

Getting more seats at the table: Increasing advocacy skills of family medicine residents and medical students

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Disclosures

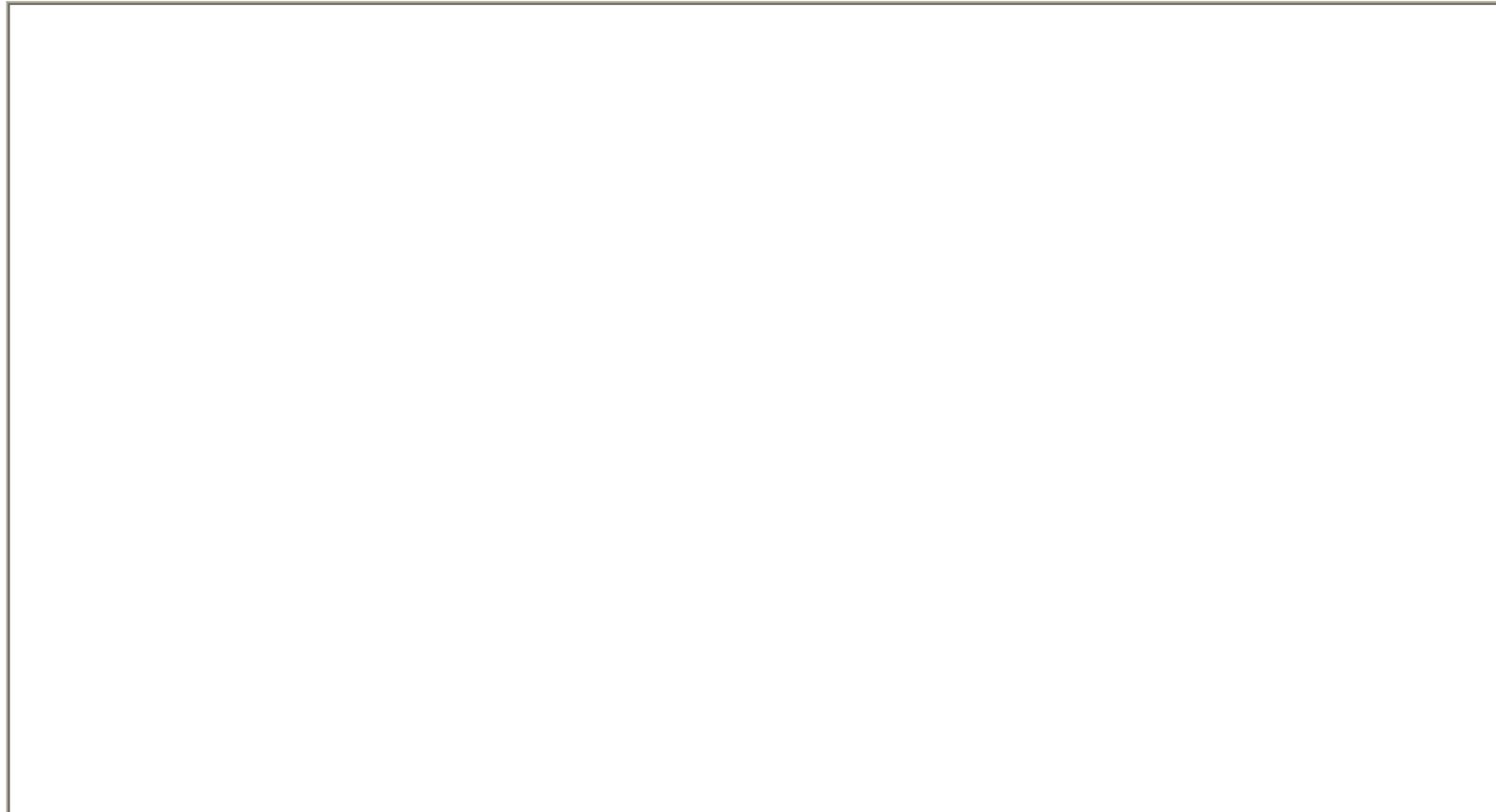
- National Physicians Alliance



WHO'S IN THE ROOM?

