

Connecting at the Community, State, and Federal Levels

AAP

ADVOCACY GUIDE



Pointing you in the right direction to become an effective advocate

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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

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This guide is intended as an advocacy resource. Variations, taking into account individual circumstances, may be appropriate.

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D Y S O N F O U N D A T I O N

AAP

ADVOCACY GUIDE



Introduction to the Guide



It should be our aim to discover neglected problems and, so far as in our power, to correct evil and **INTRODUCE REFORM.**

—Isaac Abt, First AAP President

I. WELCOME

Creating change

Welcome to the American Academy of Pediatrics (AAP) *Advocacy Guide*. This guide was designed as a resource to make it easier for you to advocate on behalf of children and pediatricians. Advocacy is a priority for the AAP because it provides a way to move beyond individual solutions to create and be part of broader systemic change. In fact, advocacy is one of the top reasons pediatricians join the AAP. Through advocacy, pediatricians and resident physicians such as you can help change community norms and public policy to protect children's health and well-being. Whether you are just beginning or you are a seasoned advocate, this guide is designed for you.

This guide will provide you with tips, tools, and real-life examples from other pediatricians regarding how to use your voice to create positive and lasting change on behalf of children's health and well-being. Advocacy can happen in many different ways, in various settings, and at multiple levels. **By engaging in advocacy, you are joining a growing number of pediatricians and pediatric residents who are motivated to act on behalf of children's health and well-being in the broader community and public policy arena.**

II. WHAT'S IN THIS GUIDE AND HOW TO USE IT

Charting your course

This guide provides you with the information, instruction, and support on how to

- Use your credibility as a pediatrician or pediatric resident and your personal story to influence change.
- Advocate on behalf of issues that you care about at the community, state, or federal level.
- Quickly understand the ins and outs of the public policy-making process, and how the process relates to your advocacy efforts.
- Motivate decision-makers to focus on and support children's health and well-being.
- Find and work with others in your community who care about children's health issues that are important to you and your patients.

- Work with the media to create a broader awareness and understanding of the issues that are impacting the children and families for whom you provide care.
- Help make your patients a priority to politicians through legally permissible political campaign and election activities.
- Find additional resources, information, and training opportunities through the AAP, your chapter, and other groups working on the issues that you care about.

The AAP created this guide to help make it quick and easy for you to become involved in advocating for systemic community and policy change on behalf of your patients. Each chapter is created in a consistent format so you can simply pick it up and take the information that you need at the time you need it. Based on this format, some repetition of key concepts may appear between chapters. Additionally, the chapters are written in an interactive way to allow you the freedom to explore how your own experiences, interests, and stories relate to the chapter topics. Each chapter is structured based on the following format:

CHAPTER OVERVIEW

The overview explains why the chapter topic matters to your advocacy efforts and how the topic can help you become an even more effective advocate. The goal of the overview is to provide you with a general understanding of the chapter's core concepts and definitions in a quick and digestible format.

FAQ: FREQUENTLY ASKED QUESTIONS

This interactive question-and-answer section goes deeper into the main skills or take-aways from the chapter. It is intentionally designed in a question-and-answer format to address many of the actual questions that pediatricians like you have asked.

STORIES

Actual stories and examples from other pediatricians are included within each chapter. These illustrations help provide you with context and ideas of how you can apply the advocacy topic to your own experiences within your busy schedule.

TOOLS AND SUPPORT

This section includes tip sheets and tools related to the chapter topic. It provides you with a quick and easy way to put the skills from the chapter into practice, as well as supplies you with resources that will help you feel comfortable and supported along the way.

DO I NEED TO READ THIS ENTIRE GUIDE TO BECOME AN ADVOCATE?

No. The guide was designed to support “just-in-time” learning. It was designed in a format that allows you to easily find the advocacy topic or subject area that you are interested in, and quickly gain basic skills, tips, and tools to help you get started. The guide was purposely designed this way because of the feedback from pediatricians like you. You’re busy and face many competing demands from your work. The design of the guide reflects the AAP belief that pediatricians can be powerful advocates for children and the profession with whatever amount of time they have available to them.

HOW DO I BEGIN USING THIS GUIDE?

There is no right or wrong way to use the guide—it all depends on your time and interests. For example, if you have an interest in working with the media, you can simply go to the “Media and Communications Advocacy” chapter for information, examples, tips, and tools on that subject. While each chapter complements the others, every topic area can also be used as a stand-alone document or set of tools. The guide gives you the ability to access as much, or as little, of the information as you need to help you get started.

However, no matter what type of advocacy or issues you are interested in, you are encouraged to take a few minutes to read Chapter 2: “Pediatricians Are Natural Advocates.” This chapter reflects the unique role that you as a pediatrician can play in advocating for children and their families.

WHAT KIND OF SUPPORT CAN I EXPECT FROM THE AAP?

You are not alone in your efforts. Advocacy is central to the mission of the AAP and, as such, the national organization of the AAP is here to help you in your advocacy efforts. In addition, your closest connection to the AAP, and first line of assistance and support, is your AAP chapter. The AAP chapters are actively engaged in community, state, and federal advocacy activities and can serve as your conduit to the national office.

For more information about the specific resources that the national AAP office and your chapter can provide, please refer to Chapter 8: “We’re Here to Help.”

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.

Mary Bollinger, MD
University of Maryland Hospital for Children, Baltimore, MD

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.

Danette Glassy, MD, FAAP
Mercer Island Pediatric Associates, Mercer Island, WA

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.

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CHAPTER TWO



Pediatricians Are Natural Advocates



As a pediatrician, **YOU ARE IN A UNIQUE AND POWERFUL POSITION** to advocate for children’s health issues. This chapter explains what makes you an effective advocate and how the individual advocacy you provide every day naturally translates into broader advocacy efforts at the community, state, and federal level. This chapter also demonstrates how you can easily incorporate community, state, and federal advocacy into your professional setting.

I. THE POWER OF THE PEDIATRICIAN'S STORY

Making the issues real

Many pediatricians came to the profession because they wanted to make a difference in the lives of children. Sometimes this difference means providing information to parents on how to keep their children healthy; at other times it means providing critical and lifesaving treatment. While “making a difference” can be defined in a multitude of ways, one thing is certain: The children you serve—the children for whom you have made a difference—have names and faces. They are part of the collective story of what drives you to provide the best care possible every day.

These stories are also what motivate many of you to get involved in advocacy efforts.

- You don’t want to see another child with a brain injury because there are inadequate child helmet laws in their communities.
- You don’t want to see another child miss their immunizations or preventive care because of lack of affordable health insurance.
- You don’t want to limit the number of patients seen by physicians because of inadequate payment and burdensome regulations.

Patients’ stories put a face on the broader issues that require policy and systems change to improve children’s health and well-being.

These stories also give pediatricians influence to drive change. **Your story can make the issue real in a way that fact sheets and statistics alone do not. This personal touch can capture the attention of community leaders, elected officials, the media, and the general public, and help propel your issues and concerns forward.**

II. PEDIATRICIANS ARE UNIQUELY QUALIFIED TO ADVOCATE FOR CHILDREN

Authority, credibility, and trust

In addition to your story, there are other factors that make you as a pediatrician a natural advocate for children. Consider the following:

CREDIBILITY

As a pediatrician, you have authority and credibility on your side. By the nature of your training and credentials, pediatricians are viewed as well-respected members of the community. Community leaders, elected officials, the media, and the general public care what you think. They trust you, and when you speak out on behalf of an issue, you bring with you credibility, legitimacy, and greater importance to the issue.

SKILL SET

Advocacy skills are not much different from the direct care skills you use every day. As a pediatrician, you know how to quickly establish rapport and trust with your patients. You know how to provide a solution to the problem at hand and explain in simple terms to your patients what is wrong, why it needs to be fixed, and how you're going to go about providing treatment. You know how to point your patients in the right direction to get additional help, education, or resources. This is what advocacy is all about: telling your story, establishing trust, and illustrating the problem at hand and what needs to happen to solve it.

YOU ARE NOT ALONE

You are one of many, both within your profession and within your community, who cares about the health, safety, and well-being of children. Through speaking out, you join the voices of others who care about children. These voices represent strength in numbers. Your voice—combined with the voices of other pediatricians and child advocates—can have an impact in creating positive and lasting change for children's health.

III. FITTING ADVOCACY INTO YOUR PROFESSIONAL RESPONSIBILITIES

Every contribution counts

There are many ways to fit advocacy into your professional responsibilities. As you get started with incorporating advocacy into your work, consider

ADVOCACY DOESN'T NEED TO TAKE A LOT OF TIME

Advocacy can quickly and easily fit into your professional responsibilities and demanding schedule. For example, one pediatrician took 5 minutes between patient appointments to call her state representative about a bill she cared about. Later that day, the representative spoke on the floor of the state house on behalf of the bill, and specifically stated:

“My pediatrician supports this bill, and if it's good enough for her, it's certainly good enough for the state.”

You can play a role in creating positive and lasting change for children's health in as little as an hour a month or less. Other pediatricians have decided to spend multiple hours a week advocating. Regardless of how much time you spend engaging in advocacy, each contribution adds up and has a positive and cumulative effect for children's health and well-being.

PRIORITIZE BASED ON YOUR PASSIONS AND INTERESTS

You don't have to be an advocate on every single issue. In fact, when it comes to advocacy, sometimes less can be more. Think back to the patients whose stories provide you with the most inspiration. Prioritize the issue that you care about most and follow your passion. Get involved at the level at which you personally feel is best for you, whether that is on a community, state, or federal advocacy level.

WORK WITH YOUR AMERICAN ACADEMY OF PEDIATRICS (AAP) CHAPTER

Your AAP chapter is likely to already be involved in many community and state advocacy initiatives. Connect with them to learn more about what they are working on and how you can get involved in their efforts to advance children's health and well-being and pediatric practice issues.

CAN ADVOCACY REALLY MAKE A DIFFERENCE? I'M JUST ONE PEDIATRICIAN.

As a pediatrician, you have the ability to influence change. You have a story that is both personal and powerful in illustrating why changes and reforms in children's health and safety need to be addressed. You also have the credibility and authority that accompanies your profession. People, including decision-makers and community leaders, will listen to what you have to say.

Additionally, it is important for you to know that you are not alone in your efforts. Your advocacy efforts are part of a larger movement coming from pediatricians and AAP chapters around the country who are using their voice and credibility to change the way broader systems respond to children's health issues. You are joining countless other pediatricians, parents, teachers, and child advocates who want to see children's health become a greater priority. Together, you will make a meaningful and lasting difference for children in your community and state, and nationwide.

DO DECISION-MAKERS REALLY CARE WHAT I AS A PEDIATRICIAN HAVE TO SAY?

As a pediatrician, your community leaders and decision-makers are influenced by what you have to say because

YOU CAN PUT A HUMAN FACE ON THE ISSUE

The unique story and perspective you bring helps decision-makers put a human face on the issue. Your story is much more tangible to them than data alone. Through sharing your story, decision-makers can understand how the issue personally affects children living within their communities.

YOU HAVE INFLUENCE

By nature of your profession, you can get a decision-maker to respond to you in a way that sometimes other citizens cannot.

YOUR STORY REPRESENTS OTHER CONSTITUENTS IN THEIR AREA

When you contact a decision-maker, you are not just representing yourself, but also children and their families and potentially others in your community who care about children's health and well-being. If an issue is important to you, most decision-makers will assume that the issue is of importance to others as well.

HOW DO I GET STARTED? WHAT DO I NEED TO KNOW?

Start by choosing an issue that you care about. Take a few minutes to explore why you care about this issue, what it is that you want to change, and how this change can impact your patients. Consider using the “Identifying Your Story” tool included in the Tools and Support section of this chapter.

Most of what you need to know to be an effective advocate you already know. You know that you have a powerful story to tell. You know that you have credibility and influence in your community and that your decision-makers care what you have to say. You also know that you have research, facts, and science to add additional support to your efforts.

Nearly everything else you need is included in this guide. As you get started with your advocacy efforts, remember that you don’t need to be an expert on the decision-making process, or know all the ins and outs of how your community, state legislature, or Congress works. This guide will provide you with a general overview of what you need to know, as well as tip sheets, tools, and resources to guide you along the way. Additionally, your AAP chapter can also provide you with support.

HOW CAN I EFFECTIVELY TELL MY STORY WITHOUT BREACHING PATIENT CONFIDENTIALITY?

Putting a human face on your story does not mean that you need to specifically identify your patients. Instead, consider talking generally about the 9-year-old girl you know who doesn’t have health insurance coverage, or the 14-year-old boy you treated with severe head injuries because he wasn’t wearing a helmet while skateboarding. Telling your story using generalities such as these does not violate patient confidentiality and still allows you to paint a personal picture illustrating why your issue matters.

THIS ADVOCACY SOUNDS GOOD IN THEORY, BUT I’M REALLY BUSY. HOW MUCH TIME WILL IT TAKE ME TO MAKE A DIFFERENCE?

There are many, many ways that you can be an effective advocate in less than 1 hour per month. Regardless of whether you take 5 minutes to e-mail your decision-maker, 30 minutes to write a letter to the editor of your local paper, an hour to speak at a community meeting, or a day to participate in your chapter’s “Day at the Capitol,” your advocacy is making a difference.

WHAT ARE SOME CONCRETE WAYS THAT I CAN WORK ADVOCACY INTO MY PROFESSIONAL SETTING?

Advocacy can quickly and easily fit into the work you are doing every day. Consider some of the following ways to integrate advocacy into your professional setting:

SET THE HOME PAGE OF YOUR WEB SITE TO YOUR LOCAL NEWSPAPER'S WEB SITE

This can allow you to quickly learn what's going on in your community, who's active, and who's making the decisions.

WRITE A QUICK OP-ED OR LETTER TO THE EDITOR OF YOUR LOCAL NEWSPAPER

If you see an article in your local paper that interests you or that reflects what you are seeing with your patients every day, consider writing a brief letter to your newspaper about the importance of this issue to children's health. Check with the AAP for sample letters or op-eds already crafted by other chapters on popular issues, and adapt to the unique characteristics of your community, if appropriate.

RESPOND TO ACTION ALERTS FROM YOUR CHAPTER, THE AAP, OR A COALITION YOU ARE PART OF

Many advocacy groups, including the AAP, have electronic action alerts. Consider signing up to receive action alerts from groups whose issues match your interests. It usually takes just a few minutes to take action electronically.

MAKE IT EASY TO CALL YOUR PUBLIC OFFICIALS WHEN YOU HAVE A FEW FREE MINUTES

Program the phone numbers of your community leaders or state and federal public officials into your cell phones. That way, their numbers are always ready to dial whenever you receive an action alert and have time available in your schedule or have a crucial issue to raise with them.

TALK TO OTHER PEDIATRICIANS, PHYSICIANS, OTHER HEALTH CARE CLINICIANS, AND PARENTS

Remember that as a pediatrician, you have a lot of credibility. Take a few minutes to talk to colleagues and others you work with about the importance of the issue you are involved in, and let them know how they can support the issue themselves.

INVITE COMMUNITY LEADERS OR DECISION-MAKERS TO TOUR YOUR PROFESSIONAL SETTING

Invite community leaders and elected officials to spend some time visiting your professional setting. This can give them a chance to see the children, families, and issues that you care about firsthand.

TEACH ADVOCACY WITHIN YOUR RESIDENCY PROGRAMS

Talk to residents about the importance of advocacy, or teach them advocacy skills through grand rounds or noon conferences.

SET UP AN INFORMATIONAL TABLE ABOUT YOUR ISSUE IN YOUR PROFESSIONAL SETTING

Put up a display in your professional setting that brings awareness to the issue that you care about. Use the display as a way to get others involved in your advocacy efforts, such as a sign-up sheet to receive updates from an organization working on the issue, instructions for writing a letter to a decision-maker on the issue, or voter registration materials.

WHAT ARE POTENTIAL ROLES THAT PEDIATRICIANS CAN PLAY AT THE COMMUNITY ADVOCACY LEVEL?

Some examples of the role that you as a pediatrician could play in community advocacy could include

- Partnering with child advocacy organizations in your area
- Informing community leaders, decision-makers, and elected officials about issues that are affecting children in your community
- Inviting decision-makers to visit your professional setting or community project
- Providing testimony and telling your story at community forums, events, and in your local media
- Serving on the board of an organization that supports children's health and well-being or children's interests such as a school board
- Offering medical expertise to schools, youth organizations or institutions, and child care centers
- Asking parents, teachers, and other health care professionals and clinicians in your area to get involved in local efforts to improve children's health and well-being
- Initiating a community project or forming a partnership, alliance, or coalition to address a problem

WHAT ARE EXAMPLES OF ROLES THAT PEDIATRICIANS CAN PLAY AT THE STATE AND FEDERAL LEVEL?

Potential roles that you as a pediatrician could play in state and federal advocacy include

- Writing, e-mailing, or calling your state or federal lawmakers on behalf of children's health issues that you feel strongly about
- Getting involved with your chapter in order to network on issues you are passionate about
- Participating in the AAP Key Contacts program, which helps pediatricians develop a relationship with their federal lawmakers and provide their expertise as a pediatrician to the lawmaker
- Developing a relationship with your local elected official so that you can become a trusted source of information to that decision-maker
- Voting for candidates who make children's health a priority
- Supporting child-friendly candidates through volunteer time and financial contributions

- Participating in your chapter or another statewide child advocacy group's "Day at the Capitol"
- Testifying at a state or federal hearing, in collaboration with your chapter or the national AAP, or at a public meeting on behalf of an issue you care about
- Taking part in candidate forums, such as asking questions of the candidates; signing on as a candidate forum cosponsor; or recruiting other pediatricians, health care providers, and child advocates to attend
- Participating in a press conference or media interview in support of a state or federal issue that affects children's health and/or the pediatric profession

PEDIATRICIAN ADVOCACY STORY

I was asked to provide testimony at the state legislature as 1 of 3 speakers representing my state chapter. It was several years after the measles outbreak and the state health department had decided to require a second MMR vaccine. However, some legislators were in opposition to the vaccine because they viewed it as "Big Brother" trying to tell their constituents how to live their lives.

My job was to present the bigger medical picture of how the vaccine requirement would get implemented, and how it would positively affect the health of the states' children. I was really nervous and, frankly, doubtful that I was the right person to carry this important message. After I was finished, a long-standing and very powerful member of the committee, clearly peeved at what we were saying, said to me directly, "Dr Grossman. You said that more than 120 people died in the country as a whole as a result of this measles outbreak. Is that correct?" I responded affirmatively that there were more than 120 deaths from measles, more than half in young children. The legislator then responded, "Only 120? That doesn't seem like an awful lot of people to me now!"

I was absolutely speechless for several minutes, but after regaining my composure I said, "In my way of thinking, even one death of a child, especially a totally preventable, unnecessary death, is one death too many." The bill to prohibit the state health department from mandating immunizations for schoolchildren died right then, and children in the state began to receive a second vaccine.

I believe that my story illustrates what any child advocate can and must do. We can make a difference, and we do, all over the country, in big ways (occasionally) and in smaller ways (constantly), every single day. Our young patients cannot vote and have no financial or political clout, so we must do it for them.

Lindsey K. Grossman, MD, FAAP
Professor, University of Maryland Department of Pediatrics, Baltimore, MD



TOOLS AND SUPPORT

This section contains tips and tools to help you further explore how you as a pediatrician can be an effective advocate. In this section you will find tip sheets on the following:

Identifying Your Story

A tool to help you explore your own advocacy story and the role that advocacy can play in your work.

Pediatricians Are Natural Advocates

The top 9 reasons why you as a pediatrician are a natural advocate.

Being An Effective Advocate in About an Hour a Month

A list of ways you can fit advocacy into your busy schedule.

IDENTIFYING YOUR STORY

As you begin to explore a role for advocacy within your work, please take a few minutes to reflect on your own experience. Exploring your own story can help you identify the issues that you care about and further help put a human face on your advocacy efforts. Some questions to consider asking yourself include

Why did you want to become a pediatrician? When did you first remember wanting to become a pediatrician?

What was it about the profession that excited you? Why did you choose pediatrics and not another medical specialty?

Who are some of the people that motivate you in your work? What are the real-life stories that inspire you to do what you do every day?

How is the health and safety of your patients personally affected by the larger systems that they are a part of? What could make these systems better? What do you want to see changed? How will these changes affect your patients?

What clinical issues or problems do you see among your patients that you didn't see in the past?

PEDIATRICIANS ARE NATURAL ADVOCATES

As a pediatrician, you are a natural and powerful advocate on behalf of children's health. Consider the following reasons why you are uniquely suited for advocacy:

YOU PUT A HUMAN FACE ON ADVOCACY: You care for children every day who are affected by greater health and social systems. When you tell your story, you make the issue of children's health real to people in a way that fact sheets or statistics alone do not.

CREDIBILITY: By nature of your profession, education, and training, people in your community respect and trust you. When you speak on behalf of an issue, you bring credibility to the issue.

INFLUENCE: Because you instill trust and are credible, you can easily inspire others to get involved in children's health issues. Others in your community will be influenced by what you have to say and will want to become part of your efforts.

YOUR PATIENTS ARE DEPENDING ON YOU: The children that you care for can't vote, and many do not have the power to advocate for themselves. They need you to tell their story. Through advocacy, you can help ensure that decision-makers don't just say children's health is a good issue, but actually act on the issue.

PASSION: Advocacy allows you to dig deeper into your interests and touches on why you became a pediatrician in the first place. Through advocacy, you can channel your passion for children's health into meaningful and lasting change.

SKILLS: Pediatricians already have the skill set of an advocate. The same skills you use every day to establish trust, develop relationships, and provide solutions to your patients can be applied in your advocacy work.

RESEARCH IS ON YOUR SIDE: The issues you care about are backed up by research. Through advocacy, you can convey both the personal and factual importance of your issue.

YOU ARE NOT ALONE: Through advocacy, you join other pediatricians who—through the AAP, chapters, residency training, and community partnerships—are making children's health a priority. This demonstrates strength in numbers.

PART OF THE PROFESSION: Pediatricians founded the AAP in part to ensure that patient advocacy received a higher priority. Advocacy allows you to help improve the lives of your patients and the strength of your profession at the same time.

BEING AN EFFECTIVE ADVOCATE IN ABOUT AN HOUR A MONTH

Contrary to what people think, advocacy is doable and it doesn't require a lot of time. Consider the following ways that you can effectively incorporate advocacy into your already busy schedule:

IN LESS THAN 1 HOUR PER MONTH

- Vote.
- Call, e-mail, or write a letter to your decision-makers on behalf of a children's health issue that is important to you.
- Contribute to a political campaign or a nonprofit advocacy organization that focuses on children's health issues.
- Provide information in your professional setting on community resources that you can refer patients to.
- Sign up for 1 or 2 e-mail lists that focus on children's issues.
- Patronize businesses that donate a percentage of their profits to children's health issues.

IN ABOUT 1 HOUR PER MONTH

- Cultivate long-term relationships with a public official or other decision-maker in your community.
- Write a letter to the editor of your local newspaper.
- Talk to other pediatricians, health care clinicians, and parents that you come into contact with about the advocacy issues you care about. Encourage them to get involved as well.
- Submit an article on an advocacy issue you care about to your chapter or school's newsletter or Web site.
- Meet with a decision-maker at your place of work or in the community.
- Attend community forums and events sponsored by decision-makers or children's health and safety groups in your area.

IN MORE THAN 1 HOUR PER MONTH

- Testify before the state legislature or participate in community forums.
- Set up an advocacy booth or display in your professional setting that explains the issue you care about and gives people information and resources for getting involved.
- Serve as a spokesperson for a local issue or community-based organization.
- Volunteer as a board member of a children's health organization working on advocacy in your community.
- Apply for community advocacy grants.
- Become a member or chairperson of your chapter's government affairs committee.

AAP

CHAPTER THREE



*Getting Comfortable by
Learning the Process*



Many pediatricians find it helpful to have **A BASIC UNDERSTANDING OF HOW THE COMMUNITY, STATE, AND FEDERAL ADVOCACY PROCESSES WORK** as they engage in advocacy efforts. You don't need to be an expert on the intricacies of these processes by any means, but a general familiarity can help you get started or advance your advocacy efforts. The purpose of this chapter is to provide you with an overview of community advocacy, state and federal affairs, and legal advocacy. This chapter also describes the systems and structure that the American Academy of Pediatrics (AAP) already has in place and how you can connect with them to support and enhance your efforts.

I. ESSENTIALS OF COMMUNITY ADVOCACY

All advocacy is local

Community advocacy is born out of the belief that children's health is influenced by social, economic, environmental, and political factors within a community. Through community advocacy, pediatricians focus on systemic community change that can benefit children on a broader level. Community-level advocacy can often include organized activities and partnerships. For example, pediatricians engaged in community-level advocacy need to work in partnership with other child advocates and community leaders to improve the health and well-being of children. Such activities could include organizing an immunization clinic, improving the lunch program at schools, or providing bike helmets to children and their families. Community advocacy generally incorporates the following elements:

- Enlarging the focus from one child to all children in the community
- Collaborating with family and community partners
- Recognizing that the community is always significant to the health of children
- Synthesizing clinical practice with public health and prevention efforts to provide optimal health care in a medical home
- Advocating for accessible health care for all children

While there are similarities between community-, state-, and federal-level advocacy, community advocacy is more likely to occur in variable settings than federal and

state advocacy activities. Advocacy at the community level may relate to local community-based initiatives, school board representation, or processes involving municipal or county government. The different venues for community advocacy allow you to get involved in ways that best fit your interests.

II. THE BASICS OF STATE AND FEDERAL GOVERNMENT

Finding your way

State and federal advocacy focuses largely on influencing the public policies that affect children’s health. These policies can take the form of legislation, regulations, or legal actions and happen at both the state and federal levels. Each decision-making body, whether it is state or federal, has 3 independent components: the legislative branch makes the laws, the executive branch carries out the laws, and the judicial branch interprets the laws. This chapter briefly examines the lawmaking and judicial process.

The Tools and Support section of this chapter provides you with resources for finding out how your specific state legislature is structured, as well as a glossary of legislative terms and a diagram of how a bill becomes a law at the state and federal level.

OVERVIEW OF STATE LEGISLATORS

State legislators (more than 7,300 of them) have become increasingly active players in the day-to-day governing of the country. In fact, state legislatures on average pass 80 state bills for every one federal bill that Congress enacts. State legislatures are responsible for raising enormous amounts of revenue through state taxes and coming up with innovative solutions to address complex public challenges. As an advocate, it is important to recognize this powerful force in American government. Here are some things about state legislatures to keep in mind.

- Each state operates under a different lawmaking process; however, many commonalities exist among states.
- Forty-nine states have bicameral, or 2-chamber, legislatures. The “upper” chamber is commonly known as the *Senate* and contains fewer members. The “lower” chamber is known as the *House of Representatives* or the *Assembly*. Nebraska is the only exception; its legislature is unicameral, or 1 chamber.
- Legislative sessions vary from state to state and year to year. Some state legislative sessions are as short as 30 days; others technically extend over a 2-year period, also known as a *biennium*; still others meet only during even- or odd-numbered years. Information on how to find out when your specific state is in session can be found in the Tools and Support section of this chapter or through your AAP chapter.
- The governor is the chief executive of a state and is responsible for the administration of the government. Powers held by governors include calling special sessions of the legislature, approving or vetoing bills passed by the legislature, submitting an annual budget, and overseeing the administrative functions of state agencies.

OVERVIEW OF FEDERAL LAWMAKERS

The federal government is responsible for passing federal legislation and appropriating funds for state programs. In thinking about your potential involvement in federal advocacy, here are some things to keep in mind.

- The United States Congress has 2 chambers: the Senate and the House of Representatives. Each chamber has its own leadership, its own committee structure, and its own set of rules. Senators serve 6-year terms and Representatives serve 2-year terms.
- Each state has 2 senators representing the entire state. The number of representatives for each state depends on the state's population. This number officially changes every 10 years when a census is taken. Since the House of Representatives is limited to 435 members, population shifts in the country alter the representation in several states.
- Each Congress has 2 sessions, each lasting 1 year. A new Congress always begins in January of odd-numbered years. National elections occur in November of the second session of a Congress.
- The executive branch consists of the president and the various departments of the federal government. Each department of the federal government is headed by a secretary who is a member of the president's cabinet. A cabinet secretary not only serves as the chief administrative officer for that department, but also as an advisor to the president on policies relating to his or her department.

OVERVIEW OF STATE AND FEDERAL LAWMAKING PROCESS

Regardless of whether you are working to change public policy at the state or federal level, the overall lawmaking process follows this general framework.

- A bill is introduced in one of the legislative branch's chambers. The bill then goes to a committee where it is analyzed. The committee gathers information and often hears testimony from advocacy groups, constituents, and lobbyists. A committee hearing is an opportune time for you as a pediatrician, along with your chapter and the AAP, to submit oral or written testimony on behalf of a bill.
- Before a bill leaves a committee, it is often revised and is then voted on. If the bill passes, it goes to the full chamber for a floor debate and vote. All bills passed by one chamber must be introduced in the second chamber as well. If the bill passes out of both chambers, it goes to a conference committee. A conference committee is made up of members of both chambers who reconcile any differences between the 2 versions of the bill.
- Once a conference committee has met and reconciled differences, the bill goes back to both chambers for another vote. A bill must pass out of both chambers before it can be signed by the executive branch and become a law. The executive officer (either the governor at the state level or president at the federal level) can sign the entire bill into law or veto the bill entirely. In many states, the governor can also sign the bill but veto specific provisions (line-item veto). If the bill is vetoed, a two-thirds majority of both chambers must repass the bill to override the veto.

LEGAL ADVOCACY

Courts have historically been active players in the development of public policy. Many of the legal actions filed with the courts are based on issues that profoundly affect the personal lives of individuals, such as personal injury, medical liability, divorce, and child custody. Such decisions not only affect the lives of individual citizens where the case is heard, but in other states as well. Courts nationwide may face similar legal battles and judicial challenges and are likely to look to judicial trends in other states.

Legal advocacy differs from the direct contact that exists when working with a legislature, state agency, or state official. Some chapters have filed lawsuits against Medicaid agencies with regard to payment and access. While this is just one option, there are many other ways that you and your chapter can advocate within the judicial system including

- Pediatricians can act as advocates for children in the judicial system by serving, if called on, as expert witnesses on pediatric issues, such as child abuse and injuries.
- The AAP and individual chapters can file “amicus curiae” or “friend of the court” briefs as a commentary on a case or issue, such as Medicaid payment rates, being heard by an appeals court. This type of undertaking will require the services of legal counsel and some expense on the part of the chapter.
- Chapters can join other child advocacy organizations, or your state medical society, as an “amici” or “friend” in their amicus briefs. This is a great way to share the expense of the legal counsel and at the same time accomplish your goals.
- Your AAP chapter can establish a chapter liaison with your state association of juvenile and family court judges and your state bar association. This partnership can help increase your chapter’s advocacy efforts in the areas of child abuse, adoption and foster care, and other juvenile justice issues.

III. ADVOCACY WITHIN THE AAP STRUCTURE

Your partners in change

The AAP has an existing structure that you can plug into for community, state, and federal advocacy. Below is a brief overview of the advocacy-related AAP programs and the resources they can provide to you. Additional information can be found in Chapter 8: “We’re Here to Help.” You can also find support directly through your AAP chapter and national AAP committees, sections, and councils.

THE DEPARTMENT OF COMMUNITY, CHAPTER AND STATE AFFAIRS

The Department of Community, Chapter and State Affairs assists chapters, districts, pediatricians, and pediatric residents by providing consultation, training, and resources for advocacy activities at the community and state level. The department comprises 3 divisions: Community-based Initiatives, Chapter and District Relations, and State Government Affairs.

COMMUNITY-BASED INITIATIVES

The Division of Community-based Initiatives provides support to pediatricians and pediatric residents involved in community-based programs that improve access to, and the quality of, health care for children and their families. By providing information, tools, and support, the division works to enhance pediatricians’ ability to create change on behalf of children in their communities.

