Robert Wood Johnson Foundation

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Robert Wood Johnson Foundation Health Policy Fellows

Understanding the policies that create good health care

INTRODUCTION

The Robert Wood Johnson Foundation Health Policy Fellows program *is the nation's most comprehensive fellowship at the nexus of health and public policy. The program enables exceptional mid-career health professionals and social scientists to participate in policy-making in Washington for a year—and to parlay that experience into leadership roles in health policy, health care, and public health. More than 250 people from universities, community-based organizations, national associations, and health-related businesses have been fellows since 1973.*

The Institute of Medicine (IOM) in Washington has managed Health Policy Fellows *since its inception. Marie E. Michnich, DrPH, a fellow in 1984–85, became program director in July 2002.[1] An IOM advisory board selects fellows and helps oversee the program.*

WHAT IS THE PROGRAM ABOUT?

Each year, six fellows spend one year as a staffer in a congressional or executive branch office in the nation's capital, learning firsthand the mechanisms of policy-making.[2] Fellows play a senior role in developing health-related legislation, policy, and programs.[3]

"A lot of the work of the Senate is not done by senators. It's done by staff working with each other," notes Senator John D. Rockefeller IV (D-WV), whose office has hosted 14 fellows over the years. "So imagine having really good health care staff, but then in the middle of that having a Robert Wood Johnson fellow who's a physician, a practicing

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[1] Former program directors include the late Richard Seggel, MA (1974–1987), Marion Ein Lewin, MA (1987–2001), and Robert Cook-Deegan, MD (2001–mid-2002).

[2] The program awarded six to eight fellowships each year from its inception to 2008. In 2009, it awarded 10 fellowships. The number of fellows then dropped to six per year because of a decrease in RWJF's investment portfolio that caused budget cuts to many programs. The 2012 cohort also included two active-duty members of the military, funded by the Defense Department.

[3] The policy work that fellows undertake in Washington and RWJF's own public policy agenda are completely separate. RWJF does not manage, direct, or comment on the fellows' policy work in any way.

expert. Just imagine the richness that that adds to the debate and to the depth of knowledge that you can develop in an area."

Expanding the Program's Reach

Early in the program, fellows were primarily physicians working in academic medicine, who were preparing for health policy positions in the federal government. Today fellows include people who have earned an advanced degree in one of the following disciplines: allied health professions, biomedical sciences, dentistry, economics or other social sciences, health services organization and administration, medicine, nutrition, nursing, public health, and social and behavioral health who want to understand federal policy-making and apply that knowledge to their home institutions and communities.[4]

Fellows from nonacademic settings have included a former president and CEO of a community health center, a community health specialist for a major insurance company, a chief medical officer for the Navajo Health Foundation, and an executive from a visiting nurse association.

"Opening the fellowship to leaders in the community and behavioral medicine affirmed RWJF's belief that strategies for improving health and health care would not come solely from the halls of academic medicine," says RWJF Senior Program Officer Michael Painter, MD, JD, who oversaw the program from 2006 to March 2014, when Kimberly A. Elliott, director of policy outreach at RWJF, took over this position. Painter, himself a health policy fellow in 2003–04, is a case in point, having come to the program from the Seattle Indian Health Board, a community health center serving urban American Indians and Alaska Natives.

The 2013–14 fellows reflect this broader pool from which the program now draws: two are registered dieticians and one is a dentist. Of the six, four come from community health organizations.

"Health is not just about cost, coverage, and quality," Elliott says. "As policy-makers begin to understand that health happens outside as well as inside the health care setting, they are looking for people who can bring that expertise during the year they are in Washington."

See the program website for short profiles of current fellows, and Appendix 1 for more information on their professions, gender, race, and other characteristics. See Grantee Story List for links to stories about some of the alumni of the program.

[4] The expansion of the pool of applicants to include leaders in community health and behavioral health came in response to two assessments of the program in 1992 and 1999. See Appendix 2 for details.

HOW DOES THE PROGRAM WORK?

Applicants to the program must have earned an advanced degree in one of these disciplines: allied health professions, biomedical sciences, dentistry, economics or other social sciences, health services organization and administration, medicine, nutrition, nursing, public health, or social and behavioral health.

The program's advisory board of 13 to 16 members, appointed by the IOM, selects fellows based on their professional achievements, potential for leadership in health policy, interpersonal and communication skills, and plans for incorporating the fellowship experience into career goals.

As of 2014, fellows receive $165,000 to cover their salary and benefits. Fellows can designate either a sponsoring institution or the IOM to administer their award.

The Fellowship Year

Beginning in September, fellows participate in an intense three-and-a-half-month orientation. This training introduces them to policy-making through case studies and meetings with health policy leaders from think tanks, advocacy organizations, professional and trade associations, academia, and officials from both the executive and legislative branches of the federal government.[5]

Toward the end of the orientation, the fellows together select 20 legislative or executive branch offices responsible for health-related legislation and programs, including Senate and House members and the four major health policy committees in Congress.[6] The fellows then meet as a group with staff from those offices, and then return for individual interviews if they are interested in being assigned to a particular office. Fellows may also explore work placements on their own with staff in other House or Senate offices, congressional support agencies, for example, the Congressional Budget Office, and the executive branch.

"By the time they are through with this process, they have a great orientation to the Hill and the various offices, and know what the legislators are expecting to do in the year ahead," says Program Director Marie Michnich.

[5] The IOM leads the first phase of the orientation. The American Political Science Association leads the last three weeks, which includes lectures and meetings with senior government officials, members of Congress, journalists, and academic experts on federal policy-making.

[6] These are the Senate Health, Education, Labor, and Pensions committee, the Senate Finance committee, the House Ways & Means committee, and the House Energy and Commerce committee.

Once assigned to an office,[7] fellows become active participants in the policy-making process, drafting legislation and regulations, doing background research, organizing and staffing hearings, briefing members of Congress before committee and floor votes, responding to constituent requests, and representing their offices at conferences. Most recent fellows have opted to stay through the busy fall legislative season, when important policy decisions are made, leaving in October or November.

"These are high-level jobs," Painter says. "Fellows take part in all areas of the policy process, not as onlookers but as full-time working participants."

"The Health Policy Fellowship … takes what you already had built as a career, as a knowledge base and an understanding of your world, and pulls you out of that completely. It throws you into the policy world, this world that is completely different. And then it helps you integrate all this new information you're learning with what you've known before."—Matthew Levy, MD, 2010–11 fellow

Read a Grantee Story of Levy.

The national program office also organizes other activities for the fellows, including monthly breakfast meetings, seminars, and discussions on developing health policy, as well as media training and networking opportunities with other fellowship programs, such as the White House and Supreme Court fellows.

Connecting With State and Local Government

Fellows also make two-day visits to states or cities that are either innovators in health policy and health care, or have encountered controversy around health care policy, or faced health care policy challenges.[8] In 2007, the fellows began visiting one resource-rich and one resource-poor state. In 2012, for example, the fellows visited Maryland, a high-income state strongly committed to implementing the Affordable Care Act (ACA), and Louisiana, a lower-income state whose governor actively opposes federal health care reform.

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[7] The program uses a match process similar to that used in medical residencies. Fellows indicate their first, second, and third preferences, and the offices do the same. When the first choices match, there is an immediate placement. Otherwise, a negotiation and sorting process occurs based on where fellows are willing to go and offices' interests.

