The Need for Advocacy for Patients, Populations, and Providers

- Disparities in access and care
  - LO: List examples of disparities in access to health care and how advocacy could help address them
- Health organization and financing systems structure and functions
  - LO: Describe the U.S. health care delivery system and how it is financed (See public health system thread foundational knowledge)
  - LO: Give an example of how the structure and financing of the health care system presents challenges to patients.
- Rights and obligations
  - LO: Explain the ethical and legal responsibilities of physicians and health systems to advocate for quality patient care and outcomes.
- Socioeconomic influences on health
  - LO: Explain the influence of social determinants on health.

Advocacy as a Professional Responsibility for Physicians

- Unique role of clinicians
  - LO: Describe reasons why physicians are in a unique position to advocate for patients and systems changes.
- Expectations, benefits, challenges
  - LO: Describe differences and similarities of providers who are advocating for change as individual providers versus as representatives of an organization.
  - LO: Explain the limitations and opportunities regarding integrating advocacy into your clinical practice and professional life.
  - LO: Identify how an individual physician can ensure that patients’ advocacy needs will be addressed, even if not by the individual physician, through collaboration and referral.
  - LO: Incorporate one’s own interests and passions in considering how one may serve as an effective advocate in one’s future career.
LO: Demonstrate increased comfort and skill in at least one tool used to advocate for policy change

- Common controversies: whether and breadth
  - LO: Describe the difference between direct patient advocacy and systems-level advocacy.
  - LO: Explore the different perspectives about the extent and nature of professional responsibilities in patient advocacy and systems-level advocacy.

  **Advocacy Domains: Locations (See also skills)**

  - Patient/Clinical
    - LO: Describe how shared decision-making between the patient and the health care provider can lead to an understanding of the advocacy needs for that patient.
    - Demonstrate patient advocacy in a simulated clinical encounter
    - Integrate advocacy principles into analysis of quality improvement

  - Organization
    - LO: Identify ways to cultivate change within an organization even in the face of organizational obstacles.
    - LO: Describe factors that motivate organizational change in health systems.
    - LO: Describe how the specific concepts of quality improvement, patient safety, patient engagement, and patient satisfaction are connected to organizational change in health care.
    - LO: Describe the “change agent” capacity of various stakeholders (e.g., providers and other institutional “insiders,” advocates working inside the institution and those working outside it, and patients) in organizational advocacy.

  - Community
    - LO: Explain the complexity of communities, and how essential it is that advocates strive to understand them deeply.
    - LO: Examine at least one effective approach to community advocacy, and identify principles and practices from that approach that were successful.
    - LO: Discuss the dynamics of participation, exclusion and inclusion as they apply to community advocacy.

  - Federal, state and local policies and laws
LO: Discuss, using examples, how policy affects patient and population health outcomes
LO: Identify sources of public health policies
LO: Identify the basic policymaking and law-making processes at the federal, state, and local levels.
LO: Identify the role of stakeholders, including professional health and medical organizations, in policy development and advocacy
LO: Describe how factors, such as lobbying, anecdotes and money affect the process
LO: Describe how policies and laws at the Federal, state and local levels are implemented once passed.
LO: Prepare a policy analysis on a public health issue, noting how a physician can contribute to it.
LO: Describe ways that physicians can contribute to developing and promoting public health policy

○ Advocacy Skills and Strategies
  • Listening
    • LO: Identify how active listening skills employed in clinical encounters can also be used to identify problems, build collaborations, and reach consensus within advocacy efforts.
  • Communicating (also see IC3)
    • LO: Describe how communication within media and social media is similar to and distinct from other avenues of communication in advocating for change.
    • LO: Critique media coverage of health issues, including assessing the media frame.
    • LO: Demonstrate key elements of effective communication by medical students and physicians in meeting with media or policymakers.
    • LO: Use effective presentation skills to transmit information convincingly to a broad set of audiences.
  • Counseling
    • LO: Problem-solve patient situations that prevent access to needed care and resources via appropriate counseling and advice.
    • LO: Demonstrate how to ensure that treatment decisions align with patients’ values and cultural beliefs.
  • Diagnosing
    • LO: Exhibit the ability to use information in order to identify underlying causes behind a problem in order to address it.
• Collaborator/Coalition builder (see also IC1)
  - LO: Describe how inclusion of patients and/or families in advocacy efforts can increase the likelihood of advocacy leading to successful systems change.
  - LO: Give an example of how collaboration with other professional disciplines can lead to a stronger case for an advocacy outcome.
  - LO: Give an example of how collaboration with a community group can lead to a stronger case for an advocacy outcome.