- What is your current role?
- What is your experience with advocacy?
 - Advocacy
 - Other talks at STFM
 - Teaching this to students/residents

ADVOCACY– WHAT’S YOUR DEFINITION?

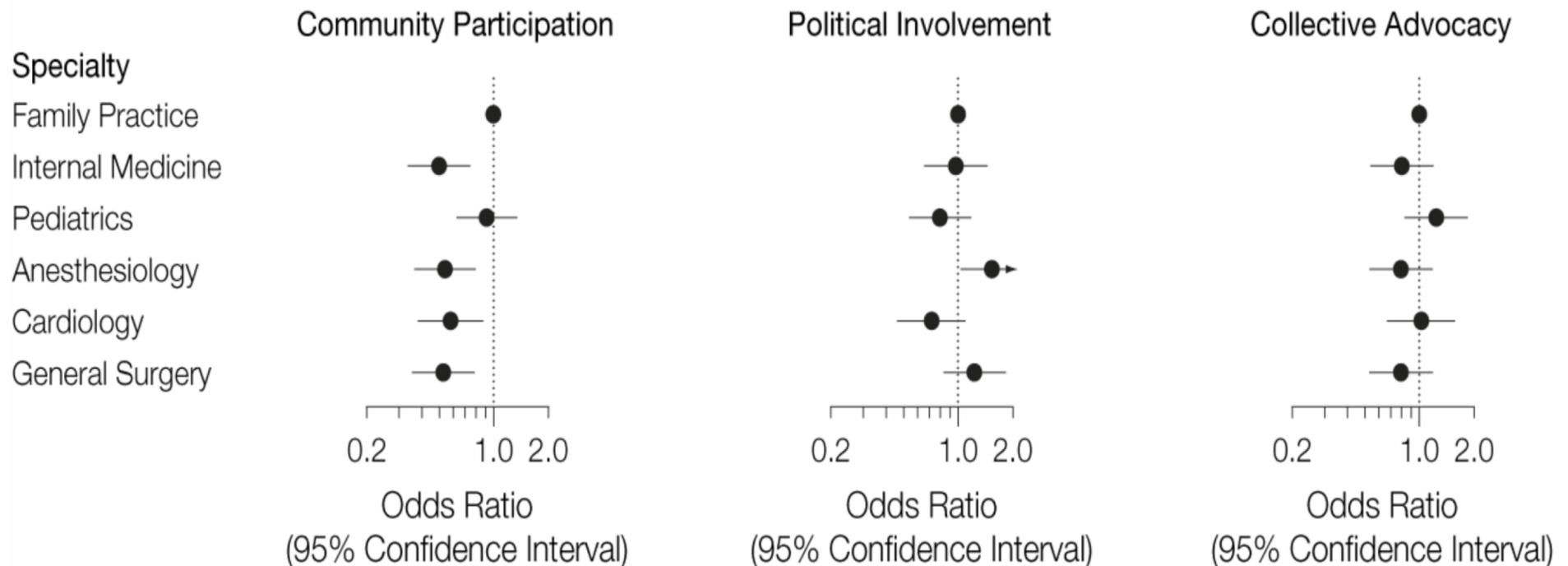


ADVOCACY– ONE DEFINITION

- Action by a physician to promote those social, economic, educational and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work expertise.

Earnest MA, Wong SL, Frederico SG. Physician Advocacy: What is it and how do we do it? *Academic Medicine*. 2010; 85:63-67.

Odds ratios of specialties (FM is reference point)

