

AAP

CHAPTER ONE



The “What & Whys” of Advocacy



Advocacy, simply put means **SPEAKING OUT ON YOUR PATIENTS' BEHALF**. Advocacy assumes that there is a problem that needs to be changed, and it is a way to drive or effect that change. Advocacy allows you to move from treating one patient at a time to being part of a broader network of advocates that works systematically.

I. ADVOCACY DEFINED

Speaking up, speaking out

Advocacy, simply put, means speaking out on your patients' behalf. Advocacy assumes that there is a problem that needs to be changed, and it is a way to drive or effect that change. In the context of your work as a pediatrician, there are 4 levels of advocacy: individual, community, state, and federal. This guide focuses on community, state, and federal advocacy, but it is important to understand individual advocacy because it is critical to your role as a pediatrician. Consider the following definitions:

INDIVIDUAL ADVOCACY

Individual advocacy is the direct care and resources that you provide to your patients every day. Individual advocacy describes the work you are already doing to improve the health and well-being of individual patients. This could include calling an insurance company, school, another provider, or a social service agency on behalf of an individual patient. Individual advocacy easily translates to the community, state, and federal level of advocacy focused on in this guide because at its core, each level of advocacy is about speaking out on behalf of children's health and well-being.

COMMUNITY ADVOCACY

Community advocacy builds on and reaches beyond individual advocacy in that it affects not only the children you see in your professional setting but, more broadly, the children within the community. A "community" can be defined geographically (as in a neighborhood, a school district, or a city) or culturally (as in an ethnic or racial group or religious cluster). Community advocacy takes into consideration the environmental and social factors influencing child health, such as exposure to violence, safe places to play, poverty, child abuse, and access to healthy foods, and addresses ways in which child advocates—including pediatricians—can work with community partners to address these issues.

STATE AND FEDERAL ADVOCACY

State and federal advocacy are about changing the public policies, laws, and rules that impact children's health. Through state and federal advocacy, you as a pediatrician can use your voice and your credibility to advocate on behalf of public policies that impact your patients at the state or federal level.

STATE ADVOCACY

State advocacy includes children's health and well-being issues, such as pediatricians working together to pass a state law that would ban smoking in public places to keep children from breathing secondhand smoke, or pediatric practice issues, such as increasing funding for Medicaid payment rates. While the most common form of state advocacy is legislative in nature, there are also opportunities for advocacy with the state executive branch through the governor's office, state agencies and regulatory activities, and the budget process, as well as through the judicial branch. State advocacy work is most effectively accomplished by working with or through your American Academy of Pediatrics (AAP) chapter.

FEDERAL ADVOCACY

Federal advocacy involves using your voice to advocate on behalf of national laws and legislation that affect children's health. For example, the federal government appropriates funds for state-run programs, such as Medicaid and the Maternal and Child Health block grant. As a pediatrician, you can become involved in advocacy efforts that help expand Medicaid funding or require testing of pediatric drugs. Since the inception of the AAP, pediatricians have worked on the federal advocacy level to help create such things as poison prevention packaging and the State Children's Health Insurance Program (SCHIP).

II. WHY ADVOCACY?

Change minds and change policy

In much the same way that you affect the lives of your patients through individual advocacy, your advocacy at the community, state, or federal level can make a meaningful and lasting difference to children in your community and state, and nationwide. Community, state, and federal advocacy allows you to move from treating one patient at a time to being part of a broader network of advocates that works systemically to raise awareness, educate, and/or create policy that can help keep children safe and healthy.

To accomplish this type of systemic change, it will require pediatricians to use their voices to speak up on behalf of children at the community and legislative/policy levels. As more pediatricians become actively involved in advocacy, decision-makers and community leaders will become more aware that pediatricians have expertise in children's health issues. This can lead to new community norms and public policies that work on behalf of your patients' health and safety.

A history of caring, a commitment to change

Pediatricians have long believed that they can play a powerful role in creating lasting and meaningful change for the patients they serve. In fact, the AAP was founded by pediatricians to help ensure that patient advocacy remains a priority for the profession.

What makes the profession of pediatrics unique is the commitment to not only treat sick and injured children in the professional setting, but also to work systemically to change the environment that contributes to children's illnesses and injuries through prevention efforts. This is why advocacy is a priority for the AAP, and also why advocacy is now included in the pediatrician training and accreditation process.*

The AAP is dedicated to supporting you because we believe that together pediatricians can help ensure that children's health gets more than just lip service from decision-makers. The AAP believes that pediatricians have the power and credibility to help create community norms and public policies that proactively invest in the health and safety of children.