CHAPTER AND DISTRICT RELATIONS

The Division of Chapter and District Relations provides technical assistance and administrative services to the 66 AAP chapters. The division serves as the main liaison between the AAP national office and individual chapters and districts of the AAP. The

division provides technical assistance to AAP chapters on a number of organizational and governance issues.

STATE GOVERNMENT AFFAIRS

The Division of State Government Affairs provides consultation on state legislative and regulatory activities. The division also assists chapters and AAP members with responding to child and adolescent health and pediatric practice strategies under consideration by state and local government bodies. The division monitors state policy related to pediatrics and provides analysis of, and strategic guidance on, state advocacy issues and can provide information on the advocacy experience of other states and chapters. The division also offers a biennial Chapter Advocacy Summit for experienced chapter legislative advocates.

THE DEPARTMENT OF FEDERAL AFFAIRS

The Department of Federal Affairs is the AAP link to federal legislative activities in Washington, DC. The Department of Federal Affairs provides pediatricians with the information, training, and tools necessary to advocate effectively with Congress and with federal agencies. This includes guidance on contacting a congressional member, sample letters and leave-behinds, and tips on arranging meetings. The AAP also offers an annual legislative conference and periodic advocacy days in Washington, DC, to help train AAP members.

I'VE ALWAYS HAD THE IMPRESSION THAT TO BE AN EFFECTIVE ADVOCATE, I NEED TO BE AN EXPERT ON THE LEGISLATIVE AND REGULATORY PROCESS. IS THIS TRUE?

No. You don't need to know all the ins and outs of these processes to be an effective advocate for children or your profession. Effective advocates need to know the fundamentals of the advocacy process. This basic familiarity can help you as an advocate know how decisions are made and when. This information can help inform you of how to best weigh in on and contribute to changing community norms and public policies that impact children's health and well-being.

It is important for you to keep in mind that community leaders and decision-makers will not expect you to be experts in the process. That's their job. Your role is to provide expertise and your own story and experiences working with children. Additionally, your AAP chapter, along with the AAP Division of State Government Affairs and Department of Federal Affairs, has legislative and policy experts and is available to help you navigate the lawmaking process as necessary.

With continued involvement you will learn more about the details of these processes, which may present you with additional opportunities to influence them and to share your knowledge with your colleagues, chapters, patients, and families.

HOW DO I DECIDE IF IT'S BEST FOR ME TO WORK ON THE COMMUNITY, STATE, OR FEDERAL LEVEL?

There is no right or wrong way to get involved in the different types of advocacy. **The most important factor in your decision should be your personal interests.** For example, if you are interested in childhood obesity, you may find that there are many opportunities to advance this issue in your local community but few at the state or federal level. Conversely, you might be interested in promoting medical liability reform and find that this is an issue that is better addressed through state or federal legislation than on the community level.

Other factors that could influence your decision to work on the community, state, or federal level include

TIME

Depending on your schedule and availability, you might find that it is easier for you to plug your efforts into one type of advocacy over another. This will be different for all pediatricians, and you should feel free to make your decision based on your own circumstances.

OPPORTUNITY

At times, opportunities to get involved in different levels of advocacy will emerge. For instance, your state may be considering adopting a smoke-free workplace law that would reduce youth exposure to secondhand smoke. If you are interested in this issue, you might find yourself suddenly involved at the state advocacy level leading an effort on behalf of your chapter.

COMFORT LEVEL

Depending on your interests and experiences, you might find it preferable to work with others in your local community or you may prefer to work with your state or federal elected officials. Regardless of your comfort level, remember that no matter what level of advocacy you choose to get involved in, you are making a difference on behalf of your patients and your profession.

PEDIATRICIAN ADVOCACY STORY

As a medical student, I worked for 4 years at the community level with kids in juvenile detention. Once the youths left the juvenile detention center, many were without ongoing medical treatment because they did not have health insurance. I wanted to work to get youths enrolled into public health insurance programs before they were released back into the community. I saw the youths' lack of health insurance as the first hurdle for getting them connected into medical homes.

I shared this concern that I saw at the community level with my state senator. This idea served as the impetus behind a piece of legislation that would make it mandatory for county juvenile halls to enroll eligible youths into public health insurance programs as part of their release protocol. The bill passed both the state Senate and Assembly and was signed into law by the governor. Because of this law and the original work begun at the community level, California's adolescents in juvenile detention now have a better chance of getting plugged into a medical home on release.

Mana Golzari, MD
University of California–San Francisco, San Francisco, CA

DOES THE ADVOCACY WORK I'M DOING IN MY LOCAL COMMUNITY RELATE TO WHAT'S HAPPENING IN MY STATE LEGISLATURE? IN THE FEDERAL LEGISLATURE?

Yes. Most advocacy efforts are related because they contribute to creating a movement that makes children's health and well-being a priority. When working at the community level, it is important to identify and communicate federal and state policy that helps or hinders your work. For example, when states were able to simplify Medicaid application processes, local health care access and utilization was dramatically increased in many communities. In addition, many advocacy issues that occur at the local or community level “bubble up” and become state and federal advocacy issues as well.

WHAT IS THE RELATIONSHIP BETWEEN MY STATE'S LEGISLATIVE PROCESS AND THE FEDERAL LEGISLATIVE PROCESS?

Many laws that are passed by Congress or regulated by federal agencies are administered at the state level by state governments. Many programs that affect children, such as health and social services programs, are commonly implemented in this fashion. Sometimes states have great flexibility in implementing these programs. In other cases, federal laws and regulations leave states with less room to make state-specific implementation decisions.

However, the relationship between state legislatures and the federal government is not unilateral. In recent years the states have been the innovators of many new programs adopted by the federal government, such as health insurance programs for children and child passenger safety. States also have greater flexibility in creating innovative programs that would be difficult and expensive to initiate at the national level. States can also develop and tailor programs to meet very specific needs, sometimes a need that exists only in a particular state. Additionally, most public health law falls under the jurisdiction of the states, not the federal government, such as sanitation and safety laws, communicable disease prevention laws, immunization and health screening mandates, regulation of insurers, and licensing health care practitioners, to name a few.

WHAT EXACTLY IS A LOBBYIST? DO I NEED TO BECOME ONE OR WORK WITH ONE TO DO ADVOCACY?

A lobbyist is a person who either voluntarily or for a fee represents either his or her own interests or the interests of their client before a decision-making body. Many AAP chapters, as well as the AAP Department of Federal Affairs, have staff members who are registered lobbyists and work to promote the AAP agenda. Depending on the issues or level of advocacy in which you are involved, you may or may not work with a lobbyist.

As a pediatrician, you will likely be engaging in legislative advocacy on behalf of or in conjunction with your AAP chapter at the state level. This makes you a “citizen lobbyist.” Although this may seem like a technical title, all it really means is that you are contacting decision-makers on behalf of something that is important to you, your patients, and your profession.

PEDIATRICIAN ADVOCACY STORY

I spoke to our general pediatrics faculty at a recent meeting and urged them to contact their congresspersons and senators in support of State Children’s Health Insurance Program (SCHIP) reauthorization. Using materials available on the AAP Web site, I created a short list of talking points and provided them with the contact information of our state’s congressional delegation. I also updated the advocacy section on our hospital Web site with a toolkit for supporting SCHIP reauthorization, and encouraged my colleagues to check there for updates and additional information. As the legislation moved through both chambers, I sent “advocacy alerts” by e-mail to keep everyone I work with updated, and to inform them of specific steps needed for the legislation to move forward.

Multiple colleagues let me know that they had contacted their officials—some made phone calls or sent faxes, others sent e-mail. One colleague who was traveling at the time of my e-mail alert replied back and said, “Thanks for sending the link...I was able to click on the phone link and leave my senator a message.”

Our efforts were highly successful. The SCHIP reauthorization passed in both the House and the Senate, and both of our senators voted yes for the legislation.

Michael Dale Warren, MD
Vanderbilt Children’s Hospital, Nashville, TN

DOES BEING AN ADVOCATE MEAN I HAVE TO BE AT THE CAPITOL TO INFLUENCE DECISION-MAKERS? I DON'T LIVE OR WORK ANYWHERE CLOSE TO MY STATE'S CAPITOL OR IN WASHINGTON, DC.

Not at all. In fact, when it comes to politics and advocacy, all work is local. Consider the following ways that you can be an effective advocate without traveling to your state capitol or the federal Capitol

COMMUNITY ADVOCACY

Community advocacy provides you an opportunity to get involved in creating change without leaving your community. Through partnering with others in your area, such as community leaders and other child advocates, you can help address children’s health issues through creating broader awareness, education, and prevention efforts and resources.

ADVOCACY ACTIVITIES IN YOUR HOME OR PROFESSIONAL SETTING

Even if you choose to work on state or federal advocacy issues, there are many ways you can contribute to the effort without leaving your home or professional setting. For example:

- Invite your elected decision-makers to meet with you when they are in their home district even when you do not have an ask, but rather to establish yourself as a resource on children’s health.
- Get more people involved in the efforts by talking to parents of your patients or other health care professionals that you work with.
- Take a few minutes at the beginning or end of your workday to call your public officials on behalf of an issue that’s important to you.

- Write a letter to the editor. Decision-makers always make an effort to read their local papers and pay attention to the editorial page.
- Attend town hall meetings sponsored by your elected officials, or at which your elected official will attend. Ask a question or make a public statement at these meetings that relates to children's health or pediatric practice issues.

AS A PEDIATRICIAN, CAN I LEGALLY TAKE PART IN LOBBYING?

In most cases, yes. If you are representing your own interests or those of your patients when you advocate for or against a certain public policy of your own free will, you are not restricted from lobbying. However, you may have restrictions because of your employment (eg, if you are a government employee). If your hospital or university is a state institution, check with your legal department for their lobbying guidelines. Additionally, if you are representing your chapter or the national AAP, you must be sure your lobbying is done within the guidelines of the Internal Revenue Service and your individual state. When speaking on behalf of the national AAP, you must also follow the AAP guidelines for spokespersons. Your chapter can provide you with more information about the restrictions that are placed on chapters due to their tax-exempt status. The Tools and Support section also contains guidelines and restrictions on lobbying laws and how they relate to you, your chapter, and the national AAP.



TOOLS AND SUPPORT

This section contains tools to help you get more comfortable and familiar with the community, state, and federal advocacy process, as well as the resources and structure that the AAP already has in place. In this section you will find the following:

State and Federal Advocacy Glossary

Definitions of state and federal advocacy terms.

Who's Who in the Community, State, and Federal Advocacy Process

A brief description of the various roles and players within the community, state, and federal advocacy process.

Community Pediatrics Projects Database

A comprehensive list of community advocacy projects.

AAP Chapter Contact Information

Contact information for AAP chapters nationwide.

How a Bill Becomes a Law at the State Level

A flow chart of how a bill generally becomes a law at the state level.

AAP State Government Affairs Resources

Links to tools offered by the AAP Division of State Government Affairs.

State Advocacy Web Links

Links to sites often used by the AAP Division of State Government Affairs.

State Advocacy E-Updates

These updates keep chapter leaders, executive directors, lobbyists, and other pediatric advocates in tune with the latest state advocacy issues and state government news.

How a Bill Becomes a Law at the Federal Level

A flow chart illustrating how a bill becomes a law at the federal level.

AAP Department of Federal Affairs Online Resources

Resources and tools available from the AAP Department of Federal Affairs.

AAP Federal Key Contacts

Information on how you can become involved in the Department of Federal Affairs Key Contacts program.

STATE AND FEDERAL ADVOCACY GLOSSARY

As you begin to get involved in state and federal advocacy, it is often useful to have a common understanding of the various terms and definitions that are used.

AMENDMENT : Any change—including adding, substituting, or omitting certain language—made or proposed to be made in a bill, motion, or clause. An amendment is often debated and voted on in the same manner as a bill.

APPROPRIATION : A directive given by a legislature to obligate or spend funds for a specific purpose. Appropriations do not always match the recommendation made by the authorization section of the bill.

AUTHOR : A title used to identify a legislator who has introduced a bill into a legislature. Also referred to as *sponsor* or *patron*.

AUTHORIZATION : Legislation creating the program or activity and setting a reasonable estimate of its cost. Authorizations serve as a guide for appropriations committees and limit the amount of money that can be allocated for the provisions established by a bill.

BILL : A proposal introduced into a legislature for the enactment of a new law, amendment or repeal of an existing law, or appropriation of public funds. Bills move by agreement of a majority of the membership through the various legislative stages of committee consideration, chamber debate and vote, and approval or disapproval by a chief executive.

BUDGET : An official document that includes detailed information about the authorized expenditures of a state or the federal government.

BUDGET BILL : A suggested allocation of public funds presented annually to legislatures and the Congress by governors and the president, respectively. Many states have agencies that assist governors in preparing budgets.

CAUCUS : A meeting of a group of members, in this case legislators, usually from the same political party or sharing a similar background or interest, assembled to discuss strategy on selected topics.

COMMITTEE : A division of the legislature or Congress entrusted to complete assigned tasks, such as formally reviewing bills and investigating related issues, on behalf of the entire legislature. Committees generally hold hearings and recommend a course of action on a bill to their parent chambers. Most committees are permanently established by chamber rules, and membership and rank are usually determined by party affiliation and seniority. Committees are usually chaired by a member of the chamber's majority party.

COMPANION BILL : A bill introduced in one chamber of a legislature that is identical to another introduced in the other chamber.

CONCURRENCE : An action by one chamber of a legislature to indicate its agreement with an action or proposal that has been approved by the other chamber.

CONFERENCE COMMITTEE : A committee, comprising members from each chamber of a legislature or the Congress, appointed to reconcile differences between the bills passed by each chamber.

DISTRICT : One of the territorial areas into which an entire state, county, municipality, or other political subdivision is divided for judicial, political, electoral, or administrative purposes. Most districts are created by law and are based on population.

FIRST READING : A term used to describe the initial presentation of a bill before a legislature for consideration. Often the title of a bill may simply be read at this time. Some states allow the first reading to occur at the time of introduction.

FISCAL NOTE : A portion of a bill that estimates the cost or describes the economic impact of the program or activity being proposed.

FISCAL YEAR (FY) : The 12-month period established for budgeting purposes. Most state fiscal years run from July 1 to June 30 of the following calendar year. The federal government's fiscal year runs from October 1 to September 30 of the following calendar year.

HEARING : A procedure conducted by the committees of a legislature during which testimony in support of, or in opposition to, a bill is presented. Hearing witnesses generally include experts on the issue, government officials, and members of the public that are likely to be affected by the legislation.

INITIATIVES AND REFERENDUMS : Also known as *ballot measures*, *questions*, and *propositions*, this political process allows the residents of nearly half of the states to vote directly on legislative proposals as opposed to such matters being considered by state legislatures. Initiatives generally require an individual or group to gather a required number of signatures of registered voters to qualify their measure for the ballot. Common forms of initiatives are statutory initiatives and constitutional amendments, which generally require more signatures than statutory initiatives to appear on a ballot. Although the terms are often used interchangeably, referendums have historically been used to overturn, by means of a popular vote, existing law passed by a legislature. Referendums have also been used to recall public officials. More recently, referendums have not been limited to this repeal and recall procedure, but have become similar to initiatives. In some jurisdictions, referendums are considered to be nonbinding. In addition to nearly half of the states, initiatives and referendums are popular in municipal government.

LEGISLATION : A generic term used to describe bills, proposals, resolutions and, at times, laws that are reviewed and acted on by legislatures.

LOBBYING : Attempting to educate legislators or other government officials about an issue or problem; persuading lawmakers to seek a legislative solution to an issue or problem; attempting to influence passage or defeat of a bill.

OMNIBUS BILL : A piece of legislation often created by the consolidation of several bills that address related issues. Other omnibus bills are collections of unrelated bills attached to another piece of legislation (eg, a budget bill) that is likely to be enacted, thus allowing other measures to become law as well.

PREFILING : The process, allowed in some states, whereby bills are introduced before the formal opening of a legislative session.

REDISTRICTING : The procedure by which state legislatures redraw legislative and representative district lines for both state legislatures and the US House of Representatives. Redistricting takes place every 10 years after the national census.

RESOLUTION : A formal expression of the opinion or will of a legislature or the Congress that is adopted by a vote of the legislative body.

SECOND READING : The formal presentation of a bill to the entire chamber of a legislature after it has been heard by a committee or a number of committees with oversight. Although there are exceptions, many state legislatures, like Congress, debate bills and consider amendments after the second reading.

TERM LIMITS : Restrictions on the amount of time legislators, governors, presidents, and other public officials may serve in office. Term limits may be consecutive or lifetime in nature. Consecutive limits allow legislators to serve defined terms in one chamber and, if they choose, run for a seat and serve in the other chamber for the legally allowed term limit in that chamber. After a designated period out of office, the legislator may run again for his or her original seat. Lifetime limits prohibit legislators from ever seeking reelection to their previously held offices once they have reached their legally defined term limit.

THIRD READING : The final presentation of a bill to the chamber of a legislature before a vote is called.

VETO : The refusal of a governor or the president to sign into law a bill that has been passed by a legislature or the Congress. In most states, governors may also “item veto” appropriations bills. This procedure allows governors to eliminate or reduce items within a bill without vetoing the entire bill.

VETO OVERRIDE : A vote by a legislature to pass a bill despite a governor’s veto, or a vote by Congress to pass a bill despite a veto by the president. Most veto override votes in state legislatures, like Congress, require a two-thirds majority of the chamber to pass.

WHO'S WHO IN THE COMMUNITY, STATE, AND FEDERAL ADVOCACY PROCESS

When getting involved in advocacy efforts, it's often helpful to know who the people and players are that you'll encounter. Consider the following definitions of who's who in the advocacy process:

COMMUNITY LEADER: A person of influence in your community. This could include business leaders, religious leaders, local celebrities, and civic leaders, as well as education or health care professionals, such as pediatricians.

CONSTITUENT: A citizen residing within a decision-maker's district.

DECISION-MAKER: A generic term used to describe elected officials or community leaders who have the power to make a public decision or enact a law.

ELECTORATE: All persons qualified to vote in an election. Those constituents with the power to elect an individual to public office or with the power to approve or reject a ballot initiative or referendum.

GOVERNOR: The elected chief executive official of a state or territory of the United States. Governors serve terms that range from 2 to 4 years and may be limited in the overall number of terms that they may serve. Governors possess legislative approval and veto powers; pardon and reprieve powers; the power to call special sessions of a legislature; and numerous other administrative, appointive, and financial powers.

HOUSE OF REPRESENTATIVES: The larger of the 2 chambers of a bicameral legislature or the Congress. Sometimes referred to as the *lower house* when compared with a senate. Terms of office for members of houses of representatives are either 2 years, as is the case in the Congress and some states, or 4 years. In some states, the House of Representatives may be known as the *Assembly*, *General Assembly*, or *House of Delegates*. A single member of a house represents a predetermined number of constituents based on the population of an entire state.

LEGISLATOR: An individual elected by voters to represent constituent views in the process of lawmaking as it occurs in state legislatures or the Congress. Legislators are commonly referred to as *senators*, *representatives*, *Assembly members*, and/or *delegates*.

LOBBYIST: An individual who, either voluntarily or for a fee, represents his or her own interests and views or the interests and views of his or her client before a legislature with the intent of enacting or defeating legislation. The federal government and many state governments have registration requirements for lobbyists, as well as regulations that govern their activities.

MAJORITY LEADER: A member of either chamber of a legislature, selected by members of the party with the most seats in that chamber, who acts as the majority party's spokesperson and chief strategist. In the US Senate, the majority leader, in consultation with the minority leader and his or her colleagues, directs the legislative calendar for the chamber. In the US House of Representatives and state houses, the majority leader ranks second to the speaker and generally serves as a political strategist.

MINORITY LEADER: A member of either chamber of a legislature, selected by members of the party with the lesser amount of seats in that chamber, who acts as the minority party's spokesperson and chief strategist.

PRESIDENT : The elected chief executive of the federal government of the United States of America. The powers and duties of the office of the president, as prescribed by the Constitution, focus on the execution of laws, as distinguished from the power to make laws or to interpret and judge them.

PRESIDENT OF THE SENATE : The presiding officer of the “upper house” of a legislature or the Congress. In the Congress, the vice president of the United States of America serves as the president of the Senate. In some state legislatures, the lieutenant governor serves as senate president; in other states, the president is a legislator elected by his or her colleagues in the senate chamber.

SENATE : The smaller of the 2 chambers of a bicameral legislature or the Congress. Sometimes referred to as the *upper house* when compared with a House of Representatives or an Assembly, senates have the power to confirm or deny executive appointments and endorse or reject other executive branch proposals. Most state senate terms are 4 years; some last for only 2 years. The term of office for a US senator is 6 years.

SPEAKER OF THE HOUSE/ASSEMBLY : The presiding officer of a House of Representatives or Assembly. Speakers are generally elected each session by the chamber members and are usually members of the chamber’s majority party.

COMMUNITY PEDIATRICS PROJECTS DATABASE

This database archives community pediatrics grant projects from 1989 to the present, including those funded through the Community Access to Child Health (CATCH) Program, the Healthy Tomorrows Partnership for Children Program, the Community Pediatrics Training Initiative (CPTI), and the Healthy People 2010 Chapter Grants. The database is searchable by 7 major categories: target population, health topic, state/territory, project activity, AAP program, AAP district, and project year. To access the database, go to <http://www.aap.org/commpeps/grants-database/grantsdb.cfm>. By searching this database through the Member Center you can also obtain contact information for the grantees.

The screenshot shows the American Academy of Pediatrics website interface. At the top, there is a navigation bar with links for Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, Member Center, and About AAP. Below this is a search bar and a banner for the Community Pediatrics database. The main content area displays the following information for a grant project:

Home > Grant/Project Search

Grant/Project Information [View Grant Acronyms](#)

[back to results](#)

Project Title: Erie Family Health Center Healthy Tomorrows Project
Grant ID: 1120
City, State: Chicago, IL
Year (start of the project): 2006 (5 Year Grant Period)
Program Name: Healthy Tomorrows Partnerships for Children Grants
Program Web Site: www.aap.org/httpccp

Primary Topic: Oral/Dental Health

Key Words: Access to care, Low-income children, Oral health, Pregnant women, Prevention

Program Description: Erie Family Health Center will launch a new innovative oral health program at one of Erie's three primary health care sites, Erie Helping Hands Health Center. The new oral health program will serve the largely Latino low-income children and pregnant women population in the Albany Park community of Chicago. The Erie Family Health Center proposes a tri-fold strategy to prevent oral health disease among the low-income Latino children and pregnant women through prevention, treatment and education.

Projects Goals & Objectives: The goals of this project are: 1) To increase access to comprehensive oral health services for new patients, 2) To provide an age-appropriate anticipatory guidance curriculum to Erie's medical providers, 3) To provide a comprehensive oral health prevention education to community members, and 4) To improve the oral health status of low-income children by reducing cavities burden and pregnant women by addressing periodontal disease.

Project Web Site:
Chapter Web Site: <http://www.illinois.aap.org>
AAP District: District VI

[back to results](#)

The projects on these pages are for informational and educational purposes only. The inclusion of a project in these pages does not imply Academy endorsement. Guidelines and goals for AAP grant programs may change from year to year. Please contact the Division of Community-based Initiatives to obtain information concerning proposal guidelines and current AAP grant opportunities at 847/434-7085 or e-mail us at: docs@aap.org. Members of the American Academy of Pediatrics can obtain grantee contact information by searching the database through the Members Only Channel.

Home | Community Pediatrics Overview | Contact

American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007, 847-434-4000

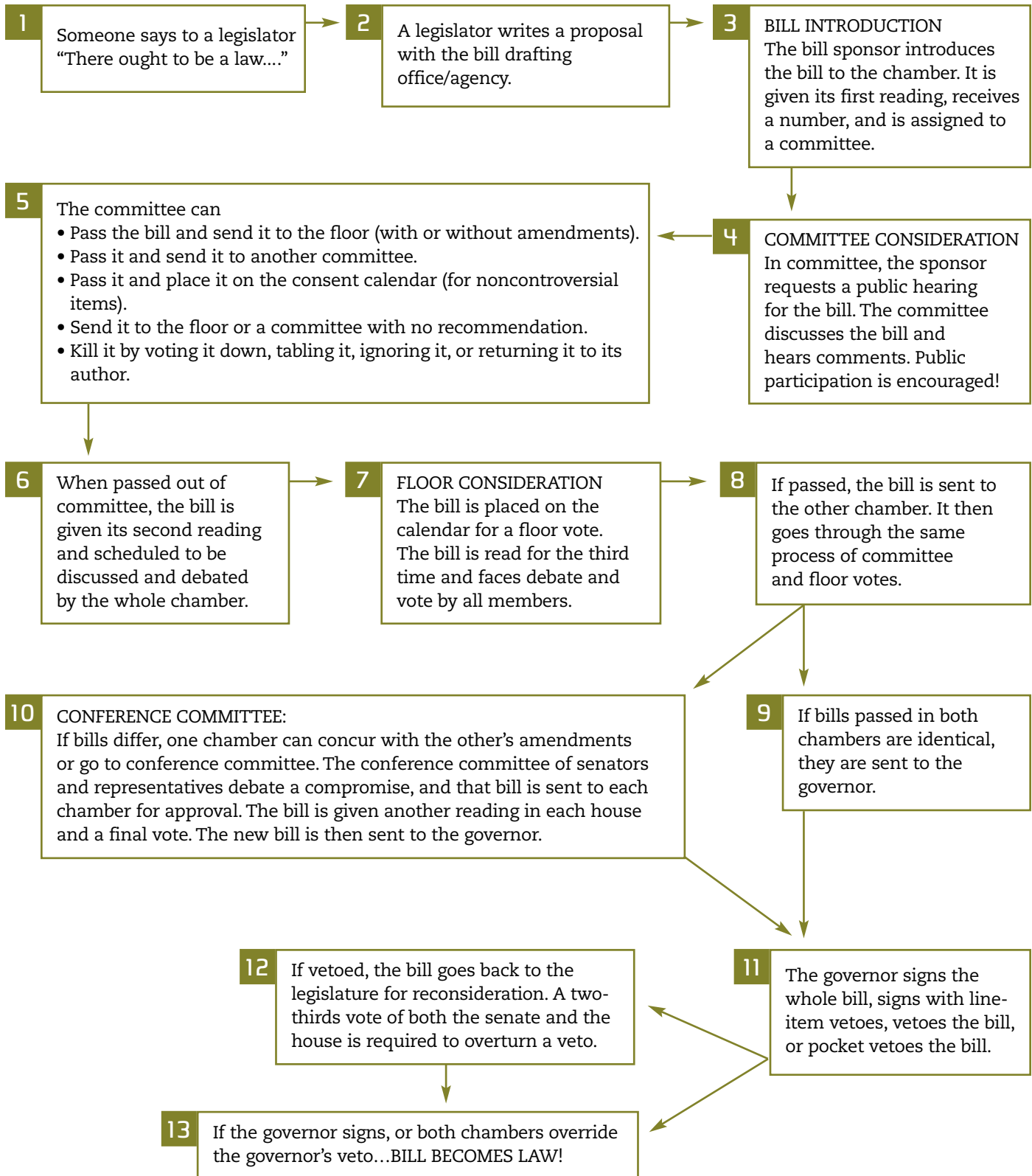
AAP CHAPTER CONTACT INFORMATION

AAP chapters can be contacted through their Web site addresses.

Alabama	http://www.alchapaap.org/
Arizona	http://www.azaap.org/
California Chapter 1	http://www.aapca1.org/
California Chapter 2	http://www.aapca2.org/
California Chapter 3	http://www.aapca3.org/
California Chapter 4	http://www.aapca4.org/
Colorado	http://www.coloradoaap.org/
Connecticut	http://www.ct-aap.org/
District II (NY)	http://www.aapdistrictii.org
District IX (CA)	http://www.aap-ca.com/
District of Columbia	http://www.aapdc.org/
Florida	http://www.fcaap.org/
Georgia	http://www.gaaap.org/
Hawaii	http://www.hawaiiiaap.org/
Idaho	http://www.idahoap.org/
Illinois	http://www.illinoisap.org/
Indiana	http://www.inaap.org/
Iowa	http://www.iowapeds.org/
Kansas	http://www.aapkansas.org/
Kentucky	http://www.kyaap.org/
Louisiana	http://www.laaap.org/
Maine	http://www.maineaap.org/
Maryland	http://www.mdaap.org/
Massachusetts	http://www.mcaap.org/
Michigan	http://www.miaap.org/
Minnesota	http://www.mnaap.org/
Mississippi	http://www.aapms.org/
Missouri	http://www.moaap.org/
Montana	http://www.mtpeds.org/
Nebraska	http://www.nebraska-aap.org/
Nevada	http://www.nevadaaap.org/
New Hampshire	http://www.nhps.org/
New Jersey	http://www.aapnj.org/
New Mexico	http://www.nmpeds.org/
New York 1	http://www.ny1aap.org/
New York 2	http://www.ny2aap.org/
New York 3	http://www.ny3aap.org/
North Carolina	http://www.ncpeds.org/
North Dakota	http://www.ndaap.org/

Ohio	http://www.ohioaap.org/
Oklahoma	http://www.okaap.org/
Oregon	http://www.oregonpediatricsociety.org/
Pennsylvania	http://www.paaap.org/
Puerto Rico	http://aap.prpmed.googlepages.com
Rhode Island	http://www.riaap.org/
South Carolina	http://www.scaap.org/
Tennessee	http://www.tnaap.org/
Texas	http://www.txpeds.org/
Uniformed Services West	http://www.uswestaap.org/
Uniformed Services East	http://www.useastaap.org/
Utah	http://www.ips-uaap.org/
Vermont	http://www.aapvt.org/
Virginia	http://www.virginiapediatrics.org/
Washington	http://www.wcaap.org/
West Virginia	http://www.aapwv.org/
Wisconsin	http://www.wisaap.org/

HOW A BILL BECOMES A LAW AT THE STATE LEVEL



AAP STATE GOVERNMENT AFFAIRS RESOURCES

MEMBER CENTER MAIN PAGE

The Division of State Government Affairs posts comprehensive state advocacy materials on the State Government Affairs page of the Member Center for use by AAP members and chapter staff. Issue briefs, sample legislative testimony, and other advocacy resources can be accessed by going to <http://www.aap.org/moc>, then logging in and clicking the link to State Government Affairs (<http://www.aap.org/moc/stgovaffairs>).

The screenshot shows the AAP Member Center website for State Government Affairs. At the top, there is a navigation bar with links for Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, Member Center, and About AAP. Below this is a 'MEMBERCenter' header with a search bar and quick links. The main content area features a 'STATE GOVERNMENT AFFAIRS' logo and a list of resources including Advocacy FLASH, Medicaid and SCHIP Monitor, StateView, Issue Brief, State Strategy, Chapter Advocacy Summit, and Advocacy Archive. A 'What's New' section highlights recent updates like the redesigned State Government Affairs Member Center and various guides. A sidebar on the right contains a search box and a list of services such as Member Community, Reference Library, and OnlineServices. The footer includes copyright information and a link to the Terms of Use.

STATE ADVOCACY WEB LINKS

The following is a list of Web links to sites often used by AAP state government affairs staff. While not an exhaustive list of all of the state government resources available on the Web, you may find these resources useful to your advocacy efforts.

STATE GOVERNMENT AND STATE LAW—SOURCES FOR INFORMATION

State Legislatures Web Sites from the National Conference of State Legislatures (<http://www.ncsl.org/public/leglinks.cfm>) provides links to state Web pages. (Be sure to visit and research the Web pages of state legislatures, to track bills and see what issues your legislators are focusing on, and research various state agencies engaged in activities related to child health and well-being, such as departments of public health, education, insurance, public safety, etc).

