Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

From Coverage to Care: Essential Health Policy to Improve Patient Outcomes

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The Farley Center strives to bridge the gap between research and policy.

- Study policy to expand knowledge and investigate issues to improve health systems
- Partner with researchers to translate findings and outcomes that inform action and policy change
- Educate the next generation of policy and advocacy-focused health professionals
- Provide decision makers high-quality evidence to develop more equitable systems and policies
- Convene diverse and inclusive cohorts to identify policy levers for shared solutions
- Make policies actionable by supporting effective implementation

Disclosures

We have no financial disclosures or conflicts of interest to report.

What we are discussing today

- Introduction to the health care system
- Colorado specific policies and programs affecting perinatal/SUD care
- Policy and advocacy as skills

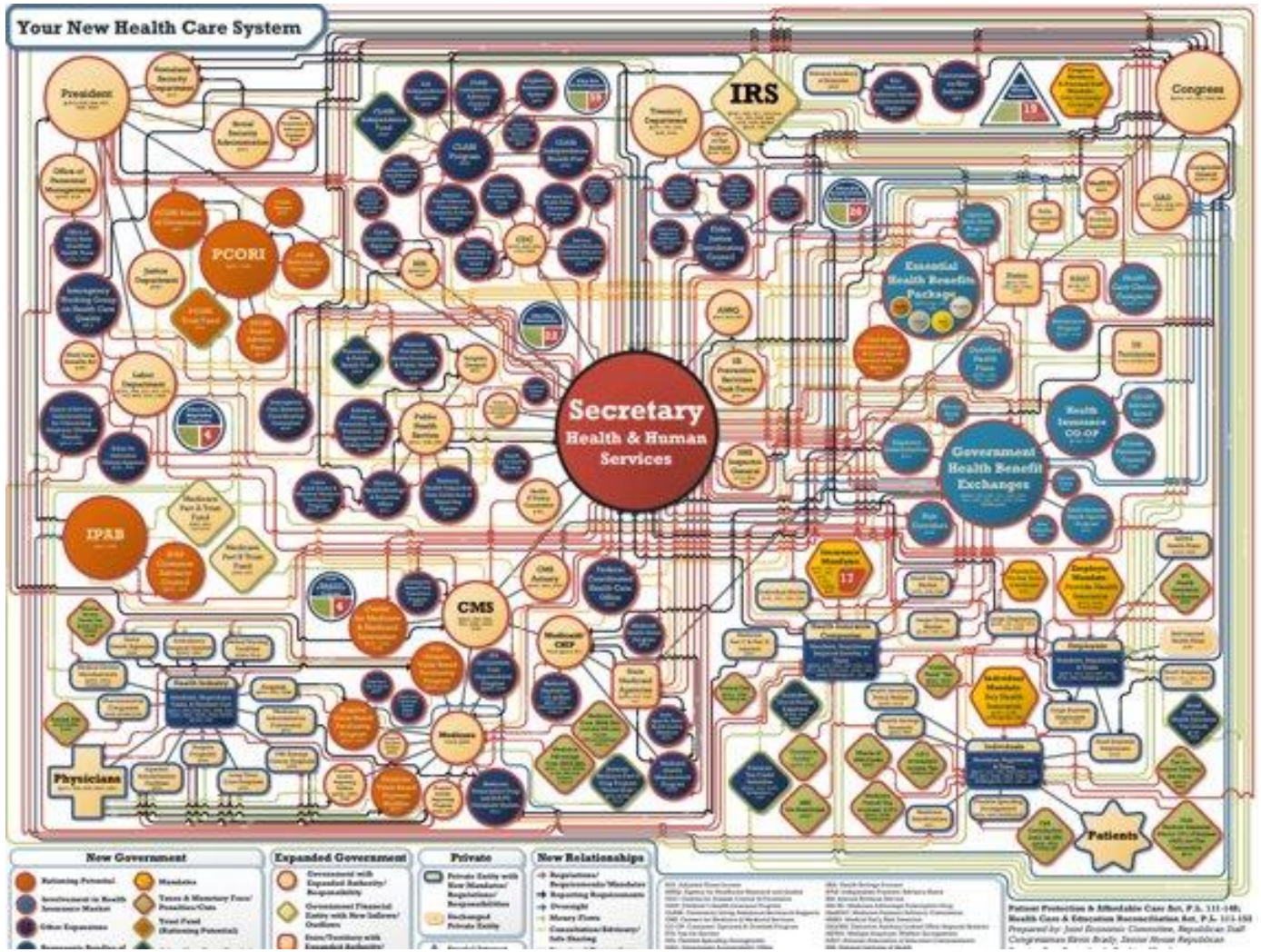
Learning objectives

After this session learners should be able to:

1. Understand principles of health care coverage and financing
2. Describe Colorado-specific policies impacting perinatal care and SUD care
3. Identify policy and advocacy skills for improving patient care.

Important caveats

- Health care organization, financing, and delivery are complex topics!
- Today is meant to give a high-level overview.



Citation: Your New Healthcare System

Before we begin, help us understand who's in the room

Access code: 6391 4999

Mentimeter

Who's in the room?

20 Clinician

5 Clinic Staff

6 Researcher

10 Behavioral health

26 Other

10

What does health policy mean to you?

Access code: 6391 4999

Mentimeter

What does health policy mean to you?

2

Why is health policy important for perinatal SUD care?

Access code: 6391 4999

Why is health policy important for perinatal SUD care?

45 / 71 | 52

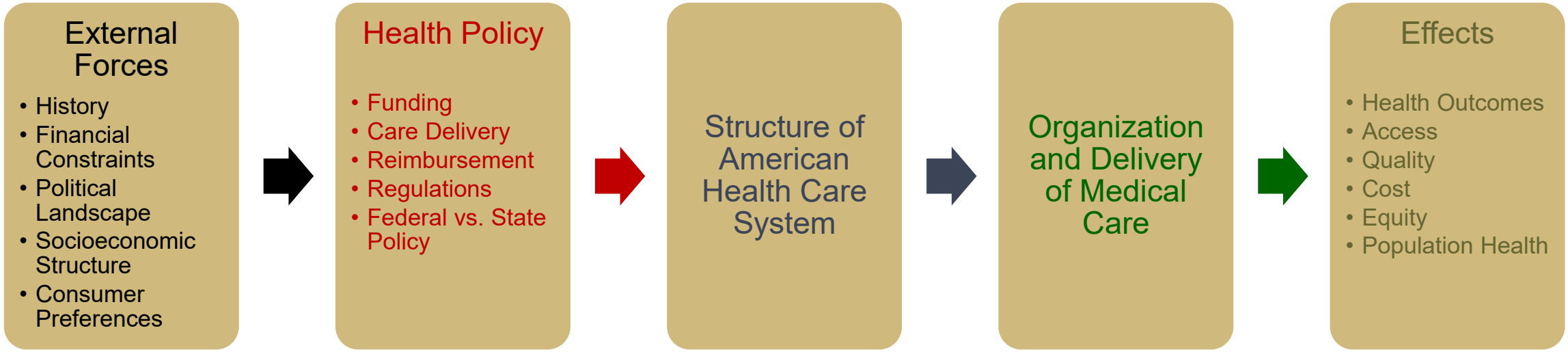
- Support
- Stigma
- Systems can perpetuate stigma
- Hope
- A time of high surveillance
- Standardization
- Coverage of services
- Care
- To educate legislators and receive funding
- Health
- I want to be who I needed when I was struggling
- Population health
- Care
- Creates barriers and facilitators to recovery
- Equity
- Breaking barriers to access to care.
- Patient access to services is often defined by health policy
- creates the conditions under which people receive the care that they need, or don't receive it
- Vulnerable and marginalized population
- Equitable access and destigmatizing
- Access
- to ensure access and that the services actually happen
- Funding
- Public health and department of human services funding
- Equal access and care
- Offer help/support
- So we can support individuals with SUD and work on prevention
- Dignity
- Moms and babies are worth it
- Addressing inequities requires system change
- Tells me how easy or hard it is for my clients to get care
- Policy guides action ideally
- Health policy is important for perinatal SUD care because it helps ensure pregnant and postpartum individuals can access safe, supportive, and nonjudgmental treatment and resources
- Provides funding for quality improvement and education
- Equity
- Helps pts get access to care they need
- Heath equity! People who use drugs including parents and pregnant people who use drugs deserve safe, accessible and equitable care.
- Supporting our birthing people better! Equals funding
- Systemic change
- Getting education out to legislative workers for access
- To protect patients and allow them to have resources
- Reimbursement for the care must match need. Education for probidrrs
- To help women get the care/resources the need
- It determines treatment
- It provides us the opportunity to protect the most marginalized people who slip through the cracks
- Necessary to provide appropriate treatment, connection and access to care
- Impacts next generation in a meaningful way

Introduction to the health care system

Three main takeaways

1. Understanding which state agencies have regulatory authority over different aspects of the health care system can help to identify levers for policy change.
2. Colorado has regulatory authority over a small percentage of private insurance and Medicaid. More than half of all insurance coverage in Colorado is regulated at the federal level.
3. Health care spending in the US is driven by price and utilization, but price drives cost more and is growing faster than utilization. The best available cost data in Colorado is from CIVHC.

Health care system overview



Adapted from: https://sphweb.bumc.bu.edu/otlt/MPH-Modules/HPM/AmericanHealthCare_Overview/

State regulation of health care in Colorado

Agency	Description
	**Colorado Department of Health Care Policy & Financing (HCPF)** • Health First Colorado (Medicaid) and Child Health Plan Plus (CHP+) • Regional Accountable Entities (RAEs) • Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) • Long Term Services and Supports Hospital Discounted Care

State regulation of health care in Colorado

Agency	Description
 	**Colorado Department of Human Services (CDHS)** • Oversees two state mental health hospitals in Fort Logan and Pueblo • The Behavioral Health Administration (BHA)

State regulation of health care in Colorado

Agency	Description
	**Colorado Department of Regulatory Agencies (DORA)** • Licensing and registration for multiple health professions (e.g., Medical Board, Board of Nursing, Board of Pharmacy) • The Division of Insurance (DOI) • Connect for Health Colorado • Primary Care Payment Reform Collaborative • The Colorado Option • OmniSalud • The Prescription Drug Affordability Board (PDAB)