*The Accreditation Council for Graduate Medical Education requires pediatric residency programs to provide "structured educational experiences, with planned didactic and experiential opportunities for learning and methods for evaluation, that prepare residents for the role of advocate for the health of children within the community." —Accreditation Council for Graduate Medical Education, Pediatrics Program Requirements, July 2007

CAN YOU GIVE ME A BETTER PICTURE OF WHAT ADVOCACY LOOKS LIKE?

Advocacy starts when you identify a problem that affects your patients. The next step is to bring awareness of the issue to decision-makers and others who can help to generate a solution. This could include writing letters to your local paper, meeting with a community leader or decision-maker who has the power or influence to fix the problem, or asking others to get involved—including your colleagues, the parents of the children to whom you provide care, or other people in the community who care about children.

Advocacy can take on many different shapes and sizes depending on your unique interests. The important thing to remember is that regardless of what type of advocacy you get involved with or how much time you spend engaging in advocacy, your efforts link with other pediatricians who are making a difference in the improvement of children's health and well-being.

ISN'T THE WORD "ADVOCACY" JUST A FANCY WAY OF DESCRIBING A LONG, COMPLICATED, BUREAUCRATIC PROCESS?

When the AAP talks about advocacy, we simply mean taking the care, the information, and the resources that you provide to individual children and families and sharing those stories and experiences at the community, state, or federal level to help create systemic change.

Many people think that to become involved in advocacy, they need to know everything about the issue they care about as well as the political or legislative process. This is not the case, but you do need to know something about the process, and this book can help you gain that knowledge. The main thing you need is passion and a willingness to speak out on behalf of your patients. This could be achieved through working with your chapter, sharing your story with the media, communicating with an elected official or decision-maker, or other activities of your choice.

Advocacy is not something that needs to take a lot of your time. In fact, many pediatricians who get involved in advocacy efforts find that advocacy is a natural extension of what they are already doing. Additionally, many pediatricians find advocacy to be a rejuvenating activity that further connects them to their profession and their passion for improving children's lives. Consider the following story that illustrates what advocacy could look like for you:

PEDIATRICIAN ADVOCACY STORY

The University of Maryland Breathmobile program provides advocacy for pediatric patients on many levels. The Breathmobile is a free mobile asthma and allergy clinic that provides preventive care at numerous schools in underserved areas of Baltimore and surrounding communities. We advocate for our patients in many untraditional ways for a pediatric practice.

First, we advocate for families with limited access to specialty asthma care by providing free care without the need for referrals or insurance. We go beyond the typical specialty asthma care visit by advocating for improvement in the environment for the children cared for in our program. If we identify asthmatic children with mouse or cockroach sensitivity, we write letters to landlords requesting extermination. We recently worked with the local Asthma and Allergy Foundation, Baltimore-DC Chapter, to obtain an air conditioner for severe asthmatic siblings to allow them to breathe easier in the hot and humid Baltimore summer.

We also advocate for our pediatric patients in the local schools and community by providing free asthma classes for teachers, school health personnel, parents, and children in the Baltimore area to help educate the community about the seriousness of asthma.

To gain advances for children citywide, not just those in our program, we work closely with the Baltimore City Health Department to identify “at-risk” schools that are in need of specialty asthma and allergy care. The Breathmobile provides advocacy for our pediatric patients on many levels, addressing individual patient needs as well as those of the community at large.

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WHAT IS THE DIFFERENCE BETWEEN COMMUNITY ADVOCACY AND STATE AND FEDERAL ADVOCACY?

In community advocacy, pediatricians work in partnership with the community to explore the root causes of children’s illnesses and find opportunities to address these causes through prevention efforts. This could include becoming involved in educational or awareness campaigns that seek to change the behavior that is causing the illness. In state or federal advocacy, pediatricians seek to effect change at the legislative or administrative level. This means changing or enacting a public law or regulation that impacts children’s health. It’s worthwhile to note that community advocacy can sometimes overlap with state and federal advocacy—what may start at the community level can go on to become a state or federal issue.

For example, within your work, you may find that a problem you are encountering is that many of your patients are overweight. Through addressing this problem on the community level, you might work with the local school system and child care institutions in your area to include more fruits and vegetables in children’s meals, increase daily fitness activities, or offer nutrition classes to parents. By addressing this problem through state or federal advocacy, you could work to pass laws that fund additional after-school physical activities and healthier food and beverage choices in schools.

