knowledge of and access to services reduced caregiver stress. For some, HA lowered stress because it lifted the burden of knowing whom to turn to for resource information. 2. New caring relationships: Participants also described how HA volunteers fostered supportive relationships with caregivers through in-person visits and follow-up calls. Notably, in some cases, the emotional support provided by volunteers did not depend on successful connections to specific social service resources.

adherence, disengagement from care, and subsequent virologic failure. We piloted an innovative, patient-centered postpartum care model to improve ART provision and virologic suppression among women living with HIV (WLWH) in San Francisco.

Setting/ Population: The project's population includes pregnant and postpartum WLWH enrolled in care at several San Francisco clinics, including HIVE, Family HIV Clinic (FHC), and the UCSF Women's HIV Program. All clinics are members of the Family Services Network (FSN), a multi-agency collaborative of inter-professional providers serving women, infants, children, and youth affected by HIV.

Intervention/Study Design: FSN implemented three novel, multi-faceted, inter-professional interventions. First, we piloted the â€œHIV Postpartum Loss to Follow-up Risk Assessment Toolâ€ (ERAT) to proactively identify patients at high risk for virologic failure. Second, through ongoing case conferences, we developed individualized care plans to strengthen postpartum adherence. Finally, intensive case management was offered to women identified as high-risk: this included home visits, patient navigation, adherence support and wrap-around services tailored to individual patient needs.

Outcomes/Results: Data collected includes descriptive patient information, ERAT scores, and clinical outcomes. The study enrolled 18 women and 7 women received intensive case management. Goals were to ensure that all enrollees have an updated ERAT and comprehensive post-partum plan by delivery, and we aimed for improvement in our postpartum viral load suppression rate from 31% to 45% at 12 months postpartum. We met our goal of creating a comprehensive postpartum plan, including an updated ERAT, for all enrollees. We exceeded our goal of improving viral suppression at 12 months post-partum (57%).

Conclusions: This innovative pilot is one of the first of its kind to focus on identifying and addressing needs of WLWH in the postpartum period. We were successful in improving several health outcomes including postpartum viral suppression. Our model of interdisciplinary team meetings and intensive case management has the potential to be scalable and utilized in other complex chronic care management settings.

Reducing bias in the selection process: the experience of a new Family Medicine residency program
Friedman, R*; Hiserote, P; Koida, D

Context &Objective: Building a diverse workforce of Family Medicine physicians is crucial to providing high quality, patient centered care; however, the educational system has historically reinforced biases that may limit the opportunities for many qualified candidates. Studies suggest that board scores, honors, and prestige of school(s) attended may not actually predict success in residency and beyond, and resident selection focused on these typical markers of success are more likely to undervalue underrepresented minorities, students from disadvantaged backgrounds or those with less traditional pathways but richer life experience. We set out to develop a system of evaluating residency applicants to mitigate and correct for unconscious bias during the selection process.

Setting/ Population: We conducted faculty development with 12 core faculty and six residents in the 2018-2019 selection season. Faculty were trained in how to be aware of their implicit bias and how to use the file review rubric to review applications more objectively.

Intervention/Study Design: We took a multifaceted approach to minimizing unconscious bias in the selection bias. We provided training to all reviewers about implicit bias. Although we could not blind individual applications, we conducted a holistic file review that involved selecting applicants first based on their work and life experiences before factoring in academic and board performance. Finally, we actively discussed bias throughout selection season process; the open dialogue meant reviewers were constantly moderating each other's evaluative comments for potential implicit bias.

Outcomes/Results: All faculty reported increased awareness of their own implicit biases over the course of the interview season. The reliability of interview scores given by the Program Director and two Associate Program Directors was calculated to determine how consistently they were rating candidates. The high level of reliability between the three raters is an indication that raters were able to consistently identify which candidates were the best fit for the program (Intraclass correlation average measure =0.82; 95% CI 0.77-0.86).

Intervention/Study Design: We employed a quasi-experimental difference-in-differences methodology. This rigorous approach allowed us to examine health outcomes among the WIC-eligible families (treatment group) before and after the revised WIC package, comparing them to a group of non-eligible families (control group).

Outcomes/Results: Outcomes included maternal self-reported overall health and body mass index (BMI), and child overall health, anemia, and mental health. WIC-eligible families were more likely to be unmarried, less educated, Black or Hispanics, and lower-income in comparison to non-eligible WIC families. The revised WIC food package led to significant improvement in overall health among WIC-eligible families, especially among Black women and those with income less than $100,000, as well as improvement in mental health among WIC-eligible children. There was no effect of the revised food package on maternal BMI or child anemia.

Conclusions: We found that the revisions to the WIC food package were positively associated with overall health and mental health among WIC-eligible families. Thus, national nutrition policy could be an important way to reduce health disparities. At a time when federal WIC funding is threatened, this study provides some of the first evidence of the benefits of recent WIC revisions among low-income families.

Root causes of colonoscopy delay after positive FIT test in California safety-net health systems: Provider and patient perspectives
Sharma, AE*; Lyson, H; Schillinger D; Somsouk M; Sarkar U

Context &Objective: Colorectal cancer (CRC) is the third leading cause of cancer-related death in the United States. Annual fecal immunochemical test (FIT) and timely follow-up colonoscopy is effective at reducing CRC mortality. Safety-net health systems providing care to vulnerable patient populations have prioritized CRC screening, but experience unique challenges that can lead to delayed colonoscopy. We sought to identify root causes of colonoscopy delay after positive FIT in California safety-net health systems.

Setting/ Population: Five safety-net health care systems across California. We identified patients who experienced a greater than 6-month delay in completing a follow-up colonoscopy after a positive FIT and contacted their corresponding primary care providers (PCP).

Intervention/Study Design: We conducted semi-structured individual interviews. All interviews were audio recorded and professionally transcribed. We conducted qualitative content analysis of the interview transcripts to identify overarching themes related to recurrent root causes for colonoscopy delay.