[8] Fellows have visited Alabama, California, Colorado, Florida, Louisiana, Maryland, Massachusetts, New Mexico, New York, Oregon, South Dakota, and Utah.

On these state visits, the fellows meet with key state health officials, such as those charged with implementing the ACA and other federal laws, the head of Medicaid, and legislators active in health policy, as well as business leaders, mayors, journalists, academics, and health organizations and coalitions.

"These visits show the fellows some of the complexity of trying to get federal legislation that is compatible with state health policy," Michnich says.

Coaching the Fellows

Six experts from a range of disciplines coach fellows during one-on-one meetings and seminars, and through columns in an online newsletter for the fellows. Coaches include those with experience in counseling women who are leaders in academia, a communications/media coach, an attorney with experience in helping people change careers, and a psychologist experienced in leadership development. The coaches help fellows engage in health policy-making, develop new skills, and transition to new leadership roles at federal, state, and local levels.

Post-Fellowship Activities

To help them continue to develop as health policy leaders, fellows can use a portion of their fellowship award for up to two years after they complete their federal work assignments. Some fellows use this extra funding to extend their stays on Capitol Hill, and others to launch policy-related initiatives when they return to their sponsoring institution or to begin a new job.

As *RWJF Health Policy Fellows* alumni, fellows are automatically invited to IOM annual meetings, as well as half-day gatherings of current and former fellows in odd-numbered years. In even-numbered years, the national program office invites all alumni and current fellows to a more intensive retreat before the IOM meeting.

In October 2013, for example, more than 70 alumni attended a retreat and celebration marking the program's 40th anniversary. These events celebrated the contributions of Senator Rockefeller, a long-time supporter of the program, who retires from the Senate in 2014.

The national program office also helps current and former fellows stay in touch through a searchable website and an online newsletter, published up to four times per year.

Honoring Alumni

The program honors outstanding alumni through its Lifetime Achievement Award, given every other year to a former fellow with notable and sustained accomplishments in health

policy and a commitment to serving others in both public and personal life. Read about past winners and award criteria on the program website.

Communications Activities

The program has produced an array of publications during its long history, including *Information Trading: How Information Influences the Health Policy Process*, which includes chapters by various fellows; videos on the program and its 40th anniversary (available in fall 2014); and videos of several alumni describing their experiences. See the Bibliography for details.

Program Evaluations

Outside organizations evaluated the program in 1980, 1992, and 2006. Jack Hoadley, PhD, of Georgetown University's Health Policy Institute, performed the 2006 evaluation, along with Health Policy Alternatives, a consulting firm in Washington.[9] Marion Ein Lewin, MA, then national program director, assessed the program in 1999.

These evaluators interviewed current and former fellows about what the program had taught them, how it had changed their perspective, and its impact on their careers. Recommendations from the 1992 and 1999 assessments paved the way for expansion of the program to include behavioral and social scientists and visits to state governments and policy-making groups, an increase in the fellows' stipend, and post-fellowship funds.

Based on the 2006 assessment, RWJF made a major change to the program. Starting with the 2009–10 cohort, applicants no longer had to have sponsoring institutions. Applicants and fellows could choose from two tracks:

- *Track one* presumed a strong relationship between a fellow and a sponsoring institution, and that the relationship would continue after the fellowship. However, a fellow did not have to make an explicit commitment to return to the sponsoring institution after the fellowship.
- *Track two* was designed for candidates for whom negotiating a sponsorship with their home institution might be a barrier. For fellows who choose this track, the IOM administers the fellowship stipend and provides health insurance options.

See the next section for findings from the 2006 evaluation, Appendix 1 for details on the two tracks, and Appendix 2 for findings from the other evaluations.)

[9] Grant ID# 53139 ($157,885, January 15, 2006 to June 30, 2007)

WHAT ARE THE MOST SIGNIFICANT RESULTS SO FAR?

As of October 2013, records from the national program office indicate that 252 fellows from more than 246 academic health centers, community clinics, and other health care and public health organizations have participated in the program. Their impact on health policy has been significant, says Program Director Michnich.

"There has not been a piece of health legislation that has gone out of the Congress in the last 40 years that has not been touched by a fellow," Michnich says.

Working Across the Aisle—Even When It's Hard

RWJF Health Policy Fellows is widely regarded as one of the top fellowship programs in Washington, according to Michnich. According to the 2006 evaluation, Senate staff offered high praise for the fellows and their contributions. The program's commitment to nonpartisanship—some 58 percent of fellows have worked for congressional Democrats, 31 percent for Republicans—(the rest for the White House or the executive branch)—has enabled fellows to make a strong contribution even in a polarized political environment.

Nancy Dunlap and Arun Patel

Michnich points to Nancy Dunlap, PhD, MBA, and Arun Patel, MD, JD, both 2011–12 fellows, who both worked for the House Energy and Commerce Committee—one for the majority and one for the minority. By working across the aisle, she says, the two helped craft the 2012 reauthorization of the Prescription Drug User Fee Act.

Representative Fred Upton (R-MI), who chairs the committee, says the fellows' real-world experience was a notable advantage. "They brought real expertise to the table literally on every issue," he says. "These are people who have been in the field, who really see real-life decisions, who are helping us grapple with what we may do with a piece of legislation."

Sarah England

Sarah England, MD, a 2005–06 fellow who worked on legislation and initiatives related to maternal and child health in the office of former Senator Hilary Rodham Clinton (D-NY), likens the legislative process to work in a scientific laboratory. "There is a lot of give and take and a lot of modification along the way to get to the perfect experiment," she says, "to get to the perfect piece of legislation." But the potential impact is great. "When you are affecting legislation, you feel like you are affecting every person in the

United States," she notes. Watch a video of England. See the Video Story List to access all the videos.

Influencing Fellows' Career Paths

The program has had a "significant positive impact on the professional development and advancement of fellows," according to the 2006 evaluators. Alumni consistently rated the fellowship experience extremely positively, describing it as a "life-changing" or "transformational" experience.

Fellows commonly take on new and expanded responsibilities after their stint in Washington, the evaluators reported, and "alumni consistently reported that the fellowship experience had a substantial influence on these changes."

Bringing Knowledge of Policy-Making to Academia

The fellowship experience has spurred a number of fellows to pursue public policy work at universities and other institutions, and to take on new roles in their professional associations and medical societies. Former fellows who remained in academia said the fellowship "influenced their course offerings, bringing a more explicit policy focus to their teaching," according to the 2006 evaluation.

Jo Ivey Boufford

Pediatrician Jo Ivey Boufford, MD, an early fellow (1979–80), says the program provided a "window on the lawmaking process" that helped prepare her for high-level positions in hospital administration. A year after her fellowship in the office of former Senator Jacob Javits (R-NY), she became chief medical officer for Pelvin Hospital Corp., part of New York City's public hospital system.

Boufford then served in the U.S. Department of Health and Human Services during the Clinton administration. As of 2014, she is president of the New York Academy of Medicine,[10] professor of public service, health policy, and management at the Robert F. Wagner Graduate School of Public Service, and clinical professor of pediatrics at New York University School of Medicine.

> *"The fellowship is a pathway," she says. "If you decide to take this pathway and continue on it, you are practicing public service in its highest form."*

[10] In this position, she is the national program director for Robert Wood Johnson Foundation Health & Society Scholars, a fellowship program to build the field of population health by training scholars to investigate the connections among biological, behavioral, environmental, economic, and social determinants of health and develop policies to improve health and reduce disparities in health.