FindLaw: State Resources – <http://www.findlaw.com/11stategov/index.html>

ASSOCIATIONS OF STATE AND LOCAL GOVERNMENT OFFICIALS

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

National Governors Association (NGA) – <http://www.nga.org>

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

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

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

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

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

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

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

State Legislative Leaders Foundation – <http://sllf.org>

State & Territorial Injury Prevention Directors Association (STIPDA) – <http://www.stipda.org>

The Council of State Governments – <http://www.csg.org>

HEALTH CARE DATA SOURCES

CDC: Immunization Information – <http://www.cdc.gov/vaccines>

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

CDC: NCHS FastStats – http://www.cdc.gov/nchs/fastats/map_page.htm

KIDS COUNT Data Center – <http://www.kidscount.org/datacenter>

Agency for Healthcare Research and Quality Child Health Toolbox – <http://www.ahrq.gov/chtoolbox>

George Washington University Department of Health Policy – <http://www.gwu.edu/~chsrp>

Kaiser Family Foundation State Health Facts Online – <http://www.statehealthfacts.org>

Kaiser Commission on Medicaid and the Uninsured – <http://www.kff.org/about/kcmu.cfm>

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

StatePublicHealth.org—Demographics, Data, Analysis – <http://www.statepublichealth.org>

STATE ADVOCACY E-UPDATES

Stay informed about the latest happenings in state government affairs and advocacy through our e-updates.

STATEVIEW, MEDICAID AND SCHIP MONITOR, AND ADVOCACY FLASH

E-updates from the AAP Division of State Government Affairs keep chapter leaders, executive directors, lobbyists, and other pediatric advocates in tune with the latest state advocacy issues and state government news and include feature stories and links to valuable resources from the AAP and other public and private-sector sources.

STATEVIEW examines a wide range of issues and current AAP advocacy initiatives, and provides state government news and analysis from across the states.



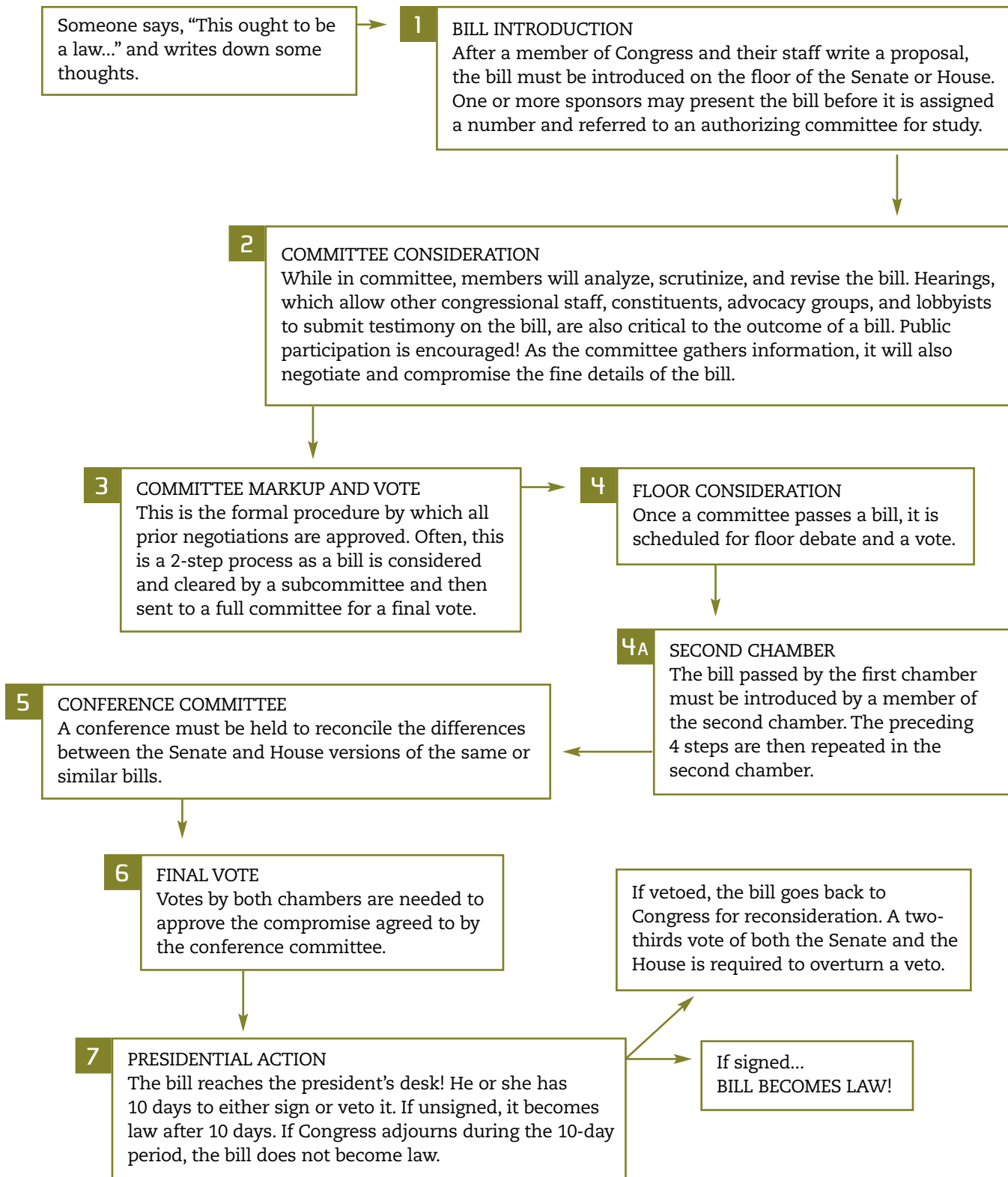
MEDICAID AND SCHIP MONITOR provides in-depth reporting on the title subjects as well as other state-level child health finance and access to care issues.



ADVOCACY FLASH alerts chapter advocates to urgent public policy developments and provides them with the information they need to take action.



HOW A BILL BECOMES A LAW AT THE FEDERAL LEVEL



AAP DEPARTMENT OF FEDERAL AFFAIRS ONLINE RESOURCES

ONLINE ADVOCACY IN ACTION AT THE AAP MEMBER CENTER

<http://www.aap.org/moc>

The latest advocacy information from the AAP Department of Federal Affairs is available to you online anytime you need it. Visit the Federal Affairs area on the AAP Member Center, <http://www.aap.org/moc> (member login required). With a few clicks of the mouse, you have all of the advocacy resources you need to stay in contact with your members of Congress throughout the year.

- Congressional directory
- Sample congressional letters
- Status of key bills in Congress
- Your past actions on federal legislation
- Key Contacts program

The AAP Member Center offers AAP members exclusive online information about AAP federal legislative efforts. To access the site, go to <http://www.aap.org/moc>, and then click on Federal Affairs under the Advocacy section.

OTHER WEB SITES/RESOURCES

FEDERAL AFFAIRS CHILD HEALTH ISSUES FOLDERS

<http://www.aap.org/advocacy/washing/chi97.htm>

The AAP addresses a wide variety of issues critical to children's health in Congress, including access to health care for more children, safer and increased access to pediatric drugs and devices, and immunizations and disaster preparedness. Find out more about these and other important children's health issues.

MEDICAID FACT SHEETS

http://www.aap.org/advocacy/washing/elections/med_factsheet_pub.htm

The AAP, in partnership with the National Association of Children's Hospitals, has created state-specific fact sheets that explain the importance of the Medicaid program and how children in every state rely on it for their health care.

SCHIP FACT SHEETS

http://www.aap.org/advocacy/washing/SCHIP_factsheets/main_SCHIP_factsheets.htm

The AAP, in partnership with the National Academy of State Health Policy, has created fact sheets that provide information on each state's SCHIP. In doing so, the data illustrate the importance of the SCHIP program and how children in every state rely on it for their health care.

CONGRESSIONAL WEB SITES

<http://www.house.gov> and <http://www.senate.gov>

Find your members of Congress and House and Senate committee Web sites. You can also find the latest Floor action and roll call votes.

THOMAS

<http://thomas.loc.gov>

Thomas is the Web site of the Library of Congress. Thomas is an excellent resource for legislative research because it allows users to search current legislation by keyword, browse bills by sponsor, access the Congressional Record, and see how members voted. Users can search for and access bills from the 93rd (1973) through the current Congress. Thomas also provides information about such topics as congressional action in the prior day, US treaties, and presidential nominations.

FIRSTGOV

<http://www.FirstGov.gov>

FirstGov is the US government's official Web portal. FirstGov's homepage is clearly organized, providing links to federal executive, legislative, and judicial branch information. FirstGov also supplies an alphabetical list of federal agency Web site links and links to state, local, and tribal governments. The site allows users to search all government Web sites in a single search. Additionally, FirstGov is an excellent resource for government forms, data, and statistics.

GOVERNMENT PRINTING OFFICE

<http://www.gpoaccess.gov>

For nearly 140 years, the Government Printing Office (GPO) has produced and distributed the official documents of the federal government. The GPO Access site's most useful feature might be its A-Z resource list, which provides an alphabetical list of documents as varied as the 9/11 Commission Report, Riddick's Senate Procedure, and the US Constitution. You can also browse information by topic or search by keyword.

AAP FEDERAL KEY CONTACTS

FEDERAL ADVOCACY ACTION NETWORK (FAAN)

The Federal Advocacy Action Network (FAAN) is composed of all AAP members for whom the AAP has an e-mail address. FAAN alerts are sent when federal legislative efforts require large-scale advocacy efforts by the entire AAP membership.

Coordinated by the AAP Department of Federal Affairs, FAAN is a network of AAP members who help support federal legislative and regulatory activities from their position as constituents. FAAN members play an important role in passing federal legislation that benefits children and pediatricians.

The AAP Department of Federal Affairs gives FAAN members the information and tools needed to persuade their legislators. The Member Center (<http://www.aap.org/moc>, click on Federal Affairs under Advocacy) has tools to make advocacy work easy. Find the names of congressional representatives, contact legislators via e-mail, read about congressional activity, and register to become a Key Contact.

KEY CONTACT PROGRAM

Key Contacts are AAP members who have agreed to take their advocacy to the next level. Key Contacts have an interest in developing a stronger working relationship with their congressional delegation and usually work on key AAP legislative issues. Key Contacts are contacted on a regular basis (approximately once a month when Congress is in session, or more often if necessary) and are asked to report back their advocacy results. Participants should be ready to respond at a moment's notice to requests for action and become a resource for their federal legislators at critical decision points.

Key Contacts receive all the benefits of the FAAN program and more including

- Advocacy tips and tools
- Latest information and news on legislation affecting pediatricians
- Suggestions for improving relationships with members of Congress
- More sophisticated advocacy assignments, such as media work and congressional visits

To sign up to be an AAP Key Contact, log on to <http://www.aap.org/moc> and click on Federal Affairs (under Advocacy), or visit <http://aap.grassroots.com/keycontact/>. If you have questions, contact the AAP Department of Federal Affairs at 800/336-5475 or kids1st@aap.org.

AAP

CHAPTER FOUR



Core Advocacy Skills



There are many issues that affect both the lives of your patients and your ability to provide care and treatment. The purpose of this chapter is to **HELP YOU IDENTIFY THE ISSUES YOU CARE ABOUT** and want to act on to effect more systemic change through community, state, or federal advocacy. The chapter is also designed to help you determine who makes decisions on these issues and how to persuade these decision-makers to act.

I. IDENTIFYING ISSUES YOU CARE ABOUT

Problems in need of solutions

There are many problems that affect the social, physical, and emotional health and well-being of your patients. In addition, there are also challenges that affect the profession of pediatrics and your ability to do your work. Some examples include

- Children with injuries from all-terrain vehicles (ATVs)
- Increased rates of asthma among young people because of increased pollution and environmental hazards
- Risk management associated with medical liability

These individual problems are often part of a broader issue. **Many of the broader issues that children and pediatricians face can be alleviated or resolved through changing community norms or systemic policy change.** For example

- A community awareness campaign that provides safety information and bike helmets to kids and their families
- An ordinance aimed at reducing air pollution from businesses and factories
- A change in Medicaid policies to appropriately pay pediatricians for the care they provide to children who are insured by the program

As you begin your advocacy efforts, it is important to choose issues that reflect your personal interests and the unique stories that you see in your professional setting. If you would like ideas about what type of issues other pediatricians or the American Academy of Pediatrics (AAP) is working on, please contact your AAP chapter or the AAP Division of Community-based Initiatives, Division of State Government Affairs, and Department of Federal Affairs.

II. SETTING GOALS TO ADVANCE YOUR ISSUE

Focusing on tangible change

It is important to select issues that are personal and meaningful to you and that have a realistic solution. In fact, a critical element of advocacy is that it focuses on creating tangible community or public policy change. Pediatricians like you get involved in advocacy because they want to work for improvements in child health policies. Public policy change comes from defining and setting clear goals. Consider the following points as you determine your advocacy goals:

BE REALISTIC

If nothing else, your goals should be attainable. Consider limiting the number of goals you choose to work on to 2 or 3. This will allow you to focus on a limited number of things well and eliminate the risk of spreading yourself too thin.

THINK INCREMENTALLY

While your long-term goal may be bold and aggressive, be sure to create shorter-term goals or benchmarks that will allow you to celebrate your progress along the way. For example, if your long-term goal is to ensure that all children have health insurance coverage through age 21, an example of a shorter-term goal could be getting this legislation introduced.

THINK BROADLY

Think expansively about how you will realize your wins. There is no one narrow definition of “winning” and your goals should reflect this. In some instances, winning may be defined as passing a specific piece of legislation. In other cases, a win may occur when you’ve gotten more people involved in your issue, gotten a letter to the editor published on behalf of your issue, or recruited a community leader or organization to sign on to your efforts. When it comes to advocating on behalf of children’s health and well-being, advocacy work can involve many wins along the way.

III. WHO DECIDES

Finding the decision-makers

For every issue you care about, there are one or more decision-makers who can affect the outcome. Depending on the issue, decision-makers could include

- Elected or appointed officials, including those who serve on the local, state, or federal level
- Influential community members, religious leaders, and business owners who help shape public opinion
- Chief executive officers or administrators of community institutions, such as hospitals or schools, who serve customers or members of the community

Effective advocacy involves identifying and persuading these decision-makers to act on behalf of your issue. When working with elected officials and community leaders, it is important to understand what motivates them.

ELECTED OR APPOINTED OFFICIALS

Elected officials depend on constituents' support (votes) to keep their jobs. Therefore, elected officials are particularly influenced by what their constituents think and value.

COMMUNITY LEADERS

Community leaders include influential members of the community, as well as administrators of community institutions. They are usually not elected, but their position and scope of influence within the community depends on them being viewed as credible, well-liked, or fair. They care about what the community thinks, making them influenced by public opinion, but sometimes in a less direct way than an elected official.

IV. HOW TO INFLUENCE DECISION-MAKERS

Making your case

Decision-makers are influenced by personal contact and communications. This could include visits or meetings, public testimony, letters, phone calls, e-mails, petitions, rallies, or postcard campaigns. When choosing how you want to contact your decision-maker, keep in mind that the more individualized you can make your communication, the better. For example, a handwritten letter is more meaningful and influential to a decision-maker than a signed petition. When contacting a decision-maker

MAKE YOUR COMMUNICATION PERSONAL

Tell your story and help put a real face on your issue. Let your decision-maker know how your issue directly affects their constituents or community members.

INCLUDE A DIRECT APPEAL

It is important to include a concrete request from your decision-maker. Be clear about what they can do to support your issue, whether it is their leadership, their vote, or another form of support.

COMMUNICATE MORE THAN ONCE

Don't be afraid to initiate ongoing or repeated contact with your decision-maker. The more they hear from you, the more they will get to know your issue (and eventually you) and be inspired to act.

V. NEGOTIATING WITH DECISION-MAKERS

Give and take

There may be times that you will need to negotiate on behalf of the issue you are seeking to change. Negotiation is a natural and normal part of advocacy work and can be described as the willingness and ability to reach resolution on differing viewpoints.

It involves a give and take between competing interests. Working together—whether it is with an elected or appointed decision-maker, a community leader, or an opposing advocacy organization—is part of successful advocacy.

Negotiations at the federal level are often undertaken by AAP leadership and lobbyists. At the state level, AAP chapter leaders, executive directors, and lobbyists commonly lead such efforts. However, there may be times where you as a pediatrician take part in negotiation, such as when working with a community leader or decision-maker at the community advocacy level. This type of negotiation is not as difficult as you might imagine. In fact, as a pediatrician, you use the skills of negotiation every day in your professional setting when working with patients, managed care companies, hospitals, and practice groups. When negotiating with a community leader or local elected official, consider the following elements*:

PEOPLE

Separate the people from the problem. Because elected officials and community leaders can have different opinions and priorities, they can have radically different perceptions of similar data. This can lead to strong emotions. Be sure to treat all involved with respect.

INTERESTS

Rather than focusing on a stated position, work to determine the specific interests that are underlying a particular position. Try to identify what is in the decision-maker's or community leader's personal interests to agree to.

OPTIONS

Work with your community leader or decision-maker to generate a variety of possibilities or mutual “win-wins” together.

CRITERIA

Consider creating a set of objective standards that can serve as the measure of your success and baseline for negotiating and compromise.

VI. SUSTAINING YOUR EFFORTS OVER TIME

Keeping up the good work

Getting decision-makers to act on behalf of your issue may not happen overnight. You could find that it takes multiple contacts with your elected officials or community leaders before change occurs. Therefore, it is important that you recognize and celebrate your progress along the way because this will help sustain you in your advocacy work. Consider the following points*:

*Points adapted from Fisher R, Ury W, Patton B. *Getting to Yes*. New York, NY: Houghton Mifflin Company; 1991.

JUST LIKE PERSONAL RELATIONSHIPS, RELATIONSHIPS WITH ELECTED OFFICIALS AND COMMUNITY LEADERS TAKE TIME TO DEVELOP

Be patient and remember that each interaction you have with your decision-maker gives you a chance to build a stronger relationship and ultimately change the issues you care about.

CHOOSE ISSUES THAT YOU ARE PASSIONATE ABOUT

Having a personal connection to the issue you are working on provides you with ongoing motivation to stay involved.

SET REALISTIC TIME FRAMES AND IDENTIFY MILESTONES ALONG THE WAY

Issues rarely move swiftly through the legislative process in one session. By marking important interim steps you can track your progress along the way. Milestones could include attracting a bipartisan cosponsor, a hearing held, a vote taken (even if you don't win), or the support of an important community leader.

CELEBRATE OFTEN

Consider each interaction you have with your decision-makers a step forward in creating meaningful change for children and pediatricians everywhere.

EVALUATE YOUR EFFORT

Take time to ask yourself what is going well and what isn't going as planned. Incorporate what you are learning along the way and reassess your goals as needed.

CAN YOU EXPLAIN HOW I CAN TAKE A PROBLEM AND CREATE COMMUNITY OR PUBLIC POLICY CHANGE AROUND IT?

The following steps can help you take a problem you've experienced in your work and turn it into a solution for children's health and pediatricians:

FIND THE PROBLEM THAT MOST DEEPLY AFFECTS YOU OR YOUR PATIENTS

Identify the problems that concern you or that you are the most passionate about changing.

LINK THE PROBLEM TO A BROADER ISSUE

Using evidence-based research, look at what has already been done on behalf of your issue and what is still needed. Work to understand the situation and identify a solution that will help reduce the problem from happening to more children or pediatricians. The solution could be part of a community initiative or a public policy change.

DETERMINE YOUR GOALS

Identify the ways in which you will know your efforts are working, such as increasing the number of people involved in your issue or gaining the attention and support of community leaders or elected officials.

IDENTIFY THE INDIVIDUAL(S) WHO HAS DECISION-MAKING AUTHORITY OVER THE ISSUE

Find out who makes the decisions regarding your issue and what motivates them.

BUILD RELATIONSHIPS WITH THE INDIVIDUAL(S) WHO HAS DECISION-MAKING AUTHORITY

Help persuade the decision-maker to change the public policy or community norm through ongoing communications and establishing yourself as a credible resource on the issue.

ENLIST ALLIES

Identify others, including your colleagues, other child advocates, family members, and friends to support your efforts.

BE PERSISTENT

Keep the pressure on through repeated contact with your decision-maker. This could include meeting with the decision-maker, writing them letters, and calling or e-mailing them.

PEDIATRICIAN ADVOCACY STORY

My first venture into state advocacy resulted from a patient of mine who suffered a skull fracture following a fall from a bicycle, resulting in neurosurgical intervention. After my patient's mother asked why there was no law requiring young children to wear helmets, we embarked on a campaign to introduce legislation in the Illinois General Assembly. While we were unsuccessful in enacting a state law, we did pass a municipal ordinance in the town of Barrington, IL—the first in the state—to require bicycle helmets on children.

Mark Rosenberg, MD, FAAP
Children's Healthcare Associates, Chicago, IL

DO I NEED TO BE AN EXPERT ON THE ISSUE TO ADVOCATE ON BEHALF OF IT?

No. You don't need to be an expert in all of the technicalities of the issue that you are advocating for. You only need to be an expert in your story—how the problem impacts your patients and/or your profession and how the solution can bring about meaningful and direct change. Your AAP chapter can act as a resource in helping you navigate the technicalities as needed, whether you are writing a letter or preparing to testify in front of your decision-maker's committee.

HOW CAN I ENCOURAGE MY CHAPTER AND THE AAP TO SUPPORT AN ISSUE THAT I REALLY CARE ABOUT?

Your first, best step to gaining support for your issue from your chapter and the national AAP is your own involvement. Become an active member of your chapter, attend chapter meetings and events, or consider joining a chapter committee or volunteering to serve as a champion for the issue you care about. Your own advocacy for the issue can raise its profile and win support for its inclusion on the chapter's advocacy agenda. Your chapter leaders can also raise the issue in their networking with other chapter leaders at national meetings or with AAP district leaders. Consider working with your chapter to introduce a resolution about the matter to the AAP Annual Leadership Forum. This process can help to quickly raise your concerns to a national level.

PEDIATRICIAN ADVOCACY STORY

The AAP Indiana Chapter holds an Annual Legislative Forum in the fall to invite various legislators to be guest attendees. We offer a buffet dinner and program from 5:30–7:30 pm. Generally 5 to 8 legislators accept our invitation and we have about 45 of our chapter members present. The format of the program is not intended for legislators to make a presentation but, rather, to be our guests. Chapter members use the time to brief the legislators on the 8 to 10 current issues of importance to children’s health. Members of our chapter’s Legislative Committee, along with pediatric residents, volunteer to prepare a brief presentation on one topic: explaining the issue, why the issue is important, and what they request of the legislators. This generates a good discussion between our members and the legislators.

The invitees for our forum include the members of the Indiana House Public Health Committee and the Senate Health Services Committee, as well as other legislators interested in health and children’s issues and any other legislator a member wishes to invite.

Carolyn Downing
Indiana AAP Chapter, Indianapolis, IN

WHAT ARE SOME WAYS I CAN ADVOCATE THROUGH MY AAP CHAPTER?

Each AAP chapter is structured differently and may be working on different policy initiatives based on the unique issues occurring within the state. Ask your chapter about their current legislative priorities and ask how you can help advocate on behalf of children’s health and well-being. Additionally, many chapters have different advocacy activities that pediatricians can take part in, such as Annual Advocacy Day at the Capitol events and legislative panels and discussions. To learn more about what your specific chapter is doing, please contact them directly. A list of chapter contact information is included in Chapter 3 of this guide.

PEDIATRICIAN ADVOCACY STORY

In my practice, 80% of our patients are on government assistance and many of them have trouble providing basic necessities to their families. On one of my clinic days, I interviewed a boy whose parents were divorced and who only had access to a toothbrush at one parent's home. The other parent simply refused to buy one for him.

Around the same time, the AAP Tennessee Chapter sent out a memo calling for ideas for an oral health grant. I wrote them back and said that I would like every patient in my clinic to have a portable tote or backpack filled with oral health supplies provided to them for free. In addition, I wanted them to receive a free oral health screening from a pediatric dentist. Most of our patients' parents, though counseled to take their children in for routine dental care, cannot afford to do so. This initiative would bypass the financial obstacles and give them a way to get their children's oral health taken care of.

We received a very generous grant from the AAP and are now on our way to solving the problem of access to dental supplies and oral health screening in our rural areas.

I have since decided that no one knows what our patients need better than we do—an idea unspoken or unwritten is not useful to the children we serve.

Jessica Tuberty, MD, FAAP
Johnson City, TN

WHAT'S THE SECRET TO WORKING WITH COMMUNITY LEADERS AND ELECTED OFFICIALS TO GET THEM TO SUPPORT THE ISSUES I CARE ABOUT?

The secret is that there is no secret. Effective advocacy—or getting community leaders and elected officials to support your issue—is about letting decision-makers know what you think about the issues you care about. Through personal and ongoing contact, not only can you gain their attention, but you can ultimately build a relationship with your decision-maker that will make them more likely to support children's health and well-being, along with the pediatric practice issues, in the future.

IS THERE A DIFFERENCE BETWEEN WORKING WITH COMMUNITY LEADERS AND ELECTED OFFICIALS?

The biggest difference between working with a community leader and an elected official is that elected officials are voted into—and can be voted out of—office. Therefore, elected officials are directly responsible to their constituents and highly motivated to work on behalf of the issues that are important to their constituents. Elected officials know that pleasing their constituents will translate into votes for them at election time.

Conversely, many community leaders are not elected to office. They are motivated to work on behalf of community issues because they care about the well-being of its members. Because of this, community leaders can be more accessible and have more time to get involved in issues that affect their community. It is important to keep in mind that some community leaders may have aspirations to hold elected office in the future. If this is the case with your community leader, they will be motivated by this aspiration. Keep in mind that the community leaders you work with today may become tomorrow's elected officials.

WHAT SHOULD I KEEP IN MIND WHEN COMMUNICATING WITH MY COMMUNITY LEADER FOR THE FIRST TIME?

Often your community leader is just as interested in finding out what you have to say as you are in what they have to say. Community leaders will recognize you as a credible and influential member of the community. They will most likely see you as a peer. Consider the following:

SHARE YOUR PERSONAL STORY

Let your community leader know why children's health and well-being generally, and your issue specifically, are important to both you and the community.

FIND OUT WHAT MOTIVATES YOUR COMMUNITY LEADER

Identify your community leader's interests and passions and look for ways to connect the issues that you both care about. For example, if your community leader has children, look for opportunities to make a connection between your issue and their children's health or well-being. If your community leader is concerned about economic growth, stress that children and families will be in a better position to contribute economically to the community if they are safe and healthy.

ASK FOR THEIR SUPPORT

Let your community leader know how they can be helpful on behalf of your issue. Invite their questions and let them know that you are available as a resource.

LOOK FOR ADDITIONAL WAYS TO CONNECT

Ask your community leader if you can continue communicating with them on the issue. That way, your community leader will recognize that this issue is part of an ongoing effort to elevate children's health and well-being within the community.

WHAT ARE THE MOST EFFECTIVE WAYS TO GET MY ELECTED OFFICIAL'S ATTENTION?

Elected officials are responsive to personal and repeated contact from their constituents. Regardless of whether you are reaching out to your elected official through an e-mail, letter, phone call, or meeting, consider the following:

STATE YOU ARE A CONSTITUENT

Let your elected official know that you are a constituent and a pediatrician in the area they represent. This will quickly capture your elected official's attention, and they will be more apt to take the time to listen to what you have to say.

MAKE YOUR CONTACT PERSONAL

Put a human face on your issue through telling your story. Elected officials pay more attention to personal stories about how the issue affects their constituents than they do generic statistics. Let the elected official know why you care about the issue and why it impacts their constituents. When you do use statistics, use them sparingly and use the data for your specific district or community whenever possible.

INCLUDE A CONCRETE OR DIRECT "ASK" IN YOUR COMMUNICATION

Education alone will not convince an elected official to support your issue. Elected officials are usually very good communicators and are practiced at listening sympathetically without committing to specific actions. They need to be asked to take action.

MAKE REPEATED CONTACT

Ongoing communication can help you establish a relationship with your elected official and will remind them of the importance of your issue. For example, consider inviting your elected official to spend some time with you in your professional setting so they can see the issue firsthand or send them articles related to your issue.

SHOULD I BE AWARE OF ANY DIFFERENCES BETWEEN CONTACTING MY STATE LAWMAKER AND MY FEDERAL LAWMAKER?

The same rules apply whether you are communicating with your local, state, or federal elected official with one exception—letters or mail. Due to increased security concerns with regards to federal lawmakers' mail, letters often are delayed and can take many weeks to make it to your federal lawmaker's desk. Instead of writing a letter to your federal lawmaker at the Washington, DC, office, consider sending the letter to their local office. Alternatively, you could call or e-mail them.

I CAN'T SEEM TO EVER GET MY ELECTED OFFICIAL ON THE PHONE. WHAT DO I DO?

Just like pediatricians, many elected officials have busy schedules and competing priorities, and it can be a challenge to reach them personally. At times, you may need to leave messages with their staff or aides. Staff are often very influential messengers to the elected official. It is their job to let the elected official know what they are hearing

from their constituents. Therefore, exercise the same guidelines when communicating through staff as you would with the elected official.

- Let them know that you are a constituent and a pediatrician.
- Share your story about why you care about the issue and how it will make a difference in the health and well-being of their constituents.
- Tell them that you would like the elected official's support on the issue.
- Let them know how they can reach you for questions.

DO ELECTED OFFICIALS REALLY TAKE THE TIME TO READ THEIR E-MAIL?

Elected officials either read their own e-mail or have staff read their e-mails and keep a tally of the requests or issues brought to their attention. Either way, if you choose to communicate with your decision-maker by e-mail, use the subject line to state that you are a constituent and a pediatrician.

IS THERE ANYTHING IN PARTICULAR I NEED TO KEEP IN MIND WHEN MEETING WITH MY ELECTED OFFICIAL?

Meeting with your elected official gives you the chance to interact with him or her in a way that is not possible through a letter or e-mail. Meetings often allow you the opportunity to get to know your elected official better and begin to build a relationship with them. A meeting with your elected official can occur as part of your chapter's Day at the Capitol, a legislative or town hall meeting sponsored by your elected official that you attend, or through an appointment that you personally set up.

Elected officials may want to use the meeting as a chance to share more about themselves. For this reason, it is important to be prepared for your meeting and redirect the conversation back to the reason why you are meeting with them—your issue.

BEFORE THE MEETING

In preparing for your meeting, plan out what you are going to share with your elected official, including why you care about the issue and how it affects other people—including the many children and families—that they represent. Don't forget to include a direct ask of your elected official. Be sure that they know precisely what you want them to do to support your issue.

DURING THE MEETING

Allow time during your meeting for dialogue and invite your elected official to ask questions. However, if your elected official asks you a question that you don't know the answer to, that is OK. Simply state that you don't know the answer offhand, but that you can get back to them with more information.

AFTER THE MEETING

Lastly, thank the elected official for their time. Let them know that you will be following up with them and also how they can reach you should they have questions. Make sure to follow up with a thank-you letter. Use the thank-you correspondence to reiterate what you discussed, remind them of your offer to provide ongoing consultation on child health and pediatric practice issues, and include any resources you promised to provide.

WHEN IS THE BEST TIME TO CONTACT MY ELECTED OFFICIAL?

The best time to contact your elected official depends on what you are trying to get them to do. For example, if you want them to vote in favor of a specific piece of legislation that you support, then the best time to contact them on this precise bill is right before they are scheduled to vote on the issue.

However, many people wait to contact their elected official only when they are in session or when they want something from them. Many elected officials have more time to communicate when they are not in session. Consider communicating with your elected official on an ongoing basis, such as through periodic e-mails, letters, or phone calls; inviting your elected official to tour your professional setting; or attending town hall meetings and events sponsored by your elected official.

Regardless of how and when you choose to communicate, remember to do it as part of a broader effort to develop a relationship with your elected official on behalf of children's health and well-being generally and your issue specifically.

WHAT DO I NEED TO KNOW TO TESTIFY EFFECTIVELY ON BEHALF OF MY ISSUE?