• Catalyst for Change
  - LO: Identify individuals or organizations who have the power to make changes to specific policies or procedures.
  - LO: Give an example of using persuasion to get others involved in an advocacy effort.

• Capacity Builder/Empowerer (see also SBP2)
  - LO: Identify techniques to empower patients and communities to take charge of their health and well-being.
  - LO: Describe an asset-based approach to advocacy and reflect on your ability to follow the patient’s or community’s lead.

• Boundary Spanning
  - LO: Discuss the value and challenges of working across multiple sectors or in an interdisciplinary fashion to advance change.

○ Advocacy Resources
  - Community Resources for Patients (also see PC2)
    - LO: List several examples of community resources and broadly available methods of access for patients.
    - LO: Identify the various healthcare team members who have expertise in identifying community resources and explain how to coordinate with these professionals.

  - Evidence and Data to Support Advocacy (also see IC3 & PL1)
    - LO: List several examples of reputable sources of data (e.g., efficacy of treatments, community health programs, or health policies) to advance advocacy initiatives.
    - LO: Use at least one reputable source of data to support a specific advocacy effort.
    - LO: Interpret laboratory and study evidence to inform "real world" applications to strengthen advocacy initiatives.
Foundational knowledge in public and health systems (Not obviously under any competency)

1. Introduction to Public Health: Local to Global
   a. Intersection of medicine and public health
      • LO: Explain how clinical medicine and public health collaborate to produce healthier patients and populations
      • LO: Identify the relative contributions of determinants of health to health outcomes
   b. Global scope
      • LO: Compare major public health issues facing the low resource countries and the first world
      • LO: Discuss the role of international organizations in addressing global health issues
   c. Emerging issues
      • LO: Recognize how new issues emerge
      • LO: Discuss implications and preparedness relate to an emerging issue
   d. Historical perspectives
      • LO: Describe ways in which public health advances have transformed the health of populations
      • LO: Describe the role of physicians in significant public health breakthroughs
      • LO: Analyze how the focus of public health has changed over time and where it might be headed
   e. Core values and functions
      • LO: Describe the various roles for government in serving the public's health, including the 3 "core functions" and 10 "essential services."
      • LO: Discuss the role of partnerships in achieving the mission of public health (healthy people in health communities).
   f. Public health system organization
      • LO: Explain the legal basis for public health in the U.S.
      • LO: Relate the roles of the 3 levels of government (federal, state, local) in public health.
   g. Interdisciplinary nature
      • LO: Provide an example of an interdisciplinary team addressing a public health issue

2. Healthcare System
   a. Healthcare system organization
      • LO: Identify key players in the U.S. health care system
      • LO: Use the patient-provider-payer triangle to discuss the interrelationships in the U.S. health care system
      • LO: Discuss models of health care delivery
      • LO: Discuss challenges related to access, cost and quality
   b. Healthcare system financing and delivery
• LO: Explain the fundamentals of health insurance, including the different types of insurance and proportion of population covered under each type and proportion without coverage.
• LO: Analyze the volume and value-based reimbursement models and the incentives they create.
• LO: Apply realities of health care financing to a clinical case to show their effect on the patient, physician and patient care
• LO: Explain how charges and prices for services are determined and why they vary
• LO: Summarize the effects of various cost sharing approaches on utilization
• LO: Discuss the contributors to health care costs and efforts to reduce unnecessary spending and improve outcomes.
• LO: Compare the U.S. and other countries on use of cost-effectiveness and regulation to constrain costs.
• LO: Compare rationing of care in the U.S. and other countries

c. Healthcare system performance
• LO: Compare the U.S. health care system with other countries on cost and outcome
• LO: Discuss the use of quality and patient safety outcome measures to improve performance, including the controversies.
• LO: Identify several dimensions for evaluating health systems
• LO: Explain how all health systems face continual economic and political pressure regardless of their relative performances
• LO: Examine the challenges of the health care system performance from a patient and from a provider perspective