Similarly, state or federal laws may provide the tools or catalyst for local communities to act. For example, federal law requires local education agencies participating in federal nutrition programs to develop a local school wellness policy for schools in their jurisdiction to address nutrition and physical activity policies. Pediatricians can use this requirement as a mechanism to advocate for community changes.

PEDIATRICIAN ADVOCACY STORY

I attended an AAP Chapter Advocacy Summit and heard a session put on by an attorney general. I was surprised to hear how many great advocacy stories came from attorneys general and decided to make an appointment to go visit mine when I returned from the summit.

Our attorney general was very excited to meet us. She told us she was investigating school violence from the perspective of children. She had toured the country interviewing middle school and high school students about why they thought there was school violence. They felt the bullying of troubled kids was what pushed them over the edge to school violence.

She was contemplating what we could do as a state to help reduce bullying when we came to visit. I told her that I had read several recent articles in pediatric literature about reducing bullying because it led to a lot of somatic problems for kids and even depression and suicide. She told me she was forming a task force to put together legislation to help schools deal with this problem and asked me to head this task force.

Over the next several months, the task force met and fashioned a bill to have schools educate and address bullying from elementary school through high school. In the second year it was introduced, it was passed. Now all of the public schools in the state of Washington are required to educate students, parents, and staff about bullying and adopt a zero tolerance for bullying in their schools. The task force was even able to create a sample curriculum and policy for schools to use.

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DON'T THE AAP AND MY CHAPTER HAVE LOBBYISTS WHO DO THIS?

The AAP, along with many chapters, does have lobbyists who help shape public policy on behalf of children's health and well-being. However, the work of professional lobbying staff alone is not enough and cannot replace one or more passionate, informed, community-aware pediatricians. The AAP and its chapters need an engaged membership base that can advocate on behalf of children's health. The unique perspective and credibility that you have as a pediatrician, and that you can bring to advocating for children's health, propel the issues that you care about forward in a way that a lobbyist alone cannot. The pediatrician's voice is critical in helping create social change.

I'M ALREADY HELPING MY PATIENTS EVERY DAY. ISN'T THAT ADVOCACY WORK?

Helping your patients and their families is indeed a very important form of individual advocacy and the foundation on which most pediatricians build their great interest in other forms of advocacy. But many pediatric leaders have said that pediatrics does not stop at your office or clinic walls. Advocacy leads pediatricians beyond the walls of their clinical or academic settings into the communities, the states, and the federal arena where decisions are made about children's health and well-being and about the practice of pediatrics.

Think back to the reasons why you became a pediatrician in the first place. For many pediatricians, the reasons included a desire to make a real difference in children's lives. Essentially, advocacy allows you to positively influence the health of children in your community, state, or nationwide, not just the ones with whom you come into contact in the confines of your professional setting. Being able to make a broader impact is exactly the reason why pediatricians become involved in advocacy work.

In addition to helping more children, many pediatricians find that advocacy can be energizing and invigorating. Advocacy provides you with a chance to get more involved with the issues that you are most passionate about. It allows you the opportunity to influence change in the broader social, educational, environmental, or political systems that impact children's health and well-being. It gives you an opportunity to work proactively to make children's health a priority for your community, your state, and your country.

CAN ADVOCACY REALLY AFFECT COMMUNITY, STATE, AND FEDERAL DECISION-MAKERS AND LEADERS?

Absolutely! Most decision-makers are elected to office by their constituents. As such, they care what their constituents think and they depend on their constituents to keep them in their jobs. The more they hear from pediatricians and others in the community who care about children's health, the more they will realize and understand that these issues are a high priority to their constituents. The same is true for community leaders. While they may not always be elected to office, the more energy an issue receives in the community, the more likely it is that community leaders will want to become involved. Through advocacy, you can influence community leaders to get involved in supporting your issues.

TOOLS AND SUPPORT



This section contains tips and tools to help guide you through the “What and Whys of Advocacy.” Within this section, you will find the following tip sheets:

Why Advocacy

The Top 10 Reasons for Pediatricians to Advocate

Pediatricians’ Advocacy Glossary

Terms and definitions that relate to advocacy

WHY ADVOCACY?: THE TOP 10 REASONS FOR PEDIATRICIANS TO ADVOCATE

As you begin to explore the “What and Whys of Advocacy,” you might find yourself asking why it is important for you as a pediatrician to get involved. Advocacy can reap multiple rewards for children’s health and the profession of pediatrics. Consider these ideas when exploring why advocacy can make a difference for children’s health.

