

# Preface

We hope you find this guide useful in both the planning and implementation of your school's National Primary Care Week program. It may seem like a daunting task to spearhead such an extensive initiative, but it is important to remember that your role in making NPCW a success is to rally support and delegate responsibilities to students who share your interest in primary care. A great place to start would be your school's AMSA chapter, Family Medicine Interest Group, or other student organization.

Included in this guide are concrete suggestions for planning NPCW. However, your program should not be limited to what is presented in this guide. It is critical to create your school's NPCW program so that it matches the interests of your classmates, and hence increases student participation and enthusiasm. This guide includes advice on fundraising and publicity. Although these duties can be intimidating, especially to the uninitiated, they are among the most important elements in the planning process. Even the most ambitious agenda will fail to materialize if few people are aware of it or if the organizer lacks the funds to make it a reality. We realize that the guidelines presented are just an introduction to these issues and encourage you to contact us with any questions that may arise.

Each year we aim for inclusion of a large number of schools and a diverse representation of health professions to take part in NPCW. One of our primary focuses for the NPCW 2000 is to emphasize the partnership among health professionals. Physicians, dentists, pharmacists, public health workers, nurses, physician assistants, and other health professionals are an integral part of a collaborative health care team. Because of the inherently separated nature of health professions schools, most health professionals have had little experience working with other disciplines. National Primary Care Week presents a unique opportunity for students to interact in an informal setting, before they enter the field.

NPCW will continue to explore a fundamental link between primary care providers and their communities, especially in underserved areas. Many schools have already established extensive community service projects, and this is no accident; evidence indicates that participants of these programs are much more likely to choose a career in primary care. Community service captures the essence of humanitarianism and social awareness in a way that a simple lecture cannot. Former U.S. Surgeon General Dr. C. Everett Koop stated, "We have to get away from acute illness-focused medical encounters. We need more generalists to treat the illness of patients, rather than the diseases which afflict them... The generalist could lead medicine back to the day when it was humane, self-giving, a profession and not a business, and not lose one whit of science on the way." Your efforts are appreciated and applauded.

Best wishes for a memorable National Primary Care Week,  
NPCW Staff  
AMSA Foundation

## Part One: Introduction

National Primary Care Week (NPCW) is an annual event that highlights the importance of primary care and brings health care professionals together to discuss and learn about community based, primary health care. It typically takes place the third week of October each year. AMSA and NPCW student coordinators at all allopathic and osteopathic medical schools, as well as student leaders from other health profession schools (such as dental, physician assistant, public health and others), work in conjunction with the Area Health Education Centers (AHEC) network and National Health Service Corps Ambassadors to plan for local celebrations of NPCW. In interdisciplinary teams, student leaders plan and coordinate observances for National Primary Care Week targeted to meet the interests and objectives of local schools and their communities.

The goal of National Primary Care Week is for health professions students from every discipline to observe the event in October that student leaders organized in close conjunction with the AHEC network or a NHSC Ambassador, with the support of their schools and Deans of Student Affairs, and under the guidance of their health professions school dean. The programs designed should be both responsive to community needs and stimulating for students who are considering careers in primary health care. The programs will also provide a foundation for future observations of “National Primary Care Week.”

Beyond the usual discourse that strong primary care support is a foundation for a strong health care system, and that in the managed care era it is necessary to train a large number of primary health care providers, and strong interdisciplinary teams, NPCW hopes to convey that:

1. Primary care practitioners provide continuity of care for patients, which facilitates and improves quality of care.
2. Primary care practitioners have a long and strong history of contributing to the well being of the underserved populations.
3. Primary care practitioners are the key providers of preventive medicine, health promotion, and disease prevention activities.
4. Primary care practitioners learn advocacy and leadership skills and are well equipped to become active in the political health policy discourse.

For those reasons, NPCW hopes to achieve the following goals:

- Improve health professional students’ understanding of primary care;
- Introduce students to local and national primary care leaders and role models;
- Highlight the many career options and opportunities in primary care including, but not limited to: public health, health policy, interdisciplinary health care delivery, academic medicine, primary care research, and solo and group practice
- Demonstrate the importance of collaboration between primary care practitioners and their communities;

- Encourage students to participate in community service events; and
- Introduce students to policy issues surrounding primary care and the political process.

In consideration of the Area Health Education Center (AHEC) Network's link to primary care health professionals, and its commitment to strengthening primary care, the AMSA AHEC partnership strengthens the NPCW planning process. Also, beginning in 2004, students may also collaborate with a local NHSC Ambassador in their area. Student leaders are encouraged to use the AHEC Centers and NHSC Ambassadors as needed to:

1. Determine the needs of the particular community where the students are located;
2. Identify the types of activities that are appropriate to the community's needs;
3. Provide contact names of potential speakers from the community;
4. Assist the students in organizing local activities; and
5. Access resources and assist in budgeting for multiple events combining community outreach, academic and health policy interests, needs of the community and student population.

Within AMSA's National Primary Care Week budget, there is a modest amount for local project support. Additional support is available when students partner with an AHEC or NHSC Ambassador. AMSA has an application for funding (available at <http://www.amsa.org/npcw/>) that any student group or partnering AHEC/NHSC Ambassador, in need of funds, can complete.

# Primary Care Background

## What is Primary Care?

There are many definitions of primary care. Traditionally, “primary care” has been used to define the medical home for a patient through whom they receive comprehensive health care over time. It is a term that can describe a type of practitioner or clinician, a field of service or a more holistic philosophy of care that emphasizes continuity of care throughout the course of a patient’s life.<sup>1</sup> The Institute of Medicine defines primary care as “the provision of integrated accessible healthcare services by clinicians who are accountable for addressing a large majority of personal health needs and developing sustained partnerships with their patients.”<sup>2</sup> For many patients, their primary care provider is the person they not only trust to treat them in illness, but also the person they most trust to guide them in their health and well being. Some also believe that primary care has its roots in social justice, as it requires efficacy in using many bio-psycho-social skills in order to comprehensively serve patients.<sup>1</sup> Primary care is distinguished from secondary or tertiary care in that the provider assumes ongoing responsibility for the whole patient and is accountable to community health needs including accessibility.

Secondary care therefore supplements primary care with specialized knowledge from a generalist physician or a subspecialist. Tertiary care is subspecialty care usually provided in a medical center, university or teaching hospital with more “extensive diagnostic and treatment capabilities.”<sup>3, 4</sup> While some consider primary care to be outpatient treatment and prevention, secondary care as inpatient community hospital work, and tertiary care to be more highly specialized, these lines are blurring. Many primary care providers follow their patients into the hospital or work out of hospitals. In areas where there are shortages of facilities and providers, primary care providers are often expected to fulfill multiple roles.<sup>1</sup>

## Who are primary care providers?

Primary care providers now span the spectrum of healthcare professionals. The list includes *but is not limited to* physicians in family, pediatric and internal medicine disciplines, general and pediatric dentists, pharmacists, optometrists, chiropractors, nurse practitioners, certified nurse midwives, physician assistants, social workers, psychologists, community psychologists, acupuncturists, naturopaths and other complementary and alternative medicine providers, and community outreach workers. All of these different health professionals bring unique perspectives, skills and qualifications to the provision of primary care.

While there are many different educational requirements for each profession, many of their abilities and responsibilities overlap in caring for patients.<sup>1</sup> While some of these healthcare professionals work in teams, many of them work independently and collaborate with other primary care providers and specialists as needed. More recently,

there has been an emphasis on multidisciplinary or interdisciplinary teamwork and trans-disciplinary education and/or collaboration in primary care.

### **Why is primary care important?**

Primary care is often associated with better patient compliance with appointments and medication recommendations, decreasing emergency hospitalizations, and other benefits from a community health perspective.<sup>5, 6</sup> Primary care is therefore uniquely positioned to help lower the costs of medical care by focusing on preventive medicine: promoting health, preventing illness, and providing continuity of care in a more holistic fashion that is patient-centered.

Primary care providers act as the central point of contact for patients in the healthcare system for both preventive care and treatment. They also translate the latest research findings for their patients, often guide community health projects and can coordinate teams of other primary care providers to best serve their patients, in addition to directly providing care for them. There has also been a growing need for primary healthcare professionals in academia and research.

### **Community-Based Participatory Research in Primary Care**

Studies have shown that students who choose a primary care career do so, in part, because of an interest in community-related health activities and in meeting the needs of the underserved. Community-based Participatory Research (CBPR) is a unique focus in primary care that incorporates exceptional intellectual pursuits, community involvement, and direct patient care.

Eugenia Eng and colleagues at the University of North Carolina-Chapel Hill developed a working definition of CBPR as “a collaborative research approach that is designed to ensure and organize participation by communities affected by the issue being studied, representatives of organizations, and researchers in all aspects of the research process and action.” In order to develop appropriate research questions, to better understand a community’s health needs and design appropriate solutions for the community, CBPR incorporates input from the individuals being studied in the research and the community-based organizations that advocate for them. CBPR not only tailors research for particular communities, it is also a method of community building in itself by involving community members and organizations in all phases of the research project.<sup>7, 8</sup>

### **What are some of the rewards for primary care providers?**

Many primary care providers report a high level of satisfaction from their work.<sup>1</sup> This may be a result of having the opportunity to provide health care from a holistic perspective that treats the whole person in a way that also encompasses public and community health work. Primary care providers are able to see a variety of patients in terms of age, race, illness, etc. They also generally enjoy more discussion and education, and therefore prevention of illness, in their visits with patients. Primary care providers, because they see patients over time and sometimes see their families as well, are able to build stronger relationships with their clients, which increases both patient and doctor satisfaction with care and improves health outcomes. According to interviews with

primary care providers for the book, *Big Doctoring in America: Profiles in Primary Care*, most find “great satisfaction in their work and receive enormous appreciation and affection from their patients for their care.”<sup>9</sup>

Many primary care providers are able to work in either rural or urban areas and have the opportunity to truly engage and know their communities. They are also able to play a role as leaders in advocacy for their patients and in health policy because of their understanding of the complexity of health and illness and the bio-psycho-social causes and manifestations of both. Primary care providers are furthermore uniquely positioned to be leaders in advocacy efforts in facilitating access to the healthcare system.

### **Primary Care Career Options**

The following areas of primary care practice are often combined by practitioners as a result of their personal and professional preferences, as well as a response to the needs of the community:

- ❑ Direct patient care, including inpatient and preventative care;
- ❑ Research;
- ❑ Academia; and
- ❑ Public health, health policy and community health.

### **How You Can Become a Primary Care Health Care Hero**

Become a “big fish” in a “small pond.” In the United States, there are shortages of healthcare providers in rural and underserved areas, like inner cities.<sup>10</sup> Although 20% of the population lives in rural areas, only 9% of physicians practice there, creating unequal access to primary care physicians. By working in an underserved area, a health care provider has the opportunity to dedicate himself/herself to a community. He/she has the ability to really make a difference, by working as a team to provide primary care. Consider the following challenges and opportunities faced by primary care practitioners today:

- ❑ *Growing geriatric population / multiple and longer chronic illnesses*

In the United States, 80 is the new 60.<sup>11</sup> The most rapidly growing segment of our population are persons 85 years of age or older.<sup>12</sup> With older people living longer and with the baby boomer generation approaching senior citizen status, experts estimate that by the year 2030, people over the age of 65 will represent over 20% of the entire population in the US.<sup>13</sup> Along with the growth of the elderly population, the demographic profile of that group is also diversifying along racial, ethnic and cultural lines. Although the elderly population is expected to more than double by the year 2050, the population of minority elders is expected to increase by 510% in the same timeframe.<sup>14</sup> It is well documented that minority groups have higher rates of mortality and morbidity and suffer from other health disparities.<sup>14</sup> To compound this problem, “minority adults often receive fewer healthcare services.”<sup>14</sup>

With the increased aging of our population, and its subsequent diversification, comes specific health needs. People over the age of 65 use more healthcare services and have higher incidence of chronic diseases.<sup>12</sup> Those over the age of 85 also tend to have higher

incidence of chronic diseases and co-occurrence of particular health problems such as dementia, depression, and chronic pain management. For chronic illness, the majority of care is performed in the primary care setting.<sup>6</sup> For many seniors, continuity of care with their primary care provider will be essential for ensuring they receive high quality care.

□ *Lack of ethnic diversity in primary care professions*

Although studies have proven that minority healthcare professionals are more likely to serve in underserved areas, there has been difficulty in recruiting them in many of these primary care disciplines, and there have been unequal distribution of primary care providers across the board in rural and underserved areas.<sup>6</sup> In addition, there is a shortage of primary medical care and dental faculty to train an adequate number of students in these disciplines.

□ *Higher costs in education for physicians and other primary care professionals, and lower pay than specialists*

Tuition rates have continued to rise, whereas the reimbursement rates for primary care physicians have traditionally been lower than for specialists.<sup>6</sup> In addition, medical students are under great financial pressure from student debt burdens and future malpractice premiums. Also, non-physician primary care providers struggle with obtaining health insurance reimbursements. When they do, they are generally reimbursed at much lower rates.

□ *The uninsured*

One of the largest barriers to accessibility of primary care is the lack of health insurance or the lack of adequate health insurance.<sup>15</sup> As health care costs continue to rise and more employers shift costs to employees, the number of uninsured also continues to rise. Approximately 85.2 million people were uninsured for part of the 2003-2004 period.<sup>16</sup> Lack of health insurance creates a barrier for millions of Americans to getting regular preventive health care. People who are uninsured tend to use the emergency room in place of regular primary care usually for acute care, a more costly option for hospitals, practitioners and the general public.<sup>17</sup> In addition, lack of insurance is directly related to poorer health outcomes.

□ *Oral health care*

Dental health is increasingly thought of as primary care because it is also preventative care. Even more people are lacking dental insurance than those lacking other health insurance. There are over 180 million people without dental insurance in the United States.<sup>6, 18</sup> According to the US Department of Health and Human Services, “dental caries is the single most common and chronic childhood disease.”<sup>19</sup> Almost 30% of all child health expenditures go to dental care.<sup>15</sup> Furthermore, in adults, untreated dental disease accounts for over 164 million work hours lost per year.<sup>19</sup> Along with lack of dental insurance, the U.S. population is also growing at a faster rate than the number of dentists. This creates a problem of accessibility for everyone, but particularly for our most vulnerable populations. Consequently, this creates a tremendous opportunity for careers in dental hygiene, dental assistance, and academic dentistry, for students interested in teaching.<sup>6</sup>

### **Interdisciplinary teamwork**

Many rural and inner city regions are short-staffed by all primary care providers, which increases the necessity of working in teams. However, in many areas, it is also considered to be more cost effective to work in interdisciplinary teams. Some universities, like University of Washington School of Medicine, even have programs specifically designed to provide health science students with training and exposure to the variety of primary care professions such as dentistry, nursing, pharmacy, public health and social work to encourage collaboration among them.<sup>20</sup>

Specific health circumstances, such as end of life care, require a multidisciplinary approach that allows all of the patient's biological, psychological and social or spiritual needs to be met.<sup>21</sup> And, although there is still much debate about whether these disciplines are complementary or competitive, multidisciplinary models of care have been shown to improve the quality of care for many including those with chronic conditions and for preventive care.<sup>22</sup>

Some studies show that as a managed care population grows in an institution, so does the scope of primary care practice and autonomy of nurse practitioners (NPs) and physician assistants (PAs).<sup>23</sup> Managed care and the growing autonomy of NPs and PAs have created additional career opportunities in primary care.

### **Summary**

Due to the lack of primary care physicians and dentists (particularly in underserved areas), higher costs in health care, and the rising number of uninsured, nurse practitioners, physician assistants and other non-physician clinicians have assumed increasing responsibility and importance as primary care providers. The skills and traditions these health professions bring to the primary care setting are invaluable to the health and well being of the U.S. They play central roles in diagnosis and treatment of illness, as well as coordination of care and health education.

In addition, there are many career options and opportunities for all of the above mentioned health professionals that extend beyond providing direct clinical education and services. There is also a strong need for academic and research-oriented primary care providers as faculty to train the current students of these disciplines. As mentioned above, primary care is at the forefront of correcting a number of ailments in our healthcare system, including expanding access to health care and eliminating health disparities. The professionals who choose to go into primary care are truly healthcare heroes.

### **Links to Student Health Professions Organizations:**

Medical students:

American Medical Student Association (AMSA)

<http://www.amsa.org/>

Student National Medical Association (SNMA)

<http://www.snma.org/>  
International Federation of Medical Students' Associations, USA  
<http://www.ifmsa-usa.org/>  
Military Medical Student Association (MMSA)  
<http://www.militarymedicine.org/>  
American Medical Association (AMA)  
<http://www.ama-assn.org/ama/pub/category/14.html>  
The Student Doctor Network (SDN)  
<http://www.studentdoctor.net/index.asp>  
Student Osteopathic Medical Association (SOMA)  
<http://www.studentdo.com/>  
American Medical Women's Association (AMWA)  
<http://www.amwa-doc.org/index.cfm?objectid=2C517F16-D567-0B25-5628F79C71238E80&CFID=1859357&CFTOKEN=11504933>  
Asian Pacific American Medical Student Association  
<http://goliath.ecnext.com/coms2/product-compint-0001268745-page.html>  
Association of Native American Medical Students (ANAMS)  
<http://www.aaip.com/anams/anams.html>

#### Dental:

American Student Dental Association (ASDA)  
<http://www.asdanet.org/>  
Student National Dental Association (SNDA)  
<http://www.sndaonline.com/>  
Minority Student Dental Association  
<http://www.minoritydental.org/>  
Hispanic Dental Association  
<http://www.hdassoc.org/>

#### Nursing:

National Student Nurses' Association  
<http://www.nсна.org/>  
American Assembly of Men in Nursing (AAMN)  
[www.aamn.org](http://www.aamn.org)  
American College of Nurse Midwives  
[www.midwife.org](http://www.midwife.org)  
American Nurses Association  
[www.nursingworld.org](http://www.nursingworld.org)  
National Association of Hispanic Nurses  
[www.thehispanicnurses.org](http://www.thehispanicnurses.org)  
National Black Nurses Association, Inc. (NBNA)  
[www.nbna.org](http://www.nbna.org)  
Transcultural Nursing Society  
[www.tcns.org](http://www.tcns.org)

Physician Assistant:

Student Academy of the American Academy of Physician Assistants (SAAAPA)

<http://saapaaapa.org/>

Physician Assistant Student Association (PASA)

[http://www-rohan.sdsu.edu/~pasa2000/about\\_us.html](http://www-rohan.sdsu.edu/~pasa2000/about_us.html)

Public Health:

Public Health Student Caucus

<http://www.phsc.org/>

Public Health Student Association (PHSA)

<http://www.hsc.unt.edu/organizations/phsa/>

Pharmacy:

American Pharmaceutical Association

<http://www.aphanet.org/AM/Template.cfm?Section=Home>

National Community Pharmacists Association

<https://www.ncpanet.org/>

Student National Pharmaceutical Association

[http://pharmacy.auburn.edu/student\\_life/organizations/stusnpaha.htm](http://pharmacy.auburn.edu/student_life/organizations/stusnpaha.htm)

Multidisciplinary:

Student Health Alliance

<http://www.phsc.org/sha.html>

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<sup>1</sup> Mullan, F. (2002). *Big Doctoring in America: Profiles in Primary Care*. University of California Press: Berkeley and Los Angeles, California.

<sup>2</sup> Institute of Medicine. (1996). *Primary Care, America's Health in a New Era*. Institute of Medicine, Committee on the Future of Primary Care, Division of Health Care Services.

<sup>3</sup> American Medical Student Association. 1993. *Generalist Physicians in Training (GPIT) Primary Care Resource Guide: AMSA's National Student Initiative in Support of Primary Care*. First Edition: p. 7.

<sup>4</sup> Donaldson, MS, Yordy, KD, Lohr KN, Vanselow NA. 1996. *Primary Care: America's Health in a New Era*. Institute of Medicine, Committee on the Future of Primary Care, Division of Health Care Services. National Academy Press: Washington, DC.

<sup>5</sup> Starfield, B. (1998). *Primary Care*. Oxford University Press, Inc. New York.

<sup>6</sup> Advisory Committee on Training in Primary Care Medicine and Dentistry. *Preparing Primary Health Care Providers to Meet America's Future Health Care Needs: The Critical Role of Title VII, Section 747*. Fourth Annual Report to the Secretary of the US Department of Health and Human Services and to Congress. July, 2004.

<sup>7</sup> Minkler M, Blackwell AG, Thompson M, Tamir H. (2003). *Community-Based Participatory Research: Implications for Public Health Funding*. American Journal of Public Health. 93(8):1210-1213.

<sup>8</sup> *The Role of Community-Based Participatory Research: Creating Partnerships, Improving Health*. AHRQ Publication No.03-0037, June 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/cbprole.htm>, accessed 12/14/04.

<sup>9</sup> Mullan, Fitzhugh. *Big Doctoring in America: Profiles in Primary Care*. University of California Press. 2002: 16.