Watch a video of Boufford online.

Linda Degutis

Linda Degutis, RN, MPH, a 1996–97 fellow, worked on a range of health-related issues in the office of former Senator Paul Wellstone (D-MN). "The fellowship does change your career," she says, "often in ways you don't expect and can't predict.

> *"It gives you such a broad view of things—it's very hard to go back to having a narrow focus on one little piece of the world. It encourages you to do more, and more at a level that is going to make a difference for people."—Linda Degutis*

As of 2014, Degutis is an associate professor of emergency medicine and public health at Yale, and chairs the executive board of the American Public Health Association, where she has helped set its policy focus and expanded its advocacy. She has also chaired the CT Coalition to Stop Underage Drinking, where she has developed and implemented policy and advocacy efforts. Watch a video about Degutis online.

Richard Krugman

Another early fellow, Richard Krugman, MD, 1980–81, worked with both Democratic and Republican members of Congress to preserve funding for maternal and child health services. "I came away from this with an enormously positive appreciation for how Congress works," he says. "You learn that there is nothing you can do that's good for somebody that doesn't have either intended or often unintended consequences that create problems for somebody else."

Krugman, now vice chancellor for health affairs at the University of Colorado-Denver, was dean of its Health Sciences Center for 22 years. Krugman says he considers his health policy fellowship excellent preparation for the challenges he has faced in those positions.

> *"It helped me understand and guide the political process," he says, "because academic institutions are pretty political as well. Having had experience with the real thing in Washington was good training. You learn how to listen to people."*

Read a Grantee Story of Krugman.

Melvin Shipp

Optometrist Melvin Shipp, MD, 1989–90, worked as a legislative assistant for former Senator Donald W. Riegle (D-MI), then chair of the Senate Finance Subcommittee on Health for Families and the Uninsured. As part of a bipartisan working group, Shipp analyzed health reform options and coordinated hearings on access to health care.

Shipp is now dean of the Ohio State University College of Optometry. He says the fellowship showed him how laws could improve preventive care and reduce the chances that people would get sick. "I tell my colleagues that overall health status and quality of life can be enhanced with a better understanding of the links between optometry, policy, and public health." Read a Grantee Story of Shipp.

Justina Trott

During her year in the office of former Senator Jeff Bingaman (D-NM), 2008–09 fellow Justina Trott, MD, worked on drafts of the Affordable Care Act. Today she is a senior fellow at the Women's Health Policy Unit in the RWJF Center for Health Policy at the University of New Mexico. She created a women's health certificate available to students in a range of disciplines, and formed the Women-Centered Policy and Programs Partnership, to influence policy and attract funding for medical research. Read a Grantee Story of Trott.

Deborah Trautman

Deborah Trautman, PhD, RN, a 2007–08 fellow, worked in the office of Speaker Nancy Pelosi (D-CA) when it was developing the principles underlying federal health care reform. Today she is executive director of the Center for Health Policy and Healthcare Transformation at Johns Hopkins.

> *"It really is important to bring evidence to bear on what you are trying to fix, and on why the solution you are proposing is the best. The process is about evidence, relationships, and communication," Trautman says.*

Read a Grantee Story of Trautman.

Robert Miller

Robert Miller, MD, was a head and neck surgeon at Tulane University in New Orleans when he entered the fellows program in 1996. Working in the office of former Senator John Breaux (D-LA), Miller contributed to three pieces of Medicare-related legislation.

Having worked on bills that passed and those that did not, Miller saw how consensus-building among interest groups is essential. That skill has served him as vice chancellor of Tulane Medical Center and dean of the School of Medicine at the University of Nevada. In both roles, he said, his knowledge of the legislative process has helped him deal more effectively with state lawmakers. Read a Grantee Story of Miller.

Empowering Community-Based Leaders

A number of fellows from community-based settings have leveraged their experience on Capitol Hill to launch new initiatives back home, as reported to the national program office.

Mario Pacheco

Mario Pacheco, MD, was a family medicine physician at La Familia Medical Center in Santa Fe, N.M., when he came to Washington in 2000. Working in the office of Senator Bingaman gave Pacheco the perspective and experience to reorient his career toward public policy.

> *"As a residency program director and community health administrator, interacting with legislators has become a regular and exciting part of my core functions," Pacheco says.*

For example, he created a one-month rotation at the state legislature in Santa Fe for medical residents. They have "become active as health policy advocates and in communicating with their state legislators," he says. "That is a direct effect of wanting to share the excitement I felt about health policy." Watch a video story about Pacheco.

Mathew Levy

Matthew Levy, MD, came to the fellows program in 2010, having already spearheaded several programs to improve access to health care: a mobile clinic in inner-city Washington; a school-based health center at a struggling high school, and a student-run medical clinic in a homeless shelter.

As a fellow, Levy worked on the Senate Budget Committee with the staff of former Senator Kent Conrad (D-ND), the chair. There he saw how budget considerations influenced policy on issues ranging from public health and vulnerable populations, to training for health professionals, to addressing emerging crises such as the obesity epidemic. After his fellowship, Levy became an advisor to a major bipartisan health initiative.

"As physicians, we potentially have a fair amount of influence in the creation of good policies that lead to good programs," he says. "As a profession, I think we don't always maximize that influence."

Read the Grantee Story of Levy.

Daniel Crimmons

Psychologist Daniel Crimmons, PhD, a 2002–03 fellow, worked in the office of former Senator James M. Jeffords (I-VT) on health and education policy. "I was in a fairly narrow niche within psychology, working with children with severe disabilities, yet they were affected by health policies," he says. Today Crimmons directs the University Center for Excellence in Developmental Disabilities at the Institute of Public Health at Georgia State in Atlanta.

The fellows program, he says, "is for health professionals, broadly defined. It is for physicians, for nurses, for psychologists, for lab scientists. It is for anyone who can contribute to the policy process and learn about it and take what they learn back home to affect their local health care system."

"If you spend a year here you begin to say, 'How do I want to spend the rest of my career?' In that way, this program is tremendously exciting," says Crimmons.

Watch a video story of Crimmons.

Moving Toward Policy-Related Careers

Some 73 percent of fellows made a career change within five years of the end of their fellowship, according to the 2006 evaluators.

Lisa Kaplowitz

Lisa Kaplowitz, MD, an internal medicine physician and infectious disease expert, was a 1996–97 fellow in the office of Senator Rockefeller. "The fellowship was instrumental in my decision to leave my faculty position in academic medicine to be more directly involved in the development of public health policy at both the state and federal levels," she says.

Kaplowitz is now deputy assistant secretary for policy in the Office of the Assistant Secretary for Preparedness and Response in the U.S. Department of Health and Human Services. Watch a video story of Kaplowitz.

David Michaels

David Michaels, PhD, MPH, came to the program in 1994 as an epidemiologist who "crunched numbers."

Participating in the program "showed me how complex the interactions are that go into political change," he says. "I learned strategically how to move a proposal forward."

In 1997, two years after completing his fellowship, he received a call from the White House inviting him to become assistant secretary for environment, safety, and health in the Department of Energy. While there, he helped develop the Energy Employees Occupational Illness Compensation Program, which provided more than $6 billion to workers who became sick or died from radiation exposure linked to the nation's nuclear weapons program. Michaels is now assistant secretary of labor for occupational safety and health. Read a Grantee Story of Michaels.