KP1. Demonstrate mastery of clinically relevant scientific knowledge of the normal structure and function of the body, mechanisms of disease, therapeutic interventions, disease prevention and health promotion

1. Primary Prevention across lifespan
   a. Personal health behaviors
      • LO: Identify the options for interventions to try to promote healthy behaviors (education, policy, law) and provide an example of the use of each intervention.
   b. Infectious disease prevention/control
      • LO: Distinguish between active and passive immunity
      • LO: Explain the role of chemoprophylaxis to prevent infectious disease (e.g. influenza, malaria, meningococcal disease)
      • LO: Describe non-pharmacologic methods of infection prevention/control (e.g. hand washing, respiratory hygiene, isolation precautions, crowd spacing)
LO: Incorporate evidence-based immunization recommendations, such as those based on the Advisory Committee on Immunization Practices

c. Policy approaches
   - LO: Identify examples of how policy interventions have addressed primary prevention

2. Secondary and Tertiary Prevention across lifespan
   a. Principles of Screening
      - LO: Explain the concepts of validity and reliability of diagnostic procedures.
      - LO: Explain the concepts of sensitivity, specificity, ROC curve and likelihood ratio.
      - LO: Discuss the trade-offs in defining diagnostic cut-off points.
      - LO: Explain the concept of predictive value and appreciate its dependence on disease prevalence.
   b. CV Disease
      - LO: Describe evidence-based (such as USPSTF) screening guidelines to identify individuals at risk for/w ith CVD
      - LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to CVD
   c. Cancer
      - LO: Describe evidence-based (such as USPSTF) screening guidelines for early detection of cancers
      - LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of cancer
   d. Metabolic Disorders
      - LO: Describe evidence-based (such as USPSTF) screening guidelines to identify individuals at risk for/with metabolic disorders
      - LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of metabolic disorders
   e. Hematologic Disorders
      - LO: Describe evidence-based (such as USPSTF) screening guidelines to identify individuals with hematologic disorders (e.g. iron deficiency anemia)
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of hematologic disorders

g. Respiratory Disorders
• LO: Describe evidence-based screening guidelines to identify individuals at risk for/respiratory disorders
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of respiratory disorders

h. Ophthalmologic and Otologic Disorders
• LO: Describe evidence-based screening guidelines to identify individuals with ophthalmologic and otologic disorders
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of ophthalmologic and otologic disorders

i. Mental Disorders
• LO: Describe evidence-based screening guidelines to identify individuals at risk for/mental health disorders
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of mental health disorders

j. MSK Disorders
• LO: Describe evidence-based screening guidelines to identify individuals with MSK disorders
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of MSK disorders

k. Prenatal Screening
• LO: Describe evidence-based screening guidelines in pregnancy to identify risks for/early detection of fetal disorders
• LO: Counsel patients on behavioral strategies and recommend appropriate treatment to minimize risk of/morbidity due to different fetal disorders

l. Pediatric Anticipatory Guidance
• LO: Define anticipatory guidance and describe how it changes based on the age of the child.
• LO: Give parents of a newborn anticipatory guidance for the following issues: benefits of breastfeeding vs. formula for the newborn and mother, normal bowel and urinary elimination patterns, normal neonatal sleep and feeding patterns, appropriate car seat use, and prevention of SIDS
• LO: Demonstrate an ability to provide age-appropriate anticipatory guidance to parents/patients about nutrition,
behavior, immunizations, injury prevention, pubertal development, sexuality, and substance use and abuse

PC2. Counsel and educate patients and their families about health conditions, disease prevention and management, and community resources to meet health needs.

