

# The Physician Advocate

ADVANCING POLICIES THAT SUPPORT HEALTH EQUITY

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*“Understanding the linkages between health equity and government policies is essential to ensuring that health equity is truly addressed. Health care needs to be active in the non-health care agenda. Education, housing, poverty, and racism are all important drivers of health.”*

– Family Physician

**The EveryONE Project™**  
*Advancing health equity in every community*





Family physicians often see firsthand the health impact of policies that affect vulnerable patient populations in communities where they live and practice. They possess a unique voice and influence to raise awareness about health equity. They also have the knowledge to inform and advise elected officials on the development and implementation of policy.

In 2017, the American Academy of Family Physicians (AAFP) conducted the [Social Determinants of Health Survey](http://www.aafp.org/everyone-survey) (www.aafp.org/everyone-survey). It showed that while 75% of family physicians agree they should advocate for public policies that address social determinants of health (SDOH), fewer than 25% have written to or spoken with an elected official. Fifty-six percent of respondents said they feel unable to provide solutions to patients about advocating for healthy communities.

To help our members with SDOH issues, the AAFP is developing a series of tools and resources, including its [The EveryONE Project Toolkit](http://www.aafp.org/EveryONE) (www.aafp.org/EveryONE). The toolkit is designed to provide family physicians and their practice teams education, practice tools, and other resources to help address SDOH in their clinics and communities.

The AAFP recognizes advocating for policies that affect patient health is just one step in helping patients address SDOH, and it can be a daunting one. However, it is often the case that public health officials, or elected officials (such as city council members, representatives, and senators) welcome the support and input from the family medicine perspective throughout the legislative process.

This guide is intended to help strengthen your skills as a physician advocate to advance health equity in your community.

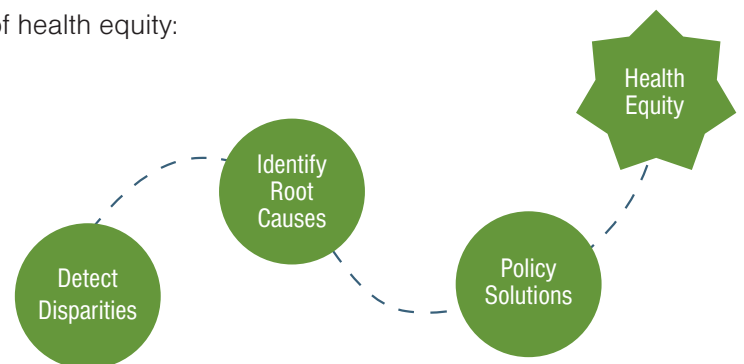
## Connect the Dots

Similar to an infectious disease, chronic diseases often cluster in areas where their origins are attributed to a specific source or cause. While the source of an infectious disease can be discovered rather quickly, causes of chronic diseases typically emerge slowly and more broadly across a vast network of systems and policies. In some cases, the cause of chronic diseases can be attributed to misguided policies by governments.

The following steps can help communities achieve the goal of health equity:

- Detect health disparities
- Identify root causes of poor health outcomes
- Develop solutions policymakers can implement

The AAFP has identified the following population health resources that can help family physicians and researchers detect health disparities, identify causes, and identify existing policies and gaps in communities. These include plans, assessments, and data about the health of communities. Use them to connect the dots that lead to health equity.



- [Community health assessments \(CHAs\) and/or community health improvement plans \(CHIPs\)](http://www.naccho.org/membership/meet-our-members/lhd-directory) (www.naccho.org/membership/meet-our-members/lhd-directory) are essential public health service resources developed by state and local health departments. A CHA assesses the health needs and issues of communities or states through a collaborative process. Comprehensive data is collected and analyzed to assist stakeholders in developing and implementing strategies to improve the health of the community or state it serves.<sup>1</sup> A CHIP looks more long-term (plans are typically updated every three to five years) and attempts to address public health problems determined by health



assessments and the health improvement process.<sup>1</sup> Together, a CHA and CHIP can help set the health agenda, and provide policy goals and strategies for a community or state.

Contact information for local health departments can be found at the [National Association of County and City Health Officials' \(NACCHO\) directory](http://www.naccho.org/membership/meet-our-members/lhd-directory) (www.naccho.org/membership/meet-our-members/lhd-directory). In 2016, 78% of all local health departments had completed a recent CHA, and 67% had completed a recent CHIP—with a slightly greater proportion developed in larger communities.<sup>2</sup>

- [The Community Health Assessment Toolkit](http://www.healthycommunities.org/Resources/toolkit.shtml#.W5I3KHUrJcD) (www.healthycommunities.org/Resources/toolkit.shtml#.W5I3KHUrJcD) is a resource developed by the Association for Community Health Improvement™. The toolkit provides the following nine-step process of community engagement, which can be used to assess and improve the health of citizens by engaging stakeholders throughout the CHA process.





- [County Health Rankings & Roadmaps](http://www.countyhealthrankings.org/) (www.countyhealthrankings.org/) provides a snapshot of the health of a county. Explore data that show health outcomes in your county, including:
  - o Length of life (premature death)
  - o Quality of life (poor or fair health, poor physical health days, poor mental health days, low birthweight)
  - o Health behaviors (adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births)
  - o Clinical care (uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetes monitoring, and mammography screening)
  - o Social and economic factors (high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, social associations, violent crime, and injury deaths)
  - o Physical environment (air pollution-particle matter, drinking water violations, severe housing problems, driving alone to work, and long commute-driving distance)

County Health Rankings & Roadmaps ranks the health of nearly every county in the United States on health outcome measures. A key feature of the data is a detailed graph of available trend data, indicating your county's performance over the reporting period and disparities by race/ethnicity.

Michigan
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Overview
Rankings
Measures
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Select a Measure:

HEALTH OUTCOMES  
**PREMATURE DEATH**

**Ranking Methodology**

Years of Data Used: 2014-2016

Summary Measure: Health Outcomes - Length of Life

Weight in Health Outcomes: 50%

**Summary Information**

Top U.S. Performers: 5,300 (10th percentile)

Range in Michigan (Min-Max): 4,500-10,100

Overall in Michigan: 7,300

## Premature death

Years of potential life lost before age 75 per 100,000 population (age-adjusted). [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#)

Place	Years of Potential Life Lost Rate	Trend	Error Margin	Z-Score	YPLL Rate (Black)	YPLL Rate (Hispanic)	YPLL Rate (White)
Alcona	7,600		5,400-9,700	0.29			
Alger	7,600		5,600-9,700	0.36			
Allegan	6,200		5,600-6,700	-0.79	12,800	4,300	6,200
Alpena	7,600		6,400-8,800	0.34			
Antrim	6,500		5,200-7,800	-0.52			
Arenac	9,800		7,500-12,000	2.03			
Baraga	8,500		6,000-10,900	1.02			
Barry	5,700		5,000-6,400	-1.18			
Bay	7,400		6,800-8,000	0.16	9,100	9,200	7,300

- [HealthLandscape Population Health Profiler Tool](http://www.healthlandscape.org/PopHealthProfiler/) (www.healthlandscape.org/PopHealthProfiler/) is a tool that allows users to create detailed ZIP code tabulation area (ZCTA)-level maps by service area and key community measures, including the distribution of age, ethnicity, social deprivation, inequities, access to health care, and chronic conditions. Users can also download a detailed report of 30 key measures in the following areas:
  - o Age and gender
  - o Race and ethnicity
  - o Inequities
  - o Social determinants of health
  - o Chronic conditions and access to care

Follow directions at this link to use the features of the Population Health Profiler Tool:  
[www.healthlandscape.org/HowToUseTheCVSProfiler-201805.pdf](http://www.healthlandscape.org/HowToUseTheCVSProfiler-201805.pdf).

## Know the Issues

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As a physician, you may be called upon to help establish and advance policies that lead to healthy outcomes for your community. The AAFP has resources to help you and your practice team learn about policy interventions that can advance community health and promote health equity. Share these resources with elected or public health officials to help educate them about the issues important to you. Issues include, but are not limited to: Health in All policies, education and health, poverty and health, climate change, tobacco, Medicaid, and much more.

- **AAFP Policy on Health Equity** (www.aafp.org/health-equity-policy) – Read about the AAFP’s policy on health equity.
- **AAFP Policies** (www.aafp.org/policies) – Browse all AAFP policies from A-Z or download a full version of all AAFP policies.
- **AAFP Position Papers** (www.aafp.org/position-papers) – Browse all AAFP position papers.
- **Center for State Policy Backgrounders** (www.aafp.org/backgrounders) – Browse the Center for State Policy backgrounders for state advocacy issues.
- **The EveryONE Project Advocacy for Health Equity** (www.aafp.org/everyone-advocacy) – Browse health policy resources and AAFP policies specific to health equity issues.
- **Health Equity Issue Briefs** (www.aafp.org/community-collaboration) – Read about relevant policy issues and interventions that address the social and economic factors that drive health inequities.
- **The Importance of Family Medicine** (www.aafp.org/importance) – Scroll through short briefs about the importance of family medicine in each state.

## Organize a Coalition

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While one physician may be able to directly impact a single issue in an individual community, it will likely take a coalition to create momentum to influence policy change. A community of advocates may have legislative connections. Well-established relationships with elected officials can get you in the door to schedule a meeting and voice your concerns about your cause. Having allies in many districts, communities, and/or states can further push an issue to the forefront of a legislative agenda.