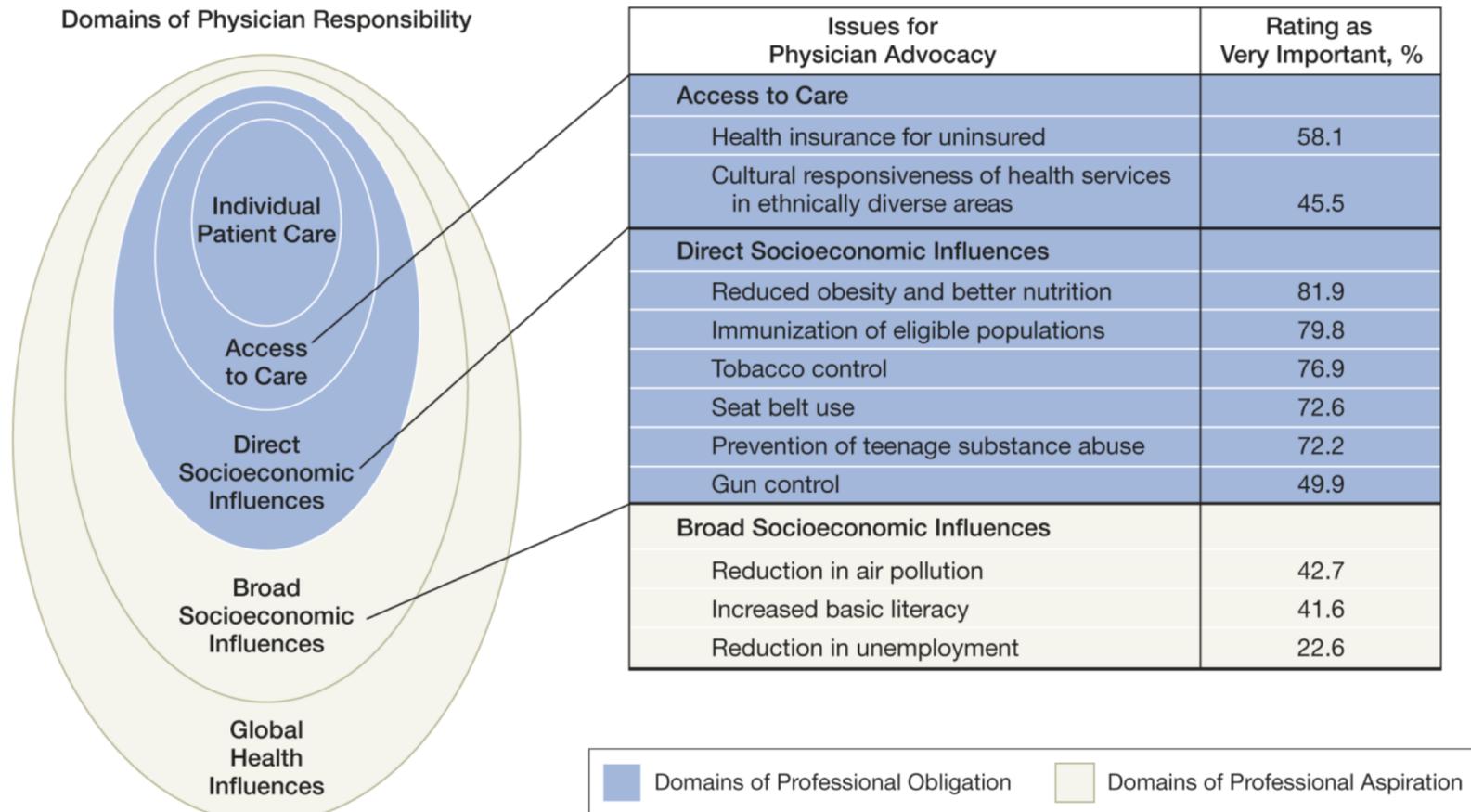


From: **Public Roles of US Physicians: Community Participation, Political Involvement, and Collective Advocacy**

JAMA. 2006;296(20):2467-2475. doi:10.1001/jama.296.20.2467

Join the conversation on Twitter: #STFM18

What do doctors value?



From: **Public Roles of US Physicians: Community Participation, Political Involvement, and Collective Advocacy**
JAMA. 2006;296(20):2467-2475. doi:10.1001/jama.296.20.2467

AMA Principles of Medical Ethics

- A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

Agenda Options

- Option A
 - (experience and knowledge)
 - Focus on how to teach to our learners
 - How we teach it (20 min)
 - Small group: share how you teach it (20 min)
 - Report back to group
 - Commit to next steps
- Option B
 - (Novice/aspirational advocates)
 - Brief intro to the “hows” of advocacy actions: (20 mins)
 - How we teach LTE/meetings/media (20 mins)
 - Discussion/feedback from the group: what might you do in follow-up?
 - Commit to next step

Please evaluate this presentation using the conference mobile app! Simply click on the "clipboard" icon  on the presentation page.

