TRACK 8

Social Change through Student Leadership and Activism

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PREFACE

From Community-Campus Partnerships to Capitol Hill:
A Policy Agenda for Health in the 21st Century
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Creating healthier communities and overcoming complex societal problems require collaborative solutions that bring communities and institutions together as equal partners and build upon the assets, strengths and capacities of each. Community-campus partnerships involve communities and higher educational institutions as partners, and may address such areas as health professions education (i.e. service-learning), health care delivery, research, community service, community-wide health improvement, and community/economic development.   Founded in 1996, Community-Campus Partnerships for Health is a non-profit organization that fosters community-campus partnerships as a strategy for improving health professions education, civic responsibility and the overall health of communities. In just four years, we have grown to a network of over 700 communities and campuses that are collaborating to achieve these goals.

Community-Campus Partnerships for Health's 4th annual conference was designed to broaden and deepen participants' understanding of the policies, processes and structures that affect community-campus partnerships, civic responsibility, and the overall health of communities. The conference also aimed to enhance participants' ability to advance these policies, processes and structures.

This paper – one of nine commissioned for discussion at the conference – played an integral role in the conference design and outcomes and would not have been possible without the generous support of the Corporation for National Service and the WK Kellogg Foundation.   On the conference registration form, participants chose a track that interested them the most in terms of contributing to the development of recommendations and possibly continuing to work on them after the conference. Participants were then sent a copy of the commissioned paper corresponding to their chosen track, to review prior to the conference. At the conference, participants were assigned to a policy action team (PAT). Led by the authors of that track's commissioned paper, each PAT met twice during the conference to formulate key findings and recommendations. These key findings and recommendations were presented at the conference's closing session and are reflected in the conference proceedings (a separate publication). These will be considered by CCPH's board of directors as part of its strategic planning and policy development process, and are expected to shape CCPH policies and programs in the coming years.

The complete set of nine commissioned papers is available on CCPH's website at http://futurehealth.ucsf.edu/ccph.html

1. Integrating student learning objectives with community service objectives through service-learning in health professions schools curricula – Kate Cauley
2. Working with our communities: moving from service to scholarship in the health professions – Cheryl Maurana, Marie Wolff, Barbra J. Beck and Deborah E. Simpson
3. Promoting collaborations that improve health – Roz Lasker
4. Public policies to promote community-based and interdisciplinary health professions education – Janet Coffman and Tim Henderson
5. Building communities: stronger communities and stronger universities – Loomis Mayfield
6. Community-based participatory research: engaging communities as partners in health research – Barbara Israel, Amy J. Schulz, Edith A. Parker, and Adam B. Becker
7. Racial and ethnic disparities in health status: framing an agenda for public health and community mobilization – Gerard Fergerson
8. Social change through student leadership and activism – David Grande and Sindhu Srinivas
9. Advocating for community-campus partnerships for health – Charles G. Huntington

Abstract

As the U.S. Health-care system continues on a path toward greater patient and provider dissatisfaction and decreasing access to primary health services, there is a growing need for leadership among tomorrow's health professionals. Students of today must acquire the skills to lead our nation toward solutions that will offer universal access and eliminate disparities. As part of this social contract, educational institutions, professional organizations, patient advocacy groups, and individual students must pursue opportunities to this end. This paper will discuss ways that educational institutions can support leadership development. In addition, it will address ways in which non-governmental organizations can provide opportunities to foster student leadership. Lastly, recommendations for policy change at institution, local, state, and national level will be offered to help achieve the above stated goals.

Introduction and Background

The health-care system of the 21st century is a rapidly evolving machine with new advances and breakthroughs with the potential to provide cures and extend life beyond what we currently know. However, progress in medicine has raised new questions and quandaries for society and health professionals as our country debates the allocation of health-care resources and the advancement of technology. In the face of rapid change and decreasing access to primary health services, the general public is looking to health professionals for guidance and leadership in order to protect their health.