Outcomes/Results: We conducted 11 PCP interviews (N=13 patient cases) and 5 patient interviews. Eight patients were unable to be reached. Major themes included: Patient-specific factors, communication breakdowns and time and resource limitations. Patient factors included comorbid medical conditions, behavioral or social barriers that impeded completing the prep or arriving to the colonoscopy, and fear/personal preference. Communication factors included misunderstanding the importance of the colonoscopy and inability for PCP to track an incomplete referral. An unanticipated finding was that PCPs in the safety net system demonstrate notable resilience in pursuing CRC screening.

Conclusions: This is one of the few studies to examine both PCP and patient perspectives on colonoscopy delays among the primary care safety net. Current follow-up protocols are inconsistent and fragmented between the PCP and gastroenterology office and do not accommodate comorbid conditions and social needs. Interventions to address specific barriers identified may include: improving PCP-patient education on importance of CRC screening, transportation assistance, and improved interoperability between PCP and gastroenterology scheduling systems. Primary care systems serving vulnerable populations will require innovations in colonoscopy referral policies to overcome barriers to obtaining appropriate preventive care.

It takes a village: A team-based approach to supporting treatment and adherence for women living with HIV in the post-partum period
Hahn M*, Pollock L*, Schwartz R*, Mahesh D*.

Context &Objective: The postpartum period is increasingly recognized as a particularly vulnerable time for new mothers living with HIV. Challenges include competing priorities, difficulty with multiple appointments, and poverty and housing insecurity lead to high rates of HIV treatment non-

Conclusions: Preliminary findings from caregiver interviews suggest that social screening and referral programs in pediatric settings help to decrease caregiver stress, both by directly assisting with social resources and by fostering caring relationships.

CHANGING the narrative: A multi-faceted approach to integrating inclusion, diversity, equity and allyship (IDEA) principles into the Contra Costa Family Medicine Residency Program
Echiverri, A.*, Moeller, K.*, Rodgers, A.*, & Shrestha, J.*

Context &Objective: Diversity in the health workforce is an important means of addressing health inequities, and enhancing the learning environment for all. However, diversity in medical education is not at parity with our state demographics. Similarly, the demographics of the Contra Costa Family Medicine Residency Program (CCFMRP) does not reflect that of our local communities. As a program, we are committed to changing this narrative.

Setting/ Population: CCFMRP is embedded within the health system of Contra Costa County. The program's leadership, faculty, staff and residents have been engaged in integrating inclusion, diversity, equity and allyship (IDEA) principles across multiple program areas.

Intervention/Study Design: CCFMRP has integrated IDEA principles through an assessment and clarification of our program values, commitment from program leadership, and advocacy from our residents to address the four pillars of IDEA, which include institutional climate, recruitment and retention, curriculum and assessment, and community engagement.

Outcomes/Results: Specific outcomes related to IDEA include the following:1. Institutional climate: Our program revisited our mission statement as our guiding principle, and through consensus, generated mission and values statements that are relevant and reflect our commitment to IDEA. From these dialogues, resident engagement resulted in the development of the Resident Diversity Council. 2. Recruitment & Retention: Our program has assessed and modified our recruitment strategies, resulting in an increase in URM resident recruitment historically from 10-20% to over 50% in 2018. 3. Curriculum: A longitudinal community health curriculum was developed to address health equity within our system with the goal of creating leaders and change agents. 4. Community engagement: Partnerships with local health career pathway programs strengthen opportunities for young people in our communities. Overall, this work has resulted in improved communication, promoted a culture of mutual respect and connection, challenged us to change and grow in discomfort, and strengthened our purpose.

Conclusions: Cultivating a culture and climate of diversity and inclusion benefits all. As we move towards greater diversity in medical education and beyond, health care teams should reflect the demographics and lived experiences of local communities to amplify community strengths, improve health outcomes, and better understand the context of where health happens where individuals live, work and play.

Advancing racial equity at the family health center
Labat, A.*, Beall, M., Edmunds, M.*, Guidry, D.*, Leung, L.*, McGregor, M., Reyes, W., Siebold, S., Uy-Smith, E.*

Context &Objective: Race is a contemporary concept that was constructed and evolved throughout history. However, recent events in the United States along with mounting research, demonstrates the immense impact race has on our daily lives and serves as a catalyst for action on institutional and individual levels. Distinct from the concept of racial equality, racial equity is a societal state closely tied to fairness and justice, and would be achieved if racial identity no longer predicted how one fares throughout life.

Setting/ Population: In the past year, the Family Health Center (FHC) has utilized the Government Alliance on Race and Equity (GARE) framework to take on a multifaceted approach with actionable objectives in advancing racial equity.

Intervention/Study Design: Multi-disciplinary meetings are a space for normalizing dialogue about race, utilizing workshops centered on unconscious biases and allyship, and watching videos focused on exploring race, bias, and identity. We used our annual FHC retreat to deepen this conversation, creating a space to discuss race and identity, and the impact of their intersection on our lives both in and outside the walls of the FHC. To help address how racial constructs affect the lives and health of our patients, we stratify clinical data by race continuously, to view disparities in real time.

Outcomes/Results: Through a post-retreat evaluation survey we measured staff perceived value, and comfort in conversations and work centered on race and racism. On a scale of 1 to 5 (1-strongly disagree to 5-strongly agree), mean values were 4.2 and 4.3, respectively, for value in activity and commitment to participation in future discussions at the FHC. Mean scores were lower for comfort in discussing race/racism and if such discussions helped change staff approach to work (both 3.7 mean scores). Clinical metrics persistently demonstrate a gap in patient outcomes when separated by race.

