SPEAKERS

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Approaches to Messaging and Framing as Health Professionals

Reshma Ramachandran, MD MPP
Doctors for America Advocacy Grand Rounds
April 8, 2021
Disclosures

I have no relevant financial relationships with commercial entities that produce health-care related products or services relevant to the content of this presentation.

My views are my own and not that of my employers (U.S. Government, U.S. Department of Veterans Affairs, Yale School of Medicine) nor the organizations I work with.

I co-Chair the Doctors for America Drug Affordability Action Team whose work is funded by the Laura and John Arnold Foundation. I also sit on the boards of the American Medical Student Association Foundation and Universities Allied for Essential Medicines North America.
Trust us, we’re medical professionals.
At one point, Luntz asked the participants about who they thought would be a better messenger about getting a vaccine. "You've got to choose: Donald Trump or your own doctor — who's going to have a greater impact on whether or not you get the vaccine?" Luntz asked. All 19 said their own doctor would be more influential. That surprised Luntz, who expected Trump would be more influential. In the end, though, the focus group confirmed for him that when it comes to vaccines, it is such a personal decision that people don't want politicians anywhere near it.
Tailoring the message to your audience

- Other health professionals and their organizations
- Patients
- Policymakers

‘Do you have any fresh medical mumbo jumbo? My patient already heard all I have’
Three In Ten Americans Say They Haven’t Taken Their Medicine As Prescribed Due to Costs

Percent who say they have done the following in the past 12 months because of the cost:

- Not filled a prescription for a medicine: 19%
- Cut pills in half or skipped doses: 12%
- Taken over-the-counter drug instead: 18%
- Percent who did not take prescription medicine as directed because of the cost: 29%

SOURCE: KFF Health Tracking Poll (conducted February 14-24, 2019)
COVID-19 pandemic has worsened drug affordability
Why should this matter to you (audience)?

Patients and Other Physicians

• While our patients have continued to suffer during the pandemic, the pharmaceutical industry is running business like usual – raising the prices of over 750 drugs, all above inflation.

Policymakers

• Another piece of collateral damage from the pandemic is our patients’ increasing inability to afford the medicines we prescribe.
• Medicare Part D is the world’s largest purchaser of prescription drugs. Every dollar that is spent on paying for expensive prescription drugs is another dollar that is not spent on building back better.
Anticipate counterarguments
Landscape: The Case of Hepatitis C Direct-Acting Antivirals
Why should our patients pay multiple times over for their prescription drugs?
Harnessing our stories to frame the message
How to Win Campaigns

Justin Mendoza, MPH
U.S. Advocacy Manager,
Partners In Health
March 8, 2021
About Partners In Health

Partners In Health is a non-profit, social justice organization striving to make health care a human right for all people, starting with those that need it most.

Over three decades, we have supported communities around the world to respond to deadly outbreaks of cholera, Ebola; recover from these initial crises; and reimagine more equitable health systems for the future.

34 years in operation

11 country programs

$150M+ annual operating budget

18,000 employees supporting communities around the world

4M people have access to high-quality primary care as a result of PIH’s engagements around the world
WHO WE ARE:

We strive for justice
We accompany our partners with first-class technical guidance and scrappy operational problem-solving
We promote health equity in everything we do
We enliven new and ambitious public health agendas around the country
We work to dismantle systemic racism in the health system
We amplify voices and lessons from communities where we work to influence broader national change
We combat failures of moral imagination

WHAT WE DO:

1. **Respond**: Stop COVID-19 from devastating vulnerable communities
2. **Recover**: Build a relentless ground game to contain COVID-19 over time
3. **Reimagine**: Transform community health systems and amplify the movement for the right to health
In following tradition for Medical Professionals, I hereby disclose that I have no financial conflicts of interest with regards to the content presented here today.
Understanding Power
Advocacy Should be Rooted in Power

- Influence
- People
- Authority
- Money
- Market
Building Power
No matter the issue, you have a target/decision maker.
Building Power: Mapping Relationships
Building Power: Mapping Relationships
## Stakeholders/Your Table

