

HEALTH POLICY

CREATING A NATIONAL HEALTH POLICY AND ADVOCACY CURRICULUM

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If you have been to either of the past two Society of General Internal Medicine (SGIM) Annual Meetings, you have seen first-hand the burgeoning interest in health policy and advocacy. Workshops in these areas are more numerous and well attended than ever before, and the passion in the meeting rooms is palpable. It is heartening to see the passion to protect and even advance recent gains in U.S. health care, but this advocacy energy emerges out of a history of relative inactivity by physicians. In part, this historical lack of involvement is due to the dearth of health policy and advocacy education in medical training.

Physicians vote at rates approximately 30% lower than the general population.¹ Likewise, physicians have been uninvolved in advocacy efforts, for example, only 16% of pediatricians reported involvement in “child health advocacy” in 2010.² Physicians’ lack of engagement in policy and advocacy reflects our underappreciation of the impact we can have on the civic process and a lack of knowledge and skills to take steps toward action.³

There have been various calls for increased education in health policy and advocacy, going back as much as a quarter-century.⁴ And while there exist numerous homegrown programs at academic institutions, our undergraduate and graduate medical education systems lack a standard set of health policy and advocacy competencies and a coordinated effort to ensure graduates of our training programs meet these standards.

In 2017, SGIM launched the Leaders in Health Policy Program (LEAHP), a one-year health policy career development program, with numerous participants that identify themselves as *clinician-educators* with roles in health policy and advocacy education at their home institutions. The goals of the LEAHP program are to develop SGIM members who will become effective and active health policy advocates and local health policy experts, leaders, and teachers, to develop an expanding

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national cadre of its Health Policy Committee members, and to broaden membership engagement in SGIM’s health policy efforts.

To this end, a cohort of the inaugural group of the LEAHP program has begun to develop a health policy and advocacy curriculum that could be widely adapted across institutions. Since all LEAHP participants are required to produce “deliverables,” this made the LEAHP program the ideal place to incubate such a curriculum.

The following are five key goals that we identified in developing this curriculum:

- 1. Establish the core knowledge and skills for all learners of health policy and advocacy.** SGIM is an ideal organization to develop the core competencies and materials for health policy and advocacy, as many of our members are actively involved in health policy and advocacy research, implementation, and education. One of the authors (M.F.) began by conducting a Delphi survey of health policy experts; this iterative survey method allowed us to sort topics by level of import. It also allowed us to distribute topics for early (“101”), intermediate (“201”), and advanced (“301”) learners based on perceived importance and complexity. At this stage, we have developed the key learning goals and objectives and are now in the process of building out the learning materials.

continued on page 2

HEALTH POLICY (continued from page 1)

2. The curriculum should be widely accessible, applicable, and disseminable. We believe that all physicians should possess a minimum set of health policy and advocacy knowledge and skills; therefore, we intend to make the curriculum widely available in several ways. First, we will present it as a free resource from SGIM such that institutions and medical educators nationwide can access the materials.

In addition, since we recognize that not every institution has experts at the ready to deliver hour-long lectures on health policy and advocacy topics, the materials will also include teachers' guides and emphasize discussion-based sessions rather than lectures. Utilizing the "flipped classroom" model, an effective and increasingly common learning methodology, our curriculum will place less onus on the teachers to be "experts" in any given area, lowering barriers to adoption and broadening the reach of the curriculum.

Next, we intend to leverage our relationships with other like-minded organizations with large member bases to distribute the curriculum. In collaborating with these organizations, we keep with SGIM's goals to create linkages with other groups and further increase the opportunities of curricular adoption.

3. Advocacy will be incorporated throughout. While an understanding of the structure, function, and imperfections of the American healthcare system is necessary, we would fall short of our ultimate goal if we did not provide learners with the skills to initiate systemic change. Therefore, in addition to the

"101," "201," and "301" learner categories, we have created a separate category of material devoted to advocacy skills. In addition, within each topic we will incorporate an advocacy-focused activity. For example, if a "101" topic covers Medicaid structure and function, then the advocacy activity would be to create a one-page leave-behind about a state's Medicaid program.

4. We will continually evaluate the curriculum to ensure effectiveness. This upcoming year will serve as a "pilot" in which the curriculum authors will implement our first iteration of learning materials in their home institutions and collect data on its effectiveness. Meanwhile, we will develop methods to study the curriculum once it is implemented more broadly, providing us with valuable monitoring and evaluation and allowing us to publish the educational outcomes in a peer-reviewed journal.

5. The curriculum must remain current and accurate. Health policy is a constantly shifting landscape; while some areas remain relatively consistent, others can be changed in a moment's notice. In order to ensure reliable review, we are creating an interest group dedicated to health policy and advocacy education. On a regular basis, the interest group will, amongst other things, review curriculum materials to ensure accuracy and completeness.

We are entering an era of great change in the field of medicine. Physicians are finally coming to realize their potential as change-agents in our health system. But they are also realizing that, in order to

reach this potential, they must better understand the health system and develop the advocacy skills. By providing a comprehensive, accessible, and dynamic curriculum, SGIM can help medical educators prepare physicians to make this impact.

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