Who will be the leaders of tomorrow to answer this call? Leadership means action; it means inspiring others to command action toward change. There already exists a subset of health professional students who accept their charter as socially responsible health-care providers and aspire to become leaders in our health-care system. Such students often participate in community service and hold firm a commitment to work for the collective health of society as vigorously as they do for the individuals who constitute it. Among these students, there

exists an awareness of the complexities of modern medicine and a desire to become community leaders and advocates for the health of the public. However, students typically lack the fundamental skills necessary to translate social awareness into substantive change. The strategies and techniques employed by community organizers and public-health advocates are largely unknown to health professional students, due in part to a lack of formal education or guidance. As a result, their advocacy and community service efforts do not reach their full potential, and these future leaders never fulfill their calling to be effective agents of change.

Leadership training for health professional students must emphasize the skills necessary to translate social and civic responsibility into action and reform. Activists are most effective when armed with essential tools. We assert that the following skills should be included in the education of health professionals in order to groom effective advocates and leaders.

- **Strategic planning:** Long-range plans and strategies must be defined at an early stage with the key players.
- **Team building:** Leaders must build consensus among their organizers and volunteers and delegate responsibility while maintaining a team environment.
- **Developing coalitions:** Initiatives are strengthened through a joining of groups. However, this can be difficult if a leader is unable to effectively spin their project to different special interest organizations and gather broad-based support.
- **Media advocacy:** The media can be one of your best advocates. It is critical to learn how to create an effective message and to market it to the general public.
- **Public speaking:** Organizing volunteers, gaining community support, and lobbying your position to any audience requires polished speaking skills.
- **Writing and presenting:** A key element to leading an initiative is the ability to synthesize thoughts and data into coherent documents and presentations that can be used at all levels.

- **Political strategies:** Few health professional students understand how to use the government in their advocacy efforts. Students should learn the basics of the political system to enable them to turn their civic-minded ideas into law.

- **Health services:** A general understanding of the U.S. health-care system allows for students to translate their ideas and experiences into progressive health policy.

- **Project development based on public-health principles:** With the exception of public-health students, few understand the multistep process of developing a project from the initial needs assessment to the final evaluation.

- **Fund raising:** It is difficult to accomplish anything in this world without some financial support. Basic grant-writing and organized fund raising can provide the resources necessary to support an initiative.

All of these leadership skills can be taught through formal classes, community and advocacy experiences, and mentoring relationships. It is important to incorporate all of these methods into the training of health professionals. This paper will explore how academic institutions and non-governmental organizations can provide opportunities for leadership development. Furthermore, it will assess curricular reform and the process by which students can impact their own education.

Leadership Development: Curriculum- and Institution-Based

Educational institutions are in a unique position to integrate leadership and social responsibility directly into the training of health professionals. While not many schools have undergone curriculum reform efforts to integrate these experiences and principles, it clearly has become a higher priority for them and other schools as the health professions come under greater public scrutiny to fulfill their contract with society. Several models exist that provide various levels of institutional structure and support. These examples range from formal didactics and required experiential learning to administrative and financial support of student-administered and -driven activities. A few models in each of these

categories will be featured to demonstrate how schools are addressing leadership and activism.

Structured Courses

Case Western Reserve University School of Medicine offers an elective for first-year medical students, "Activism and Medicine." This is a course that is predominantly didactic-based over the course of six weeks, meeting once per week. Various physician activists are invited as guest speakers to discuss their own advocacy experiences and to present a public-health issue of interest. This offers students exposure to role models they otherwise would not find in the traditional curriculum of medical school. The speaker series also includes a congressional representative to address the topics of political strategies and health policy. The final component of the class is that each student must design an activism project, after which the faculty instructor provides individual feedback. While the course does not require the student to implement their project, it is a useful exercise in planning and strategizing.

Peter Lurie, M.D., an activist researcher for Public Citizen, is starting a new course at a Washington, D.C., medical school that will be a full-semester elective. This course will have a much greater emphasis on the design and implementation of an activist project with just one quarter of the course dedicated to didactic teaching. A faculty mentor will provide ongoing feedback and support as students develop their projects. This course is specifically designed to educate students on patient advocacy and community leadership through the completion of a real-life activist project.

There are many other examples of structured leadership courses. However, most examples described in the literature attempt to provide a very broad overview of public health, cultural, ethical, and health delivery issues without an explicit focus on the leadership tools and skills that are essential to be an agent

of social change. We have included two examples of courses that follow this paradigm.

