

HEALTH DISPARITIES CLC: ADVOCACY TOOLKIT

Rachel Perlman, MD; Christopher Bruti, MD/MPH; Susan Lane, MD

INTRODUCTION

“To try to avoid the political fray through silence is impossible, because silence is now political. Either engage, or assist the harm. There is no third choice.” -Donald Berwick in “Moral Choices for Today’s Physician.”¹

For years, there has been a debate as to whether physicians have a professional responsibility to address issues that impact the health of our patients beyond providing care to the patients we see. Advocacy is a critical facet of being a physician and should not be relegated to volunteer or extracurricular status.² This has never been more evident than during these turbulent times. The ongoing COVID pandemic has laid bare systemic health disparities, inadequate preparedness, and difficult working conditions for healthcare providers. The murder of George Floyd and the long history of racism, oppression, and brutality perpetuated against people of color has galvanized the public to raise their voices in protest. Strong advocacy efforts are and will continue to be necessary to overcome these tragedies and improve the lives of our patients, our fellow citizens.

Earnest, et al³ define advocacy as “action by a physician to promote social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being.” Advocacy has many dimensions including advocating for the individual patient; for patients within a hospital, clinic, or health system; community organizing and service; and political advocacy.

Education about and opportunities to practice advocacy is often incomplete during both undergraduate and graduate medical education.⁴ Many physicians without advocacy experience may not feel they have the knowledge and skills to effect change. However, with the right tools, all physicians can be advocates as they are experts in what matters most—their patients and their patients’ stories.

¹ Berwick DM. [Moral Choices for Today’s Physician](#). JAMA. 2017;318(21):2081–2082. doi:10.1001/jama.2017.16254

² Gruen RL, Campbell EG, Blumenthal D. [Public Roles of US Physicians: Community Participation, Political Involvement, and Collective Advocacy](#). JAMA. 2006;296(20):2467–2475. doi:10.1001/jama.296.20.2467

³ Earnest MA, Wong SL, Federico SG. [Perspective: Physician advocacy: what is it and how do we do it?](#). Acad Med. 2010;85(1):63–67. doi:10.1097/ACM.0b013e3181c40d40

⁴ APA Croft, Daniel, MD, MPH; Jay, Stephen J., MD; Meslin, Eric M., PhD; Gaffney, Margaret M., MD; Odell, Jere D., MA, MLS [Perspective: Is it Time for Advocacy in Medical Education](#), Academic Medicine: September 2012 - Volume 87 - Issue 9 - p 1165-1170 doi: 10.1097/ACM.0b013e31826232bc

The objective of this toolkit is to provide undergraduate and graduate medical educators resources to strengthen learners' advocacy knowledge and confidence. This toolkit provides resources to help medical educators expand formal teaching, assessment, and documentation of advocacy education in the undergraduate and graduate medical setting. Learners who develop advocacy skills during training will become the leaders of tomorrow whose strong voices will promote improved healthcare for all.⁵

The toolkit is broken into sections for ease of use. The first section outlines resources that describe the importance of advocacy, which may be used for needs assessment or to request resources. The next section is an outline of published advocacy curricula that educators can use as models and framework for their own curriculum. The last section outlines legislative advocacy resources and how they can be utilized by educators.

IMPORTANCE OF ADVOCACY IN THE CURRICULUM

When starting a new advocacy initiative, an educator may have to appeal for time and possibly monetary resources. We have included some reasons to have advocacy as part of a curriculum--these references can be used to back up the appeal and explain to others why and how this is important. We also included input and guidance from national accrediting bodies on advocacy, which can be highly valuable when attempting to garner support.

Many educators have linked health disparities education with advocacy. One strength of this approach is that advocacy provides a means to take action on health disparities education, thus avoiding the frustration of learning about health disparities in a vacuum. Health disparities education can also move students from feeling neutral about advocacy to defining themselves as advocates.^{6 7} Advocacy may be a way to maintain the sense of purpose and mission that many students enter residency training possessing but then slips away.^{8 9} Advocacy may also be a way to foster continuing professional development.^{10 11 12} In a national survey, 90% of

⁵ Minkovitz CS, Goldshore M, Solomon BS, Guyer B, Grason H; [Community Pediatrics Training Initiative Workgroup. Five-year follow-up of Community Pediatrics Training Initiative](#). Pediatrics. 2014;134(1):83-90. doi:10.1542/peds.2013-3357