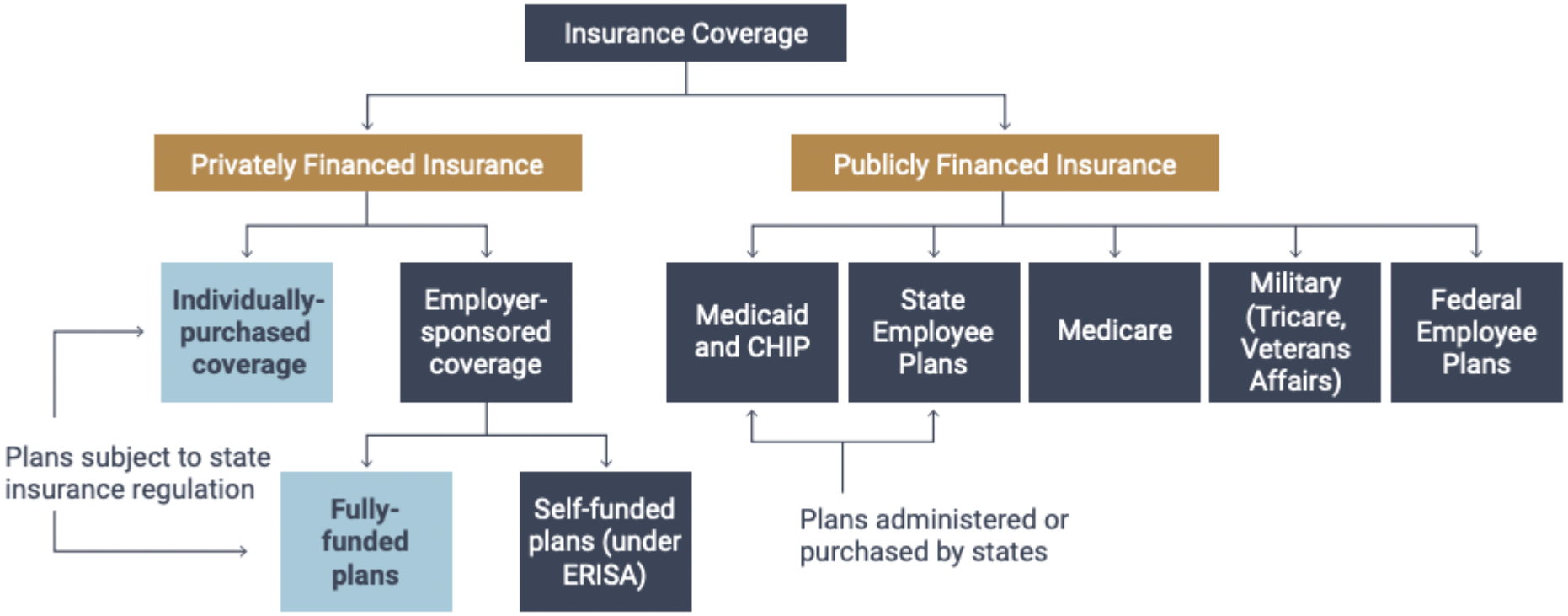
State regulation of health care in Colorado

Agency	Description
	**Colorado Department of Public Health and Environment (CDPHE)** • State Board of Health • The Air Quality Control Commission • Health Facilities Division • School-based health centers
	**Colorado Department of Personnel & Administration (DPA)** • Division of Human Resources is responsible for the self-funded benefits system

State regulation of health care in Colorado

Agency	Description
	**Colorado Department of Corrections (DOC)** • Clinical services within DOC is structured like a community health care organization; provides medical, dental, behavioral health, and more services to more than 17,000 current inmates in Colorado
	**Colorado Office of the Lieutenant Governor** • The Office of Saving People Money on Health Care • The Office of eHealth Innovation (OeHI)

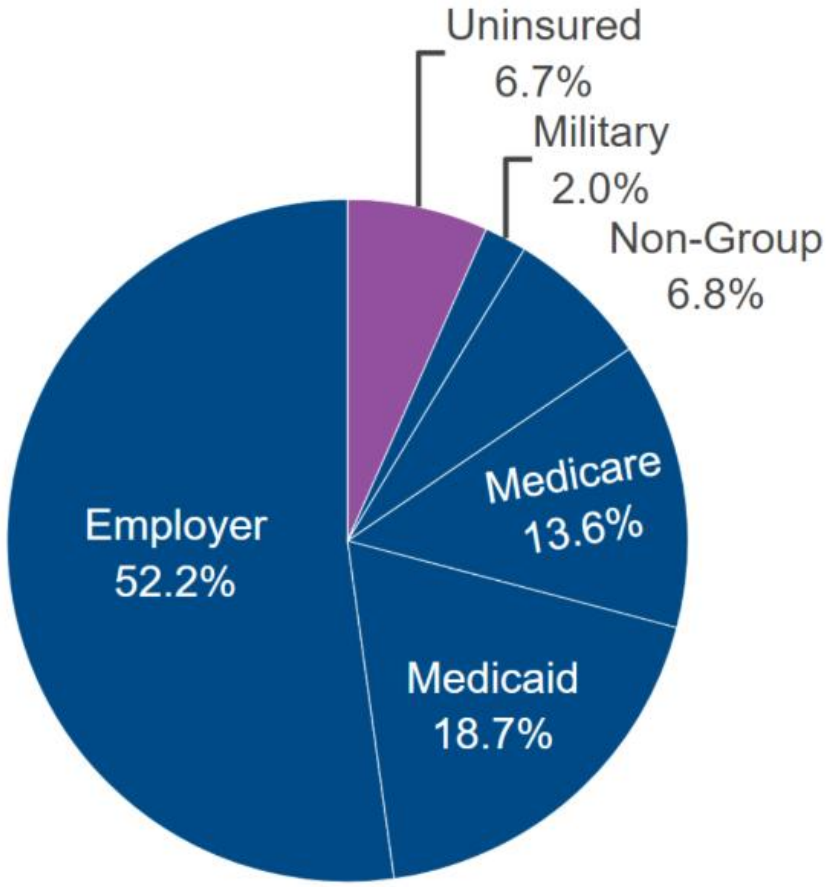
Privately vs. publicly financed health insurance



ERISA vs. non-ERISA health plans

- ERISA (Employee Retirement Income Security Act of 1974), federal law that mostly regulates retirement benefits. But it also impacts employer-sponsored health insurance.
- It allows employers to self-fund health insurance for their employees. This puts these health plans under federal regulatory authority.
- ERISA plans are also called “self-funded or self-insured” health plans vs non-ERISA plans are sometimes called “fully funded or fully-insured” health plans.
- ERISA specifically “preempts” or prevents state law from applying to most self-insured group health plans, limiting the scope and application of state protections for many Americans covered by employer-sponsored plans.
- Most state insurance laws, including state benefit mandates, don’t apply to self-insured ERISA plans, resulting in fewer regulatory requirements on these plans than on fully-insured plans.