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- <sup>10</sup> Norris TE, House P, Schaad D, Mas J, Kelday JM. (2003). *Student Providers Aspiring to Rural and Underserved Experiences at the University of Washington: Promoting Team Practice among the Health Care Professions*. *Academic Medicine*; Vol 78: pp.1211-1216.
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- <sup>12</sup> Landefeld CS, Callahan CM, Woolard N. General Internal Medicine and Geriatrics: Building a Foundation To Improve the Training of General Internists in the Care of Older Adults. *Annals of Internal Medicine*. 2003;139(7):609-615.
- <sup>13</sup> Warshaw GA, Bragg EJ, Shaull RW, Lindsell CJ. Academic Geriatric Programs in US Allopathic and Osteopathic Medical Schools. *Journal of the American Medical Association*. 2002;288:2313-2319.
- <sup>14</sup> Yeo G, Brangman S. Core Competencies in Multicultural Geriatric Care: Recommendations of the UC Academic Geriatric Resource Program and the Ethnogeriatrics Committee of the American Geriatrics Society. Prepared by the Cultural Competencies Writing Group, a collaboration of leaders in geriatric education from the University of California and the American Geriatrics Society. 2002.
- <sup>15</sup> Siegel, S. (2002). *Primary Health Care and Vulnerable Populations*. National Conference of State Legislatures. Washington, DC. January, 2000.
- <sup>16</sup> Families USA (2004). *Health Care: Are You Better Off Today Than You Were Four Years Ago*
- <sup>17</sup> McLaughlin, C., and Mortensen, K. (2003). *Who Walks Through the Door? The Effect of the Uninsured on Hospital Use*. *Hlth Aff*, 22, 143-155.
- <sup>18</sup> Mertz, E., and O'Neil, E. (2002). *The Growing Challenge of Providing Oral Health Care Services to All Americans*. *Hlth. Aff*, 21: pp.65-77.
- <sup>19</sup> U.S. Department of Health And Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research (2000). *Oral Health in America, A Report of the Surgeon General*, Rockville, MD.
- <sup>20</sup> Norris TE, House P, Schaad D, Mas J, Kelday JM. (2003). *Student Providers Aspiring to Rural and Underserved Experiences at the University of Washington: Promoting Team Practice among the Health Care Professions*. *Academic Medicine*. 78:1211-1216.
- <sup>21</sup> Fineberg IC, Wenger NS, Forrow L. (2004). *Interdisciplinary Education: Evaluation of a Palliative Care Training Intervention for Pre-professionals*. *Academic Medicine*. 79: 769-776.
- <sup>22</sup> Druss BG, Marcus SC, Olsson M, Tanileian T, Pincus HA. 2003. *Trends in Care by Nonphysician Clinicians in the United States*. *The New England Journal of Medicine*. 348(2): 130-137.
- <sup>23</sup> Jacobson PD, Parker LE, Coulter ID. 1998-99. *Nurse practitioners and physician assistants as primary care providers in institutional settings*. *Inquiry*. 1998-99 Winter;35(4):432-46. Winter;35(4):432-46.

# Part Two: Programming

## I. Brainstorming for NPCW Activities

*The material in this section is adapted from the National Primary Care Day Resource Manual.*

The following are questions that each NPCW coordinating committee should consider when planning National Primary Care Week (NPCW) activities. By first answering these questions, you will be able to tailor NPCW events to best suit the needs and interests of students at their health professions schools and campuses. Questions to initiate discussion include:

What do you want to achieve during NPCW?

Possible responses are:

- encourage interest in primary care for students who are undecided
- provide support for students committed to primary care
- provide information to all students, regardless of specialty interest
- engage the community in support of primary care
- educate the community about primary care
- contribute to the care for underserved populations / provide services for community

Who is your audience?

- students who are already planning to enter primary care careers
- students who are not currently considering entering primary care
- students who are undecided
- health profession students (nurse practitioners, physician assistants, public health students)
- school faculty and administrators
- primary care providers and communities

What topics do you want to address?

- promote the possibilities of careers in primary health care, such as generalist medicine, family medicine, general pediatrics, dentistry, nursing, pharmacy, public health and social work
- community health
- patient education
- policy issues, such as federal and state legislation related to access to care and health professions education

- your school's primary care mission, vision, resources, successes and current and future plans.

How will you structure your week? (Students must consider the resources of their institutions, such as faculty support, scheduling any time off, finances):

- different events planned for every day of the week, with perhaps a kickoff event on day one and a wrap up session (feedback and discussion) on the last day
- one or two days actively devoted to primary care
- the number and timing of events will vary with the school's resources and schedule.

How can your school's NPCW activities build upon your school's primary care educational resources and curriculum?

- Can NPCW fill any informational and experiential gaps?
- Can you cultivate interest among your fellow students?
- Is your school looking for student input with regard to the primary care program and, if so, can you focus some attention on identifying student concerns about primary care?
- Can your activities enhance the AHEC's education and service outreach into the community?

What kind of long-term effect do you want your NPCW to have?

- Can it be the start of a year-long speaker series?
- Is it the impetus for a primary care volunteer program?
- Do you want to start a student interest group that organizes follow-up events later in the year?
- Do you envision NPCW as an annual event at your school

How will you evaluate your success?

AMSA will provide an evaluation form that you and your school's participants can complete. Be thinking about:

- Did you achieve your identified goals and objectives?
- Did you reach your target audiences?
- What were the barriers to achieving your objectives?
- What events were unexpected in the planning process?
- Impact of and outcomes on students, faculty and community.
- Was there effective collaboration among health professions groups?

## **II. Events: Planning and Suggestions**

*The material in this section is adapted from the National Primary Care Day Resource Manual, except where noted.*

First, for each event pick a topic, question, or theme. Examples are: something that inspires you to be a health care professional, a controversial issue, or a topic that touches your community. Based on your experiences, thoughts, and questions, your planning committee should be able to come up with dozens of areas for discussion. We encourage you to incorporate the national theme for this year, “National Primary Care Week: Caring for

Second, think of multiple perspectives from which the topic can be approached--physician/patient, urban/rural, resident/attending, male/female, etc. Primary care is a rich and diverse spectrum of health care providers; don't limit yourself to just one perspective.

Third, build a program. Is there enough divergence that this question might best be addressed in a debate? Do you want to have one person address the topic for 20 minutes and then have a panel critique the response based on their varied perspectives? Continually re-evaluate your theme and program--if **you** are not interested in sitting through your planned presentation, do you think that other participants would? If not, change the program!

**Find a committee to help you plan the program**—Possible roles for committee members are coordinating promotions, fund-raising, physical setup for the program, etc...Include AHEC and primary care faculty and the dean's office along with students from different disciplines on your committee.

**Have a moderator**--Find someone with strong stage presence, sense of humor, and a good knowledge of the material. A moderator can help keep speakers on schedule, spice up debate, and facilitate question and answer periods. Consider using a popular faculty member for this position. Also consider inviting a co-moderator from a different discipline, such as a faculty member from another health professions school, to contribute a new perspective into your discussions.

**Invite speakers from outside of your school**--Fill in the gaps with local folks, but first go in search of people students usually don't hear from: faculty at other schools, public health officials, elected officials, and most importantly, practicing primary care providers from the local community and from other parts of the state. Your AHEC and local and state professional associations can help you locate speakers.

**Produce a program**--Pass out a simple folded sheet of paper or a packet filled with schedules, directions, information sheets, listings of sponsors and the planning committee, biographies, and evaluation forms. A program helps orient the audience and can be inexpensively produced using a school computer.

**Breakout Sessions**--Give the audience an opportunity to become active participants in the discussion. All groups can discuss the same material or they can each be given a separate focus. Panel members, community health providers, or students can lead/moderate the small groups. Consider having all the groups reunite and share a synopsis of their discussion or conclusions. For example, following a panel presentation on domestic violence, have breakout sessions in which each group comes up with a violence prevention program for the community. After sharing all the proposals announce that in one week there will be a meeting of a new student group for those interested in making one or more of these suggestions into a school project.

**Workshops**--Instead of continuing the discussion with breakout sessions, you might choose to progress into different areas of primary care education. Create opportunities for participants to practice what they are learning. Small group sessions allow more interaction between speakers and the audience. Workshop leaders can be drawn from primary care faculty, community providers, and primary care residents. Consider inviting fourth year medical students applying to primary care residencies, as well as other health professions students, to assist with workshops.

Workshops function well with 8 to 10 people per group, but can easily be expanded to accommodate 20. Depending on the material to be covered they can last from 30 to 90 minutes. Consider offering several workshops at the same time and then repeating them so participants can attend more than one. There are limitless workshop possibilities. Primary care procedures workshops are appealing to new students. Workshops concerning choosing a residency may be interesting for upper level students. Remember to make NPCW a hands-on, participatory learning experience. Ideas for interactive workshops include:

- Basic suturing techniques
- Casting and splinting
- Emergency first aid
- Mini mental status exam
- Osteopathic manipulative medicine (OMM)
  
- Residency choice
- Interviewing for a residency
  
- Death and dying
- Delivering bad news
- Ethical issues
- Multicultural issues
  
- Warning signs of domestic violence
- AIDS counseling
- Smoking cessation
- Family planning

- Depression – detection and treatment
- Treating substance abuse
- Sexual health problems/sexual history taking
- Complementary and alternative medicine (i.e. acupuncture, ayurveda, biofeedback, chiropractic, guided imagery, herbalism, homeopathy, massage, naturopathy, and traditional Chinese medicine)



**Shadowing**--If your school already has multiple opportunities for first-year students to interact with and learn from health professionals, you may **not** need to organize a new shadowing program for National Primary Care Week. Instead, the planning committee may choose to link established shadowing and/or mentoring programs to NPCW by hosting a reception to give new mentors and mentees a chance to meet, by having sign-up sheets for a shadowing program available at an information fair, or by working with the administration to allow first-year students time to spend shadowing health professionals as part of their scheduled curriculum.

If you think pre-clinical students could benefit from exposure to primary care providers and primary care settings and would like to organize a shadowing program, here are a few suggestions to keep in mind:

- ***Shadowing is flexible***--It can last for any amount of time, any time of day, or even on a weekend. It can be scheduled as part of NPCW; it can take place during the week before NPCW; or students can sign-up during NPCW for shadowing experiences later in the semester.
- ***Arrange an orientation session***--Plan to meet with all of the students before they are sent out into the community. Use this hour to have students articulate their expectations for the day and how they can work to fulfill them. Generate a list of questions students can think about and discuss with the community providers. Leave time for answering students questions about what they are expected and allowed to do and for reviewing logistics.
- ***Involve your administration and faculty in the planning process***--In many cases, they may be willing to assist you with the implementation and the ongoing administration of the program.
- ***Be resourceful***--Providers interested in participating in a shadowing program can be contacted through a variety of channels. Invite the chairs of your school's primary care departments to endorse the shadowing program and ask faculty primary care providers to participate. Ambulatory care course directors may have excellent lists of practitioners experienced in working with students. Other community health care professionals can be reached through their professional academies (local chapters of the American Academy of Pediatrics, American Association of Physician Assistants, the American Academy of Family Physicians, Academy of Nurse Practitioners, American College of Osteopathic Family Physicians, etc.). In addition, contact your state's Primary Care Association, Area Health Education Centers, and/or providers working in local Community/Migrant Health Centers. Your school administrators and primary care department chairs may have additional suggestions.

- ***Communicate and confirm your expectations***-- When inviting providers to participate in the program, be sure to explain the program clearly, define its goals, how long students will shadow the providers, how many students will be participating (preferably one per provider), and the level of training of the student participants. When confirming the participation of volunteer providers along with the day and time, remind the doctors again of the students level of training and the goals and expectations of the program.
- ***Hold a “debriefing” session***--After shadowing, have students meet with the student organizers and a discussion leader to review their experiences. This will bring closure to the experience, allowing key points to be reinforced, and ensure that students who have had less satisfying experiences will balance their feelings with the more positive reactions of other students.
- ***Keep the relationship alive***--Encourage both students and health care practitioners to set up a long-term mentoring relationship where possible.

Long-standing relationships between students and their mentors profoundly impact students' experiences in school and their career choices. Such relationships provide the student with a convenient and constant source of information, advice, and support, and give the community providers an opportunity to become involved in academic health care. Because these relationships are mutually beneficial, we encourage you to facilitate their development.

Ways to implement mentoring programs vary widely. In some cases students and mentors are assigned to each other based on brief descriptions of their interests. Other programs allow students to choose a mentor after looking through a notebook of possible mentors. Finally, some schools hold receptions or dinners that enable students and health care professionals to meet and sign up for the programs. After the mentor and student are paired, they are encouraged to meet on a regular basis. The student usually shadows the practitioner and often, the two meet informally outside of the office to talk.

**Information Fairs**--An information fair allows you to provide general information about the practice of primary care medicine as well as present specific information about opportunities for experience in this field. Your fair could include both posters and handouts with basic definitions and statistics relating to primary care, and tables for student interest groups, academic departments, hospitals, and residency programs. It is essential that these programs reflect the full spectrum of primary care providers, such as nurse midwives, nurse practitioners, dentists, and public health professionals. **An information fair can also be a fundraiser; hospitals, community providers, residency programs, and other groups can be charged a fee for participation.** Below is a listing of suggested topics, possible guests, and questions that can be answered at each booth.

**What is primary care?**

- Possible guests: primary care faculty, community providers, nurses, social workers, and other health care professionals involved in primary care
- What distinguishes a primary care practitioner from a sub-specialist?
- What are generalists' career opportunities?
- What does a primary care provider do each day?

**Clerkships/rotations**

- Possible Guests: clerkship coordinators, deans for curricular affairs, students who have participated in specific rotations, AHECs that arrange for community preceptorships
- How many ambulatory rotations are available?
- Is there a longitudinal rotation available?
- Is it possible to create new rotations?
- What clerkships/rotations are available to a student interested in primary care?

**School activities**

- Possible guests: student groups, faculty, administrators
- What activities are available for students who want to learn more about primary care?
- Include activities sponsored by the administration and student groups.

**Public service opportunities**

- Possible guests: representatives from community agencies with volunteer projects, community health center representatives, participants in current community service programs
- How can students create new opportunities to volunteer in primary care settings?
- What community projects are designed to provide students with information about and experiences in primary health care?

**Summer opportunities**

- Possible guests: students returning from summer primary care experiences, advisors for summer initiatives, primary care researchers with summer grants for students
- What is the NHSC SEARCH Project (Student/Resident Experiences and Rotations in Community Health)?
- How can students learn more about summer opportunities?
- What summer programs are available for students interested in primary care?

**Residency programs**

- Possible guests: primary care residency directors, current primary care residents
- What makes each program unique?
- What area hospitals offer primary care residencies?

**Community/Migrant Health Centers**

- Possible guests: staff and administrators from C/MHCs
- How can students get involved?
- What are C/MHCs?

- Who is their patient population?

### **Financing a generalist career/National Health Service Corps**

- What is the National Health Service Corps?
- Possible guests: NHSC recruiters, NHSC recipients, loan repayment officers, financial aid administrators
- What are state repayment programs?
- How do students get more information or apply?
- What programs and loans are available to students interested in primary care?
- What is the difference between NHSC Scholarships and loan repayment programs?

### **Social service agencies**

Possible guests: Community organizers, social service agency staff and administrators, social service agency clients

- What services are and are not being provided?
- How can students get involved and learn more?
- What agencies are active in the community?



### **III. Programming Ideas**

*The following material is adapted from "Projects In a Box," a product of the Generalist Physicians in Training (GPIT) initiative. (<http://www.amsa.org/programs/gpit/pibindex.htm>)*

As you have probably found, the possibilities for NPCW events are limitless. However, the key to a successful NPCW is to choose events that most closely match the interests of the students. Programs that are informative and interactive also tend to be the most memorable. It is a good idea to get feedback from students during the planning stages, not only to determine what events are most likely to be successful, but also to appropriate proper resources (materials, food, type of meeting place) for the particular event. **It is also important to note that your school's NPCW can be augmented by existing programs in your school and community.** If you encounter an event in the community that shares goals with NPCW, consider publicizing it or becoming a co-sponsor or vice-versa. For example, when planning your program, you can work in conjunction with a blood drive that occurs in the same timeframe. Detailed suggestions for various topics are catalogued on the following pages:

#### **Interdisciplinary Health Care**

- Create a panel discussion. Invite physicians, advanced practice nurses, PAs and other members of the team to discuss their roles. Allot time for each practitioner to speak and answer questions to ensure that students get exposure to each position. Panel discussions could be issue specific (such as palliative care, substance abuse, HIV/AIDS) or general about interdisciplinary practice.
- Organize a speaker lunch series to discuss the roles of the various members of the health care team. This could also be done after class or over dinner. Invite a different member of the primary care team to speak each time and distribute information to all participants. Encourage everyone to keep an open mind.
- Observe health care team members' work first-hand. Many teach courses or hold meetings on primary care issues like nutrition, breastfeeding, diabetes, and so forth. These may take place after hours in medical offices or local clinics. Invite the health professional to your planned activity and arrange to visit a class or meeting to observe their work first-hand.

#### **Managed Care**

- Sponsor a brown-bag lunch discussion for students. Invite the Dean of Medical Education/Nursing/Health Science, or members of each program's curriculum committee, to discuss how managed care is addressed in that school's curriculum. Informally poll your fellow students beforehand to find out what they would like to know and plan it from there.
- Organize a speaker event: "Managed Care and Health Profession Education." Invite the medical director from a local HMO to come and talk with students. To find a speaker, call

an MCO in your area (such as Kaiser Permanente, Health Net or Group Health) and ask if they have a speakers' bureau or an office of medical education. Invite an interdisciplinary panel of speakers, including physicians (especially recent graduates), nurse practitioners, physician assistants, case managers, and so forth, who have experience working in HMOs and who can give different perspectives on the positive and negative aspects. Try to find speakers from a variety of managed care settings and experiences to portray an accurate picture. Invite students from other disciplines as well, such as public health, physical therapy, and nursing. **A discussion about managed care is a great way to make NPCW more interdisciplinary.**

- Invite a speaker: Possibilities include a health provider who is active in legislative affairs, a local congressional representative or staff member, or someone who works for a local agency that is involved in health-care policy. You could invite multiple individuals and create a panel discussion.
- Discuss the issues and create a plan for action: Conduct a voter-registration drive, an education project, or anything else you think will be beneficial to your school and community with respect to political activism.

## **Urban Health Care**

- Discuss the many issues involved in using the emergency room for primary care and possible ways to alleviate the current burden on many urban Emergency Departments (ED).
- Invite an emergency medicine physician or administrator from a nearby municipal/county hospital to lead a discussion. To find local contacts specializing in this topic, contact the American Hospital Association, Society for Ambulatory Care Professionals at (312) 422-3903, or call the American Public Health Association at (202) 789-5600. The most important thing is to find a lively speaker who is well versed in the current debate surrounding non-urgent care in the emergency room.
- Organize a forum. Have the students and/or professionals act as members of a special committee designated to brainstorm solutions for reducing financial burdens and ED overcrowding. Give all students a handout to familiarize them with the descriptive data. Focus on utilizing the time to resolve the problem rather than reiterate it.
- Organize a debate. Divide the participants into two groups. One side will argue that using the emergency department for primary care is inappropriate and unnecessarily expensive; the other will argue that the ED is an appropriate environment for primary care and therefore hospitals should be adapted to meet this responsibility. Do not let student participants choose their own group. Often the best way to remain open-minded is to defend an argument you do not support.
- Observe firsthand. Most schools allow students an opportunity to spend a few hours a week observing in the ER. Utilize this time to assist the triage nurse in classifying the urgency of

the patients' complaints. Try to make contacts with local public health clinics where patients requiring non-urgent care can receive quality treatment without long waits. It will be necessary to make appointments for the patients and possibly to arrange transportation for them.

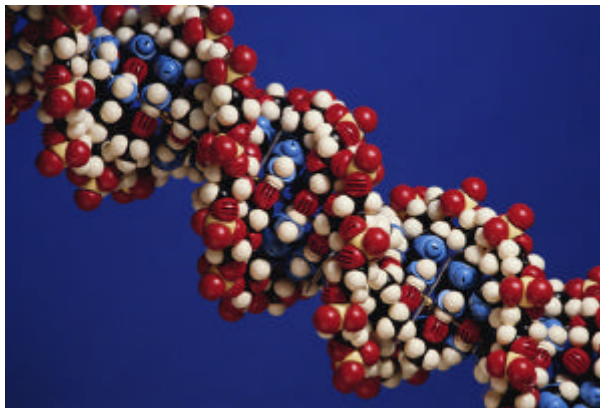
## **Health Workforce Distribution**

- Contact the Council on Graduate Medical Education ([www.cogme.gov](http://www.cogme.gov)) to discuss the nation's supply and distribution of physicians and medical personnel.
- Invite a health professional to come speak about this issue. Invite someone interested in policy and/or active at an affiliated School of Public Policy. Or invite a primary care provider who has worked in an underserved area, or who works in an HMO, to tell you about their experiences.

For more information on Physician Distribution, please visit [www.amsa.org/programs/gpit](http://www.amsa.org/programs/gpit).

