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NEWSLETTER

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Developing Future Public Health Leaders: Experiential Advocacy Training

A fundamental change has occurred in the preparation and training of public health professionals, guided by the 2003 landmark IOM report, *Who Will Keep the Public Healthy? Educating the Public Health Professionals for the 21st Century*.[1] The report delineated relevant public health skills and competencies and appropriate professional preparation strategies, including an increased emphasis on active, experiential and interdisciplinary learning to address the complexity of future public health problems. A key recommendation was to work to integrate public health training within medical, nursing, and allied health academic programs.

Prior to the mid-20th Century, traditional teaching methods in the US included the professor/teacher lecture, student note-taking, and student reiteration of information back to the teacher on an exam or paper. The renowned educator John Dewey redefined education and described the goal of education as broadening intellect through problem solving and critical thinking skills, and not just memorization.[2] Dewey's philosophy addressed not just formal education but informal adult or lifelong learning through auditory (instruction), visual (observation), and kinesthetic (hands-on activities) learning modalities.

Experiential learning is the process of making meaning from direct experience.[3] The work of Kolb and others have influenced how we teach today where the learner is *creating knowledge* through direct experience that is meaningful to the student with guided reflection and analysis.[4] Public health and healthcare education now embody experiential learning through problem-based learning strategies, simulations, and other methods of "active learning."

The national Public Health Education Advocacy Summit, held annually in Washington, DC, is a prime example of this type of learning.[5] Two hundred public health educators, over half of whom are students, come together for a 2 ½ day training on public health advocacy, culminating in meetings on Capitol Hill with Congressional representatives and their health legislative aides. The public health advocacy priorities and key messages for the summit are established by the Coalition for National Health Education Organizations (CHNEO) over a nine-month period prior to the summit with an emphasis on health promotion and disease prevention.

Prior to the Summit, pre-registered participants are asked to review the national prevention health priorities and do some background research about their Senate and House representatives. This provides an opportunity to learn about their representative's legislative priorities and committee assignments. During the Summit, participants receive advocacy training tailored to their level of advocacy experience, including practicing and rehearsing their *legislative asks* in small groups. They actively apply this experience when they meet with key Congressional aides to advocate for public health priorities. Public health students play an active role in each of these meetings and often serve as small group leaders. After the summit, participants complete an online evaluation and follow up with the legislative aides via email to reinforce key advocacy messages. Upon returning to their university, students share with their colleagues their experiences and lessons learned. The experiences gained from the Summit are embodied in the revised national public health competencies linking academic preparation and public health practice.[6]

Over the past two years, a number of Jefferson public health students have participated in the national Health Education Advocacy Summit. Here are some quotes from a sample of those students:

"The Health Education Advocacy Summit was an enlightening and instructive experience. If we could take one thing away from our time spent, it would be that we have not only a right, but a duty as constituents and public health students to educate our representatives on current pertinent health issue."

"To prepare for my Hill visit on Monday, I researched the topic extensively and, as a result, became very interested in the idea of school health programs."

"My experience at the conference was great. I had done some advocacy for different programs before and really liked how they catered to various levels of experience. I got to meet the representative from my district."

"My experience at the 2009 Health Education Advocacy Summit was truly rewarding. I left the Health Summit with a sense of accomplishment and a set of skills I will be able to utilize during my public health career."

The Jefferson School of Population Health MPH Program will be offering a new course, Public Health Policy and Advocacy, in the current academic year. It will include opportunities for advocacy, such as writing a "Letter to the Editor" and an email to their local, state or federal representative. Some students will choose to participate in the 13th Annual Health Education Advocacy Summit in Spring 2010 as part of their learning to become current and future health advocates, embodying the principles and activities of experiential learning. ■

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REFERENCES

1. Gebbie K, Rosenstock L, Hernandez LM, eds. *Who Will Keep the Public Healthy? Educating the Public Health Professionals for the 21st Century*. Institute of Medicine of the National Academies. Washington, DC: The National Academies Press;2003.
2. Dewey J. *Democracy in Education*. New York City, NY: The Macmillan Company; 1916.
3. Itin C M. Reasserting the philosophy of experiential education as a vehicle for change in the 21st century. *J Experiential Educ*. 1999; 22 (2): 91-98.
4. Kolb DA. *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall:1984.
5. 2009 Health Education Advocacy Summit. Health Education Advocate Web site. http://www.healtheducationadvocate.org/Summit/. Accessed July 23, 2009.
6. Council on Linkages: Core Competencies for Public Health Professionals. Public Health Foundation Web site. http://www.phf.org/link/core-061109.htm. June 11, 2009. Accessed July 23, 2009.