⁶ Vela MB, Chin MH, Press VG. [Advocacy Training as a Complement to Instruction About Health Disparities](#). Acad Med. 2016;91(4):449. doi:10.1097/ACM.0000000000001109

⁷ Press VG, Fritz CD, Vela MB. [First year medical student attitudes about advocacy in medicine across multiple fields of discipline: analysis of reflective essays](#). J Racial Ethn Health Disparities. 2015;2(4):556-564. doi:10.1007/s40615-015-0105-z

⁸ Chamberlain LJ, Sanders LM, Takayama JI. [Child Advocacy Training: Curriculum Outcomes and Resident Satisfaction](#). Arch Pediatr Adolesc Med. 2005;159(9):842-847. doi:10.1001/archpedi.159.9.842

⁹ APA Coutinho, Anastasia J. MD, MHS; Dakis, Kristina E. MD [Incorporating Advocacy Training to Decrease Burnout](#), Academic Medicine: July 2017 - Volume 92 - Issue 7 - p 905
doi: 10.1097/ACM.0000000000001760

¹⁰ Nerlinger AL, Shah AN, Beck AF, et al. [The Advocacy Portfolio: A Standardized Tool for Documenting Physician Advocacy](#). Acad Med. 2018;93(6):860-868. doi:10.1097/ACM.0000000000002122

¹¹ Gosselin-Papadopoulos R, Pang R. [Paediatric residents: The next generation of advocacy leaders](#). Paediatrics & Child Health. 2016 Jun-Jul;21(5):255-257. DOI: 10.1093/pch/21.5.255.

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933056/>

physicians felt that community participation, political involvement, and collective advocacy were important.¹³

Utilizing national accrediting bodies' stance on advocacy can help convince stakeholders of the importance of advocacy to allow for funding or time for an advocacy curriculum. As referenced in the JGIM systematic review on advocacy, the addition of a formalized advocacy curriculum to the Pediatrics ACGME guidelines has led to a larger representation of Pediatric advocacy publications in the literature.¹⁴ The AAMC's Liaison Committee on Medical Education (LCME), while not providing a clear mandate for advocacy in undergraduate medical education, does have standards regarding diversity and education on health disparities, albeit without advocacy for change.¹⁵ This contrasts to Canada's CanMEDS competencies below which includes advocacy as 1 of 6 competencies of a physician. This could be used as a model for undergraduate medical education in the United States.

The following is a sample of resources and references that can help underscore the importance and need for an advocacy curriculum.

Accrediting Body	Statements
Internal Medicine ACGME Guidelines	<p>“Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care” (systems-based practice, core, item IV.B.1.f))</p> <p>“Residents must demonstrate competency in...advocating for quality patient care and optimal patient care systems” (systems-based practice, core, item IV.B.1.f).(1).(c))</p>
Medical Professionalism in the New Millennium: A Physician Charter by ABIM Foundation (<i>in conjunction with ACP foundation and European Federation of IM</i>)	<p>“The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.”</p>
CanMEDS Health Advocate (1)	<p>“As Health Advocates, physicians contribute their expertise and influence as they</p>

¹³ Gruen RL, Campbell EG, Blumenthal D. [Public Roles of US Physicians: Community Participation, Political Involvement, and Collective Advocacy](#). JAMA. 2006;296(20):2467–2475. doi:10.1001/jama.296.20.2467

¹⁴ Howell BA, Kristal RB, Whitmire LR, Gentry M, Rabin TL, Rosenbaum J. [A Systematic Review of Advocacy Curricula in Graduate Medical Education](#). J Gen Intern Med. 2019;34(11):2592-2601. doi:10.1007/s11606-019-05184-3

¹⁵ [Institute of Medicine \(US\) Committee on Institutional and Policy-Level Strategies for Increasing the Diversity of the U.S. Healthcare Workforce](#); Smedley BD, Stith Butler A, Bristow LR, editors. In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce. Washington (DC): National Academies Press (US); 2004. Paper Contribution C, The Role of Accreditation in Increasing Racial and Ethnic Diversity in the Health Professions. Available from: .

