



The Physician Advocacy Fellowship

Institute on Medicine as a Profession, Columbia University College of Physicians and Surgeons

Program Mission

The Physician Advocacy Fellowship funds physicians to develop or enhance their advocacy skills by implementing a project in partnership with advocacy organizations. It seeks to make advocacy a core professional value for physicians and to develop a cadre of advocates with expertise in achieving system or policy change at the local, state, and national level.

Physician advocacy extends beyond the provision of good clinical care and individual patient advocacy to include collaborations with individuals and organizations that combat interpersonal, structural, and systematic inequities and abuses in our society. Advocacy is the bridge that links patient care with efforts to address social determinants of health, institutionalized prejudices, and structural dislocations that patients and communities face. Physicians are especially qualified to advocate upon behalf of social change. The prestige and credibility that they command may serve as valuable resources in advocacy efforts.

The Advocacy Fellowship supports physician collaboration with U.S.-based advocacy organizations for a 12 to 24 month period. Participating physicians design and implement projects to address disparities in health and service delivery, or deficiencies caused by racism, violence, environmental hazards, income inequality, or inadequate education. Projects must be focused within the United States and should identify system or policy level changes as the outcomes of the fellowship work.

Fellows have developed advocacy skills by working in the following areas:

- Community organizing and mobilization around health outcomes disparities and health care access.
- Communicating with national, state, and local regulatory and administrative bodies to advocate for outcomes that include better pediatric oral health care and broader coverage by state Medicaid programs.
- Advocating for changes that produce better services and outcomes for vulnerable populations, including children in foster care, detainees seeking asylum, and individuals who are incarcerated.
- Advancing the health concerns of public housing residents to municipal housing agencies.
- Mobilizing health care providers to increase the availability of reproductive health options.
- Using media to raise public awareness about the need for greater access to health care.
- Educating the public on policies that address youth violence, health care consumer protection, and early childhood education.

The program does not fund

Research and evaluation projects

Projects that are solely designed to collect data or evaluate outcomes are not eligible for funding through the fellowship.

Direct service projects

The provision or design of health education, clinical care, and the service innovations within health care settings are not eligible for funding through the fellowship.

Curriculum development or training projects

Projects that function primarily through education and training programs, including projects whose primary area of focus is medical students and residents, are not eligible for funding through the fellowship.

Applicants with questions about whether their project is a fit for the fellowship program are strongly encouraged to contact program staff to discuss their proposal in advance of the deadline.

Eligibility and Selection Criteria

The program encourages applications from practicing physicians at all stages of their careers. Applicants must have been in practice for at least one year after completing residency. The most competitive applicants are physicians who will have an opportunity to serve as role models in an academic or clinical setting to their colleagues and to future physicians.

The typically successful applicant will be a clinician who is prepared to apply his or her expertise toward system or policy change that affects the larger population. Fellows typically remain in practice for some portion of their time during the fellowship project. The program requires all applicants to identify a home institution or practice that will support their application to the fellowship before applying. The program's experience indicates that physician advocacy efforts are most effective when the applicant is connected to a stable professional base, such as private practice, community health center, hospital, or academic health center where the applicant will have an influence on colleagues and organizational leadership.

The most competitive applications will identify concrete, deliverable outcomes to address the problems identified in the proposal and give the physician an opportunity to address non-physician audiences such as regulatory agencies, media outlets, and community leaders. The strongest proposals will be those that show how completing the project will allow the applicant to develop a new set of skills as an advocate. New advocacy skills include working with federal, state and local agencies, interfacing with media outlets and reporters, mobilizing constituencies, commenting on regulations, and designing mechanisms for health care payment systems. Proposals will also be judged on the basis of the physician's grasp of the relevant issues, the commitment of the participating organization and the applicant's track record with public interest work.

Fellowship Activities

To ensure that the program develops a conceptually vibrant and mutually supportive cohort of colleagues, the program brings fellows together twice a year. These meetings provide fellows with the opportunity to network with other advocates, outside experts, program staff, and advisory board members. The fellowship award is contingent on the applicant's commitment to participate in the conferences. Fellows continue to participate after they have completed their award periods.

Fellowship Awards

The program selects up to four fellows a year for fellowship periods of 12-24 months, with a minimum 50% time commitment. Awards range from \$40,000 to \$80,000 in salary support per year, plus fringe, depending on the fellow's time commitment, prior experience and base salary. The program will also provide up to \$2,000 a year in funds for the fellow's travel to program sponsored meetings. Fellowship awards are usually paid to the fellow's employer.

Sponsoring advocacy organizations must cover overhead costs necessary to house the fellow. They may request up to \$5000 a year from the program to cover the organization's added costs associated with implementing the fellow's project. These funds are usually paid directly to the advocacy organization.

2007 Application Timeline

Short proposals dueOctober 6, 2006
Invitations for full proposals issued December 8, 2006
Full proposals due.....February 8, 2007

Application Procedure

Applicants should prepare a project description according to the guidelines below. A limited number of applicants will be invited to submit a full application.

Project Description Guidelines

Applicants should prepare a proposal (no more than 1,500 words) that addresses the following issues:

- a. *What is the problem or issue around which you want to advocate?*
- b. *What specific solutions or mechanisms for change will you advocate for?*
- c. *What experiences in your professional and personal background qualify you to do advocacy in this area?*
- d. *What new advocacy skills will you develop as an Advocacy Fellow?*

Applicants must apply for the fellowship with the support of an advocacy organization that is willing to house, mentor, and support them throughout the fellowship period. Applicants should partner with an organization either within their immediate vicinity or in a location to which they could relocate (at their own expense) for a significant portion of the fellowship period. Applicants, with input of their sponsoring organization, should design and propose a project to further both their own goals and the organization's goals. Projects need not be explicitly health related, but should capitalize on the physician's specialized knowledge and confront major social issues.

Advocacy organizations that wish to host a fellow are encouraged to work with applicants in developing proposals for projects that advance their goals through system or policy level change. The most competitive proposals are those that demonstrate a synergy between the applicant and the organization, and show how the partnership will be mutually beneficial. Fellows are also encouraged to select an advisory committee from the community and their advocacy organization to promote the success of their project and their development as an advocate.

We will only accept complete short proposals postmarked by the due date. Program staff is available to discuss applications with individual applicants and advocacy organizations. During the application process, applicants are encouraged to send questions to Sarah DeFeo at sd2279@columbia.edu.

A complete application must include:

1. *A completed application cover form.*
2. *A project description, as described in the Project Description section.*
3. *A current CV, no more than three pages.*
4. *A letter of support from the partnering advocacy organization.
(If the applicant is invited to prepare a full proposal, the organization will have an opportunity to submit a more detailed letter.)*
5. *Fellowship budget form.*

The application cover and budget form are both available at <http://www.imapny.org/advocacy>.

Applications must include one original application and 6 identical copies of all materials in one package. Please do not bind the proposal or add divider tabs. The proposal must be paginated, printed in 12 point type with standard one inch margins and double-spaced.

Proposals must be postmarked by **October 6, 2006**, must be sent by FedEx or UPS, and should be addressed to:

Sarah DeFeo
Center on Medicine as a Profession
622 West 168th Street
Presbyterian Hospital Building, Suite 1525
New York, NY 10032
212.342.5268

IMAP Mission Statement

The Institute on Medicine as a Profession (IMAP) aims to set forth a vision for professionalism in the 21st century and to promote that vision through research and policy initiatives. The Institute seeks to shape a world inside and outside of medicine that is responsive to the ideals of professionalism. IMAP conducts research on the past, present, and future roles of professionalism in guiding individual behavior and collective action so that professionalism will be relevant to physicians, leaders of medical organizations, policy analysts, public officials, and consumers.

Between 1999 and 2004, the Open Society Institute operated the Physician Advocacy Fellowship as the Soros Advocacy Fellowship for Physicians. In January 2005, with OSI's support, the program moved to Columbia University's College of Physicians and Surgeons, where it is supported by IMAP.