Conclusions: Survey results, in addition to meaningful qualitative feedback led our leadership team to delve deeper into how to organize and operationalize work around this topic, and provide an environment to support racial equity training. Future initiatives for the FHC include monthly workshops to continue dialogue, additional clinic-wide training to provide concrete skills for development and communication, and proactive outreach and quality improvement initiatives to reduce disparities and improve care. Our overall goal is to dismantle the impact structural racism has on our staff and patients alike.

Expanding scope to include prenatal care in family medicine residency clinic
Hamilton, C.*; Meckler, J.; Alfaro, M.

Context &Objective: Involving family physicians in maternity care is a crucial component of family medicine training, and many medical students applying in family medicine look for programs that include outpatient prenatal care. While family medicine residents graduate feeling comfortable providing prenatal care, many find that their scope narrows as a practicing physician, and re-expanding scope can be difficult due to both logistical and cultural barriers. This paper outlines the approach employed by the KP Santa Rosa Family Medicine Residency program to increase the prevalence of prenatal care within the department.

Setting/ Population: KP Santa Rosa Family Medicine Residency launched in 2018 with the goal of providing full scope family medicine training, including outpatient prenatal care. In the year prior to the arrival of the first residency class, no family physicians were consistently providing prenatal care at the medical center.

Intervention/Study Design: Residency faculty adopted a multifaceted approach to changing the culture and work practices at the medical center to increase the frequency of prenatal services provided by family medicine physicians and residents. Interventions included identifying the family physicians who would start providing this care and training these physicians in the regionally defined workflows. Weekly communication was established between the residency module's nurse manager and the OB-GYN prenatal intake nurse who identified and directed women with low risk pregnancies to the Family Medicine department. Our lead Medical Assistant received training, and additional infrastructure - including a prenatal workflow binder and the purchase of another ultrasound machine - helped to ensure consistency in the quality of care.

Outcomes/Results: During the first year of the residency, the number of pregnant patients managed within the department increased from 0 to 63. This helped to increase the proportion of newborn visits and pediatric panel sizes among family medicine residency faculty and residents. Faculty providers unanimously report increased joy in medical practice with the re-expansion of their scope.

Conclusions: Prenatal care is an essential component of full scope family medicine practice. A collaborative, inter professional approach involving physicians, nurses, and medical assistants can be successful in re-expanding the scope of family medicine physicians to include prenatal care.

Is the juice worth the squeeze? A look at initial feedback after conversion to a longitudinal family medicine clerkship (FINAL)
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Context &Objective: The benefits of a longitudinal model for clerkships are well supported in the literature. Traditionally, students value continuity experiences with patients and preceptors as well as consistency of site and system in a longitudinal model (Terehani, Acad Med 2013). This model allows students to play a more meaningful role in patient care and helps to affirm a sense of belonging in the clinical environment (Stevens, Acad Med 2014). Clinical skill development is equivalent or stronger in these models as well (Woloschuk, Acad Med 2014). Our goal was to review initial feedback from students at UCSF and Penn State University (PSU) to identify themes of strengths and challenges after conversion to a longitudinal clerkship.

pants was 30.9 years, with a range from 18 to 41. 35% were Latino and 25% were African-American/ Black. Barriers to attending the PPV included adjusting to a new baby and schedule, exhaustion, and difficulty attending early morning appointments. Some participants who did not attend the visit stated they felt well or had received care elsewhere. Several patients responded favorably to telephone appointments or nursing in-home visits as an alternative to in-person clinic appointments. Expectations include being examined, discussing emotional well-being, and receiving reassurance from a trusted provider at their visit. Postpartum weight loss, breastfeeding, and family planning were also important values. However, many participants struggled to identify a goal or purpose for the PPV outside of a general check-up.

Conclusions: Most participants value the PPV but experienced significant barriers to attending in-person visits. Future opportunities for optimizing postpartum care include offering telephone appointments, more flexible appointment times, and education on the purposes and importance of the visit prior to delivery.

Building equity into life care planning: a quality improvement project by Kaiser LIC medical students
Jones, Camille*; Eberhardt, Cara; Ginelli, Elizabeth; Mendoza, Angela; Morris, Christina; Zheng, Micha; Mai, Jessie; Ma, Simon

Context &Objective: Advance care planning (ACP) is the process of clarifying and documenting medical care preferences so that the medical team and loved ones can act in alignment with patients' goals and values. Despite a belief that ACP is important among the majority of races and ethnicities, racial inequities exist in access to and participation in ACP. This disparity has been hypothesized to result from language barriers, distrust, prior experiences of racism, previous negative experiences with the medical system, lack of knowledge of ACP options, and lack of access to health care in general. Kaiser Permanente developed an initiative to empower its members to complete ACP, called Life Care Planning (LCP) from 2011-2013. Of the patients identified as targets for LCP because of their age or chronic disease status, only ~10% had a consult placed, and only ~40% of those referred by their PCP actually completed the LCP conversation. Furthermore, the design of the referral process, patient outreach and education around LCP does not take into account language, racial or cultural differences which may impact care experience and completion rates.

Setting/ Population: Kaiser Permanente East Bay providers and elderly or chronically ill patients.

Intervention/Study Design: Our intervention consisted of a multi-media outreach campaign and Life Care Planning database analysis. As part of our provider education arm, in partnership with the LCP team, the E-consult page was revamped and we developed a brief training module that taught providers about the services provided by LCP, as well as who, when, and how to refer. As part of our patient outreach arm, we created videos of three KP primary care physicians (PCPs) which were sent via secure message to their patients, many of whom speak Cantonese as their primary language and may not be reached by the standard outreach protocols.

Outcomes/Results: Data was being collected at the end of our clerkship year and we will have updates from the team who sponsored our project at the time of presentation.

Conclusions: We uncovered many interesting features related to media use by the elderly and anecdotal support from patients and their families.