<i>of 6 competencies in the Royal College of Physicians & Surgeons in Canada's framework)</i>	work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.”
American Medical Association (AMA) Declaration of Physician Responsibility	Physicians must “advocate for the social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being.”

RESOURCES FOR BUILDING AN ADVOCACY CURRICULUM

There are many resources available to educators who are planning an advocacy session or curriculum for both undergraduate or graduate medical education. Two great starting points are systematic reviews done on advocacy curricula in the past several years. The following summarizes how to best utilize these tools.

Systematic Review	A Systematic Review of Advocacy Curricula in Graduate Medical Education (JGIM)¹⁶	Teaching Health Advocacy: A Systematic Review of Educational Interventions for Postgraduate Medical Trainees. (Academic Medicine)¹⁷
Educational Level	Graduate	Graduate
Articles Reviewed	38	78
Inclusion Criteria	Affect community health level outcomes or higher (public policy, legislative, community)	Broader definition of advocacy--anything that fit CanMEDS model, including individual and clinic/hospital-based
Exclusion Criteria	clinic/hospital-based, individual patient based, QI	No qualitative/quantitative outcome
Quick-Reference to Specific Articles	Table 1 has columns which are organized to help reference curricula that best pertains to an educators resources, ideas, and plans. It also includes a 1-sentence summary of the curriculum.	Appendix 1 is organized by “Health advocate role key concept” allowing it to be referenced according to the specific concept one is looking to teach. Under each concept lists the articles as well as example intervention types.
Best For	Table 1 provides a quicker reference for public policy, community, and legislative advocacy with less articles. Also a good overview of advocacy literature in the	Those who are planning a curriculum that fits well under the CanMEDS framework for Advocacy and also those interested in local clinic/hospital-based advocacy.

¹⁶ Howell BA, Kristal RB, Whitmire LR, Gentry M, Rabin TL, Rosenbaum J. [A Systematic Review of Advocacy Curricula in Graduate Medical Education](#). J Gen Intern Med. 2019;34(11):2592-2601. doi:10.1007/s11606-019-05184-3

¹⁷ Scott MD, McQueen S, Richardson L. [Teaching Health Advocacy: A Systematic Review of Educational Interventions for Postgraduate Medical Trainees](#). Acad Med. 2020;95(4):644-656. doi:10.1097/ACM.0000000000003063

text.

The table below includes several other articles that are good starting references for specific curricula. This only includes articles that review actual curriculum and not a single session. If planning a single session, one can use either of the systematic reviews above to find examples or apply some of the experiences in the articles below. While this is not an exhaustive table it is representative of a variety of different advocacy curricula.

Curriculum Article	Learner Level	Advocacy Domain	Resource Intensity	Short Description
The Evolution of an Elective in Health Disparities and Advocacy: Description of Instructional Strategies and Program Evaluation ¹⁸	Undergrad (but adaptable to GME)	Background (health disparities, social determinants of health, implicit bias) Skills (grassroots organizing, political, & media communications)	13 session lunchtime elective Faculty time to prepare & teach	13 session M1 elective health disparities education designed to also to provide "practical advocacy skills" to reduce systemic causes of health disparities Earlier version of course adapted based on learned feedback Authors share course description, learning objectives, and resources used Evaluation: pre- and post intervention tests knowledge, attitudes, and self-reported confidence increased from pre- to post intervention tests Recognition for completing course: distinction on their transcript
A Strategy for Improving Health Disparities Education in Medicine ¹⁹	any	Addressing health care disparities	Faculty time to prepare & teach	Presented as workshop at SGIM with goal to: <ul style="list-style-type: none"> • Develop professional commitment to eliminating racial & ethnic disparities in health care quality • Promote understanding of the role of health care providers in reducing health care disparities • Provide a framework with which providers can address the causes of disparities Link to training module that was developed by same group
Physician	any	various	Variable:	<ul style="list-style-type: none"> • Nice acknowledgement that although

¹⁸ APA Scott, Michael D. MD, FRCPC; McQueen, Sydney MSc; Richardson, Lisa MD, MA, FRCPC Teaching Health Advocacy: A Systematic Review of Educational Interventions for Postgraduate Medical Trainees, Academic Medicine: April 2020 - Volume 95 - Issue 4 - p 644-656 doi: 10.1097/ACM.0000000000003063