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Relationship to Target</th>
<th>Interest in Issue</th>
<th>Focus/Skillset</th>
<th>Your Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend/Advisor</td>
<td>Friend of Target</td>
<td>None/Unknown</td>
<td>Influence</td>
<td>Exploit a personal contact</td>
</tr>
<tr>
<td>University</td>
<td>Alma Mater</td>
<td>High (Runs a program)</td>
<td>Authority</td>
<td>Joint meeting with decision maker, or public event</td>
</tr>
<tr>
<td>Local Union</td>
<td>Political Donor</td>
<td>Moderate (labor rights, but not focus)</td>
<td>Money/People</td>
<td>Ask to join coalition</td>
</tr>
<tr>
<td>Faith Leaders</td>
<td>Same Faith as Target</td>
<td>Tangential interest (aligns with faith)</td>
<td>Influence</td>
<td>Ask to join coalition</td>
</tr>
</tbody>
</table>
## Opposition

<table>
<thead>
<tr>
<th>Group/Individual</th>
<th>Relationship to Target</th>
<th>Interest in Issue</th>
<th>Power Type</th>
<th>Your Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Group</td>
<td>Donates to campaigns</td>
<td>Opposed – has arguments</td>
<td>Influential</td>
<td>Counter arguments, or argue around them</td>
</tr>
<tr>
<td>Other University</td>
<td>Donor</td>
<td>Opposed to radical change on topic</td>
<td>Authority/Money</td>
<td>Public Event (debate) – or drown out.</td>
</tr>
<tr>
<td>Business Associate</td>
<td>Outspoken leader in community, campaigned for target</td>
<td>Opposed, unclear why</td>
<td>Market Power</td>
<td>Meet with, determine next step</td>
</tr>
<tr>
<td>Opposing Campaign</td>
<td>Outside</td>
<td>Opposed, with list of reasons</td>
<td>People Power</td>
<td>If overlap, run tangential campaign to neutralize. If none, be louder</td>
</tr>
</tbody>
</table>
What Does This Look Like?
In Action

PUBLIC HEALTH JOBS NOW:
A Public Health Jobs Corps to Build a Healthy Future

To address the COVID pandemic and combat ongoing and future public health catastrophes, we urgently need a new Public Health Jobs Corps. Federally funded and locally managed, it will create 1.6 million permanent, quality jobs across America, build a healthier and more equitable future for all Americans, and ensure that Black and brown communities can thrive.

SIGNATORY ORGANIZATIONS

Service Employees International Union
Partners In Health
Center for Popular Democracy
National Employment Law Project
Community Change Action
Insight Center for Community Economic Development
Yale Global Health Justice Partnership
Cornell Center for Health Equity
The Partnership for Working Families
Demos
In the Public Interest
Georgetown Center on Poverty and Inequality
Policy Link
HealthBegin
Right to Health Action
NETWORK Lobby for Catholic Social Justice
United Today, Stronger Tomorrow
+, +, +
In Action: Our Actions

Q&A: Why the United States Needs a New Public Health Workforce

A key element of U.S. President Joe Biden’s American Rescue Plan is a call for a new public health job corps that would address two overlapping national crises: the deadly COVID-19 pandemic and the enduring economic devastation.

The plan’s announcement comes after a decade of policy choices that have eroded the nation’s public health workforce, which has lost at least 38,000 public health jobs while state and local budgets have been slashed by 14 and 18 percent, respectively, since 2010. With budget cuts, staffing, funding, and leadership, states and local authorities have struggled since early last year to keep pace of testing, contact tracing, and support of COVID-19 patients and their contacts.

Now, some of these strapped governments are being asked to execute complex vaccination campaigns in the midst of the country’s worst-case surge.

In short, reinforcements can’t come soon enough.

With these realities in mind, Partners In Health is building a campaign with key partners to advocate for the U.S. government to build a larger workforce to help stop COVID-19, strengthen the economy, and build equitable public health systems across the nation.

This work is part of larger efforts led by PIH’s U.S. Public Health Accompaniment Unit, which provides technical expertise, training, and learning opportunities to state and local governments to support effective testing, contact tracing, quarantines, and social services for COVID-19 patients and their contacts.

We spoke with PIH’s U.S. advocacy manager, Justin Mendes, to learn more about the job corps proposal, including why it’s crucial for curbing the pandemic and how it builds on ideas already in place in the new White House and Congress.

Why do we need a new public health job corps now?

Fedexionally funded and locally managed, we think it should create 14 million permanent, qualified jobs across the United States, build essential public health capacity for all Americans, and ensure that this and future generations can rely on a stable workforce.