## **Access to Primary Health Care**

- Invite a panel to discuss the issues of a children's health insurance program, safety net providers such as community clinics and free clinics, national health insurance, and whether health care is a right.
- Organize a discussion about national health goals such as the national campaign for 100% access and Healthy People 2010 initiative. For more information on these topics, please visit <http://www.health.gov/healthypeople>



## Cultural Competency

- Do a self-assessment. This allows students to explore issues of prejudice and bias without judgment by others. Consider topics like your family origins; when, how and why your ancestors arrived; ethnic advantages/disadvantages that you may have; and stereotypes of other ethnicities that you may hold. Then get a group together and do a cultural self-assessment. Discuss your similarities and differences.
- Go into a community that you would like to learn more about. Community leaders, traditional healers, and patients are the best educators. Learn more about demographics, traditional health/illness beliefs, maintaining/restoring health, home remedies, health resources, neighborhood health centers, traditional healers, child-bearing/rearing beliefs and practices, and rituals and beliefs surrounding death and dying, then, walk through the community. Visit churches, grocery stores, pharmacies and eat a meal in a neighborhood restaurant.
- Work with culturally/ethnically organized student groups, health care groups or community groups and ask about specific health or competency issues unique to that community. Check out the Asian Pacific American Medical Student Association (APAMSA) at <http://www.apamsa.org> and the Student National Medical Association (SNMA) at <http://research.uokhsc.edu/malc/snma/>. Cultural groups have some health issues that are particularly important to them and you might be able to take part in their organized interventions.
- Arrange a panel of traditional healers or practitioners of complementary health care to discuss their methods and cultural beliefs.



## Women's Health

- Invite a practicing provider with a special interest in women's health who sees many female patients to come share personal experiences and opinions.
- Invite an obstetrician/gynecologist, internist, OB/GYN nurse practitioner, and/or family practitioner who has definite views about the issue of women's health to discuss the topic: who is best prepared to serve the primary care needs of women. Or sponsor a debate discussing "making women's health a specialty."
- Invite a nurse midwife to discuss their role in health care and what specific skills they can offer to women.
- Invite a provider who works in a women's health center to discuss the care provided in such a center and the rationale behind providing healthcare to women in this type of setting.
- Ask a provider involved in planning your school's curriculum in women's health (if there is one) to meet with students and discuss the parameters and purpose of the program. Invite female patients from different backgrounds to discuss challenges they have faced accessing the health care system and finding good, comprehensive care.
- Invite education or government policymakers who are particularly active and interested in women's health issues to address women's health from a policy standpoint.

For more information, please visit [www.amsa.org/programs/gpit/women.html](http://www.amsa.org/programs/gpit/women.html).



## IV. Speakers and Topics

*The material in this section is adapted from “Primary Care Day: A Guide For Putting It All*

The selection of speakers may be one of the most critical components of your school’s program. Students respond best to dynamic, articulate speakers who, rather than lecturing them on the intellectual ramblings of primary care, speak from the heart about personal experiences and philosophies. An effective keynote speaker can set the tone for the remainder of NPCW as well as prove to be a memorable experience for those attending. Although a well known speaker will bring considerable publicity to your school, the speaker need not be famous to be effective. The appropriate local speaker can spark similar student interest and be more familiar with your school, while saving money on travel costs. Students are encouraged to work with the AHECs, who will have a good understanding of speaker resources in their particular areas. Your school’s dean and primary care faculty members can also be of help in locating speakers.

In terms of logistics for making the speaker portion work, keep in mind:

**You are responsible for the speakers** – including where they stay, how they get to where they are going, and their fees/reimbursements; don’t forget to reserve hotel rooms and flights well in advance. Make sure they receive directions to the meeting site.

**Be sure to invite speakers** – as soon as possible, since some will have busy schedules and may already be booked. Also, find backup speakers in case the selected speaker cannot make it.

**Make sure that you have obtained a proper resumé** – from the speaker so that he/she can be properly introduced and they can be promoted in advertising your event.

**Be sure the speaker understands the purpose of NPCW** – and what the students should get out of the speech. Also, brief the speaker on the plans for the day.

**Confirmation** – once speakers agree to attend, send them confirmation letters that detail the day’s events, the time and subject of their speech, and any travel arrangements that need to be made.

**Don’t forget to show your gratitude** – invite them to other NPCW events and write the speakers a thank you letter that expresses how important their speech was to the overall success of NPCW.

*The following material is adapted from the National Primary Care Day Resource Manual.*

When searching for speakers, consideration should be given to:

- University administrators
  - Hospital administrators
  - Residents from primary care disciplines
  - Community providers in various settings, e.g.:
    - HMOs
    - community health centers in underserved communities
    - health care for the homeless projects
    - rural practices
    - nursing homes/long-term care facilities
    - private practice or group practice
    - academic medicine
  - Primary care researchers
  - Managed care executives
  - Physician assistants
  - Nurse practitioners
  - Nurse midwives
  - Social workers
  - Health department officials
  - Medical ethicists
  - Health policy analysts
  - National Health Service Corps students, providers, and alumni
  - Politicians
  - State primary care organizations or state offices
  - Team of health care providers
- 

And what will they talk about? Here are a few ideas to get you thinking.

**Team approach to health care delivery**--How do health professionals work together as a team? How are different health professionals trained? What are their skills and responsibilities?

**What is primary care**--How does primary care differ from other fields of medicine? Are there philosophical, as well as practical, differences? What is unique about primary care? Which specialties are considered primary care specialties? What skills and competencies must providers have in order to practice appropriate and cost-effective primary care medicine?

**The future of health care delivery**--What will our nation's health care delivery system look like in the future? How will health profession education be different in the future? How will the changing marketplace affect the roles and responsibilities of primary care practitioners? Will changes in health care delivery present health professionals with new ethical dilemmas?

**Primary care, public health, and preventive medicine**--What is community-oriented primary care? What are the basic principles of epidemiology and how do they relate to the delivery of primary care? What is health promotion and disease prevention? What are the different types of preventive medicine (e.g.; primary, secondary, tertiary)? How can health professions students promote healthy life-style choices among their patients?

**"A Day in the Life"**--What is it *really* like to be a primary care provider? What type of patients do they see? With what kind of problems? What kind of communities do they work in, and how do they interact with those communities? What type of practice settings do they work in and how do those settings influence their lives? How do primary care professionals balance family and career? Why did they originally choose this career path and why do they stay?

**Health care provider supply**--Does the United States have an oversupply of health professionals? How can the United States affect the maldistribution of primary care providers? How will the United States increase the number of practicing primary care providers? How will these changes affect health professions education, training, and the practice of primary care? What kind of incentives will or should be offered to students considering careers in primary care?

**Practice settings**--What are the differences between an HMO, private provider, group practice and a PPO? How much freedom does each setting give a provider? How much control do providers have over patient care? How does each practice setting affect the provider's practice of health care and personal life?

**Generalist specialties**--What are the differences among the generalist specialties in medicine? How do generalists differ from specialists, and from each other, in philosophy? In training? In practice patterns? In patient population? Will these specialties need to change to meet future needs? If so, how? How are these differences evident among nurse practitioner specialties?

**Primary care research**--What is primary care research? How can primary care research benefit patients? How can students get involved in on-going research? How can students develop research projects of their own? What types of career opportunities are available for primary care researchers?

**Affording a career in primary care**--Do primary care providers have a tougher time paying back educational loans? Does educational debt affect specialty choice? What state and federal programs assist health professionals with their debt burden? What scholarships are available? What are the requirements of these programs? What do the participants think of these programs? How can students get more information?

**Primary health care vs. primary care**—What are the differences and similarities? Where do we see primary health care practiced? In a global economy, how does primary care contribute to a country’s health status? How will telehealth change primary care delivery? For more information about telehealth, please visit <http://telehealth.hrsa.gov>

**Primary care in an international setting**--What is the role of primary care in other countries throughout the world? What types of primary care research are being done there? How have local providers become involved in international projects? What types of international health care experiences are available to students?

**The relationship between primary care providers and specialists**--How do PCPs and specialists work together to deliver high quality patient care? How do they combine their efforts to manage patients with chronic or serious illnesses? How is the relationship between PCPs and specialists changing due to the growth of managed care? How do reimbursement methods, such as capitation, affect this relationship?

Students who attend schools with strong specialty programs or small primary care departments may think about organizing some events that would appeal to students interested in both primary health care and specialty care. For instance:

- hold a panel discussion that addresses the relationship between primary care providers and specialists and how they work together to enhance patient care.
- give a case presentation of a patient with a complex medical history and have both primary care and specialty providers present the case, explaining their role in case management.
- think about holding a series of seminars designed to educate students on the changing US health care delivery system and the “business” side of primary care
- address how managed care is changing the relationships between health professionals and patients, and between primary care and specialty care professionals.
- organize a series of community outreach projects in which students interact with underserved populations in your area. Incorporate primary care education into these projects by using the event as an opportunity to communicate how the community service projects exemplify the values of primary care.

Finally, AMSA asks all NPCW organizers and participants to keep in mind that one of the goals of NPCW is for health professions students to work together to educate one another.

## **V. How to Engage the Community**

*The material in this section is adapted from the National Primary Care Day Resource Manual.*

One of the key goals of National Primary Care Week is to engage the community in support of primary care. You might involve your community by inviting the health science school faculty to attend a panel presentation on improving relations between primary care providers and tertiary care centers, or you may choose to arrange for students to spend an afternoon going on house calls with visiting nurses, or you might run a blood pressure screening at a shopping mall and distribute information on why everyone should have a relationship with a primary care provider.

Help students identify how they can provide service in their **community over a longer period of time**. Some ideas include:

- non-invasive diagnostic screening in the community
- community vaccinations
- Saturday or evening student-run community health centers
- homeless health clinics, possibly run through shelters or soup kitchens. For information regarding the benefits of rotations in homeless health clinics go to <http://www.thriveonline.aol.com/health/Library/CAD/abstract1012.html>, or [www.amsa.org/programs/homeless.html](http://www.amsa.org/programs/homeless.html).
- health education to school-aged students about AIDS, smoking, or violence
- food drives in conjunction with local organizations
- visits to nursing homes to teach the elderly about selected wellness topics

In addition, other volunteer work will provide you with a valuable perspective on social services and underserved populations. Some ideas include serving food at a soup kitchen, working at a homeless shelter, counseling callers on a suicide hotline, and volunteering at a nursing home.

Incorporate primary care education into all projects. Explain to all student volunteers how the project exemplifies the values of primary care. Have students talk with community members about the value of quality primary care and possibly your school's commitment to primary care and the community. When the project is completed, encourage students to discuss what they learned from this experience.

- Invite everyone to your events. Send special letters to the faculty and hospital residents. Have the dean and department chairs endorse NPCW. Also invite people in the community who are involved in primary care. Post flyers and signs in the hospital halls, waiting rooms, and cafeterias, also in locker rooms and lounges.
- Primary Care Grand Rounds are an effective and timely way to reach the hospital community. In addition to case presentations, consider focusing on the work of

primary care research networks, patient education theory, cross-cultural health care delivery, or specialist-generalist interactions.

- Consider inviting the general community to some or all of your events. Consult the NPCW Publicity Kit for suggestions on how to attract your local media.
- Invite local health professions organizations and institutions to sponsor or endorse your activities. Ask them to publicize events to their members. Consider asking them to create programming for their membership or assist in the planning of your events.

Here are a couple examples of community-based activities that involve children, provided by *“Primary Care Day: A Guide For Putting It All Together.”*

faucets so the doctors have to turn the water on with their knees.”

If you have a teaching doll, you can use it to talk about parts of the body.

## Safety at Play

Supplies: Jello "brain" (can be made from a Jello mold), bike helmet checklist that they can share with their families.

You can start this activity by asking kids:

What season is it?

What kinds of things do you do in the fall?

What is safety?

What are the important things to remember about safety? (Let them go wild here - "stop, drop and roll," rules about crossing the street, wearing seat belts, smoke detectors, where guns/poisons are kept (locked away), wearing bike helmets).

Give them the checklist and have them bring it home to fill out with an adult.

Ask them what they wear to be safe on a bike.

(They may answer: bright clothes, good shoes, helmet)

Explain that the brain is harder to fix than other parts of the body; show them the jello brain and explain that your brain feels very similar. Ask them what they think it feels like. Point out that one part of your brain is in charge of helping you talk, another is the part of your brain that makes you special, another is for lifting your arm.

Tell them that a helmet helps to protect the brain (and that it is the law for kids to wear helmets). Explain that a helmet is not like big clothes and that it has to fit correctly to work. Show them on a volunteer why the helmet you brought is too big for them - that it slides back and forth and wouldn't protect the brain.

Ask them for other bike safety tips and point out whatever they miss, including:

One kid to a bike - no riding on handlebars, etc.

No headphones

No riding in bad weather or in the dark

Watch parked cars for opening doors

Ride on the right side of the street

Care when riding in parking lots

## **VI. Fundraising**

*The material in this section is adapted from the National Primary Care Day Resource Manual.*

The program must come first! Don't worry about raising money until you have a clear idea of why you need it. Anyone can think of ways to spend money if they are given it, but this is a waste of precious resources.

Fundraising requires effort and there is no guaranteed easy way to succeed. Below are some straightforward suggestions for getting started.

1. Before asking for financial assistance clarify--why you need the money, exactly what it will be used for, how it supports your NPCW goals.
2. Draw up a simple budget.
3. Compose a letter which includes --identification of who you are, a description of NPCW and its goals, a description of planned activities, a simple budget, a direct request for financial support, a contact person's name, phone number, and address.
4. Follow up every request with a personal visit and/or phone call.
5. Remember your sponsors. Sponsors should be acknowledged in publicity materials, program materials, and at NPCW events. Contributors should be invited to attend NPCW events. In order to foster continued relationships, please remember to thank all benefactors after NPCW. Include copies of materials in which their name appears and a description of how their contribution was successfully utilized.

Use your connections, e.g., have the president of the Pediatrics Interest Group visit the chair of the Department of Pediatrics. Also, consider visiting the deans of primary care and nursing, who may be more receptive to your needs than the dean of the medical school. In addition, deans from other schools such as social work might also be interested in participating in NPCW.

If you don't ask, you won't get it--so ask everyone for assistance.

### **Possible Sources of Financial Support:**

- school administration (dean's office, student affairs, etc.)
- university or college administration
- school alumni groups
- school student government (esp. primary care and community health departments)
- student groups

- academic departments
- AMSA's national office: funding from NPCW grants
- professional academies (local chapters of the American Academy of Family Practice, the American Academy of Pediatrics, Society of General Internal Medicine, local chapters of the American College of Osteopathic Family Physicians, etc.)
- medical product companies (pharmaceutical, medical devices, etc.)
- local hospitals and MCOs
- health professions recruiting companies
- large group practices
- local, county and state departments of health
- residency programs
- state primary care association or office
- Area Health Education Centers (AMSA grants are available to them for NPCW events)

In past years, several schools hosted residency fairs as a part of National Primary Care Day. The planning committees invited residency programs and local hospitals to set up booths to publicize their programs and provide more information to interested students. Programs were charged \$100-300 for the opportunity to advertise to health professions students. Residency fairs are an excellent opportunity to inform your fellow students about opportunities in primary care and to raise funds.

Sample fundraising letters sent by National Primary Care Day coordinators at the University of Connecticut are displayed below. The first letter was sent to the business director of a medical organization:

*We are writing regarding sponsorship for the Fifth Annual National Primary Care Day at the University of Connecticut School of Medicine. Several national medical organizations have sponsored this event that will involve health professions schools across the country. This year it will take place on September 24, 1998. For the past 4 years, UConn has worked very hard to make Primary Care Day a local success. This day is entirely student run, and its success depends on the generosity of outside organizations.*

*The goals of the day are to encourage the interest in Primary Care careers, to provide students with information about primary care medicine and the range of career opportunities, to reaffirm the generalist's continued and important role in an ever-evolving health care system, and to demonstrate a commitment by medical students and schools to meet the nation's need for primary care physicians. The event is not limited to those students interested in primary care, and will be educational and interesting for all participants.*

*With your help, last year's event was highly successful, with the participation of over 200 medical students, 250 nurse practitioner students, community physicians, and medical school faculty. We held a variety of community outreach programs that provided information on preventive medicine to the public throughout the Farmington Valley. These programs included pediatric health fairs, Habitat for Humanity, blood pressure and glucose screening, college health booths, and work with Someplace*

*Special. This year we are planning to expand our efforts to include visits to senior centers, discussion with teenage moms about child care, and a day on the AIDS van. The events will include a keynote speaker to open the day, and a speaker at the dinner for students and physician mentors.*

*We have estimated the budget for this event to be \$15,000 and would greatly appreciate any type of support that you could give. Thank you for your consideration.*

The following letter was directed toward the deans of each of the health professions schools.

*We are writing to you once again about Primary Care Day at UConn that will be held on September 24, 1998. In order to make this day truly successful, any contribution for the day's events will greatly help.*

*We realize that at times it is difficult to financially support many causes but please understand how important your contribution is for teaching medical students the importance of primary care. Your contribution is regarded as an investment in tomorrow's physicians.*

*Again, we thank you in advance for considering helping this very important event.*



## **VII. Food**

Whether or not your day includes food depends a lot on your schedule and budget. Although health professions students are renowned for their participation in events where free food is available, it might not be feasible for every school. However, because many student leaders from last year's NPCW program noted in their evaluations that providing food was key in attracting participants, we suggest that there is at least one event every day where food is provided.

Since providing food usually costs a fair amount of money, it is important to determine your budget before you begin planning. If you decide to have food, it will most likely be your biggest expenditure! So, be sure you know the financial resources available before you plan for food.

Once the food budget has been determined, it is time to get creative. The setting for the meal and types of food are practically limitless. Here are some examples:

- Formal sit-down meal: Although expensive, this can provide a nice setting for the speaker. Locations can include the school cafeteria, area country clubs, university clubs, VFW Halls, banquet halls or area restaurants.
- Informal Buffet: This allows students and faculty to mingle informally and won't bankrupt the budget. Most private catering firms can provide food, but don't overlook the cheap in-house cafeteria.
- Fast food: This is obviously very cheap and easy to organize – no health professions student is going to turn away pizza.

Something to keep in mind is whether or not you want to serve alcohol. Again, it is more costly but a wine or beer bar does add formality and is often appreciated by the faculty.

**Before you decide on a caterer** or private restaurant, make sure that your health professions school doesn't have any formal contracts with outside providers right of first refusal." This "right" allows the private business to exclusively provide all catering to health professions school sponsored events for a slightly reduced price. This is particularly a concern at public health professions schools where these types of contracts are common. Make sure that before asking for any estimates, your health professions school is not tied into any of these contracts.

**The food portion** of the event can be finalized once the budget has been determined. Always make sure that you get a signed contract that details everything that will be provided by the caterer or restaurant. It is a good idea to have this in place a month before the event.

# Part Three: Publicity

## I. Why is publicity important?

*The material in the first three sections is adapted from the National Primary Care Day Resource Manual.*

First, publicizing your events will help you succeed in getting more of your classmates involved in the NPCW activities you have planned. Second, publicity can lead to media coverage, which in turn can help future students, and many others, learn more about your schools and their primary care activities. Similarly, the general public, as well as state and federal legislators, will learn more about primary care and students' interest and concerns. Finally, publicity about NPCW can spur your local community to get involved in your school's planned activities.

It might help to think about publicity in terms of how to reach your:

- **internal audience** - your classmates, health professions students, professors, and the deans
- **external audience** - the larger university community, the general public, practicing providers, legislators and the media.

Both are important audiences to reach about your NPCW activities, but they differ in what grabs their attention. What sparks the interest of your classmates may be different from what gets the attention of your local community's members and leaders.

The following materials are designed to help you reach both your targeted internal and external audiences. Enclosed you will find a variety of publicity tools and some helpful hints on how to communicate with your selected audiences most effectively.

**Making contact with public relations professionals at your school is an important step for your publicity efforts.** They should be a great help to you! If you do not know who to contact at your school, please call AMSA at (703) 620-6600 x207. If you are at an osteopathic school, you can also call AACOM at (301) 968-4100 x174. AMSA's PR office can help you locate local resources and will send a how-to sheet to help you develop those contacts.

**Try to meet with your public relations professional soon--developing and implementing publicity strategies takes time.** The more advance warning you can provide your school's public relations professional, the better able he/she will be to help you promote your NPCW activities.

The following are some questions you might want to consider as you map out your publicity efforts.

***How are you going to raise awareness of and involvement in your NPCW events among your classmates?***

- Will you create an NPCW brochure?
- Will you create an NPCW fliers? What information will they include?
- How will they be distributed?
- Where should you display your NPCW poster?
- Are you also going to design your own NPCW poster?
- Who will be responsible for this part of the publicity effort?
- Will you create a NPCW program to guide people through the week's events?
- Who will be responsible for coordinating and producing these items?

***How will you make your community aware of NPCW events and get people involved?***

- Will you issue a press release?
- Who should receive it?
- Who should be quoted in it?
- Which details about your events are most important to include in these materials?
- Who will be responsible for this project?
- Are you going to create a media kit?
- Which materials should be included in it?
- Who should receive it?
- How should it be distributed?
- Who will be responsible for this project?