Communicating your message

Credit

- Much of the content in this session was modified from an academic detailing program developed by the National Resource Center of the Brigham and Women's Hospital and Harvard Medical School, and by The Alosa Foundation. Used with permission.
- Some content was adapted from the National Physicians Alliance Copello Health Advocacy Fellowship

Communicating and advocacy

- Communication is a relationship.
- Defining the conversation matters: you need to talk about what **you** want to talk about. “The side that defines the conversation wins.”
- Facts are less important than stories, context, and belief. “The facts never speak for themselves...they need a narrator, a storyteller.”
 - Nick Unger, for the National Physicians Alliance Copello Health Advocacy Fellowship

Structure of a visit

- Preparation: Needs Assessment (continual process)
- Introduction
- Key Messages/Features/Benefits
- Objection Handling (Barriers and Enablers)
- Summary
- Close, and confirm any plans for follow up

Preparation

- Understanding the relationship.
- Understanding issues/concerns.
- Needs assessment

Desired outcomes of the visit

- Communicate information and gain acceptance
- Have a tangible “ask” when meeting with policymakers

Ingredients of an effective visit

- Preparation: know your subject matter and materials, and anticipate objections.
 - Consider visual/printed materials.
- Efficiency: high-impact visits in limited time.
- Effectiveness: stimulate desire for change.
- Rapport: strive to build a trusting and respectful relationship with your audience.

Introductions

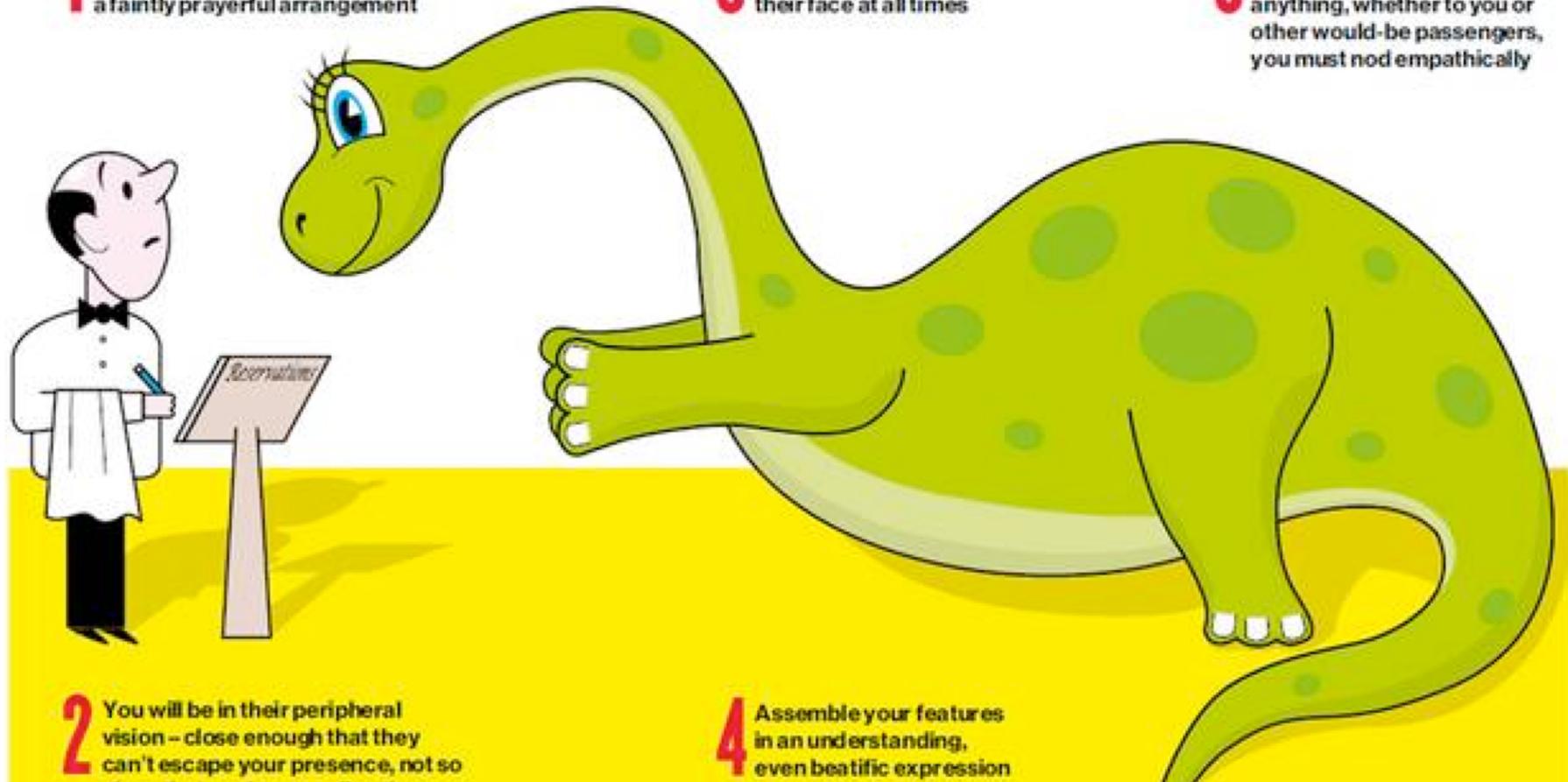
- Let the legislator know who you are.
- Set the tone for the visit: purpose, topic, etc.
- Give yourself credibility.
- Be authentic, and leave the door open for a return visit.
- Focus on the immediate needs of the environment.
- Body language.