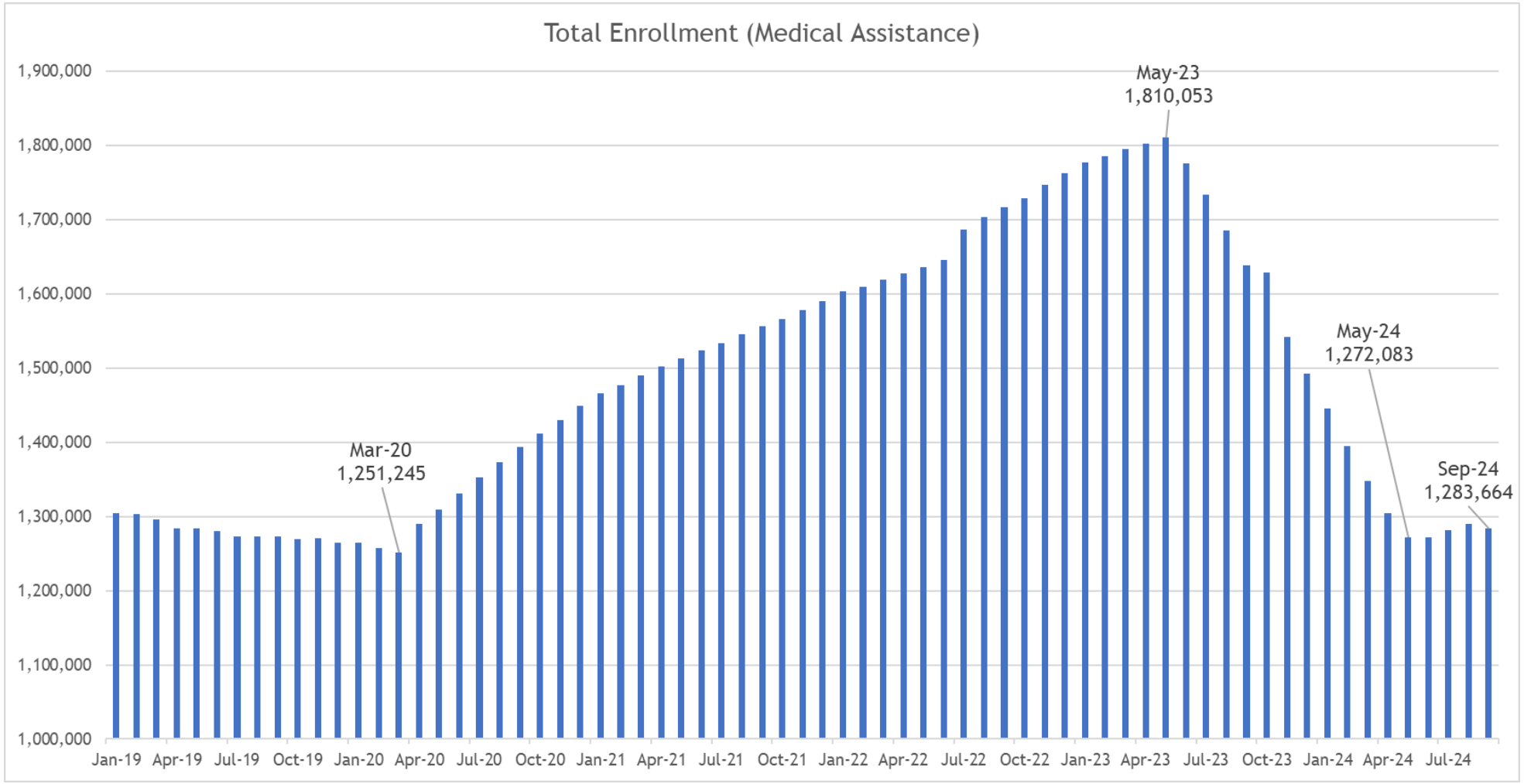
Health insurance coverage in Colorado



KFF

Citation: KFF Colorado state fact sheet

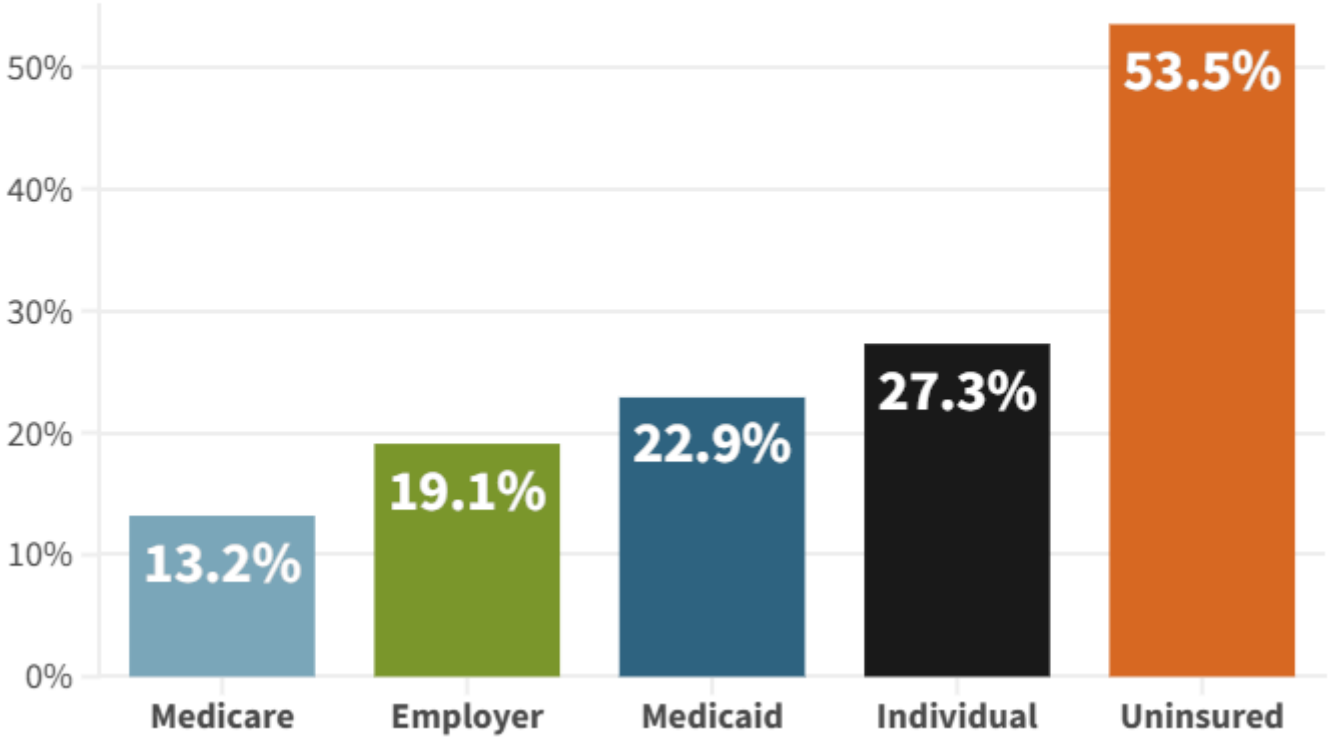
CO Medicaid enrollment trends



Citation: Continuous Coverage Unwind Data Reporting | Department of Health Care Policy and Financing

Coverage does not equal affordability

Topic: Composite measure of people who could not afford general doctor care, specialist care, or prescriptions that they needed. **Population:** All Coloradans, by insurance coverage type. **Year:** 2025.



Citation: Colorado Health Institute, Colorado Health Access Survey 2025.

Definitions: Health care **costs** vs. **price** vs. **charge**

Price x utilization = Total cost

- **Cost** varies depending on who incurs the expense:
  - To the patient = what is paid out-of-pocket (e.g., premiums, deductibles, co-payments, co-insurance, etc.). Insurance premiums constitute a separate category of costs for patients, independent of utilization.
  - To the health care provider = direct and indirect expenses incurred to deliver health care services
  - To the insurer = amount paid to providers for services rendered
  - To the employer = expenses incurred by providing health benefits (e.g., premiums, claims paid, etc.)

- **Price** indicates the total amount a health care provider expects to be paid by payers and patients for health care services.

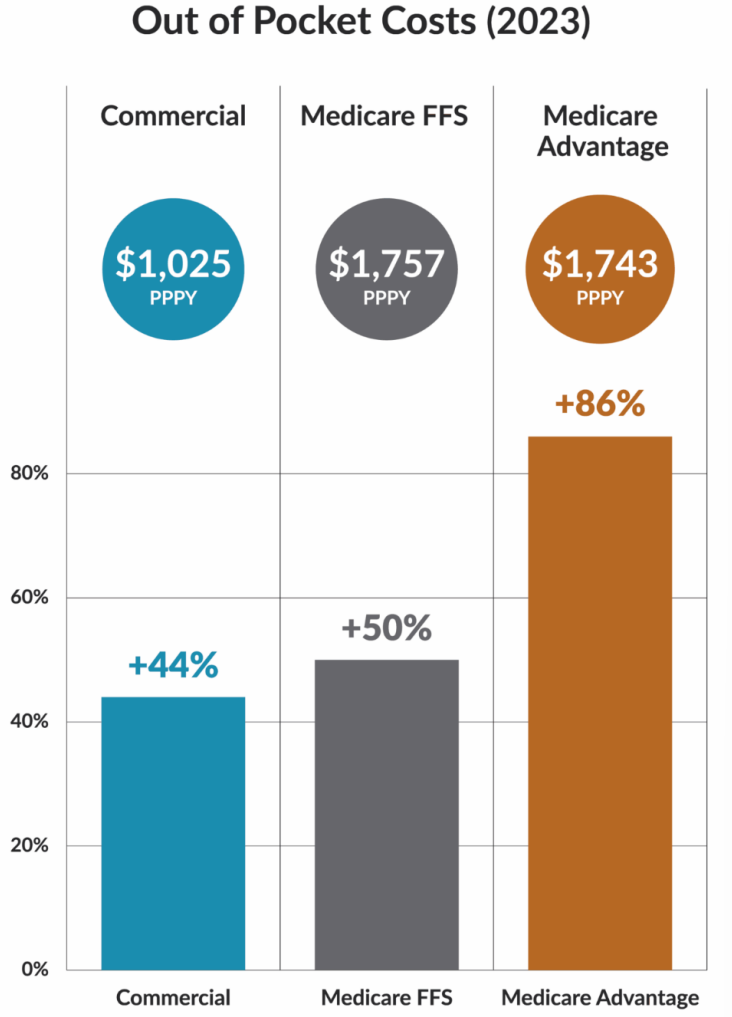
- **Charge** is the dollar amount a health care provider sets for services rendered before negotiating any discounts. The charge can be different from the amount paid.

Citation: Brookings Health System: Charge, Cost & Price

A snapshot of insurance costs in CO

- Employer Sponsored Insurance
  - In 2023, the average annual premium for a family in CO was $23,980.
  - In 2023, the average family deductible in CO was $3,713.
  - Nationally premium costs have continued to rise with the average annual premium for a family being $26,993 in 2025.

- Out of Pocket Costs
  - In 2023, Coloradans with commercial insurance pad an average of $1,025 per person per year to access health care, in addition to premiums.
  - Higher for Medicare and Medicare Advantage (figure on right)



Citation: KFF Colorado State fact sheet, KFF employer health benefits survey.

Citation: CIVHC Community Dashboard.

What drives health care costs?

- Two primary factors: price and utilization
- Breaking it down:
  - **Rising prices** related to new technology; administrative costs in the provider payment and insurance systems; hospital consolidation resulting in less competition
  - Lack of transparency about care or costs
  - Nearly half of Americans don't choose their health care plans
  - Aging population
  - Rising chronic disease; impact of health behaviors
  - Predominant fee-for-service system that favors quantity over quality
  - Provider practice patterns, including referrals, use of procedures and tests, and protection against malpractice

Citations: Peter G. Peterson Foundation, Why are Americans paying more for healthcare?
The Commonwealth Fund, Reducing Health Care Spending: What Tools Can States Leverage?
People Keep, Nine reasons for rising healthcare costs.
NRHI, Healthcare Affordability: Untangling Cost Drivers

Price drives cost more than utilization

Key findings and conclusion:

- More than half of excess U.S. health spending was associated with:
  - Administrative costs of insurance (30%)
  - Prescription drugs (~10%)
  - Wages for physicians (~10%) and nurses (~5%)

The Commonwealth Fund

Components of Excess U.S. Health Spending and Estimated Shares

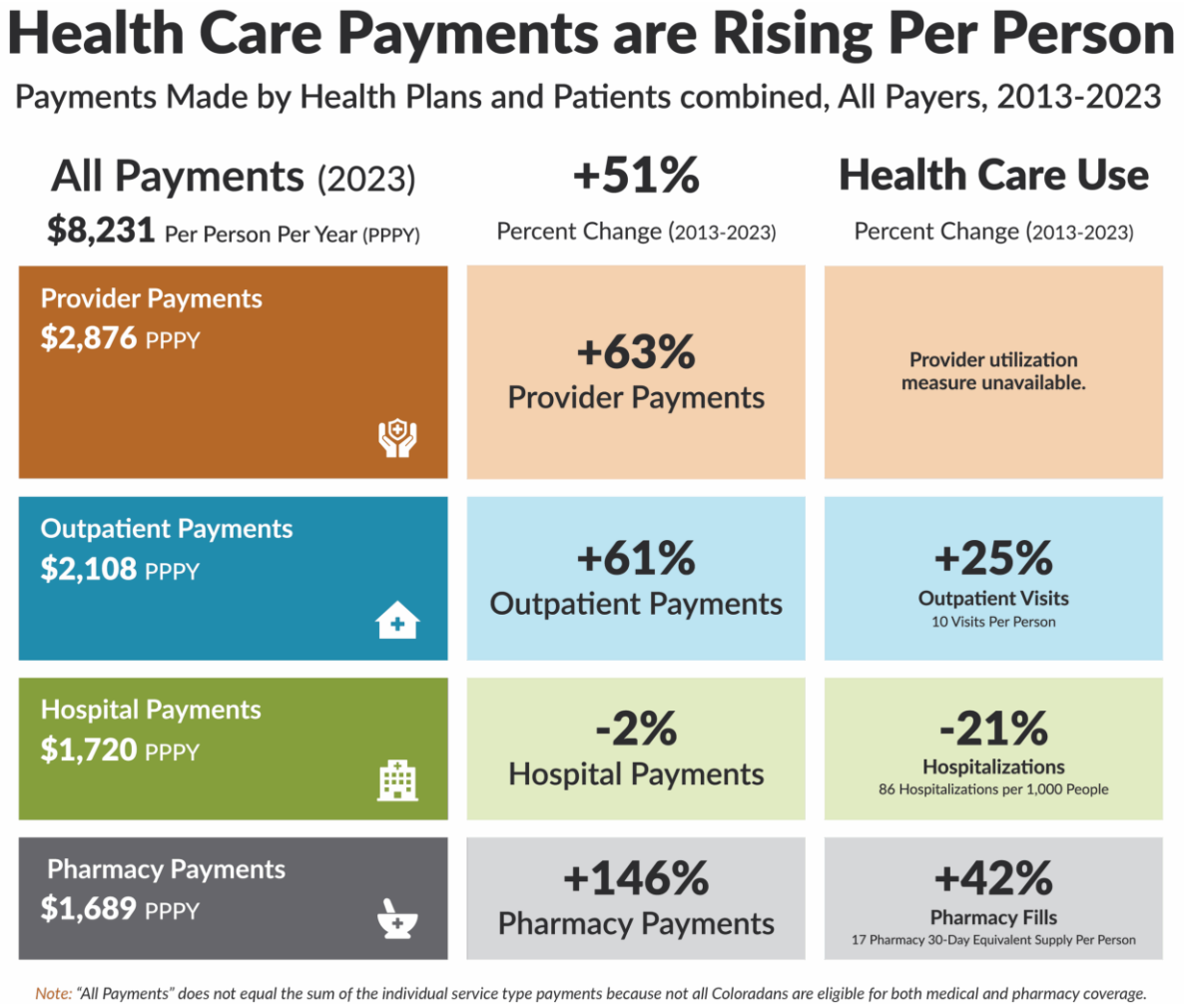
Component	Share of excess spending
U.S. pays more in administrative costs of insurance	~15%
U.S. providers spend more on administrative activities	~15%
U.S. pays more for prescription drugs	~10%
U.S. physicians earn more	~10%
U.S. registered nurses earn more	~5%
U.S. invests more in medical machinery and equipment	<5%
Sum of components estimated	**~60%**

Citation: The Commonwealth Fund: High U.S. Health Care Spending: Where Is It All Going?