***Do you want to submit an article about your NPCW activities?***

- To which publication(s) (including online newsletters and bulletin boards)?
- What is the publication(s) deadline?
- What are the publication(s) requirements for the length of the article(s)?
- Who will write and place the article?

***Who should receive a special invitation to your NPCW events?***

- Who should be on your list of VIPs? (ex: Surgeon General, Director of NHSC...)
- Do you want to invite them by sending personalized letters?
- Who should write and send the letters?

## **II. Releasing your news to the media**

(Section III has a sample press release, designed to guide you in crafting your own.)

### **What is a press release?**

The purpose of a press release is really two-fold: first, to get reporters interested in covering your event; and second, to give them general information and quotes from spokespeople that will help them write their stories.

### **Who gets it?**

Consult with the public relations professional at your school. They will have press lists they can tailor to make sure your release gets to reporters interested in generalist health care. Most likely, they will distribute the release for you.

Be sure to send a copy of your release to the editors of your health professions school newsletter, your alumni magazine and your university newspaper.

### **When?**

Press releases that describe an event can be mailed or faxed to the press a few days or a week before the event. Work with your school's public relations office about setting the distribution date, keeping in mind that all the material it contains--particularly quotes from you and other spokespeople--will have to be approved in advance.

### **Why send one?**

A press release is an easy, established and, usually, effective way to get your message out to reporters. But the job doesn't end with just sending one out--you need to follow up. Most of the time, when reporters receive a press release and are interested in covering the story, they'll call the person listed as the information contact for further information or to set up interviews with the spokespeople quoted in the release (see the sample release). So, after the release is sent out, be sure to be in town and in touch with your school's public relations professional so you can help with any needed follow-up.

### **A few more thoughts:**

You may want to include the following with your release:

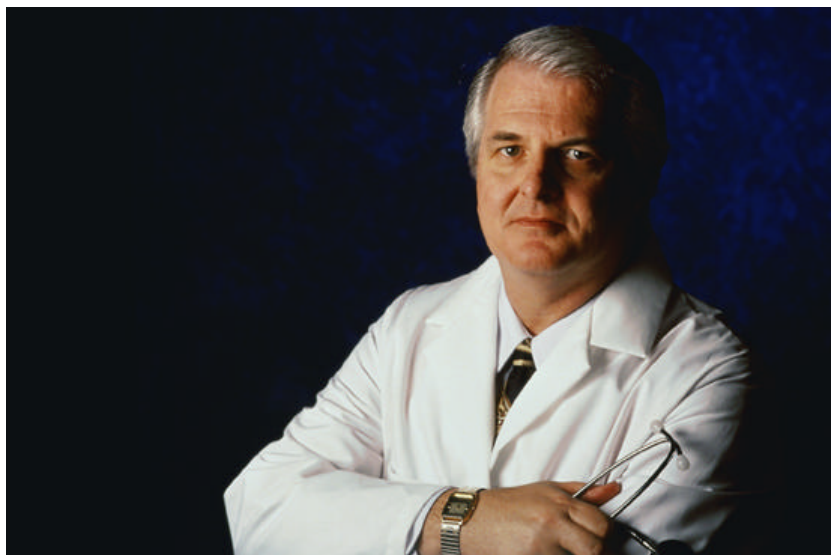
- a list of your NPCW events with dates, times, places and names of speakers;
- quotes from NPCW organizers;
- a photo to illustrate students working in or learning about primary care.

Media kits are a very efficient way to distribute a comprehensive set of materials to the press. A "kit" is literally a folder including various pieces of information that together provide a comprehensive overview of an issue or an event. The NPCW Strategic Planning Guide and the NPCW website contain lots of information you might consider including in a media kit. Here are some suggestions:

- a press release (see sample press release in this packet)
- a list of your scheduled NPCW events, noting times and places
- a facts sheet on NPCW
- biographical profiles of NPCW guest speakers
- biographical profiles of your school's primary care faculty
- descriptions of your school's primary care education programs

And the list could go on and on. The goal here is *not* to overload reporters, but to provide them with an array of materials that will help them to better understand NPCW, its goals and your school's activities.

Distribute the media kit you assemble to select members of your key internal audiences (e.g., department chairs, student leaders, health professions deans, the hospital CEO, the university president, etc.). The kit will serve as a good reminder about upcoming events and provide these individuals with information they can incorporate into speeches or other presentations they may be making before, during, and after National Primary Care Week.



### **III. Formatting Your Press Release**

Press releases are universally created in a specific form to convey information to reporters and editors. The following template illustrates the various elements your release should contain. The bolded phrases should be included in your press release. The descriptions that follow give you hints as to what types of information your release should contain.

**Contact:** (include your name and phone number or the name and phone number of your school's public relations contact or both)

**For Immediate Release** (this signifies to reporters that the information can be used immediately)

The title of your release should be placed here, centered, and should read like a headline.

List the city and state where the information originates from and the date the information was issued. This should be followed by a double dash and the capitalized first word of your lead sentence. The lead sentence should be a succinct summary of the information you are presenting, e.g.,

Hartford, C.T., Oct. 2, 2000--Medical students from the University of Connecticut will celebrate "National Primary Care Week 2000: Caring for Communities" beginning Sunday, October 15.

*The text of the release goes here.* Each paragraph should be indented and the text should be double-spaced. If your release runs more than a page, indicate this by adding the following at the bottom center of each page.

**-more-**

The top of every following page should have short title, or slug, followed by a page number, e.g.,

National Primary Care Week--2

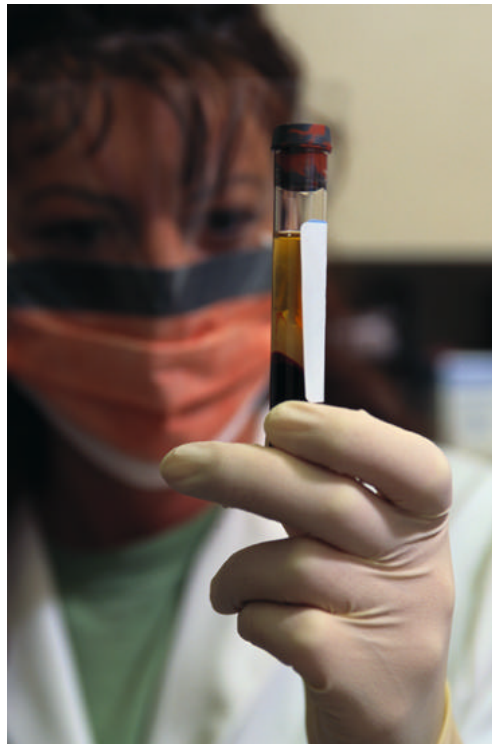
Indicate the end of your release by using this symbol:

**###**

## **IV. Preparing for an Interview**

*The material in this section is adapted from American Medical Student Association's Media Outreach Guide.*

- Choose one or two points to make during the interview. Even if the interview changes course, continue to make your points. Know your message and stick to it!
- Use a simple message. Be repetitive. If you are saying the same thing over and over — the message is getting through to your audience.
- If appropriate, use pithy soundbites. These types of soundbites are easily quotable and it is almost guaranteed that they will get into the story.
- Most importantly, you don't have to answer the question. If the interviewer asks you a question that you are not familiar with, change the subject to focus on the points you want to make.
- Remember to speak to your audience. Use easily understandable words in concise sentences.
- Back up your statements with documentation. For example, "The New England Journal
- Relax and enjoy the interview.



## Tips For Television

### “DO’s”

(Men)	(Women)
Wear a solid light blue shirt	Wear a solid light blue blouse or shirt
Wear a dark-colored shirt (blue or gray)	Wear a dark-colored suit or blazer
Red ties are recommended	Jackets/blazers provide a convenient place to attach a microphone

### “DON’Ts”

(Men)	(Women)
Wear a striped shirt	Wear sparkling, glittery jewelry or noisy bracelets
Wear white shirts (they glare)	Wear large, distracting earrings
Wear jeweled tie tacks (they reflect light)	Wear ruffles or deep necklines
Wear gold chains or clunky ID bracelets	Wear white; it glares

- Look your interviewer in the eyes most of the time
- Look straight at the camera’s eye only some of the time
- Look a fellow panelist in the eye if you are talking to him or her
- Make eye-contact changes from one place to another smoothly
- Behave as if the camera and sound system are ALWAYS turned on
- Sit up straight
- Keep your feet on the ground
- Keep your hands in your lap when you are listening or being asked a question
- Lean forward slightly, using your hands for emphasis, when you want to get your point across.

DO’s

- Look at the monitor screen
- Look into the distance when someone else is talking
- Let your eyes wander or dart back and forth between the interviewer and the camera
- Slouch or sink into the furniture
- Cross your legs
- Wave your arms widely
- Swivel incessantly if you are in a swivel chair
- Strike an overly familiar or casual pose
- Get belligerent. Be calm and level-headed

DON’T’s

## Makeup

- Usually anyone who goes in front of a camera must wear some form of makeup. Most of the time face powder is to prevent your face from shining on camera.
- Use natural shades on cheeks because television lights drain color from the face.
- Bright lighting also erases definition from eyes and brows. Select eye shadow such as brown or charcoal gray. No green, purple or blue.
- Wear subtle shades of lipstick.
- Wear translucent powder to prevent your face from looking shiny.

## What to say

- Before the interview, make a mental note of 2 or 3 key points you want to make. Stick to them—most interviews are so short and get so edited, that you need to do all you can to ensure points will be included in the final cut.
- Learn to think in “soundbites”—a 15 second statement that will be “to the point” and state your case.
- Don’t be afraid to pause to collect your thoughts. If you really stumble, start again. And don’t feel you must answer an interviewer’s exact question if you’re not sure of an answer very negative question. Practice turning the question around.
- Make a list of questions you think you might get asked - practice answering them until you feel comfortable.
- Remember to use your resources. If you have questions or need advice, contact AMSA's National Office - Public Relations at (703) 620-6600, ext. 207 or email [prel@www.amsa.org](mailto:prel@www.amsa.org). Do not do an interview unprepared!



## V. Tips for Organizing a Press Conference

### **Planning the News Conference**

#### Participants

- To maximize media attendance at your news conference, it is beneficial to have at least one high profile personality participating. All of the following could be invited, if supportive and there are no “politics” involved: deans, health professions organizations, national officers including the AMSA national officer, community organizer, the police chief, or the mayor.
- It is helpful to get a cross-section of people participating to demonstrate that this news conference is of concern to everyone. Try to enlist participants from medical, religious, business, education and civic organizations. Strive for ethnic and gender diversity among participants.

*EXAMPLE:* The University of California - Irvine AMSA Chapter kicks-off their Students Teaching AIDS to Students (STATS) program. They hold a news conference and invite the principal of the school where the STATS program will be implemented, a young student with AIDS, the AMSA STATS local coordinator, and a physician specializing in AIDS research.

#### Location

Use a location that is easily accessible, but also visually interesting, for the media. Examples include a hospital emergency room, local school or steps of the state capitol.

*EXAMPLE:* The University of California - Irvine AMSA Chapter holds the news conference at the school where they will implement the STATS program or at the local hospital or at the local AIDS clinic.

#### Time

- **DAY:** Try to hold the news conference Tuesday, Wednesday or Thursday. Avoid Mondays and Fridays, because it’s harder to give advance over-the-weekend.
- **TIME:** If at all possible, hold the event between 10:00 am and 2:00 pm. Earlier than 10:00 am is hard for reporters to make. After 2:00 pm, is sometimes too late for evening news. 10:00 am or 11:00 am are the best times — because many noon newscasts will include the event.

## **Advancing the news conference**

### Alert the MEDIA.

- Prepare a news advisory which will serve as your announcement of the event to the press. The advisory should basically include who, what, where, when and why. Keep it short! Make sure to include a contact name and phone number.
- The **Associated Press daybook** is the most important contact. It lists press events for the following day, and goes to virtually all media outlets. By noon the day before the event, FAX the advisory to the daybook editor. It is a good idea to call and make sure the event is listed.
- The **day before the event**, all media outlets in the area should receive the advisory on the news conference. Notify the newspapers, school newspaper, medical publications, TV stations and radio stations. It is best to **FAX the release** directly to each outlet early in the morning. If you need a fax machine, contact your medical school public relations office or student affairs office.
- In the afternoon, the day before the event, **follow-up by phone** with the assignment editors at the news outlets to make sure they know about the event. Talk it up as much as possible to encourage coverage. Many TV stations do not make their assignments until the day of the event. It is probably worth calling the TV assignment editors again between 8:30 am and 9:00 am the day of the event.

### Set Up

- Make sure that you have the correct equipment. Are you using a microphone? Is there electricity? Do you have/need a podium? Do you have something for the microphone to sit on or attach to?
- Are there permits required for the location you have selected?
- If it is scheduled for outside, is there a rain contingency plan?
- Have all the participants stand together behind the mike or podium so that everyone is in the picture.
- Make sure that visuals are not placed too high, so as to be out of the picture, or too low, so as to be blocked by the participants.
- It is helpful to have a press table, where reporters can sign in and pick up materials. It is also helpful if one person can “meet & greet” reporters, to make sure that everyone gets the materials and signs in.

### Materials:

- Distribute any related materials to press.
- Don't forget to use visual aids at your news conference, such as a NPCW banner, charts or graphs.

### Speaking Order

Determine the order of speakers in advance. It is preferable to have each person come to the microphone and introduce himself/herself, one by one. Remember to distribute a speakers list to the press.

### Length

- It is important for each speaker to keep his or her remarks short. The overall length of the news conference should only be 20 - 30 minutes (including the Q & A period.) If there are a lot of speakers, each may only be able to speak for 2 minutes or so.
- Not all participants need to speak. It is helpful if a group sends a representative, even if he or she does not wish to speak—this aids in showing the depth of support.
- Speakers should distribute copies of their statements to the media. If they are ready in advance, they can be included in the press kits. If not, they can just be placed on the press table. Non-speaking participants can distribute a press release from their organization, as well.

### Questions

- Often the press will ask questions. They may direct them specifically to one speaker. If not, the host should be prepared to answer any questions which come up. If they ask a question which you cannot answer, don't be afraid to say you're not sure and get back to them later.
- Reporters often want one-on-one interviews with speakers after the Q & A period. This is your chance to pass along information that needs to be clarified or that was not covered in the Q & A.

## Tips for getting your message out

- *Letters-to-the-Editor:* Always a great way to get your message out. (See sample letter-to-the-editor at the end on this section.)
- *Op-Eds:* Opinion-Editorials provide a way to get your viewpoint out on a particular issue. These are usually longer than letters-to-the-editor and are more in-depth.
- *Call into a local radio talk show:* Talk radio reaches a very large market. Don't hesitate to call into a talk show and express your opinion.
- *Set up a meeting with the editorial board of your local newspaper:* Editorial writers need something fresh to talk about. Make them listen to you . . .they are the opinion makers in town.
- *Newsletter, flyers, banners or posters* posted around campus and the community.

Call the AMSA National Office - Public Relations at (703) 620-6600, ext. 207, or email [prel@www.amsa.org](mailto:prel@www.amsa.org) for help. A list of public relations contacts for your area is available.



## **Tips for an effective NPCW newsletter**

Anticipate a large turnout for NPCW? Consider launching your school's very own primary care newsletter!

- 1. Content:** Provide background on NPCW and highlight what makes it different from past primary care initiatives. Let people know what activities are planned. Advertise it as the beginning of a series of quarterly or monthly newsletters addressing primary care.
- 2. Elements:** Include name, logo, issue date, volume, table of contents, tag line defining chapter, mission statement (optional), page numbers, lead story, columns, and departments. Try varying the design between the first page and the inside pages. Jump text on a front-page story to get readers into the publication. If you have a graphic element on the front page, repeat them inside for continuity.
- 3. Editing:** Correct grammar, spelling, and punctuation. Use the active voice. Avoid clichés and mixed metaphors. Start with the most important information first, so you can cut-copy easily from the end. Try attention-getting devices, such as highlighting text from future issues in a box or using a question from an article title. Use pull quotes, and highlight statistics or catchy phrases.
- 4. Design:** Layout copy in columns—it immediately improves the look of the page. The three-column grid is the most common grid format for newsletters. Keep all margin widths the same. Choose a fixed format for columns and departments. Use photos and artwork. Think about proportion, balance, and consistency. If the publication is black and white, consider using tints or screens of black for special highlights or backgrounds. Use color effectively. For example, red suggests power, while blue connotes tranquillity.
- 5. Typography:** Select appropriate typefaces and fonts for body text, headlines, and subheads or special heads. Common typefaces that work well are Times Roman, Helvetica, Century Schoolbook, and Palatino. Don't use more than three typefaces in one issue. Use pull quotes, bullets, special effects and special characters to enliven text.
- 6. Art-Photos/Illustrations:** Use clip-art. In photos, action shots and shots of people are more interesting than objects.
- 7. Production:** Work up a production schedule starting from the date of final mailing of the printed piece and moving backwards through labeling, stapling, printing, final copy, layout, editing, and assigning.

## **Sample letter-to-the-editor**

**October 31, 1995**

**Letters-to-the-Editor  
Daily Newspaper  
123 Main Street  
Generic, PA 00000**

**Dear Editor:**

**As a nurse practitioner student and a National Health Service Corps (NHSC) participant, I am writing in response to the recent budget cutting action in Congress. Federal service programs, such as the NHSC, provide one of the few opportunities available to students who wish to become public-service oriented providers. Given the high cost of education, pursuing a primary care track and serving the underserved would be financially prohibitive without help from the NHSC.**

**The Senate will soon consider fiscal year 1996 appropriations for programs in Labor, Health and Human Services. As a primary care provider-in-training, I urge Congress to maintain the NHSC current funding level. The NHSC currently maintains 1,886 professionals who serve 3.8 million of the nation's underserved, the Corps promotes economic development of underserved communities, and the NHSC/state partnerships improve long-term health professions work force issues.**

**I strongly urge Congress NOT to cut funding to the NHSC. Our underserved areas depend on these programs.**

**Sincerely,**

**Primary Care Provider to Be  
456 State Street  
Generic, PA 11111**

## **VI. Quotable Quotes**

It's good to have a couple of catchy quotes "on hand" that you can use as needed. Ask your dean, faculty sponsor, or student leader for a few words. Here are a few powerful quotes to get you thinking.

*Quotes from the National Primary Care Day Resource Manual and Healthy People 2010 Media Kit*

"Since its inception in 1964, the Student National Medical Association has continued to recognize the importance of primary care through its unwavering and dedicated service to underserved communities. As we move forward into the 21st century, we will honor the role of primary care in our lives as student physicians today and as the physicians of the future. We, along with the other national organizations, are proud to salute primary care for its enduring role in providing quality healthcare to deserving communities."

***Carisa L.Hines, Student National Medical Association  
National Vice President 1997-98  
Meharry Medical College***

"In many ways, Americans of all ages and in every race and ethnic groups have better health today than a decade ago yet considerable disparities remain." "We should commit our nation to eliminate disparities in the next decade," he said, "for through prevention we can improve the health of all Americans."

***David Satcher, M.D.  
U.S. Surgeon General and Assistant Secretary for Health***

"The generalist could lead American medicine into the 21st century, not losing one whit of science on the way, but at the same time recapturing the spirit of medicine that was humane and self-giving; a spirit, not of a business, but of a compassionate profession."

***C. Everett Koop, M.D.  
Senior Scholar  
C. Everett Koop Institute  
Former U.S. Surgeon General***

"Many who are primary care physicians have often chided their specialist friends that as a generalists they have to know a much broader range of medical issues because they meet and treat so many different kinds of people with so many different presenting symptoms. It is a compassionate and caring commitment, but it is also an intellectually demanding one as well. You are the ones who have shown the courage to take that on in a time of change and uncertainty. And that is especially important as we chart reform in the future."

***First Lady Hillary Rodham Clinton  
Keynote Address, 1994 National Primary Care Day Celebration  
The George Washington University School of Medicine and Health Sciences***

# Part Four: Appendices

*The material in the following four sections is adapted from the National Primary Care Day Resource Manual.*

## **I. Myths and Realities of Primary Care**

### ***Myth #1: Generalist Physicians Have to Know Too Much***

Primary care medicine balances the management of a concrete number of common problems with the excitement of seeing an extremely wide variety of diagnoses. Seventy percent of all problems seen by generalist physicians fit into 30 diagnoses, yet over the course of a month, they may see over 400 different diagnoses. Their medical training which includes a minimum of three years in ambulatory and hospital-based care allows generalist physicians to manage over 90 percent of the problems they encounter.

### ***Myth #2: Primary Care Practice is “just taking care***

Primary care providers augment their knowledge and training in the biomedical sciences with their increasingly marketable skills in providing preventive, cost effective, and personal care. Primary care practitioners gain great satisfaction from their work. They enjoy the interpersonal aspects of patient care, the intellectual aspects of medicine, the clinical challenge of diagnosis, the process of delivering care in a variety of settings, relationships with a broad array of colleagues, and intervention in critical situations.

### ***Myth #3: Primary Care Providers are Just Gatekeepers***

By definition, primary care providers often serve as their patients first contact with the health care delivery system. Primary care providers are entrusted to manage their patient's care and refer their patients for specialty care when they need it. By providing this service, primary care providers are sometimes narrowly labeled as "gatekeepers." In reality, patient referral is only a small part of generalists larger responsibility to provide continuous and comprehensive care. Primary care physicians request consultation for approximately seven percent of the patients they see, which represents 0.9 to 3.0 percent of all diagnoses they make.