Identify, connect, and collaborate with other AAFP members in your state or constituent area through the [AAFP Constituent Chapter Directory](http://www.aafp.org/chapterdirectory) (www.aafp.org/chapterdirectory). AAFP members who are passionate about a common issue can connect with other members through the [AAFP’s Member Interest Groups \(MIGs\)](http://www.aafp.org/migs) (www.aafp.org/migs), or other health-focused societies.



When advocating for health equity issues, think beyond just your contacts in family medicine and health care. Your issues may affect groups in other areas, such as education, civil rights, business, religion, nonprofits, and perhaps many other concerned families in your community. Finding the right allies and building a strong coalition is key, and can provide your cause with time, energy, and resources to help advance your goals.

## Communicate with Elected Officials

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It can be intimidating to meet with elected officials. The following strategies can help when speaking with elected officials and advocating for an issue or cause.

- **Find a sponsor.** Your local elected official or an individual with influence, experience, knowledge, and interest about your issue may help serve as a champion for your cause. Learn who the person is that you choose, where they stand on your issue, and why they take that stand. Knowing what motivates them can help create a compelling message and commonality on your issue.
- **Develop talking points.** Share both facts and personal stories from your role as a physician that help tell why you care about the issue and why it is important. Facts will frame the argument as an intellectual one, but compelling stories make the argument an emotional one too. The AAFP's policies, backgrounders, and health equity issue briefs can help you develop talking points. Tailor these talking points around your patients, your experiences, and how your cause will improve patient care and/or your community. By the end of the meeting, verbally reiterate a list of key summary points, as well as your request of the elected official, and give them a printed copy of that summary and request.
- **You are the expert.** Your knowledge and expertise bring a unique perspective as a physician and passionate advocate for your patients. This is a point of view that few elected officials hear, and makes you an expert for your cause.

## Connect with Elected Officials

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Opportunities to connect with elected officials and join in advocacy causes in your community and among your peers include such activities as:

- Joining clubs or religious, volunteer, civic, or membership organizations.
- Attending political party meetings or political fundraisers.
- Serving on a local commission or board of health in your town or county.
- Attending community activities with your children or grandchildren.
- Helping to champion causes important to family physicians by joining the [AAFP's Family Medicine Political Action Committee \(FamMedPAC\)](http://www.aafp.org/donate) ([www.aafp.org/donate](http://www.aafp.org/donate)).
- Learning about advocacy issues the AAFP is fighting for that protect and promote the specialty of family medicine ([www.aafp.org/fighting](http://www.aafp.org/fighting)).

## Additional Advice from the AAFP

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This guide provides resources with health information about your community, tips to help build coalitions, and steps to interact with public and elected officials. It is just a starting point to help you enact the change you want to see in your community, patient care, and other issues you're passionate about.

The following advice can further help you navigate the process of becoming a physician advocate:

- **Understand the legislative process.** States vary with their powers and how they pass laws. Local communities in some states can pass laws, as long as they don't conflict with an existing state law. Advocating and passing laws on the state level have the most impact, but it may take more time, effort, and resources. However, passing laws in several municipalities may build momentum to pass a similar law on the state level.





- **Know your state and local politics.** Depending on the politics of your municipality or state, it may be easier to get a law passed in one or the other. Understanding the voting patterns of your community and state can help you decide which to pursue.
- **Learn counter arguments and know about your opposition.** By knowing and researching opponents of your cause, it can better help you to anticipate their arguments and be prepared to offer counter arguments.
- **Outline ways to help your elected official help you.** Pursue goals from which both you and your elected official can benefit. Politics is the art of compromise. You may not get everything you want for your cause, but small wins can lead to larger victories later and help build relationships for fights in the future.
- **Find your balance.** Advocacy can be a rewarding aspect of being a family physician. However, it can take a lot of time away from your practice, family, friends, and other social aspects of your life. Finding a balance to all you do is key to your well-being. Test out small advocacy efforts initially by getting involved with a local issue you're passionate about.

## References

1. Centers for Disease Control and Prevention. Community health assessments & health improvement plans. [www.cdc.gov/stltpublichealth/cha/plan.html](http://www.cdc.gov/stltpublichealth/cha/plan.html). Accessed September 12, 2018.
2. National Association of County & City Health Officials. 2016 national profile of local health departments. [http://nacchoprofilestudy.org/wp-content/uploads/2017/04/ProfileReport\\_Final3b.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2017/04/ProfileReport_Final3b.pdf). Accessed September 12, 2018.

### DISCLAIMER

Download these resources\* for use in workplaces, health systems, and other places in your community.

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