Price is growing faster than utilization: CO Data

Key findings:

- The average costs in health care per person increased 51% from 2013 to 2023 from $5,500 to $8,231.
- Cost of care outpaced utilization.
- Utilization increased overall but varied by type of care.



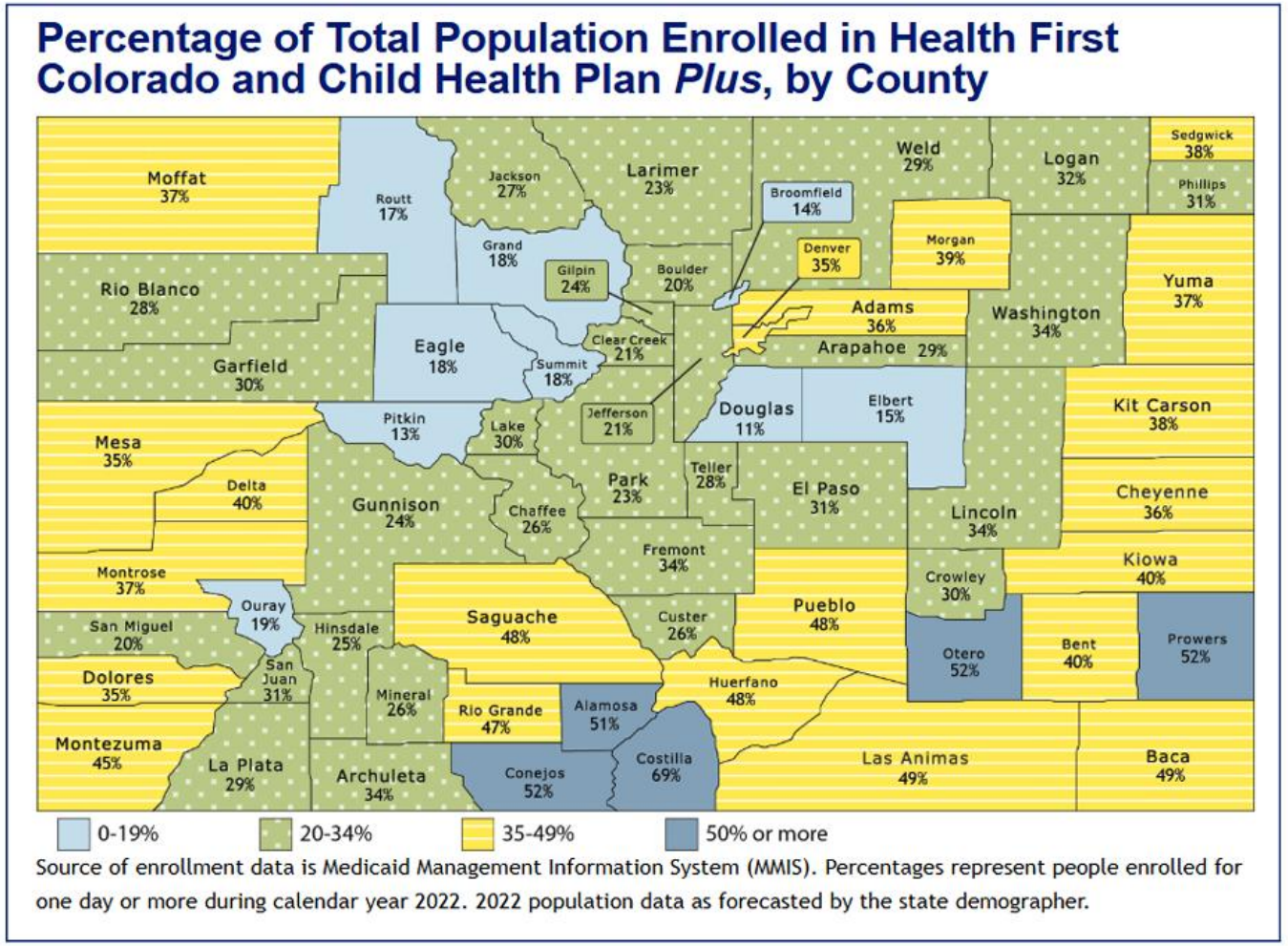
Citation: CIVHC: Affordability Dashboard.

Medicaid 101

What is Medicaid?

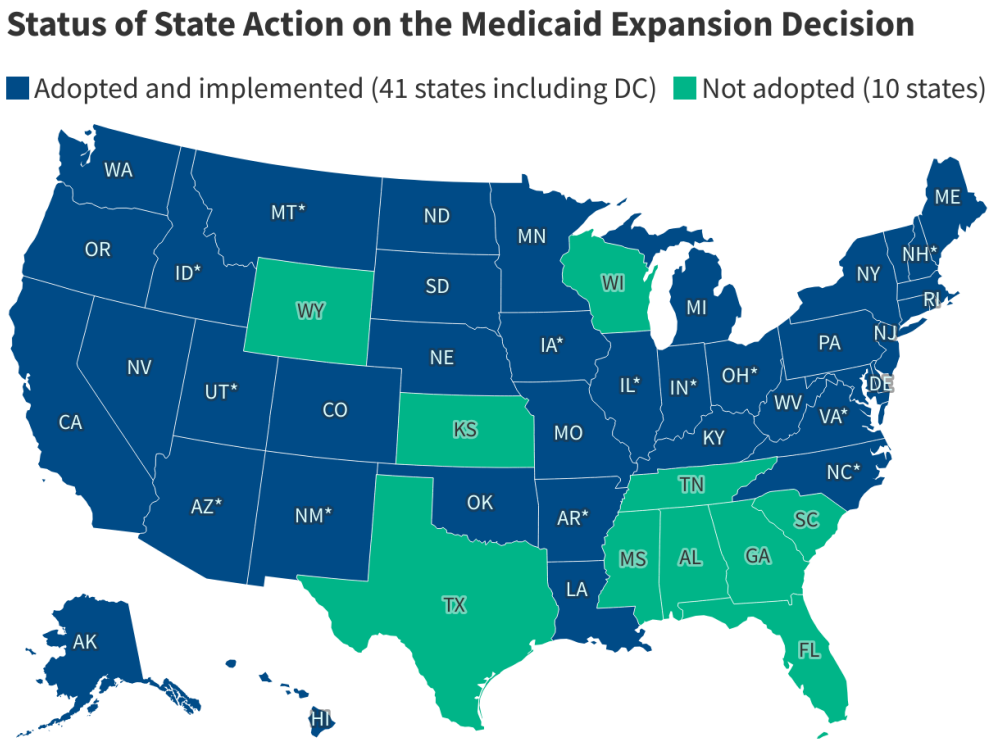
- Medicaid provides free or low-cost insurance to those with low incomes and other eligibility groups.
- Medicaid was authorized in 1965 by Title XIX of the Social Security Act.
- Medicaid is a **state-federal partnership** where federal and state governments share the costs of funding the program.
    - The federal government sets **broad guidelines** for Medicaid; states have **flexibility** to determine benefits, eligibility, and otherwise administer the program within these guidelines.
- Medicaid covers **80 million** Americans and about **20%** of all health care spending.
- Medicaid is often called something different in each state:
    - Colorado: Health First Colorado
    - Wisconsin: BadgerCare Plus
    - Connecticut: Husky Health

Health First Colorado and CHP+ cover 1.31 million Coloradans



Source: CO Medicaid Insights and Potential Federal Medicaid Reduction Impact Estimates (February 2025)

40 states (plus DC) have expanded Medicaid



Note: * State has a trigger law that would end expansion coverage or require states to take steps to mitigate increases in state costs if federal funding for the expansion is reduced.

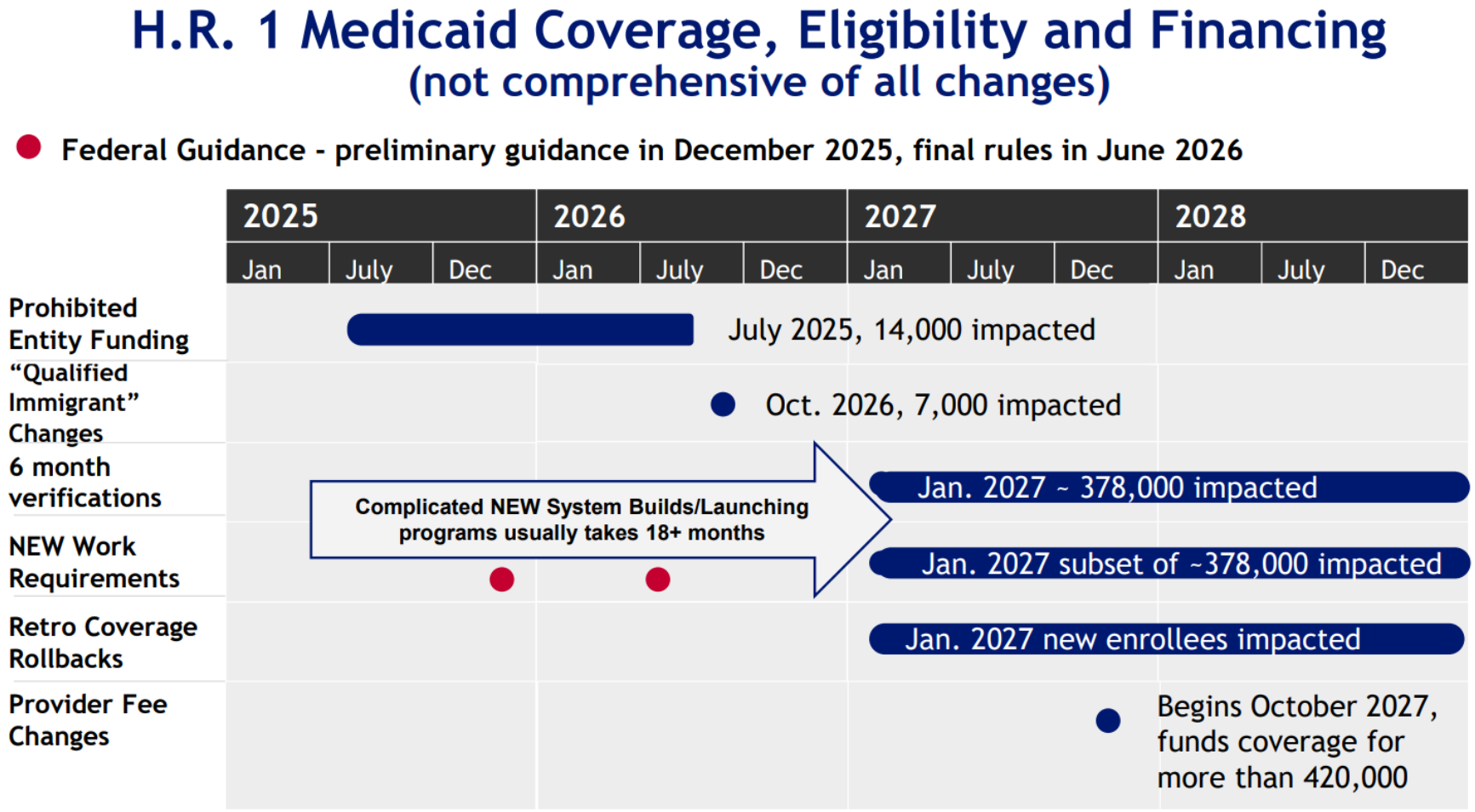
Source: KFF tracking and analysis of state actions related to adoption of the ACA Medicaid expansion and Searing, Adam. "Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States." Say Ahhh! Georgetown Center for Children and Families, November 27, 2024