Testimony can be either written or oral. The purpose of testimony is to provide decision-makers with information that will enable them to cast an educated vote or make a decision for or against an issue. Providing testimony gives pediatricians a chance to publicly endorse, oppose, or express concerns about pending legislation, proposed regulations, or other public policies that affect children and pediatricians.

The AAP Department of Federal Affairs relies on pediatricians to testify on behalf of the AAP on the federal level; at the state level, many pediatricians testify at the request of, and on behalf of, their AAP chapter. As such, it is critical that you work with your chapter if you're testifying on the state level and the AAP Department of Federal Affairs if you're testifying on the federal level as you prepare your testimony to ensure that it is consistent with AAP policy. The AAP may be able to provide you with additional insights into the problem and offer suggestions or other solutions to include in your testimony. They can also provide you with sample testimony and help prepare you along the way. An additional resource for state-level testimony is available on the State Government Affairs area of the AAP Member Center in the Advocacy

Archive. Testimony developed by AAP chapters on a wide variety of topics is archived for reference by other chapters. This testimony can offer a great framework for developing your own testimony.

When preparing for your testimony, consider the following 3 tips:

INTRODUCE YOURSELF AND STATE YOUR POSITION CLEARLY

Begin your testimony, whether it is written or oral, by identifying yourself and, if applicable, the group you represent, such as your AAP chapter. Clearly state whether you are testifying in support of, or in opposition to, the pending proposal.

USE EXAMPLES TO ILLUSTRATE WHY THE PENDING PROPOSAL MATTERS TO CHILDREN AND/OR PEDIATRICIANS

Describe the problem that the pending proposal is intended to address and comment on whether it will alleviate or exacerbate the problem. Tell a story of how your patients and/or your work will be affected by the legislation, regulation, or public policy. Use examples from your work to illustrate your points. Conclude your testimony by requesting that the decision-makers vote for or against the pending proposal.

ANSWER QUESTIONS HONESTLY

If you are testifying orally, decision-makers may ask you questions. Answer these questions concisely and honestly. If you do not know the answer to their question, simply state you do not know the answer and that you will have someone from your AAP chapter, or other group you are working with, get back to them.

CHILDREN'S HEALTH AND PEDIATRICS ARE IMPORTANT ISSUES. WHY WOULDN'T MY ELECTED OFFICIAL SUPPORT MY ISSUE?

Most people are in favor of children's health. This is a cause that most elected officials will want to support. However, if you find that your elected official is not responsive, it may be because they are not hearing from people on behalf of the issue or they don't understand the direct relationship between your issue and the people they represent.

To help convince your elected official, be prepared to demonstrate the personal connection between your issue and their constituents, as well as a sense of urgency. Conveying a sense of urgency will illustrate why their support is needed now.

Additionally, be sure to ask your elected official for an explicit response or commitment to your issue. Don't let them off the hook by saying that they support children's health in general; get them to agree to support your issue specifically.

Your elected official might also have competing priorities that affect their ability to support your issue. It is always helpful to ask what concerns they have about the bill to get a better understanding of your official's position and how you might be able to find common ground.

Even if your elected official is not responsive or supportive initially, don't give up. Keep working to persuade your elected official on the importance of your issue. Keep your communications respectful and professional, but don't be afraid to be persistent. Remember, it's your elected official's job to listen to their constituents.

SHOULD I STILL MEET WITH MY DECISION-MAKER EVEN IF I KNOW THEY OPPOSE MY ISSUE?

Absolutely. Through ongoing communication, you can help your decision-maker understand how your issue will affect children and families in your community, state, or nationwide.

When working with a decision-maker who doesn't support your issue, remember to separate the person from the problem. Just as you would within your professional setting, treat the decision-maker with professionalism and respect and they will do the same to you. Work with your decision-maker or community leader to understand why they oppose your issue. Seek common ground and a potential solution that they can support or agree to. Remember, in advocacy there are no permanent friends or permanent enemies. Your decision-maker may not support your specific issue this time around, but they may be a champion on another issue that affects children's health.

COMMUNITY, STATE, AND FEDERAL CHANGE FEELS LIKE IT COULD TAKE FOREVER. HOW DO I KNOW MY EFFORTS ARE WORKING?

Advocacy is incremental in nature. It could take a while before you see concrete results. Consider breaking your larger goal down into smaller steps along the way. It is important to celebrate these many successes. For example, getting a meeting set up with your elected official is a reason to celebrate and represents a step forward on behalf of your issue.

Another way to measure your progress is the number of relationships you have with key decision-makers. They may not be able to help you in the short term, but over time you can reach a tipping point and have strong support to make more significant change. The AAP North Carolina Chapter has invested more than 30 years in this strategy, and it continues to pay off. Please see the Tools and Support section of this chapter for a description on North Carolina's efforts.

TOOLS AND SUPPORT



This section contains tips and tools on the core skills that you as an advocate need to get started. Specifically, in this section you will find tip sheets on the following:

How to Choose an Issue

Tips and considerations for choosing community change and public policy solutions based on the issues you care about.

Who Decides?

How to find out who makes decisions on the issues you care about.

AAP Issue Briefs

Examples and links to issues that the national AAP and AAP chapters have worked on in the past.

The North Carolina Open Forum Concept

An example of how the North Carolina chapter organizes chapter meetings to encourage communication between pediatricians and elected officials, pediatric academic programs, and child advocacy leaders in the state.

Characteristics of Persuasion

Tips for effectively persuading your community leader or decision-maker to support the issues you care about.

Contact Pyramid

Examples and suggestions on how to choose the most effective mechanism for persuading your community leader or decision-maker.

Tips for Calling Decision-makers

Tips on how to make an effective phone call to your community leader or decision-maker on behalf of an issue you care about.

Tips for E-mailing Decision-makers

Tips on how to effectively e-mail your community leader or decision-maker on behalf of an issue you care about.

Tips for Writing Decision-makers

Tips for writing effective and compelling letters to your community leader or decision-maker.

Tips for Meeting With Decision-makers

Tips to consider when meeting with your community leader or decision-maker face to face.

Tips for Hosting a Meeting in Your Professional Setting

Tips for setting up and making the most of a meeting with your decision-maker in your professional setting.

Negotiation Preparation

A worksheet on preparing for your negotiations with your decision-maker or community leader.

Tips for Sustaining Your Efforts Over Time

Ideas for celebrating and maintaining your community, state, and federal advocacy efforts over time.

HOW TO CHOOSE AN ISSUE

When you are deciding what issues you want to work on, it might be helpful to think about how your choice cannot only help children affected by that problem, but also help to build momentum and strength on behalf of children's health and well-being. Your AAP chapter is a good place to start, but there may be other issues that you want to work on. First consider whether an issue is related to children's health and well-being, then consider if those issues

HAVE A HUMAN FACE OR STORY TO TELL that helps people relate to the problem on a personal and emotional level. This could increase your chances of getting their support and involvement.

HAVE BROAD APPEAL not only to the people you are working with, but also to others in the community who care about children, so that they will be more likely to join you.

HAVE A CLEAR AND EVIDENCE-BASED SOLUTION to advance. Pointing to problems without solutions is demoralizing.

HAVE A LOCAL ANGLE. People are often more motivated and interested in their own communities than they are in someplace in which they are not familiar.

ARE EASY TO EXPLAIN AND UNDERSTAND so that you are not bogged down in technical jargon or confusion when talking about your issue with others. Be sure you can explain the issue in simple terms to nonmedical audiences.

INSPIRE PASSION to fuel your efforts over the long term.

LEND THEMSELVES TO MILESTONES along the way so you can celebrate and publicize your progress and victories.

AVOID DEEP DIVISIONS in the children's health community, which could distract you from your task and drain vital energy from your work.

ARE ASSOCIATED WITH AN IDENTIFIABLE DECISION-MAKING BODY, such as a community leader infrastructure or elected body, so that you have individual people you can go to and request that they change the rules.

WHO DECIDES?

Before beginning any advocacy activity, you must have a sound understanding of the issue and process you are seeking to influence. Research how an issue is decided and who will inform your strategy every step of the way. This is true whether you are seeking to change public policy such as a law or ordinance, or community practices such as public awareness or broader behavior change. The key to good research is obtaining adequate detail. Your chapter can likely provide you with additional support and assistance along the way.

WHO MAKES THE ULTIMATE DECISION ABOUT YOUR ISSUE?

You will need to identify those people directly involved in making decisions about the issue—individuals, committees, or groups—that can facilitate, approve, and/or ensure the change you seek. Likewise, are there decision-makers or groups who would work against, or in opposition to, your issue? Know your opponents, as well as your supporters. Use these guiding questions to identify your decision-makers.

Is it one individual or a committee?

If it is one individual

- Is the individual elected or appointed? What are the terms?
- Can anyone override the individual's decision?

If it is a committee

- How is the committee structured?
- Who votes and who doesn't?
- Does anybody have veto power?
- Are members elected or appointed? What are the terms?
- Do they represent anyone, formally or informally?

Examples of decision-makers

- Elected officials, such as state or federal legislators, mayors, county commissioners, city councilors, or school board members
- Officials who are either elected or appointed, such as library or park board members, or health department administrators
- Boards of directors of for-profit or nonprofit organizations, such as hospital, insurance company, or community organizations
- Community leaders who have power and influence in deciding what happens in a community and what issues get support, such as professional, civic, youth, business, labor, religious, or educational leaders.

WHAT IS THE PROCESS REQUIRED TO CHANGE THE ISSUE YOU ARE WORKING ON?

Use these guiding questions to clarify the decision-making process.

- Can individuals submit a request, or does a member of the decision-making body have to introduce the change?
- What individuals can make a request?
- Once a request is in motion, what are the steps? What is the timeline and how can it be influenced (sped up or slowed down)?
- Are there legal or regulatory guidelines related to your issue? If so, what are they, and how do they influence a change in policy?
- Is public input allowed or required?

AAP ISSUE BRIEFS

The Division of State Government Affairs coordinates development of ISSUE BRIEFS and other state advocacy resources for use by AAP chapters. ISSUE BRIEFS are developed on an ongoing basis, cover a wide range of important state topics, and serve as a primary state advocacy resource. Issue Briefs are available on the Division of State Government Affairs Web page in the AAP Member Center (<http://www.aap.org/moc>). Log in and click the State Government Affairs link under Advocacy.



THE NORTH CAROLINA OPEN FORUM CONCEPT

The Open Forum concept is a means of organizing chapter meetings to maximize communication between pediatricians practicing in the community, state government administrators, elected officials from the executive and legislative branches, pediatric academic programs, and child advocacy leaders in the state. Open Forum meetings are held 3 to 4 times per year in various locations around the state to discuss current child health and pediatric practice concerns.

The AAP North Carolina Chapter developed the Open Forum concept about 30 years ago. The chapter has found that this organizational system provides numerous advantages to the chapter, particularly in terms of their advocacy effectiveness. The inclusion of non-pediatrician allies in chapter activities (eg, state government administrators, elected officials, insurance company medical directors, leaders of child advocacy groups, etc) strengthens the chapter's advocacy efforts.

HOW THE OPEN FORUM CAN BENEFIT CHAPTERS

Benefits of using the Open Forum structure include

- **Increasing member participation in chapter activities:** The Open Forum promotes membership participation in chapter activities and helps to retain and reach out to members by holding meetings in academic settings, and in various geographic areas within the chapter's boundaries. It also provides an opportunity to recruit pediatricians who are not members of the chapter by engaging them in an Open Forum activity.
- **Integrating primary care and specialty care pediatricians:** By including representatives of all academic departments and residency training programs in the chapter's jurisdiction, pediatric medical subspecialists, pediatric surgical specialists, and primary care pediatricians in practice or academics can discuss issues together.
- **Providing user-friendly continuing medical education (CME) for members:** By having various educational presentations and/or training events during the Open Forum, the chapter can conveniently offer CME credit to its members.
- **Building long-term relationships with state government administrators:** Regular meetings with state government administrators to discuss child health issues allow the chapter to build trust and long-lasting relationships with influential leaders in state bureaucracies. These state government administrators are often career public servants and do not necessarily change with each new administration. They are well-versed in the history and development of state programs and can provide an insider's perspective on the operation of state government. They are likely to know the implementation barriers, budgeting issues, and internal politics that can plague state programs. By working in partnership with these state officials on children's health issues, many barriers can be tackled together.
- **Enhancing chapter legislative lobbying efforts:** When elected officials attend the Open Forum, chapter members have a chance to educate officials about child health issues and engage them in discussions related to those issues.

The North Carolina Chapter has found that the Open Forum system has improved the chapter's collaboration with the state on vital child health and practice issues. The North Carolina Chapter has made progress on third-party reimbursement, the Universal Childhood Vaccine Distribution Program, their physician-directed Medicaid managed care project, their progressive joint venture in mental health, their office-based dental varnish experiment, and many other accomplishments, which they attribute to the dialogue and collaborative spirit promoted through their Open Forum meetings. From interactions at Open Forum meetings, North Carolina's pediatricians have found their way inside state government agencies and managed care organizations. This system has proved a winner for children, families, and pediatricians.

For more information on how to organize the Open Forum concept in your chapter, please visit <http://www.aap.org/moc/displaytemp/openforum.pdf>.

CHARACTERISTICS OF PERSUASION

No matter how you contact a decision-maker—whether it is by mail, in person, or by phone—your contact should be designed to persuade and motivate that decision-maker to help. When you communicate with decision-makers, your interaction should

TELL A STORY: Putting a human face on children’s health issues can be more powerful than any fact or statistic. You don’t have to be an expert on the rules or legislation; you just have to be an expert on how this issue impacts your patients. Practice telling your story so that you can be brief and focus on the most relevant parts of your experience.

BE FOCUSED AND CLEAR: Especially when talking about something as personal and profound as children’s health and well-being, there is a lot to say. Take some time in advance to think about what the most important things are that you want to convey.

CONNECT TO THEIR INTERESTS: Consider why the decision-maker should care about what you have to say. If you are a constituent, they represent you; if they are on the board of a community organization, they are acting on behalf of their community; they might even have children that they care about themselves. Find ways to incorporate their interests into the discussion.

INCLUDE A DIRECT REQUEST: As a pediatrician, you know that education alone does not create change; people must act. This is true for decision-makers as well. Ask them for what you want, whether it is their vote, their leadership, or some other form of support.

ALLOW FOR DIALOGUE: Invite feedback and questions from the decision-maker, and be sure to follow up after your initial contact. View your communication as part of building a long-term relationship.

CONTACT PYRAMID

There are many ways to persuade decision-makers to act on behalf of children's health issues. Some examples include

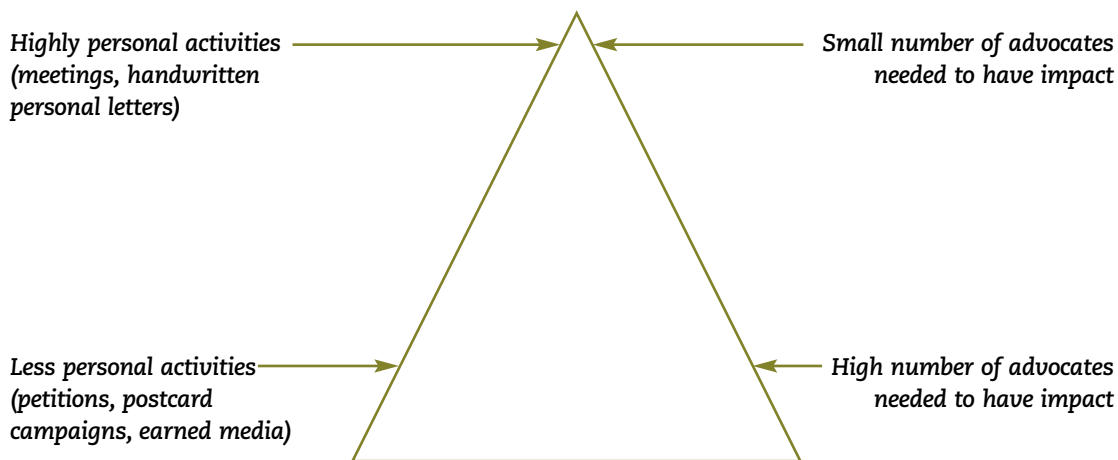
- Sending e-mails
- Making phone calls
- Writing letters
- Making personal visits
- Sponsoring forums or events
- Gathering signatures on a petition
- Creating a postcard campaign

When selecting the ways in which you will contact your decision-makers, remember, **the more personal, the better.**

To decide which activities are best suited to your situation, consider 2 factors: the degree to which the activity is personal and the number of people you have to engage in the activity. The more personal the contact, the lower the number of people needed to make contact. Conversely, the less personal the contact, the more people needed to make an impact.

For example, a generic postcard campaign in which people simply sign a petition will be recognized as generic and orchestrated. Therefore, you will need to generate a very high number of them to get on the decision-maker's radar.

Conversely, a personal meeting in a decision-maker's office with you and a few other key advocates who tell their personal stories about children's health and well-being has very high impact and requires fewer people. Consider the grassroots contact pyramid below as a guide.



TIPS FOR CALLING DECISION-MAKERS

Making a phone call to a decision-maker is quick and easy and can be done at a moment's notice, making it an attractive method for making your voice heard. For these reasons, it is critical that the call be effective. You don't need to be an expert on the process to be persuasive; you just need to give your personal perspective. Follow these steps for an effective call to a decision-maker.

PLAN: Before you make the call, plan what you are going to say. Your phone call will be very brief, so keep your message simple and to the point. You might even want to draft some notes to help your call go more smoothly.

MESSAGE: Be sure to tell your story, why you care about children's health, and why you need their support. Think about the key point and how your story underscores your point of view.

CALL: Make the call. No matter who the decision-maker is, remember to tell them that you are a pediatrician and a resident of their legislative district and/or community. Consider calling them when they are at home in the district as well, when they may have more time and less distraction to discuss issues and concerns.

STAFF OR MESSAGE: If you are calling an elected official, community leader, or volunteer board member, you may not be able to reach them directly. Be prepared to talk to staff or to leave a message instead.

PERSUADE: Get to the point. State the reason for the call. Ask the decision-maker what their current position is on the issue and try to persuade them.

THANK: If the decision-maker agrees to support your issue, thank them. Regardless of their position, thank them for their time. Let them know that you will stay in touch.

RECRUIT: Recruit a like-minded colleague, parent, family member, or friend to make a call as well. Particularly with phone calls, quantity is critical. Leaders pay attention to an issue when they believe that many people care about that issue.

CALL BACK: Call more than once. Quantity is important in advocacy, because a high number of calls indicates to a decision-maker that many people care about an issue. As you monitor the issue, call back to ask for specific support or action as appropriate to the process.

TIPS FOR E-MAILING DECISION-MAKERS

E-mail has changed the way that we communicate and in many ways has replaced other forms of communication, such as phone calls or handwritten letters. This technological tool is fast, cheap, and efficient. Given how easy it is to communicate via this method, you should make an effort to personalize your e-mail, so that it doesn't appear "canned," and be sure to be professional in your communication. You can also use e-mail to communicate with a decision-maker in the context of an ongoing relationship in which you use other methods as the foundation of your communication.

To craft an e-mail with impact, follow these steps.

IN THE SUBJECT LINE OF THE MESSAGE, STATE THAT YOU ARE A PEDIATRICIAN AND MEMBER OF THEIR COMMUNITY: This strategy will increase the likelihood that your message is read (eg, Subject: Message from a constituent and pediatrician).

IF THE E-MAIL IS MASS-PRODUCED, MODIFY IT: It doesn't take much time to insert your personal story and perspective, and it makes a big difference in making your e-mail credible rather than canned.

STATE YOUR REQUEST CONCISELY: E-mail is less formal and much briefer than traditional written communication. Craft your message accordingly—keep it tight and short.

PROVIDE PERSONAL EXAMPLES AND LOCAL CONTEXT: Use similar principles as those in letter writing, but in a tighter format. Your story and request are the important things to hit.

INFORM: Consider including links to specific Web sites that might be good resources including the AAP, your AAP chapter, or a community organization that you are working with.

PERSUADE A LIKE-MINDED COLLEAGUE, PARENT, COMMUNITY MEMBER, OR FRIEND OR FAMILY MEMBER TO SEND AN E-MAIL AS WELL: Quantity is important. Decision-makers pay attention to issues when they believe that many of their fellow community members care about that issue. As a pediatrician and an advocate for children's health, you have strength in numbers, and this is one way to use that strength.

FOLLOW UP: Again, because e-mail is a more casual and often mass-produced mode of communication, be sure that you are using other methods to persuade decision-makers. Follow your e-mail with a phone call, handwritten letter, or visit.

TIPS FOR WRITING DECISION-MAKERS

Writing a letter to a decision-maker offers you the opportunity to give more information than you could in a phone call or e-mail. The disadvantage to writing letters is you are not directly interacting with the decision-maker and, therefore, they do not have the opportunity to ask questions, state their position, or respond to a specific request. For these reasons, you might consider following your letter with a phone call or visit for more interaction. Follow these basic steps for writing your letter.

STATE THAT YOU ARE A PEDIATRICIAN AND A CONSTITUENT OR THAT YOU RESIDE IN THEIR COMMUNITY: This matters because leaders are most interested in the opinions of people who live in their area.

PERSONALIZE YOUR LETTER: Research consistently shows that handwritten letters have the most impact on decision-makers. If you are basing your letter on a form letter, rewrite it and consider using your personal stationary. This also gives you the chance to include your story, which is what will have the most impact.

USE THE NEWS: Watch for stories in your local community that you can use to illustrate your point. Use a local news item about a children's health issue as a springboard, or include a clipping about children's health to support your request.

LOCAL, LOCAL, LOCAL: Make a strong connection between children's health and what you and the decision-maker see in your home community. Connect national trends in children's health with real impact you are seeing in your work.

ACKNOWLEDGE THEIR SUPPORT: If the decision-maker has supported your issues in the past, acknowledge this, but don't take for granted that the support will continue.

SHOW RESTRAINT: Keep your letter brief—1 to 1½ pages at most. Make sure that any supporting information you provide is brief as well.

PERSUADE A LIKE-MINDED COLLEAGUE, PARENT, COMMUNITY MEMBER, FRIEND, OR FAMILY MEMBER TO WRITE A LETTER AS WELL. Quantity is important. Decision-makers pay attention to issues when they see that many people in their communities care about that issue.

FOLLOW UP: In your letter, ask for a response. To get a better picture of the decision-maker's position, follow up your letter with a phone call or visit.

COMMUNICATE MORE THAN ONCE: As you monitor the issue, communicate with the decision-maker through phone calls, additional letters, e-mails, or visits to ask for specific support or action as appropriate to the process.

TIPS FOR MEETING WITH DECISION-MAKERS

A face-to-face meeting with a decision-maker and his or her staff can be a powerful opportunity to advance your children's health agenda. The meeting can also position you as a reliable expert on children's health issues and an important ally for the decision-maker, if it's done right. Follow these steps for a successful visit.

PLAN YOUR MEETING: Decide whether you are going alone or with a group of people. If you go as a group, identify someone to lead the meeting and what each person is going to contribute to the discussion. This will help eliminate awkward silences or repetitive messages and will ensure that you hit all the key points you want to cover. Knowing ahead of time how much time you have will help you plan effectively.

KNOW YOUR AUDIENCE: Do a little research about the decision-maker if you don't know much about him or her. Refer to the Tools and Support section of Chapter 3 to access contact information for your state and congressional legislators. You may be able to talk with the decision-maker or someone who knows them, or do other research to find out what their experience is with children's health, if they have any, and how they view their role on the issue you're addressing. Your chapter may be able to provide you with information about your decision-maker.

DEFINE YOUR MESSAGE AND TELL YOUR STORY: Plan 2 or 3 points that get at the heart of your position and share your personal experience or the experience of others in your group to illustrate your points. Touch both the mind and the heart of the decision-maker.

MEET IN YOUR HOME COMMUNITY: Meetings in the community are a good way to make connections if you have never met before and are sometimes more comfortable for all concerned. For elected officials, meetings in the home district are often less hurried than meetings at the capitol, and they provide the "home turf" advantage. Consider inviting decision-makers to meet in your professional setting. That way, they get the opportunity to see firsthand how your issue affects children and pediatricians.

BEGIN YOUR MEETING BY FINDING SOMETHING PERSONAL THAT YOU HAVE IN COMMON WITH THE DECISION-MAKER: Have you treated their children before? Does something in their office suggest an interest that you share, such as art, sports, or music? Engage in a little small talk to break the ice, but keep it brief.

STATE THE REASON FOR YOUR VISIT: Be clear about why you are there, why they should be interested, and what you want them to do.

INVITE COMMENTS AND QUESTIONS: Engage in dialogue. This will make it easier to educate your decision-maker on children's health and well-being issues in general and your issue in particular. Listen to what they have to say and invite their questions.

ASK FOR A COMMITMENT: If you don't ask for action, you won't see any. If they decline, encourage them to think about it and let them know you'll keep in touch.

HAVE A LEAVE-BEHIND: When applicable, provide a brief, 1-page piece of written information for further reflection. Make yourself available for future conversations. Make sure your leave-behind includes your name and contact information on it or give them your business card.

FOLLOW UP: Send a handwritten thank-you note. Let them know that you appreciate their time. If you promised to get them additional information, attach it or let them know how and when they can expect to receive it.

TIPS FOR HOSTING A MEETING IN YOUR PROFESSIONAL SETTING

Hosting a decision-maker in your professional setting, whether it is an elected official or a community leader, gives you a great opportunity to build a relationship and demonstrate firsthand the important issues facing children and families. It also provides a tangible way for decision-makers to see the important work you are doing and see for themselves how public policy and community initiatives affect children's health and well-being. When planning to host decision-makers in your professional setting, consider the following tips:

SET GOALS: Before inviting a decision-maker to meet you at your professional setting, determine your goals for the meeting. Ask yourself, "What do I want the decision-maker to do as a result of visiting my professional setting?" and then plan your meeting around these goals. Identifying goals early on can help you make optimal use of your meeting.

CONSIDER TIMING: Try to schedule the visit during a time that is mutually convenient for both you and the decision-maker. If the decision-maker is an elected official, schedule the visit before the legislative session begins. Not only will this make it easier for the elected official to attend, but it can also help influence their commitment to your issue during the legislative session.

RECRUIT OTHERS FROM YOUR PROFESSIONAL SETTING TO PARTICIPATE: Reach out to other people in your professional setting and invite them to be part of the visit. This is a great way to demonstrate strength in numbers and give others the opportunity to contribute to your advocacy efforts.

KEEP ON MESSAGE: Based on your goals, determine what message you want the decision-maker to hear from you and others involved in the visit. Be sure everyone who is participating in the visit understands your message and can articulate it.

MAKE THE VISIT PERSONAL: One of the most important aspects of inviting decision-makers to your professional setting is the opportunity to let them see firsthand how your issue affects children and families in the community. Incorporate different opportunities to illustrate your story and make the visit personal, such as a tour of the children's ward or the chance to talk to a patient and their family.

INCLUDE AN "ASK": A personal visit from a decision-maker to your professional setting can be very influential. Be sure to make the most of this interaction by incorporating a specific request for action into your meeting. This could include asking the decision-maker to support specific policy that relates to your issue or participating in your next community health fair.

PLAN FOR VISIBILITY: Consider inviting the media to attend the visit. Having decision-makers there increases the likelihood of your issue being covered, and leaders appreciate positive publicity. If you do not invite the media, plan to take photos and include them with an article in your newsletter or other communication.

ALLOW A CHANCE FOR QUESTIONS: The decision-maker will likely have questions for you or others in your professional setting. Invite questions and answer them honestly. If you don't know the answer, let them know you will get back to them. Consider putting together a packet of information that the decision-maker can take with them, including information about your professional setting, your patients, and the issue you care about.

STAY ON SCHEDULE: You and your decision-maker both have busy and demanding schedules. Keep the length of the visit—whether you agreed to 20 minutes or an hour—within the predetermined time frame.

FOLLOW UP: Be sure to keep in touch with the decision-maker after the visit. Send them a thank-you note and invite them to events that your professional setting is involved with, such as community health fairs, conferences, or forums. Consider adding them to your professional setting's mailing list or e-mail list.

NEGOTIATION PREPARATION

Negotiation is the willingness and ability to compromise and involves a give and take between competing interests. Use this worksheet to prepare for your negotiations with a decision-maker or community leader.

How I would define the issue/problem:

How they will define the issue/problem:

How do I see the facts?

How do they see the facts?

If I put myself in their position, what interests can I identify that would be most important for me to attend to?

What actions can I take that will address our needs and interests and meet some of their most important needs and interests?

TIPS FOR SUSTAINING YOUR EFFORTS OVER TIME

Making children's health and well-being a national priority probably will not happen overnight. More often than not, advocacy is incremental in nature. Therefore, it is crucial to keep yourself energized and mark your successes along the way. Consider the following tips for celebrating and sustaining your efforts:

ACKNOWLEDGE VICTORIES FREQUENTLY, NO MATTER HOW SMALL:

Frequent victories can help sustain your advocacy work and keep you excited about how you are changing the future of children's health.

CREATE OPPORTUNITIES TO CELEBRATE VICTORY FROM THE VERY BEGINNING:

For example, celebrate when you first choose the issue you want to work on. Each step represents progress forward for children in your community or state or nationally.

COMMUNICATE AND SHARE YOUR VICTORIES: Keep others informed about the progress on your issue and what has been accomplished. This could include your chapter and the AAP, but also your patients and their families, your colleagues, community members, friends, and family members. Others will feel more connected to your issue and children's health as a whole, and they will feel that their time is making a difference.

CULTIVATE LEADERSHIP: Good advocacy movements are built through shared leadership. Teach, thank, recognize, and consult with the other pediatricians and advocates you meet along the way.

RECRUIT MORE SUPPORTERS: Get more people involved in your effort. Ask the families that you work with, your colleagues and other health care professionals, teachers, child advocates, friends, and family members to join you. Keep in mind the importance of building strength in numbers, and brainstorm to identify people each of you know who might want to get involved.

ADVOCACY SHOULD BE FUN: Celebrating keeps the work fun and allows you to see how far your efforts have come. Look for ways to incorporate a sense of fun and celebration into your ongoing work, such as hosting a reception or social event around your issue in your professional setting.

CELEBRATE VICTORY EVEN WHEN THINGS AREN'T GOING AS YOU HOPED:

Should your issue encounter challenges or setbacks along the way, the focus should be on celebrating your lessons learned. Advocacy is about being involved for the long haul. You won't win on your issue every time, but you will need to celebrate your efforts every time to keep motivated to stay involved.

SELF-EVALUATE: Don't be afraid to ask yourself and others what is working and what isn't, and modify your activities in response.

AAP

CHAPTER FIVE



*We're Not Alone—
Broadening Participation*



As a pediatrician, you are both a credible and natural advocate for children and your profession. However, even with compelling issues, a powerful story, and ongoing advocacy, **YOU HAVE A BETTER CHANCE OF INFLUENCING THE PUBLIC POLICY PROCESS WHEN MORE PEOPLE GET INVOLVED.** This chapter explains how you can use your influence as a pediatrician to build strength through numbers and get others involved in advocating on behalf of children’s health and well-being. It also describes how you can join with others who are already working on your issues.

I. BUILDING STRENGTH IN NUMBERS

Multiplying your efforts

Sometimes it’s easy to assume that just because you’re on the “right” side of an issue, such as children’s health, you will be successful. Unfortunately, this in and of itself will not yield victory. Effective advocacy starts with pediatricians telling their story and communicating with their elected officials and community leaders. As more people get involved, the power of an individual pediatrician’s advocacy efforts is multiplied. Building power by building strength in numbers will demonstrate to community leaders and elected officials that there are many people who care about your issue, and those people are taking action to create change. The more people that actively support your work, the quicker and greater your advocacy results will be.

Building strength in numbers involves knowing who to approach or join with, while at the same time not expending undue effort trying to persuade people you know disagree with your position and are unlikely to change their minds. When working on issues as important as children’s health and well-being it can be hard to imagine why others wouldn’t support your issue, much less oppose it. However, your issue will almost always be competing with other groups over resources and funding or reflect a different point of view. Building strength in numbers helps demonstrate to decision-makers that children’s health and well-being are a priority when considering opposing interests.