PUBLIC HEALTH JOBS CORPS: Responding to COVID-19, rebuilding the community health workforce

Updated January 22, 2021

I. INTRODUCTION

The United States is facing an unprecedented series of crises that threaten the health of all Americans. The COVID-19 pandemic, resulting economic instability, and escalating distrust in institutions have resulted in hardships for millions. The catastrophic failure of the Trump administration’s COVID-19 response exposed and exacerbated the urgent need to build a public health system in the U.S. that recognizes social determinants as a key driver of inequity, prioritizes access to high-quality integrated clinical care, and ensures the right to health at its core. Families in America need action—to stop COVID-19, to rebuild trust in government, and to alleviate injustice and suffering.
In Action: Our Partners

Commentary: In recovery from the pandemic, Utah must rise together

This is an opportunity for social transformation, not just a return to the way things were.
FOR IMMEDIATE RELEASE
Wednesday, March 24, 2021
Contact: Evan Lukaske, 202-224-3873

GILLIBRAND, BENNET ANNOUNCE GUIDELINES FOR ‘HEALTH FORCE’ PROGRAM AND CALL FOR EQUITABLE HIRING IN UNDERSERVED COMMUNITIES

Historic American Rescue Plan Included $7.66 Billion Public Health Workforce, Modeled After Health Force, To Expand The Nation’s Public Health Jobs And Infrastructure And Aid Vaccine Distribution

As Administration Implements Relief Package, Senators Outline Congressional Intent For Landmark Health Force To Guarantee Equitable, Efficient, And Sustainable Program

WASHINGTON, D.C. — Today, U.S. Senators Kirsten Gillibrand and Michael Bennet sent recommendations and guidelines to the Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) as the administration works to implement the Health Force program to combat the pandemic. The recently passed American Rescue Plan delivered $7.66 billion for a new public health workforce based on Gillibrand and Bennet’s “Health Force” legislation to expand the nation’s public health jobs and infrastructure. The senators are calling on the Biden administration to prioritize equitable hiring and service in low-income and underserved “Focal Communities”, and prioritize robust training, compensation, and reporting to ensure the landmark public health workforce is administered efficiently and sustainably.
Thank you!

Reach out any time:

jmendoza@pih.org  @JustinDMendoza

www.pih.org
Writing for Advocacy
Joshua M. Sharfstein, M.D.
April 2021
WHY FOCUS ON WRITING?

Clarity of expression

Persuasion

Permanence
Some Principles

Be up front and clear. You are not writing a murder mystery.
DNUA
Style: Reads well. Looks good.
WHAT NOT TO DO

“So what if all the facts aren’t accurate? I know you agree with the policy.”
“It’s complicated. If you don’t understand what’s there, you’ll have to trust me.”
“This figure speaks for itself.”

Letters to editor. Connection to article. Direct refutation if needed. More generalizable point.

Letter to public official. Summary at top. Headings that are complete sentences. Footnotes on each page. Concluding section.

Official submission like comments or petition.
Opinion: Hogan can’t explain away Maryland’s vaccine inequities. He needs a plan to fix them instead.

We Have to Focus on Opening Schools, Not Bars

Resuming classroom instruction is crucial. Infection control inside and outside classrooms can let it happen.
Examples

Governor Larry Hogan
100 State Circle
Annapolis, Maryland

House Speaker Adrienne Jones
State House H-101, 100 State Circle
Annapolis, Maryland 21401

Senate President Bill Ferguson
State House, H-107, 100 State Circle
Annapolis, Maryland 21401

Dear Governor Hogan, Speaker Jones, and President Ferguson:

As students, staff, community leaders, and faculty in the fields of medicine and public health, we urge you to take action to stabilize housing in Maryland during the COVID-19 pandemic. Specifically, we ask you to halt evictions and provide financial support that helps residential renters and small property owners as critical steps to mitigate the impacts of the ongoing public health crisis. More than 300,000 Maryland residents are expected to be at risk of eviction by the end of the year.1

[Logo: Doctors for America]
I. BACKGROUND

The class of over-the-counter cold, cough, allergy, bronchodilator and antihistamine (cough and cold preparations) medications are widely marketed and widely used for children. Under the law, they are classified as “generally recognized as safe and effective.” Yet, for treatment of cough and cold for children under six years of age, these products have not been shown to be safe, have not been shown to be effective, and are not generally recognized as safe and effective.
Q & A
JOIN US ON MAY 13

Dismantling Racism in Your Daily Practice

DOCTORS FOR AMERICA

1:00 p.m. EDT - http://bit.ly/AGR1PM051321
8:00 p.m. EDT - http://bit.ly/AGR8PM051321
Thank you for joining us.

Please Take Our Survey: