

# Advocacy for Division Directors

**Advocacy means speaking out on behalf of your patients and your profession.** Advocacy assumes that there is an opportunity for change or improvement, and it is one way to drive or effect that change. In the context of your work as a Division Director there are mechanisms to effect change that are unique to your position. In addition to the mechanisms offered through the ACR, AMA, AF and other organizations, there are opportunities that you can direct within your own division at multiple levels:

- Fellow education and involvement in advocacy
- Faculty Development in advocacy
- Divisional programming and planning
- Lead by Example

## **Fellow education and involvement in advocacy**

Fellowship is a protected time to be exposed to a variety of different professional activities. Advocacy can be considered to be part of ACGME competencies for interpersonal communication, professionalism, and systems-based practice. Potential activities to discuss with the Program Director that can be considered “added value” to the fellowship experience:

- Incorporate “policy grand rounds” into divisional educational/research seminar series
- Support divisional fellow(s) to attend local, state and DC Capitol Hill fly-in efforts
- Support attendance of ACR Advocacy 101 in Washington DC
- Support communication with state and federal officials about health policy
- Encourage patient centered discussions regarding legislative impact

## **Faculty development in advocacy**

Advocacy is not necessarily a segregated activity. Many Universities encourage service to the profession, the institution and the community. Faculty often belong to a variety of professional societies that can be made aware of common problems faced by patients with chronic and disabling illnesses such as access to medications and healthcare.

- As part of University community service commitment
  - Promote membership and active participation in local and state rheumatology organizations
  - Work with patient- and disease-specific groups to both learn about the day-to-day challenges of patients and to leverage the interactions to promote policies that benefit health

# DIVISION DIRECTORS' TOOLKIT

- ❑ Promote University-wide cross-specialty and cross-disease collaborations
- Participating in pediatric or internal medicine multi-specialty organizations to promote rheumatology interest
- Promote and participate in local and federal advocacy efforts:
  - ❑ Meet with legislators and staff in local home offices,
  - ❑ Contact legislators regularly through Voter Voice [info.voterveoice.net](http://info.voterveoice.net)
  - ❑ Develop relationships with your elected officials, their staff and appropriate agency personnel
  - ❑ Make personal contributions to their legislators
  - ❑ Invite legislators and their staff to visit your clinics to learn about what their constituents need
  - ❑ Participate in election campaigns of legislators who champion patient-friendly health policies and/or invest in RheumPAC

## **Divisional programming and planning**

- Support rheumatology faculty to present in scientific meetings or seminars that cross disciplines
- Development with other ACR stakeholders (GAC, RheumPac, ARHP, COTW) of advocacy educational tools for academic faculty; integrate with similar efforts for practitioners and other supporters of Rheumatology
- Promoting and facilitating divisional faculty members to participate in ACR advocacy or other organizational efforts
- Hold a “Teach Your Legislators” day by inviting local, state and national elected/appointed government officials to visit and learn what is being done by academic and local rheumatologists as well as patient groups
- Promote participation in relevant government organizations such as the state medical board and health insurance exchange, and regular communication with the insurance commissioner's office
- Inviting ACR members active in advocacy efforts to participate in divisional educational activities
- Promoting child health initiatives in juvenile arthritis and pediatric rheumatic diseases through the ACR and private foundations including the Arthritis and Lupus Foundations

## **Lead by example**

Depending on your schedule and availability, you might find that it is easier to participate in one type of advocacy over another. Individual advocacy is the direct care and resources that you provide to your patients and to your faculty every day. Common activities could include calling an insurance company, another provider, or a social service agency on behalf of an individual patient. Other opportunities to get involved in different levels of advocacy will emerge. Depending on your interests, time and comfort level, you might find it preferable to work with others on your faculty, in your local community or your state and federal elected and appointed officials. Small daily choices can set the tone and culture of your division and make a difference on behalf of your patients and your profession.