KFF

- Medicaid coverage for low-income, childless adults is optional for states.
- For these enrollees, the federal government covers 90% of costs, in all states.
- Total expansion population: 21 million
- Colorado expansion population: 375,000

Citation: KFF Status of State Medicaid Expansion Decisions

Upcoming H.R. 1 Changes



Medicaid enrollees must meet income limits

- The federal government sets the eligibility “floor” that states must meet. States can choose to adopt more generous eligibility criteria. These criteria are based on a family’s income as a percentage of the federal poverty level (FPL). Most states are above this floor in at least one category.
- FPL in 2025 for an individual: $15,650

Eligibility Category	Federal Minimum	National Median	Colorado
Pregnant Women	138%	213%	265%
Children*	138%	187 – 211% (depending on child’s age)	147%*
Parents	15%	138%	138%
Low-income adults	138% (if expanded)	138%	138%

**Children with higher incomes may be eligible for CHIP*

Citation: KFF Medicaid and CHIP Eligibility, Enrollment, and Renewal

Colorado's additional eligibility expansions

12 Months Postpartum

- Expanded from 60 days in June 2022
- Option created by American Rescue Plan Act (ARPA)
- State plan amendment

Continuous Eligibility for Children 0-3

- Expands continuous coverage from 12 to 36 months
- HB23-1300 and federal authority through 1115 Waiver
- ***Currently on pause due to CMS decision***

Adults Released from State Prison

- Continuous eligibility for 12 months
- HB23-1300 and federal authority through 1115 Waiver
- January 1, 2026
- ***Currently on pause due to CMS decision***

Citations: Medicaid Behavioral Health Services & KFF, 10 Things about long-term services and supports.

Mandatory benefits

- Physician services
- Pediatric or family nurse practitioner services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for <21
- Family planning services and supplies
- Federally qualified health centers (FQHCs)
- Freestanding birth centers
- Home health services
- Inpatient hospital services
- Laboratory and x-ray services
- Non-emergency medical transportation to medical care
- Nurse midwife services
- Nursing facility services (>21)
- Outpatient hospital services
- Rural health clinic services
- Tobacco cessation counseling and pharmacotherapy for pregnant women
- Medications for opioid use disorder (Consolidated Appropriations Act of 2024)

Citation: MACPAC, Mandatory and Optional Benefits

Optional benefits

1. Prescription drugs
2. Dental services for adults
3. Intermediate care facilities for individuals with intellectual disabilities
4. Services in an institution for mental disease
5. Clinic services
6. Occupational therapy
7. Physical therapy
8. Speech, hearing, and language disorder services
9. Targeted case management
10. Prosthetic devices
11. Hospice services
12. Eyeglasses
13. Dentures
14. Other diagnostic, screening, preventive, and rehabilitative services
15. Respiratory care services
16. Home and community-based services
17. Community supported living arrangements
18. Personal care services
19. Private duty nursing services
20. Primary care case management
21. Health homes for enrollees with chronic conditions
22. Other licensed practitioners' services (e.g., podiatrist, optometrist)
23. Services for certain diseases (tuberculosis, sickle cell disease)
24. Chiropractic services
25. Program for All-Inclusive Care for the Elderly (PACE) services
26. Services furnished in a religious, non-medical health care institution
27. Care of individuals receiving care in an Institute for Mental Disease (IMD) (CAA of 2024)

Citation: MACPAC, Mandatory and Optional Benefits

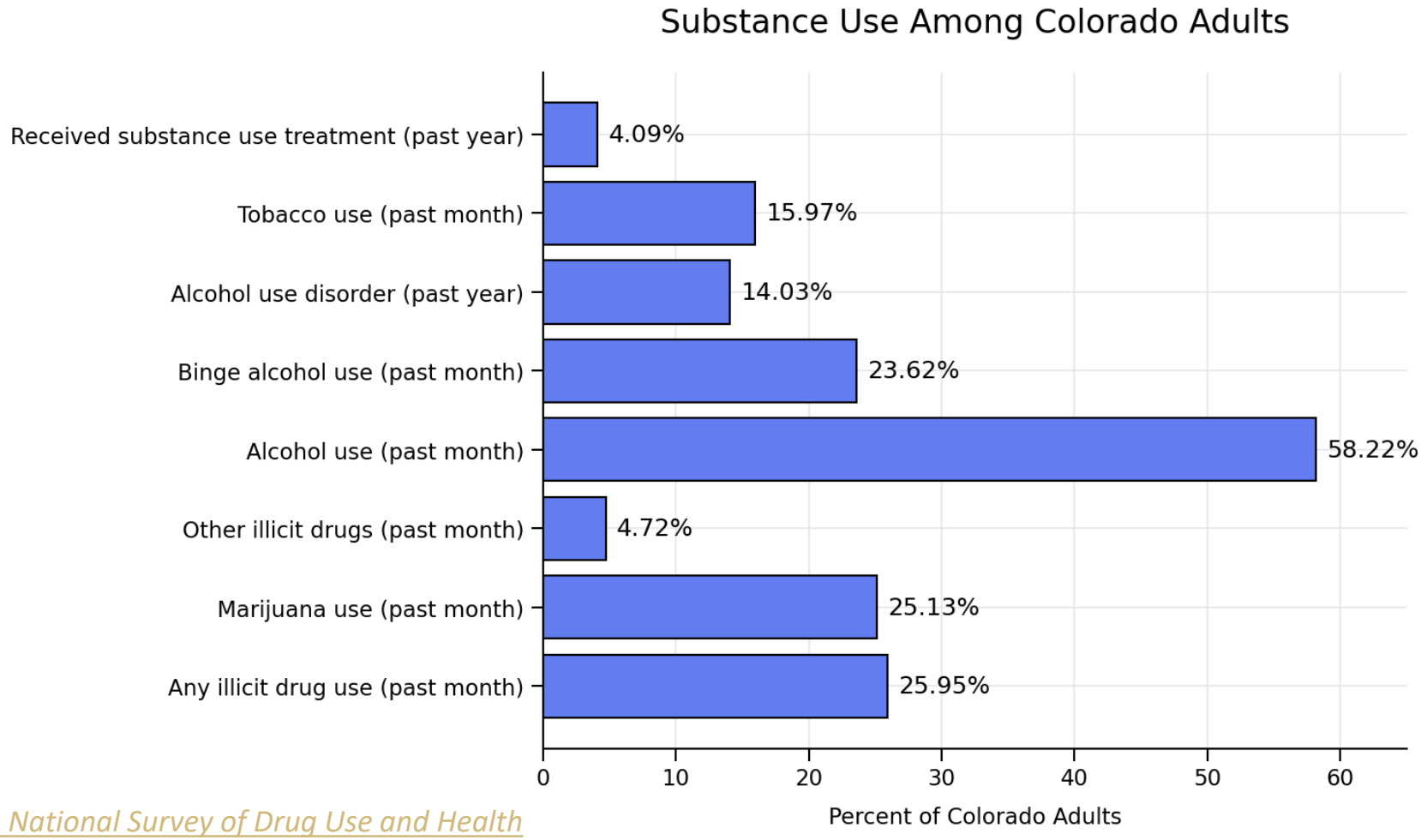
Medicaid coverage of behavioral health services

- Medicaid is the single largest payer for mental health services.
- Almost 40% of adult enrollees have a behavioral health condition or substance use disorder (SUD).
- Role in paying SUD is increasing:
  - Historically, Medicaid was unable to pay for services in a “Institution of Mental Disease.”
- Often provides a broader array of services than employer-sponsored insurance, such as drop-in centers, respite care.
- Most who receive BH services qualify for Medicaid because of low incomes (not due to a disability).

Citation: Medicaid Behavioral Health Services.

Policies Affecting Perinatal SUD in Colorado

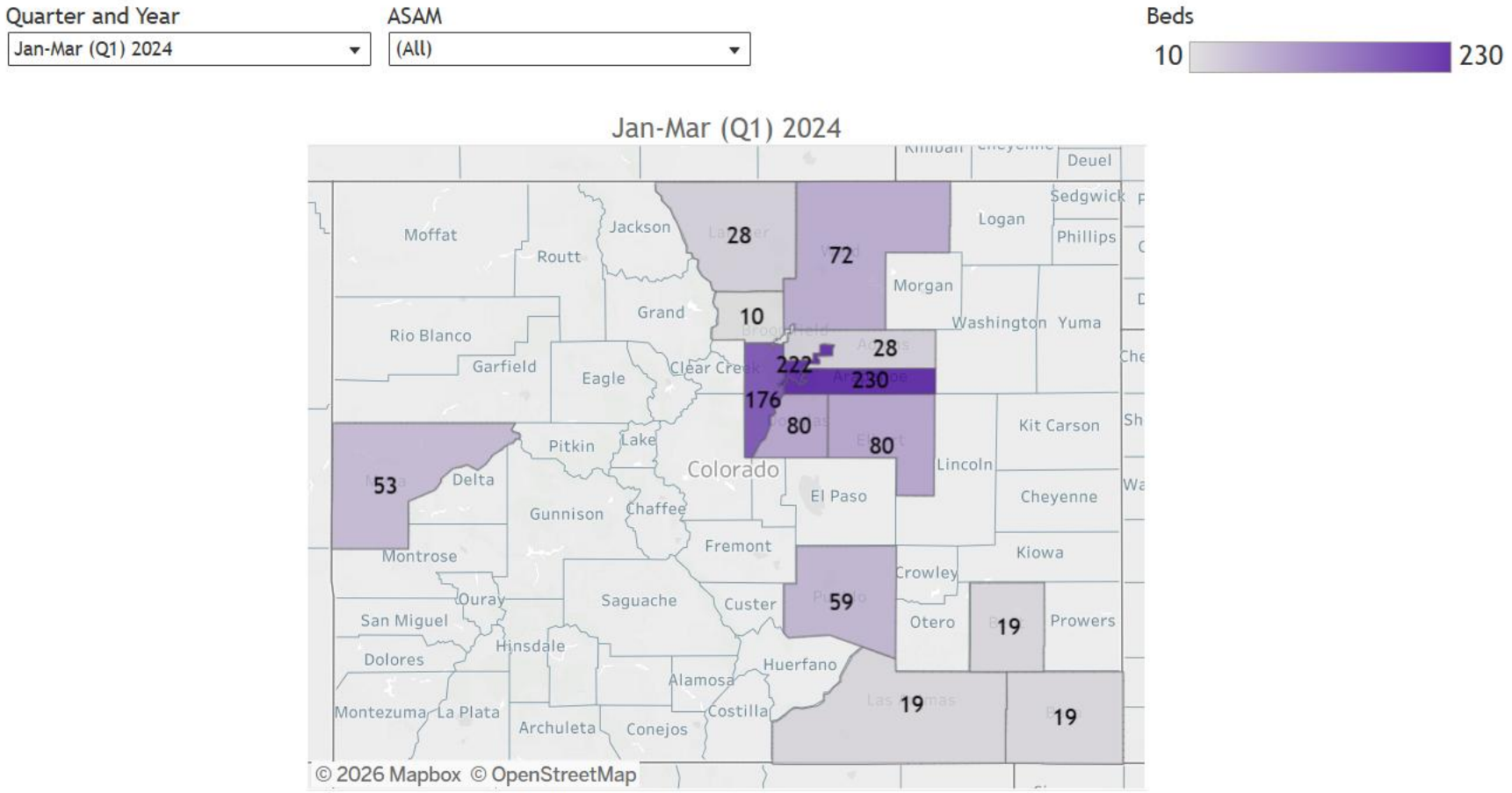
Substance Use in Colorado



Citation: *2024 National Survey of Drug Use and Health*

SUD Treatment Landscape in Colorado

Number of residential beds available by county (2024)