Generalist initiated referral is not simply a cost containment strategy. Research shows that patient evaluation by a primary care provider before referral to a sub-specialist results in fewer unnecessary and potentially detrimental tests and procedures. Patients referred to sub-specialists by primary care practitioners are more likely to meet surgery criteria and less likely to have post-operative surgical complications compared to patients who present directly to sub-specialists. Additional studies have shown that the provision of comprehensive and continuous care by a generalist is associated with improved medical outcomes in patients of all age groups.

***Myth #4: Primary Care Providers are Underpaid***

While generalists on average will continue to make less than specialized providers (i.e. surgeons) most health care experts agree that generalists can expect their incomes to increase in the future due to changes in Medicare reimbursement methods and competition among managed care organizations to hire and contract with primary care providers.

***Myth #5: Primary Care Providers Don't Do Research***

Primary care research opportunities are growing rapidly. While generalists always have played a role in the research community, the recent attention to primary care medicine has highlighted many areas still in need of exploration. Primary care research is expected to boom, with the results guiding policy development and health care delivery. Topics are likely to include patient outcomes, patient satisfaction, and the effectiveness and value of interventions. Research will also examine common medical problems, such as lower back pain, fatigue and depression, so as to identify the best methods of treatment.

***Myth #6: Nurse Practitioners Do Not Prescribe Medication***

Not only are NPs qualified to prescribe medications according to state law, but they are also qualified to perform complete physical exams, take health histories, diagnose and treat common acute minor illnesses or injuries, interpret lab results and x-rays, manage stable chronic illness, and provide health education. NP educational programs provide in-depth training in pharmacology and many states require ongoing pharmacology education.

***Myth #7: All Nurse Practitioners are Supervised by Physicians***

NPs practice in a variety of settings: ambulatory, HMOs, private practices, specialty clinics, hospitals, ERs, schools, rural and under-served areas. Many NPs have hospital privileges and independently cover on-call for their practice setting.

***Myth #8: Nurse Practitioners are not Educationally Prepared to Handle the Needs of Patients, so Patients Need to See a Physician to Get Quality Health Care***

NPs are registered nurses with advanced education with a master's degree in nursing. NPs meet licensing qualifications, competency standards, and continuing education requirements of the individual state in which they practice. NPs have been providing quality comprehensive care to all types of patients since 1965 and are able to provide excellent primary and preventive health care in a cost-effective manner.

## **II. Careers in Primary Care**

Primary care providers give care that is readily accessible, is comprehensive in its scope, and that involves long-term relationships with their patients. In delivering primary care, the provider considers the physical, psychological, and socioeconomic issues of importance to the patient. As the principal provider of preventive care, the primary care provider also takes responsibility for educating patients about health and illness. It is obvious that primary care providers have a unique and important role in their patients' lives.

Providers entering primary care medicine have a wide variety of career opportunities available, ranging from traditional small group clinical practice to the new role as physician managers. In any of these settings, the primary care physician will play an increasingly important role in the rapidly changing health care system. Each day brings new clinical challenges to practicing primary care providers, challenging their medical as well as their detective skills. Most important, there is great satisfaction found in the connections made with patients and their families and with the community being served.

### **Private Practice**

Private practice continues to be the principal type of practice in America, the traditional setting in which patients receive high quality care while maintaining the traditional provider-patient relationship. Providers believe that this setting has great appeal as it offers the maximum independence and flexibility. Primary care providers in private practice generally are not limited to office practice but usually are able to admit their patients into the hospital, often perform outpatient and inpatient procedures, and teach. Although the notion of the solo practitioner may be outmoded in today's environment, small groups of primary care providers lend mutual support and coverage of their practices. In larger groups, primary care providers often provide first contact care and thus serve as the foundation of patient care. In all of these settings, primary care providers are in increasingly high demand across the country.

### **Community and Migrant Health Centers**

The need for primary care providers is urgent in many underserved communities. Thus, a generalist who practices in one of these locations not only helps increase health care access in that area, but also engages in one of the most personally rewarding medical careers available. The short supply of generalists has been recognized by many organizations including the American Academy of Family Physicians. This particular organization is committed to working with community and migrant health centers to improve the availability of generalists for practice in underserved communities and to improve the reimbursement of generalists who practice in community and migrant health centers.

## **Managed Care Organizations**

The rapid expansion of managed care organizations provides a notable increase in the role of primary care providers as "personal care managers," who, in the context of a long-term provider-patient relationship, play a central role in managing their patients' care. They provide not only the principal point of access to care, but also provide patient education and direct access to specialists, thus ensuring coordination and continuity of care. The managed care organization's focus on preventive services for a population also places a new emphasis on primary health care.

The structure of managed care organizations ranges from independent practice associations (IPAs), built on a network of physicians in independent practice, to group model health maintenance organizations (HMOs) where a provider group contracts with the HMO to provide clinical services, to the staff model HMO where providers are employees of the managed care organization. In the latter two settings, providers are often paid on a salaried basis and often have more regular hours than do providers who are self-employed. In the United States today, the number of providers who are working as employees, particularly in HMOs, is rapidly increasing.

## **Academic Medicine and Research**

Some primary care providers choose to teach and carry out research in academic centers full-time, while others combine a community-based practice with academic work. In either case, as primary care is increasingly emphasized in medical education and practice, academic primary care providers have become increasingly important and respected in health science and health professions schools and teaching hospitals as faculty and administrators. They serve as essential role models and mentors for health professions students and they are taking on a growing central role in clinical teaching. Their clinical practice is vital to patient care in the academic center. Research opportunities in areas such as clinical epidemiology, health services research, clinical outcomes, and community medicine are rapidly expanding. Working in an academic environment provides the stimulation of being in a learning environment, access to the newest of knowledge, and job security.

## **Health Care Executives**

Medical management or "administrative medicine" is a growing field that can provide opportunities in a variety of settings: hospitals, academia, group practices, health maintenance organizations, and industry. Primary care providers are in high demand as executives because of their broad knowledge base and their "people skills." With the convergence of interest in the financing of health care and its delivery, and as the health care system becomes more complex, an increasing number of providers are serving in administrative positions. Their knowledge and experience in patient care can provide for both credibility and leadership.

## **Federal, State, and Local Government**

Primary care opportunities are available in hundreds of underserved urban and rural communities through the National Health Service Corps (NHSC). Since 1972, the NHSC, a section of the U.S. Public Health Service, has recruited and placed over 21,000 physicians in federally designated health professions shortage areas throughout the country. They continue to recruit health care professionals who blend the best of primary care and public health in a community-based setting.

Other governmental agencies need the special services provided by primary care providers. Local health agencies provide services to needy populations who often have difficulty gaining access to traditional sources of care. State agencies also often deal with the needs of special populations. Federal agencies, including the Department of Veterans Affairs' Veterans Health Administration, the Bureau of Prisons, the branches of the military, and the Indian Health Service all have established health care facilities. However, other agencies offering interesting and often exciting opportunities for primary care providers include the National Aeronautics and Space Administration, the Central Intelligence Agency, the State Department's Foreign Service, and the Centers for Disease Control and Prevention.

## **Non-Clinical Opportunities**

Of course, primary care providers are also active in a wide variety of non-clinical endeavors, including medical publishing, the pharmaceutical industry, law, medical ethics, media, and communications. Having been trained as a generalist, you can go as far as your interests, abilities, and vision take you.



### III. Some 1999 “National Primary Care Week” Programming Highlights

#### ▪ University of Iowa College of Medicine

The University of Iowa kicked off their First Annual National Primary Care Week, entitled “**Celebrating Primary Care: Health Professions and Community Partnerships,**” with a **Children’s Health Fair**. Medical students spent their Saturday afternoon instructing children about numerous issues such as bike safety, correct nutrition, and the dangers of smoking. Following this program, the student coordinators held an **Adult Health Fair** that addressed organ donation, breast and testicular self-examinations, and smoking cessation. During the following week, primary care physicians and other health professionals held panel discussions to inform the students about the benefits of primary care careers and answer questions. Also, a **rural family physician** was invited to discuss primary care in the rural setting. In another panel presentation, a group of physicians gave a presentation on primary care research, geriatrics, and managed care. The week of events was capped off with a **formal Primary Care Dinner** held in the hospital pavilion and free Primary Care lapel pins were distributed to the students. During the dinner, Dr. Robert Anderson, the Vice President of the American Academy of Pediatrics gave a short presentation about Primary Care medicine. Student leaders from this medical school were not only able to get a good number of medical students to attend, but also involved nursing students and physician assistant students.

#### ▪ University of Miami School of Medicine

Student coordinators at the University of Miami began their NPCW with a **panel discussion, led by AHEC internship participants**. Later that day, the students held a **free screening health fair**, where they took blood pressure and measured glucose levels. A “**brown bag lunch**” was organized with primary care faculty who answered student questions about their particular career fields. Towards the end of the week, a panel of primary care physicians from the community presented their view of the future of primary care medicine. Finally, NPCW concluded with a **student and primary care faculty mixer** that included lunch and informal conversation.

#### ▪ University of Minnesota Medical School

The University of Minnesota’s NPCW provides an excellent example of one student who was able to organize several NPCW events without the help of outside sources. This student leader organized a large lecture / discussion that addressed the changing roles of primary care health professionals under the growth of managed care. Also, the week’s events included a **discussion on women’s health issues**.

#### ▪ University of Arkansas College of Medicine

Organizers of NPCW at the University of Arkansas lent the theme “**Helping People Make Healthy Choices,**” to their weeklong program. A panel discussion started off the celebration by addressing the community-based perspective on interdisciplinary medical care. The following day, medical students were invited to a question and answer session with family practice residents from around Arkansas. Following these events, the students organized a **health professions fair and a panel discussion** regarding the future goals for community health. The grand finale of the NPCW

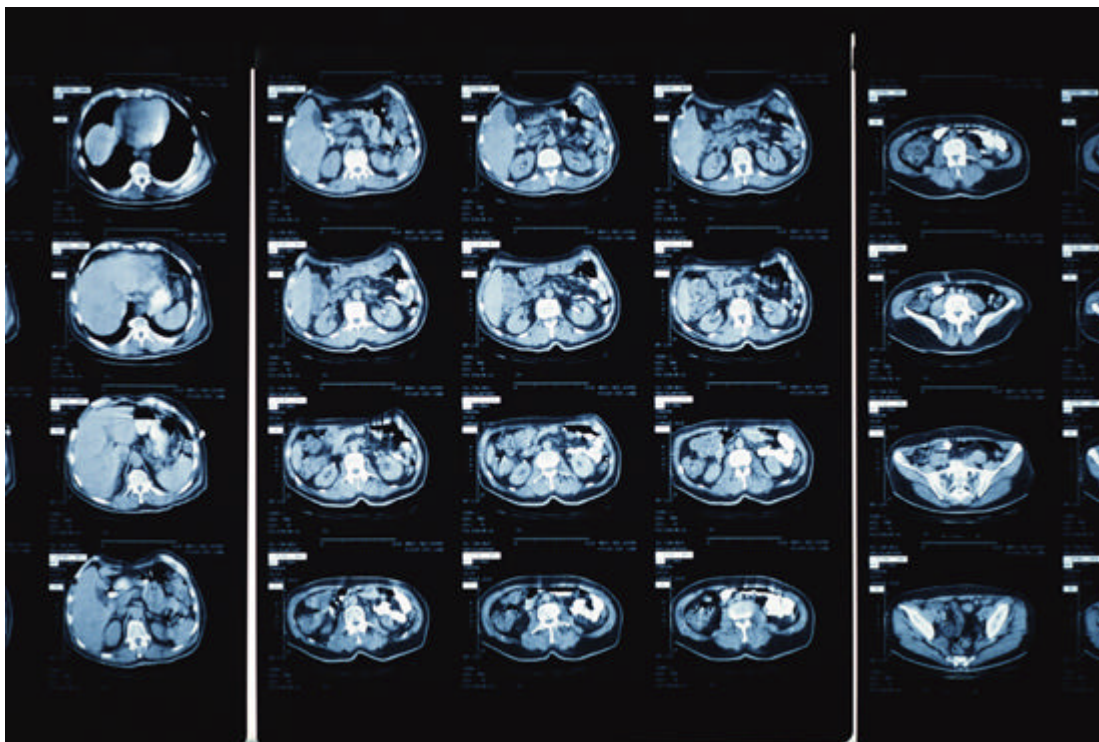
events was a keynote address delivered by former United States Surgeon General, Dr. Joycelyn Elders, concerning the topic, “**Helping People Make Healthy Choices: The Practitioner & The Community.**”

- **Lake Erie College of Osteopathic Medicine**

Students from the Lake Erie College of Osteopathic Medicine organized an exciting week of events for their fellow classmates. NPCW began with a presentation given by two clinical consultants from Blue Cross and Blue Shield concerning their perspectives of the present state of primary care medicine. This event was followed by speeches from primary care physicians on the physician’s perspective on primary care medicine. The week’s events culminated in a **student trip to local day care centers** to teach children about medicine and familiarize them with medical equipment.

- **Ohio State University College of Medicine**

Student leaders at Ohio State did an excellent job of organizing a number of events for NPCW. The first event was a **residency fair**, highlighting primary care fields and answering medical students’ questions about each field. Following the residency fair, the President of the American Board of Family Practice presented an overview of the current state of primary care. The organizers planned a panel discussion with physicians in the fields of internal medicine, pediatrics, and internal medicine / pediatrics. In addition, **discussions were held on preventative medicine, public health**, and students participated in an intubation workshop. The last event of NPCW was a talk given by a sports medicine doctor for the Ohio State football team. Healthy food was provided at events in order to attract as many participants as possible.



## **IV. The Primary Care Team**

*The following material is adapted from "Projects In a Box," a product of the Generalist Physicians in Training (GPIT) initiative.*

As our nation faces the critical challenge of providing *all* Americans with access to quality, cost-effective health care, health professionals are focusing on the team model of primary care delivery and its possible benefits. The health care team often utilizes the expertise of numerous health professionals, including psychologists, nutritionists, pharmacists, social workers, physical therapists, nurse practitioners, nurses, health educators, dentists and dental hygienists, occupational and speech therapists, audiologists, and more. Each health care team -- whether it is primary care, subspecialty care, hospital-based or a rural network connected by computers -- determines for itself what types of practitioners will be most beneficial based on the specific needs of the team's patient population.

Regardless of the specific type of team, all members must work together to make the team effective. To promote effective collaboration, the team often must address issues of group process, including role clarification, team unity, communication, and patterns of decision-making and leadership. It is important to recognize the difference between a multidisciplinary health care team, in which different types of health professionals work with the same patient but make independent recommendations, and the interdisciplinary team, in which the various team members collaborate to develop an integrated plan of treatment. The interdisciplinary nature of the primary care team represents a move away from the traditional, top-down, physician-dominated model of care and toward a more "horizontal," collaborative approach.<sup>1</sup> It is important to recognize the difference between a multidisciplinary health care team and the interdisciplinary team.

### **Types of Health Care Teams**

Health care teams are as varied as the populations they serve. A community-based, health care team may include physicians, advanced practice nurses, PAs, dentists, health educators and mental-health professionals (such as psychologists). In a geriatrics ward, nutritionists and physical therapists may join the team. For hospice care, nursing assistants who assist with daily life activities, such as moving and bathing, and social workers are integral team members. In rehabilitation, occupational therapists, physical therapists and speech therapists make important additions to the team. Subspecialty teams include: surgical and trauma teams made up of surgeons, anesthesiologists or nurse anesthetists, and PAs; cardiovascular teams composed of cardiologists, nutritionists, exercise therapists, and case managers; and HIV/infectious disease teams made up of infectious disease specialists, pharmacologists, social workers/case managers, and so forth.

A hospital-based team will go on rounds together or hold conferences to facilitate communication about patients and their care. An outpatient-based team, centered in offices or clinics, will meet frequently to keep team members up-to-date on patient care.

Health professionals no longer need to be physically close to each other to work as a team. With computers and teleconferencing, they can easily confer and interact over long distances. Therefore, a health care team is not restricted to one office or even to one city.

Regardless of its specific makeup, the interdisciplinary health care team collaborates to provide the most comprehensive, integrated care for its patients. The physician may diagnose and prescribe medications, the NP may educate the patient about the illness and the treatment, and the social worker may counsel the patient on community resources available to him/her.

### **Where are teams successful?**

Hospitals are utilizing health care teams more often and for various reasons. For example, PAs often work on surgical teams in surgical suites. In HIV wards, social workers use their expertise to access community resources, while pharmacists help monitor patients' numerous medications.

Most importantly, advanced practice nurses have responded to the shortage of physicians in many rural and urban areas and are providing accessible, affordable primary health care to thousands of Americans. Instead of recruiting physicians to these areas, long-distance technology can be used to link the advanced practice nurses with physicians working in other areas to create more primary care teams.

Ideological debate on some of these critical issues lags behind actual policy because NPs, CNMs, and PAs have already established important roles, high levels of autonomy, and reimbursement in our health care delivery system. For example, many states already allow NPs to prescribe medications and/or practice without the supervision of a physician.

In addition to prescriptive authority, reimbursement is another important issue of independent practice. NPs were traditionally required to practice under physician supervision in order to receive reimbursement from insurance companies. Twenty-five states now authorize direct reimbursement to NPs by private and commercial insurers, taking away another barrier to independent practice.<sup>2</sup>

HMOs are taking advantage of the increasing autonomy being granted to NPs, CNMs and PAs in an attempt to decrease costs and maintain quality.

In many states, increased independence for advanced practice nurses is a necessity because they deliver essential primary health care services to underserved communities. Even though the number of physicians has doubled since the 1960s, the U.S. Public Health Service currently recognizes more than 2,000 Health Professional Shortage Areas, which are characterized by a low ratio of health care providers to the population, high rates of poverty and infant mortality, increased numbers of low-birth weight babies, and decreased access to primary care services.

There are strong advocates for distinct boundaries among all the health professions--these advocates support the idea that certain patients or conditions are the domain of a particular practitioner. This is the traditional, vertical health care hierarchy. In this arrangement, the physician takes the most difficult cases and has final authority on all cases. However, in the team, or horizontal, approach, every member of the team contributes unique capabilities that can be combined to maximize the effectiveness of a patient's care.

References:

1. Bureau of Primary Health Care: Interdisciplinary Health Care Teams in Practice. Bethesda, MD: Bureau of Primary Health Care; 1995. US Dept of Health and Human Services.
2. Montefiore Residency Program in Social Medicine. Program application. Bronx, NY; 1995.



## **V. Primary Care and the Underserved: Physician Supply and Distribution**

*The following material is adapted from "Projects In a Box," a product of the Generalist Physicians in Training (GPIT) initiative.*

In the early 1990's, students came face to face with the relevance of health care policy as Congress debated issues, such as capping medical residencies to 110% of U.S. medical school graduates and placing restrictions on residency programs to promote equal numbers of generalist and specialist physicians. The majority of medical students, physicians and members of the community at large were initially caught unaware by these proposals. Where did they come from? Why does the government have the right to control physician supply and distribution?

Yet, with a second look, students can see that we have entered medical school during a time of evaluation, when the medical community is examining the successes and failures of earlier policies and is working to change and improve national policy so that health care professionals can provide high-quality health care to everyone in the country. You can use NPCW to educate medical students about our practice environment: physician distribution, the effect of HMOs, and the changing proportions of generalists and specialists.

### **When did all this start?**

In the 1960s, the medical community and the federal government decided to work together in order to provide adequate medical care to the citizens of the United States. Reports such as the 1966 Millis report called for the country to provide equal access to primary health care.

"Medical schools and teaching hospitals should prepare many more physicians than now exist who will have the desire and the qualifications to render comprehensive, continuing health services, including preventive measures, early diagnosis, rehabilitation, and supportive therapy, as well as diagnosis and treatment of acute or episodic disease states."

And so, as the government enacted plans such as Medicare and Medicaid, it simultaneously provided incentives to increase the number of physicians in the hopes of reaching a growing population and providing medical coverage to an increasing number of medically underserved areas. These incentives were given to medical schools to increase their number of medical students, and to hospitals to subsidize residency training.

Due to the increased number of physicians, primary care access has improved in some areas of the country. According to the Government Accounting Office (1994), the ratio of primary care physicians in the most densely populated urban areas improved from one primary care physician per 1,265 residents in 1975 to one per 879 in 1990. In rural areas, the ratio improved from one primary care physician per 2,536 people in 1975 to one per 1,872 in 1990.

However, these improvements have surprisingly not affected the most underserved areas of the country, the very areas that the initial legislation was designed to benefit. The number of Health Profession Shortage Areas (HPSAs) - defined as counties/communities with more than 3,500 people per primary care physician - has increased slightly to more than 2,000 areas.

During the 1980s and 1990s, the number of full-time physicians needed to serve these areas actually increased slightly from 4,496 in 1984 to 4,533 physicians in 1992.