¹⁹ Ross, P.T., Wiley Cené, C., Bussey-Jones, J. et al. A Strategy for Improving Health Disparities Education in Medicine. J GEN INTERN MED 25, 160–163 (2010). <https://doi.org/10.1007/s11606-010-1283-3>

Advocacy: What is it and How do we do it? ²⁰			stresses building a model for competency-based physician advocacy training	physicians are well positioned for advocacy there are potential systemic barriers <ul style="list-style-type: none"> • Great case studies or examples of physicians taking on various advocacy roles
Advocacy Training for Residents: Insights From Tulane's Internal Medicine Residency Program ²¹	GME (internal medicine residents but adaptable)	Skills for policy change & working with health justice campaign	Faculty time Monthly dinners Persuasive writing workshop	Advocacy and Leadership Track within residency program developed to train IM residents in the skills needed to become physician-advocates and to provide them with experiences to help maintain advocacy activities beyond residency <ul style="list-style-type: none"> • Education plus advocacy actions • longitudinal health justice project with specific policy goals • Residents who complete graduate with Advocacy Distinction • Opportunities to participate with less commitment Includes user-friendly table of lessons learned over first years of this program
Training Internal Medicine Residents in Social Medicine and Research-Based Health Advocacy: A Novel, In-Depth Curriculum ²²	GME	Social medicine and health advocacy curriculum	In 1 yr over 100 hrs of curricular instruction, w/in two 2-wk immersion blocks & 18 hrs of didactics	Good outline for a residency program interested in creating a longitudinal course/curriculum on social medicine & health advocacy. Very nice visuals and table to help with understanding their curriculum and designing one's own.

POLITICAL ADVOCACY

²⁰ APA Earnest, Mark A. MD, PhD; Wong, Shale L. MD, MSPH; Federico, Steven G. MD Perspective: Physician Advocacy: What Is It and How Do We Do It?, Academic Medicine: January 2010 - Volume 85 - Issue 1 - p 63-67 doi: 10.1097/ACM.0b013e3181c40d40

²¹ APA Andrews, Jane MD, MPH; Jones, Catherine MD; Tetrault, Jeanette MD; Coontz, Kris MD, MPH Advocacy Training for Residents: Insights From Tulane's Internal Medicine Residency Program, Academic Medicine: February 2019 - Volume 94 - Issue 2 - p 204-207 doi: 10.1097/ACM.0000000000002500

²² APA Basu, Gaurab MD, MPH; Pels, Richard J. MD; Stark, Rachel L. MD, MPH; Jain, Priyank MBBS; Bor, David H. MD; McCormick, Danny MD, MPH Training Internal Medicine Residents in Social Medicine and Research-Based Health Advocacy: A Novel, In-Depth Curriculum, Academic Medicine: April 2017 - Volume 92 - Issue 4 - p 515-520 doi: 10.1097/ACM.0000000000001580

Political advocacy can be an important way for physicians to effect change. There are many resources available for physicians and educators who want to engage in political advocacy but don't have experience with this. These resources can be used to instruct learners or for your own development. We have selected several freely available resources that you can use to learn more about political advocacy.

Remember the basics:

- Taking time to vote remains fundamental. Make sure your learners have checked their voter registration and that they take the time to vote--whether in person or absentee.
- Know that you can be a valuable resource for politicians and policymakers. Remember that you are an expert in the problems that are impacting your patients! Being able to share stories that bring these problems to light is powerful!

FEDERAL CONGRESSIONAL ADVOCACY

The Society of General Internal Medicine (SGIM) created a webpage entitled "[Advocacy 101](#)", which focuses on federal political advocacy via Congress. Resources include:

- "Getting your message across in Congress": a 4-page pdf that reviews how to get your message across to congress, tips on personally contacting representatives and writing effective letters, and links to contact information for your legislator.
- "The Congressional Budget and Appropriations Process": a 2-page pdf overview of the Congressional budget process, a vital but poorly understood part of government.
- "How Congress Works": a 5-page pdf that reviews bills, individual roles, committees, and a glossary of legislative terms. Great beginner read for those interested in advocating with their federal legislators.
- "The Role of Congressional Staff": a 5-page pdf that gives a primer for the who's who in a legislative team. Helpful for those who may be going to Capitol Hill to lobby and will encounter various Congressional staff members.
- The "[Advocacy Center](#)" shows SGIM's current political advocacy campaigns and also houses a search tool which allows you to quickly find your elected officials in Washington DC by typing in your address. This will give you links to their contact information, biography, staff, and committees on which they serve.

