Advocacy in Medicine

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- Appointed by Governor Lujan-Grisham for “his commitment to improving the lives of New Mexicans through data-driven public policy”
- Associate Professor of Cardiology at the University of New Mexico
- Immediate-past president of the American Heart Association, NM
- Obtained BA from the University of California at Berkeley
- Master of Public Health (MPH) from Yale University
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Presentation Overview

- What is Health Advocacy
- History of Healthcare Advocacy
- How to Advocate: the basics and examples
- Importance of Health Literacy for Providers and Patients
- Trends in Public Health Advocacy
- Health Advocacy in the Field of Cardiology
- My Perspective as Deputy Secretary of NMDOH
What is Health Advocacy?

• Activities related to ensuring access to care
• Navigating the system
• Mobilizing resources
• Addressing health inequities
• Influencing health policy
• Creating system changes
History of Healthcare Advocacy

The Basics
Medical Advocacy in History

• Health advocacy is a core role for physicians

• Dr. Rudolf Virchow said physicians were the “natural attorneys of the poor”

• In Canada, “Advocate” is one of seven essential physician roles, according to the Royal College of Physicians and Surgeons of Canada

• Advocacy should not interrupt the safe provisions of care
Physicians Role as Healthcare Advocate and Potential Dangers

• Ambiguity leads to misunderstandings/conflicts between physicians/individuals or groups
• Uncertainty can lead to overstepping bounds, or inappropriate behaviors and actions
• Failure to successfully influence change through advocacy can lead to mistrust in medicine or the types of care people receive
How to Advocate

The Basics
Empowering Better Healthcare

• Advocacy may take the form of one-on-one discussions with authority figures

• Physicians should consider the necessity or appropriateness to discuss the planned activity with affected parties: patients, family, members of care team

• When speaking publicly, physicians should be clear when their comments are made in a personal capacity
Examples of Healthcare Advocacy

• Doctors advocate for individual patients by requesting timely diagnostic tests
• Access to certain treatments
• Referral to specialists
• At the regional level
• For groups of patients by expanding community health center
• Seeking funding for a health provider to join a hospital
• At the global level, support health-related environmental protections
Hypothetical Situation at the Local Level

- You see a 16 year old in your clinic and ask her and her mother if she has had the HPV vaccine series. Her mother says no and reports that a concerned parent has been spreading information that the vaccine is dangerous and parents should not have their children vaccinated.

- How could you help spread factual information about the HPV vaccine in your community?

Advocacy 101 Understanding what it means to be a physician and an advocate—2014-2015 ACOG JFAC Legislative WorkGroup: Case Study #2
Action Steps

• Talk to the local school and offer to arrange an information session on the HPV vaccine for parents and their children

• Offer to create a fact sheet to leave in the nurse’s office at the school

• Speak with the NMDOH to see what action is already being taken and what information is already available

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Physicians as Advocates
Do’s and Don’ts

• Do encourage patients to be involved in their healthcare decisions
• Do listen to patients
• Do respect their autonomy and beliefs

• Don’t withhold key medical information
• Don’t interfere with a patient’s ability to advocate for themselves
Advocating in Institutions

• Approach the issue with transparency and professionalism
• Work within approved channels of communication
• Discuss concerns and recommendations calmly
• Provide an informed perspective
• Seek patient perspectives
• Seek healthcare provider perspectives
• Use evidence to help persuade others
• Try to build on areas of consensus and remain open
• Be patient
Importance of Health Literacy for Providers and Patients
What is Health Literacy

Degree to which an individual has the capacity to understand basic health information and services and to make appropriate health decisions.
Capacity and Skills

• A patient's ability to find information and services
• Communicate their needs and preferences and respond to information and services
• Process the meaning and usefulness of the information and services
• Understand the choices, consequences and context of the information and services
• Decide which information and services match their needs and preferences so they can act
Providers Role

• Help patients find information and services
• Communicate about health and healthcare
• Process what people are explicitly and implicitly asking for
• Understand how to provide useful information and services
• Decide which information and services work best for different situations and people so they can act
Patients Role

• Find information and services

• Communicate their needs and preferences and respond to information and services

• Process the meaning and usefulness of the information and services

• Understand the choices, consequences and context of the information and services

• Decide which information and services match their needs and preferences so they can act
Literacy through the lens of Social Determinants

1. Availability of resources to meet daily needs (e.g., safe housing and local food markets)
2. Access to educational opportunities (e.g., libraries)
3. Access to health care services
4. Quality of education and job training
5. Transportation options
6. Culture and cultural influence
7. Social support system
Social Determinants continued

8. Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
9. Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
10. Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
11. Residential segregation
12. Language/Literacy (e.g., English as a second language)
13. Access to technology
Trends in Public Health Advocacy
Advocacy Trends

• **Health trends**: Smoking, Vaping-related lung disease, Suicide Prevention, Alcohol-related deaths, Substance Use Disorder, Access to Behavioral Health, and Intimate partner violence

• **Expanding patient rights**: LGBTQ, Persons without documentation, Insurance, and Stable housing

• **Access to Medical Cannabis Programs**

• **Access to medical aid in dying**: Accessible in 10 jurisdictions CA, CO, HI, ME, MT, OR, NJ VT, WA, and DC)
How to Get the Message Out

• Traditional Media (Radio programs, Panels, PSAs, Op-eds, Letters to the Editor, Word-of-mouth)
• Social Media Channels
• Call-To-Action Campaigns
• Volunteer Networks
• Health Councils (County) NM Public Health Association (State) APHA (Federal)
• Professional Associations, Community Advocacy Organizations, Public University Channels
Health Messaging Days

• National Diabetes Month (November)
• Lung Cancer Awareness Month (November)
• World Diabetes Day (November, 14)
• Great American Smoke out (November, 15)
• Thanks, Birth Control Day (November, 16)
• National Rural Health Day (November, 21)
• National Family Health History Day (November, 22)
2020 Legislative Social Calendar

- Parkinson’s Day at the Legislature State Capitol/Rotunda (January 28)
- Public Health Day State Capitol/Rotunda (February 5)
Media campaign example:
It’s Not Water and It’s Not Safe

A Documentary to Help NM Address the Dangers of E-Cigarettes

www.NMVape.info
Advocacy in the Field of Cardiology
“...advocacy is closely aligned with achieving the College’s overarching mission to transform cardiovascular care and improve heart health.”

American College of Cardiology Foundation
American College Cardiology
Health Advocacy Priorities

1. Creating a value-driven health care system
2. Ensuring access to care and cardiovascular practice stability
3. Promoting the use of clinical data to improve care
4. Fostering research and innovation in cardiovascular care
5. Preventing cardiovascular disease and improving heart health
6. Engaging members to shape health policy
7. CPR is a graduation requirement
My Perspective from Inside NMDOH
Trending Health Concerns in New Mexico

• Public Health Regions
• Alcohol and related chronic diseases
• Opioids
• Tobacco use
• Vaping
• The new lung disease
Public Health Offices
52 Statewide

Health Councils
NMDOH supports funding for 39 County and Tribal Health Councils for fiscal year 2020

School Based Health Centers
NMDOH School and Adolescent Health (OSAH) provides supplemental operational funding to sponsors of 48 School Based Health Centers Statewide
5 Leading Causes of Death
New Mexico, 2016, and U.S., 2015

- Heart disease
  - New Mexico: 148.3
  - United States: 168.5

- Cancer
  - New Mexico: 137.1
  - United States: 158.5

- Unintentional injury
  - New Mexico: 68.2
  - United States: 43.2

- Chronic lower respiratory diseases
  - New Mexico: 43.9
  - United States: 41.6

- Cerebrovascular diseases
  - New Mexico: 34.8
  - United States: 37.6
DALYs: Top 10 Conditions
Age-Standardized (NM vs, US, 2017)
Percentage of Adults with Fair or Poor Health Status by Urban and Rural Counties, 2016

- Metropolitan: 21.5%
- Small Metro: 19.8%
- Mixed Urban/Rural: 24.1%
- Rural: 26.7%
Percentage of Adults with Fair or Poor Health Status by Income, 2016

- < $15,000: 44.9%
- $15,000 - < $25,000: 26.9%
- $25,000 - < $50,000: 19.4%
- $50,000 - $75,000: 9.8%
- $75,000+: 9.7%
Tobacco and Vaping

• Tobacco: Increase in nicotine addiction via e-cigarettes and vape cartridges (Juul cartridge 5x more nicotine than 1 cigarette pack)

• Vaping-related illness, hospitalization and death: Emerging lung disease (as of 9/12, NM has 13 confirmed cases requiring hospitalization.) NM has one suspected case that is nicotine related.

• In U.S., more than 450 potential cases of pulmonary illness under investigation related to vaping and e-cigarette products. Six deaths have been associated with the illness. –WSJ 9/12
Severe Pulmonary Disease Associated with using E-Cigarette Products

Patients have experienced

• Respiratory symptoms
  • Cough, shortness of breath, or chest pain

• Gastrointestinal symptoms
  • Nausea, vomiting, or diarrhea

• Non-specific constitutional symptoms
  • Fatigue, fever, weight loss
Thank you

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