There are 2 ways to build strength in numbers: getting more people involved and getting more organizations involved. It is through seeking out these 2 types of like-minded supporters and asking them to join your efforts that you can build the power to be successful.

II. GETTING MORE PEOPLE INVOLVED

Finding and asking

There are multiple benefits to broadening participation, including generating hope and excitement for your issue and making an important difference. The more others see they are not alone, the more they will be willing to take the time to advocate on behalf of something they care about and the more they will believe that a broader solution is possible. Additionally, more people means increased pressure on decision-makers to act.

There are 2 skills needed to successfully get people involved in your issue. The first is finding the people who support your issue and the second is asking them. This may sound simple, but it is often not done well. Consider the following points to help you get more people involved in your issue:

FINDING PEOPLE TO GET INVOLVED

Getting people involved in advocating for your issue doesn't need to take a lot of time. In fact, in only a few minutes you can get others advocating on behalf of your issue without even leaving your professional setting. Consider the following:

- Start with the people you already know and will likely support your issue. Start by thinking of the people you know who care about children's health and well-being and interact with on a daily basis. This could include families of your patients; other pediatricians or health care professionals; or your friends, family members, and neighbors. Don't spend your valuable time arguing with or trying to convince people who will not support your efforts; rather, concentrate on reaching out to those who will.
- Exercise force multiplying. Force multiplying means recruiting the people that you know to get others that they are connected with to become part of your effort. For example, a parent of one of your patients can reach out to their child's teacher and get them involved.

ASKING PEOPLE TO GET INVOLVED

It may sound obvious, but the primary reason why people don't get involved is because they were never asked. Consider the following points when asking someone to get involved:

- Connect your issue to others' self-interests. Just as you are motivated to get involved in issues that personally affect your patients and your profession, other people are motivated by issues that affect what they care about. Take a few minutes to talk to others in your life about what motivates them. For the parents of your patients, it is likely their child's health and well-being. For health care administrators, it could be reducing costs. Tap into what motivates the people you are asking to become involved and build a connection between what they care about and your issue.
- Convey why your issue is important and why their help is needed. Explain why you want their help and what their involvement will help you accomplish. People are more likely to get involved in issues when they feel their time and effort will make a meaningful difference.
- Have a concrete request. Before having a conversation with someone about getting involved in your issue, think of the ways that they can be helpful. When you ask them for their help, be sure to explain what you want them to do and ask directly, such as, "Can you commit to calling your elected official and asking them to vote yes on this issue?"

- Be clear about the time commitment. Sometimes people are hesitant to get involved if they think they are signing on to a very large task, or for a very long time. Explain how much time it will likely take them to complete the task, such as 30 minutes to write a personal letter to their decision-maker or 2 hours to attend a public meeting or rally.

III. GETTING MORE ORGANIZATIONS INVOLVED

Partnerships, alliances, and coalitions

Much in the same way that individuals can show collective power on behalf of your issue, organizations and institutions can also demonstrate broad support around your issue. Specifically, working with partnerships, alliances, and coalitions can help further capture the attention of decision-makers by creating a perception that the issue has visible and wide-ranging support. The following considerations can help you begin to create effective partnerships, alliances, or coalitions in support of your issue.

CHOOSE ORGANIZATIONS THAT COME TOGETHER AROUND A COMMON ISSUE

When trying to broaden your efforts, connect first with the organizations that share your interests and goals. Just like people, organizations will be more likely to use their time and resources to support the issues that most directly affect them, the people they serve, or their members. Avoid approaching organizations that have competing priorities or will be likely to oppose your issue or philosophical goals.

BE RESPECTFUL OF THE ORGANIZATION'S EXPERIENCE AND KNOWLEDGE

It is gratifying to find out that you aren't alone in caring about your issue. Often the best way to get started is to look for established coalitions that you can join. You can add your unique perspective, experience, and efforts to the collective advocacy that is already taking place.

UNDERSTAND THE ORGANIZATION'S PROCESSES

Organizations and groups move at different speeds and comply with distinctive decision-making processes. Try to learn about the unique values, history, structure, and mission of the organizations you are working with. This will inform what type of support, or opposition, you can expect from the organization and what type of appeals they will respond to.

BALANCE RESOURCES AGAINST THE CHALLENGES

Working in partnerships, alliances, or coalitions can bring additional resources, supporters, and credibility to your issue. However, these assets may come with additional challenges, such as added coordination, communications, and decision-making processes. Weigh these options strategically and get involved with organizations where the assets outweigh the challenges.

DON'T FORGET ABOUT UNTRADITIONAL ALLIES

Think outside the box when considering which groups to approach. Your issue may be attractive to business groups if you can demonstrate the cost-savings of investing in preventive children's health and well-being issues. Law enforcement and communities of faith may be additional allies who are drawn to your issue for different reasons.

IV. KNOWING THE OPPOSITION

Strategies and counterstrategies

Sizing up the opposition may comprise most of your strategy development activity. Although some may deem these groups or individuals “the enemy,” reality proves that the opposition is made up of people who care as much about their issue as you do about yours. Emotional attachment to an issue is often strong on both sides.

The first step in dealing with the opposition is obviously to determine who they are. Once this is accomplished, you can begin to determine why they are opposing your proposal. Try to identify the other individuals or organizations that are joining in a coalition with the opposition. Gaining familiarity with the opposition will enable you to anticipate the staple components of their campaign and develop your plans accordingly.

Concentrate your efforts on disarming the opposition by anticipating their arguments and preparing accurate and complete responses to refute their charges. Steer clear of personal attacks and innuendo that only serve to confuse the issue. However unlikely it may seem, you may someday find yourself on the same side as those currently opposing your efforts. It is advisable, then, to focus on the issue instead of the people who are considered allies or opponents.

Negotiation skills can be used when dealing with the opposition. There may be groups or individuals that are being courted by the opposition in an attempt to strengthen their coalition. Meet with these persons or groups that are undecided and try to persuade them to adopt your position or at least to remain neutral on the issue. Neutrality on the part of natural allies of the opposition can diminish the impact they have in a legislature and with the public.

Although it is not always prudent, or even possible, you may wish to consider meeting with the opposition as you embark on a legislative initiative. You may be surprised by the willingness of the opposition to compromise and work toward a mutually agreeable solution. Make sure that all compromises are legitimate attempts to seek a solution to the problem. In some situations, what is portrayed as a compromise is actually an attempt to weaken or undermine your proposal. On the other hand, you may learn that the opposition is firm in its stand and will not stop short of killing your proposal. In that case, you will have at least learned the arguments and tactics that the opposition will use, and your chapter can develop an appropriate counterstrategy.

The opposition generally includes more than just those interest groups that will actively lobby against your proposal. Clearly, you will also find legislators and other state government officials who oppose your proposal. If key legislative leaders are opposed to your bill, help them to learn more about the need for the legislation. Sometimes opposition comes from being uninformed or from a misinterpretation of your ideas. Use negotiation skills when speaking to legislators and other state officials who oppose your bill. As in the case of opposition from other lobbying groups, if certain legislators will not support your proposal, request that they remain neutral on the bill.

As with any component of a legislative initiative, a combination of personal experience, political savvy, and common sense must be used to assess the political realities in your state. If the governor and the leadership of the legislature are absolutely opposed to your bill, you may wish to reconsider your initiative. You may, however, face a situation where the governor and certain legislators are opposing your bill, but the public is supportive. In this situation, public sentiment may encourage the state's decision-makers to change their positions on your bill. Encourage your chapter membership to become involved in the broad strategy development process by directing suggestions and concerns to the chapter legislative committee. Since they will be on the front line fighting for this bill, it is likely that they will know the opposition and can offer an accurate assessment of the political realities faced by your proposal.

Although it is important that you do not underestimate the power of the opposition, remember that as pediatricians you are experts on the issues that affect the daily lives of children and the practice of pediatrics. Your chapter can be a powerful advocacy force for children and pediatricians regardless of the size, strength, or financial resources of the opposition.

I FEEL LIKE I WOULD BE IMPOSING ON OTHERS IF I ASKED THEM TO GET INVOLVED. IS THIS REALLY AN OK THING FOR ME TO DO?

Asking others to get involved is both a natural and acceptable thing to do. Often people appreciate having a chance to do something meaningful or to make a difference. They also appreciate participating in activities that are well-organized and effective. Not everyone will say yes, but if you connect the issue to something that they care about and are clear about what you are asking them to do, you increase your chances that they will.

PEDIATRICIAN ADVOCACY STORY

I was very active in the effort to make Philadelphia's workplaces smoke-free. I asked my friends and colleagues inside and outside of medicine to speak up about this important issue. I asked my coresidents, fellows, and attendings to write to members of the city council and the mayor and to drop cards in favor of the legislation with their checks at restaurants. I reached out to local leaders in the fields of allergy, pulmonology, and general pediatrics to join the effort. Nearly universally, I was greeted with enthusiastic support. I helped draft a letter for our hospital's weekly grand rounds advocacy campaign, and it was one of the most signed letters of all time. My experience was that people wanted to help, but really appreciated assistance in what to say and how to say it.

Evan Fieldston, MD
Children's Hospital of Philadelphia, Philadelphia, PA

HOW MUCH TIME DOES IT REALISTICALLY TAKE TO GET MORE PEOPLE INVOLVED?

It only takes a few minutes to ask someone to get involved. In fact, as you begin your recruitment efforts, you may find it surprising at how many opportunities you as a pediatrician have to ask others to get involved in your advocacy efforts through your work every day. For example, consider how many patients' families and other health care professionals you interact with on a regular basis. Talking to just a fraction of your patients' families or your colleagues about your issue, and how they can get involved, can build people power in no time.

WHAT SHOULD I KEEP IN MIND WHEN TRYING TO RECRUIT OTHERS TO GET INVOLVED IN MY ADVOCACY EFFORTS?

When thinking about asking someone to get involved in your advocacy efforts, it is important to first take a couple of minutes to identify the reasons they would—or would not—support your issue. If the reasons why they would support your issue outweigh the reasons why they may oppose your issue, begin by describing why your issue is important. Help make the issue real and meaningful to them by sharing your story and why you care about finding a solution. Consider asking them to share their story with you and build a connection between what they care about and your issue.

Be sure to convey to the person the importance of their involvement and what is specifically needed from them. For example, what will their involvement help accomplish? How much of their time is needed? What do you need them to do? People are most likely to get involved when they see that there is a direct and concrete way to affect change.

Be sure to make a direct ask and allow the person time to answer. Regardless if the person says yes, thank them for their time and for listening to you. Follow up again with the person when you get a chance. Your ongoing communication will remind them of the importance of your issue and why their help is needed.

TELL ME MORE ABOUT HOW I CAN FIND OUT WHO TO APPROACH TO GET INVOLVED IN MY ISSUE AND WHO NOT TO APPROACH.

It is sometimes hard to understand why other individuals or groups would oppose something as important as children's health. However, it is not uncommon to run into opposition when involved in advocacy work. The important thing to remember is that more people are likely to support your issue than oppose it. When identifying potential supporters or potential opposition, ask yourself

- Who will benefit from the change I am seeking? Will any individual or group be inconvenienced as a result of the change I am seeking?
- What core beliefs would motivate the individual or group to get involved in my issue? What would motivate them to oppose my issue?
- Does your issue match or conflict with the individual's or group's priorities?

Focus your attention on the individuals and groups who are the most positively affected by the change you are seeking, such as other pediatricians and health care clinicians, the parents of your patients, and other child advocates. Consider asking your decision-maker—especially if you have a good relationship with them—what else they are hearing about your issue and from whom. This can help provide clues about your potential allies and opponents. Remember, you don't have to convince everyone to support your issue to be successful, just enough to demonstrate that you have broad and active support.

WHAT ARE SOME THINGS THAT I CAN ASK OTHERS TO DO?

When recruiting someone to get involved in your advocacy efforts, try to limit your ask to 1 or 2 concrete tasks. This will help keep from overwhelming them and increase the chances of them saying yes, and following through, on what you are asking them to do. Some potential easy and effective ways that others can contribute to your advocacy efforts include

- Contacting community leaders or elected officials on behalf of your issue specifically, or children's health and well-being generally (This could include writing a letter, sending an e-mail, making a phone call, or meeting with them.)
- Talking to others about the importance of the issue
- Writing a letter to the editor about why the issue matters and how a solution can improve children's health
- Attending a town hall meeting, legislative hearing, or candidate forum on behalf of your chapter in support of the issue and children's health
- Thinking about children's health when selecting a candidate to support
- Volunteering for a community group or children's advocacy organization working to bring about change on behalf of your issue
- Getting involved with your AAP chapter's government affairs committee or advocacy project

WHAT SHOULD I DO AFTER I RECRUIT SOMEONE?

Once someone has committed to supporting your issue or expressed interest in being part of your advocacy efforts, keep them informed and engaged in what's happening. Keeping them informed will help demonstrate that you appreciate their involvement and the more that they feel they are a part of something, the more invested they will become in helping bring about a change.

Keeping the people you recruit engaged in your effort doesn't need to take a lot of time. Consider the following quick and easy ways to keep others involved:

THANK THEM

Take a minute or two to thank the person for getting involved and let them know how their involvement is helping bring about a change when you see them again.

CONTINUE DISCUSSING THE ISSUE WITH THEM

As you encounter the person again, whether you see them in your professional setting or in your personal interactions, let them know what is happening currently. Share the results of their action and any developments related to the issue.

BUILD YOUR RELATIONSHIP WITH THEM

Use your mutual interest in the issue as an opportunity to broaden your relationship. Get to know their story and what motivates them, and understand their personal connection to an issue. By developing an ongoing relationship, you can increase the chances that the person will become more deeply committed to your issue specifically and children's health generally.

FORWARD THEM INFORMATION ABOUT THE ISSUE

Ask the person for their e-mail address and forward them relevant updates on your issue.

SHARE THEIR NAME WITH OTHERS WORKING ON YOUR ISSUE

If you are working on an issue as part of an effort with your AAP chapter or another advocacy group, ask for their permission to share their name with the organization coordinating the effort. That way, they can receive communications related to the issue through newsletters or mailings, as well as find out about additional ways to advocate for a solution.

ASK AGAIN

Don't be afraid to ask the person to participate in additional tasks as needed to advance your issue. The more the person has a chance to contribute to a solution, the more invested they will feel in the issue. Just remember to keep thanking the person, communicate with them between asks, and keep your asks specific and realistic.

HOW CAN I FIND GROUPS AND ORGANIZATIONS IN MY AREA TO WORK WITH?

Finding organizations to work with is not much different than finding individuals to work with. Look for organizations that your patients are part of or interact with on a regular basis, such as schools, child care centers, faith groups, juvenile treatment centers, or youth sports teams. Consider asking your place of work to get involved, as well as other professional or social groups that you are a part of.

If you would like additional ideas of groups to work with, consider asking your AAP chapter for ideas or information about other child advocacy organizations in your area. The Division of State Government Affairs and the Department of Federal Affairs can also help you identify potential partners. They work with many national child advocacy groups that have state affiliates who can make great partners. In fact, the AAP Member Center Web pages contain links to many of these groups. Additionally, don't overlook your local newspaper or city Web site for child advocacy groups in your area. Newsletters published by your neighborhood group, place of worship, or area schools may also be able to provide you with ideas.

PEDIATRICIAN ADVOCACY STORY

Morehouse School of Medicine and the Atlanta-based Grady Health System began a partnership and established a neighborhood health center. The Grady Health Center South DeKalb did not provide free care to uninsured children, but has always taken patients with public assistance coverage. We were chagrined at how many parents would come in asking for services near the beginning of the school year, only to be turned away because they didn't have insurance, Medicaid or SCHIP, or could not afford to pay.

With the collaboration of the local health department, Morehouse and Grady Health Center South DeKalb began hosting annual Back to School Health Fairs. Once a year we open our center to do free health assessments and immunizations for the community. Each year we immunize and screen approximately 200 children. The event has grown each year, and we now receive donated services from dentists and other health care professionals in the community. We also began to provide school supplies for the children of this largely underserved community.

The staff and physicians have a great time, enjoy meeting new families in the community and, when we are done, we have a wonderful sense of accomplishment from assisting these vulnerable families.

David A. Levine, MD, FAAP
Chief, Division of Predoctoral Education and Associate Professor of Clinical Pediatrics,
Morehouse School of Medicine, Atlanta, GA

WHAT SHOULD I KEEP IN MIND WHEN THINKING ABOUT BUILDING A PARTNERSHIP WITH ANOTHER ORGANIZATION?

There are 3 main considerations for building partnerships, alliances, or coalitions with other groups or organizations in your area.

1. UNIFYING ISSUE AND MUTUAL SELF-INTERESTS

Choose organizations to approach that are directly affected by your issue and are aligned in how to approach the issue. The most effective partnerships happen around a common issue and where there is agreement on how they will work together to bring about change. Organizations that care about and are directly affected by your issue will be more likely to contribute positively and actively to your efforts.

2. CONSIDER THE ORGANIZATION'S RESOURCES

Identify potential resources that the organization could contribute to your effort. Does the organization have an active, influential, or extensive membership base that could be tapped to take action? Does the organization have financial or staff resources that could be helpful for your efforts? Does the organization have contacts or clout with important decision-makers? What other resources—such as a Web site, newsletter, or events—does the organization have that could be used to build support for your issue?

3. WEIGH THE OBSTACLES

Just as you identified potential resources that an organization can offer your efforts, also consider any potential obstacles that may affect your issue. Consider the organiza-

tion's internal process for supporting issues—will the organization be able to reach consensus on supporting your issue within a time frame that is helpful to your efforts? Will the organization be helpful to your efforts? Try to avoid seeking out partnerships that would exist in name only. Instead, focus on building partnerships where there will be active and engaged resources to help you bring about a change for your issue.

HOW DO I APPROACH AN ORGANIZATION ABOUT GETTING INVOLVED ONCE I'VE FOUND ONE THAT CAN BE HELPFUL TO THE ISSUE I'M ADVOCATING FOR?

Consider the following 4 steps to getting an organization involved in your advocacy efforts:

1. **IDENTIFY SOMEONE YOU KNOW WITHIN THE ORGANIZATION**

This could be a board member, employee, client, or administrator.

2. **SHARE THE IMPORTANCE OF YOUR ISSUE WITH THEM**

Give them an idea of what is happening related to your issue, what needs to happen for change to occur, and how you think their organization could be helpful. Be sure to give them an opportunity to ask questions and share their thoughts about your issue and their organization.

3. **ASK FOR THE ORGANIZATION'S SUPPORT**

Find out what the organization would need to know or do before they could make a commitment to your issue. Be prepared to offer assistance, such as providing more information about your issue, making a presentation, or having another person involved in your issue to follow up with them. Your AAP chapter can likely support you in this task.

4. **THANK THEM**

Regardless of whether they agree to support your issue, be respectful and thank them for their time. Even if they don't say yes right away, leave the door open for potential partnerships in the future.

I'VE WORKED WITH COALITIONS BEFORE AND FOUND THE PROCESS VERY FRUSTRATING. WHY SHOULD I TRY AGAIN?

Working in partnerships, alliances, and coalitions can have its disadvantages and, at times, conflict is inevitable. However, the positives often outweigh the frustrations. Partnerships, alliances, and coalitions can help

- Propel your issue forward by building strength in numbers and broadening involvement.
- Increase access to and influence with decision-makers.
- Add credibility by demonstrating the vast community support that exists for your issue.
- Create energy, excitement, and a feeling of belonging to something larger.
- Pool talents and resources.

To help minimize conflict and make the process of working with partnerships, alliances, and coalitions more enjoyable, consider the following:

UNDERSTAND AND RESPECT EACH OTHER'S SELF-INTERESTS

The organizations that you are working with each have their own reason for supporting the issue. The reasons can range from preventing illness or injury to saving money associated with health care costs. Make an effort to know and understand what is motivating each group at the table. Having this understanding at the beginning can help eliminate misunderstandings down the line.

CREATE CLEAR ROLES AND DECISION-MAKING PROCESSES

Be sure that each organization has a clear understanding of their role and the decision-making process. Knowing what is expected from one another, and when, will help reduce confusion and contribute to respectful working relationships. Maintaining an open line of communication between all parties will assist in this process.

AGREE TO DISAGREE

From the beginning, acknowledge that differences between groups will occur. This doesn't make any group wrong, it just recognizes that because each group is motivated for different reasons, they will have different ideas and ways of doing things. This is OK as long as each group's actions contribute to the larger goal and there is open communication about what each group is doing and why.

WHAT ROLE CAN PEDIATRICIANS PLAY WITHIN PARTNERSHIPS, ALLIANCES, AND COALITIONS?

There are many advocacy activities that can be done in less than an hour a month, but being part of an effective partnership, alliance, or coalition does not necessarily fall into this category. Contributing to a partnership, alliance, or coalition will likely require additional time and coordination because it is based on developing relationships and ensuring common goals. This doesn't mean it will take a large amount of your time, but it will likely require a few to several hours a month. After all, effective partnerships are about pooling the available time, talents, and resources of those involved. They are not about one person doing everything by themselves.

PEDIATRICIAN ADVOCACY STORY

I am the legislative coordinator of the AAP Kansas Chapter. Kansas is classified as a medium chapter, but we are still small. We can't afford our own lobbyist. A few years ago we realized that the way for us to get legislation passed that was beneficial for our state's children was to do state advocacy in partnership with other child advocacy organizations throughout our state.

For 5 years, various individual groups tried to get legislation passed requiring use of booster seats for children 4 years of age and older, to no avail. Then we formed a strong coalition of child advocacy groups, including our state chapter, and set about to get this changed. The coalition was led by Kansas Action for Children and Safe Kids Kansas, each of which had a lobbyist at the state House to advocate for the bill. Opposition was led by the chairman of the House Transportation Committee. The coalition was able to get the bill introduced in the House Judiciary Committee rather than in the Transportation Committee. Many members of the coalition sent representatives, including myself, to testify before the committee. Coalition groups also recruited members to write or call their legislators to vote for the bill. The bill passed and was signed by the governor.

I don't think this bill would have passed without all the groups working together. Without the lobbyists, the bill would have been stuck in a committee that it never would have gotten out of. Without the various groups' testimonies, the bill may not have gotten out of committee. Without the contacts from coalition members, the legislators might not have voted to pass this important piece of legislation.

Dennis Cooley, MD, FAAP
AAP Kansas Chapter

TOOLS AND SUPPORT



This section contains tips and tools to help you build strength in numbers. Within this section, you will find the following tip sheets:

Recruitment Worksheet

This worksheet can guide you in identifying the people you know and can approach easily about getting involved in your issue.

Making the Ask

A tip sheet on how to make an effective ask.

Keeping People Engaged in Your Efforts Over Time

This tip sheet walks through how you can keep the people you recruit engaged in your issue over time.

The One-on-One

This tool guides you through how to build deeper relationships with others who care about your issue specifically and children's health and well-being generally.

Tips for Building Effective Partnerships, Alliances, and Coalitions

This tip sheet provides guidance on how to develop effective alliances, partnerships, and coalitions on behalf of children's health and well-being.

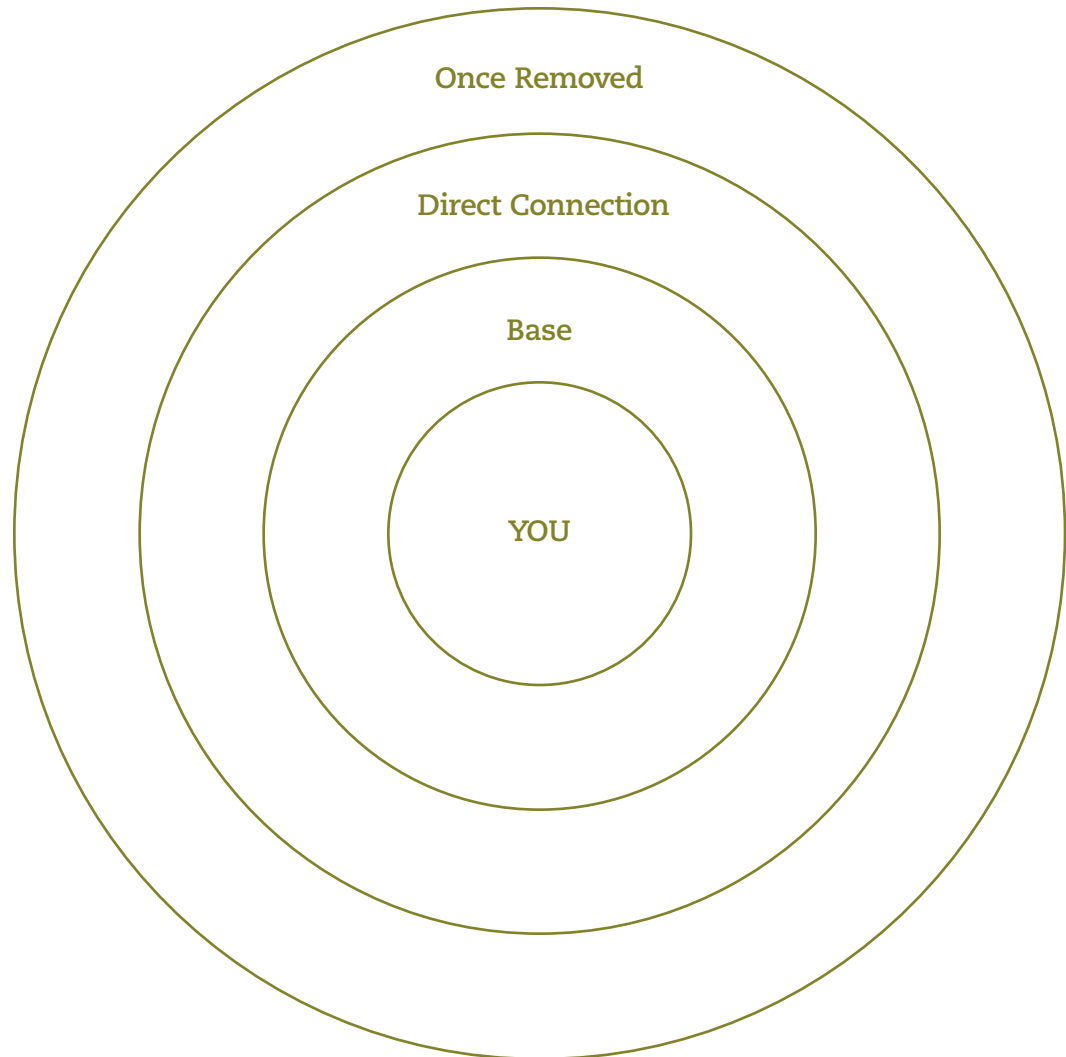
RECRUITMENT WORKSHEET

This simple worksheet can help you prioritize who you can easily approach to get involved in advocating on behalf of your issue specifically or children’s health and well-being generally.

STEP ONE: Think of the 3 to 5 groups of people with whom you have a direct connection and already know would be supportive of your issue. Write those down in the first ring of the target. These people are your “base.” These are the first people to ask to get involved.

STEP TWO: Think of “the next layer out” of people in your universe—people with whom you have a direct connection who might be interested in your issue, but are more distant than your base either because their connection is weaker or because the issue is less relevant to them. Write 3 to 5 groups that fall into this category in the second ring of the target. These people are those you can ask to get involved once you have secured your “base.”

STEP THREE: Think of groups of people you would like to see involved, but don’t necessarily have a direct connection with. For example, a person in your first or second ring might know someone in this third ring. Write these groups in the third and final ring of the target. Reaching these people might happen through others.



MAKING THE ASK

The “ask” is an important skill to develop as you begin getting more individuals and groups involved in your issue. Simply put, an “ask” is a direct request to someone to do something to advance your issue. It will vary from person to person given their interests and availability. Consider the following steps:

CONNECT: Before asking someone to take action, you will want to connect your issue to their self-interests by listening to them and understanding how the issue has affected their lives and how change could impact their experience. Taking the time to build a relationship will benefit you in the long run.

EXPRESS IMPORTANCE: Most people have a lot on their plates already. Unless you can say why it is important for them to get involved now, most people will decline. Children’s health is a compelling issue, but you might need to paint a picture of how their action and support can make a difference. Make the case for why they should do what you are asking.

HAVE A SPECIFIC REQUEST(S) AND BE DIRECT: Before even beginning to talk with a potential supporter, have a list ready of specific ways they can get involved and help. When you ask, be sure to explain what it is they would be doing and be confident in making the request. Make sure to ask directly, “Can you commit to....”

PRIORITIZE THE REQUEST(S): The general rule of thumb is start with the hardest request, and progressively move down the line with things that would be easier to say yes to.

RELATE THE REQUEST TO THE BIGGER ISSUE: People want to know that their time and energy are going to make a difference. Let people know how the request you are making fits into the bigger picture of children’s health and well-being as a whole. This should also convey why their help is needed and important.

PAUSE: Too often when making an ask, we don’t wait and make another person respond to our question. You can learn to manage the natural discomfort of silence to your advantage. For example, sometimes people need a moment to process your request or to think of follow-up questions. Giving the person you’re asking a moment to respond will not only allow them to answer the question, but it will give them time to think their response through.

THANK AND FOLLOW UP: Always, no matter what, thank them at the end. If the potential supporter agreed to one or several of your requests, be sure to let them know that you’ll be following up with them.

KEEPING PEOPLE ENGAGED IN YOUR EFFORTS OVER TIME

Keeping people engaged is the key to sustaining ongoing advocacy efforts. Consider these strategies for keeping people involved and engaged in your issue over time.

COMMUNICATE AS OFTEN AS POSSIBLE, ESPECIALLY WHEN YOU DON'T NEED SOMETHING: People get involved out of interest in an issue. Providing them with ongoing information about their interests will help keep them involved. Think about how you hate it when a friend only calls you when they need something—others don't like this either. Communicate in between asks.

ASK PEOPLE THEIR OPINIONS, LISTEN TO THE ANSWERS, AND ACT ON THEM: This may seem obvious, but people always feel more connected when they don't feel like commodities. Ask their opinions and take their answers seriously. Encourage feedback, comments, and suggestions from others.

MAKE AMPLE USE OF "THANK YOU": The more that people feel appreciated and connected to the issue, the more likely they will stay involved and active.

GIVE PEOPLE INSIGHT INTO THE BIGGER PICTURE: Share your goals and overall work with others you recruit to get involved. The more they see how they play a part in advancing children's health and well-being, the more enthusiastic they will be.

LINK PEOPLE WITH OTHERS WHO CARE ABOUT THE ISSUE: Let people know about other efforts taking place to advance your issue. Introduce supporters of your issue to each other if you get a chance. If there is an organized effort or group in your area working on the issue, such as your AAP chapter, be sure to let others know about it. People will be more motivated to stay involved when they know they are part of a larger effort.

SHARE RESOURCES: Let people know where they can find more information and support for the issue. Refer them to Web sites, newsletters, your AAP chapter, or other organizations working on the issue. These resources can help them stay informed and know when their help is needed next.

CULTIVATE LEADERSHIP: A key to building strength in numbers is getting people to take on more. Ask the people who are helping you and deeply committed to your issue to take on more responsibility. The more people you have recruiting and communicating with others, the more people you'll have and the more you'll accomplish.

CELEBRATE VICTORIES, AND NOT JUST THE BIG ONES: Advocacy should be fun, and that means recognizing victories. Don't move on to the next thing without appreciating what you just accomplished and celebrating with those who helped you accomplish it.

THE ONE-ON-ONE

A one-on-one is a cornerstone technique for building strength in numbers. By doing one-on-ones, you can develop relationships and identify who will get involved in your issue and how. It is an intentional face-to-face dialogue—not a sales pitch—based on exploring common values and ways to come together. By doing one-on-one meetings repeatedly you build a network of advocates that has the power to create change for children and pediatricians.

WHY DO A ONE-ON-ONE?

