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Title

Barriers and facilitators to physician engagement in reproductive health advocacy and the role of a community of colleagues

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Physicians play an important role in advocating for policies, systems, and guidelines that promote their patients' health. Understanding facilitators and barriers to advocacy engagement can strengthen training programs.

Objective: To describe physicians' engagement in advocacy post-training and to test the role of a community of colleagues in this engagement.

Study Design and Analysis: Mixed methods evaluation of a reproductive health advocacy training program, including a cross-sectional survey of alumni (n=231) and in-depth interviews (IDIs, n=36). We used Poisson regression to test whether an alumni community score (Cronbach's alpha=0.81) and level of hostility toward abortion in geographic work area affected advocacy engagement, and coded IDIs iteratively using techniques informed by grounded theory.

Setting: Post-residency physician advocacy and leadership training program in sexual and reproductive health.

Population Studied: Physician alumni from the training program.

Instrument: Survey and IDIs.

Outcome Measures: Advocacy engagement in four domains—legislative policy, media, professional organization, and medical education—coded as low, medium or high.

Results: Over one-third of the alumni were highly engaged in legislative policy (39.0%), professional organization (42.6%), or medical education advocacy (39.2%), with fewer highly active in media-based advocacy (23.8%) in the past year. High levels of engagement in legislative policy was linearly associated with high alumni community scores: 35.6% of low, 56.8% of medium and 60.9% of high levels of engagement in legislative policy had community scores above the median ($p=0.02$). Among alumni reporting a somewhat/very hostile abortion environment, those with a high community score were 1.8 times (95% CI 1.3, 2.6) as likely to report medium/high levels of media engagement compared to those with low community scores, after adjusting for age, clinical specialty, and gender. IDIs identified the value of community provided by the program for emotional support, and as a source of information and motivation. Additionally, passion, sense of urgency, and confidence in skills were advocacy facilitators, while insufficient time, safety concerns, and sense of redundancy in efforts were barriers.

Conclusion: In addition to skills-building, community-building is important for physician advocacy training curricula, especially for topics subject to hostility, such as abortion care.