1. **Community Health, Advocacy, and Managing Populations (CHAMP):**
   This unique, longitudinal curriculum is designed to develop and integrate skills and tools in community health, advocacy and population management into clinical practice. The CHAMP curriculum has is composed of four parts: orientation, two focused block rotations (CHAMP 1 and 2) in the first and second years of residency, and the longitudinal elective Lead for Health, which spans the second and third years of residency. Our curriculum and evaluation were published in the Journal of Patient Centered Research and Reviews 2018 Specialty Issue on Health Disparities and Inequities.

**CHAMP**
CHAMP Orientation is a key element of our residents' Orientation block. Here we focus on the principles of community health, health equity, and advocacy and identify health strengths and challenges in our Milwaukee community.

**CHAMP 1**
CHAMP 1 offers each resident a firsthand experience collaborating with our community partners who provide patient-centered services in Milwaukee. This includes partnerships with Walker's Point Free Clinic, Penfield Children's Center, Core El Centro, Salvation Army Homeless Shelter, the Visiting Nurses Association, and Milwaukee Public Health Department STD and TB clinics. During this first-year rotation our residents also learn to employ narrative for advocacy and complete a community-based advocacy project (see below). Residents also lead specialized group visits.

**CHAMP 2**
CHAMP 2 develops residents' skills integrating advocacy and managing populations into their careers as primary care physicians. This includes learning to utilize system resources to characterize a continuity clinic population and identify areas for focused engagement. During this second-year rotation our residents lead a clinic-based advocacy project (see above). Residents also lead specialized group visits.

<table>
<thead>
<tr>
<th>Recent Advocacy Projects</th>
<th>CHAMP 1: Community Based Projects</th>
<th>CHAMP 2: Clinic Based Projects</th>
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<tbody>
<tr>
<td>Health literacy</td>
<td>Veggie Rx program</td>
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<tr>
<td>Nutrition education</td>
<td>Pediatric behavioral health training and resources</td>
<td>Lead screening program</td>
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<td>Tattoos - a social determinant of health “vital sign”</td>
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<td>Internet access</td>
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<td>Access to screening exams for non-English speakers</td>
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<td>Child maltreatment</td>
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<td>Access to behavioral health resources</td>
<td>Teen pregnancy</td>
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<tr>
<td>Advance directive counseling</td>
<td>PPI appropriate use</td>
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2. Lead for Health

*Lead for Health* is designed for residents interested in completing a community medicine track and is the elective component of the CHAMP curriculum. Lead for Health is a formal elective for 2nd and 3rd year residents dedicated to increased community health and advocacy training and community engagement. This program trains residents to be physician leaders not just in their clinics but in the community at large, translating population and community needs into community and clinical practice change. Residents select, design, and implement community engagement projects throughout their second and third years of residency. Interested residents apply during the spring of their intern year and are encouraged to start discussions early with faculty and peers if interested. Many Lead for Health projects incorporate TRIUMPH (Training in Urban Medicine and Public Health) students from the University of Wisconsin School of Medicine and Public Health and/or are run by faculty and resident graduates or leaders of the TRIUMPH program. You can read more about TRIUMPH here: [https://www.med.wisc.edu/education/md-program/triumph/](https://www.med.wisc.edu/education/md-program/triumph/)

Prior Examples of *Lead for Health* Projects:

**Community Asset Mapping**

This project consists of identifying and sharing the community organizations, programs, and places that help keep our patients healthy. We have created a community asset map and directory as a place where providers and our patients can go to find resources that go beyond what we can offer in our clinic. Working with partners we have identified (and continue to search out) community assets. Some examples include:

- Parks, gyms, and sports leagues to help keep children and adults active.
- Farmers’ markets, food pantries, and stores with robust produce offerings to facilitate an adequate and healthy diet.
- AA meetings, support groups, and mental health providers to help with substance abuse.

**Group Diabetes Visits**

This project consists of a designing and implementing group diabetes visits within the resident clinics. Cohorts of 8-10 patients participate together in three visits scheduled at one-month intervals. The focus of each group visit is peer mentorship with physician guidance to help patients answer questions and understand diabetes. Topics include what is diabetes and what are the associated complications, medications, diet, and nutrition options. We track self-efficacy scales, HgbA1c, and BMI before, during, and after group visits to measure our progress. We are so excited to see our results as feedback from patients has been excellent. This project won the honorable mention award for posters at the 2015 Family Medicine FMX conference. The project was also presented in a round table discussion at Family Medicine Midwest Conference in 2015.
Obesity High Five!
This project strives to address the epidemic of obesity in a culturally competent and creative manner utilizing tools from integrative medicine. We created the Obesity High Five curriculum and associated community engagement programming to address obesity by focusing on five fundamental areas: 1) Physical Activity, 2) Nutrition, 3) Stress, 4) Sleep, and 5) Pediatric Prevention. The curriculum provides a roadmap to guide clinical caregivers and patients in addressing obesity longitudinally by harnessing patients’ individual efficacy and motivation in these five core areas. This project expanded from a curriculum to group visits for weight loss and included a Walk With Your Doc! series.