Robert G. Frank

Before his 1991–92 fellowship, Robert G. Frank, PhD, was a clinical psychologist at the University of Missouri-Columbia, directing a program for people with brain injuries. Realizing that challenges related to housing and employment complicated his patients' rehabilitation, Frank began working with state legislators to reorient policy in those arenas. The fellowship "changed my life," Frank says. Read a Grantee Story of Frank

Creating Bonds and Networks for Change

Fellows in any given class often form bonds that continue throughout their careers, the 2006 evaluation found. "Being an alumnus of the program, you find yourself part of a club you never knew you were joining," says Daniel Crimmons. "It is a bond that allows you to call up anybody, anywhere and say, 'I need to ask you a question,' and you get a return phone call."

Robert Frank concurs. "The camaraderie was important. I still turn to former fellows for guidance on issues and on life; they're still my best friends."

Program Director Michnich says former fellows often report on the importance of the fellows network to career advancement.

"Whether they are president of a university or their specialty society or the diabetes association, they constantly refer to the skills and abilities and connections and networks that come out

of this program as helping them to go up that career ladder in a much more rapid and effective way," says Michnich.

She notes that former fellows in Florida, Massachusetts, Missouri, and New Mexico meet regularly and have formed coalitions to work on policy initiatives. "It takes a few people to change the world and in fact it is always just a few people," Michnich says. "They are now reaching a critical number where they can do things on a state level."

WHAT CHALLENGES IS THE PROGRAM FACING?

The program director noted these continuing challenges and efforts to address them:

- **Maintaining a diverse mix of fellows—in terms of geography, gender, professional background, and race and ethnicity.** Specifically:
  - *Racial and ethnic imbalance in health professions "spills over into our program,"* Michnich notes. "If you don't have the kind of diversity you would like to see in the health professions pool, then this program is going to face a very difficult challenge to try to find leaders who are racially and ethnically diverse."
  - *Attracting potential candidates from community-based organizations has been challenging*. "They may have less freedom than an academician to take a year off to work in Washington," she says. "They may feel they cannot afford to take a year away from their jobs, or fear that they won't have a job to return to after their fellowship is completed."
  - *Community-based professionals are also somewhat harder to place in Hill offices than academics*, according to Michnich. Those offices want fellows "with the most prestigious combination of skill sets, and academic credentials are the usual way we recognize that. Someone who is an MPH and a nurse is not going to be as easily placed as an MD, PhD, or JD."
- **Broadening the placement of fellows across the government.** Health policy fellows have more often worked in U.S. Senate offices and committees, where the program has strong contacts. Placements in the House have been more difficult, possibly because of the "staff resources needed for their supervision and concerns that some fellows would not fit their office's ideology and personality," according to the 2006 evaluation. Placements in the executive branch were also problematic given "the protracted time for security and other clearances."

  Since the evaluation, the program has cultivated more high-level placements in the House, the executive branch, and supporting federal agencies. Since 2009, nine fellows have worked in the House,[11] one in the Congressional Budget Office, one in

[11] Two have worked for a representative, seven for house committees.

the Office of the First Lady, and seven in the U.S. Department of Health and Human Services.

Michnich attributes an increase in the number of fellows in executive branch jobs since 2009 to strong interest in federal health care reform.

- **Maintaining nonpartisanship in a highly partisan political environment.** The program works hard to identify exceptional candidates who can work in a rigorously nonpartisan fashion, and the political affiliation of fellows was not an issue for many years.

  However, with growing polarization between the parties, some congressional offices have begun to request fellows who share their political affiliation. "We can't really ask fellows when they're coming in, 'Are you likely to want to be with a Democrat or a Republican office?'" Michnich says. "But we do try to see that there is a balance, that there are people on both sides of the aisle."

- **Helping fellows reenter their careers and home institutions after their year in Washington.** Many fellows find reentry challenging, and do not always believe that their colleagues fully appreciate their new skills and perspectives. "It is a good-news, bad-news thing," Michnich says. "People are happy about what they end up doing in Washington. The sad news is that it ends in August or December, and it is challenging for people to leave this environment and build that policy activity into their career."

  The program now offers a monthly seminar and one-on-one and group coaching to help fellows prepare for reentry. "We are going to do a better job of using the network of both alumni and coaches to provide a support system to help people formulate their reentry plan," says Michnich.

WHAT DOES THE FUTURE HOLD?

In 2013 RWJF adopted a foundation-wide strategy of building a "Culture of Health" in the United States. The goal is a society where becoming and staying healthy is a fundamental value, and where people can live longer, healthier lives regardless of their ethnic, geographic, racial, or socioeconomic background.

To foster a Culture of Health, those entering RWJF leadership programs "must create strong connections across disciplines and professions," notes RWJF President and CEO Risa Lavizzo-Mourey, MD, MBA. "They must encourage networking. They must reflect the rich diversity of our nation. And they must be committed to a vision of building a Culture of Health."

In particular, health policy fellows need to be adept at using social media to communicate and connect with people to create change. "It will be essential for fellows to bring and leverage their own networks with RWJF's," says Senior Program Officer Michael

Painter. “Our impact can be so much broader if we promote a Culture of Health together.”

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APPENDIX 1

Statistics on *Health Policy Fellows*

Professional Areas of Health Policy Fellows: 1974–2014

Internal medicine/family practice	66	(27%)
Medical Specialties	63	(25%)
Social science	14	(5.5%)
Pediatrics	24	(9.52%)
Nursing	26	(10.5%)
Dentistry	17	(6.5%)
Public health	18	(6.5%)
Other*	24	(9.5%)

**Other includes nonclinical health professionals such as health plan and health system administrators, directors of health-related organizations, lawyers, and economists.*

Health Policy Fellows: Minorities and Women, 1974–2014

Black	22	(9%)
American Indian	1	(.4%)
Asian	4	(2%)
Hispanic	8	(3%)
Women	91	(36%)

Applicants and Fellows by Track, 2009–14

	2009–10	2010–11*	2011–12	2012–13	2013–14	Totals
Track one applicants	29	35	29	17	16	126
Track one fellows	9	4	2	8	4	27
Track two applicants	40	16	23	30	36	145
Track two fellows	1	2	— 3	— 0	— 2	— 8

**Track one includes fellows with a sponsoring organization. Track two includes fellows who are sponsored by the IOM. In 2010, one of the track two fellows applied under track one and then switched to track two after selection but before the award was approved.*

Professions of Program Applicants, 2014–1993

Profession	2013–14	2012–13	2011–12	2010–11	2009–10	2008–09	2007–08	2006–07
Physicians	14 (27%)	16 (34%)	17 (33%)	25 (49%)	22 (32%)	10 (45%)	12 (52%)	13 (65%)
Osteopaths	0 (0%)	2 (4%)	1 (2%)	0	2 (3%)	0	0 (0%)	0 (0%)
Dentists	1 (2%)	0 (0%)	1 (2%)	1 (2%)	3 (4%)	0	2 + (9%)	0 (0%)
Nurses	11 (21%)	6 (13%)	12 (23%)	3 (6%)	18 (26%)	2 (1%)	6 + (26%)	2 (10%)
Other*	26 (50%)	23 (49%)	21 (40%)	22 (43%)	24 (35%)	10 (45%)	5 (21%)	5 (25%)
TOTAL	52	47	52	51	69	22	23	20