Body Language: The Kindly brontosaurus

1 Stand quietly and lean forward slightly, hands loosely clasped in a faintly prayerful arrangement

3 You must keep your eyes fixed placidly on their face at all times

5 Do not speak unless asked a question. Whenever they say anything, whether to you or other would-be passengers, you must nod empathically



2 You will be in their peripheral vision - close enough that they can't escape your presence, not so

4 Assemble your features in an understanding, even beatific expression

Key messages/features/benefits

- Key messages: specific recommendations that propose specific actions—the change that is sought.
- Features: the the reasons behind the call for a change. What are the reasons you support this change?
- Benefits: how this feature meets legislative needs—why these features should matter. What is the end result that should compel action?

Objection handling: barriers and enablers

- Barriers: potential obstacles to adapting the key message
 - Elements that will make it difficult: Can't do because...cost...timing...etc
- Enablers: pathways to address those barriers
 - What it takes to get past the barriers
- Outright objections (resistance) may be difficult to overcome; often an emotional response

Needs assessment

- Focus on active listening
 - Pay attention to what is being said.
 - Body language.
 - Reflect what is being said.

Summary, gaining commitment, and closing

- Remember: the goal is to encourage behavior change...**and** to preserve the relationship for a future visit
- Review the key messages
- Get the practitioner to commit to a change in their practice
- Offer a time and best approach for follow-up

Final tips

- Never underestimate the importance of meeting with a staffer
- Always send a thank you note and any relevant follow up resources
- Bring a constituent when possible

WRITING LETTERS TO THE EDITOR (LTE)

Making a difference in 15 minutes!

Why Write a Letter?

There are a variety of reasons to write a letter to the editor, including:

- You feel passionately about a particular issue and want to **tell others how you feel**.
- You think that an issue is so important that you have to speak out. You want to **increase public awareness, educate the public, or shape public opinion** on this important issue.
- You want to **influence policy-makers or elected officials**.
- You want to **publicize** the work of your group, **advocate for your cause**, and **attract volunteers** or program participants.
- You want to **stimulate public interest and media coverage**.
- You want to **suggest an idea** to others.
- You want to **start a community conversation**.