1. Value of community resources in resolving patient problems
   • LO: Describe how community organizations can promote improved health outcomes

2. Teamwork to effectively employ community resources
   • LO: Explain how a clinician can draw on an interdisciplinary team to use community resources effectively

PL1. Access and appraise the most relevant evidence from multiple sources to address important patient and population-based questions.

1. Epidemiology
   a. Study design
      • LO: Differentiate between types of clinical and epidemiologic study designs
      • LO: Explain the main limitations of case series and before-and-after studies
      • LO: Explain the purpose of controlled trials
      • LO: Describe the main design features of controlled trials, including randomization, blinding and use of placebo
      • LO: Describe the basic design features, advantages and disadvantages of the following: cohort studies, case-control studies, cross-sectional studies and nested case-control studies
      • LO: Discuss the different options for selection of controls in case-control studies
   b. Measurements of morbidity and mortality
      • LO: Identify the basic measures of disease occurrence.
      • LO: Explain the concept of prevalence
      • LO: Explain the concept of incidence
      • LO: Describe methods of considering losses to follow-up in calculation of incidence including use of person-time and Kaplan-Maier survival estimates
      • LO: Interpret the “odds” as an alternative to probability as a measure of disease occurrence
      • LO: Calculate basic measures of incidence
   c. Measures of effect
      • LO: Identify basic measures for comparison of risk: relative risk, absolute risk reduction, number needed to treat, and efficacy
      • LO: Explain the concept of odds ratio, relative risk and the relationship between these measures
• LO: Compare the differences and uses of relative and absolute measures of effect
• LO: Calculate and interpret basic measures of effect
d. Determinants of Health
• LO: Explain the complexity of modern multifactorial models of disease causation
• LO: Describe the concept of cause and the definitions of necessary, sufficient, and component cause
• LO: Describe the need for causal inference and interpret the levels of strength of inference coming from different study design alternatives
• LO: Describe the concept of Population Attributable Risk
e. Epidemiologic associations and data interpretation
• LO: Describe the concept of internal and external validity
• LO: Describe the sources and different types of bias in clinical and epidemiologic studies
• LO: Explain the basis for intention-to-treat analysis when there is cross-over or lack of compliance
• LO: Explain the concept of confounding and ways to address this including stratification and adjustment
• LO: Explain the phenomenon of effect modification
• LO: Interpret results from different types of clinical and epidemiologic studies
f. Outbreak investigation/control/prevention (preparedness)
• LO: List the steps in investigating an acute outbreak
• LO: Define an epidemic
• LO: Explain the concepts of natural history of disease, disease epidemic, incubation period, and herd immunity.
• LO: Create and recognize the uses of a case definition
• LO: Draw an epidemic curve
• LO: Calculate exposure-specific attack rates

2. Biostatistics
   a. Statistical inference/Hypothesis Testing
      • LO: Describe the concept of type I error, type II error, test of hypothesis and statistical power
      • LO: Explain the concept of and interpret p-value
      • LO: Explain the concept of and interpret confidence interval
   b. Meta-analysis
      • LO: Define meta-analysis
      • LO: Describe the uses, and limitations of meta-analysis

3. Evidence-based Public Health (see SBP2.3c)
   a. Sources
      • LO: Discuss the concept of evidence-based public health
      • LO: Access evidence-based public health programs and policies
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- LO: Identify sources of population health data
  b. Appraisal
  - LO: Identify strengths and limitations of population health programs, policies and data
  - LO: Interpret population health data for priority setting and to evaluate population health programs

PR3. Adhere to ethical principles in working with patients and populations.