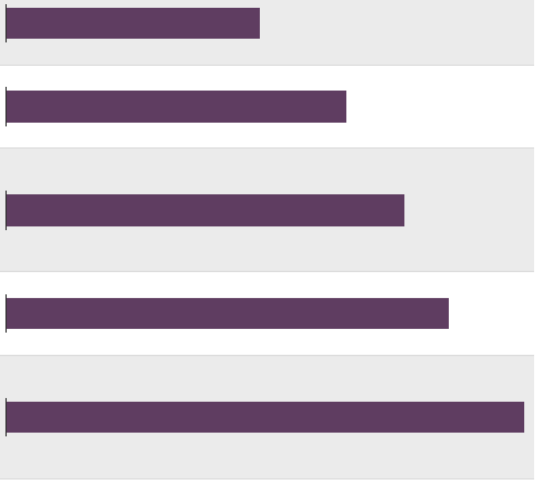
SUD Treatment Barriers in Colorado

- Survey data shows that nearly 100,000 Colorado adults (2.2%) did not receive needed treatment for drug or alcohol use

Comfort and Cost Were Top Reasons for Not Getting Substance Use Treatment

Topic: Reasons for not getting substance use care when needed. **Population:** Colorado adults who said they needed substance use treatment but did not receive it during the previous year. **Year:** 2023.

Reasons for Not Getting Needed Care	Percentage
Had a Hard Time Getting An Appointment	32.7%
Did Not Think Health Insurance Would Cover It	43.7%
Concerned About What Would Happen If Someone Found Out You Had a Problem	51.1%
Concerned About the Cost of Treatment	56.8%
Did Not Feel Comfortable Talking with Health Professionals About Personal Problems	66.5%



Source: Colorado Health Access Survey 2021 and 2023

Colorado's Medicaid benefit expansions

Direct-Entry Midwife (DEM)/Certified Professional Midwife (CPM)
- 4/1/2024
- Legislation and state plan amendment

Doulas
- 7/1/2024
- Legislation and state plan amendment

Community Health Workers **(currently delayed)
- Implementation pushed back to 1/1/2028 due to budget restraints
- Legislation and state plan amendment

Lactation Support
- 12/1/2024
- Legislation and state plan amendment

Peer Services
- Allowable codes limited on 7/1/2025
- 1/1/2026 – certification requirements for Peer Support Professionals

Colorado's Section 1115 Waiver

- States can use Section 1115 waivers to test new approaches to delivering care in Medicaid that differ from federal statute
- In 2017, the Centers for Medicare and Medicaid Services (CMS) issued guidance for states to obtain section 1115 waivers for providing SUD treatment in residential facilities. 37 states have adopted these waivers.
- Colorado's Waiver: Expanding the Substance Use Disorder Continuum of Care
  - Currently pending renewal/extension
  - Provides housing support, nutrition support, social supports, care navigation and other services in addition to residential SUD services.
  - Would have implemented continuous Medicaid coverage for children from 0-3, and 12 months of continuous coverage for adults released from state prison
    - Blocked under updated CMS policy

Other Colorado Medicaid Programs to Address Perinatal SUD

- **Prenatal Plus:** an enhanced program for pregnant members considered high risk based on certain criteria including a history of drug or alcohol use.
  - Supports a multidisciplinary team-based approach that provides care coordination, nutrition services, and mental health counseling throughout pregnancy, in addition to routine prenatal medical care.

- **Special Connections:** a program specifically for pregnant and postpartum Colorado Medicaid enrollees with SUD, with a goal of supporting healthier pregnancies and improved maternal and infant outcomes
  - Provides case management, counseling, and education. In addition, the program covers residential SUD treatment in a women-only setting where children can stay with their mother whenever possible.

Existing SUD Legislation in Colorado

- **HB19-1009: Substance Use Disorders Recovery**
  - Expands a state housing voucher program to individuals with SUDs who are transitioning back into the community; requires certification of recovery residences; and creates the Opioid Crisis Recovery Funds Advisory Committee.
- **SB20-007: Treatment Opioid And Other Substance Use Disorders**
  - Requires insurers to cover SUD treatment in accordance with American society of addiction medicine (ASAM) criteria
- **HB24-1045: Treatment for Substance Use Disorders**
  - Prohibits dosage prior authorizations for medications to treat SUDs
- **SB24-048: Substance Use Disorders Recovery**
  - Implements substance use disorder recovery measures, including creating a voluntary recovery-friendly workplace program for employers and a grant program for recovery schools
- **HB25-1002: Medical Necessity Determination Insurance Coverage**
  - Codifies and clarifies mental health parity requirements in state law

Existing SUD Legislation in Colorado

- **HB24-1037: Substance Use Disorders Harm Reduction**
  - Exempts physicians from mandatory reporting for injuries from suspected crimes involving drug possession or paraphernalia, additional civil/criminal immunity for using expired naloxone
- **SB24-047: Prevention of Substance Use Disorders**
  - Creates changes to the Prescription Drug Monitoring Program (PDMP), provides funding for grant projects, data-linkage projects, and more
- **HB20-1017: Substance Use Disorder Treatment in Criminal Justice System**
  - Ensures Medicaid enrollment upon release from jail and encourages access to medication assisted treatment in jails and prisons
- **SB21-011: Pharmacist Prescribe Dispense Opiate Antagonist**
  - Requires pharmacists who dispense an opioid to inform the potential danges of a high does of opioid and offer to prescribe an opiate antagonist

Other Colorado SUD Policy

- **Substance Use Disorder Commitment:** Judges can order a person into SUD treatment for five days (emergency commitment) or up to 270 days (involuntary commitment).
- **Plans of Safe Care:** a family centered plan designed to ensure the safety and well-being of an infant affected by prenatal substance exposure by addressing the immediate safety, health, and substance use treatment needs of the infant and affected family or caregiver
  - Can be developed prenatally or at birth
  - Federal law requires a plan of safe care to be developed for all infants identified as being exposed to substances.
  - When an infant exposed to substances prenatally is identified, the hospital must notify CDHS and develop/update a plan of safe care
  - ***Substance exposure of a newborn no longer automatically requires a report of abuse/neglect to child welfare (CRS 19-1-103(1)(a)(IV))***
    - A report is still required in the case of a safety concern

Updates from the 2026 Legislative Session

HB26-1044: Measures to Improve Black Maternal Health Equity

- **Bill overview:** The bills requires that:
  - The Department of Public Health and Environment (CDPHE), subject to appropriations, to provide a health survey to birthing parents and report the findings.
  - Health facilities that provide labor & delivery (L&D) to provide materials on respectful maternity care principles.
  - The maternal health task force in CDPHE include at least one black maternal health advocate.
  - CDPHE report to the general assembly on maternal health outcomes and equity.
- **Prime sponsors:**
  - Representatives: Regina English (D), Junie Joseph (D)
  - Senators: Tony Exum (D), Adrienne Benavidez (D)

- **Status:** April 14, 2026 - Passed both chambers
- **Fiscal impact:** $0 (all new activities are subject to available grant funding)

HB26-1214: Sunset Substance Abuse Treatment Program Licensing

- **Bill overview:**
  - Colorado's Licensing of Controlled Substance Act is set to repeal in September 2026
  - This bill would continue that Act until 2041 and modernize the definition of 'substance use disorder' and 'withdrawal management'
- **Prime sponsors:**
  - Representatives: Regina English (D), Jamie Jackson (D)
  - Senators: Judy Amabile (D)

- **Status:** April 28, 2026 - Passed the House, Currently in the Senate
- **Fiscal impact:** Net expenditures of ~$600,000 per year for the state.

HB26-1002: Provider Participation in Health Insurance

- **Bill overview:** This bill requires that:
  - Insurers verify network participation of mental health providers, substance use disorder providers, or psychiatric providers, if the provider has not submitted a claim in at least 12 months
  - Insurers include and reimburse pre-licensed providers under the supervision of a licensed provider

- **Prime sponsors:**
  - Representatives: Kyle Brown (D), Lindsay Gilchrist (D)
  - Senators: Matt Ball (D), Byron Pelton (R)

- **Status:** April 27, 2026 - Became law
- **Fiscal impact:** $0

SB25B-002: State-Only Funding for Certain Entities

- **Bill Overview:**
  - H.R. 1 prohibits use of federal Medicaid dollars to pay for Planned Parenthood services (through July 2026).
  - The bill requires the Department of Health Care Policy and Financing (HCPF) to use state funds to reimburse entities that are prohibited from receiving federal reimbursement from the Centers for Medicare and Medicaid Services (CMS).
  - Ensures access to Planned Parenthood and other reproductive health providers for Medicaid recipients.
- **Prime sponsors:**
  - Representatives: Jennifer Bacon (D), Jenny Willford (D)
  - Senators: Jeff Bridges (D), Lindsey Daugherty(D)

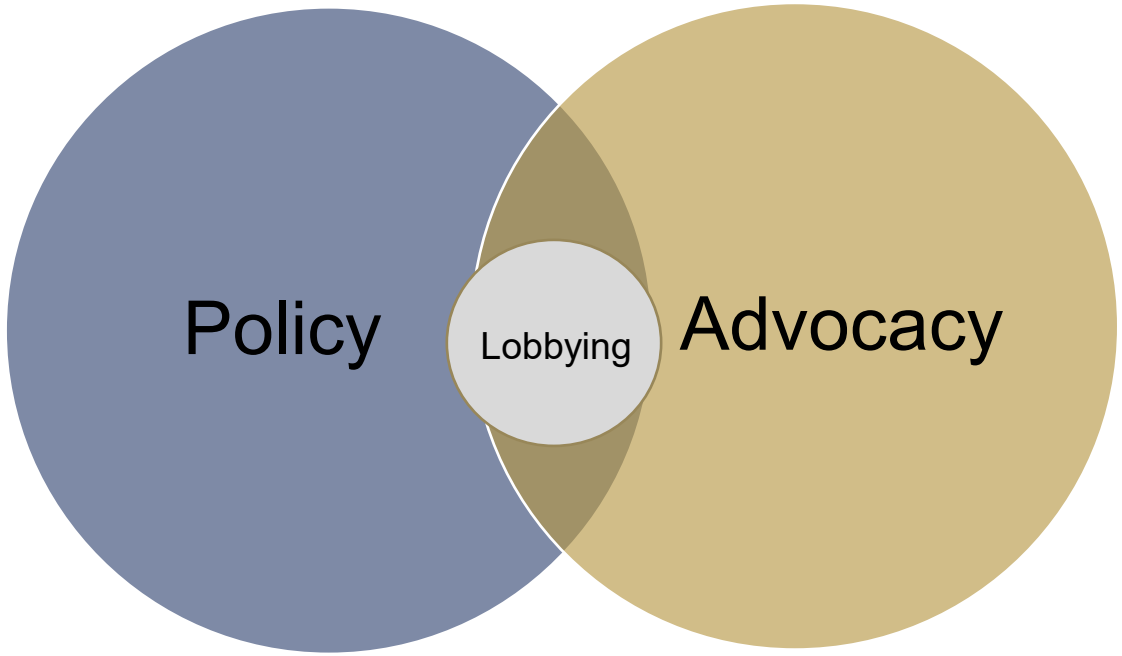
- **Status:** August 26, 2025 - Became law
- **Fiscal impact:** up to $4.4 million per year in increased state expenditures

Health Policy & Advocacy Skills

What is the goal of health policy?