The effects of the revised food packages under Special Supplemental Nutrition Program for Women, Infants and Children on maternal and child health
Hamad,R. ; Batra,A.*

Context &Objective: The Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) provides nutritional support for low-income pregnant and postpartum women and young children. The standard food package was revised in October 2009 to provide more fruits, vegetables, whole grains, and low-fat milk. While prior work has shown that the revised food package improved dietary quality, little is known about the downstream effects of the revised food package on maternal and child health. We assessed the impact of the revised WIC food package on maternal and child health during this critical period of development.

Setting/ Population: 1997-2017 waves of the National Health Interview Survey, a large diverse nationally representative sample of U.S. women (N=38,567) and children (N=103,457).

Outcomes/Results: The CCC conducted a total of 29 calls to teens aged 12-19, and 58 calls to children aged three-11, resulting in 41% and 62% of parents scheduling an appointment for their child, respectively.

Conclusions: "This intervention provided key learnings in partnering with health plans for targeted outreach efforts to improve access to preventative care for children and adolescents, and exploring areas for future population health efforts (e.g., automated text messages). "Standard work is crucial in tailoring effective outreach (e.g., developing FAQ's; language availability)

Improving rates of aspirin prescription for preeclampsia prevention for pregnant patients in a residency clinic
Naderi, T*; Zuckerman, G; Martin, S; Lund, E

Context &Objective: While preeclampsia occurs in 5% of pregnancies, it disproportionately impacts women of lower socioeconomic status and women of color. In 2014 the USPSTF made recommendations for the use of aspirin to prevent preeclampsia in women at increased risk. We discovered that many resident and faculty providers in our clinic were not routinely recommending aspirin to pregnant patients who met criteria for aspirin by USPSTF guidelines. Therefore, we designed this quality improvement project to try to improve rates of aspirin prescription and lower rates of preeclampsia in our patient population.

Setting/ Population: The Sutter Santa Rosa Family Medicine residents care for low-income women antenatally, many of whom have additional risk factors such as obesity, nulliparity, or prior poor obstetric outcomes that would qualify them for aspirin therapy.

Intervention/Study Design: We reviewed rates of aspirin prescription for pregnant patients seen at our clinic in the 6 months before and after the start of our QI project. We surveyed providers and discovered that while the majority reported some familiarity with the USPSTF guidelines around aspirin, most were not familiar with all of the moderate risk factors that might lead a woman to qualify for aspirin therapy. We initiated a provider education campaign and posted throughout the clinic the USPSTF criteria. We then instituted a process for early chart review (before 20 weeks) to help providers identify women who might qualify for aspirin therapy with reminders added to the chart for providers to discuss aspirin with their patients if It hadn't already been initiated.

Outcomes/Results: We discovered because of this intervention that rates of aspirin prescription increased at our clinic site for residents and faculty. We also discovered that our EMR system is not ideally set up to trigger providers to consider aspirin for their at-risk patients.

Conclusions: We significantly increased the rates of aspirin prescriptions for pregnant patients in a residency clinic at higher risk for preeclampsia through a combination of provider education and chart review. We subsequently developed recommendations for our clinic EMR staff to implement prompts within the EMR to help sustain these increased rates of prescribing without the time-consuming need for chart review.

Understanding new mothers' values around the postpartum visit
Wang, S*. Miskelly, S. Perron-Burdick, M.

Context &Objective: The postpartum visit (PPV) is an important opportunity for disease prevention and management, emotional and social support, reproductive planning, and improved outcomes for future pregnancies. However, 35% of patients at Zuckerberg San Francisco General (ZSFG) do not attend a scheduled PPV after delivery. The purpose of our project was to explore PPV expectations/ values and barriers to attendance.

Setting/ Population: We included patients over 18 seen for at least one prenatal visit in the Women's Health Center at ZSFG and scheduled for a PPV during the study period (July - August 2018). ZSFG is an urban safety-net hospital serving publicly-insured and low-resource patients.

Intervention/Study Design: This was a semi-qualitative study. Patients attending their postpartum appointment participated in in-person interviews and patients who did not attend scheduled postpartum visits were interviewed by telephone. Interviews were analyzed using grounded theory analytical techniques. As a quality improvement project, this was exempt from human subject approval.

Outcomes/Results: 13 in-person and 7 telephone interviews were completed. Mean age of partici-

Setting/ Population: PSU at Hershey has 8 faculty practices and 6 affiliate practices. In contrast, UCSF has 56 different sites with 204 preceptors, over 80% of whom are volunteers from the community.

Intervention/Study Design: We conducted both formal and informal interviews with students and preceptors in the longitudinal model at UCSF and PSU. We also reviewed end-of-the-year clerkship assessments from students.

Outcomes/Results: The strengths identified at PSU were the mentor relationship with faculty, continuity with patients, improved support for skill development and fair competency assessment. At UCSF, the strengths also included the opportunity to integrate feedback longitudinally and demonstrate continued growth over the year, as well as the opportunity to feel â€œpart of the team.â€ The challenges at both schools included leaving a high intensity block clerkship for their family medicine day, trouble focusing on skill development with only 1 day in clinic every other week, and lack of systems to support continuity in clinic. From the preceptor perspective, time for teaching, scheduling challenges and high investment in students who may not be interested in family medicine were identified as challenges.

Conclusions: Some features that were identified for a successful transition to a longitudinal curriculum included re-framing of the family medicine clerkship to students and block clerkships, avoiding block clerkship scheduling conflicts before they arise, and creating clear goals and objectives that span the year and clearly state the value of the longitudinal model.

Implementing a capstone curriculum to train and assess incoming family medicine residents
Hoff, L.*; Hiserote, P., Friedman, R.