How to Write a Letter

1. Keep it short – be concise -- 150-250 words is ideal. It's also helpful to look over other letters submitted in the periodical you are targeting to see if there is a popular length. Short letters show confidence in your position. And, shorter letters have a better chance of being published.
2. Open the letter with a simple salutation. A simple "To the Editor of the Daily Sun" or just "To the Editor" is sufficient. If you know the editor's name, however, it's good to use it.
3. Make one point (two max) in your letter and state it clearly and up front. You want to grab the reader's attention!
4. Make sure you have an angle:
 - a. Timing - Why is it relevant *now*? Address a specific article, editorial or letter that recently appeared in the paper. Or refer to something recent and relevant in your community.
 - b. Significance to readership - Why should they care? Explain why the issue is important using plain language that most people will understand. Use personal stories to make it interesting and compelling and local statistics if available.
 - c. Human Interest - Give it a human spin (mothers, children, education etc). Talk about your patient experiences.
 - d. Geographic proximity - How does it affect where you are?
 - e. Prominence - Does anyone famous or more important make it more interesting?
5. Letters to the Editor are often one of these:
 - a. For or against a proposed action
 - b. For or against a completed action

If you are writing a letter about a past or pending action, be clear in showing why this will have good or bad results. Give evidence for any praise or criticism you write. If you have suggestions for how to improve the situation, include them. Be specific!

6. Make sure you have an action item. What do you want people to do with this information?
7. Sign the letter with your full name and include your title, if relevant.
8. Proofread your letter carefully! Check for grammar and spelling mistakes. Make sure it is clear and to the point and has the tone you intended. Take this opportunity to look closely at the length and

condense or cut anything that is not needed to make your point. Clear, well-written letters are more likely to be given serious consideration.

9. Follow the instructions for submitting the letter. Most places prefer email submissions because they are faster and easier, but they can also be deleted easily, so it's good to check it was received.
10. Include your contact information so the editor can reach you if necessary.
11. If your letter is not accepted the first time around, try again. You can submit a revised version with a different angle, or send it to a different newspaper.

The basic rules are:

- a. Be quick**
- b. Be concise, and then**
- c. Be quiet.**

Web Resources:

Union of Concerned Scientists: <http://www.ucsusa.org/action/writing-an-lte.html>

Volunteer Guide: <http://www.volunteerguide.org/minutes/service-projects/letters-to-the-editor>

Community Toolbox: <http://ctb.ku.edu/en/table-of-contents/advocacy/direct-action/letters-to-editor/main>

WikiHow: <http://www.wikihow.com/Write-Letters-to-the-Editor>

Letter to the Editor Worksheet:

Issue:

Potential Publication:

Main Idea:

What is your angle (ie Timing, proximity, human spin, based on a recent event)?

What is your action item?

Media 101

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Disclosures

- MedScape Family Medicine Channel
- Health & Media Fellowship (ABCNews, PBS NewsHour, NPR)
- NO PHARMA MONEY. Ever!

- It's a mad mad world

Objectives

- Practical Tips about talking to the media
- Creating a media strategy

Pet peeves

- Many of us think we can't write
- We are afraid to speak to the media (TV, radio, Print)
- We don't want to "seem pushy" or "fame seeking"
- Social media scares us



How to Interact with the Media



Who is 'The Media'?

- Electronic-- it's not just TV and radio anymore-- web TV, YouTube, phone videos, e-zines, blogs, tweets
- Print: newspapers, magazines
- Wire services and syndicates
- Radio



What Reporters Want from You

- Facts (evidence-based), expertise
- Analysis
- Opinion



Understand Deadlines!

- In news, being first matters!
- Imposed by:
 - competition, editors
 - magnitude of event,

Medium (Cable vs
Network)



Deadlines

- Respond immediately even if you can't do the interview until later (or at all)
- Others will be asked
- Offer earliest Opportunity
- Earlier: better chance of shaping story
- Later: quote included (maybe)

Everybody has ADD

- Average TV story: 90 seconds
- Average radio story: about a minute
- TV sound bites: 8 to 20 seconds
- Radio actualities: 20 to 25 seconds

Know your audience

- The people who read/watch, NOT the reporter or the editor or even your peers.
- No more than two or three messages.
- Keep it simple.
- Make it lively and interesting.
- Use your comms staff to do background on the reporter, the organization—don't take a cold call.