To move people and systems from ideas to action to improve health and promote wellness.

Policy, advocacy, and lobbying are not the same



Policy = a course of action adopted and pursued by government, business, or another group (or a movement in a direction for a purpose)

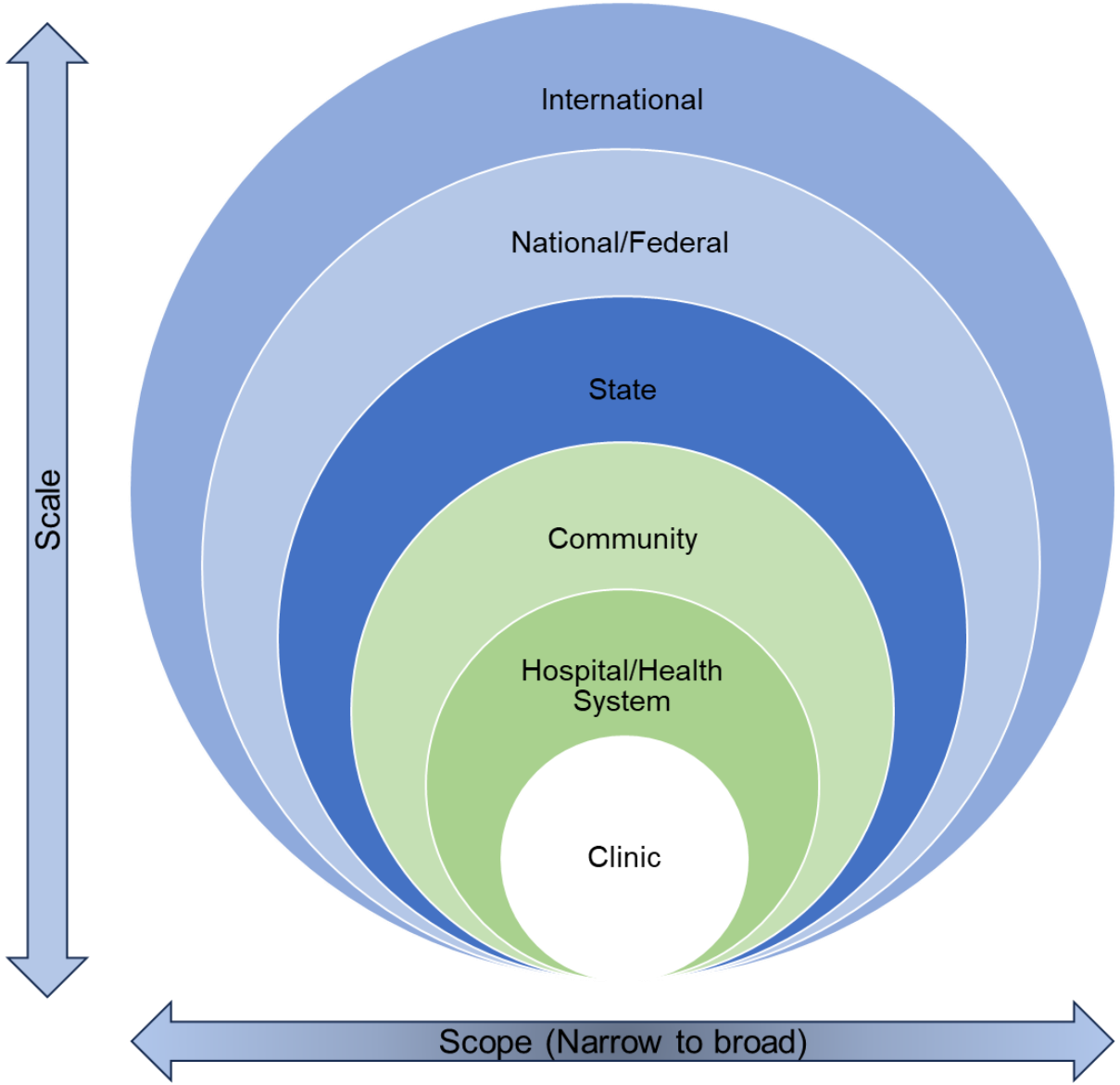
Advocacy = activities intended to influence decisions regarding a particular cause or policy

Lobbying = any attempt to influence specific legislation

Different policy dimensions

- Levels of **influence**
  - Individual, local, state, federal, and more
  - Little “p” versus big “P” policy
- **Environments**
  - Academics, government, think tanks, associations, foundations, advocacy organizations
- **Issues**
  - Numerous! Take your pick! Bonus points if the issue aligns with a “hot” policy window!
  - Is what you wish to study or develop something that you’re ***passionate*** about and willing to be ***persistent*** and ***patient*** about the {typical} pace of policy change?

Policy and advocacy can take place at many levels



You are likely already engaged in policy work

- Researching / curating / translating evidence to inform policy design, implementation, and/or evaluation
- Designing, implementing, and evaluating new programs and policies that impact health and health care
- Convening stakeholders and decision makers to solve problems together
- Informing legislation, regulation, and/or organizational policy
- Educating and mentoring professionals to develop a policy lens on research and practice
- Disseminating evidence strategically to a wide variety of audiences
- ***Policy is a set of tools to make knowledge and experience actionable!***

POLICY & ADVOCACY

Universally Helpful

- Research
- Effective communication
- Storytelling & narrative
- DEI tools
- Relationship building
- Systems thinking

Policy Skills & Tools

- Policy mapping
- Policy analysis
- Policy briefs
- Policy making
- Policy implementation
- Policy evaluation

Advocacy Skills & Tools

- Education
- Community organizing
- Lobbying
- Meeting with legislators
- Op-eds
- Letter to the editor
- Oral testimony
- Written testimony
- One-pager