The "Patient, Physician, and Society" course at Northwestern University Medical School is a required course during years one and two and meets two afternoons per week. The course is designed to address personal and professional ethics, medical humanities, behavioral sciences, physician-patient communication, physical diagnosis and clinical reasoning, health services organization and financing, preventive medicine, and the health of vulnerable groups. The course is relatively new but the preliminary outcomes indicate favorable responses from the students (Makoul, G., et al., 1998).

The University of California, Los Angeles School of Medicine introduced a course, "Doctoring," in 1992 that spans all four years of medical school. The first two years include problem-based learning sessions that cover many underrepresented topics (ethics, nutrition, public health, etc.). In addition, students spend a half-day per week with a community preceptor in a clinical setting. As third-year students, the course shifts to an emphasis on clinical decision-making, health-care economics, and "the socialization process of becoming a doctor through reflection rather than indoctrination." Finally, in the fourth and volunteer year, the course focuses solely on medical education and academic leadership to prepare students to be future educators (Wilke, M.S. et al., 1998).

These are just two examples of a new wave of courses intended to provide the students with exposure to the social issues impacting health care delivery. While these courses have strong value and are very deserving of inclusion in the required curriculum, they do not replace the need for courses focused on activism and leadership.

Faculty-Organized Experiential Learning

Certain schools have put forth significant effort to develop interdisciplinary experiential opportunities for students. These are grounded in the principles of service learning with the hope that these student experiences will be translated into social activism and advocacy for the underserved in their careers.

ISCOPES (Interdisciplinary Student Community Patient Education Service) is a project developed in collaboration between the George Washington University (GWU) and the George Mason University (GMU). It places interdisciplinary teams at community-based organizations to identify health needs and design health education and health promotion activities. All of the activities are supervised by a university and community preceptor with a student time commitment of six hours per month. The community experience is supplemented with curriculum modules on community-oriented primary care, teamwork, continuous quality improvement, and cultural competency (Executive summary: ISCOPES, 1998).

Eastern Tennessee State University (ETSU) launched an interdisciplinary project in 1991 to move health professions education out of the hospital and into the community. This project is based on a full partnership among communities, the academic institution, and the disciplines involved (medical, nursing, public and allied health education). Interdisciplinary faculty teach the core content critical to health professionals in an experiential format while community board members exert considerable influence over the student experiences to assure that they are appropriate to the setting and meet the real community needs. The program clearly emphasizes collaboration and partnership among all of the health professions and the community. The outcomes assessment has been very positive from the perspective of students and the community (Edwards, J., et al., 1998).

There are many other examples of faculty-organized experiences but few bring together the health professions in such a way as these two examples. These models were also presented because they demonstrate a strong community-campus partnership that other schools should seek to create.

Student-Organized Initiatives and Projects

Students themselves are responsible for planning a majority of community outreach and leadership efforts in health professional educational institutions. While student-driven projects are widespread at schools across the country, there exist some unique examples that demonstrate strong student leadership, support from the faculty and administration, and innovation.

The UMDNJ-New Jersey Medical School has a community-focused initiative, the Students Health Advocates for Resources and Education (S.H.A.R.E.) Center. It is an umbrella organization that assumes responsibility for coordinating community-oriented student projects and centralizes operations of existing service programs. The center is the backbone supporting all service initiatives by fostering a direct link between students and the communities they serve. By ensuring the sustainability of student outreach programs and by encouraging the development of stronger community partnerships, the center has strengthened the opportunity to work with the community to improve the quality of and access to health care and education. Furthermore, the center advocates the integration of service learning into the medical curriculum. In this spirit, the S.H.A.R.E. Center fosters the development of humanism, advocacy, and activism in future physicians.

Rush Medical College has adopted a model of synergy between the administration and students. Through the Rush Community Service Initiatives Program (RCSIP), students receive administrative support for their projects while maintaining the spirit of "student-generated and totally volunteer" service learning. In maintaining the altruistic motives of community outreach without

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requiring it as an element of the curriculum, 75 percent of students willingly participate in more than a dozen projects. This program grew out of the initiative of students and resulted in the creation of a structured course, "The Health of the Public." The course is intended to address the principles and methods of social medicine without sacrificing the autonomy and volunteerism inherent in the RCSIP projects (Eckenfels, E., 1997).