Profession	2002–05	2001–02	2000–01	1999–2000	1998–99	1997–98	1996–97	1995–96
Physicians	11 (52%)	19 (62%)	6 (40%)	9 (53%)	8 (67%)	11 (52%)	9 (50%)	7 (29%)
Osteopaths	0 (0%)	1 (3%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	1 (5.5%)	1 (4%)
Dentists	0 (0%)	2 (6%)	0 (0%)	1 (6%)	1 (8%)	0 (0%)	1 (5.5%)	2 (9%)
Nurses	1 (5%)	2 (6%)	3 (20%)	4 (23%)	0 (0%)	1 (5%)	2 (11%)	7 (29%)
Other*	9 (43%)	7 (23%)	6 (40%)	3 (18%)	2 (17%)	9 (43%)	5 (28%)	7 (29%)
TOTAL	21	31	15	17	12	21	18	24

Profession	1994–95	1993–94
Physicians	20 (51%)	16 (67%)
Osteopaths	1 (2.5%)	0 (0%)
Dentists	1 (2.5%)	1 (4%)
Nurses	7 (18%)	1 (4%)
Other*	10 (26%)	6 (25%)
TOTAL	39	24

**Other includes nonclinical health professionals such as health plan and health system administrators, directors of health-related organizations, lawyers, and economists.*

+ One dentist is also a nurse.

APPENDIX 2

Program Evaluations

1980 Evaluation

The evaluator, Daniel Zwick, working under a subcontract from the national program office, reviewed IOM files; interviewed alumni of the program, academic officials who had been invited to submit nominations, and congressional staff members; and surveyed

alumni, persons to whom the alumni currently report, and persons requesting information about *Health Policy Fellows*.

Key Findings and Recommendations

- Institutions eligible to nominate individuals for the fellowship were divided into four categories:
  - Consistent participants (those who had submitted nominations relatively often during the seven-year life of the *Health Policy Fellows* program)
  - Disengaged participants (those who participated frequently in the first five years but had not participated at all in the last two years)
  - Intermittent participants (those who had submitted a nomination occasionally over the total duration of the *Health Policy Fellows* program)
  - Nonparticipants (those who had never submitted a nomination)

  The consistent participants included 22 percent of all the invited schools, 48 percent of the nominations, and 52 percent of the fellows. The most common reasons mentioned by eligible institutions for not making new nominations were:
  - Program is not in line with the priorities of the school
  - Lack of strong, new candidates
  - Discouraged by past experience
  - Stipend is too low
- More and more fellows were choosing to spend their entire assignment in one body of Congress and in one office instead of accepting split assignments in both the House and the Senate.
- Although feedback from congressional offices was overwhelmingly positive, staff recommended longer assignments so that the fellows could assume a more extended workload and develop a stronger set of personal relationships as well as firmer bonds of confidence and trust.

In addition, the evaluator raised questions for RWJF to consider regarding 10 operational issues:

- Limit of one nomination per institution annually (Should there be a limit?).
- Nature of the nominating official (Who should nominate? Should individuals be able to nominate themselves?).
- Nature of eligible schools (Should all health professional schools be eligible to participate instead of just medical schools and academic health centers?).

- "Mid-career" qualification (Should more senior faculty also be eligible to apply?).
- Amount of the stipend (Should the stipend be increased to adjust for inflation?).
- Nature of institutional linkages (Is the required outline of the institution's plans for utilizing the newly trained fellow effective?).
- Length of the *Health Policy Fellows* program (Is the program too long? Too short?).
- Nature of assignments (Should fellows be encouraged to choose two shorter assignments or one longer assignment?).
- Product of the fellowship (Should the requirement of three progress reports be replaced with a formal, publishable paper?).
- Composition of the *Health Policy Fellows* program board (Who should be on the *Health Policy Fellows* program board?).

RWJF's Response

The Foundation made several changes to *Health Policy Fellows* in response to the evaluation:

- Each professional school or institution within an academic health center was permitted to forward a separate nomination to *RWJF Health Policy Fellows*, instead of limiting academic health centers to one candidate for all its schools and institutions.
- Some institutions without medical schools were allowed to nominate fellows.
- The definition of "mid-career" was liberalized to permit more senior academicians, including full professors and department chairs.
- Representation on the board of *RWJF Health Policy Fellows* from the American Political Science Association was reduced from three to two members, and a senior representative of a nursing school (dean or senior faculty) was added.

1992 Evaluation

The second evaluation was conducted from October 1, 1991, to November 30, 1992, by David Blumenthal, MD, MPP; Gregg Meyer, MD, MSc; and Jennifer Edwards, MHS, from the Health Policy Research and Development Unit at Massachusetts General Hospital.[12]

[12] Grant ID# 17995 ($180,444, December 1, 1991 to December 31, 1993). The evaluation is summarized in Meyer GS, Edwards JN, and David Blumenthal D, "Experience of the Robert Wood Johnson Health Policy Fellowship," *Health Affairs*, Spring 1994. Available online.

The evaluation was a comprehensive analysis of the history, structure, and performance of *RWJF Health Policy Fellows* during the 19 years since it was founded. The study included:

- Personal interviews with more than 30 individuals knowledgeable about the program
- Surveys of all alumni, all unsuccessful finalists in the competition for the *RWJF Health Policy Fellows* program (as a comparison group), and leaders of a sample of academic health centers (AHCs)
- Reviews of program documents and inquiries into the histories and performance of other analogous fellowships

It addressed the following three questions:

- Should RWJF continue the program?
- How could the fellowship be improved while keeping its goals and structure intact?
- If RWJF were to remake *RWJF Health Policy Fellows* from scratch, what alternative goals and structures might make sense?

Key Findings

The evaluation's key findings addressed the first question: Should RWJF continue the program? They include:

- *RWJF Health Policy Fellows* had achieved its first two goals: to promote the career development of talented academic health professionals with an interest in health policy; and to improve health policy-making by making talented health professionals available to policy-makers and their staff.
- *RWJF Health Policy Fellows* had enjoyed less success in accomplishing two of its other major purposes: making academic health centers more responsive to social needs; and preparing academic health professionals for future roles in government.
- Alumni expressed a high degree of satisfaction with their fellowship experiences: 80 percent of the fellows were “highly satisfied” with the program; 98 percent said they would do it over again; and 99 percent would recommend it to colleagues.
- Fellows and program administrators think that giving the fellows some experience with state government would be extremely useful. Allowing fellows to work in state governments for longer periods of time, perhaps allowing them to substitute state for federal placements, would be desirable but extremely difficult to organize.
- Fellows and finalists did not differ dramatically in their expressed goals when applying to the fellowship; the rate at which they participated in health policy, government, and community activities before the fellowship; or their academic

accomplishments after the fellowship. Their careers differed primarily in their commitment to and active participation in health policy and public affairs.

Recommendations to RWJF

To address the second question—How could the fellowship be improved while keeping its current goals and structure intact?—the evaluators recommended the following changes to the program:

- Market the fellowship in academic health centers more aggressively—especially to faculty below the level of dean or chief executive officer
- Select younger academicians to serve in the fellowship
- Shorten and streamline the portion of the orientation administered by the American Political Science Association
- Expand placement options to new congressional offices and selected executive branch locations
- Increase exposure of fellows to health policy formulation in state governments.