Context &Objective: Residents traditionally go through an extensive orientation and on boarding process before officially starting residency. This often leaves little time for training and assessment, even though this is a requirement of accreditation. In addition, family medicine residents need to acquire many skills that are often not often included in daily clinical training, including practice management, leadership, research, and career development. To meet these needs, the Kaiser Permanente Santa Rosa Family Medicine Residency Program chose to create a capstone curriculum for entering residents

Setting/ Population: Incoming residents at the KP Santa Rosa Family Medicine Residency Program participated in a two-week capstone curriculum in July 2018. This is part of a larger curriculum which runs for two weeks at the beginning and end of each training year for a total of twelve weeks during residency. The curriculum provides time and space for additional trainings, assessment and scholarly activity.

Intervention/Study Design: The inaugural capstone included immersion into the continuity clinic environment, Primary Care Transformation Curriculum modules, applied electronic medical record training, orientation to telemedicine, ultrasound and ALSO training, as well as procedure workshops. Baseline assessment was done both through administration of a full in-training exam and through Objective Structured Clinical Exam cases. We also included wellness training, team building activities, and a community scavenger hunt.

Outcomes/Results: The baseline assessment activities conducted on residents as part of the capstone provided invaluable information to guide future mentoring and individualized learning plans. We surveyed residents at the end of their elective to evaluate the various aspects of the curriculum and its impact on their overall medical training and residents gave very positive feedback for most activities. Residents particularly enjoyed the team building activities and they would like to see increased early practice management training in future years.

Conclusions: The addition of a two-week capstone curriculum at the beginning of residency training provided an opportunity for resident training, early assessment and team building. Residents found most activities beneficial after six months of training and provided useful feedback for future sessions.

Improving inter rater reliability of objective structured clinical exams in a family medicine residency
Martinez, R*; Stram, D; Doolittle, S; Hoff-Arcand, L; Koida, D; McDermott, S.

Context &Objective: Objective Structured Clinical Exams (OSCEs) are used by family medicine

residency programs to evaluate residents and ensure they are meeting their milestones. One of the challenges associated with the use of OSCEs is that they require complex review and grading of the clinical encounter and post-case activities associated with each clinical scenario. As a result, it can be difficult to ensure the reliability of the rubrics that intend to measure performance on OSCE stations. The purpose of this study is to evaluate the inter rater reliability among faculty and standardized patients involved with the OSCE program at the Kaiser Permanente Santa Rosa Family Medicine Residency Program. This project is important to ensure that OSCE ratings accurately measure individual performance over time.

Setting/ Population: OSCEs are administered twice a year for all residents in the outpatient clinic of Kaiser Permanente Santa Rosa Family Medicine Residency program. This study assesses the extent to which faculty care consistently residents on post encounter activities.

Intervention/Study Design: The inaugural class of six residents completed four OSCE cases after which they produced written SOAP notes. Five new residency faculty assessed the SOAP notes using a tool which was found to generate reproduible scores (Boulet, Rebbecchi, Denton, McKinley, & Whelan, 2004). Inter rater reliability of the rating tool was assessed using Krippendorff's alpha.

Outcomes/Results: Results show that there was a low level of inter rater reliability on the SOAP note assessment tool overall (K alpha=.193, 95%CI 0.049-0.244). A focus group was held to discuss the low levels of consistency. Reviewers suggested that more information is provided about the case beforehand, the cases are blinded, and that the rating scale is adapted to make it more fit for purpose.

Conclusions: Using a standardized instrument is not enough to ensure acceptable levels of inter rater reliability. It is important to provide training and information to reviewers before they use a new tool for the first time. Reference: Boulet, J. R., Rebbecchi, T. A., Denton, E. C., McKinley, D. W., & Whelan, G. P. (2004). Assessing the written communication skills of medical school graduates. Adv Health Sci Educ Theory Pract, 9(1), 47-60. doi:10.1023/b:Ahse.0000012216.39378.15.

Implementing a longitudinal curriculum to improve behavioral medicine training for family medicine residents
Lamb, L*; Braun, A

Context &Objective: Given the high prevalence of mental health problems in the United States, as well as the obstacles to accessing timely care, family physicians frequently provide mental health services in the primary care setting. In the quest to provide better treatment for people with mental health conditions, it is increasingly common for behavioral medicine to be integrated into primary care practice. As such, it is important that family medicine residents are provided with both strong foundational skills in behavioral medicine to address the multitude of behavioral, cognitive, and emotional presenting symptoms of their patients, as well as experience a collaborative relationship with their behavioral medicine colleagues.

Setting/ Population: An innovative model of achieving a high level of behavioral health integration has been implemented in the Kaiser Permanente Santa Rosa Family Medicine Residency Program. The intention of the longitudinal curriculum is that, upon completion, residents will be able to with full competence and compassionately respond to the psychological needs of their patients.

Intervention/Study Design: The behavioral medicine curriculum consists of a four-week behavioral medicine rotation; bi-monthly behavioral medicine-focused clinic time during each of the three years; use of OSCE simulation exercises with behavioral medicine focus; and regular longitudinal didactic experiential meetings on specific case based behavioral medicine topics. A psychologist and psychiatrist have dedicated time to devote to the education and clinic activities for the residents in each of the three years. Behavioral medicine topics have been integrated into all other rotations via assigned readings and some rotations allotted meetings with behavioral medicine clinicians to focus on that rotation area.

Outcomes/Results: Aligning family medicine and behavioral medicine faculty's administrative and clinic time was logistically challenging but, now this is achieved, residents are able to schedule behavioral medicine consultations more easily. This integrated structure gives residents the opportunity to work closely with behavioral medicine faculty to assess, treat and follow up with their patients.

A community-designed and community-sustained intervention to support early childhood development for low-income families in San Francisco.
Lakatos, K.*, Olague, C., Moreno, R., Aroche, L., Tapia, M., Uy-Smith, E.