1. Common values and themes
   - LO: Identify recurring themes that arise in public health policies
     a. Social Justice
     - LO: Describe how the principle of social justice applies to issues such as social determinants of health and health disparities/inequities
     b. Personal freedom and paternalism
     - LO: Give examples of how a conflict between personal freedom and responsibility has occurred and been addressed in health policy
     c. Allocation of resources
     - LO: Describe ethical principles to consider in making scarce resource decisions policies
     - LO: Explore how rationing occurs in the U.S. system compared to other systems and factors influencing the way rationing does or does not occur
     d. Balancing interests of individuals and populations
     - LO: Provide an example of a potential conflict between patient and population wellbeing

2. Public health powers
   - LO: Identify public health powers of the local, state, federal government
   - LO: Explain the arguments to use and not to use a power in a specific case, including ethical aspects

IC1. Demonstrate effective communication using oral, written and electronic formats to establish and maintain collaborative relationships with patients, families and communities.

1. Social Marketing
   - LO: Explain the difference between education and social marketing
   - LO: Identify a way social marketing can address behavioral change
**IC3.** Effectively convey evidence-based health practices, programs, and policies to a variety of audiences.
(In addition to PR4- we read this as things that fall outside of advocacy and focused on population based communication)

1. Scientific communication
   - LO: Recognize key elements of effective scientific communication
   - LO: Demonstrate effective communication to lay, scientific and media audiences

**SBP2.** Draw upon community assets and systems resources, integrating individual and population-based strategies, to improve the health of patients and populations.

1. Social Determinants of Health
   a. Impact of environmental, cultural, socio-economic, behavioral factors on health outcomes
      - LO: Describe the persistent problem of socioeconomic disparities in health.
      - LO: Discuss the role of social and economic, behavioral, physical and clinical care in determining health outcomes
      - LO: Discuss socioeconomic status as a context that shapes people’s abilities to maintain or achieve optimal health.
      - LO: Discuss socioeconomic status as an important, but not the sole, contributor to racial disparities in health
      - LO: Describe the impact of health disparities on a community
   b. Integration with clinical medicine
      - LO: Describe the impact of social and economic factors on the clinical management of individual patients.
   c. Population-based strategies to modify determinants of health
      - LO: Identify examples of comprehensive public health programs.
      - LO: Describe the basic framework for public health interventions.
      - LO: Describe the advantages and limitations of various intervention approaches, such as education, policy/law, and marketing.
      - LO: Explore factors that influence health behaviors (opportunity, skill, and motivation)

2. Community Health Stakeholders
   a. Community engagement
      - LO: Describe different types of communities
      - LO: Define community engagement
      - LO: Examine principles of community engagement and their impact on health promotion efforts
b. Cultural competence/humility
   - LO: Explore one’s own social identity and the social identity continuum.
   - LO: Discuss how culture and diversity influence health outcomes.
   - LO: Apply practices of on-going cultural humility toward community engagement efforts.

c. Community data sources
   - LO: Explain the ways to define and measure population health.
   - LO: Identify specific health indicators to assess the health status of a community.
   - LO: Describe limitations of data used in conducting community health assessments.

d. Asset mapping
   - LO: Discuss the various assets and resources within communities that may be leveraged to promote health

3. Community Health Improvement Plans/Processes
   a. Assessment
      - LO: Describe the purpose of and steps in conducting community health assessments.
      - LO: Describe the basic approach to determining community health priorities.
      - LO: Prioritize health problems in a community, addressing health outcomes, as well as health determinants (i.e., health care, behavioral, social, and environmental health factors).
   b. Program Planning/Evaluation
      - LO: Describe practical approaches to program planning, implementation, and evaluation.
   c. Evidence-based Public Health (see also PL1.3)
      - LO: Discuss the concept of evidence-based public health
      - LO: Access evidence-based public health programs and policies
      - LO: Identify sources of population health data
      - LO: Identify strengths and limitations of population health programs, policies and data
      - LO: Interpret population health data for priority setting and to evaluate population health programs

4. Collaborations to address key public health challenges
   - LO: Identify existing community structures for entry into community engagement work.
   - LO: Discuss the importance of multi-sectoral collaboration for a collective impact on population health
   - LO: Discuss the role of a physician as a stakeholder in the community engagement/CHIP process