Sustaining Family Physicians in Urban Underserved Settings
This project strives to understand what variables motivate and sustain family physicians working as primary care providers in high need urban settings in Milwaukee. The tremendous need for primary care physicians in underserved areas is well established. Communities in urban areas bear the burden of this need particularly acutely. Assessment of health outcomes and determinants in Wisconsin indicate a high-risk population concentrated in its most urban region – Milwaukee. The UW Population Health Institute’s assessment in 2013 demonstrated serious health disparities comparing Milwaukee to the rest of the state, finding that Milwaukee County ranked 71st of 72 counties in Wisconsin in both health outcomes and health determinants. Given the challenges for primary care in Milwaukee, we interviewed several key family physicians in Milwaukee and used a qualitative analysis approach to learn from their energy, experience, and wisdom to implement successful practices into our programs. See our published work in Family Medicine http://www.stfm.org/FamilyMedicine/Vol48Issue10/Getzin809

Reach Out and Read Milwaukee!
This project is designed to create a culture of reading and early literacy in our residency clinics and patient population. We are using the basic structure of the Reach Out and Read* program, a nationally recognized early literacy program, and local community resources, like the tremendous Milwaukee Public Library system, ** to promote excitement around reading. The Reach Out and Read program prepares Milwaukee’s youngest children to succeed by partnering with clinicians to prescribe books and encourage family bonding through reading. These early foundational language skills help start children on a path of success in school as well as in life; research shows that, children served by Reach Out and Read score three to six months ahead of their non-Reach Out and Read peers on vocabulary tests. Both residency continuity clinics are Reach Out and Read certified and all residents are trained in the program.

* Learn more about Reach Out and Read here: http://www.reachoutandread.org/
** Learn more about the Milwaukee Public Library system here: http://www.mpl.org/

3. Integrative Medicine
Leaders: Kristen Reynolds, MD & Becky Schultz, NP
Integrative Medicine (IM) is the thoughtful, evidenced-based combination of conventional medicine and holistic medicine to help people on their journey to health and wellness. The Aurora Family Medicine Residency offers four distinct IM learning opportunities.

**Integrative Medicine in Residency (IMR)**
The IMR is a 200-hour online curriculum in IM, designed for incorporation into primary care residency education. First launched at Aurora Family Medicine residency in 2010 it serves as the national model for addressing topics currently not included in conventional medical education. The IMR is a required component of residency training at Aurora Family Medicine Residency. Features include:
- Online, interactive curriculum accessible 24 hours per day
- ACGME competency-based learning objectives
- Case-based, interactive learning and video streaming
- Experiential exercises and process-oriented group activities
- Resources for point-of-care clinical applications

To learn more, see [http://integrativemedicine.arizona.edu](http://integrativemedicine.arizona.edu)

**The Integrative Medicine Track**
The second opportunity for IM training is the integrative medicine track longitudinal IM experience. In this program, residents are selected through a competitive application process to spend one half day per week (on average) during PGY-2 and PGY-3 years at Aurora Wiselives IM clinic. Residents are assigned continuity patients and also see patients for IM-focused consults under the supervision of a fellowship-trained IM faculty. This experience gives residents a more in-depth opportunity to apply concepts and explore health and healing through integrative approaches.

**The Integrative Medicine Elective**
The third opportunity for IM training is the Integrative Medicine elective, a one-month optional rotation. Residents work more closely with IM providers, including fellowship-trained physicians and nurse practitioners and can spend time shadowing chiropractic, massage therapy, Reiki, acupuncture, Ayurveda, nutrition/health coaching and other integrative specialty services.

**Nutrition Part IV MOC**
Finally, the faculty of Aurora Family Medicine Residency have developed an online training tool to meet the ABFM Part IV Maintenance of Certification requirements. *Nutrition: An Evidence-Based Approach for the Care and Management of Chronic Diseases* is free and available online to all Aurora physicians.

**Aurora IM Resources**
In addition, Aurora Health Care’s Department of Integrative Medicine offers several resources for learning, patient care, and self-care. Learn more about these resources at: [http://www.aurorahealthcare.org/services/integrative-medicine](http://www.aurorahealthcare.org/services/integrative-medicine)

4. **Osteopathic Manipulative Treatment Training**
Resident physicians in the Aurora Family Medicine Residency program receive outstanding training in Osteopathic Manipulative Treatment (OMT). The longitudinal curriculum involves hands on experience through multiple weekly OMT specialty clinics, structured monthly didactics for all family medicine residents, and 4 statewide daylong workshops through the University of Wisconsin statewide Osteopathic Family Medicine Residency Program. This training is led by Mark Robinson, DO who serves
as full-time faculty within the Aurora Family Medicine Residency, and Program Director of Osteopathic medical education for the University of Wisconsin Osteopathic Family Medicine Statewide Residency Program and Vice Chairperson of the Heartland/DMU Osteopathic Postdoctoral Training Institute (OPTI) http://www.heartlandopti.org/. We are proud to be one of the largest dually accredited programs in the country.