Students have developed thousands of projects in communities spanning the country. It would be nearly impossible to profile even a small fraction of the existing programs. Students have successfully planned projects with the scarcest of resources and near absence of institutional support.   For many, the foundation of leadership and social responsibility is strong and firm when entering health professional school; educational institutions should be developing ways to support these ideals to create the health-care leaders of tomorrow.

Leadership Development: Organization-Based

Professional societies and organizations are in the best position to provide leadership development opportunities to health professional students. There are many ways to facilitate this through structure and programs. Our own organization, the American Medical Student Association (AMSA), has a 50-year history of successful and active student leadership that is attributable to a wide variety of factors. It is important to recognize that AMSA's leadership development efforts have capitalized on all three of the techniques described previously (formal training and workshops, experiential learning, and mentoring). While there are many organizations that offer opportunities for leadership development, few can equal the opportunities within AMSA in terms of volume, variety, and autonomy.

Formal Leadership Training Experiences

While many organizations offer leadership opportunities to students, few actually provide formal training. It is inaccurate to assume that health professionals

possess the necessary skills to be leaders, which of course is the impetus for this paper. While many students have held previous leadership positions, a substantial part of their learning at the undergraduate level has been focused on managerial skills and less so on organizing community initiatives and public policy.

AMSA has had great success training leaders by hosting an annual Chapter Officers Conference for newly elected chapter presidents. The three-day conference addresses management, project development, public speaking, fund raising and a wide variety of topics about AMSA ranging from the mission and strategic plan to the many resources available within the organization. Not only does this conference provide an excellent forum to develop leadership skills, it is a great opportunity for our chapter leaders to come together and share their passion, motivation, and ideas. People leave feeling inspired and motivated to carry forward the mission of AMSA at their local chapters in the spirit of social and civic responsibility.

One of the deficiencies in our educational institutions is teaching the role that health professionals can and should play in public policy. AMSA strives to fill this niche by engaging students in health policy through a training workshop, the Political Leadership Institute (PLI), several times per year. The PLI is a three-day conference that assigns students to working groups on a given health policy topic. Each group is charged with the task of developing a campaign strategy to effectively advocate their position. They do so through mock lobbying, media advocacy, and speech writing and delivery. The experience is supplemented with workshops on health policy, public speaking, and career development. This has proven to be an effective method of providing structured training to the AMSA membership-at-large and developing health policy student leadership at individual schools.

The "Mass" Effect

Student leadership can be built most effectively through group efforts. While some students are self-starters and thrive on the challenge to begin with nothing, most potential leaders will be best uncovered by organizing larger efforts around issues. Organizations should have methods to identify strategic priorities and develop action plans that open opportunities to rising leaders. For example, a campaign on substance abuse prevention can incorporate nationally organized lobbying efforts with locally organized letter-writing and telephone campaigns. The possibilities are infinite, but the major point is that organizations must develop comprehensive action plans that involve efforts on national and local levels. Students should be afforded the opportunity to participate at any or all of these levels in a way that provides them with solid experiential learning. The "mass" effect is really the team approach that makes leaders and volunteers at all levels feel part of a larger goal.

There are a variety of other organizational policies and structures that can facilitate leadership development. We will review some of these fundamental elements:

- **Diverse Opportunities:** Student interests, talents, and desires lie in many different areas. An organization that wishes to take advantage of this diversity must offer opportunities that reach all types of people within their constituency. Not only is there a dramatic difference in responsibilities with different types of leadership positions, there is also a wide variation in the type of people attracted to them. Opportunities should range from issue-driven leadership (e.g. organizing a substance abuse prevention campaign) to national administrative positions that include management and broad leadership responsibilities.
- **Trust and Responsibility:** A large component of health professional education is experiential. While this is clearly one of the most effective ways to learn and to develop as a leader, few organizations entrust students with positions of high responsibility. Policies and structures that

prevent students from serving in these types of roles greatly inhibit innovation, motivation, and progress. Students will develop best as leaders if they are treated as colleagues within organizations as opposed to subordinate members. However, it is important that all people receive adequate feedback in order to continue to improve their own leadership skills.