- 1. MAKES USE OF EXPERTISE**
Pediatricians can contribute necessary expertise on children’s health and development issues to policy discussions and thereby influence the decision-making process. Moreover, pediatricians are trusted by families to speak on behalf of children’s needs.
- 2. BUILDS LONG-TERM SUCCESS**
Recruiting and engaging more pediatricians to become advocates ensures that you can keep fighting on children’s health issues until real and lasting change is achieved.
- 3. FUELS A SENSE OF ENERGY AND COMMUNITY**
Advocacy creates a sense of energy, excitement, and momentum that gives children’s health and pediatrics “buzz” and gets the attention of leaders and elected officials.
- 4. INFLUENCES POLICY**
Pediatricians can affect policy decisions by raising awareness and educating decision-makers who can change the rules to further support children’s health.
- 5. IMPACTS ELECTIONS**
Pediatricians can help persuade others in their community to vote with children’s health in mind.
- 6. OFFERS AN ANTIDOTE TO CYNICISM**
Advocacy taps into the hopes and inspiration of pediatricians’ personal experiences and translates them into concrete and meaningful change on a larger scale.
- 7. SHOWS STRENGTH IN NUMBERS**
Advocacy can help attract other pediatricians, child advocates, teachers, and parents who care about children’s health because they will be drawn to the energy, enthusiasm, and positive results that they see as you speak out.
- 8. CREATES CHANGE**
Advocacy has been proven to elevate children’s health and well-being in the community, state, and national consciousness and create systemic change.
- 9. TRANSLATES EXPERIENCE**
Compelling issues from people who are willing to tell their stories are the key components of effective advocacy. Pediatricians have the issues, stories, and expertise that decision-makers need to hear. Advocacy allows you to use these to good advantage.
- 10. RENEWS COMMITMENT**
Advocacy relies on the passion and experiences of pediatricians and thereby renews commitment to the improvement of child health and offers a powerful way to spread a message and influence a system.

PEDIATRICIANS' ADVOCACY GLOSSARY

When beginning to get involved in advocacy, it is important that everyone use the same terms to mean the same thing. Consider these definitions as possibilities when discussing the various aspects of advocacy work.

ADVOCACY: Speaking out on your patients' behalf. Advocacy assumes that there is a problem that needs to be changed. Advocacy systematically connects pediatricians and others who care about children's health issues to drive or effect that change.

ADVOCATE: A person who cares about children's health and well-being, such as a pediatrician, who is using a variety and range of ways to systematically improve children's health and well-being by advocating at the community, state, or federal level.

BASE: Allies—those closest and most committed to children's health issues; those already convinced and most likely to support the issues that affect your patients.

COALITION: An alliance, either temporary or ongoing in nature of individuals or groups, assembled to combine resources and influence and achieve a common advocacy goal.

COALITION-BUILDING: Engaging in outreach efforts to assemble temporary or ongoing alliances of individuals or groups to achieve a common advocacy goal.

DECISION-MAKERS: The people who have decision-making authority over the children's health issues most important to you. This could include appointed or elected government officials (mayors, legislators, or state or federal department heads), as well as nonelected leaders of influential groups or organizations (business executives, hospital or school administrators, or board members of nonprofit organizations).

EXPANDING YOUR BASE: Bringing new groups into your base to increase your power.

INFLUENCE: Having a vocal and well-organized cadre of advocates to establish children's health issues as critically important and to force action for positive change.

MOBILIZING: Engaging an active group of advocates in a specific advocacy action, on a specific timeline, to influence identified target audiences.

POLICY: Policy refers to a rule, guideline, or framework. When it comes to children's health, policy can be defined broadly to include legislative or administrative policy at the state or federal level, as well as city or county ordinances and community policies that affect children's health and safety.

RESOURCES: Your assets. These can include things such as time, the people you know, community partnerships, chapter newsletters, and more.

SOLIDIFYING YOUR BASE: Engaging in specific tasks to connect with and excite your base, and gain their commitment to action.

TARGETING: Identifying and prioritizing your "targets," or those decision-makers or audiences that you need to influence to achieve the results that you want.

VOTER ENGAGEMENT: Nonpartisan advocacy work to register, educate, and mobilize people to vote in elections with children's health issues in mind.