Know your audience

- No jargon and no alphabet soup.
- Know your topic.
- Focus on results, not process.

Know your audience

- Don't assume the reporter knows much about the story, or your organizations/clinic
- Don't assume you can ask for the questions beforehand, but you can ask for the issues.
- Don't assume reporters will stay on topic.

Questions not to answer

- Personal opinion
- Hypotheticals
- Outside your scope
- Controversial issues for your organization

Being on camera

- Look at the interviewer, not the camera.
- Be as comfortable (huh!) as possible.
- Be conversational.
- Don't ramble, answer the question.

On the Record

- You are being interviewed so you will likely be quoted
- If you don't want to read/hear it, DON'T SAY IT
- You can't take your words back "off the record" is NOT retroactive
- "Off the record" : your comments and quotes cannot be used, even without attribution
- "on background" : your comments can be used but not attributed to you specifically ("health care policy expert")

Telling your story

Add people:

- “This policy means XXX people will have access to healthcare.”
- “This means xxx fewer people will be affected by this disease.”
- “The flu vaccines can protect the senior citizens of our community sending fewer of them to the hospital and preventing deaths from pneumonia”.

Telling your story

Add anecdotes:

- “For example, the people living in our city are directly affected by it.”
- “What I see in my practice is that people ask for xxxx.”
- “We noticed that several of our patients, right here in clinic, were more likely to use the cheaper version of the drug”.

Telling your story

Add yourself:

- “When I see children in our practice, I usually tell their parents that xxxx.”
- “I found out, when I talked to families in our community, that they’re concerned about xxxxx.”
- “Here’s what I usually tell my female patients....”

The Phone Interview

Radio, Internet, print or pre-interview

- Stand up
- Have material close at hand
- Be close to your computer for easy access to information (open relevant files)

The Radio Interview

- So many deadlines, so little time
- **Call in shows**
 - Anything can happen
 - If you don't know an answer, don't fake it; try to transition to one of your points
- **Be concise & remember the audience**
- **Microphone is always on!!**

TV

- **No office chairs with wheels/swivel**
- **Camera time often limited – be concise and to the point (10 seconds)**
- **Befriend photojournalist**
- **Microphone is always on!!**

How to look on camera

- Women: White coat or suit jackets, small earrings, think makeup
- Men: Bright colored ties, white coat or suit jacket, avoid shine
- Avoid whites (under coat), dominant black and bright red
- Avoid patterns and weaves, they can pulse
- If you're offered make up, take it
- Comb your hair and check your look before you go on camera
- Glasses can sometime have glare