In addition, students who train in tertiary care settings are more likely to remain in those settings. Model training programs, such as some based in Minnesota, Pennsylvania and Iowa, demonstrate that medical students who train in rural areas are more likely to practice in those areas.

### **Does this affect the cost and quality of medical care?**

While it has generated a great deal of important research over the past 20 years, our country's specialist-centered system has also contributed to the high cost of medical care, the discontinuity of individual care and the shortage of physicians in rural areas.

For a specialist-centered model of care to flourish, specialists must work in metropolitan areas where they have a large patient base. As a result, both the number of specialists and the total number of doctors concentrated in metropolitan areas have continued to grow.

Care provided by specialists is more expensive than similar care provided by generalists. A study conducted by Welch and Miller et al. concluded that geographic distributions in physician costs did not relate to the percentage of inpatients vs. outpatients, the number of diagnostic studies conducted, or the severity of patient illness; instead, physician costs related to the percentage of specialists vs. generalists in a given area. (Welch, W.P., Miller, M.E., Welch, H.G., et al. Geographic Variation in Expenditures for Physicians' Services in the United States. *NEJM*, 1993; 328: 21-27.)

Residents of low-income areas in Washington, D.C., who often do not have access to primary care physicians, are hospitalized three times more frequently than people in high-income communities for asthma, diabetes, high blood pressure and many other conditions that can be treated with routine medical care (Washington Post, August 1, 1994.)

### **Rural and urban areas**

More than 20 million people in the United States live in areas that have a shortage of physicians to meet their basic health care needs. This lack of access to quality health care for many people, particularly those living in rural and urban underserved communities, is a serious health care problem.<sup>1</sup> Health care delivery in rural and urban communities poses many unique challenges and students must be aware of these challenges when studying and practicing medicine. A common problem faced by both rural and urban communities is the lack of physicians practicing in these communities.

In response to the physician shortage, medical schools have adopted a selective medical school admission policy to enhance a primary care choice in underserved communities.<sup>2</sup> Although some students initially recruited do eventually practice in underserved communities, many do not. While medical schools recruit physicians in-training for underserved areas, they do not have a curriculum that supports this mission. In addition, medical students are discouraged in both subtle and overt ways from entering the primary care specialties that serve underserved areas.<sup>3</sup>

## **What is "underserved"?**

The Public Health Service (PHS) classifies counties as primary care shortage areas if they have more than 3,000 persons per physician (less than 3.3 physicians per 10,000 persons). The PHS has four levels of priority; the highest priority is to recruit physicians to counties with no more than two primary care physicians per 10,000 persons.<sup>5</sup>

## **Suggested solutions**

It has become clear, as many groups have researched the nation's health care work force, that our country does not have a plan to optimize the number of physicians and their areas of training so that we can meet our health care needs. There are a number of solutions under consideration:

- Increase generalist physicians' salaries, particularly by narrowing the generalist-to-specialist reimbursement differential. In this system, physicians would receive less compensation for procedures and more compensation for diagnosis and patient education.
- Increase the prestige of generalist physicians by building strong divisions of Family Medicine, General Internal Medicine, and/or General Pediatrics at all medical schools, along with increasing funding for primary care research and providing community physicians with admitting privileges at academic health centers.
- Limit the number of U.S. residency positions to 110% of the number of U.S. medical school graduates. (All medical groups recommend keeping the number of residency slots above the number of graduating U.S. medical students in order to fulfill a long-standing commitment to train foreign educated U.S. medical graduates, who practice in the U.S., and international medical graduates who return home to improve health care in their own countries).
- Compose the U.S. residency positions so that an even number of generalists and specialists are produced (50:50 Generalist to Specialist ratio in the workforce).
- Change Medicaid funding of residencies to support community-based training.

## **Rural communities: Access to care**

During this period of rapid changes to health care delivery, the demand for rural physicians remains high. Small towns around the country face the loss of their medical services because they have no doctors to run their clinics. Many factors have contributed to the disappearance of the country doctor, including the increasingly specialized nature of medical practices and

the rapid pace of technological advancement. Medical schools, quick to respond to the advancement of science, have done very little to advance the state of health care in rural communities.<sup>4</sup> Medical schools need to train more efficiently by using partnerships with rural and academic communities. Rural faculty members with rural practice experience and contacts at the rural, state and academic levels need to play a more integral role in maintaining rural residency training programs.<sup>4</sup> There are currently 27 rural residency training programs. Although the Accreditation Council for Graduate Medical Education has not designated any official urban underserved residency programs, students can contact their medical school for a listing of hospitals that provide residency training in inner cities.

Family physicians are the best prepared of medical specialists to practice in rural communities. The American Academy of Family Physicians surveys indicate that the clinical practices of rural family physicians is different from those practicing in urban areas. Rural family physicians are more likely to provide routine and high-risk obstetric care, to perform major and minor surgery, to reduce and cast fractures and to perform gastrointestinal endoscopies.<sup>5</sup>

### **Longer rural rotations**

The Minnesota legislature created the Rural Physician Associate Program (RPAP) in 1971. RPAP students spend their third year in a rural location. The third year involves two- to three-month rotations through medicine, surgery and other basic clinical rotations in rural locations.<sup>4</sup> However, despite the unique benefits of the RPAP program for students interested in rural medicine, the program remains a model for very few medical schools. Interested students should take the initiative and get their schools involved in this unique program.

Communication may be the solution to the retention of rural doctors. One of the major problems that rural physicians face is isolation. However, pediatricians and family physicians serving in rural parts of Maine, New Hampshire, and Vermont are trying to overcome the challenges of professional isolation while maintaining their practice. To overcome these problems, the Northern New England Rural Pediatrics Alliance (NNERPA) was begun.<sup>6</sup> NNERPA gives physicians relief from their isolation. They have created a network in which they are able to discuss the mutual problems that they face: access to care, inadequate reimbursement rates, and the effects of poverty. In most rural communities, a patient who has no financial resources, but needs medical assistance, is well known. The physician and community feel obligated to such patients because they encounter them during their daily activities. In rural communities, people share their resources, know each other well and are a support system for one another. Because privacy is a major challenge for many rural physicians, talking with NNERPA members outside their community has helped many. Another unique opportunity that NNERPA incorporates is allowing doctors and nurses to take "mini-sabbaticals" by providing physicians with a break from being the only pediatrician in town.<sup>6</sup> This alliance could serve as a model for rural and urban underserved doctors around the country.

## **Access to health care: For urban underserved communities**

Too many inner-city residents lack access to health care. In 1997, some localities in 855 urban areas were designated as primary medical care Health Profession Shortage Areas (HPSAs). Surprisingly, inner-city access to physicians is not related to the supply of physicians in the surrounding metropolitan area. In rural communities, lack of physicians is often the dominant barrier to care, affecting residents regardless of insurance status, social class, income, or ethnicity. However, urban underserved communities are almost always close to neighborhoods with an ample supply of physicians. Although urban residents may live close to concentrations of physicians, they do not have access to automobiles and are forced to travel on a crowded bus or on a convoluted urban mass transit system.<sup>5</sup>

The most vulnerable of the urban poor are women and children. In addition to infectious diseases that one commonly associates with underdeveloped rural areas, the urban poor also face health problems that are associated with developed countries: pollutants, accidents, cancer, substance abuse and violence.<sup>7</sup> The urban poor also possess inadequate information about health services and about access to health care services or have too few resources available to them. Decades of focusing development assistance on underserved rural areas has limited the attention given to the urban infrastructure. The result is inner-city communities unable to keep pace with rapid urbanization.

Based on the assumption that most urban family planning systems are overwhelmed and not equipped to satisfy the potential demand for contraceptive services, the Council on Graduate Medical Education (COGME) examined the availability and quality of family planning and health service delivery in urban areas and found that the number of working poor continues to increase, as do the problems they face: unemployment, lack of health insurance, poor housing conditions, language barriers, alcohol and drug abuse, exposure to environmental health hazards, poor nutrition, crime, and lack of education. Community health centers in the underserved inner-city communities have responded to these needs by offering preventive health, behavioral health, dental care and social services that empower individuals to take better control of their lives. Physicians who work in these settings express a feeling of satisfaction when providing needed care to individuals in underserved inner-city areas.<sup>5</sup>

## **Life in an inner-city practice**

There are considerable differences between rural and inner-city practices. Initially, a general practice in the inner city may seem very unattractive; however, it holds many opportunities. A recent study investigated the personal characteristics and professional experiences of medical providers working with medically underserved urban populations.<sup>8</sup> This study revealed that most of the participants expressed a strong sense of service to humanity and pride in making a difference. Physicians in these communities thrive on the challenges of dealing with complex patient needs and using limited resources.<sup>8</sup> In addition, inner-city urban populations have a high percentage of people from diverse ethnic backgrounds, which creates some inter-community tension. The social problems of those living in urban communities, such as unemployment and its implications for the health of those who are unemployed and their families, presents challenges that students must be able to effectively deal with when engaged

in an inner-city practice. Additional challenges include HIV-positive patients, pregnant teenagers and substance abusers.

Components that are necessary for survival in an urban underserved setting include a hardy personality style, flexible, but controllable schedule, and multidisciplinary practice team.<sup>8</sup> Despite the challenges present in an underserved inner-city practice, there is a cohort of medical care providers who chose to practice in medically underserved communities. The benefits of providing health care to the underserved include having a positive impact on their patients' lives and the satisfaction of providing health care to those who are underserved. In addition, the extrinsic motivation of money appears to be less important to providers in underserved communities than the intrinsic motivation of a challenging job setting.<sup>8</sup>

Medical training lacks instruction about the extenuating and complex issues of practicing medicine in urban underserved areas. Payment for pharmaceuticals is an example of the everyday problems faced in an inner-city practice, i.e., families of poor children have trouble finding cash to buy the medications to fight off an acute asthma attack.<sup>9</sup> Another cause of major health problems is old housing. Things that protect from illnesses - humidifiers, vitamins, healthy food - may be a luxury to those living in urban areas.<sup>9</sup> Health professions school classes and conferences rarely discuss the large number of Americans without health insurance who have an unpleasant standard of living. Medical treatment and preventive medicine need to evolve to begin to serve those living in inner-city underserved communities.

### **Why are so many populations unable to receive basic health care?<sup>5</sup>**

- Lack of medical insurance
- Lack of transportation services
- Language barriers, perceived cultural barriers (ethnicity, sexual preference, etc...)
- Need and expense of child care
- Limited hours and days of operation at medical facilities
- Low-income families tend to not practice preventive medicine
- Inner-city Black and Latino men usually cannot qualify for Aid to Families with Dependent Children (AFDC); therefore, they often become homeless and face the health hazards associated with living in crowded, unsanitary environments
- Rural migrant workers are exposed to and suffer from parasitic infections at the rate of third-world countries, which is 20 times more often than the general U.S. population

The Bureau of Primary Health Care (BPHC)<sup>11</sup> helps underserved and vulnerable people get the health care they need. BPHC is part of the Health Resources and Services Administration (HRSA), one of eight agencies of the Public Health Service in the Department of Health and Human Services. The mission of the BPHC is to increase access to comprehensive primary and preventive health care and to improve the health status of underserved and vulnerable populations who experience financial, geographic, or cultural barriers to care.

These vulnerable populations include:

- Uninsured persons
- People in rural and frontier areas
- Underserved mothers and children
- Native Hawaiians and Pacific Islanders
- Inner-city and elderly poor
- Schoolchildren in poor communities
- Women and minorities living in poverty
- Residents of public housing
- High-risk pregnant women
- People who are substance abusers
- Homeless families and individuals
- New immigrants and detained aliens
- Adolescents
- People with Hansen's disease
- Migrant and seasonal farm workers
- People with HIV/AIDS
- People with Alzheimer's disease and related disorders
- Elderly

For more information, visit <<http://www.bphc.hrsa.dhhs.gov/>>

## **Rural and urban communities: Different concepts about health**

Health perspectives differ between rural and urban communities. The health perceptions of rural and urban residents significantly reflects their health-promotion behaviors, health maintenance, and illness treatment.<sup>10</sup> Those living in rural communities value independence and self reliance. Health care agencies, specialized services, and infrastructure are usually less available to rural areas. Rural community members learn to distinguish between health impairments that can be tolerated for a period and those that will impede functioning. The lack of health insurance, land-based work that does not allow "sick days," and long distances from health care providers influence the way those living in rural areas view health and address illness. Rural men and women of a variety of age groups have reported health as the ability to work and to perform one's usual activities. For example, rural workers have been found to tolerate pain for long periods and not allow it to interfere with their ability to work. Urban residents also view health as the ability to work; however, the degree of importance is different. Urban inhabitants more frequently focus on the comfort and life-prolonging aspects of health.<sup>10</sup>

In the past, health care delivery systems have failed to recognize and address the beliefs and lifestyles of rural and urban communities. If their unique perspectives are overlooked in health care delivery, the result will be health care programs that are inaccessible or unacceptable to rural and urban communities.<sup>5,10</sup> By understanding the general differences in which these communities perceive health, health professions students can maximize the delivery of adequate and efficient care to residents of rural and urban underserved communities.

The country faces major challenges with the rapidly changing health care system: uninsured people, continuing gaps/disparities in health outcomes, the unknown impact of recent legislation, the increasing need, and decreasing resources. The following are programs that assist communities in addressing the needs of special populations at particular risk for poor health outcomes:

- Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care build system infrastructures by linking family-oriented primary care to social support services.
- The National Health Service Corps recruits community-responsive, culturally competent health care providers to serve in rural and urban health professional shortage areas by offering educational assistance to medical professionals.
- Special primary care initiatives meet varied needs of high-risk populations (such as children, pregnant women, people with HIV/AIDS, and substance abusers). These initiatives also identify creative, successful programs to serve as nationwide models and work directly with communities to build primary care systems and recruit clinicians.

### **How to make underserved populations a national priority**

- Get involved! Join an organization that focuses on delivering care to underserved communities. Suggested organizations include the American Academy of Family Physicians (816) 333-9700 and the Society of Teachers of Family Medicine (800) 274-2237.
- Invite rural and urban faculty from nearby health professions schools to speak to get their perspectives and guidance in practicing medicine in an underserved community.
- Consider starting a health clinic in an underserved area. See article "Steps in Starting a Student-Run Clinic," Cohen, J., 273:5, pp. 434-435 JAMA, Feb. 1, 1995.
- Contact corporations for financial assistance in providing health care necessities to underserved communities. Collect donations of health care supplies from pharmaceutical companies or local businesses.
- Contact foundations involved in primary care initiatives for updated statistics and information regarding underserved health care delivery.
- Contact the media and ask journalists to focus on the needs of underserved communities. Ask local newspapers to write articles about the lack of health care to underserved communities. Express concerns about health care delivery to the underserved in the editorial section of the local paper.

- Try these web sites for valuable information on primary care and the underserved:  
American Academy of Family Physicians  
<<http://www.aafp.org>>

Rural Family Doc Homepage  
<<http://www.ruralfamilymedicine.org>>

Rural Information Center  
<<http://www.nal.usda.gov>>

Society of Teachers of Family Medicine  
<<http://www.stfm.org>>

Subscribe to the Journal of Urban Health  
<<http://www.nyam.org/publish/order.html>>

Funding Resources for Practicing in Underserved Areas  
<<http://www.aafp.org/special/resource>>

National Health Service Corps  
<<http://www.bphc.hrsa.dhhs.gov/nhsc>>

## **The National Health Service Corps**

The National Health Service Corps (NHSC) program is designed to place physicians in medically underserved rural and inner-city communities. The philosophy of the NHSC is that placing more physicians in rural or inner-city areas with temporary financial support will motivate these physicians to stay on and establish a private practice after they complete their contractual obligations to the NHSC. However, much effort has been expended to place physicians in these rural or inner-city areas, and very little has been done to retain these physicians. Although the NHSC has been criticized because too few physicians fulfill their obligations, some excellent NHSC physicians are committed to providing obligated and non-obligated community service. For more information, call (800) 638-0824; in Maryland call (301) 443-6034.

For support, contact the National Rural Health Association. It is the only organization that brings together rural health care professionals from around the country who are working toward a common goal of improving the health of rural Americans. To become a member of NHRA, contact the Member Services Department at One West Armour Blvd., Suite 301, Kansas City, MO 64111; (816) 756-3140; e-mail: [members@nrharural.org](mailto:members@nrharural.org) .

Also try the Urban Health Initiative (UHI), which supports ANY student community service effort – whether it be a one-day clothing drive, weekly education programs at homeless shelters, or teaching adolescents about HIV/AIDS. For more information about the UHI, please contact Monique Hardin, Program Director, at (212) 822-7222 <mhardin@nyam.org>. To join the UHI Listserv, contact Monique Hardin.

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## **VI. Debt and Primary Care**

*The following material is adapted from “Projects In a Box,” a product of the Generalist Physicians in Training (GPIT) initiative.*

How can health professions students interested in primary care pay off their debt? There are a number of ways that medical students can pay off their debt. In addition, as generalists become more essential to our medical system, it is possible that generalists will be able to pay off loans over a shorter period of time, because they will be receiving higher salaries. The federal government has two programs for students interested in primary care: the National Health Service Corps and the Armed Forces Health Professions Scholarships. For both programs, students are obliged to give one year of service for each year of health professions school that the federal government funds. Many states offer reimbursement packages to students who are willing to spend part of their practicing careers in that state. Georgia, Idaho, Indiana, Michigan, New Jersey, Ohio, Pennsylvania, Texas, and several other states have loan forgiveness programs for residents who agree to serve in shortage areas. Ask a member of your Office of Financial Aid if this opportunity is available in the state where you go to school or from your home state.

For more information on Debt and Primary Care, please go to

<[www.amsa.org/programs/gpit/loandebt.htm](http://www.amsa.org/programs/gpit/loandebt.htm)>

<[www.aafp.org/student/afford/toc.html](http://www.aafp.org/student/afford/toc.html)>

<[www.bphc.hrsa.dhhs.gov/nhsc/Pages/about\\_nhsc/3B4\\_advoc.htm](http://www.bphc.hrsa.dhhs.gov/nhsc/Pages/about_nhsc/3B4_advoc.htm)>



## **VII. Managed Care Systems**

*The following material is adapted from “Projects In a Box,” a product of the Generalist Physicians in Training (GPIT) initiative.*

In brief, managed care is a system of medical management in which patients, purchasers, administrators, and providers are linked together, with the common goals of improving health care quality and reducing costs. The integration of financing and delivery of care is carried out through:

- Contracts between insurers and providers that provide members with a comprehensive set of health care services
- Utilization review and total quality management techniques, designed to move provider behavior toward higher quality and more cost-effective care
- Financial or contractual incentives for patients to use providers chosen by the plan management
- Placement of some financial risk for care on providers, through financial rewards and penalties linked to resource utilization<sup>10,20,23</sup>

For a more detailed description of Managed Care Systems, please go to <http://www.amsa.org/programs/gpit/mancare.htm>.



## **VIII. Taking Legislative Action**

*The following material is adapted from “Projects In a Box,” a product of the Generalist Physicians in Training (GPIT) Initiative.*

As the health-care system evolves, it is essential for health professions students to become more knowledgeable about both the policies affecting the health-care system and the legislative process that creates those policies. Students, properly trained and effectively mobilized, can be a potent political force advocating for the public health. As health care providers, and especially as primary care providers, you will be the quarterbacks of the health-care delivery system.<sup>1</sup> The speed at which the health-care system is changing also provides both a great opportunity and substantial responsibility to plot its course.

### **Taking Action: Things You Can Do**

- Hold a voter-registration drive for your school. Most students spend significant time in one community and should be registered there.
- Invite a congressional or state legislator to speak at your school.
- Set up a bulletin board at your school where you can post literature on current issues and encourage students to periodically post information, such as newspaper articles.
- Educate your students (and faculty) for upcoming elections. Collect pamphlets on as many candidates and issues as possible, and set up an information table in the weeks before the election.
- Invite a congressional representative to visit health centers in your district. As an elected representative, he or she should be greatly interested in these centers. Use this time to educate your legislator about your health center and district's needs.
- Set up a phone (or e-mail) tree to notify interested students (and faculty) about issues that need to be addressed through letter writing or phone calls to legislators.
- Set up a state lobby day for students. Contact AMSA's Legislative Affairs Director for a guide to setting up a local lobby day (call 703.620.6600, ext. 211, or e-mail lad@www.amsa.org).

- Run a session titled “Nuts and Bolts of the Legislative Process: For a short review: The federal government is organized into three branches: executive, judicial, and congressional. The executive branch includes the president, vice president, and various federal agencies (e.g., the FDA) that are charged with carrying out federal laws. The judicial branch includes the Supreme Court, which interprets the Constitution and other federal laws. The legislative branch includes Congress, which makes federal laws. The U.S. Congress is composed of two chambers, the House of Representatives (435 representatives distributed by population) and the Senate (two senators per state). Each chamber possesses some specific powers but must rely on the other chamber and approval from the President to pass a bill into law. Senators are elected for six-year terms and Representatives for two. Each session of Congress is two years long and is numbered consecutively. For example, the 1999-2000 session was the 106th Congress.