The third question—If RWJF was to remake *RWJF Health Policy Fellows* from scratch, what alternative goals and structures might make sense?—was answered by providing two options for revising the fellowship:

- **The fellowship would concentrate on developing the careers of the most talented health professionals it could find, and on making their expertise available to federal health policy-makers.** To accomplish those goals, the program would drop its practice of recruiting exclusively from academic health centers and its strong emphasis on having fellows return to academia. Instead, it would recruit individuals from *all* institutional and professional backgrounds who display great potential for contributing to the health care system. It would send them to Washington for one year of intensive exposure to the policy process. They would then be free to pursue their careers in whatever way proved most fruitful. Such a fellowship would strongly resemble the White House Fellowship, one of the models for *RWJF Health Policy Fellows*.
- **The fellowship would focus exclusively on identifying and developing the preeminent health care leaders of their generation.** It would select individuals with singular talents and abilities, regardless of institutional and professional background, and offer personal development designed to make the most of each person's skills. The program might involve service in Washington or at some other level of government, but it might also involve one or more years of scholarship or service in health care institutions here in the United States or abroad. The new fellowship would have similarities to the MacArthur Fellowship.

RWJF Response

The evaluators recommended that RWJF adopt the first option. RWJF responded by instituting three changes:

- The goal of making academic health centers more responsive to social need was dropped.
- Eligibility for the fellowship was expanded to include people outside, academic health centers, including individuals from community-based organizations, managed care organizations, and hospitals.
- A site visit to a state for a brief introduction to how state health policy works was incorporated into the fellowship year. Since the evaluation, fellows have visited state capitals as well as large health care systems that offer insights into health policy.

1999 Assessment by the National Program Director

With *RWJF Health Policy Fellows* due for reauthorization in April 2001, RWJF requested a background paper from the national program office describing the status of the fellowship program and providing guidance on a number of key policy and program issues. A decline in the number of nominations in the late 1990s had also heightened interest in reviewing its status and programmatic elements.

To gather material for the paper, Program Director Lewin and her staff developed a survey and sent it to:

- All program alumni
- Key congressional staff who had mentored at least two fellows in recent years
- Other individuals who had maintained a special relationship with the program

Project staff also conducted structured interviews with individuals in these groups, either in addition to or in place of the survey. More than 75 percent of *RWJF Health Policy Fellows* alumni and 60 percent of senior Capitol Hill staff members responded to the survey.

The survey listed 11 issues that the program's advisory board, former fellows, and other individuals knowledgeable about the program had identified as relevant to its future.

Questions focused not on the intrinsic merits of the fellowship but instead on how, and to what extent, the program was affected by major changes in the health care marketplace and policy environment.

The survey asked respondents to select and rank the four issues they considered most important to the future of the program, and to suggest how to address any of them.

Respondents could also identify any other issues they thought were relevant to the assessment.

Based on the findings, Lewin developed *Issues for the Future of the Robert Wood Johnson Foundation Health Policy Fellows Program,* which identified seven major issues relevant to its future:

- **Major goals and objectives.** Broadening eligibility for fellowships beyond academicians has enriched the program but may have blurred its identity and synergy with academic health centers.
- **Marketing.** Marketing efforts for the program have been rather limited, consisting primarily of annual mailings of the call for nominations. Expanded and more targeted marketing is needed to attract more nominees, given the new constraints facing academic health centers (which may be reluctant to give up their best and brightest for a year or more) and the desire to reach professionals beyond academic health centers.
- **Qualifications/eligibility guidelines.** Broadening eligibility to include those outside the academic health centers has raised unresolved questions about how to evaluate their qualifications, as they often do not have peer-reviewed publications and sometimes have master's-level degrees as opposed to an MD or PhD. Also, as of 2001, fellows were chosen in part based on their three-year plans for using the fellowship experience when they return to their home institutions. However, not all fellows return to these institutions, and if they do not, these plans are nullified. So the guidelines indicate a requirement that is not really enforced.
- **Major program elements.** These received high approval ratings overall, but respondents raised concerns about a number of specific elements. Examples include:
  - **Timing.** Congressional offices raised concerns about the need for fellows to leave their assignments in mid-August, when much of the year's work is coming to fruition.
  - **Stipend level.** The stipend may not be large enough to entice mid-career clinicians away from academic health centers to a fellowship.
  - **Link to home institutions while in Washington.** Individual fellows have found ways to keep their home institutions up to date on their Washington activities, with positive results. The national program office might want to formalize these ties.
  - **Choice of working assignments.** Since 1994, fellows have tended to congregate exclusively in the Senate. While fellows value freedom of choice, the program's advisory board has discussed whether *RWJF Health Policy Fellows* could insist—or strongly encourage—that fellows work with a wider range of offices.

- **Selection process.** The process for selecting fellows works well overall. However, there is some concern about rejecting nominees based on their paper credentials, particularly when they are from newly eligible institutions.
- **Post-fellowship, networking, and legacy activities.** The primary issue facing fellows is how they can use and capitalize on their fellowship experiences when they return to their home institutions.
- **Creating a health and behavior fellowship.** RWJF believes there is a strong need to develop policy leadership and visibility in areas such as behavioral health and preventive health, and may wish to partner a new Health and Behavior Fellowship with *RWJF Health Policy Fellows*.

Authors of the paper made the following preliminary recommendations regarding the future of the program:

- **Define the purpose of the program more clearly.** The program should acknowledge that it has multiple missions (leadership development, helping academic health centers, contributing to the quality of health policy formulation) and multiple constituencies (RWJF, current and former fellows, Congress and other direct "users," and sponsoring institutions). Sometimes these missions and constituencies are in conflict.

  Also, it can be difficult to balance the obligation to sponsoring institutions, which send the fellows in good faith and expect to benefit from the program, with the needs of individual professionals, who may be more focused on their own career development than in bringing knowledge back to the home institution. It is important for *RWJF Health Policy Fellows* to define itself more clearly in terms of leadership development and its link to academic health centers.
- **Develop and prioritize more targeted marketing strategies.** Among the strategies suggested:
  - Target more groups and individuals who are most interested in and motivated to support a fellowship program, and identify potential candidates
  - Package or present the information in such a way as to distinguish it from similar programs
  - Develop a "value proposition" that conveys the program's unique contributions to leadership development in health care policy and academic medicine
- **The national program office, RWJF, and the program's advisory board should review the return-to-home institution and institutional guidelines.** The national program office, RWJF, and the advisory board may also need to adjust and refine eligibility requirements to reflect the broader purposes of the program during a time of change in the health care landscape.

- **During this reauthorization period, it may be useful to review program elements to see whether any fine-tuning may be in order.**
- **Serious consideration should be given to recruiting alumni to assist in the selection process.** Alumni could interview local candidates who have applied to the program.
- **Consider strategies for giving more concrete form to the post-fellowship experience.** For example, developing a specific post-fellowship plan may benefit those who intend to return to their home institutions. Strengthening and showcasing the network of fellows in Washington, at RWJF, and in other parts of the United States could help formalize alumni's involvement in policy-making.
- **Although some adjustments and special features may result from partnering *RWJF Health Policy Fellows* with other RWJF fellowship programs in health policy research and public health, it makes sense to capitalize on the infrastructure already in place and its more than 27 years of success.**

RWJF Response

Based on the 1999 review and assessment and with permission from RWJF"s Board of Trustees, *RWJF Health Policy Fellows* was altered starting with the class of 2002:

- **The program was expanded to recruit professionals with behavioral and social science backgrounds.** The vast majority of fellows had been medical professionals. Because of RWJF's interest in developing policy leaders who focus on the social and behavioral determinants of health, the program began recruiting more applicants with behavioral science and social science backgrounds. For all fellows, orientation and mentorship support was expanded to increase the focus on the social and behavioral determinants of health.
- **To improve the attractiveness of the program, its stipend was increased and marketing efforts expanded.** The stipend in 2000 and earlier was inadequate to attract some of the most talented mid-career professionals. The stipend also provided no support for further developing fellows' health policy leadership after their assignment in Washington.