## **Examples of individual advocacy include:**

- Vote [if eligible] in local, state and national elections
- Personal leadership development in local and national advocacy efforts

# DIVISION DIRECTORS' TOOLKIT

- Attend advocacy sessions at the annual ACR meeting
- Personal financial support of RheumPac  
[www.rheumatology.org/Advocacy/RheumPAC](http://www.rheumatology.org/Advocacy/RheumPAC)
- Participate in DC Capitol Hill fly-in lobbying day
- Follow ACR on Facebook and Twitter: @ACRheum
- Join the ACR advocacy list serve at  
[www.rheumatology.org/Learning-Center/Professional-Communities](http://www.rheumatology.org/Learning-Center/Professional-Communities)
- Send an email to federal officials through ACR's Legislative Action Center
- Become an ACR Key Contact for your elected officials
- Join or renew membership in the AMA. ACR must have 1000 members every five years (current deadline is Sept 2017) to maintain a seat in the AMA House of Delegates. This allows ACR to submit resolutions and leverage our message.

## Web based resources

State Legislatures Web Sites from the National Conference of State Legislatures

[www.ncsl.org/aboutus/ncslservice/state-legislative-websites-directory.aspx](http://www.ncsl.org/aboutus/ncslservice/state-legislative-websites-directory.aspx) provides links to state Web pages.

FindLaw: State Resources–[www.findlaw.com/](http://www.findlaw.com/)

Associations of State and Local Government Officials

National Association of Insurance Commissioners (NAIC)–[www.naic.org](http://www.naic.org)

List of 2017 State Insurance Commissioners:

[www.naic.org/documents/members\\_membership.pdf](http://www.naic.org/documents/members_membership.pdf)

National Conference of State Legislatures (NCSL)–[www.ncsl.org](http://www.ncsl.org)

National Governors Association (NGA)–[www.nga.org](http://www.nga.org)

National Association of State Budget Officers (NASBO)–[www.nasbo.org](http://www.nasbo.org)

National Academy for State Health Policy (NASHP)–[www.nashp.org](http://www.nashp.org)

National Association of Attorneys General (NAAG)–[www.naag.org](http://www.naag.org)

National Association of County & City Health Officials (NACCHO)–[www.naccho.org](http://www.naccho.org)

National Association of Chronic Disease Directors (NACDD)–[www.chronicdisease.org](http://www.chronicdisease.org)

The Association of State and Territorial Health Officials (ASTHO)–[www.astho.org](http://www.astho.org)

Association of Maternal & Child Health Programs (AMCHP)–[www.amchp.org](http://www.amchp.org)

State Legislative Leaders Foundation–[www.slff.org/](http://www.slff.org/)

State & Territorial Injury Prevention Directors Association (STIPDA)–[www.safestates.org/](http://www.safestates.org/)

The Council of State Governments–[www.csg.org](http://www.csg.org)

## Health Care Data Resources

CDC: Immunization Information–[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

CDC: National Center for Health Statistics (NCHS)–[www.cdc.gov/nchs](http://www.cdc.gov/nchs)

CDC: NCHS FastStats–[www.cdc.gov/nchs/fastats/map\\_page.htm](http://www.cdc.gov/nchs/fastats/map_page.htm)

George Washington University Department of Health Policy–[www.gwu.edu/](http://www.gwu.edu/)

Kaiser Commission on Medicaid and the Uninsured–[www.kff.org/about/kcmu.cfm](http://www.kff.org/about/kcmu.cfm)

StatePublicHealth.org–Demographics, Data, Analysis–[www.statepublichealth.org](http://www.statepublichealth.org)

## Pediatric Resources

American Academy of Pediatrics–

[www.aap.org/en-us/advocacy-and-policy/Pages/Advocacy-and-Policy.aspx](http://www.aap.org/en-us/advocacy-and-policy/Pages/Advocacy-and-Policy.aspx)

The Child and Adolescent Health Measurement Initiative (CAHMI)–[www.cahmi.org](http://www.cahmi.org)

Kaiser Family Foundation State Health Facts Online–[www.statehealthfacts.org](http://www.statehealthfacts.org)

KIDS COUNT Data Center–[www.kidscount.org/datacenter](http://www.kidscount.org/datacenter)

Agency for Healthcare Research and Quality Child Health Toolbox–

[www.ahrq.gov/research/findings/factsheets/children/toolbox/index.html](http://www.ahrq.gov/research/findings/factsheets/children/toolbox/index.html)

Childhood Arthritis & Rheumatology Research Alliance–[www.carragroup.org/](http://www.carragroup.org/)