- **Build relationships:** When people are in a relationship they can bounce ideas off each other, take action together, get things done, and celebrate their success! We simply can't accomplish alone what we can accomplish together.
- **Uncover self-interests:** Self-interests are things that a person feels most strongly about. It's what motivates and drives them. People who work for and support children's health are often driven to do so because they care about children and their community. Discovering what motivates a person can help build a strong base since people are more likely to get involved in issues that are connected to their self-interests.
- **Develop clarity:** One-on-one visits allow people to express their feelings. When they have a chance to talk about an issue, it helps to make that issue clearer to them.

HOW DO I SET UP A ONE-ON-ONE?

- One-on-ones can be scheduled in advance or can happen spontaneously as you are meeting with patients, interacting with colleagues, or just out and about in your community.
- The point of the one-on-one is to share information about your issue, uncover self-interests and, if appropriate, move to getting a commitment.
- Be aware of the time. A one-on-one shouldn't take longer than 15 to 30 minutes.

WHAT SHOULD I SAY DURING A ONE-ON-ONE?

There's no one right way to conduct a one-on-one, but below are some suggestions to get you started.

- **What's your background?** If you are comfortable sharing, what is your experience with the issue specifically or children's health and well-being generally?
- **How did you get involved in your line of work or activities?** What excites you about it?
- **Tell the other person about your background, why you became a pediatrician, and what excites you about it.**
- **Let the other person know how you see the work you do connecting to change on other levels.**
- **If it seems like a good fit of mutual self-interests or common values, move from sharing self-interests to getting a commitment by making a specific request. Be sure to prepare what you will be asking them to commit to before you start the one-on-one.**
- **Be sure to thank the person for their time and sharing their story.**
- **Send a thank-you note or e-mail within a few days of your meeting.**

GETTING STARTED

Like most things in life, preparing and practicing can help you develop confidence and skill in doing one-on-ones. Consider the following tips:

- **Write out talking points and the specific requests you will make before the one-on-one.**
- **Start with friends and colleagues you already know. Don't be afraid to ask them how it went and to give you feedback.**
- **Doing one-on-ones gets easier the more you do them. And remember, the more one-on-ones you successfully do, the more you will build strength in numbers on behalf of your issue and children's health.**

TIPS FOR BUILDING EFFECTIVE PARTNERSHIPS, ALLIANCES, AND COALITIONS

Everyone, including pediatricians, wants their partnerships, alliances, or coalitions to be effective—engaged, energized, and working toward a common goal. Here are just a few traits that effective partnerships, alliances, and coalitions often share. Consider these as you move forward with your advocacy efforts.

CLEAR ROLES AND EXPECTATIONS (INCLUDING LEADERSHIP

STRUCTURE): By being clear about who does what, your partnership, alliance, or coalition will already be off to a good start. In addition, make sure all members understand and are brought into the decision-making process.

REGULAR, INTENTIONAL EVALUATIONS: The best organizations are always learning. Evaluation is not just about highlighting what isn't working—it's also crucial to learn from what is working and celebrate it.

AGREED-ON GOALS: Make sure people understand and agree with the goals. One way to do this is by engaging members in giving input on developing goals and a plan to accomplish them. Having a shared, written document helps make sure everyone is on the same page.

PERMISSION TO DISAGREE, METHODS FOR RESOLVING DIFFERENCES:

An effective partnership, alliance, or coalition is one where diverse views meet and can be reconciled. At the beginning set ground rules on discussion and methods of conflict resolution.

MULTIPLE WAYS TO PARTICIPATE: Normally in any advocacy work, there are a variety of things that need to get done. Consequently, ways for members to participate should be just as varied. Partnerships, alliances, and coalitions that find ways for people to pursue their interests and passions are exciting and robust.

FLEXIBILITY: Effective partnerships, alliances, and coalitions are nimble and responsive to change, and seek ways to incorporate new developments into their work.

REGULAR SHARED INFORMATION: Normally this is described as “regularly scheduled meetings,” but there's no golden rule for how you keep each other up to date with what's going on. Although meetings can be an effective way to stay informed, e-mails, phone calls, and Web sites can all be effective ways to keep others plugged in.

FUN AND CELEBRATION: Taking the time to celebrate accomplishments and congratulate one another can help keep energy high for the duration of your advocacy efforts.

AAP

CHAPTER SIX



Media and Communications Advocacy



The best way to help people understand why your issue is important is to **TELL THEM A STORY ABOUT THE REAL PEOPLE AFFECTED BY IT**. Media and communications advocacy allows you to share your story with a broader audience than is possible through person-to-person strategies alone. This chapter explains how you can use media and communications vehicles to tell your story and effect change. In addition to this guide, the American Academy of Pediatrics (AAP) has dedicated staff and resources available to assist you and your chapter with a variety of media and communications activities.

I. WHAT IS MEDIA AND COMMUNICATIONS ADVOCACY?

Building awareness

Media and communications advocacy refers to the intentional use of any type of media or communications mechanism to bring about awareness and, eventually, change, on behalf of your issue. This could include newsletter articles, letters to the editor, an Internet blog, or an appearance on the local news. Effective advocacy leverages media and communications vehicles as tools to demonstrate the importance of an issue to a broader audience. It is important to think of media and communications advocacy broadly, and while they are somewhat ambiguous terms, consider the following definitions:

MEDIA ADVOCACY

Media advocacy refers to using the media—such as newspapers, magazines, medical Web sites, television and radio, and working with reporters—to reach a broader audience to build awareness on behalf of your issue and, in some instances, gain more attention from decision-makers. When it comes to advocacy, media can be paid or earned. *Paid media*, as the name implies, is media for which you pay. It could include advertising space you buy on the Internet, in newspapers, or on television.

EARNED MEDIA

Earned media refers to the media that you create on behalf of an issue you care about. It is not advertising that you pay for, but rather media attention that you earn through your advocacy work. Earned media is a great way to generate attention and energy around your issue by demonstrating why your issue is important and how it affects real children and families in your community or state, or nationwide. Additionally, it is often considered more influential than paid media because it is coming from “real” people. Earned media could consist of letters to the editor, op-eds, television or radio news interviews, and persuading a local newspaper editorial board to run a positive editorial about your issue.

COMMUNICATIONS ADVOCACY

Communications advocacy is a broad term that describes any material and mechanism (other than the media) used to create awareness around your issue, get others involved, or influence decision-makers. Communications advocacy can assist you in proactively framing the importance of your issue and informing others about developments or actions needed around your issue. Communications can be print-based (such as newsletters, articles, flyers, or brochures), Internet-based (such as Web sites, e-mail lists, blogs, social networking sites, or e-mail alerts), or it can take place in person (eg, through public speaking, setting up a booth at a local event, or making a presentation to a local group or organization).

II. WHY MEDIA AND COMMUNICATIONS ADVOCACY MATTERS

Influencing public opinion

As an advocate, you can use media and communications advocacy to influence public opinion, and therefore public policy, on behalf of the issues that are important to you. Decision-makers pay attention to and are influenced by public opinion, particularly that of their constituents. Media and communications advocacy can bring attention to your issue and keep it in the forefront of the public's hearts and minds. Media and communications advocacy allows you to share your story with more people, making your issue real and meaningful to an even broader audience. This can directly contribute to change at the community, state, or federal level by increasing awareness of and attention to your issue, getting more people involved, and pressuring decision-makers to act in favor of your issue, because your issue has the public's attention.

Consider how as a pediatrician your personal perceptions are influenced by the many conversations you have with your patients, colleagues, friends, and family members on a daily basis. The same is true when it comes to influencing the general public's perception of an issue or problem. Media and communications can spark public conversations and debates, contributing to changing community norms and public perceptions. Additionally, public policy at the state and federal levels is often influenced by what decision-makers hear their constituents talking about in the news, such as the letters to the editor or opinion column of the local paper. **Media and communications advocacy allows you as a pediatrician to shape community and public policy discussions on behalf of the issues you care about.**

Specifically, media and communications advocacy can help you propel your issue forward by

- Persuading community leaders and elected officials to act on behalf of your issue because they believe the public is paying attention to your issue
- Increasing the likelihood that more people get involved because they are aware of the issue and how they can help change circumstances affecting the children they know and care about
- Establishing credibility on behalf of your issue by demonstrating that your experiences are those of many and the issue deserves the public's attention

As a pediatrician, you know that treatment is only effective when your patients and their families understand and pay attention to your medical advice. The same is true with media and communications. These tools are a great way to build awareness on behalf of your issue but are only effective if people understand and pay attention to your message.

Your message is the core statement of why your issue is important and should be the underpinning of all your media and communications work. An effective message creates consistency in the way your issue is talked about and cuts across the many stories that relate to your issue. Essentially, your message is what follows “because.” Consider the following example of a message:

“Medicaid is an indispensable health program because it provides health insurance coverage to more than 26 million low-income children who otherwise wouldn’t have access to critical and much needed health care services.”

This message makes the case about the importance of Medicaid funding. Your personal experiences and stories of working with children who are uninsured can then help support this message. Consider the following points as a guide to creating an effective message:

CLEAR

Your message must be easily understood in words that can be internalized and repeated by others, including other child advocates, the general public, and decision-makers. Use language that you would use to talk to a parent. As a pediatrician, you break down technical jargon for your patients and their families every day. Use the same rule when creating your message.

CONCISE

Your message must be to the point. Keep in mind that most people have short attention spans and like their information given in concise formats. Stay focused on your main message and 2 to 3 supporting points that you can easily remember. Every word matters—choose each carefully.

MEMORABLE

The most effective messages are captivating and memorable. Consider running your message past a friend or colleague to get their feedback, or work with your chapter for further assistance.

PERSUASIVE

The message should convince people that your issue is something they can support. Use personal examples and stories to help paint a picture that people can relate to.

REPEAT, REPEAT, REPEAT

All communications should carry your intentional message. The average person needs more than 6 contacts before a message sticks with them.

IV. CONNECTING YOUR MESSAGE TO YOUR STORY

Why change matters

Having an effective message is the backbone of all communications and media work. How you use your message is also important. Combining your message with personal stories and experiences can help you illustrate the importance of your message by capturing people's attention, pulling at their heart strings, and putting a human face on your issue. Consider the following ways in which you can connect your message to your story and compel people to pay attention and decision-makers to act:

MAKE IT PERSONAL

The personal experiences that you have as a pediatrician are incredibly compelling. While your story in and of itself will not be the central message or core argument, your personal examples can complement your message and illustrate the need for change firsthand.

KEEP IT LOCAL

People pay more attention to news and communications that affect them personally, or hit close to home. Look for ways to keep your message local by including a perspective about how your issue affects your neighborhood, community, city, or state.

CONNECT YOUR MESSAGE TO THE ISSUE YOU ARE SEEKING TO CHANGE

Help people see that your story is one of many. Be sure your message highlights solutions. Explicitly state the change you are seeking and explain why that change matters to children in your community or state, or nationwide. This will help people understand why they should pay attention to your issue and why change is needed.

INVITE OTHERS TO GET INVOLVED

A compelling message will encourage people to act. When delivering your message, include an invitation to get involved and information regarding how others can help bring about change.

HOW DO I CHOOSE BETWEEN WORKING WITH THE MEDIA AND USING OTHER COMMUNICATIONS EFFORTS?

Media allows you to get your message out to the largest audience in the least amount of time, whereas communications tools, such as newsletters and Web sites, allow you to target your message to specific audiences.

When choosing whether to use media or broader communications tools, the most important strategic consideration should be your audience. Consider the audience you would like to reach and how that audience can help you accomplish your goals. For example, if your goal is to get more pediatricians involved in your efforts, it may be best to focus on communications tools that reach other pediatricians, such as a health journal, hospital or clinic Web site, or chapter newsletter. If you want to raise awareness on behalf of your issue with citizens in your local community, it may be smart to use media tools that reach the general public, such as letters to the editor, an appearance on your local news, or a press release.

There may be times in the course of your advocacy efforts where you feel that your audience can best be reached through both media *and* communications advocacy efforts, or that it is critical to get information out to as many people as possible. When you find this to be the case, don't be afraid to use both strategies. Media and broader communications efforts complement each other and shouldn't be viewed solely as an either/or strategy.

WHAT ARE THE VARIOUS WAYS THAT I CAN WORK WITH THE MEDIA?

There are many tools that you as a pediatrician can use in working with the media to get your message out and quickly capture the attention of decision-makers, community leaders, and the general public. Many of these tools can be used electronically, making them increasingly convenient within your busy schedule. In fact, many reporters prefer to get their information electronically. Just remember to use a catchy subject line and to copy your text into the body of the e-mail. Many reporters do not trust attachments if the e-mail was sent by someone they don't know. The Tools and Support section of this chapter can provide you with additional tips and support for working with the media.

THE PITCH LETTER

A *pitch letter* is an initial step that you can take to inform the media about your issue. It is a way to introduce your work and get the media interested in your issue. Pitch letters should be personalized and directed to the attention of editors, reporters, or producers.

THE PRESS RELEASE

Press releases can be used to announce a new policy, position, or community initiative undertaken by you or your AAP chapter. Press releases can also be used to comment on a recent event or occurrence in your community or state, such as a children's health day or a measles epidemic.

PRESS EVENTS OR PRESS CONFERENCES

Press events involve inviting the media to cover an actual event that is being held to raise awareness for your issue. Press events provide a great opportunity to show the media what you are doing and offer good visuals that work well with television or where a picture can be included, such as a Web article, magazine, newsletter, or newspaper. A press event could include an immunization clinic that you are part of through your professional setting or community effort, or a rally that you, your AAP chapter, or another organization is holding on behalf of your issue. Press conferences involve inviting the press to attend a short conference in which you share information or new developments with the press. They are generally more formal than a press event. A press release should be included as part of both a press event and press conference to provide greater background to the press, as well as to alert them that the event or conference is taking place.

THE FACT SHEET

A fact sheet can accompany the pitch letter or press release and should be used to back up your personal stories and examples. A fact sheet is generally 1 page long and contains concise statements and statistics on your issue.

LETTERS TO THE EDITOR

Letters to the editor are exactly that: letters written to the editor of a newspaper with the objective of being published on the editorial page. These letters generally respond to specific articles or editorials that have already been published. You can use your letter to the editor to clarify a point, highlight the importance of an issue, or simply react to a recent situation or occurrence that received media coverage.

EDITORIALS

The editorial board of a newspaper often comments on issues that they see as especially important. This is called an *editorial*. Editorial page coverage can be initiated by meeting with the newspaper's editorial board and selling them on the importance of your issue. An editorial is a great way to bring credibility to your issue because it is the media's way of informing the community on which issues are particularly important.

OP-EDS

Op-eds are submitted by the general public instead of the newspaper editorial board. Often op-eds are submitted by community leaders, or by experts on an issue, such as a pediatrician who is an expert in the area of children's health and well-being. Op-eds are longer than a letter to the editor and are an excellent way to bring awareness to your issue or to express your feelings about the action or inaction of decision-makers on behalf of children's health and well-being.

FEATURE STORIES

Feature stories are largely based on human interest topics and can appear in print and on Web sites, television, or radio news. Feature stories can result from pitch letters, as a result of recent events or occurrences, or through demonstrating to the media that your issue has broad appeal to the general public. Feature stories are an excellent way to help put a human face on your issue.

MAGAZINES

Parenting, child, or baby magazines provide a great medium to get your message out to a captive audience. Magazine coverage could include paid advertising, a guest column or editorial, or a feature story about your issue.

TELEVISION

Television coverage could include interviews with reporters on a specific subject that's making news, television news coverage from an event or rally taking place around children's health, or as a guest on talk shows. Television is a quick way to reach a large number of people to inform them about your issue and the work being done to bring about change.

RADIO

Radio, much like television, can be used by pediatricians to provide commentary or public education and awareness on behalf of an issue. This could be done through formal radio interviews or via radio talk/call-in shows.

No matter which media tool you use, concentrate on presenting your message accurately, professionally, and personally. The more sincere and understandable your message is, the more widely it will be accepted and respected.

PEDIATRICIAN ADVOCACY STORY

Every other week the Albuquerque Journal (my state's largest newspaper) published an article on pet health. I thought that our children deserved at least as much attention as our pets. I wrote to the people that I knew at the Journal and, after some lobbying, I got a gig as a semiweekly columnist. For the past 6 1/2 years I've written columns (now up to 175 of them) on child health issues and have received many comments on them.

Lance Chilton, MD, FAAP
Albuquerque, NM

WHAT ARE SOME WAYS THAT I CAN GET MY MESSAGE OUT BY USING BROADER COMMUNICATIONS TOOLS?

In addition to working with the media, you can get your message out to more people by using broader communications tools. These communications tools can be targeted to specific audiences—such as other pediatricians, health care professionals and clinicians, parents, schools, child care centers, and child advocates—as well as to the general public. Broader communications tools could include

NEWSLETTERS AND BULLETINS

Many organizations, including your AAP chapter, community groups, places of employment or worship, and schools, publish regular newsletters or bulletins. Many of these groups regularly invite and encourage content submissions and announcements from their readers. Pediatricians like yourself can use these tools to help build support and awareness for your issue by submitting articles, information, or invitations to get involved.

PUBLIC SPEAKING AND PRESENTATIONS

Public speaking arrangements or presentations provide an opportunity to talk about the importance of your issue and make a personal connection with others at the same time. Public speaking and presentations can be done in schools, at community or civic groups (eg, Rotary clubs or chambers of commerce), or as part of an annual conference or awards dinner.

INTERNET

The Internet refers to a network that facilitates many different types of electronic communications, including Web sites, e-mail, e-mail lists, blogs, and social networking sites. The Internet provides almost unlimited ways for you to share information, resources, and advocacy opportunities. The Internet can aid you in conducting research, getting more information about your issue, and helping you find and communicate with other people or groups working on your issue. It can also be used as an advocacy tool, such as a Web site or e-mail communication that encourages others to take action on behalf of issues affecting children's health and well-being.

INFORMATION BOOTHS

An informational or advocacy-related booth is yet another example of a broader communications tool. These booths contain information about your issue and how it affects children and pediatricians, and can provide opportunities for others to get involved. Informational booths can be set up in your professional setting, local school, place of worship, or in the lobby of another organization that cares about children's health. In addition, you could set up a booth at a community event, such as a back-to-school celebration or town festival.

Regardless of the communications tools you choose, remember that they are only as effective as your message. Make sure your message is concise and prominent in all of your communications and includes a personal story or example that helps make your issue tangible to others.

TELL ME MORE ABOUT HOW THE INTERNET CAN ASSIST ME WITH MY ADVOCACY EFFORTS.

The Internet provides a convenient and opportune way for pediatricians to connect with others, share ideas and interests, carry on public discussions, create “buzz” or attention on an issue, work on projects together, and take collective action on behalf of children's health and well-being. Consider the following ways that you can use the Internet to help build support for, and advocate on behalf of, your issue:

WEB SITES

Ask your AAP chapter, employer, or another group that you are working with to post information about your issue and how others can get involved through their Web site. A Web site is a great location to host an online petition or to publicly list the names of people in your community or state, or nationwide—including pediatricians—who care about your issue or endorse your efforts.

E-MAIL LISTS

Ask your colleagues, patients' parents, friends, family members, and other child advocates for their e-mail addresses. Send them regular electronic updates about your issue, and ask them to call, write, or e-mail their decision-makers on behalf of the issue. Consider asking your contacts to forward the e-mail to other people they know. Using e-mail and technology

to spread a message electronically is a great way to reach a lot of people, and is often referred to as *viral marketing*.

INTERNET FORUMS

Internet forums are an online place where people have discussions over time on a particular topic. Internet forums are also commonly referred to as *message boards*, *Web forums*, *discussion boards*, *discussion forums*, *discussion groups*, and *bulletin boards*. Find a forum that centers around your issue specifically, or children's health and well-being generally, and use it to post messages, information, and invitations to get involved. The great thing about posting on a forum is that it doesn't take a lot of time and can be done in between your other professional responsibilities.

BLOGS

A blog is a Web page that functions as a personal journal or diary in which regular entries are made. If you have an interest in technology and a few hours per month to dedicate to your communications advocacy effort, consider authoring a blog as a way to tell your story, provide information and resources, and post contact information or list the Web sites of other groups working on your issue. A pediatrician's blog can also generate earned media in and of itself, as well as provide a resource for reporters and journalists to go to for more information.

GROUP COMMUNICATIONS TOOLS

Online group communications tools make it possible for you, or others that you are working in coordination with, to help manage the information, communications, and activities of your advocacy efforts. They are also a simple and easy way to keep people informed, sign up new members, and manage projects.

When developing electronic communications, it is especially important to think about what you include and how you write it. Because it is so easily disseminated, it is likely that your messages will be read by a much broader audience than you realize. Avoid including offensive or disrespectful language. Also, your opponents may be reading your posts, so be careful not to reveal strategy that you do not want them to see. At the same time, visit the Web sites and sign up for e-mail lists of those who oppose your issue. You may gain valuable insight into potential areas for common ground or arguments you need to prepare for.

PEDIATRICIAN ADVOCACY STORY

Through the course of taking care of patients in medical school, residency, and a community pediatrics fellowship, I have developed a strong interest in community medicine, child advocacy, and health policy. However, through all these years of training, I still feel at times that I struggle with understanding the policies that affect children's health. In working with medical students and residents, it seems I am not alone in this feeling. I am a strong fan of the Internet and often go to health care Web sites, but found these sites hard to navigate in terms of finding basic information on health care policies. My colleagues and I recently decided to take this into our own hands and develop a Web site with the goal of providing pediatricians, and other health care professionals and clinicians, with a basic explanation of policies that affect children's health and well-being.

Candice Chen, MD
Children's National Medical Center, Washington, DC

YOU MENTION THE VARIETY OF MEDIA AND COMMUNICATIONS TOOLS AVAILABLE, SUCH AS LETTERS TO THE EDITOR, NEWSLETTERS, AND THE INTERNET. HOW DO I KNOW WHICH OF THESE TOOLS I SHOULD USE?

There are no right or wrong media and communications tools to use. Your message—more so than the tool that you use to get your message out—is what’s most important. The tools that you choose should reflect your goals, will likely vary over time, and will depend on the following factors:

TIMING

Consider the immediacy of what you are trying to accomplish and weigh your goals against the timing of the media and communications tools available to you. For example, if you want to use media and communications tools to inspire people to call their decision-maker on behalf of a time-sensitive issue—such as before a vote—use the tools that will allow you to do this quickly, such as the Internet or the daily paper. Avoid your call for action being printed after the fact by paying attention to media and communications deadlines and publication dates. If your goal is less time-sensitive, such as informing other pediatricians about your advocacy work, then consider using printed publications and newsletters to get your message across as well.

AUDIENCE

Think about the people, or audience, that you would like to reach, or that would respond favorably to your issue, and target the media and communications outlets they are likely to use. For example, if you want to reach a broad audience, most of the general public still gets their news from the television. If you are trying to reach parents, try a parenting or baby magazine or publication. To reach a younger audience, consider using the Internet, and to reach decision-makers, seize opportunities to use local newspapers and editorial or opinion pages.

INTEREST AND COMFORT LEVEL

Choose media and communications tools that you feel comfortable using. If you’re camera shy, you may want to stick to using print, such as writing letters to the editors or articles for your local paper, AAP chapter newsletter, or Web site. If you enjoy telling your story in front of others, then consider public speaking or television and radio. If you’re tech-savvy, consider using the Internet, such as Web sites, blogs, or Internet forums, to get your message out.

WHAT DO I NEED TO KEEP IN MIND WHEN WORKING WITH THE MEDIA AND REPORTERS?

The cornerstone of working with the media is having a strong and effective message. Before you begin your work with the media, consider

PRACTICING WHAT YOU ARE GOING TO SAY

Take time to prepare what it is you want to convey, what you want to share to personalize the message, and what you want the audience to do as a result of your message.

PAINTING A PICTURE OF WHY YOUR ISSUE MATTERS

Make your message real and meaningful to others by sharing your personal experiences with the issue. Talk about your story, the faces affected by your issue, and why change is needed.

KEEPING YOUR MESSAGE CONCISE AND INCLUDING INTENTIONAL REPETITION

Keep your message brief, and focus on the most compelling parts of your story. It's OK, in fact encouraged, to intentionally repeat the most important parts of your message, such as using phrases like, "the important thing to remember is..."

In addition to your message, consider the following suggestions for working with the media:

DECLARE, THEN EXPLAIN

Speak in paragraphs that have a confident statement (sound bites) then add supporting points. For example, "Insuring children is an important investment in America's future. Children with insurance coverage are more likely to get the health care they need when they need it, and healthy children are better prepared to learn in school and succeed in life." Make each answer short and strong; don't hesitate to repeat yourself to make sure they know what your main point is.

MAKE YOUR POINT UP FRONT

This may feel contradictory to how you as a pediatrician and scientist are trained. Many people working in the health- and science-related fields are taught to build evidence before making a conclusion. The exact opposite is true when working with the media. The media will want to hear your main point or headline up front.

ANSWER THE QUESTIONS YOU WANT TO ANSWER

Use questions as bridges to your message. Give answers you want them to hear, not what they want to hear. Think about what you want the quotation to be in the first paragraph of the article.

USE THE FACTS

Children's health and well-being are compelling issues, and we have the benefit of strong data to support this. Use the facts to support your case, but don't sacrifice personal stories for statistics.

ASSUME YOU ARE ALWAYS ON THE RECORD

Radio, television hosts, and journalists will sometimes chat with you "off air" first, to talk things through. Plant your message during these conversations. Be aware of what you are saying even before the formal conversation or interview begins.

LOOK FOR OPPORTUNITIES TO BUILD RELATIONSHIPS

If you have a chance, introduce yourself to the health, science, and political reporters covering the news in your area. Establish yourself as a resource by letting them know that you are willing and available for interviews or background information. If you like their coverage on an issue, compliment them on their work, and look for ways to keep in touch with them.

WILL THE MEDIA REALLY CARE WHAT I HAVE TO SAY?

The media cares what you as a pediatrician have to say because they are looking for, and want to cover, stories that are message-based and newsworthy. Having a newsworthy story means that your message is

CLEAR AND COMPELLING

Your message is easily understood by the general public.

RELEVANT AND CREDIBLE

There is real and pertinent news and information to share.

PERSONAL

The message demonstrates that the issue is real and puts a human face on the people affected.

LOCAL AND APPLICABLE

Your message affects others in your area in a meaningful way.

As a pediatrician, the media will consider you a reliable expert in the area of children's health and well-being and will be interested in your message. Furthermore, sharing your message with the media not only gives the media their story, but it allows you the opportunity to help bring about change by demonstrating how your issue affects children in your community and state, and nationwide.

DO LETTERS TO THE EDITOR REALLY MAKE A DIFFERENCE?

Yes. Letters to the editor are highly effective in influencing public opinion, demonstrating the importance of your issue, or responding to related events. In addition, elected officials and community leaders pay close attention to letters to the editor because it gives them an insight into what people in their community care about. Furthermore, letters to the editor are great for pediatricians because they can be written in a short amount of time and in between other professional responsibilities. Consider the following steps to writing a letter to the editor:

TAKE TIME TO SKIM NEWSPAPER WEB SITES

Watch for articles or stories related to your issue specifically, or to children's health and well-being generally.

RESPOND TO TOPICS OF INTEREST

Find ways to connect your issue to other stories in the news. Children's health and well-being are related to many factors in society. Look for ways to bridge your issue to the larger discussion that's taking place.

KEEP YOUR LETTER SHORT

Letters to the editor should be brief and to the point. Aim for 250 words or less. Be sure to check with your local paper to find out about their guidelines for submitting letters because many of them have restrictions on length. Most newspapers have Web sites with their letter guidelines posted, along with an e-mail address to send the letter. Paste your letter into the body of the e-mail. Don't send an attachment. Most reporters and media outlets don't like e-mail attachments from unknown sources because of computer virus concerns.

MAKE YOUR MESSAGE THE CENTRAL PART OF YOUR LETTER

Be sure your letter incorporates your message in an easily understandable format.

TELL YOUR STORY

Your letter should include a personal story or experience that illustrates why readers should care about the issue, or how the issue affects children, families, or pediatricians in their area.

HOW CAN I GET MY LOCAL PAPER TO WRITE AN EDITORIAL ON BEHALF OF MY ISSUE?

Monitor the editorial page of your newspaper to learn about the issues they have commented on in the past. You may wish to respond to the viewpoints that have been published by writing an opinion editorial to support, oppose, clarify, or enhance the information that was presented in the published editorial.

Editorial page coverage can also be initiated by meeting with the newspaper's editorial board. Try to include others that support your issue in this meeting, such as members of your chapter, pediatricians or other health care professionals and clinicians that you work with, teachers, parents, and/or child advocates. This will help demonstrate the breadth of support for your issue. Briefly state your case and provide personal stories and examples, as well as documented supporting data and statistics. Last, but not least, make a direct ask of the editorial board to cover your issue and follow up as necessary. Your AAP chapter may be able to help you prepare for and set up your editorial board visit.

Once the editorial board covers your issue, recruit like-minded colleagues, parents, child advocates, friends, and family to submit letters to the editor or op-eds in support of the editorial. This will help create further buzz and energy around your issue. Send a copy of the editorial, along with the letters to the editor, to your community leaders and decision-makers and encourage others to do the same. Remember to thank the editorial board, and celebrate your media and communications efforts!

HOW DO I GET STARTED WITH MY MEDIA AND COMMUNICATIONS ADVOCACY EFFORTS?

There are 4 steps to engaging in media and communications advocacy.

FIND OUT ABOUT THE MEDIA AND COMMUNICATIONS TOOLS AND MECHANISMS AVAILABLE TO YOU

Consider the media and communications tools and resources that are available to you in your area or professional setting. Hospitals and universities generally have public relations staff that may be able to help you identify the media and communications tools available to you, such as community television, print media, and chapter communications. They may also be able to supply you with the necessary details of how to effectively work with the available tools, such as deadlines for submitting letters to the editor, or the contact information for your local health reporters or editorial boards.

LOOK FOR OPPORTUNITIES TO GET YOUR MESSAGE OUT

Watch the news, listen to the radio, monitor your favorite Internet sites, and read the paper. Be aware of the issues that are receiving attention and look for opportunities to use these issues as a way to build awareness for your issue specifically, or for children's health and well-being generally. For example, if violent video games are receiving media attention, use this as an opportunity to talk about positive children's health and well-being initiatives taking place in your community, or about your efforts to educate parents on the importance of monitoring the images their children see.

At other times, you or your chapter may find that you will have to bring your issue to the media's attention proactively instead of waiting for opportunities. Your AAP chapter can help you gain the media's attention by writing and submitting press releases or meeting with an editorial board.

DELIVER YOUR MESSAGE

Prepare and practice your message, then deliver it. This could be through participating in a media interview, writing an article or letter to the editor, making a presentation to a community group, or posting a message on an Internet forum. Whatever media or communications tool you choose, make sure your message illustrates your core argument, demonstrates the importance of your issue, connects your issue with the bigger picture of children's health, and is in a concise format.

WORK FOR MESSAGE REPETITION

Look for additional opportunities within the media, and in broader communications tools, to reinforce your message and keep reminding people why your issue matters. You could do this by submitting additional articles or updates on your issue; sharing new stories; or recruiting a colleague, friend, or another child advocate to submit a follow-up letter or story to the media, or by using a broader communications tool.



TOOLS AND SUPPORT

This section contains tips and tools to help guide you through using media and communications tools to advance your issue. Within this section, you will find the following tip sheets:

Tips for Capturing Media Attention

Suggestions for getting the media interested in covering your issue.

Media and Communications Bridging Techniques

Ideas on how to keep your interviews on target.

Public Speaking 101

Tips on how to tell your story and share your message in front of groups.

Using Technology to Make Your Voice Heard

Ideas and examples on how to bring your issue into cyberspace.

Tips for Writing “Printable” Letters to the Editor

Guidance on how to ensure your letter to the editor gets printed.

Tips for Writing an Effective Press Release

Guidance on how to write an effective press release on behalf of your issue.