Policy development

Developing a policy plan

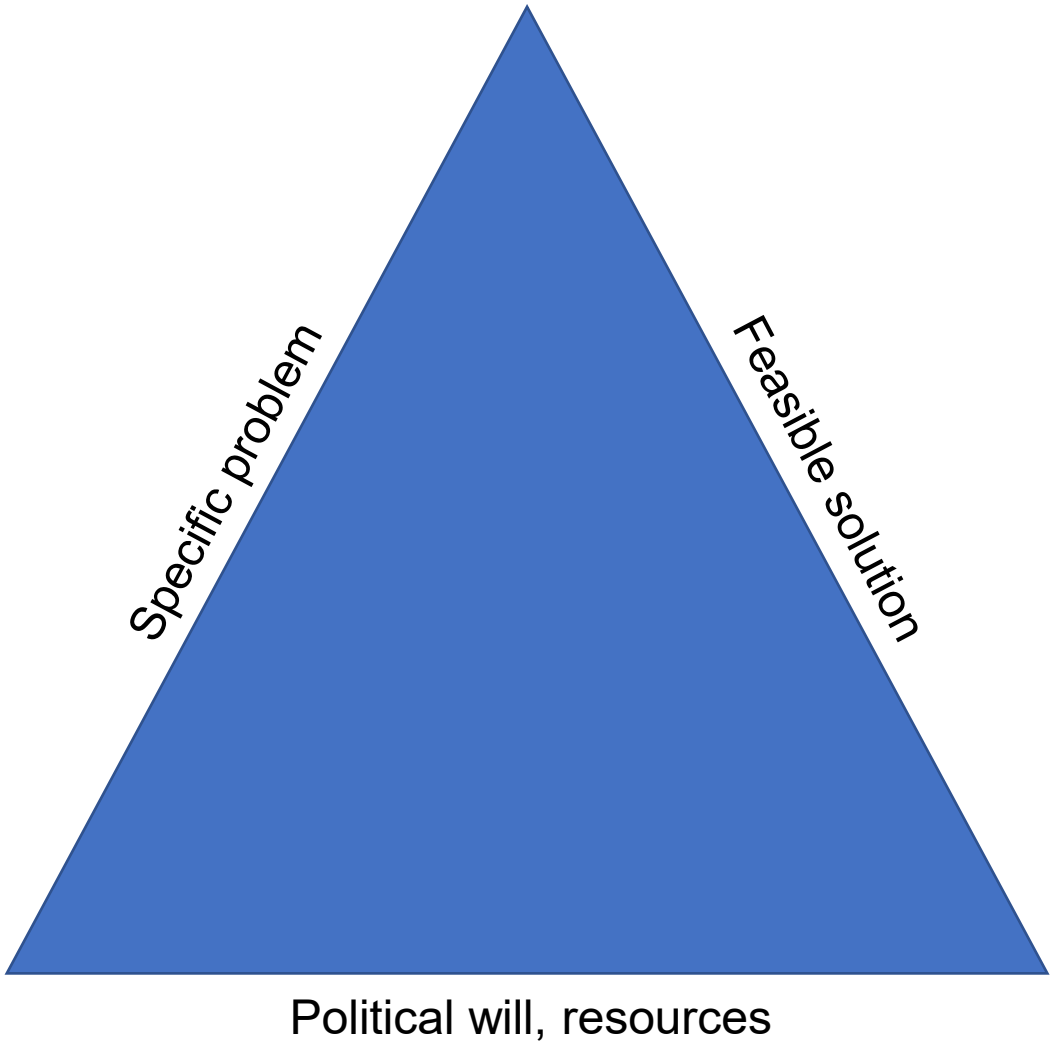
Policy advocacy

Advocating for equitable outcomes for those most disadvantaged

Policy implementation

Implementing solutions with core stakeholders

The notion of a policy window



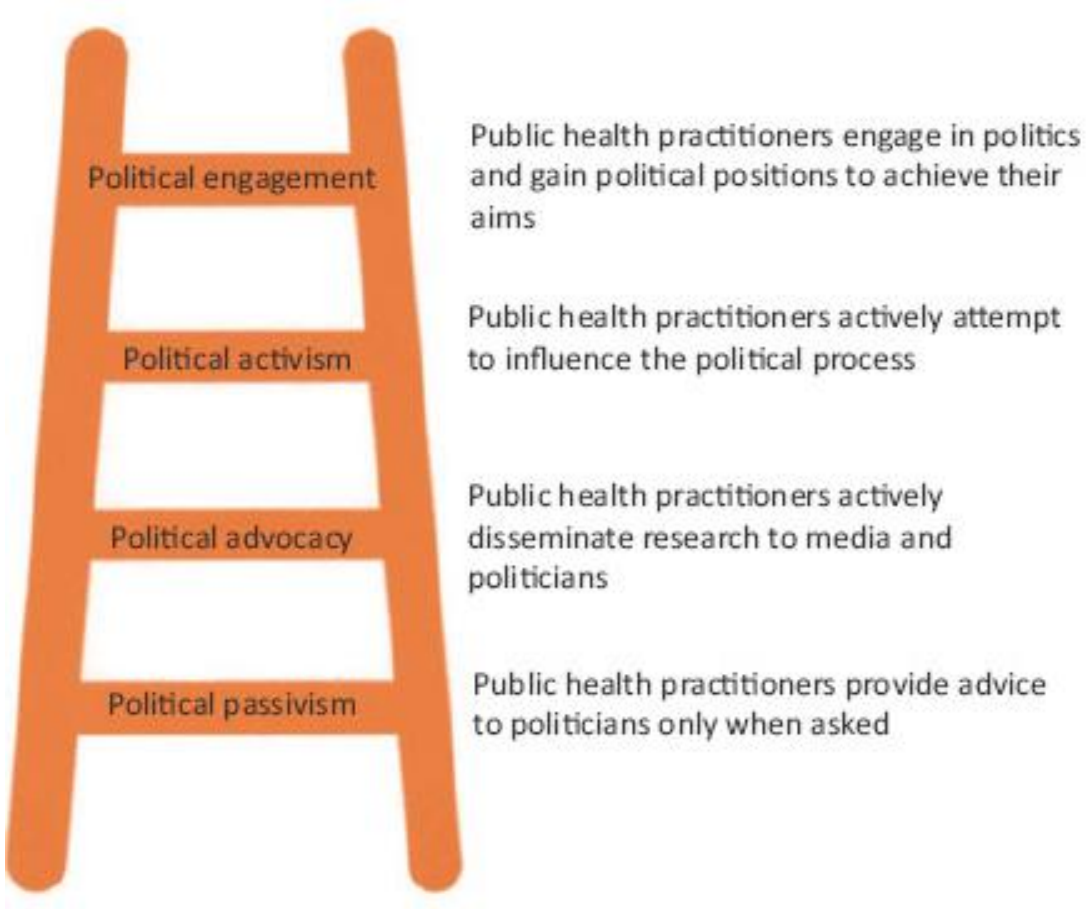
Getting involved in policy often leads to advocacy

As a private individual	As a public employee
• Learn how the process works. • Stay informed. • Attend town hall meetings. • Send an email to or call your legislator. • Set up a personal visit with your legislator or her/his staff member. • Write and publish pieces, such as letters to the editor or op-eds. • Testify before a legislative committee.	Tips to keep in mind: • Use your personal email for communicating about or advocating for specific pieces of legislation, including signing up to visit your legislator and/or to testify on a specific bill. • Be clear on when/if you represent an organization versus yourself as a private individual. • Wear non-branded clothes to visit a legislator and/or testify on a specific bill.

Health care workers are ideal health policy leaders

Health care training	Health policy work
Evidence-based medicine	Evidence-based policy
Can see the big clinical picture, as well as navigate the small details	Can connect the dots for policy vision and detailed next steps
Appreciate social root causes of poor health	Understand solutions should contemplate health and health care
Comfortable navigating complexity and ambiguity	Changing health care is complicated and tedious, often in new territory
Can hone in on “the” consult question	Narrow the policy problem/solution
Learn how to work in teams	Stakeholder buy-in crucial for change
Care anchored in relationships	Trusted relationships paramount
Develop patience to support our patients with lifestyle changes	Patience is a requisite for policy work

Levels of advocacy engagement



Health care practitioners' involvement in advocacy can vary from passivism to active engagement

"Medicine is a social science, and politics nothing but medicine at a larger scale".

Policy change is a marathon, not a sprint

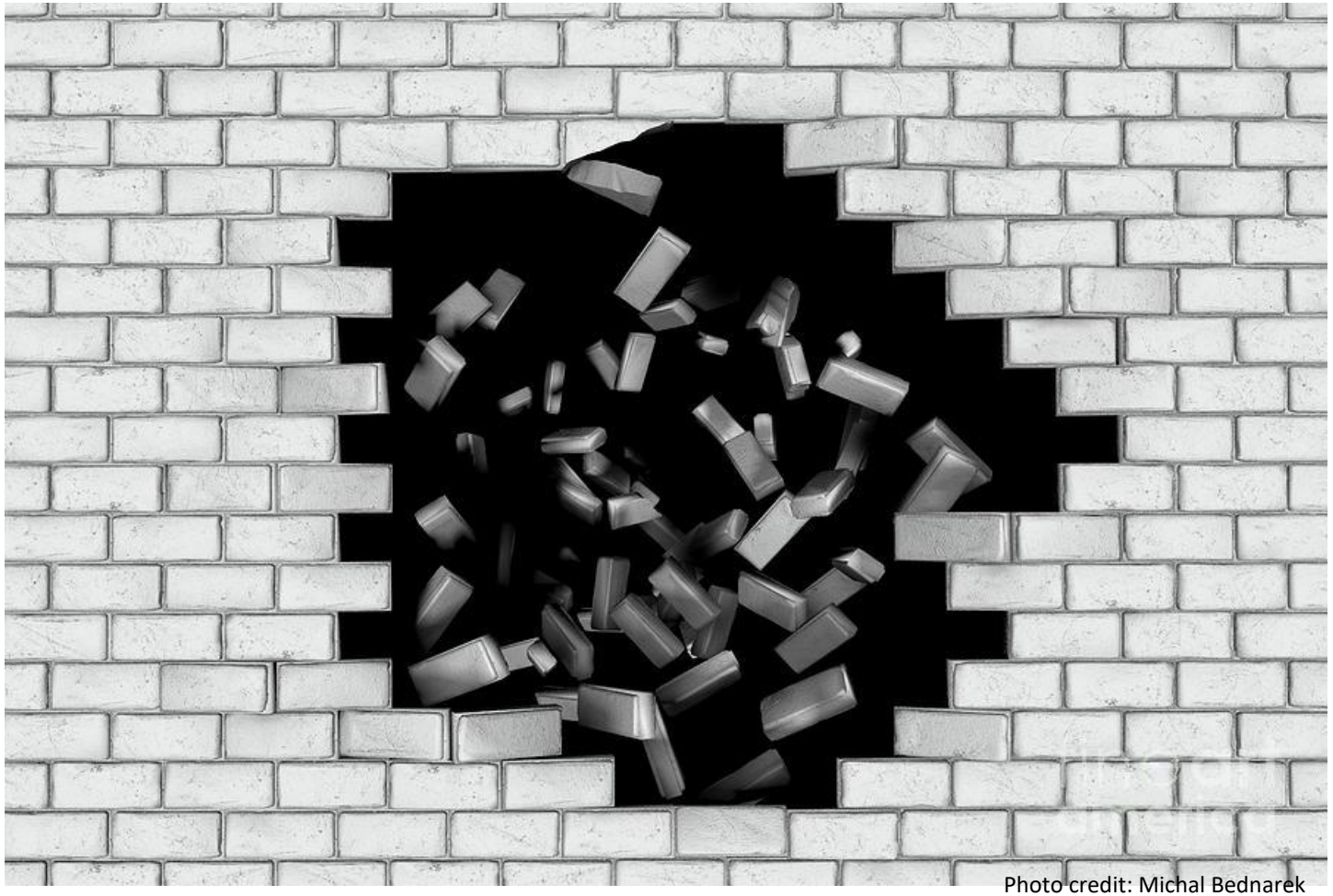
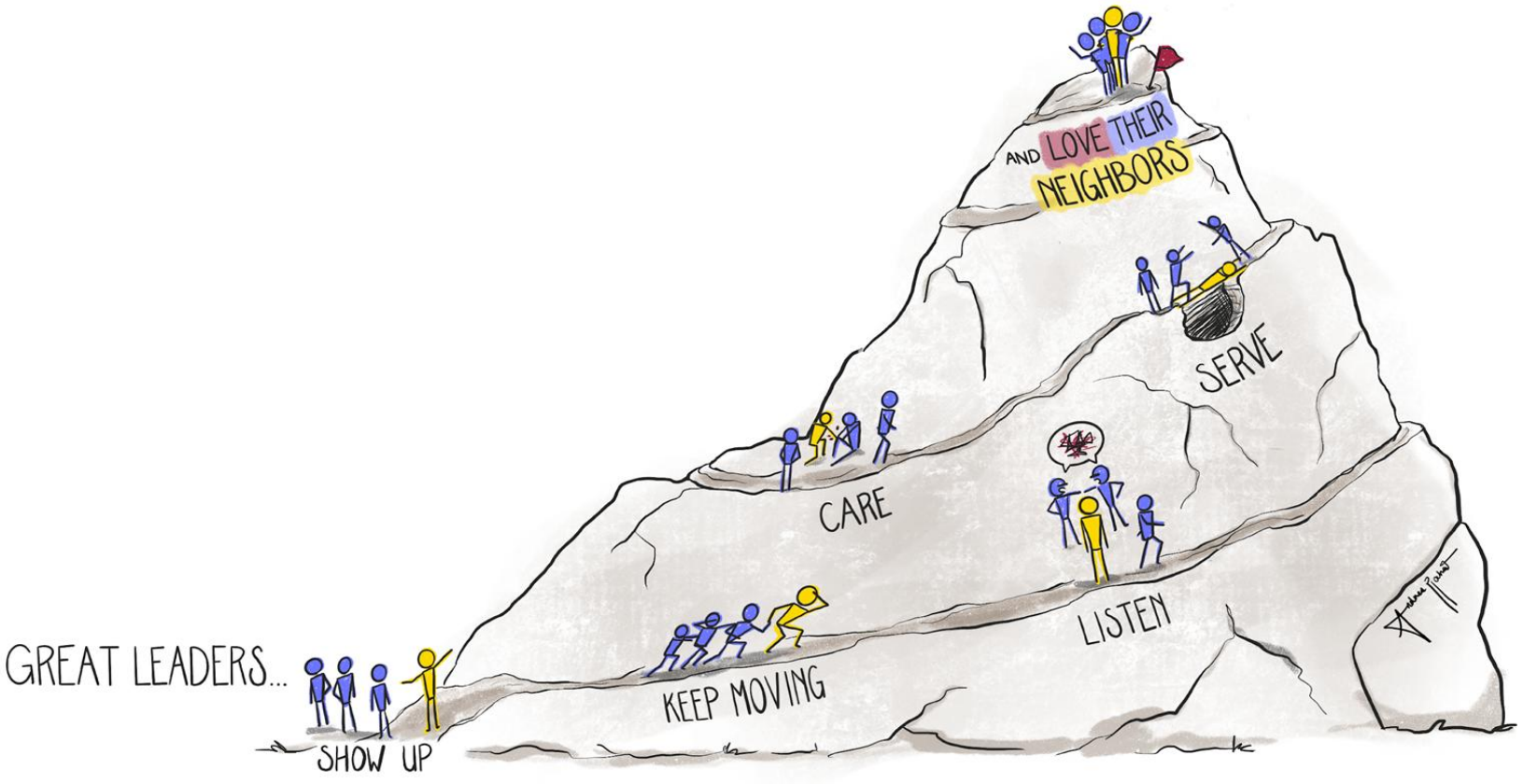


Photo credit: Michal Bednarek

A final word



Credit: Andrea Rochat

Partner with us!

✓**Researchers:** We can help you design and conduct policy-relevant research or translate your expertise to inform policy change.

✓**Learners (students/residents/fellows):** We provide opportunities to develop your policy and research skills and contribute to health policy action.

✓**State agencies and community partners:** We lend skills and expertise to help you navigate and address complex health issues.

Thank you!

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