Context &Objective: Within San Francisco, half of the residents under five years of age are known to be living as low-income families and children (LIFC). Of those fifty percent, one in five are below the federal poverty level. In recent years, the city of San Francisco has committed heavily to supporting a preschool-for-all approach, but families with young children continue to lack early and appropriate developmental support.

Setting/ Population: Zip code mapping of LIFC show they primarily inhabit historically Black and immigrant (LatinX and Asian) neighborhoods. Although some support networks through federal and state subsidies exist, many of them are not culturally sensitive or geographically feasible for these families.

Intervention/Study Design: To address the challenges LIFC face, this project seeks to develop a community-driven and community-sustained intervention focused around early childhood development.

Outcomes/Results: Thus far, a series of interviews were conducted with over 30 different stakeholders throughout San Francisco. Combining this information with a review of aggregated assessment data from local community organizations shows three major categories of barriers for LIFC â€“ structural, longitudinal, and transitional. Systematic obstacles, such as access to affordable housing and food, require significant political action. Smaller and more defined barriers, such as assistance in transitioning between resources, can more attainably be expunged through community efforts. Currently, we are surveying families with young children to identify what potential services would be the most beneficial.

Conclusions: The importance of building long-term sustainability, through multi-organizational alliances with stakeholders at varied levels of power (i.e., government agencies, healthcare providers, and community organizations), have been highlighted with our preliminary work. Additionally, the discussions with community partners have provided insight into how to develop any potential intervention within the cultural context of LIFC in San Francisco and building a multi-sectoral program that supports not only the child, but the family, as a concerted system.

Population health management: Improving children and adolescents access to Primary Care Providers through centralized outreach
Martin, J*; Cox, S; Arenas, A; Nguyen, T; Gambrah, H; Reznik, O; Ferreira, R; Hu, Z; Martinez, S; Baez, K; Robert, A; Gupta, R; Edmunds, M; Chen, E

Context &Objective: San Francisco Health Network Primary Care (SFHN PC) is accountable for 90,000 publicly insured or uninsured individuals through San Francisco Department of Public Health's (SFDPH's) comprehensive health care delivery system. Routine access for well-child checks is fundamental to support optimal development and health outcomes of children and adolescents. The Quality Incentive Program (QIP), a pay-for-performance program through the Centers for Medicare & Medicaid Services, recently introduced a new measure to encourage increased access to Primary Care Providers (PCPs) for children and adolescents, in partnership with health plans to reach those assigned to care. Through collaboration of Primary Care, the Centralized Call Center (CCC), Communications teams at SFHN, and supported through the Center for Care Innovations' Population Health Learning Network (PHLN), a multi-disciplinary team formed to explore centralized outreach to schedule children and adolescents into appointments with their PCPs and improve access to preventative care.

Setting/ Population: Children and adolescents, aged one-19 years, represent 17.5% (10,805/61,580) of SFHN's active patients, those who have been seen in the last two years; however, there are approximately 1,200 children and adolescents assigned to SFHN PC through their health plans who are not actively engaged in care.

Intervention/Study Design: Beginning fall 2018, a workgroup met monthly to discuss central goals and improvement strategies, identifying phone call outreach to parents through the CCC as an opportunity to broaden reach and encourage access. We designed outreach scripts and workflows to standardize protocols and track outcomes. Using internal data, combined with health plans enrollment data, we developed meaningful outreach lists. By February 2019, we completed two outreach PDSA's, with ongoing evaluation to determine show rate and impact.

meetings over 3 months. Both programs were equally effective in reducing high DD. Our aim is to compare participant satisfaction of both programs, and to identify key themes related to participation and satisfaction.

Setting/ Population: Adults with T1D from Arizona, California, Oregon, and Ontario were recruited through patient registries, support groups, and contacts with local diabetes organizations.

Intervention/Study Design: Online surveys were administered post-intervention to assess program satisfaction and experience. T-tests compared group mean scores, while zero-order correlations compared associations between scores and demographics. A thematic analysis of open-ended survey questions identified overarching experiential themes.

Outcomes/Results: 267 of 293 (91.1%) participants completed surveys. Participants in OT were significantly more satisfied than those in KI on multiple measures: they rated OT as more helpful (3.62 (1.1) vs 3.13 (1.1)), had a more positive group workshop experience (4.22 (.9) vs 3.68 (1.1)), and reported profiting more from group discussion (3.98 (1.0) vs 3.58 (1.1)) and group support (3.72 (1.2) vs 3.19 (1.3), all $p<.05$). Main themes related to satisfaction and experience differed by group. KI participants reported higher levels of disappointment, especially concerning lack of novelty of program content. OT participants reported greater exploration of new health behaviors, gaining a new perspective on their diabetes, and finding the experience of meeting other adults with T1D to be more assuring. Feeling support from and connection with other group participants was a more common theme in OT than KI.

Conclusions: Findings suggest that high DD T1D adults participating in an emotion-focused intervention were more satisfied than those attending an education-focused program to address high DD.

The development and pilot evaluation of a comprehensive smoking cessation program for community health centers
Bowyer, V*, Hessler, D, Tsoh, J, Parra, J, Potter, M

Context &Objective: Smoking prevalence among adults living in poverty remains high. Community health centers (CHCs) can play a vital role in addressing smoking in this population. Challenges for CHCs delivering smoking cessation include lack of trained staff and lack of robust evidence-based protocols. Additionally, smoking cessation interventions often fail to address individual factors which hinder successful quit attempts (e.g., social determinants of health, stress, mental illness, co-occurring substance use) or lifestyle risk behaviors (e.g., poor diet, physical inactivity). Our objective is to develop, implement, and evaluate the feasibility and acceptability of Connection to Health for Smokers (CTHS), a new program to reduce tobacco use and tobacco-related health disparities among socioeconomically disadvantaged populations.

Setting/ Population: Three county-run primary care clinics in Contra Costa County serving ethnically diverse populations.