AAP Media and Communications Resources

Links, resources, and examples of media and communications tools available from the AAP.

TIPS FOR CAPTURING MEDIA ATTENTION

Getting media attention for your issue specifically, or for children's health and well-being generally, isn't a matter of luck—it's a matter of persistence and creativity. Consider these ideas for giving the media reasons to cover your issue.

THINK ABOUT CHILDREN'S HEALTH IN TERMS OF "NEWS": Generate more interest by leveraging an existing story about children's health or well-being. For example, if an area youth is injured in an accident, write letters to the editor that explain how this child is one of many and why child safety should be a community, state, or national priority.

HAVE PRESS EVENTS RATHER THAN PRESS CONFERENCES: Press conferences involve individual people talking at a podium; press events have many people involved in an activity. A rally, activity, or other event is more compelling than a press conference because it is dynamic.

CREATE EVENTS WITH GOOD VISUALS: If there is color, liveliness, and people involved, the press are more likely to have a photo run in print or online news, thus increasing your chances of good coverage. Build action into your press events.

EXPAND YOUR DEFINITION OF "MEDIA": Post your own blog, post on other blogs or online forums, consider small neighborhood weekly or specialty papers as media outlets, and participate in live call-in radio shows. All of these outlets have active readership and listeners that you can affect with your children's health message.

MAKE IT PERSONAL: The personal experiences of pediatricians are incredibly compelling. They can also illustrate the need for change and can be linked to larger statistics about children's health and well-being generally. Let your personal stories be the centerpiece of your message.

SUGGEST BOLD SOLUTIONS: The media will be likely to cover new ideas and/or innovative solutions to community, state, or national problems.

BE PERSISTENT: Build relationships with reporters who cover issues that can relate to children's health. Start with the health reporters, but don't forget those who cover politics, education, and community news, all of which have a huge impact on children's health and well-being.

MEDIA AND COMMUNICATIONS BRIDGING TECHNIQUES

“Pivoting” is a way of redirecting the flow of an interview. If the direction of the question is heading down a road you would rather not travel, try some of the following phrases to pivot and get back on track.

In my personal experience, what happened was...

That’s an interesting question, let me remind you...

What’s important to remember is...

What I think your readers would like to know is...

Before we get off that subject/topic, let me add...

That’s a good point, but I think your readers/viewers/audience would be interested in knowing that...

Let me give you some background information...

Let’s take a closer look at...

That’s an important point because...

Now that we’ve covered that issue, let’s move on to...

PUBLIC SPEAKING 101

With a little practice, any pediatrician who is interested and willing can make an effective presentation to a group. Whether you are talking to your colleagues or making a presentation to a local school board, these tips can help you speak with ease and comfort.

USE YOUR FEET: Stand with both feet firmly planted, and move your feet only when it creates emphasis—stepping forward to underline a point, or to heighten the energy, and alternatively, stepping back to indicate a pause.

USE YOUR HANDS: Keep your hands folded or at your sides unless you are using gestures to illustrate your point or to create energy. Know your speaking style well enough to know how much is too much.

CHANNEL YOUR ENERGY: You are the source of the energy in the room. Use your voice, face, and hands to generate that energy. Pacing is like “flaring” gasoline rather than using it as fuel.

MAXIMIZE YOUR NATURAL STYLE: Some very powerful speakers are low-key and soft-spoken; they have learned to use these characteristics to create a reflective or conversational tone. Others are boisterous and use humor. Choose a style that reflects you.

SKIP THE THANK-YOUS, SMALL TALK, AND BANTER at the beginning of your speech; they drain energy and momentum from the room. Start **HOT**.

YOUR PASSION, STORY, AND VOICE WILL ESTABLISH YOUR CREDIBILITY: Don't feel compelled to give a verbal resume. You are credible. It will show.

GET THEM TALKING: Build in ways for the audience to interact with you, however small. Try to do this as early in your presentation as possible, as well as a few times along the way. It provides the audience with a more interesting discussion, and you will gain valuable cues about who they are and what they can bring to your issue.

USE SILENCE: Pausing can be powerful when used intentionally. Consider how brief silences can help underscore a point.

KNOW YOUR NOTES: If you prefer to have notes, use a pause point to look at them. Try not to read to your audience, and consider note cards with 3-sentence cues, rather than dense text.

HAVE FUN! If you enjoy it, your audience will too. Be yourself. Breathe.

USING TECHNOLOGY TO MAKE YOUR VOICE HEARD

The Internet has provided an increasingly important space for people to connect with others, share ideas and interests, carry on public discussions, create “buzz” or attention on an issue, work on projects together, and take collective action. If you have access to the technology and the Internet, they can be very useful tools for building awareness and support for your issue specifically, and for children’s health and well-being generally.

Please note: Technology is a rapidly expanding and evolving medium. This tool contains definitions, tips, and a few examples for getting started. Please note that these examples are just a few of the mediums currently available; they do not imply AAP endorsement.

INTERNET FORUMS

DEFINITION: Internet forums are also commonly referred to as *message boards*, *Web forums*, *discussion boards*, *discussion forums*, *discussion groups*, and *bulletin boards*. Forums are an online place where people have discussions over time on a particular topic. Forums are also generally organized by a category or topic, called *threads*.

HOW TO USE A FORUM TO ADVANCE CHILDREN'S HEALTH: Participating in a forum is a way for you to talk about your specific experience, and about children’s health and well-being in general, in the context of a larger group discussion. You could either start a thread on a forum or chime in on an existing thread. Forums generally focus on a specific interest, such as fishing or parenting; your task is to find a forum that fits your interests, and when children’s health issues intersect with those interests, discuss them in the forum.

TIPS

- Don’t try to fit a square peg into a round hole. Avoid trying to turn a thread about gardening into a thread about children’s health and well-being. Find a genuine way for the issues to connect.
- If you are joining a preexisting message forum, follow the rules. Most of these forums are self-regulated.
- If you are starting a forum, you need to have a plan for driving people to that particular forum. Usually the most effective forums reside on a preexisting Web site.

RESOURCES

Look for the “forums” section of these Web sites for more information.

- <http://www.yahoo.com>
- <http://www.google.com>
- <http://www.websitetoolbox.com> (if you are developing your own forum)

Most social networking sites also have forums. There are also many health-related forums that may have specific threads dedicated to discussing, for example, children’s health and well-being.

BLOG

DEFINITION: Blog is short for *Web log*. It is a Web page that functions as a personal journal or diary in which regular entries are made. The term *blog* can also be used to describe the act of authoring a Web log. Most blogs are textual, although visual, audio, and video blogs are increasingly common. A *podcast* is an audio blog that can either be played through a computer or downloaded from the Internet to an mp3 player.

HOW TO USE A BLOG TO ADVANCE CHILDREN'S HEALTH: You can easily create your own online blog and post entries either related to your issue specifically, or to children's health and well-being generally. Consider posting about

- Your experience as a pediatrician
- Patients' stories that you find inspiring (When using examples from your patients, be sure to use general information, such as "a nine-year-old boy I treated...." Keep patient privacy in mind.)
- Your advocacy efforts and activities
- Events in your community that relate to children's health and well-being
- Public policy issues or community initiatives that affect children's health

TIPS

- Make it personal. The voice of your blog should be yours. Include things about yourself that bring you and your story to life on the Web.
- If you enjoy working with technology, consider posting photos, audio, visuals, and/or video (if available), in addition to text.
- Consider allowing people who support your issue to post guest blogs and/or submit comments related to your blog.
- Offer links to other Web sites or ways to learn more, get involved, or take action.
- Tell people about it! Invite friends, family members, colleagues, child advocates, and others to view your blog. Send them a link via e-mail so they can just click and read.

RESOURCES

- <http://www.blogger.com> or <http://www.blogspot.com>. These Web sites allow you to create your own blog on the Web, and it's free!
- <http://www.typepad.com>. This Web site has a cost associated with it, but allows you to use additional graphics and to integrate advanced and highly interactive tools on your blog.

SOCIAL NETWORKING WEB SITES AND VIRTUAL COMMUNITIES

DEFINITION: Social networking sites connect individuals online in an interactive way. They generally offer a space for blogs, user profiles (a profile that a person creates to tell others about themselves), forums, chat groups (a mechanism for people to discuss a topic online, in real time), and photos. Some sites also offer ways to send private messages from one user to another, raise money, or organize events.

HOW TO USE A SOCIAL NETWORKING SITE TO ADVANCE CHILDREN'S HEALTH: By creating your own profile on a social networking site that best fits your interests, you can participate in online discussions and activities, create a blog, and find other people with similar interests. In this way you can share your story; educate others about your issue specifically, and children's health and well-being generally; organize meetings or events; and find other people who want to get involved.

TIPS

- Social networking sites are public domains, which means anyone with an Internet connection can read your profile, so don't post anything you wouldn't want a lot of people to know (eg, your phone number, address, etc). Some people only use their first name, or create a screen name, and do not include their full name in their profile. Posting limited information may minimize your opportunities for meaningful networking, and you should weigh this consideration with your privacy concerns.
- Ask your AAP chapter if you may include a link on your site to your chapter's Web site. Reporters go to the Web to look for stories and to find out the positions of various groups. This is a great way to control your message and further educate the media on your issue.
- Learn the basic rules of conduct on the site you select and follow them. Most sites have posted rules and some are moderated. View other people's profiles to get a feel for how people customarily interact.
- Be careful about meeting people in person whom you've met online and do not fully know.

RESOURCES

- <http://www.myspace.com>. MySpace is currently hosting a site called Change.org that enables visitors to join virtual foundations of peers committed to specific politicians or causes and fundraise for them.
- <http://www.facebook.com>. Facebook features a program called Causes, in which users create online communities to advocate for issues, charities, and political candidates.
- <http://www.care2.com>. Care 2 provides an opportunity for social networking and participation in advocacy activities online and through volunteer opportunities.
- <http://www.friendster.com>. General social networking site.

GROUP COMMUNICATIONS TOOLS

DEFINITION: Group communications tools allow you to manage the information and activities of a group. These tools are facilitated by companies such as Yahoo, Google, and many more. Many offer free list management, e-mailing services, calendar tools, and mini-database services. You can create or join a group to discuss a topic, set up an e-mail distribution list and/or send newsletters, and plan group events and volunteer activities. Many group communications tools can also be facilitated through social networking sites, such as MySpace and Facebook. Additionally, explore the opportunities available for online group communications through your alumni association, university group, professional setting, or the AAP.

HOW TO USE GROUP COMMUNICATIONS TOOLS TO ADVANCE CHILDREN'S HEALTH: Online group communications tools make it possible for you (or anyone else that you are working with on your advocacy efforts) to help manage your information, as well as your communications and activities. They also are a simple and easy way to keep people informed, sign up new members, and manage projects.

TIPS

- Consider whether you want to start a group or join a preexisting group based on a topic.
- If you start a group, consider whether you want your group featured in a public directory, such as Yahoo's, for newcomers to join.

RESOURCES

- <http://groups.yahoo.com>
- <http://groups.google.com>
- <http://groups.msn.com/Browse?CatId=10>

TIPS FOR WRITING "PRINTABLE" LETTERS TO THE EDITOR

An underused resource in advocacy work is the local media. Letters to the editor can be powerful vehicles for influencing or inspiring public debate, making the case for your issue, or responding to related events. In addition, decision-makers often read the opinion pages of their local papers because it gives them an idea of what members of their community are thinking and talking about. The trick is to write a letter that the editors find compelling enough to print. Use these tips to help you craft a letter that is more likely to be printed.

KNOW THE RULES: Do your homework about how to submit a letter and what information you should include to increase the likelihood that it will get printed. Usually this information is printed on the opinion page of the newspaper itself or on the newspaper's Web site.

CAPITALIZE ON THE HOT STORIES: Find ways to tie stories in the news into your issue. Open your letter with a reference to a recent event, and then quickly build a logical bridge to your issue. Children's health issues cut across topics such as health insurance, health care delivery, safety, community support, education, faith, and leadership. These and other angles can help illustrate children's health issues in your community or state, or nationwide.

KEEP IT BRIEF: Letters to the editor should generally be less than 250 words. Edit your letter aggressively.

PAINT A PERSONAL PICTURE: All grassroots strategies rely on personal stories to convey larger issues. Touch both the minds and hearts of the reader by giving both the broader facts about children's health as well as your personal experience as a pediatrician.

BE CLEAR: This may seem obvious, but a surprising number of letters that don't get published just plain don't make sense. Avoid jargon; use common vocabulary; and let a few friends, colleagues, or your AAP chapter review the letter for you before you send it.

USE WORD CUES TO UNDERSCORE YOUR POINT: For instance, preface your major conclusion with, "The important thing is...." If you have research that makes your case, preface the facts with, "Research proves that...."

DON'T OVERLOOK NEIGHBORHOOD WEEKLIES AND SMALLER PAPERS: Often these publications have more room for letters, and community papers have very large readerships.

INCLUDE A CALL TO ACTION OR A SOLUTION: If you are illustrating a need or making a case for a specific action, include a line about what people can do to help.

DON'T BE AFRAID TO TOOT YOUR OWN HORN: If you, your AAP chapter, or another organization you are working with is involved in work that addresses the issue, include that in your letter.

BE PASSIONATE, BUT NOT POISONOUS: There is a difference between "fire in the belly" and righteous indignation. Avoid sarcasm, and if you're angry, cool off a bit before sending a final version.

CONSIDER THE ONLINE EDITORIAL PAGE: Some papers will accept letters to the editor online, and some even print additional letters in their online publications that don't make it into the print copies of the paper.

DON'T STOP ONCE YOU GET PRINTED: Use your printed letter to the editor to further educate others. Think about who you could send a copy of your letter to as a way to educate them and let them know what you are seeking to change. Friends, family, health care professionals, child advocates, and the decision-makers themselves are good places to start.

TIPS FOR WRITING AN EFFECTIVE PRESS RELEASE

Getting children’s health issues into the news is a great way to get people talking about your issue. A press release is a simple way to announce new developments in your advocacy efforts and to keep your issue in the public eye. When crafting your press release, work with your AAP chapter and consider these tips.

HAVE LEGITIMATE NEWS: Even though you want the press to cover your issue, be careful not to send out press releases for everything. Ask yourself what makes this important to a reporter.

STARTING OUT: Always begin a press release with your name or your organization’s name, the date, “For Immediate Release” in the upper left-hand corner, and “For More Information” and your contact information in the upper right-hand corner.

FOLLOW THE FORMULA: A press release should consist of a headline, a subhead, a lead paragraph, a quote, the facts, and a closing quote.

KEEP IT SHORT: Try to keep the release as brief as possible—1 page is ideal, 2 pages at the most. If more than 1 page is necessary, write the word “More” centered in the footer of the page.

GET THEIR ATTENTION WITH THE FIRST PARAGRAPH: Editors and reporters are busy, so make your first paragraph something that will catch their attention.

PROOFREAD, THEN PROOFREAD AGAIN: A press release reflects the professionalism of your efforts. Take the time to be accurate, neat, and double-check for typos.

RESPECT DEADLINES: Sending press releases early in the day will increase the likelihood that they’ll be used.

SHOWTIME: Remember that this is your version of the story. Showcase your issue in the best possible light, and make sure the press release is quotable.

FINISHING TOUCH: End your release with “- ### -” centered at the bottom of the page to indicate the final sentence of the press release. This indicates to the press that your release is finished and there is no further information you are sending them at this time.

DISTRIBUTION: If you are sending your press release to reporters electronically, include your press release within the body of the e-mail—don’t use attachments. Remember to include your contact information, and use an attention-grabbing subject line in your e-mail.

AAP MEDIA AND COMMUNICATIONS RESOURCES

The following link provides resources, tips, and examples of media and communications tools available from the AAP.

<http://www.aap.org/moc/pressroom/pressroom.htm>: This link will get you to the AAP Media Center. The Media Center is designed to supply you as a pediatrician with speaking points and interview tips that will help you in working with the media. The site includes links to many AAP communications and media resources including the following:

SPEAKER READY ROOM: An archive of AAP speeches and speaking tip sheets.

SAMPLE LETTERS TO THE EDITOR: Samples of letters to the editor submitted by the AAP and pediatricians like you.

PREPARATION FOR MEDIA INTERVIEWS: Frequently asked questions, tip sheets, and speaking points that you can use to prepare for a media interview.

BECOMING AN AAP SPOKESPERSON: The role of an AAP spokesperson along with member communication information.

SAMPLE TALKING POINTS: Examples of talking points for AAP issues.

AAP COMMUNICATIONS HANDBOOK: The handbook provides media lessons, news-gathering information, tips on how to respond when the media calls you, and guidelines for better media interviews.

AAP

CHAPTER SEVEN



A Pediatrician's Voice in Campaigns and Elections



This chapter describes the ways that pediatricians can **USE THE CAMPAIGN AND ELECTORAL PROCESS IN A NONPARTISAN MANNER TO ELEVATE CHILDREN'S HEALTH AND WELL-BEING** in the minds of candidates and elected officials. It also describes how pediatricians can help put people into elected office who are willing to make children's health a priority through legally permissible, nonpartisan activities.

Acting as a citizen and representing only yourself, you can participate in the political campaign and election process in any way that you wish. For example, you are free to donate money, volunteer on a campaign or on behalf of a candidate, or run for public office yourself. However, it is very important that when engaging in such activities that you do so as an individual and not as a representative of your AAP chapter, nonprofit organization, or place of employment, unless your chapter or organization has given you permission to do so, and then only when such activities are permitted under applicable tax status guidelines.

I. WHY POLITICAL CAMPAIGNS AND ELECTIONS MATTER

Deciding who makes the decisions

Many pediatricians, along with others who care about children's health and well-being, question why they should care about, and participate in, political campaigns and elections. While some people are cynical about politics and elections, the truth is that participation in the electoral process is a huge part of making children's health and well-being a priority in our community and state, and nationwide. Consider the following reasons why participation in political campaigns and elections matter to pediatricians and children:

- Through political campaign and election work, pediatricians can establish themselves as a constituency that deserves the attention of those running for office. It sends a signal to decision-makers that pediatricians and others who care about children are voting with

children's health and well-being in mind.

- Electing people who care about children and are willing to make children's health a priority will result in better public policies and initiatives for children's health.
- Participation in political campaigns and elections offers another way to educate elected officials and candidates by asking them for their views on children's health while they are campaigning.
- Connecting voting with children's health allows you to educate other voters—including your colleagues, parents, friends, and neighbors—as to how public policy decisions affect your patients and their families.
- Political campaign and election work allows you to create a sense of energy and excitement that can help build momentum for your issue specifically and for children's health and well-being generally.
- Nonpartisan political campaign and election work complements your advocacy, media and communications, and your professional care work to provide a comprehensive approach to addressing children's health and pediatric practice issues.

II. HOW TO USE POLITICAL CAMPAIGNS AND ELECTIONS TO ADVANCE YOUR ISSUE

Advocating early and often

Your involvement in political campaigns and elections will generally fall into 3 basic activity areas: voter registration, voter education, and voter mobilization, or Get-Out-The-Vote (GOTV). There are many ways that you can participate in these voter engagement activities in a nonpartisan way as part of your chapter or another nonprofit organization.

VOTER REGISTRATION

Voter registration entails registering new or lapsed voters so that they can legally vote on Election Day. Voter registration helps ensure that people who care about children's health issues are able to demonstrate their care and concern at the polls. Voter registration laws are different in every state, so please consult your secretary of state's office or state or local election commission for specifics about registering voters in your area.

Voter registration activities that you as an individual pediatrician could engage in include

- Encouraging others to register to vote. Many people assume that those closest to them already vote; however, this is not always the case. Engage the people that you see on a regular basis—your family, friends, neighbors, other pediatricians, health care professionals and clinicians, and your patients' parents—and ask them to register to vote.
- Displaying voter registration cards and voter registration information in your professional setting.
- Making sure that you are registered to vote if you've moved or relocated since the last election.

Voter registration activities that your AAP chapter or another nonprofit could engage in include

- Mailing a voter registration card to members of your chapter or nonprofit organization
- Including voter registration information in your chapter or organization's newsletter, or on your Web site
- Setting up a voter registration table at your chapter or organization's meetings, conferences, and events

VOTER EDUCATION

Voter education entails providing voters with the tools they need to learn about candidate's positions on issues that matter to them, such as children's health or pediatric practice issues. Voter education activities are a great way to raise public awareness about your issue and ensure that children's health concerns are included in the public debates that occur during the political campaign and election process.

A few examples of the voter education activities that you can engage in as an individual pediatrician include

- Talking to your family, friends, neighbors, patient's families, and professional colleagues about the importance of your issue specifically, children's health and well-being generally, and where the candidates competing for elected office stand on the issue.
- Providing voting records and voter education materials in your professional setting for your patients' families and colleagues to scrutinize. Although outright endorsement or criticism should be avoided, you as a pediatrician can supply legislator voting record information to your patients and colleagues.
- Educating candidates on your issue. When candidates come to your home, or when you run into them campaigning in your community, introduce yourself and ask them where they stand on your issue specifically, and children's health and well-being generally. Encourage your friends, colleagues, and patients' families to do the same, and share what you hear with your AAP chapter.

The following are examples of voter education activities that your chapter or another nonprofit organization could initiate:

- Hosting a candidate forum where each candidate has the opportunity to answer the same questions before an audience. Consider inviting the media to cover the candidate forum.
- Publishing candidates' responses to children's health and well-being issues in your AAP chapter or organization's newsletter, or on their Web site. Your chapter and other nonprofits can disseminate candidates' responses to issue questionnaires as long as the responses of all candidates are included, and preferences among candidates are not apparent.
- Inviting candidates to attend your chapter or organization meetings, conferences, and events.

VOTER MOBILIZATION (GOTV)

Get-Out-The-Vote (GOTV) activities help ensure that voters get to the polls on Election Day so they can cast their ballots on behalf of children's health and well-being.

GOTV ideas that you can participate in as an individual pediatrician include

- Voting. Don't forget to take time to vote on Election Day, either in person or through an absentee ballot. Exercising your right to vote can elect decision-makers who are committed to making a difference for children. Remember, the fate of your public policy initiative may rest in the hands of the people elected.
- Working with your employer to allow a half-hour late arrival or early departure for employees to accommodate voting. If you're an employer, encourage and allow time for your employees to go to the polls to vote. Additionally, ask your employer to further encourage others you work with to vote by including a GOTV payroll stuffer on the payday that falls just prior to an Election Day.
- Allowing pediatric residents to take time off to go vote. If residents aren't able to take time to vote, encourage them to vote by absentee ballot.
- Reminding the people who you come into contact with on Election Day, whether they are your family members, friends, colleagues, patients' family members, or neighbors, to vote.
- Setting up a GOTV booth, including poll locations, in your professional setting. Explore the possibility of recruiting volunteers who can give your patients' families rides to the polls, if needed.
- Displaying "Vote Today" signs prominently in your professional setting.

GOTV activities that your AAP chapter or nonprofit organization can engage in include

- Sending out GOTV reminder e-mails or calling your members on Election Day and reminding them to vote
- Posting GOTV reminders prominently on your chapter or organization Web site and in newsletters
- Sponsoring a voting hotline that members of your chapter, organization, or community can call to find out poll locations and directions, or to arrange for rides to the polls

HOW ARE ISSUES RELATED TO CHILDREN'S HEALTH AND WELL-BEING AFFECTED BY THE ELECTION PROCESS?

Elected officials have the power to make decisions on the issues you care about, including how much money goes to children's health programs and services; how different programs and services (such as Medicaid) are run; and who gets access to, and payment for, these programs and services.

Pediatricians have the power to engage others who care about children's health and well-being—including your family members, friends, neighbors, other pediatricians, health care professionals and clinicians, and your patients' family members—to get involved in election activities on behalf of the issues that are important to them. Together you can help get people who understand and support children's health issues into positions of power, and you can influence candidates to consider children's health and well-being as a key issue for voters, and therefore for their candidacy.

THERE IS SO MUCH MONEY SPENT ON POLITICAL CAMPAIGNS AND ELECTIONS, HOW CAN I REALLY MAKE A DIFFERENCE?

You can make a bigger difference in the election process than what you likely realize. Many people are put off by the amount of money spent on elections and are cynical about the political process. Pediatricians are uniquely positioned to persuade voters that their vote and their voice can bring about change on behalf of children's health and well-being. These conversations leverage your credibility, along with the personal connections and the trust that you have with your patients' families and within your community, and are often more compelling and effective in engaging voters than are paid political advertisements. In addition, consider getting involved in local elections. Often, these local races are decided by very small margins and give you the opportunity to see more clearly the impact your involvement has.

ARE THERE RESTRICTIONS ON MY PARTICIPATION IN POLITICAL CAMPAIGNS AND ELECTIONS?

You can engage in almost any political campaign or election activity as a public citizen, but political and election activity on behalf of the AAP or your chapter has some restrictions. While political campaigns and elections provide an opportune time to engage, educate, and mobilize voters around children's health issues, it is crucial to be

aware of the activities that you as a pediatrician, and that you as part of your chapter or nonprofit organization, can legally participate in.

Certain political and election activities are restricted or prohibited due to your chapter or organization's tax status. You should also check into restrictions that may be placed on you by your employment (eg, if you are an employee of a federal, state, or county institution or your salary is paid through a federal grant). If you are acting as a public citizen, you cannot use your AAP title because that can imply AAP endorsement.

Please consult the Division of State Government Affairs and the Department of Federal Affairs, along with the Tools and Support section of this chapter, for more information about permissible nonpartisan political campaign and election activities and to find out more about your chapter's tax status.

WHAT DO I NEED TO KNOW TO USE POLITICAL CAMPAIGNS AND ELECTIONS EFFECTIVELY TO ADVANCE MY ISSUE?

There are 4 things you need to know to effectively use political campaigns and elections to advance your issue.

DON'T FORGET ABOUT THE RULES

Familiarize yourself with what you can do as an individual pediatrician and what you can do as a member of your chapter, nonprofit organization, or place of employment. The AAP provides its chapters with information about legally permissible nonpartisan activities. Contact your chapter or the AAP for more information.

MAKE A PERSONAL CONNECTION BETWEEN VOTING AND CHILDREN'S HEALTH

Put a human face on why voting is personally important to you. Take time to share with others how the issues that affect your patients and the profession of pediatrics are largely determined by people in elected office.

LEVERAGE MEDIA AND COMMUNICATIONS TOOLS ALONG WITH PERSONAL CONTACT

Use the media, along with broader communications tools to educate voters about your issue and encourage them to vote. At the same time, don't disregard the importance of personal conversations. Direct face-to-face conversations are one of the most effective ways to influence potential voters to head to the polls on Election Day on behalf of children's health issues.

REMEMBER THAT ELECTION ACTIVITIES DO NOT END ON ELECTION DAY

Work with your elected officials after Election Day to help ensure that children's health and well-being remain a priority while they are in office. Continue to educate them and ask for their commitment to champion issues related to children's health and pediatric practice issues.

WHEN DOES INVOLVEMENT IN POLITICAL CAMPAIGNS AND ELECTIONS BEGIN AND END?

Most people think the period right before an election is the only time they can contribute to the political and electoral process. While this is an important time, the truth is that any time of the year provides an important opportunity for you to get involved in political campaign and election work. Consider the following activities that you can do—either as an individual pediatrician or as part of your chapter or nonprofit organization—to help advance children’s health and well-being issues after Election Day:

VISIT NEWLY ELECTED OR REELECTED OFFICIALS

Turnover is a natural result of elections. It is important for you and your chapter or nonprofit to establish a relationship with your newly elected officials shortly after the election. Set up a meeting with your newly elected official in their district. If you can’t set up a meeting, personally call the elected official instead. Use your time as an opportunity to educate the official about your issue specifically, and children’s health care generally. If you are meeting with your newly elected official as part of your chapter, highlight your chapter’s legislative goals for the upcoming session. Use your conversation as a way to lay the groundwork for future contact with the elected official and his or her staff.

PLAN SPECIAL INAUGURAL ACTIVITIES

Consider working with your chapter or nonprofit to contact your state’s inauguration planning committee and suggest a “Children’s Inaugural” be held, or plan your own children’s health reception with newly elected officials. Events such as these can help to focus newly elected officials as they begin their work on behalf of children’s health and well-being.

WORK TO ESTABLISH A "CHILDREN'S CABINET"

Work with your chapter and newly elected official to create a children’s cabinet in your city, county, or state. This group can help ensure that services for children are coordinated, and that participating agencies and officials are collaborating to achieve common goals. For more information on children’s cabinets, see A Governor’s Guide to Children’s Cabinets from the National Governors Association (<http://www.nga.org/cda/files/0409GOVGUIDECHILD.pdf>).

HOW CAN I LEARN MORE ABOUT MY CANDIDATES AND ELECTION CYCLES?

Election cycles and candidates will vary from state to state and from city to city. Use the election Web resources and links included in the Tools and Support section of this chapter to find out more about your specific state. Additionally, the AAP develops a State and Federal Election Resources packet each election cycle. This packet is designed to help pediatricians and chapters learn about important elections in their area, as well as to assist you in planning and participating in legally permissible voter engagement activities. Many AAP chapters also have information about the election cycles and candidates in your area. In addition, your chapter can let you know about important political campaign and election activities that they are organizing and that you can be involved with.

VOTING IS A VERY PERSONAL CHOICE. CAN I REALLY TALK TO OTHERS ABOUT THEIR VOTING CHOICES?

As a member of your AAP chapter or another nonprofit organization, you can't tell people who to vote for, but you can talk to them about the importance of voting with children's health and well-being in mind. Remember that your patients' families, colleagues, and others in the community trust you and consider you an expert in the area of children's health and well-being. If they care about children, they will be interested in what you have to say and they'll want to learn about how the issues affecting children are related to the political and electoral process. When talking to someone about the importance of voting with children's health and well-being in mind, consider

DESCRIBING WHAT IS AT STAKE

Describe for people—whether it is your patients' families, child advocates, or your colleagues—what they, and the children they care about, have to gain or lose in an election in nonpartisan terms. For example, “We don't want to lose more funding for Medicaid. These decisions will be made by whoever is elected this election cycle. We need to make sure that the people we elect have children's health in mind.”

EMPHASIZING THE DESIRED BEHAVIOR—VOTING

A common mistake in persuading people to vote is by emphasizing the act of *not* voting as commonplace—“not enough people are voting with children's health in mind”—which inadvertently gives legitimacy to not voting by making it seem normal. Instead of saying, “The large percentage of citizens who don't vote with children's health in mind is shameful,” it is more motivating to say, “It is shameful that even one person who cares about children's health votes without considering children's health as their priority.”

TELLING YOUR OWN STORY

People who have not voted with children's health in mind in the past will be most responsive to someone who used to be like them but who has changed to become a regular voter on behalf of children's health and well-being. A pediatrician who can honestly say, “You know, I used to think that my vote wouldn't count, but then I began to understand the direct connection between the people in elected office and their power over the issues I care about,” is likely to be quite effective. Think about your real-life experiences voting with children's health in mind and incorporate these examples into your conversations with others.

ASKING FOR A COMMITMENT

Asking people to make a public commitment of their intention to vote with children's health in mind increases their likelihood to follow through on those intentions.

TAKING THE NEXT STEP

Connect the people who are persuaded to vote with children's health in mind with organizations that can provide them with additional assistance, such as your AAP chapter or a nonprofit organization. These organizations can likely offer people assistance in finding their poll location or in answering other voting-related questions they may have.

WHAT ARE SOME CONCRETE WAYS THAT I CAN GET INVOLVED IN POLITICAL CAMPAIGNS AND ELECTIONS?