- **Intensive Experiential Opportunities**: If organizations successfully engage members in their social mission, a subset will naturally emerge who seek out opportunities that are more time and energy intensive. Internships and electives are an excellent forum for students to pursue leadership and civic responsibility as an educational endeavor.

- **Recognizing Exemplary Leadership:** One of the greatest weaknesses of social-minded people is remembering to recognize their own exemplary leaders. Rewarding civic responsibility in the health professions promotes the ideals of caring and compassion for communities. Furthermore, it provides encouragement to the human soul working in a world where public-health efforts often go unnoticed.

- **Supporting Local Efforts:** A flaw of many organizations is the imbalance of support between local and national endeavors. Without adequate support, it is easy for the members of an organization to fall into a state of complacency. It is very important to support local efforts that contribute to the larger goals and objectives.

Leadership Development: Individual Pursuits

The leadership skills necessary to be effective change agents can be learned through individual pursuits. Future health professionals are in a unique position to affect curricular change as well as social change. It is incumbent upon the health professions to be involved in this process of change in some capacity. The opportunities to gain leadership skills to be effective change agents are many. As previously mentioned, there are institutional programs as well as organizations that offer special formal and informal leadership training programs.

In addition, individually sought-out endeavors are also effective in providing leadership skills training.

Issue-Oriented Organizations

In addition to membership organizations that address a diversity of issues such as the American Medical Student Association, the American Public Health Association, and the American Nurses' Association, there are other organizations that were founded around a specific issue. An example of this type of organization is Physicians for a National Health Program. The mission of this organization is to further the cause of the creation of a national health program in the United States. While in many of these organizations there are no defined roles for students, there are always opportunities for students passionate about the issue to get involved and to create opportunities. Health professionals are always excited at the prospect of students embracing a social issue and getting involved in reform efforts.

Community-Focused Civic Programs

These programs represent the bulk of opportunities that students create for themselves. This category includes community health programs developed outside of educational institutions. Frequently, students will volunteer with projects that have been organized by churches, private community organizations or local government. An example would be a Habitat for Humanity program that offers students volunteer opportunities. Other examples include a battered women's shelter or rape crisis hotline. These are all examples of students pursuing community-focused health services leadershiop based on a personal interest or demonstrated need. An abundance of opportunities exist, but they all require some drive on the part of the student to pursue them.

Political Initiatives

In this election year, more students will be interested in and seeking political experience. These types of opportunities include helping a district