Lobbying involves influencing the opinions of congresspersons through personal meetings with them or their staff, letter writing, or phone calls. It can consist of simply voicing an opinion about a bill or particular parts of the bill, or it can mean advising the member on how to improve the bill through alterations. Lobbying can be effective at any stage of the legislative process, from a bill's introduction to committee consideration to floor debate to vote. The President may even be lobbied to sign or veto a bill.

### **Engaging Your Elected Officials: Tools of the Trade**

Many legislators lack a background in health care and rely on health-care leaders among their constituents to provide them with information and direction. Legislators are most responsive to voters in their own districts or states. Letters, phone calls, and personal visits can all be valuable means of communicating with and influencing your legislators. Be assured that letters receive more than just a passing glance.

Each is read, documented, and given a response. Phone calls, while considered less effective, are similarly recorded and receive a response. Personal visits from constituents to politicians and their staffs are very important and can be an excellent opportunity to make your concerns heard. Whichever method you choose, remember that legislators are elected to represent and work for you, their constituent. To do their job effectively, they need to hear from you as frequently as is appropriate and necessary.

Any legislative office can be reached by calling the U.S. Capitol switchboard at (202) 224-3121. Simply ask for the member of Congress from your district and you will be transferred to that office.

## **Letter Writing**

The optimal time to write to a legislator is while the bill you are interested in is in committee. Your letter will be especially influential if one of the committee members represents your district. If the bill has already been voted on, your letter will have very little impact.

Identify yourself as a medical student. This lends credibility, especially with legislation pertaining to health care. It is important to state whether or not you are a constituent. If you are representing a particular organization, be sure to say so.

Immediately identify the issue or legislation you are writing about. Identify the bill by name and number (e.g., S.1028) if possible. State your support for or opposition to the bill and the reasons for your position. Clearly outline the facts and precisely state what you want the legislator to do.

Try to personalize the issue by stating how it will affect you or the organization you are representing.

Offer to follow-up with additional information by letter, telephone or in person. Legislators rely on accurate and timely information from constituents to assist them in the consideration of legislation.

For more detailed information on the do's and don't's of letter writing, see the "Legislative Skills For Future Generalists" section of the Projects In a Box website ([www.amsa.org/programs/gpit/legislative.html](http://www.amsa.org/programs/gpit/legislative.html))

## **Telephone Calls**

Phone calls should be limited to situations in which a letter would not reach the legislator in a timely manner. Be respectful and polite, and have available the specific bill number and its status. Be prepared to speak with a staff person and give a brief and concise overview of your position. In some instances, the staff person may suggest a time for you to call back and speak with the legislator personally. Be sure to leave your name and number. Remember, it is often just as effective to speak with a staff member as the legislator. Regardless of with whom you speak, always follow the telephone call with a letter, in which you briefly restate your position and thank the legislator or staff person for his or her time.

## **Personal Visits**

A personal visit, when performed properly, is perhaps the most influential form of lobbying that exists. The challenge is to know your issue well, be organized, and communicate clearly. You should try to bring written materials (journal articles, examples of community programs, etc.) that contain the information you wish to discuss. These can be left with the legislator or appropriate staff person.

You should make an appointment with the appointments secretary at least two weeks prior to your scheduled visit. If you desire a specific staff person to be present (e.g., the legislative assistant for health policy), you should communicate that wish at the time of scheduling. Explain your purpose and identify yourself as a health professions student. Make sure to identify yourself as a constituent, if you are. Keep in mind that legislators are very busy, so be flexible if asked to reschedule.

Be on time for your appointment. Once the meeting begins, state your issue and position as quickly as possible. If there are several members of your group, you should appoint a spokesperson to lead the discussion. Try to avoid medical jargon and confusing statistics. Give information; misrepresenting the facts will only cause the legislator to mistrust you. If you do not know the answer to a question, don't make something up -- simply tell the legislator you will get back to him or her or the staff person. This will give you the opportunity to set up another meeting in the future.

Specifically state what it is that you would like the legislator to do for you. Explain the relevance of this request to the interests of the legislator's constituency. Obtain the name of the staff person with whom you should follow-up, and be sure to leave your name, address and telephone number. Always send a follow-up letter to the legislator to thank him or her for the meeting and to reiterate your position. Any additional material that you have promised should also be included.

### **Tips on Staying Informed**

Bills and reports are accessible to the public, and legislators are usually cooperative in providing copies; you can also call (202) 225-3456 to obtain this information. When legislators are supportive of a cause, they often will offer advice on how to rally congressional support.

Add yourself to the AMSA health policy listserve by sending a blank message to [join-healthpolicy@lists.amsa.org](mailto:join-healthpolicy@lists.amsa.org). Through this service, you will receive updates on important events in the world of health care. Post copies of relevant information on a designated bulletin board at school for students and faculty to read.

(The following information is adapted from *The New Physician* magazine).

To many students, simply being a member of the American Medical Student Association constitutes a move towards activism. AMSA's five standing committees tackle issues ranging from community health to the normalization of lesbians and gays in the profession to coping with death and dying. To get started, here is some general information about several national medical-activist organizations:

Doctors Ought to Care (DOC), an anti-tobacco and alcohol group that seeks to influence public opinion on these public health issues, can be reached at (718) 528-2146. Address: 5615 Kirby Drive, Suite 440, Houston, TX 77005. For more information, please visit [www.bcm.tmc.edu/doc](http://www.bcm.tmc.edu/doc)

Physicians for a Violence-Free Society (PVFS), which educates students and physicians about treating victims of violence and lobbies to have violence considered a public-health matter, can be reached at (214) 590-8807. Address: P.O. Box 35528, Dallas, TX 75235-0528. For more information, please visit [www.pvs.org](http://www.pvs.org)

Medicins Sans Frontieres (MSF), an international rapid-response, disaster-relief organization, can be reached at (212) 679-6800. Address: 11 E. 26<sup>th</sup> Street, Suite 1904, New York, NY 10010. For more information, please visit [www.msf.org](http://www.msf.org)

Physicians for Social Responsibility (PSR) is the U.S. affiliate of International Physicians for the Prevention of Nuclear War. PSR, which is also committed to preserving a sustainable environment and reducing the root causes of violence, can be reached at (202) 898-0150. Address: 1101 14<sup>th</sup> Street, N.W., Suite 700, Washington, DC 20005. For more information, please visit [www.psr.org](http://www.psr.org)

Physicians for Human Rights (PHR) believes that physicians can play a unique role in investigating and exposing violations of international human rights. By gathering medical evidence of torture, rape and other abuse. They can be reached at (617) 695-0041. Address: 100 Boylston Street, Suite 702, Boston, MA 02116. For more information, please visit [www.phrusa.org](http://www.phrusa.org)

Physicians for a National Health Program (PNHP) includes doctors of widely differing political views who are united in their “dismay at the nation’s widening gaps in income and access to medical care, the deteriorating public-health infrastructure and the corporate takeover of the health sector.” PNHP, which advocates health-care reform based on tenets of social justice and medical need as opposed to Wall Street-driven market demands, can be reached at (312) 554-0382. Address: 332 S. Michigan Avenue, Suite 500, Chicago, IL 60604. For more information, please visit [www.pnhp.org](http://www.pnhp.org)

## **IX. Cultural Competency**

*The following material is adapted from "Projects In a Box," a product of the Generalist Physicians in Training (GPIT) initiative.*

By the year 2000, almost 50 million people in the U.S. will be ethnically diverse.<sup>2</sup> Immigration contributes to the growing diversity of the U.S. In 1940, 70% of immigrants were from Europe. By 1992, the pool of immigrants had changed so that 15% came from Europe, 37% came from Asia and 44% came from Latin America and the Caribbean.<sup>3</sup> The U.S. attracts two thirds of the world's immigration and 85% of American immigrants come from Central and South America.<sup>4</sup> Generalist physicians can expect more than 40% of their patients to be from minority cultures.<sup>5</sup>

### **What Does It Mean To Be Culturally Competent?**

Cultural competency is "a set of academic and personal skills that allow us to increase our understanding and appreciation of cultural differences between groups."<sup>25</sup> Becoming culturally competent is a developmental process. Terry Cross describes the cultural competence continuum with six stages, each delineated by an attitude and associated action or nonaction.<sup>5</sup>

Culture is a predominant force in shaping behavior, values, and institutions. Not only do cultural differences exist, but they also impact health care delivery. Culturally competent providers appreciate family ties and realize that they are defined differently for each culture.<sup>8</sup> Rather than being insulted by another culture's perspective, culturally competent providers welcome collaboration and cooperation.

### **Why Are There Cultural Clashes?**

Health care providers-in-training are part of a cultural group that has its own beliefs, practices, customs and rituals. These include definitions of health and illness; the superiority of technology; prevention through annual exams; compliance; procedure; and systematic approaches. Health professions students engage in customs of professionalism and courtesy and have rituals like the physical exam, visiting hours, and surgical procedures.<sup>4</sup> Health professions school teaches students scientific rationality and an emphasis on objectivity. Students value numeric measurement and physicochemical data and tend to separate the mind and body. Students reduce patients to individual diseases and body parts without seeing the patient as a part of a family or community.<sup>14</sup> In this way, health care providers-in-training represent an ethnocentric culture -- one that values its own culture above others. This inevitably leads to conflicts with the patient's culture.

Students must have the capacity to assess themselves, to determine their own inherent culture's biases as well as their medical culture's biases. The realization of the influence that their own culture has on health professions students' everyday behavior can help them understand the magnitude of cultural influences on their patients' lives and health behavior.<sup>5</sup>

## The Cultural Assessment

The cultural assessment is a tool to help providers understand where patients derive their ideas about disease and illness. Assessments help to determine beliefs, values and practices that might have an effect on patient care and health behaviors. Although a completely accurate assessment currently is underdeveloped, there are several areas to consider when doing an assessment. They include <sup>23</sup>:

- level of ethnic identity
- use of informal network and supportive institutions in the ethnic/cultural community values orientation
- language and communication process
- migration experience
- self-concept and self-esteem
- influence of religion/spirituality on the belief system and behavior patterns
- views and concerns about discrimination and institutional racism
- views about the role that ethnicity plays
- educational level and employment experiences habits, customs, beliefs
- importance and impact associated with physical characteristics
- cultural health beliefs and practices
- current socioeconomic status

(The following information is adapted from *The New Physician* magazine).

## What Can Students Do?

- Open the lines of communication. Establishing a dialogue with your patients will help them feel more at ease and allow you to gather information.
- Build a relationship based on trust. Many patients feel vulnerable when you ask them culturally sensitive questions.
- Avoid assigning stereotypes. Never use a patient's cultural background to stereotype him or her. Stereotypes defeat the purpose of multicultural medicine.
- Learn to appreciate the patient's perspective. Asking patients and their families to explain why they think they are sick or what caused their symptoms will help you see the illness from the patient's perspective.
- Prescribe a treatment that doesn't conflict with the patient's beliefs. Even if you don't agree with your patient's line of thinking, you must respect it.

## **Additional Resources**

The Center for Cross Cultural Health  
<<http://www.umn.edu/ccch/>>

Cross Cultural Health Care Program  
<<http://xculture@ix.netcom.com>>

Office of Minority Health  
<[www.info@omhrc.gov](http://www.info@omhrc.gov)>

National Casa Project  
<<http://www.casanet.org/>>

BaFa-BaFa Simulation Training System  
<<http://www.diversityrx.org/>>

University of Washington  
<<http://www.hslib.washington.edu/clinical/ethnomed/>>

National Urban League  
<<http://www.nul.org/>>

African Community Health and Social  
League  
<<http://www.progway.org/ACHSS.html>>

Association of Asian Pacific Community  
Health Organizations  
<<http://www.aapcho.org>>

National Coalition of Hispanic Health and  
Human Services Organizations  
<<http://www.cossmho.org>>

Center for American Indian and Alaskan  
Native Health  
<<http://ih1.sph.jhu.edu/cnah/>>

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## **X. Child Abuse**

*The material in the next two sections is adapted from "Projects In a Box," a product of the Generalist Physicians in Training (GPIT) initiative.*

The topic of child abuse and neglect frustrates many health professionals because they do not know the best way to assess the abuse and/or intercede. There are 15 incidences of abuse and neglect for every 1,000 children under 18 nationwide. This translates into more than one million abuse and neglect victims reported each year.<sup>1</sup> An even uglier statistic is that 45 states' Child Protective Services (CPS) reported 996 child deaths from abuse or neglect in 1995.<sup>1</sup>

As a student, you have several motivations to intervene. The child's immediate health concerns justify it. In addition, as a primary care physician, you may be able to stop injuries and prevent a possible fatality. Minimization of long-term effects of the abuse is a worthy goal as well. Your social concerns also weigh heavily in the interest of mediating an abusive situation. The rate of juvenile delinquency jumps dramatically in an abuse and neglect victim population. Interrupting the family violence cycle is another priority. Abused and neglected children may grow up to be abusive, neglectful parents. Finally, you have a legal responsibility to report suspected abuse or neglect.

Your state has statutes outlining your reporting duties. These requirements will vary per jurisdiction, therefore, contact your State Health Department to learn specific terms of the law, such as statutes of limitation and reporting protocol (your State Health Department will also be able to inform you of local abuse and neglect agencies).<sup>2</sup>

Primary care providers have an important role in identifying neglect and abuse victims. Your position of respect, your anatomical expertise, and unique status of being trusted by and yet removed from the family give you special standing. Typically, the primary care provider has two opportunities to assess whether a child has been abused or neglected. The first case is the event of severe maltreatment, when the child comes to you with injuries caused by abuse or neglect. The second opportunity is the well-child checkup, an opportune time to not only look for symptoms of maltreatment, but also to refer families to people or agencies who can help them. The challenge to your health professions education is that while health professions schools teach the physician's legal obligation to report instances of neglect and abuse, most health providers are uneasy with their abuse assessment skills.<sup>3</sup>

Ask an expert to come in and talk to you about the physiological and psychological signs of the various types of maltreatment: physical, emotional and sexual abuse as well as physical, medical, educational and psychological neglect. Also, discuss the consequences of abuse on children: long-term effects of neglect, the correlation of child neglect with poverty, and the role of drug and alcohol abuse.

If you would like an expert to lead a discussion on child abuse, contact one of these organizations:

American Academy of Pediatrics  
141 Northwest Point Boulevard P.O. Box 927, Elk Grove Village, IL 60007  
(800) 433-9016

American Professional Society on the Abuse of Children (APSAC)  
332 South Michigan Avenue Suite 1600, Chicago, IL 60604  
(312 ) 554-0166

C. Henry Kempe Center for Prevention and Treatment of Child Abuse and Neglect  
1205 Oneida Street, Denver, CO 80220  
(303) 321-3963

Child Welfare League of America  
440 First Street, N.W. Suite 310, Washington, D.C. 20001  
(202) 638-2952

Childhelp USA  
6463 Independence Avenue, Woodland Hills, CA 91367  
(800) 4-A-CHILD

National Center on Child Abuse and Neglect (NCCAN)  
P.O. Box 1182, Washington, D.C. 20013  
For publications, call (800) FYI-3366

National Child Abuse Coalition  
733 15th Street NW Suite 938, Washington, D.C. 20005  
(202) 347-3666

National Committee for Prevention of Child Abuse  
332 South Michigan Avenue Suite 1600, Chicago, IL 60604-4357  
(312) 663-3520

National Council on Child Abuse and Family Violence  
1155 Connecticut Avenue, NW Suite 400, Washington, DC 20036  
(800) 222-2000

**Remember NPCW is only the beginning, and April is National Child Abuse Prevention Month. Contact one of the above organizations to get publicity ideas and posters to promote it.**

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## **XI. Health Care for the Homeless**

*The following material is adapted from “Projects In a Box,” a product of the Generalist Physicians in Training (GPIT) initiative.*

Homelessness is reaching epidemic proportions in the United States. The causes are complex and there is no simple solution. Lack of food, clothing, shelter and health care are problems faced by the homeless every day. Public health problems that affect the community at large, such as tuberculosis, AIDS, and domestic violence, are amplified within the homeless community and contribute to the growing homelessness crisis. Health-care providers are directly affected by homelessness. County and Veterans Administration hospitals and community health centers serve patient populations largely comprised of the homeless and medically underserved. Primary care health professionals are most often the front-line providers for this population. It is critical that health care providers are educated to the special needs of the homeless in order to understand how best to serve them.

### **Who are the homeless?**

Approximately...

- 46% single men, 14% single women, 36.5% families with children, and 3.5% unaccompanied
- minors; children make up 25% of the total homeless population
- 56% African-American, 29% white, 12% Hispanic, 2% Native American, and 1% Asian
- 23% are considered mentally ill
- 46% are substance abusers
- 8% have AIDS or HIV-related illness
- 21% are employed
- 22% are veterans

### **Causes of homelessness**

Homeless results from a combination of any number of the following factors:

- Unemployment and other employment-related problems
- Lack of affordable housing
- Substance abuse and the lack of needed services
- Mental illness and the lack of needed services
- Domestic violence
- Family crisis
- Poverty or insufficient income
- High cost of living
- Inadequate welfare benefits

The increasing lack of affordable housing, a low minimum wage that provides inadequate support for an individual or family, and declining federal assistance to low-income groups are all factors that have contributed to the rising number of homeless people.<sup>2</sup> Millions of poor Americans are at extreme risk of becoming homeless. The loss of a job, a health crisis, or any unexpected expenditure could push them into homelessness. Homelessness generally is not caused by just one incident; rather, it is often the end result of a downward cycle that may involve a series of setbacks and then, in addition, the loss of the safety net that had previously prevented the individual or family from falling into homelessness.

### **Causes of poor health among the homeless**

Ask someone to talk about issues such as mental illness and substance abuse, which are often overlooked by the homeless in light of more immediate needs, such as food and shelter. The first encounter with the health-care system will occur only when the problem has finally become so bothersome that it can no longer be ignored.

One workshop idea might be to first identify and then brainstorm on how to create a health program that would be responsive to your community's homeless. Be sure to target the following:

- Lack of health insurance
- Cost of health care
- Overcrowded clinics with few appointments available
- Inability to access clinics to educate homeless and low-income populations on the how to properly access medical care and preventive services.

### **Accessibility**

Location -- Mobile clinics that visit shelters and other known places where the homeless gather are probably the best way to reach this population. If the clinic is not mobile, supplemental services, such as transportation and child care, should be offered.

Affordability -- Any out-of-pocket costs (especially prescriptions) are a prohibitive barrier for the homeless. Clinics serving the homeless often do not have the funds to supply endless free prescriptions and services. Providers, therefore, need to be realistic in the treatment programs they suggest and help the homeless to access government benefits they might be qualified to receive. Providers also must have the ability to respond effectively to a wide variety of mental and physical illnesses.

## **How Can Students Get More Involved?**

- Volunteer your time in a clinic that serves the homeless. By actively participating in a clinic or program that serves the homeless, you will gain first-hand knowledge of the problems - both medical and social - that homeless people face every day. Your health professions school or affiliated residency program may already have a designated night for serving homeless. Contact your dean of student affairs to find out if your school already has an affiliation. If there is no program at your school, you can probably find one nearby by contacting the National Coalition for the Homeless or by using their Online Directory of Local Homeless Organizations (see "For More Information" section). If there is no clinic night at your school, start one! Many health professions students have done so.
- Join the Health Care for the Homeless (HCH) Clinicians Network. This is a national organization of clinicians dedicated to combating and preventing homelessness and improving the health and overall quality of life for homeless people. By joining the network, you can form links with health care providers concerned about serving the homeless, get information on current issues and legislation for the homeless, and learn about research opportunities. Call the HCH Network at (615) 226-2292, or write to P.O. Box 68019, Nashville, TN 37206-8019 for more information.

### **For more information**

Health Care for the Homeless Information Resource Center, John Snow Inc., (617) 482-9485, has annotated bibliographies, the Health Care for the Homeless 1994 Directory, and other information on many aspects of health care that affect the homeless population (tuberculosis, HIV/AIDS, dental health, child development, etc.).

National Health Care for the Homeless Council (NHCHC), (615) 226-2292, is an association of 25 Health Care for the Homeless projects in 23 cities. NHCHC advocates for federal policy with regard to issues of health care for the homeless, coordinates the staffing of an HCH clinicians network, and provides support to local projects.

National Resource Center on Homelessness and Mental Illness, (800) 444-7415, has annotated bibliographies and other information on mental health and homelessness.

National Coalition for the Homeless (NCH), (202) 775-1322, has extensive literature on the homeless. 1612 K Street NW #1004, Washington, DC 20006.

Interagency Council on the Homeless, Department of Housing and Urban Development, (800) 998-9999, can provide free information. Write to American Communities, P.O. Box 7189, Gaithersburg, MD 20898.

## References

1. Waxman LD, Peterson K, McClure, M. A Status Report on Hunger and Homelessness in America's Cities: 1995. U.S. Conference of Mayors. Washington D.C.; 1995.
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## **XII. Following Up National Primary Care Week**

*The material in this section is adapted from the National Primary Care Day Resource Manual.*

**A**lthough NPCW is a designated time during which primary care is highlighted, it is important to continue to celebrate it throughout the year. The issues that brought it into existence will remain. Show some dedication to primary care and organize events throughout the year. Hopefully, the events that took place fostered considerable interest in primary care and its relationship with the community. Such events can occur year round; for example, a mentoring relationship that was established during NPCW should continue well after the initiative. A compilation of potential physicians and residents can be of great help; consult with department chairs, medical societies, and county health departments for assistance. Many schools have established community service programs, such as Habitat for Humanity, for student involvement.