There are many ways that you can get involved in advancing children's health and well-being through political campaigns and elections, both as an individual pediatrician and as a member of your AAP chapter or other nonprofit organization. Consider the following ideas for child advocacy through the electoral process:

- Invite candidates to join you and other pediatricians and residents in grand rounds or in another area of your professional setting.
- Involve candidates in activities in your community or professional setting.
- Host a candidate reception with your colleagues.
- Establish an "Agenda for Children" and ask candidates to sign a pledge of support on behalf of the agenda. Share these pledges with the media.
- Host a voter registration drive with your chapter, in your community, or in your professional setting.
- Sponsor child voting activities in your local schools, child care centers, or professional setting.
- Work with your chapter or nonprofit organization to conduct a survey of the candidates to learn about their positions on children's health issues, such as access to care, physician payment, and immunization policy.
- Incorporate voter registration, education, and mobilization messages in your chapter, community, or professional setting's communications tools such as newsletters and Web sites.
- Make a "Vote for Children" sign and place it in your yard or professional setting.
- Throughout the year, talk to your friends, family members, colleagues, and patients' families about the importance of voting with children's health in mind, but especially before an election.
- Contact newly elected and reelected officials on behalf of children's health issues throughout the year.

TOOLS AND SUPPORT



This section contains tips and tools to help guide you through political campaigns and elections. Within this section, you will find the following tip sheets:

The Unique Civic Engagement Potential of Pediatricians

The reasons why you as a pediatrician are effective at encouraging people to vote with children's health and well-being in mind.

Political Campaign Activities and Lobbying Guidelines of 501(c)(3) and 501(c)(6) Organizations

Guidelines, summaries, and charts on permissible voter engagement, political campaign activities, and lobbying activities.

How to Be Nonpartisan

Tips on how to be nonpartisan when participating in voter engagement activities.

Ideas for Advocacy Through the Election Process

Ideas and examples of ways that AAP chapters can participate in the electoral process.

Sample Questionnaire for Candidates

Sample questionnaire that your chapter or nonprofit organization can use to identify candidates' positions and views on your issue and issues of children's health and well-being.

Sample GOTV Payroll Stuffer

Sample voting reminder that you can use to increase voter turnout in your place of employment.

Election Glossary of Terms

Terms and definitions that pertain to political campaigns and the election process.

Voter Engagement Glossary of Terms

Terms and definitions for voter engagement activities.

State and Federal Election Web Resources

Links to state and federal election information and resources.

THE UNIQUE CIVIC ENGAGEMENT POTENTIAL OF PEDIATRICIANS

Children's health and well-being deserve the attention of elected officials and voters alike. Pediatricians are uniquely positioned to become involved in voter engagement and help make children's health and well-being an important election issue.

BROAD REACH: Pediatricians, along with AAP chapters, are nationwide. Together, pediatricians and their chapters, nonprofit organizations, and community partnerships can build a network of committed voters who go to the polls with children's health and well-being in mind.

LEGAL AND PERMISSIBLE: Pediatricians and their AAP chapters, other nonprofit organizations, and partnerships can legally participate in nonpartisan voter engagement activities, including voter registration, voter education, and Get-Out-The-Vote (GOTV) efforts.

EXISTING RELATIONSHIPS: Pediatricians have existing relationships and have established trust with their patients' families, and in the communities in which they work, that allow them to engage in a deeper, more genuine conversation on the importance of voting with children's health issues in mind.

DISTINCT CREDIBILITY: Pediatricians have credibility because they are nonpartisan and issue-based, which can help counteract the increasing distrust and cynicism that many nonvoters have about partisan election efforts.

CAPITALIZE ON EXISTING INFRASTRUCTURE: Pediatricians can easily take advantage of existing opportunities and communication vehicles within their professional setting, community, or chapter to engage in low-cost, low-effort voter engagement activities that produce disproportionately high-impact results.

SUSTAINABLE: Pediatricians are engaged in their professional settings and their patients' lives in an ongoing manner. This means they will be in the community long before and long after partisan campaigns have come and gone, making it possible to sustain higher levels of connection with voters on behalf of children's health and well-being.

LINKS WITH PROGRAMS AND HEALTH CARE DELIVERY: The work that pediatricians provide is frequently tied to the broader context of health care funding decisions. Pediatricians offer a clear and compelling voice and concrete illustrations of the link between voter participation and the real-life policy and funding decisions that follow.

POLITICAL CAMPAIGN ACTIVITIES AND LOBBYING GUIDELINES OF 501(C)(3) AND 501(C)(6) ORGANIZATIONS

Political activity by a 501(c)(3) organization, either on behalf of or in opposition to a candidate, is prohibited by the Internal Revenue Code. However, there are some permissible nonpartisan campaign activities in which 501(c)(3) organizations can participate. (See Ideas for Advocacy Through the Election Process.) 501(c)(3) chapters are not permitted to form political action committees (PACs). If you have questions or concerns, please consult with the chapter's legal and/or financial advisors or AAP staff to ensure that such campaign activities are tailored to conform to Internal Revenue Service regulations.

POLITICAL CAMPAIGN ACTIVITY OF 501(C)(6) ORGANIZATIONS

Unlike charities, which are strictly prohibited from participating in political campaign activities, organizations granted their tax-exempt status under Section 501(c)(6) may participate in political campaign activities. However, the Internal Revenue Code disallows a business expense deduction for that portion of dues attributable to “participation in or intervention in, any political campaign on behalf of or in opposition to any candidate for public office.” Although incorporated trade or professional associations are generally prohibited by the Federal Elections Campaign Act under the sanction of a criminal offense from directly or indirectly making political campaign contributions or expenditures to any federal political candidate, they may establish a PAC by which to solicit campaign contributions from their members. Political action committee funds must be “separate and segregated” from the operating budget of an organization. An organization that establishes a PAC must comply with the strict regulations governing PACs in terms of registration, reporting requirements, and solicitation rules. In addition, many states have laws regulating PAC campaign contributions as well.

Before engaging in these political activities, 501(c)(6) chapters should consult legal counsel familiar with the tax consequences of various legislative and political activities.

POLITICAL ACTION COMMITTEES

Political action committees are set up to collect contributions from individuals in a particular industry or profession with the purpose of distributing the money to candidates who are supportive of the group's interests. Organizations that are tax-exempt under section 501(c)(3) are prohibited from sponsoring PACs. Individual pediatricians may join together to form a PAC for political purposes, but they may not use any of the resources of, nor may they be associated with, the AAP chapter if they form the PAC on their own.

501(C)(3) CHAPTERS*

1. 501(c)(3) chapters are barred from political activity including implicit or explicit endorsements of candidates or issues.
2. 501(c)(3) chapters are permitted to engage in voter education activity.
3. 501(c)(3) chapters are barred from forming PACs.
4. 501(c)(3) chapters may lobby to the extent that it is not considered a “substantial” amount of legislative activity.
5. 501(c)(3) chapters may make the 501(h) election. This permits chapters to spend a specified percentage of money on lobbying without threatening their tax-exempt status.
6. 501(c)(3) chapters’ membership dues are tax deductible for members as a charitable contribution.

501(C)(6) CHAPTERS*

1. 501(c)(6) chapters are permitted to engage in political activity with some restrictions.
2. 501(c)(6) chapters are permitted to participate in voter education initiatives as well as other political activity.
3. 501(c)(6) chapters are permitted to form PACs.
4. 501(c)(6) chapters are permitted to engage in any amount of legislative activity that is germane to the common business or professional interests of the organization’s members.
5. 501(c)(6) chapters do not have to make the 501(h) election to lobby.
6. For 501(c)(6) chapters, the percentage of dues spent on legislative or political activities by the chapters is not deductible for members as a normal business expense. Political action committee dues are also not deductible.

* AAP chapters should consult legal counsel familiar with the tax consequences of various legislative and political activities before engaging in these activities.

HOW TO BE NONPARTISAN

No matter what your political persuasion, at first glance it might seem impossible to talk about voting without talking about political parties. In fact, the trick is in knowing the line between your personal views and your goals as an AAP advocate. Consider these ideas about nonpartisan voter engagement.

VOTERS ARE MOST INTERESTED IN WHAT WILL AFFECT THEIR LIVES:

If you can make the connection between the issues that affect them—such as children’s health and well-being—and how elected officials can influence those issues, then they can understand why electing the people who care about children’s health matters. This has nothing to do with political party and everything to do with the candidates’ positions on issues related to children’s health and pediatric practice.

MOST PEOPLE KNOW HOW TO REFRAIN FROM BEING PARTISAN; THEY JUST MIGHT NOT WANT TO: It is tempting to inject our own candidate preferences in a discussion; the easiest way to avoid this is to go into your voter engagement activities with a rock-solid rule: No discussion of candidates. When questions about candidates arise, be a broken record on the following point: “I can’t tell you who to vote for, but I can tell you how to find out where they stand on issues related to children’s health and well-being.”

FOR VOTERS TO DECIDE WHO TO VOTE FOR, THEY WANT INFORMATION ABOUT CANDIDATES: You will be asked who they should support. Again, a good response could be: “I can’t tell you who to vote for, but I can tell you how to get in touch with their campaign to find out their positions on children’s health.” Have the phone numbers and/or Web sites of all the relevant candidates and/or political parties ready to share, and leave it at that.

IT’S A GOOD IDEA TO CREATE YOUR OWN POLITICAL SPACE: If you are really “into” electoral politics, make sure you get to talk about the candidates in partisan settings unrelated to your AAP advocacy work. Do not use your AAP title for partisan activities that you participate in as an individual.

IDEAS FOR ADVOCACY THROUGH THE ELECTION PROCESS

The following is a compilation of possible election activities in which AAP chapters may participate. Members of the AAP also participate individually in other campaign-related activities not listed below.*

- Host a candidate forum.
- Invite candidates to your chapter meeting.
- Attend local candidate forums and debates to ask questions about child health issues.
- Establish an “agenda for children” and ask candidates to sign a pledge of support.
- Invite candidates to present grand rounds.
- Invite candidates to spend a day in your office/hospital/clinic.
- Host a candidate reception with your colleagues.
- Interview candidates and report dialogue in your chapter newsletter.
- Develop and publicize the results of a candidate questionnaire.
- Host a voter registration drive at your chapter meeting or in your professional setting.
- Develop informational mailings to send to candidates.
- Establish a political action committee, if allowed by chapter tax status.
- Develop and disseminate a “candidate pledge for children.”
- Canvass voters on behalf of children.
- Incorporate media activities into campaign activities.
- Develop and disseminate the results of a survey of public attitudes or support for a particular issue within your community or state.
- Take advantage of legislators’ “free time” during recesses and session adjournment.
- Sponsor child-voting activities in schools.
- Organize a “children’s inaugural” in the capital after the election.

* Please consult your chapter legal counsel/accountant before pursuing campaign/election activities. 501(c)(3) chapters must invite all candidates from major political parties to events to ensure that they do not appear to endorse one of the candidates. Additional information is available from the Division of State Government Affairs at stgov@aap.org.

SAMPLE QUESTIONNAIRE FOR CANDIDATES

You can take action by speaking up for children's health and well-being during the election season and focusing attention on children's issues. Anyone running for public office—whether it's for school board, city council, the statehouse, or US Congress—needs to hear from people who care about children. The following questions are examples of what you could ask candidates this election year.

What do you identify as the number one challenge facing children today and how do you propose to address it?

How do you propose to provide health insurance to each and every child?

Insurance coverage will not result in access to quality pediatric care unless significant numbers of pediatricians are willing to participate in the programs. Currently, payment for services provided under Medicaid and the State Children's Health Insurance Program do not cover the costs of providing that service. How would you address this?

How would you work with national, state, and local public health systems to guarantee we are prepared to treat the unique health needs of children after a terrorist event or natural disaster?

How would you address emerging public health issues like rising rates of childhood obesity?

How would you improve child and adolescent access to mental health services and oral health services?

What would you do to decrease children's exposure to secondhand smoke?

What would be your top 3 public health priorities to improve the health and safety of children?

What is the most significant reform issue confronting schools, and how would you resolve it?

What specific plans do you have to reduce child poverty?

What do you propose to protect children from injury or death from firearms?

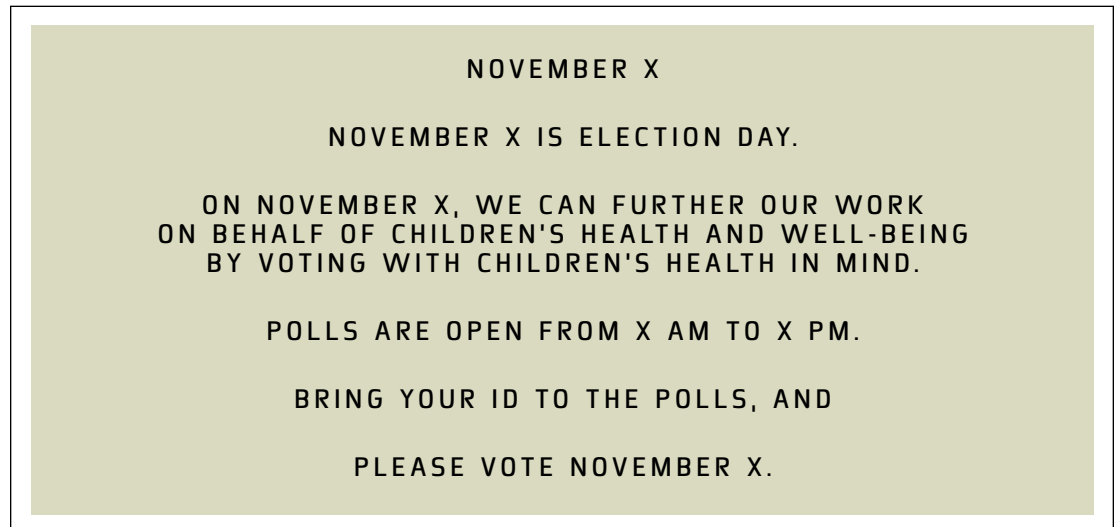
What role, if any, do you think that government should play in ensuring that every child has access to safe, affordable, and reliable child care?

What would you do to strengthen the state's public health infrastructure?

SAMPLE GOTV PAYROLL STUFFER

One easy way for you as a pediatrician to encourage others you work with in your professional setting to vote with children's health in mind is to remind them of Election Day with a payroll stuffer on the payday that falls just prior to an Election Day. This is an inexpensive and easy reminder and can be effective in ensuring that the health care professionals and clinicians that you work with cast their ballots.

Below is an example of what a payroll stuffer might say.



ELECTION GLOSSARY OF TERMS

CAMPAIGN COMMITTEE: A committee set up by a candidate, special interest, or legislative caucus to raise funds for an upcoming campaign. Federal committees are regulated by the Federal Elections Commission, while state committees are regulated by state election commissions. The election commissions strictly regulate campaign committees for contributions, expenditures, and reporting requirements. Campaign committees are established for both candidate and issue elections.

DOWN THE TICKET RACE: Refers to campaigns that are not as prominent as presidential or gubernatorial elections. The candidates for down the ticket races appear lower on the ballot.

EARNED MEDIA: Any type of media attention for a campaign or cause that is not purchased advertising. Candidates obtain earned media through press conferences, press releases, public appearances, etc. Garnering large amounts of earned media is a benefit to candidates who face opponents with greater financial resources.

HARD MONEY: Money that is directly contributed by an individual, political action committee, labor union, partnership, or corporation (laws vary by state) to a campaign committee. Hard money contributions are strictly limited. For example, hard money contributions by an individual are limited to \$2,000 (indexed for inflation) for a US Senate candidate per election cycle.

INDEPENDENT EXPENDITURE: Campaign contributions made on behalf of issues or candidates that are independent of the official campaigns for candidates or issues. Federal law limits the ability of corporations and unions to use treasury funds for independent expenditures aimed at influencing federal elections. It also places disclosure requirements on groups and individuals paying for ads that mention federal candidates.

ISSUE CAMPAIGN: Depending on the state, an issue campaign could be a state constitutional amendment, an initiative, a referendum, a recall, etc. It occurs when a special interest group follows the proper procedures to place a question before the voters directly. Generally, an issue campaign directs the state government to act specifically on an issue, or it places requirements on state leaders. Examples are gambling initiatives and tax-cut initiatives.

LAME DUCK: An incumbent officeholder that will not seek reelection. Lame duck status leads to decreased political capital for an officeholder.

LEGISLATIVE CAUCUS: This term has more than one meaning. Not to be confused with a caucus in a legislative body, as defined in Chapter 3, this definition refers to a meeting of legislators who come from the same political party or who share a similar background or interest assembled to discuss strategy on a selected topic. A caucus may have a campaign committee organized to solicit campaign contributions to further its political goals. Funds raised by the caucus are used to help current members of the caucus fight reelection battles, hurt vulnerable incumbents of the opposite political viewpoint, or help candidates not yet in office who would likely find an ideological home within the caucus.

LIKELY VOTERS: Voters targeted by pollsters based on the likelihood of their going to the polls and voting for a candidate. Pollsters try to weed out unregistered or apathetic voters who may have a preference for a candidate but will not go to the polls to support him or her.

NONPARTISAN ELECTION: An election where the candidates are not identified on the ballot as members of a major political party. Many states have nonpartisan elections for judges.

OPEN SEAT: An election where the incumbent is not seeking reelection.

PAID MEDIA: Any type of media coverage that can be bought as an advertisement. Usually this is where a campaign spends most of the funds that it raises. Campaigns use various kinds of paid media: television, radio, print, billboards, and Internet outlets.

PARTISAN ELECTION: An election where the candidates are identified on the ballot as members of a political party.

POLITICAL ACTION COMMITTEE (PAC): Strictly regulated campaign committees set up by like-minded individuals or organizations to contribute directly to candidate or issue campaigns. (American Academy of Pediatrics chapters with a 501(c)(6) tax exempt designation may form PACs.)

PRECINCT CAUCUS: An election for party nominees where a group of people belonging to the same political party come together in a closed meeting to discuss the candidates. After presentations by the candidates vying for the party's nomination, the group votes individually and reports the collective results to the state party.

PRIMARY ELECTION: An election to pick the nominees for the major parties in federal and state elections. Primary elections are usually held several months ahead of the general election.

SOFT MONEY: Money given to federal, state, or local political parties for party building activities. Political parties have stretched the meaning of *party-building activities* to mean many things—some of these activities come very close to activities that must be funded by hard money. Under federal law, national parties are prohibited from raising and spending soft money, federal officeholders and candidates are prohibited from raising soft money, and state parties are limited in their ability to spend soft money in relation to federal campaigns.

VOTER ENGAGEMENT GLOSSARY OF TERMS

Whether you are new to voter engagement or have done it for a while, it always helps to make sure that everyone involved is using the same term to mean the same thing. Consider adopting some of these basic voter engagement terms in your work.

CANDIDATE FORUM: A nonpartisan gathering of candidates to discuss issues in relation to an upcoming election. This is an effective voter education tactic.

DOOR-KNOCKING/CANVASSING: Person-to-person conversation that can take place at a voter's door or in your professional setting. This is the most effective tactic for registration, education, and especially GOTV.

GET-OUT-THE-VOTE (GOTV): Encouraging, supporting, mobilizing, and assisting targeted voters to actually vote. GOTV often consists of phone calls, door-knocking, rides to the polls, communications, and support with early or absentee voting.

NONPARTISAN: Engaging people to vote in a manner that is completely free and devoid of any connection whatsoever with any political party or specific candidate. The focus is on urging people to vote with a particular issue in mind, not a particular candidate.

TABLING: A common voter registration tactic that involves setting up an actual table at a public event, or in your professional setting, from which you can reach out to inform and register potential voters.

TARGETING: Identifying those voters or potential voters who will be prioritized for voter engagement work. Not unlike base-building, targeting for voter engagement involves figuring out which groups of potential voters would be most responsive to a children's health message.

VOTER EDUCATION: Providing voters with information about who is running for office and how they can find out more about each candidate's stand on children's health and pediatric practice issues.

VOTER ENGAGEMENT: Nonpartisan grassroots work to register, educate, and mobilize people to vote in elections with children's health and well-being in mind. Voter engagement work also includes connecting advocacy with electoral participation.

VOTER REGISTRATION: Getting new or lapsed voters to register to vote in their home state.

WINNING: In a nonpartisan, voter engagement context, *winning* refers not to a particular candidate winning an election, but rather to meeting your personal or chapter voter engagement goals (usually related to increasing the number of people who voted with children's health and well-being in mind).

STATE AND FEDERAL ELECTION WEB RESOURCES

AAP DEPARTMENT OF FEDERAL AFFAIRS WEB PAGE

<http://www.aap.org/moc>

(Log in, click on Federal Affairs under Advocacy.)

AAP DIVISION OF STATE GOVERNMENT AFFAIRS WEB PAGE

<http://www.aap.org/moc>

(Log in, click on State Government Affairs under Advocacy.)

FEDERAL ELECTION COMMISSION

<http://www.fec.gov>

LEAGUE OF WOMEN VOTERS EDUCATION FUND

<http://www.vote.411.org>

NATIONAL CONFERENCE OF STATE LEGISLATURES

<http://www.ncsl.org/programs/legismgt/elect/elect.htm>

AAP

CHAPTER EIGHT



We're Here to Help



The previous chapters of this guide focused on why pediatricians are natural and effective advocates, core advocacy skills, and the different types of advocacy you can use to bring about community and public policy change on behalf of children's health and well-being. This chapter is dedicated to providing you with additional resources and information about how we at the American Academy of Pediatrics (AAP) can support your advocacy work.

Regardless of whether you come to us through an AAP district, chapter, section, committee, council, project, program, or as an individual, **WE CAN ASSIST YOU WITH YOUR ADVOCACY EFFORTS**. The following sections detail the advocacy-related support, resources, and contact information available at the community, state, and federal levels.

I. COMMUNITY-BASED INITIATIVES

Advocacy in your community

The Division of Community-based Initiatives is part of the Department of Community, Chapter and State Affairs. It provides support to pediatricians involved in the development and implementation of community-based programs that improve access to, and the quality of, health care for children and their families. Through the provision of information, tools, and support the division works to enhance pediatricians' ability to be agents of change on behalf of children in their communities. The division manages 3 national programs

- The Community Pediatrics Training Initiative (CPTI)
- The Community Access To Child Health (CATCH) Program
- The Healthy Tomorrows Partnership for Children Program (Healthy Tomorrows)

The division also houses the Council on Community Pediatrics (COCP), the membership group for those interested in community health and child advocacy, whether in practice or training.

SHARING EXAMPLES OF WHAT OTHERS HAVE DONE THROUGH OUR COMMUNITY-BASED PROJECTS DATABASE

This searchable database contains more than 1,300 current and previously funded community-based health projects funded or supported through AAP programs such as the CPTI, the CATCH Program, Healthy Tomorrows, and the Healthy People 2010 Chapter Grants Program. Nearly 1,300 projects are currently searchable in the database, and this number increases every year with each new grant cycle. The database is accessible through the Community Pediatrics Web site at <http://www.aap.org/commpeds/grantsdatabase/>.

OFFERING TECHNICAL ASSISTANCE TOOLS AND RESOURCES

The division has developed a wealth of technical assistance tools and resources to support pediatricians and other community health advocates. Key resources include the Community Pediatrics Resident Projects Toolkit, the Community Pediatrics Curriculum Manual, and Evaluating Your Community-based Program. The division also hosts technical assistance teleconferences on selected topics ranging from health literacy to working with schools on obesity to evaluating community-based programs. Staff and key volunteers are available to provide technical assistance by phone, and there are also opportunities for support for visiting professorships and on-site technical assistance.

PROVIDING GRANT OPPORTUNITIES AND INFORMATION ABOUT FUNDING

Through its various programs, the Division of Community-based Initiatives offers several grant opportunities for practicing pediatricians, residents, and pediatric faculty. Grants support pediatricians' efforts to plan and implement community-based programs, receive advocacy training, and develop and conduct advocacy training for residents. The division also sends out a monthly funding announcement highlighting opportunities from national and local funders.

OFFERING LEADERSHIP AND NETWORKING OPPORTUNITIES

The division offers many opportunities for leadership development. The CPTI supports pediatric faculty in furthering their knowledge and skills in, and their ability to teach, community pediatrics. The COCP offers elected and volunteer leadership opportunities through service on its Executive Committee and its special interest groups. The CATCH Program offers leadership opportunities through its network of chapter and district CATCH facilitators and resident liaisons that provide technical assistance to CATCH applicants, Healthy Tomorrows grantees, and other community pediatricians. They organize chapter meetings and review and score grant applications. The division offers leadership development training to volunteers through its own programs and through its support of other AAP meetings and educational events.

More information, resources, and support can be found at <http://www.aap.org/commpeds/docbi/>.

You can also contact us at docbi@aap.org or 847/434-7085.

There are more than 7,300 legislators in the 50 state legislatures, the legislature of the Commonwealth of Puerto Rico, and the District of Columbia City Council. In addition, state legislatures employ more than 35,000 staff members who provide a broad array of professional services to lawmakers and to legislative institutions. While those numbers are impressive, they are still surpassed by the number of pediatricians who are fellows of the AAP.

Numbers play an important role in advocacy, whether it is constituent counts, public opinion polls, roll-call votes on legislation, or election totals. Equally as important, however, is a coordinated strategy behind those numbers. In the states, AAP chapters (or in California and New York, AAP districts) help to bring together large numbers of pediatricians to coordinate state-level advocacy work and unify their advocacy voice on behalf of children and the profession.

To support chapters with this important work and to coordinate related efforts with AAP committees, sections, councils, and other pediatric groups and constituencies, the AAP Division of State Government Affairs, within the Department of Community, Chapter and State Affairs, provides consultation and strategic direction. Division staff work closely with chapters and use other research and information-gathering tools to monitor state legislation nationwide, analyze policy trends, keep current on the political and fiscal climates, and develop easy-to-use resources to make your advocacy work easier. State legislation and state-level policy change can be fast-paced and unpredictable. It's our goal to get you what you need when you need it.

BRINGING TOGETHER A WEALTH OF AAP RESOURCES FOR YOU IN OUR STATE GOVERNMENT AFFAIRS ISSUE BRIEF

Issue briefs cover a range of current pediatric advocacy topics and include an analysis of AAP policy, an update on related state and federal initiatives, strategy information, and talking points. All state issue briefs are available in electronic format on the State Government Affairs pages of the Member Center area of the AAP Web site and can be used to develop customized state-specific advocacy materials.

MAKING SURE YOU'RE KEPT INFORMED OF THE LATEST STATE ADVOCACY ACTIVITIES THROUGH OUR E-UPDATES

StateView, *Medicaid and SCHIP Monitor*, and *Advocacy FLASH* e-updates keep chapter leaders, executive directors, lobbyists, and other pediatric advocates in tune with the latest state advocacy issues and state government news and include feature stories and links to valuable resources from the AAP and other public and private-sector sources.

ENABLING YOU TO USE RESOURCES ONLINE AT YOUR CONVENIENCE

The State Government Affairs area of the Member Center on the AAP Web site includes a wealth of resources for chapter leaders, members, and staff involved in state advocacy work. *Issue Brief*, *State Strategy* resources, archived e-updates, state data Web site links, advocacy resources, and fact sheets are posted on the site. Links to the latest state government news and to state-level public officials are available as well as Medicaid and State Children's Health Insurance Program resources; the Advocacy Archive, which includes legislative testimony, op-eds, letters to the editor, position statements, and other advocacy resources from AAP chapters; sample PowerPoint presentations; and the Division of State Government Affairs annual state legislation reports. Whenever you need it, it's there for you.

OFFERING NETWORKING, IDEA EXCHANGE, AND LEADERSHIP ENHANCEMENT OPPORTUNITIES AT THE CHAPTER ADVOCACY SUMMIT

The Chapter Advocacy Summit supports the network of chapter leaders and staff engaged in state government affairs activities, facilitates the exchange of information among chapter attendees, and enhances their ability to develop effective political strategies in preparation for upcoming legislative sessions. Convened biennially, the Summit complements the skills taught at the AAP Legislative Conference and recognizes and sustains the work of many dedicated advocates in state chapters.

SUPPORTING YOUR ISSUES WITHIN THE AAP THROUGH THE COMMITTEE ON STATE GOVERNMENT AFFAIRS

The Committee on State Government Affairs provides guidance to AAP chapters on their advocacy work with state legislatures, governors, agencies, and courts. The Committee on State Government Affairs also works closely with AAP committees, sections, councils, task forces, and the Board of Directors to analyze state issues and provide strategies for addressing them by working with state chapters. To accomplish this consultative work, the committee focuses on issue analysis and strategy development by means of knowledge of current state political and fiscal climates, regular communication and consultation with AAP chapters, the development of advocacy tools such as issue briefs, strategy suggestions, and Web-based resources.

BEING READY TO ASSIST WHENEVER YOU NEED US

Whether it's a brand new issue or one that you know has been addressed in other states, the staff in the Division of State Government Affairs is ready to provide you with personal consultation to guide your state advocacy work.

More information, resources, and support can be found at <http://www.aap.org/moc/stgovaffairs>. (Users must be logged into the Member Center.)

You can also contact us at stgov@aap.org or 847/434-7799.

The Department of Federal Affairs is the AAP link to federal legislative activities in Washington, DC. Pediatricians with the drive to make a difference in child and adolescent health through Congress and/or federal agencies are given the information and tools necessary to become effective child advocates, from offering testimony to meeting with a representative or senator. Access to health care for all children, immunizations, children with disabilities, injury prevention, and Medicaid are only a few of the topics on the AAP agenda. In addition to child advocacy activities, the department acts as a representative for the pediatrician. Federal legislation and regulations involving the education of new physicians, the ethics of medical practice, biomedical research, and clinical laboratory testing all fall within the boundaries of the department.

MAKING RESOURCES AVAILABLE THROUGH OUR DEPARTMENT OF FEDERAL AFFAIRS WEB PAGES

The Department of Federal Affairs page in the Member Center of the AAP Web site provides a wealth of information on current legislation/regulation before Congress. You can link to the actual documents and/or other useful Web sites. Tips are available on letter writing and speaking before the media. Talking points are provided for letter writing and testimony (applicable for both federal and state legislative bodies).

PROVIDING UPDATES ON CRITICAL ADVOCACY ISSUES AT THE FEDERAL LEVEL

You can sign up to be on our electronic Federal Advocacy Action Network, which serves as a timely call for action. Or, if you want to get more involved, you can become a Key Contact for your congressional delegation and be contacted as bills emerge, and follow their development on a more regular basis.

OFFERING ADVOCACY TRAINING OPPORTUNITIES

Members of the AAP interested in receiving hands-on training with continuing medical education credit may want to attend the Legislative Conference in Washington, DC. This conference serves to instill knowledge of the state and federal legislative process, develop advocacy skills, and introduce strategies and techniques for using the media. In addition to educational programming and simulation exercises, you can visit with members of Congress and their staff and begin building relationships with peers, politicians, and the press. We also host monthly resident advocacy days and can accept interns.

SERVING AS A RESOURCE AND PROVIDING TECHNICAL ASSISTANCE

Always available to help you in these endeavors is an excellent professional staff in Washington to assist with any questions/concerns you may have. They can provide you with valuable insight into the political environment and provide 1-page summaries and talking points for your use. We work with many groups in Washington on various issues and can advise you of those that have state affiliates that you can contact in your coalition building. Advice on press releases, op-eds, and letters to the editor is available as needed.

More information, resources, and support can be found at <http://aap.grassroots.com/>.

You can also contact us at kids1st@aap.org or 202/347-8600.

IV. WE WANT TO HEAR FROM YOU

We're listening

Thank you for using this guide and becoming engaged in advocacy. This guide was designed as a resource to make it easier for you as a pediatrician to advocate on behalf of children and pediatricians. As such, we want to make sure this guide meets your advocacy needs and continues to evolve based on the collective experiences of the AAP membership.

We both invite and encourage you to help this guide stay fresh and relevant. You can help us continually enhance this guide by

- Sharing your own advocacy story, or an advocacy experience or activity that you or your chapter are a part of, that could be used as a pediatrician advocacy story in future versions of the guide or on the AAP Web site
- Submitting questions or observations that you have or that you encountered during your advocacy work that could be used in future FAQ sections of the guide
- Sending us your comments and feedback and encouraging others who use this guide to share their stories, questions, and feedback to advocacyguide@aap.org

Thank you.

Division of Community-based Initiatives

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