Intervention/Study Design: CTHS is an evidence-based program incorporating the 5As of smoking cessation support (ask, advise, assess, assist, arrange) which tailors action planning to smokers' readiness for quitting and individual social and behavioral health needs. Program development involved active engagement with a Patient Advisory Group, composed of current smokers, and members of clinical teams who serve them. Participants (n=90 per arm; n=180 total) who report having smoked cigarettes in the past 7 days will be randomized to receive either CTHS or enhanced standard care (short video and booklet) during a brief health educator visit. Assessments will occur at baseline and 3 months, with 3-month smoking status being verified biochemically by expired-air carbon monoxide. Program experience interviews with staff and participants will be conducted. Feasibility and acceptability will be assessed using the RE-AIM evaluation framework. Participant outcomes include number of quit attempts and smoking abstinence.

Outcomes/Results: Participant enrollment began in January 2019. Providers have demonstrated commitment in generating a steady referral stream of patients to the study, and CHC staff have been effective in delivering the intervention. Preliminary study findings relating to observations of encounters, participant commitment to quitting smoking, and CTHS action plan content will be presented.

Conclusions: Early impressions suggest that implementation of CTHS in CHCs is feasible and the development of a large scale study of CTHS effectiveness and implementation in CHCs is warranted.

Conclusions: Implementing a longitudinal behavioral medicine curriculum into the family medicine residency has been logistically challenging but will provide residents with comprehensive training about how to appropriately treat each patient's behavioral, mental and emotional symptoms.

Building a scholarship culture: the experience of two new family medicine residency programs
Friedman, R*; Ridout, S; Ridout, K; McDermott, S; & Harris, B

Context &Objective: Scholarly activity is an important part of family medicine residency education and is required by the Accreditation Council for Graduate Medical Education (ACGME) as a way of promoting lifelong learning and critical thinking. The experience of participating in scholarly activity can help family medicine physicians build professional experience and stay current with developments in the field. While there are numerous benefits to participating in scholarly activity, this is an area in which community-based residency programs often get cited by the ACGME for not meeting stated requirements. Here, we highlight how two family medicine residency programs in their inaugural year developed research teams to increase scholarly productivity and interest among faculty and residents.

Setting/ Population: Two community-based Family Medicine Residency programs in Northern CA participated. Both programs recognized the need to increase scholarly activity output to meet ACGME common program requirements.

Intervention/Study Design: The residency programs employed similar strategies to improve scholarship culture. Each residency conducted a needs assessment to identify faculty and residents' strengths and areas for improvement and based on these assessments, implemented sessions to mentor faculty and build resident knowledge of research and quality improvement concepts. Regular meetings were held with faculty and residents to support identification of research topics, track progress and provide mentorship.

Outcomes/Results: With implementation of these programs, both residencies currently have multiple projects underway, ranging from project conceptualization to results dissemination. The two residencies more than quadrupled the number of active scholarly projects, including peer-reviewed posters, presentations and publications, in a nine-month period. While there are similarities between our strategies, each residency also tailored our approaches to fit the unique culture of each medical center: San Jose implemented a monthly research didactic series for residents, while Santa Rosa generated enthusiasm for scholarly activity by holding a residency-wide shark tank event.

Conclusions: By conducting a needs assessment and partnering with a research project manager, both residencies have made progress in formalizing a program of scholarship. Future directions include continuing to build on this strong foundation to improve rates of peer reviewed publication and grant submissions.

Hospital-based maternity care providers' perceptions of doulas
Neel K, Goldman R, Marte D, Bello G, Nothnagle M*

Context &Objective: A birth doula provides continuous informational, physical and emotional support during pregnancy, labor and immediately postpartum. Existing published data on the health benefits of birth doulas, especially for low-resource, high-need patients, do not address how and why individual providers decide to utilize or encourage this model of care. This research project aims to fill a gap in the literature describing best practices of integrating doulas into hospital based maternity care teams in order to facilitate access to this evidence-based service for improving maternal health outcomes.

Setting/ Population: Maternity care providers (obstetricians, family physicians, registered nurses, nurse midwives) at three hospitals in Rhode Island.

Intervention/Study Design: Semi-structured interviews using open-ended questions were conducted in person with 47 maternity care providers across 3 hospitals. A purposive sampling approach included obstetricians, family physicians, RNs, and nurse midwives. Interviews were audio-recorded, professionally transcribed, and analyzed using the Template Organizing style qualitative analysis approach. The organizing framework was the doula model of care. A codebook was developed based on the doula model of care framework, existing literature on doulas and doula care, and topics in the interview guide.

Outcomes/Results: Results demonstrated varied support for doula care given providers' experi-

ences and across the different hospital cultures. Positive experiences centered on doulas' supportive role and strong relationships with patients. Among maternity care providers, some frustration, anger, and resentment persist regarding work with doulas. Some conflicts between providers and doulas may stem from a cross cultural divide between mainstream obstetric/physician culture and a natural birth â€œcounter cultureâ€. Suggestions to facilitate good working relationships centered on three overlapping themes: mutual respect between doulas and hospital staff, education about doulas' training, and clarification of roles on maternity care teams especially among staff with overlapping roles.

Conclusions: Adequate staff training in the doula model of care, explicit role definition, and increasing provider exposure to doulas may promote effective integration of doulas into hospital maternity care teams. Findings will inform the development of evidence-based trainings and education on how to facilitate good working relationships to incorporate doulas into maternity health care teams.

Formalizing the inclusion of patient centered care in the resident selection process
Koida,D.*; Friedman, R; Hiserote, T; McDermott, S.

Context &Objective: Residency selection processes are typically designed to evaluate medical knowledge and technical competencies and may not adequately screen for characteristics most important to providing patient centered care. Patient centered care is an integral part of our medical center's culture, and matching applicants that share this fundamental belief is important to our residency program. This project aims to the integrate the patient advisor voice into the residency selection process.