The American College of Physicians (ACP) has recently released a [Virtual Advocacy Toolkit](#).

Resources include:

- "Tips on Virtual Advocacy Mediums": a 3-page pdf that provides an overview for various forms of advocacy one could do without leaving your home or office
- "Tips on Engaging in Social Media": a 2-page pdf that gives tips on how to advocate and learn more about advocacy on social media including Instagram, Twitter, and Facebook.
- "Background/Tip Information for Congress": incorporates 4 separate pdfs with information about Congress including a chart of Congressional committees, physicians in Congress, and telephone numbers for House & Senate offices
- "Actionable Virtual Advocacy Materials": multiple sections on specific ACP advocacy efforts with material that can be used by a learner or educator when advocating for those efforts

STATE ADVOCACY

Advocating in your own state is very powerful as many healthcare rules and regulations that directly affect your patients are set at the state level. Every state is different, with different structures, rules, and processes. American College of Physicians (ACP) has a [State Health Policy Program](#) that lists key policy issues that may impact your state. Each issue then has a link with a “Call to Action,” an explanation of the policy issue, which states are affected, sample letters, additional suggested actions, and links to other resources.

ACP links to the [National Conference of State Legislatures](#) which includes helpful resources on state legislatures including [civics education materials](#), a [calendar of each state’s legislative session](#), and [further data on your state’s legislators](#). This is a great starting point for those interested in learning more about their individual state’s policies and procedures.

LOCAL ADVOCACY

“All Politics is Local”: Issues that directly affect your community are often effectively addressed at the local level. Because the scale is smaller, policymakers may be more accessible. Additionally, local elections are often won or lost on a small margin--the impact of supporting local candidates can be dramatic.

Although there are local variations, common regional structures and systems include: Mayor’s office, City Council, City and state agencies (such as transportation, environment, housing, planning), and community organizations. Trainees can get involved through organizations that work to “get out the vote”, volunteering for a local political campaign, or community-level projects. Op-eds are great ways for trainees to express their expert views on topics that impact the health of your community.

Consider identifying and partnering with local resources. Some of us are part of universities with schools of law, social work, or public policy. Even if you do not have a direct affiliation, these programs may still be part of your larger community. Collaborating with faculty and students from other disciplines is a great opportunity for interdisciplinary work and learning from each others’ expertise.

National organizations have local branches and movements and can be a way to connect locally while drawing on established resources and structure (eg [Citizen Physicians](#)) Many nonprofits have ongoing advocacy campaigns specific to their mission (eg [Planned Parenthood](#), [Physicians for Social Responsibility](#), [NRDC](#), [League of Women Voters](#)). These groups all have tips and links on how to be active locally in supporting their mission.

ACTIVITIES TO GET STARTED

Starting an advocacy campaign can feel daunting to many learners. Writing an Op-Ed or writing a “one-pager” are very simple activities that can be easily done from home, an office, or with a group of learners:

Find guidance on how to write an Op-Ed via [this link](#) from Harvard or [the Op-Ed Guide](#) from Columbia. These websites provide practical and comprehensive guidelines on how-to write (and submit) an Op-Ed piece.

Write a “one-pager”, a summary of your work, a situation, or your assessment of an issue to guide your discussion (classically with policy makers) and leave behind after your meeting. An instructional guide and template (appendix A) will help you translate these points into a succinct document.

WE CAN DO THIS!!

This toolkit provides many compelling reasons to incorporate advocacy as part of the curriculum of undergraduate and graduate medical education. Current events underscore the importance of action by health care professionals who see the outcomes of health disparities and social injustices every day. While involvement in advocacy can seem daunting to those inexperienced, we hope that the toolkit reduces the burden on the educator. Remember, we are the experts in health care. Our thoughts, words and actions can make an impact. While there are many competing interests to the time and resources for medical students and residents, the importance of advocacy cannot be denied. By creating opportunities for advocacy in training, more physicians will be involved in their careers. Education--from one session to a longitudinal curriculum--can make a difference in building expertise and making advocacy more accessible to our trainees.