The State SEARCH Program is an opportunity designed to give students experience in primary care settings. The program is administered at the local level and funded by the NHSC. Because of its local administration, the program varies from site to site. For more information, contact the NHSC at (800) 221-9393, or [www.bphc.hrsa.dhhs.gov/nhsc/383\\_search.htm](http://www.bphc.hrsa.dhhs.gov/nhsc/383_search.htm), or your state Primary Care Association.

Finally, consider pursuing programs that are unique to your area or school. These may include primary care research with a faculty member, working in a community agency or your department of local health, or spending time as a health aide at a local clinic. In addition, investigate whether your school or AHEC offers summer preceptorship programs, through which students explore primary care on a structured basis with a faculty or community physician.

For more activities and information about other primary care issues, look at AMSA's *Projects in a box*. This can be found on the AMSA website: [www.amsa.org/programs/gpit/pibindex.htm](http://www.amsa.org/programs/gpit/pibindex.htm).

Have an enjoyable National Primary Care Week!

# National Primary Care Week Partners

Support for the NPCW initiative is provided by the National Primary Care Week Advisory Panel. The Panel represents a range of primary care-oriented societies, organizations and offices that provide guidance to AMSA's efforts in reaching networks of health professions students, promoting the project, and helping develop National Primary Care Week resource materials. Conference calls with the group are held monthly. AMSA thanks the following organizations for their dedication to primary care and their collaboration on National Primary Care Week:

## **THE AMERICAN MEDICAL STUDENT ASSOCIATION**

The American Medical Student Association (AMSA), with more than a half-century history of medical student activism, is the oldest and largest independent association of physicians-in-training in the United States. Founded in 1950, AMSA is a student-governed, non-profit organization committed to representing the concerns of physicians-in-training. Starting in 1960, the association refocused its energies on the problems of the medically underserved, inequities in our health-care system and related issues in medical education. Since 1968, AMSA has been a fully independent student organization. With approximately 50,000 members, including medical and premedical students, residents and practicing physicians, AMSA is committed to improving medical training as well as advancing the profession of medicine. AMSA focuses on four strategic priorities, including universal healthcare, disparities in medicine, diversity in medicine and transforming the culture of medical education. Today, AMSA continues its commitment to improving medical training and the nation's health. AMSA has coordinated NPCW since 1999.

For more information regarding AMSA, please visit <[www.amsa.org](http://www.amsa.org)>.

## **NATIONAL HEALTH SERVICE CORPS & NHSC AMBASSADORS**

<http://nhsc.bhpr.hrsa.gov/about/mission.cfm>

The National Health Service Corps (NHSC), a program of the Federal Health Resources and Services Administration's Bureau of Health Professions, is committed to improving the health of the Nation's underserved:

- Uniting communities in need with caring health professionals
- Supporting communities' efforts to build better systems of care

The NHSC provides comprehensive team-based health care that bridges geographic, financial, cultural, and language barriers. NHSC is striving to ensure that all Americans have access to quality health care, especially for health issues that have the highest racial, ethnic, and socioeconomic disparities in treatment success- HIV/AIDS, mental health, dental care, cardiovascular disease, cancer, diabetes, childhood and adult immunizations, and infant mortality.

Through combined efforts, NHSC seeks to provide access to care for upwards of 50 million Americans who might otherwise do without.

Strategies for achieving that goal include:

- Forming partnerships with communities, States, educational institutions, and professional organizations.
- Recruiting caring, culturally competent clinicians for communities in need.
- Providing opportunities and professional experiences to students through our Scholarship and Loan Repayment Programs and our SEARCH (Student/Resident Experiences and Rotations in Community Health) program.
- Establishing systems of care that remain long after an NHSC clinician departs.
- Shaping the way clinicians practice by building a community of dedicated health professionals who continue to work with the underserved even after their NHSC commitment has been fulfilled.

For more information about NHSC, please visit [www.bphc.hrsa.dhhs.gov/NHSC](http://www.bphc.hrsa.dhhs.gov/NHSC).

### **Ambassador Overview**

[http://nhsc.bhpr.hrsa.gov/ambassadors/prog\\_overview.asp](http://nhsc.bhpr.hrsa.gov/ambassadors/prog_overview.asp)

NHSC Ambassadors include a dedicated group of volunteer health professions faculty members, from schools across the Nation, as well as Area Health Education Centers (AHECs) members who work in partnership with the NHSC. Together, they have taken on the role to inspire, mentor, and prepare the next generation of primary care clinicians to serve in areas of greatest need throughout the country.

These faculty mentors can make all the difference in a student's selection of and preparation for a career dedicated to those in need. The NHSC is building partnerships with health professional schools and AHECs across the country in order to promote careers in primary care, and to support and train interested students. Partners, known as NHSC Ambassadors, are a vital link in our goal of meeting the Nation's need for highly trained, culturally competent primary care clinicians to insure that all Americans everywhere have access to health care.

### **AREA HEALTH EDUCATION CENTERS (AHECs)**

<http://www.nationalahec.org/main/index.asp>

The Area Health Education Centers (AHECs) build community/academic partnerships to improve the supply and distribution of health care professionals, predominantly primary care disciplines, in order to increase access to quality health care. The AHEC mission is to enhance access to quality health care, particularly primary and preventive care, by

improving the supply and distribution of health care professionals through community/academic educational partnerships. This is accomplished by:

- **Developing** health careers recruitment programs in underserved rural and urban areas for under-represented and disadvantaged populations;
- **Supporting** the community-based training of primary care health professions students and residents in health professional shortage areas and medically underserved areas, including multidisciplinary and interdisciplinary training;
- **Providing** information dissemination, educational support, and technical assistance to reduce professional isolation, increase retention, and enhance the practice environment; and
- **Promoting** improved health and increased disease prevention in a manner that responds to defined community needs, with emphasis on underserved areas and populations having demonstrated serious unmet health care needs.

AHECs and NHSC Ambassadors may assist NPCW student coordinators to:

- Obtain local campus/community endorsement for NPCW;
- Describe present and future primary care workforce and/or service needs, challenges, and opportunities;
- Convey local and national perspectives on primary care education and practice;
- Provide information on primary care careers;
- Plan NPCW events relevant to local campus/community issues, needs and resources;
- Identify primary care faculty, practitioners, and others as speakers for NPCW events;
- Locate facilities and schedule NPCW events;
- Identify additional sources of financial support;
- Develop and photocopy materials tailored for local NPCW celebrations;
- Promote/advertise NPCW activities;
- Plan opportunities for interactions between students and primary care professionals;
- Provide student exposure to community-based primary care activities;
- Garner support and participation from multiple disciplines and organizations; and
- Strategically plan and implement NPCW events considering local needs and resources.

## **THE AMERICAN ASSOCIATION OF COLLEGES OF OSTEOPATHIC MEDICINE**

**<http://www.aacom.org/>**

The American Association of Colleges of Osteopathic Medicine (AACOM) serves as a unified voice for the 20 osteopathic medical schools throughout the United States. AACOM has been the voice of osteopathic medical education for a century.

The mission of the American Association of Colleges of Osteopathic Medicine (AACOM) is to promote excellence in osteopathic medical education throughout the educational continuum, in research and in service; to enhance the strength and quality of

the member colleges; and to improve the health of the American public. AACOM accomplishes its mission through:

- Pursuing continuous quality improvement and enhancement of osteopathic principles and practices in osteopathic medical education;
- Developing consensus on the issues which affect the colleges of osteopathic medicine (COMs) and cooperating in addressing those issues;
- Promoting the discovery of new knowledge through research, particularly in the areas unique to osteopathic medicine and osteopathic medical education;
- Maintaining collaborative relationships with other organizations which serve a complementary purpose; and
- Engendering understanding and support among foundations, policy makers, and the public.

For more information about AACOM, visit [www.aacom.org](http://www.aacom.org).

## **SOCIETY OF GENERAL INTERNAL MEDICINE**

[www.sгим.org](http://www.sгим.org)

The Society of General Internal Medicine is an international organization of physicians and others who combine caring for patients with educating and/or doing research. The mission of SGIM is dedicated to improving patient care, education, and research in primary care and general internal medicine through:

- Excellence in patient-centered, scientifically sound medical care, research, and education.
- Fostering collegial support and mentorship as well as interdisciplinary collaboration.
- Adopting creative and innovative approaches to advance clinical care, teaching, and research.
- Promoting social responsibility and the health of vulnerable, under-served, and diverse populations.
- Promoting diversity within general internal medicine.
- Incorporating these core values into our daily professional lives with integrity and love of medicine.

For more information about SGIM, visit [www.sгим.org](http://www.sгим.org).

## **AMBULATORY PEDIATRIC ASSOCIATION**

<http://www.ambpeds.org/>

The Ambulatory Pediatric Association is a membership organization of health care professionals involved in teaching, patient care, and research in general pediatrics. APA

fosters the health of children, adolescents, and families by promoting generalism in academic pediatrics and academics in general pediatrics.

General pediatrics and generalism concern the whole child in the context of family and community. Our mission is accomplished through patient care, academics (teaching and research), and advocacy. For more information about APA

General pediatric divisions in academic settings have generalism as their primary focus. Other divisions may also have generalism as a stated goal; these often include emergency pediatrics, critical care, adolescent medicine, behavior and development, and neonatology. We welcome all who share our mission.

## **THE ROBERT WOOD JOHNSON FOUNDATION**

[www.rwjf.org](http://www.rwjf.org)

The Robert Wood Johnson Foundation's mission is to improve the health and health care of all Americans. In any given year, the Foundation supports about 2,300 projects. Among its 1999 projects was funding evaluation efforts for the pilot NPCW. Grantmaking is concentrated in four broad areas:

- To assure that all Americans have access to quality health care at reasonable cost. Nearly 44 million Americans, over 8 million of them children, go without health insurance. This is the single greatest barrier to obtaining timely, appropriate health care services.
- To improve the quality of care and support for people with chronic health conditions. One hundred million Americans suffer from chronic health conditions, and that number is almost certain to increase as the population ages.
- To promote healthy communities and lifestyles. Our health behaviors, level of social interaction, and other factors outside medical care are important influences on overall health.
- To reduce the personal, social and economic harm caused by substance abuse — tobacco, alcohol, and illicit drugs. Tobacco, alcohol, and illicit drugs inflict an enormous toll on Americans, especially among our youth.

To accomplish these goals, they support training, education, research (excluding biomedical research), and projects that demonstrate the effective delivery of health care services. Rather than paying for individual care, we concentrate on health care systems and the conditions that promote better health.

Grantees are as varied as the challenges they tackle. They include: hospitals; medical, nursing, and public schools; hospices; professional associations; research organizations; state and local government agencies; and community groups.

National programs are typically directed from institutions outside the Foundation by small staffs of experts supported by grant funds. For more information about the RWJ foundation, please visit [www.rwjf.org/](http://www.rwjf.org/)

## **THE SOCIETY OF PRIMARY CARE POLICY FELLOWS**

The Society of Primary Care Policy Fellows is a multi-disciplinary community of scholars who are committed to:

- Influencing the direction of primary care leadership capacity.
- Promoting creativity and innovations in primary care.
- Encouraging professional and personal growth through learning and sharing experiences.
- Providing an interpersonal and professional support system.

Their mission is to affect primary care policy, education, research, and service at the local, state, national, and international levels through the following goals:

- Transcend the interdisciplinary perspectives in the development of primary health care policy, development implementation, evaluation, and research.
- Define primary care and its role in health care delivery.
- Communicate, cooperate, and share expertise with individuals, agencies, schools, associations, legislators, and other groups to promote primary care.
- Develop a networking system to discuss innovations in primary care teaching, delivery, and research.

For more information about the Society of Primary Care Policy Fellows, visit [www.primarycaresociety.org](http://www.primarycaresociety.org).

## **COMMUNITY-CAMPUS PARTNERSHIPS FOR HEALTH**

<http://depts.washington.edu/ccph/>

Community-Campus Partnerships for Health (CCPH) is a nonprofit organization that promotes health through partnerships between communities and higher educational institutions. Founded in 1996, they are a growing network of over 1000 communities and campuses. CCPH has members throughout the United States and increasingly the world who are collaborating to promote health through service-learning, community-based research, community service and other partnership strategies. These partnerships are powerful tools for improving health professional education, civic responsibility and the overall health of communities.

CCPH is working toward a number of shared goals, including:

- Building the capacity of communities and higher educational institutions to engage each other as partners
- Incorporating service-learning into the education of all health professionals
- Recognizing and rewarding community-based teaching, research and service
- Developing partnerships that balance power and share resources among partners

A website with more information is available at <http://depts.washington.edu/ccph/>.

## **NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES**

The mission of the National Organization of Nurse Practitioner Faculties (NONPF) is to provide leadership in promoting quality nurse practitioner education at the national and international levels. Through the support of the development of instructional skills and scientific investigation in nurse practitioner education, NONPF serves the public interest by assuring the preparation of highly qualified health care professionals.

The goals of NONPF are:

- Advancing QUALITY - Promotes continuous quality improvement and evidence-based approaches to nurse practitioner education through the development of standards, guidelines, teaching instruments, resources, and networking exchanges for faculty.
- Influencing POLICY - Collaborates with and leads the nursing community to further NP education and NP educational policy.
- Fostering DIVERSITY - Promotes a culture of diversity throughout NONPF and NP education and advances globalization of nurse practitioner education.
- Promoting SCHOLARSHIP - Enhances promotion and tenure opportunities and advances globalization of nurse practitioner education.
- Strengthening RESOURCES - Ensure the operational strength of NONPF and identifies strategies to ensure the viability of NP educational programs.

Visit the NONPF web site <<http://www.nonpf.com>> for additional information on NONPF's mission and its services.

## **THE HEALTH RESOURCES AND SERVICES ADMINISTRATION** <http://www.hrsa.gov>

The Health Resources and Services Administration's mission is to improve and expand access to quality health care for all. Its goal is to move toward 100 percent access to health care and 0 health disparities for all Americans.

*The Access Agency* of the U.S. Department of Health and Human Services, HRSA assures the availability of quality health care to low income, uninsured, isolated,

vulnerable and special needs populations and meets their unique health care needs. **Its strategies are to** eliminate barriers to care, eliminate health disparities, assure quality of care, and to improve public health and health care systems.

## **HRSA: BUREAU OF PRIMARY HEALTH CARE**

<http://bphc.hrsa.gov>

The Bureau of Primary Health Care (BPHC) administers HRSA's Health Centers Program, a critical primary care safety net program that serves over 11 million poor and near poor Americans. For more than 35 years, BPHC has been a national leader in providing access to primary care for underserved populations. These include people who are poor or near poor, Medicaid recipients, the uninsured, and racially and ethnically diverse low-income adults, children, and seniors.

BPHC is working through the following mechanisms:

- Strengthening the safety net of community-based, financially viable, competitive primary care systems; and
- Creating new access to primary care by fostering community development, expanding the number of primary care sites and the services they offer, and developing new partnerships at the national, State, and community levels.

## **HRSA: BUREAU OF HEALTH PROFESSIONS**

<http://bhpr.hrsa.gov>

The Bureau of Health Professions (BHPr) provides National leadership in coordinating, evaluating, and supporting the development and utilization of the Nation's health professions workforce, through efforts focusing on educational infrastructure and workforce distribution, retention, diversity, and specialization.

BHPr's program goals are to help ensure access to quality health care to all segments of the population in all geographic areas by developing, placing, and retaining a diverse, flexible, well-trained and well-distributed health professions workforce, and by promoting greater access to health careers for underrepresented minorities.

To achieve its goals, BHPr employs a variety of strategies aimed at bringing the health care workforce into balance with population needs, including programs to increase the representation of minorities in health professions training, to increase the number of trained professionals in disciplines with identified shortages, and to encourage health professionals to practice in medically underserved communities. For more information on the BHPr, please visit [www.hrsa.gov](http://www.hrsa.gov).

**DIVISION OF STATE, COMMUNITY AND PUBLIC HEALTH,  
DIVISION OF MEDICINE AND DENTISTRY, DIVISION OF  
NURSING, DIVISION OF HEALTH CAREERS, DIVERSITY AND  
DEVELOPMENT  
BUREAU OF HEALTH PROFESSIONS**

The Division of State, Community and Public Health, Division of Medicine and Dentistry, the Division of Nursing, and the Division of Health Careers, Diversity and Development within the Bureau of Health Professions, Health Resources and Services Administration, provide leadership to assure that an appropriately trained health professions workforce meets the health needs of the nation, particularly of underserved populations. These three divisions are committed to strengthening and helping to secure the nation's capability to excel in health care, meet ongoing and emerging community needs, and restrain continuing increases in health care expenditures. To improve the return on this Federal investment, active collaboration occurs with many different partners, including the academic community, State and local governments and communities nationwide, foundations, the health care industry, international colleagues, and many other institutions engaged in health professions education and service. The portfolio of education and training programs in concert with States and others is charged to:

- Promote a health care workforce with a mix of the competencies and skills needed to deliver cost-effective quality care;
- Support educational programs' ability to meet the needs of vulnerable populations;
- Improve cultural diversity in the health professions; and
- Stimulate and monitor relevant systems of health professions education in response to the changing demands of the health care marketplace.

**DIVISION OF NURSING**

<http://bhpr.hrsa.gov/nursing/>

**DIVISION OF MEDICINE AND DENTISTRY**

<http://bhpr.hrsa.gov/medicine-dentistry/default.htm>

**DIVISION OF STATE, COMMUNITY AND PUBLIC HEALTH**

<http://bhpr.hrsa.gov/publichealth/>

**DIVISION OF HEALTH CAREERS, DIVERSITY AND DEVELOPMENT**

<http://bhpr.hrsa.gov/diversity/hcop/default.htm>

**OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION**

<http://odphp.osophs.dhhs.gov/>

The Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Office of the Secretary, U.S. Department of Health and Human Services, works to strengthen the disease prevention and health promotion priorities of the Department

within the collaborative framework of the HHS agencies. A special project has been to develop and promote “*Healthy People 2010*” which presents a comprehensive set of disease prevention and health promotion objectives developed to improve the health of all people in the United States during the first decade of the 21st century. Visit <http://www.healthypeople.gov/>.

## **THE PUBLIC HEALTH STUDENT CAUCUS**

<http://www.phsc.org>

The Public Health Student Caucus (PHSC) is the nation's largest student-led organization dedicated to furthering the development of students, the next generation of professionals in public health and health-related disciplines. PHSC represents and serves students of public health and other health-related disciplines by connecting individuals who are interested in working together on public health and student-related issues. PHSC is a student-led international organization within the [American Public Health Association](#) (APHA) representing students of public health and other health-related disciplines.

## **THE STUDENT NATIONAL MEDICAL ASSOCIATION**

<http://www.snma.org>

The SNMA is the oldest and largest medical student organization dedicated to people of color and underserved communities. Community service is the heart and soul of the SNMA and eliminating disparities in health care delivery, disease morbidity, and disease mortality are among our highest priorities.

SNMA community service programs are implemented by local chapters based at allopathic and osteopathic medical schools throughout the nation. Committed to increasing the number of culturally capable and sensitive physicians, the SNMA is also dedicated to the academic and clinical success of medical students and pre-medical students.

## **THE AMERICAN STUDENT DENTAL ASSOCIATION**

<http://www.asdanet.org>

The American Student Dental Association is a national student-run organization which protects and advances the rights, interests, and welfare of students pursuing careers in dentistry. It represents students with a unified voice and provides information, education, advocacy, and services. The association introduces lifelong involvement in organized dentistry, and promotes change for the betterment of the profession.

For more than 30 years the American Student Dental Association has successfully protected and advanced the interests, rights and welfare of dental students. In that time ASDA has worked hard to influence legislation, bring about change in the dental licensure process, promote dental education, and increase awareness about organized dentistry.

## **THE STUDENT NATIONAL DENTAL ASSOCIATION**

<http://www.sndaonline.com>

In 1970, The Student National Dental Association originated from concerned dental students at Meharry Medical College. Established to recognize and address the concerns of all underrepresented minorities, the SNDA has become the largest minority student dental organization in the U. S. today and embraces a membership as diverse as this country we call home. For over thirty years the SNDA has served to empower the aspirations of prospective minority dental students while enriching the lives of its matriculates. The mission of the organization rest upon the pillars of recruitment, retention and professional transition.

More information about the Student National Dental Association can be obtained by visiting the organization's website at [www.sndaonline.com](http://www.sndaonline.com)

## **THE NATIONAL STUDENT NURSES' ASSOCIATION**

<http://www.nsna.org>

The NSNA Mission is to: organize, represent and mentor students preparing for initial licensure as registered nurses, as well as those enrolled in baccalaureate completion programs; convey the standards and ethics of the nursing profession; promote development of the skills that students will need as responsible and accountable members of the nursing profession; advocate for high quality health care; advocate for and contribute to advances in nursing education; and develop nursing students who are prepared to lead the profession in the future.