  Beginning with the 2002–03 class, *RWJF Health Policy Fellows* established a maximum three-year grant of $148,000 to support fellows (with the bulk spent on full-time salary support during the first year). This amount has increased by 5 percent each year. To ensure enough qualified applicants and more ethnic diversity, marketing efforts were expanded under the guidance of a communications consultant.
- **The value of the program experience was enhanced by offering fellows more resources after their Washington placement period.** The resources enlarged fellows' direct experience with the policy world and contact with policy-makers, and

advanced their ability to assume leadership roles in organizations with health policy concerns.

Some fellows used the resources to extend their Washington assignment through the end of the congressional session. That allowed them to gain a fuller perspective on the legislative process and continue working with office staff to bring a project or bill to an end—strengthening relationships with policy-makers and fellows' skill in health policy work. Others used the funds to begin a policy project at their home institution or to further their leadership development.

2006 Evaluation

The 2006 evaluation by Jack Hoadley at Georgetown's Public Policy Institute[13] looked at two areas:

- What fellows have learned from the experience and how it has changed their perspectives
- The longer-term impact the fellowship on their careers

Hoadley and his team of investigators conducted phone and in-person interviews with recent fellows, a web-based survey of all alumni whose fellowship occurred in 2001 and earlier, and interviews with sponsors of some recent alumni and staff in offices where the fellows worked.

Findings and Recommendations

The overall finding was that *RWJF Health Policy Fellows* "continues to be seen by its alumni as a highly worthwhile learning experience." Some fellows found it to be a catalyst for a career change; others found that it helped advance their careers in academic medicine and other settings—health care delivery, public health, and health policy.

The program "led to leadership opportunities, new perspectives on research and teaching and a greater involvement in public policy," according to the report. "To a significant extent, it has succeeded in helping to develop leaders in a range of fields who contribute to the nation's health in a variety of ways."

The evaluation report presents findings and specific recommendations in seven areas:

Recruitment

Findings

- **There have been significant challenges in recruitment, with both the pool and the diversity of highly qualified applicants (both professional backgrounds and racial composition) being less than ideal.** In recent years, program resources have

[13] See footnote 9 for grant information.

been expanded to increase the number of fellows from six to 10, but recruitment has fallen short.

- **One critical concern is support from the applicants' institutions.** Many did not receive strong encouragement. What's more, practical deterrents to taking time out for the fellowship are real, and include both professional and family considerations.

Recommendations

- **Appropriately characterize expectations about the fellowship experience in the recruitment materials.** Make clear the meaning of "mid-career" and emphasize Capitol Hill placements.
- **Further encourage alumni, possibly with financial support, to sell the program to colleagues** at their home institutions, professional associations, and more broadly.
- **Use medical specialty societies and other professional associations as recruitment venues, or sources of sponsorship for fellows without institutional affiliation.**
- **Market the benefits of the program more aggressively to academic deans and department chairs.** This could be done at meetings of the Association of American Medical Colleges, the Association of Academic Health Centers, and other professional organizations.
- **Consider supporting the salary of a full-time or part-time recruitment and alumni coordinator.**
- **Make a special effort to contact minority committees within medical specialty societies and other professional associations to familiarize them with the program.**

Training and Orientation

Findings

- **Fellows consider the orientation one of the program's best features,** but they noted specific areas that could be improved: topic emphasis, the timing of the sessions, and the need for more downtime.

Recommendations

- **Fine-tune the orientation to "better reflect new literature and a younger generation of Washington policy experts," and to provide more time for fellows to digest and discuss presentations.**
- **Try to obtain from the fellows "a better sense of subject area interests prior to their arrival for orientation and modify sessions and speakers accordingly."**

Fellowship Placements

Findings

- **Placement is one of the program's most challenging aspects.** Former fellows described the process as stressful.
- **Placements in the executive branch are problematic, given "the protracted time for security and other clearances."**
- **Failure to look at or take a House assignment had more to do with the recommendations of previous fellows who had worked in the Senate and the program office's better contacts in the Senate than with the partisan environment in the House.**
- **Senate staff offered high praise for the fellows and the contributions they make to their offices.**
- **Senate staff observed that "many congressional offices might be discouraged from accepting a fellow because of the staff resources needed for their supervision and concerns that some fellows would not fit their office ideology and personality."**

Recommendations

- **The program office needs to do more groundwork with Hill offices and work to make the list of potential placements more complete and accurate.**
- **The program office needs to make a special effort to identify House offices interested in fellows.** It could recruit an individual who has recently worked as a senior staff member for one of the House health-related committees to serve on the advisory board, or hire such a person as a consultant.
- **Program marketing materials may need to be revised to emphasize that it is a congressional fellowship program, to reduce expectations of incoming fellows for a White House or executive branch assignment.**

Post-Fellowship Career Tracks

Findings

- **The program has a "significant positive impact on the professional development and advancement of fellows."** After the fellowship, respondents commonly take on new and expanded responsibilities, and "alumni consistently reported that the fellowship experience had a substantial influence on these changes."
  - Within five years of completing the fellowship, 73 percent of the fellows responding to the survey had made a career change. Nearly all involved taking on more of a leadership role in health care. For many fellows, the program was the catalyst for the change.

— For those remaining in academia, the fellowship "influenced their course offerings, bringing a more explicit policy focus to their teaching."

Recommendations

- **In marketing the program, staff should exploit the strong importance of the fellowship in influencing fellows' careers.** (The program office had already taken steps to do this.)

Advocacy and Public Policy Involvement

Findings

- **The experience has led a number of fellows to pursue advocacy activities or public policy work for their institutions.** Fellows have also taken on new roles in their professional associations and medical societies.

Recommendations

- **The program office is tapping the experience of prominent alumni as medical, community, and health policy leaders for use in promotional materials.** The evaluators believe this will be especially useful in broadening the participation of non-physician health professionals.

Reentry

Findings

- **Reentry into their careers at the end of the program remains a challenge for fellows.** Nearly half of the respondents reported some difficulty in their transitions. Many found it psychologically difficult, and some felt that "their colleagues did not understand their new perspectives. Attempts to incorporate their new skills and perspectives were not always welcomed."

Recommendations

- **The program should provide more advice and counseling on the transition back to work.** This should include more discussion with former fellows on their experiences, both people who have changed their careers, talking about how they did it, who helped them, and so forth; and people who returned to their own originating institutions and who were able to successfully morph their career to include public policy.

  In addition, the program could take steps to advise sponsoring institutions about the program and how they can use the experience the fellows have gained. Options to do this include:

  — Letters from the president of the IOM to fellows' deans or department chairs describing how the fellowship experience might benefit their institutions

- Bringing the deans or chairs to Washington when fellows are reporting to the IOM on their experiences
- Encouraging the IOM to appoint recent fellows to their various committees upon completion of their fellowship year

Alumni Activities and Support

Findings

- **Fellows in a given class often form bonds that continue throughout their careers.** There is the potential to build more relationships across classes of fellows.