congressperson with the research of health-related legislation or approaching the mayor to lobby for better medical waste disposal. This category exemplifies individually created opportunities to solve identified problems through legislative efforts. However, this is probably the least-represented category of student endeavors when compared to any other discussed in this paper. Perhaps it is due to political apathy, however, health professionals have a responsibility to be advocates in the community and in the legislature. As a group, health professional students are in a unique position to create social change when banded toward a common goal. They must learn to identify their own abilities and translate all of their ideals and passions into activism and advocacy.
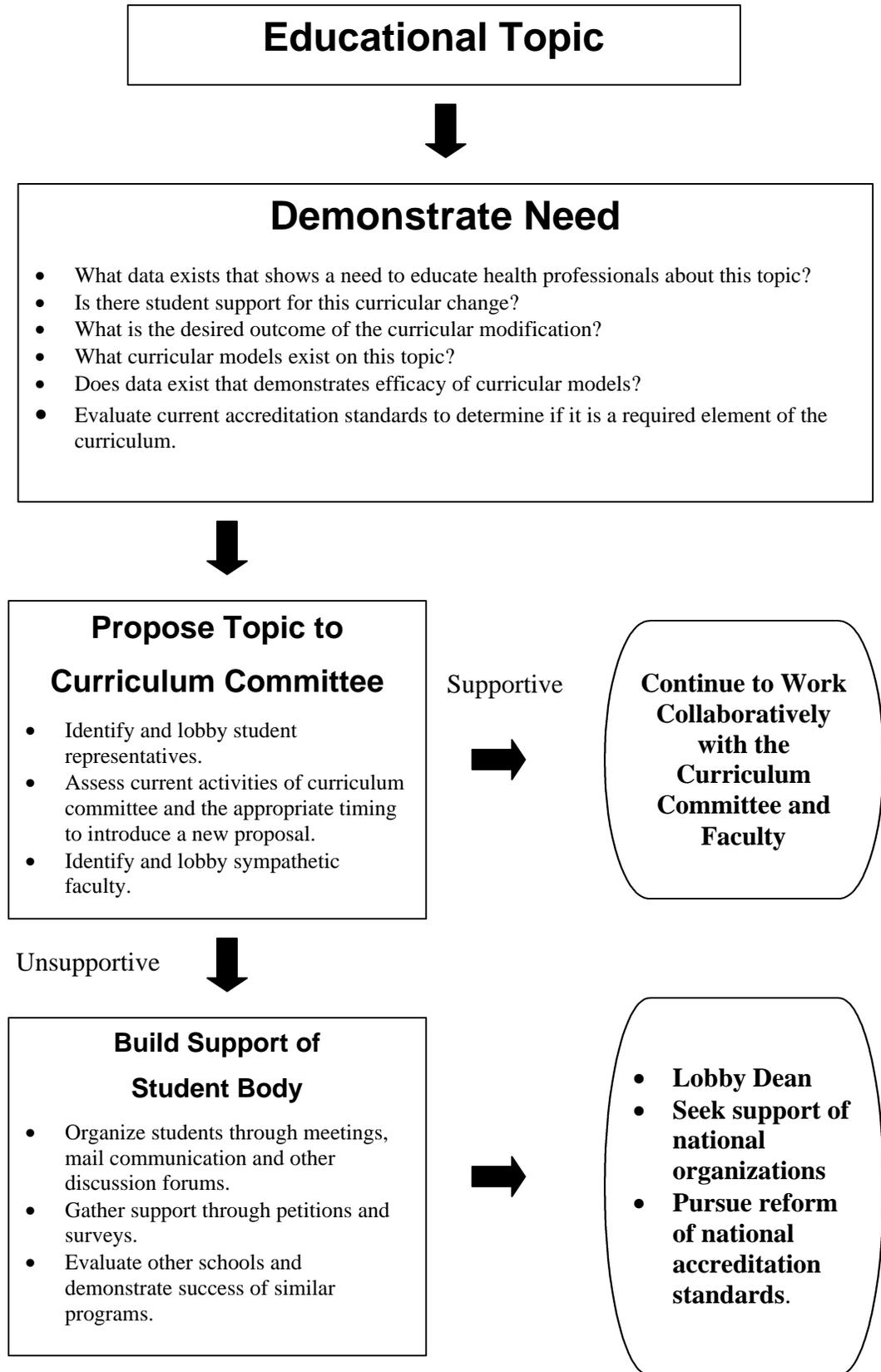
Structured Leadership Classes

Formal leadership training has become a mainstream phenomenon in professional development. As a result, there are a myriad of training opportunities that individuals can pursue with an emphasis ranging from social activism to business management. Appendix A contains a small sampling of programs found through a review on the Internet.

Students as Agents of Curricular Change

The curriculum at health professional institutions has an immeasurable impact on the development of future providers. Students can play a very active role in the curricular reform process in their own institutions. They are often in the best position to identify deficiencies and inefficiencies. In order to successfully influence the curriculum, students must understand the process of reform. Figure 1 provides a basic guide to curricular reform and how students can effectively participate. The uniqueness of each institution must always be considered as students formulate their strategy.

Students as Agents of Curricular Change

Educational Topic

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Demonstrate Need

- What data exists that shows a need to educate health professionals about this topic?
- Is there student support for this curricular change?
- What is the desired outcome of the curricular modification?
- What curricular models exist on this topic?
- Does data exist that demonstrates efficacy of curricular models?
- Evaluate current accreditation standards to determine if it is a required element of the curriculum.

⬇

Propose Topic to Curriculum Committee

- Identify and lobby student representatives.
- Assess current activities of curriculum committee and the appropriate timing to introduce a new proposal.
- Identify and lobby sympathetic faculty.

Supportive ➡ **Continue to Work Collaboratively with the Curriculum Committee and Faculty**

Unsupportive ⬇

Build Support of Student Body

- Organize students through meetings, mail communication and other discussion forums.
- Gather support through petitions and surveys.
- Evaluate other schools and demonstrate success of similar programs.