Setting/ Population: This project involved eight patient advisors and fourth year medical students interviewing for a position at the Kaiser Permanente Santa Rosa Family Medicine Residency.

Intervention/Study Design: Two or three patient advisors attended each interview season lunch between October and December 2018 and talked with as many of the candidates as possible. Patient advisors were asked to share their experience of being a patient in the Kaiser Permanente system, ask some informal question, and listen to how candidates interacted with others. After the lunch, patient advisors were asked to evaluate candidates on how capable and willing they seemed to provide patient centered care. Candidates were also as to rate their experience of interacting with patient advisors.

Outcomes/Results: Eight patient advisors participated in lunches and 96% of candidates had some level of interaction with patient advisors during the lunches. Patient advisors rated 75% of candidates as â€˜mostly' or â€˜completely' exhibiting the values that patients care about, demonstrating that the holistic rubric used to assess applicants is successfully identifying candidates that promote patient centered care. Surveys completed by 92% of candidates showed that having lunch with patient advisors gave candidates a very positive impression of the residency program.

Conclusions: Involving patient advisors during residency interview season has been a positive experience for patients, applicants, faculty and residents. Training patient advisors prior to interview season allowed for a more standardized process of expanding the number of advisors involved in selection. We will continue to find additional ways to involve our patient advisors in the resident selection going forward.

Beyond same-day LARC provision: developing a framework for person-centered contraceptive access in Mississippi
Reed, R*, Dehlendorf, C, Wulf, S, Holt, K

Context &Objective: A growing number of interventions focused on improving access to long-acting reversible contraception (LARC) have been implemented across the US in service of reducing unintended pregnancy. These programs have focused primarily on addressing provider and policy level barriers to same-day LARC provision, given that LARC methods have historically been disproportionately difficult to access. However, these initiatives have not been analyzed for their fit with broader goals of reproductive well-being, health equity, and quality of health care.

Setting/ Population: The need for innovative approaches to provision of person-centered contraceptive care is particularly dire in the US Southeast due to restrictive policy environments, lack of publicly-funded sexual and reproductive health care, and the fact that inequities in care and reproductive health outcomes persist in large part due to an insidious history of racial discrimination. In Mississippi, just over half the population (50.7%) resides in rural counties, with nearly a quarter of this population living in poverty, making both geographical and financial barriers to health care particularly salient.

Intervention/Study Design: As part of a collaboration with a new person-centered contraceptive access initiative in Mississippi, we conducted a national landscape analysis of other state and city contraceptive access programs by interviewing key informants, performing a literature review and reviewing program publications and materials.

Outcomes/Results: The programs reviewed consistently included demand generation efforts aimed at promoting LARC and included systems-level improvements aimed at making same-day LARC access available. Based on our analysis we developed a framework for person-centered contraceptive access, which includes 4 components: Relationship-Building and Education, Access, Quality and Follow-up Support. We held a stakeholder convening in Jackson, Mississippi to get feedback from local community advocates, reproductive justice activists, administrators and providers. We have partnered with a Mississippi activists organization to conduct qualitative research exploring women's preferences for access and experience of contraceptive care in Mississippi, which will inform next steps of the local contraceptive access initiative.

Conclusions: It is critical that future efforts to improve contraceptive access in Mississippi, and nationwide, are grounded in person-centeredness, equity, and people's preferences. To this end, we will disseminate the final version of the framework both locally in Mississippi and nationally.

Providers struggle to discuss breastfeeding with patients living with HIV
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Context &Objective: Women living with HIV in the United States are discouraged from breastfeeding because of the non-zero risk of HIV transmission and unknown effects of antiretroviral drugs passed in breastmilk. U.S. guidelines suggest patient-centered, evidence-based counseling on infant feeding options for women wanting to breastfeed or with questions about breastfeeding, but little is known about how this is implemented in practice. Our objective was to understand provider - patient infant feeding discussions and to outline barriers and successes.

Setting/ Population: Call data from the National Perinatal HIV Hotline's secure database includes semi-structured clinical case details. We reviewed these data from US-based providers with questions related to a patient living with HIV who wanted to breastfeed or was already breastfeeding.

Intervention/Study Design: We reviewed 1,645 provider calls received from 10/01/15 to 09/30/18. Breastfeeding was identified as a call topic in 208 of those calls. Using narrative case details, we performed a retrospective case file analysis of the 26 calls that met our criteria.

Outcomes/Results: Four themes emerged from reviewing 26 consultations related to breastfeeding while living with HIV: "Providers feel challenged by patients who are firm in their breastfeeding intentions and can view the conversation as a confrontation. "Providers felt unprepared to talk to their patients about breastfeeding. "Patients' breastfeeding desires are often not discussed and shared with the care team until the patient is in labor or postpartum. "Other countries have different breastfeeding guidelines than the US. Women from those countries may know their home country's guidelines and wish to follow them.

Conclusions: "The most successful discussions about breastfeeding are patient-centered, provider-initiated, occur early in pregnancy, and are shared with other members of the care team, including those who will be caring for the infant. "National guidelines and professional organizations should continue to provide guidance for providers on how to discuss breastfeeding with their patients living with HIV, including up to date data on risks and benefits of breastfeeding and explanations of regional differences in recommendations.

Comparing experience and satisfaction of adults with type 1 diabetes participating in interventions to reduce diabetes distress
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Context &Objective: Diabetes distress (DD) refers to the emotional burdens that arise from living with a demanding chronic disease like diabetes. DD is common and high levels of DD are associated with poor self-care and poor glycemic control. T1REDEEM was a randomized-controlled trial comparing two group interventions to reduce DD among adults with type 1 diabetes (T1D): KnowIt (KI), a comprehensive education program, and OnTrack (OT), a program focused on identifying and addressing diabetes-related emotions. Both programs included a group workshop and 4 online group