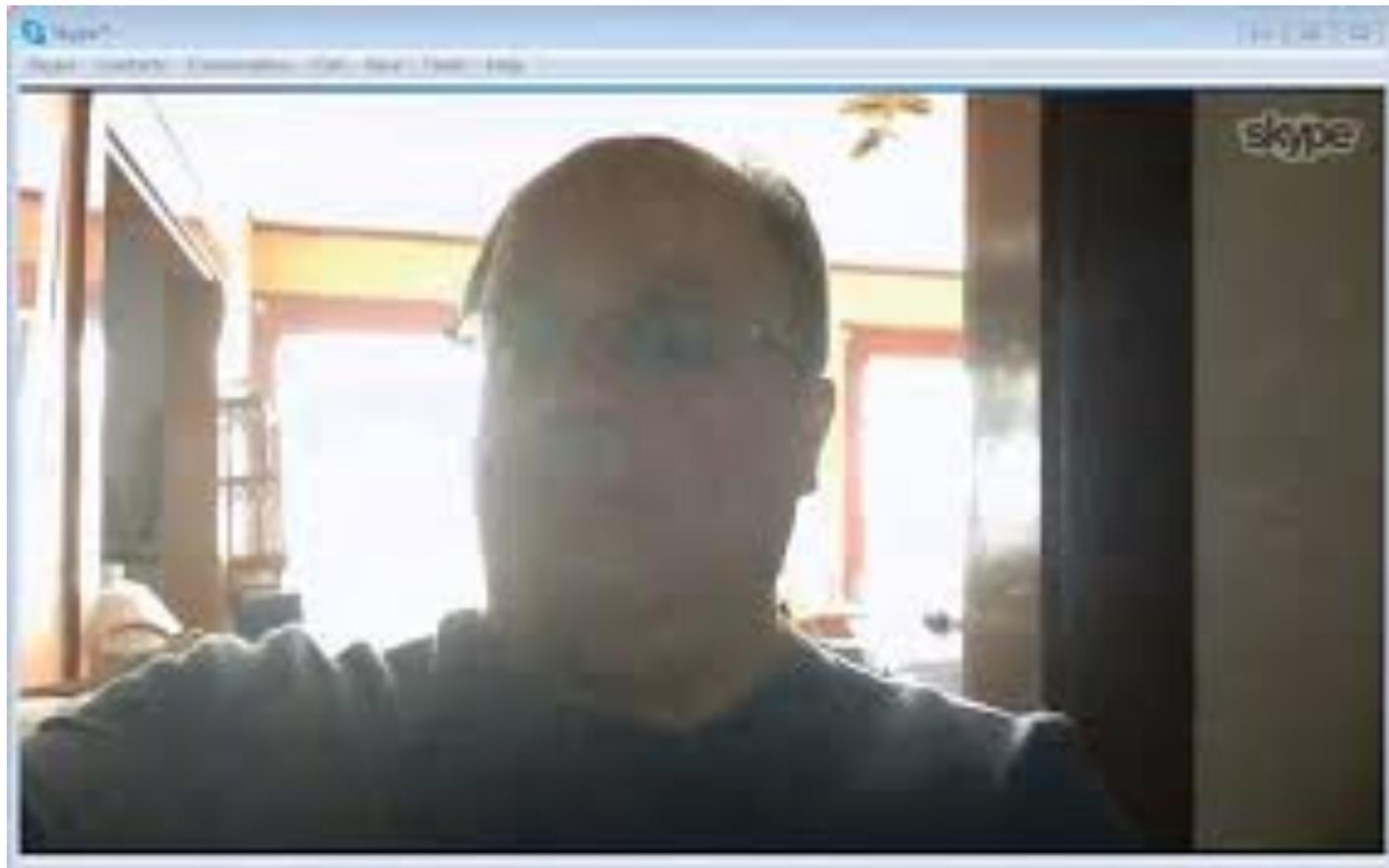
Talk is cheap

- One study found words make up only 7 % of what an audience remembers.
- Your voice and manner count for almost 40% of your communication.
- Body language counts for over a third.

Skype

- Will your location be quiet?
- Look into the camera—not at the picture of you
- What's behind you? Branding opportunity (or misstep)

skype



Have fun!

- Your organization/clinic does good work.
- **You** do good work.
- Try to have a little fun sharing those things.

- Remember, you are the expert.
- You can anticipate the questions and know your answers in advance.
- You're in control.

Let's review

- State key points early
 - >> That signals what's important to the reporter
- Conclusions first then details

When It's Over

- Did the reporter get what he/she needed?
- Offer to do more/give your contact information
- Avoid asking to “review” the story

Creating a Media Strategy



Goal Setting

- Individual
- Academic Center
- Practice
- Professional Chapter
- **Organization**

Individual.

- Academic Promotion
 - Scholarly activity
 - AltMetrics
- Grant generation
- Attracting patients

- Take Stock: Past experience
- Mentors
- Networks

Organizational

- Put a (\$) Value on Media Coverage

- Advertising Value Equivalency (AVE): what your coverage would cost if it were advertising space (or time).

Department, Chapter, Practice



- Communications Dept
- Organization/Departmental “Expert List”
- FM AFP Chapter “Expert List”
- Chapter Advocacy Committee

Creating a Strategy



- Local newspaper
- Pitch stories
- Serve as source for story ideas
- Write Op-Eds
- Blog; Social Media
- Invite reporters on 'field trips'.
- The List of Anecdotes

Thank You & Questions

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