➡
- **Lobby Dean**
- **Seek support of national organizations**
- **Pursue reform of national accreditation standards**.

Policy Recommendations

The health-care system of today is wrought with new and worsening problems. The number of uninsured Americans continues to rise in the face of a robust economy, health care is shifting to a for-profit system, and we are undergoing a technology boom with rapidly escalating costs. Now more than ever, there is a need for the health professions to emerge as advocates for their communities and for providers to fulfill their social contract with the nation. The federal and state governments, educational institutions, and non-governmental organizations all must adopt policies to help our country train the health-care leaders of tomorrow.

Health professional institutions should provide formal leadership development courses coupled with experiential learning. It is not enough to offer a classroom-based "activism" class or to immerse students into a four-week community project. These two models must be integrated as a sustainable component to education that persists throughout the curriculum. Faculty development should be a key component to ensure a high-quality experience for all students. This goal could be reached through the adoption of a national accreditation standard. Not only would this lead to universal adoption at schools across the country, it would increase the "perceived value" of these programs.

Furthermore, health professional institutions should support student-driven projects in a way that fosters leadership. When students are given the opportunity and support to lead and organize their own initiatives, the experience provides much greater prospect for growth. Support at institutions could include things such as:

1) Funding a service learning coordinator
2) Utilizing senior level students as mentors and teachers
3) Coordinating faculty development programs
4) Providing leadership development for students through formal programs
5) Ensuring the appropriateness of student projects within the community

This model of "institutionally-supported, student-led projects" would help establish mutually rewarding and long-term community partnerships while also fostering student leadership and social responsibility. If the models previously described at UMDNJ-New Jersey Medical School (S.H.A.R.E. Center) and Rush Medical College (RCSIP) were integrated, it would present an ideal scenario for leadership development. The S.H.A.R.E. Center has taken a critical step in formalizing a relationship between the community and the student service projects. RCSIP shows strength in the degree of administrative support and mentoring for student-initiated projects.

The Health Resources and Services Administration (HRSA) of the Department of Health and Human Services has focused their mission on moving toward the goal of universal access with zero disparities. Such a bold initiative requires a commitment to train health professionals to lead and reform the nation's health-care delivery system. The Bureau of Health Professions of HRSA should fund leadership development programs based in educational institutions and non-governmental organizations that address the basic skills identified previously. A demonstration project in a subset of schools would offer an opportunity to evaluate specific curricula developed in diverse settings.

The states should also be supporting educational initiatives in the health professions. Through public-health funds and support from local health departments, collaborative relationships should be formalized with health professional schools. Community outreach and education programs are a natural fit for students and would provide valuable experience in civic leadership. It is important, however, that these relationships extend well beyond volunteer experiences. Students need to be involved and vested in the planning and implementation of outreach programs. For example, if the health department is aiming to enroll new people in the State Children's Health Insurance Program, student groups could receive small amounts of funds and mentoring to implement a portion of the outreach program.

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Regardless of the route individuals take to develop their leadership skills, whether through institutional programs, organizational activities or individual efforts, involvement is the key. To be effective change agents as practicing professionals, leadership development is pivotal during one's education. There are a wide variety of opportunities that exist to gain these skills. Not only is it the responsibility of the individual to capitalize on these opportunities, but it is also the role of health professional schools to create and support opportunities. Student leadership and activism developed today will be translated into future social change. If we aspire to have a health-care system for the people, the call for health professional leadership must be answered.

Appendix A

Web Sites

- www.adv-leadership-grp.com

- www.ccl.com Center for Creative Leadership

- www.cfil.com Center for Innovative Leadership

- www.lessonsinleadership.com Database of leadership training speakers

- www.dynamicleadership.com Dynamics of Leadership.com

- www.enleadership.com Enlightened Leadership International, Inc

- www.l2000.com Leadership 2000

- www.dosometing.org

- www.cio.com

- www.bpubs.com/management_science/leadership

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Sindhu Srinivas was recently elected to a full-time one-year term as president of the American Medical Student Association. She is a fourth-year medical student at UMDNJ - New Jersey Medical School and will be graduating in May 2000. She plans to pursue residency training in OB/GYN and Women's Health.