Recommendations

- **The program office should take more steps to involve alumni in the program.** This will not only help build the fellows network but also help energize alumni to participate in recruitment activities.

Fellows' Comments About the Program

Recent alumni "consistently rated the fellowship experience extremely positively with fellows describing it in terms such as a 'life-changing' or 'transformational' experience. They clearly enjoyed the chance to make a difference, to gain experience with and knowledge of the policy world, and to interact with policy-makers."

Earlier fellows were also "overwhelmingly positive about the fellowship program. Here too, respondents described the experience in terms such as 'one of the best experiences of my career.'"

> *Evaluators noted that "the fellowship experience was a positive experience in so many dimensions. Program alumni were unanimous in reporting that, as a result of the fellowship experience, they gained skills and experience that generally helped them do their work better. Many reported that they use the skills they developed on a daily basis, and say that they would not have their current jobs without the fellowship experience."*

The evaluation report included quotes on how fellows used their new skills and perspectives:

- *"Invaluable in enabling me to interact effectively with government and legislative leadership."*

- *"Used my legislative skills to lead the legislative policy work of my specialty society."*
- *"As assistant dean of government affairs, knew the players and how things really worked."*
- *"Deep insight into policy and how it is developed."*
- *"Have been able to serve my professional community in many policy advocacy and advisory roles."*
- *"Gained a better understanding of negotiation skills, and the interplay between politics and decision-making."*

The specific skills that fellows learned and their broader understanding of the political process "represent only one element of the influence the program had on them," according to the report. In answering the question: "Overall, describe briefly the impact that the fellowship has had on your career," fellows made comments such as these:

- *"Even today, 21 years later, I find the insights I gained during the fellowship year to be invaluable."*
- *"This fellowship provided exposure that I would never have received in my current role, and, as a result, I have been involved in public policy changes and international health care issues affecting women and their unborn children."*
- *"It accelerated my movement into a managerial position."*
- *"The fellowship has significantly influenced my career. The skills I began developing as a fellow have grown to the degree that a major portion of my time is dedicated to health policy issues."*
- *"Although I was on a career change path, the fellowship refined the path and added opportunities."*
- *"I attribute the change in my career path from primarily clinical activities to policy, advocacy, and administration directly to my fellowship experience."*
- *"I couldn't have the job I have today without the RWJ experience."*
- *"I have been able to translate what I learned to community leaders so that they can now engage in an empowered dialogue with government and with medical care systems to assure quality of care for the underserved."*

BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Hasselbacher P. "Letter from Washington." *Louisville Medicine*, 394–395, Jan. 1998.

Hasselbacher P. "A Vision of Health Care for the Next Millennium." *Journal of the American Medical Association*, 281(2): 402, 1999.

Hyman AI. "Washington Odyssey: An Anesthesiologist's View of the Politics of Health Care." *Journal of Clinical Anesthesiology*, 2(5): 339–344, 1990.

Lewin ME. "Managed Care in the Year 2003." *Journal of Medical Practice Management*, 1998.

Marion PJ. "A Physician's View from the Hill." *Physician Executive*, 22(6): 27–29, 1996. Abstract available online.

Meyer GS, Edwards JN and Blumenthal D. "Experience of the Robert Wood Johnson Foundation Heath Policy Fellowship." *Health Affairs*, 13(2): 264–270, 1994. Available online.

Miller RH. "Dr. Miller Goes to Washington: You Should, Too." *Laryngoscope*, 108(6): 781–783, 1998. Abstract available online.

Miller RH. "The Robert Wood Johnson Foundation Health Policy Fellowship." *Bulletin of the American College of Surgeons*, 83(7): 22–24, 1998.

Shecter J. "Medical Dean Turned Senate Aide." *Chronicle of Higher Education*, May 24, 1996.

Shipp MD. "Musings of a Robert Wood Johnson Health Policy Fellow." *Journal of the American Optometric Association*, 66(2): 79–86, 1995. Abstract available online.

Books and Book Chapters

Clifton GL. *Flatlined: Resuscitating American Medicine*, New Brunswick, NJ: Rutgers University Press, 2009. See Clifton's biography online.

Information Trading: How Information Influences the Health Policy Process. Washington: National Academies Press, 1997.

Michaels D. *Doubt Is Their Product: How Industry's Assault on Science Threatens Your Health*. New York: Oxford University Press, 2008.

Rich E. “Clinician and Health Care Advocacy: The Reasons Why.” In *Health Care Advocacy A Guide for Busy Clinicians.* Sessums L, Liebow M and Rich E (eds.). New York: Springer, 2011.

Schwartz M. “The Rules of the Game.” In *Health Care Advocacy A Guide for Busy Clinicians*. Sessums L, Liebow M and Rich E (eds.). New York: Springer, 2011.

Wedding D. “It Was the Best of Times.” In *From the Lab to the Hill: Essays Celebrating 20 Years of Congressional Science and Engineering Fellows*. Fainberg A (ed.). Washington: American Association for the Advancement of Science, 1994.

Reports

Lewin ME. *Issues for the Future of the Robert Wood Johnson Foundation Health Policy Fellows Program: A Background Paper.* Unpublished report to RWJF, October 2000.

Unintended Consequences of Health Policy Programs and Policies: Workshop Summary. Papers by nine fellows. Washington: National Academies Press, 2001. Available through the national program office or online.

Communication or Promotion

www.healthpolicyfellows.org. Program website provides information for applicants, a directory of past and present fellows, videos of fellows describing their experience, and resources on health policy.

GRANTEE STORY LIST

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

Robert G. Frank, PhD

Robert Wood Johnson Foundation Health Policy Fellow, 1991–92

Richard Krugman, MD

Robert Wood Johnson Foundation Health Policy Fellow, 1980–81

Mathew Levy, MD

Robert Wood Johnson Foundation Health Policy Fellow, 2010–11

David Michaels, PhD, MPH

Robert Wood Johnson Foundation Health Policy Fellow, 1994–95

Robert H. Miller, MD, MBA

Robert Wood Johnson Foundation Health Policy Fellow, 1996–97

Melvin Shipp, OD, MPH, DrPH
Robert Wood Johnson Foundation Health Policy Fellow, 1989–90

Deborah Trautman, PhD, RN
Robert Wood Johnson Foundation Health Policy Fellow, 2007–08

Justina Trott, MD
Robert Wood Johnson Foundation Health Policy Fellow, 2008–09

VIDEO STORY LIST

Jo Ivey Boufford, MD
Robert Wood Johnson Foundation Health Policy Fellow, 1979–80

Daniel Crimmins, PhD
Robert Wood Johnson Foundation Health Policy Fellow, 2002–03

Linda Degutis, DrPH
Robert Wood Johnson Foundation Health Policy Fellow, 1996–97

Tom Denny, MSc
Robert Wood Johnson Foundation Health Policy Fellow, 2002–03

Sarah England, PhD
Robert Wood Johnson Foundation Health Policy Fellow, 2005–06

Lisa Kaplowitz, MD
Robert Wood Johnson Foundation Health Policy Fellow, 1996–97

Mario Pacheco, MD
Robert Wood Johnson Foundation Health Policy Fellow, 2000–01