



STRATEGIES FOR SUCCESS IN ADVOCACY



How do we measure the outcomes of advocacy efforts?
Part three of a multi-part series.

BY LORI LATOWSKI GROVER, OD, PHD

In parts one and two of this series, we examined contemporary professional advocacy, including how to understand advocacy from both macro- and micro-level perspectives¹ and identify the existing need to better define advocacy for all stakeholders. I also discussed why a broader understanding and prioritization of health advocacy is critical to advancing our health care profession

(see *Advocacy Catch Up* if you missed either or both of the first two parts of this series, or want a refresher).²

Part two of this series surveyed the landscape of professional advocacy stated within major optometric stakeholders.² Along with efforts to clarify which objectives actually fall within the “advocacy realm” of the entity, that article identified gaps for members and stakeholders in trying to reconcile

which professional advocacy priorities are included, how financial and other resource supports are prioritized, and how entities evaluate outcomes to show advocacy success or failure.

This article identifies modern advocacy actions and considerations relevant to professionals, patients, and the nation’s health that go beyond historic approaches, and presents strategies for advocacy success.

THE SCOPE OF MODERN ADVOCACY

There remains an overarching lack of consensus on profession-wide priorities and clarity on what advocacy entails. Importantly, there are gaps in how achieving health and health equity fits into our current landscape. In addition to progress from legislative-related activities primarily focused on scope of care and reimbursement issues, the effective translation of evidence-based clinical guidelines and integration of health measures were highlighted as key approaches to ensure progress and assess measurable outcomes.²

Understanding the contemporary health care advocacy arena is critical for effective strategic planning, optimal resource allocation, member engagement, and increased national recognition of doctors of optometry

and the value of our care to overall health.

Many other advocacy initiatives related to health still require consensus, such as:

- Supporting harm/risk-reducing and evidence-based uses of technologies and telehealth held to the same standards of practice as in-person care;³
- Recognizing professional well-being and reducing physician burnout⁴;
- Resolving prior authorization requirements for care and associated negative population health effects;
- Ensuring evidence-based care delivery for all individuals with a focus on achieving health equity⁵;
- Upholding the Affordable Care Act and its objectives to expand access to health care and its coverage;
- Actively supporting and promoting complementary advocacy initiatives of organizations such as the American Public Health Association (APHA), Centers for Disease Control and Prevention, Association for Healthcare Research and Quality (AHRQ), the United States Preventive Services

Task Force, and others committed to health advocacy;

- Mandating high-value comprehensive eye and vision care (as opposed to mere vision screening) as an evidence-based population health priority for all ages^{6,7}; and
- Addressing the needs of the evolving provider landscape, including licensure portability, career inequities and unconscious bias, diversity in practice settings, and resources for population-specific, patient-centered care delivery.

EDUCATING OPTOMETRY'S FUTURE PROFESSIONALS

Teaching advocacy to future doctors so they are prepared to support population health and the profession is a recognized responsibility of health educators, yet a lack of consensus exists on basic advocacy terminology, curricula, and activities essential to this foundational education.⁶

The lack of recognizing and prioritizing participation of future doctors during training and residency in the full range of advocacy activities contributes to the ongoing lack of professional

value placed on optometry and the profession's efforts to promote health. One area for professional self-reflection is to ask if colleagues engaged in health care education are being appropriately prepared—whether through formal education, mentorship, or direct engagement—for this important responsibility. Furthermore, we must ask ourselves if this skill set is objectively valued, and if so, how it is being prioritized and rewarded in academic settings.

MEASURING ADVOCACY SUCCESS

Evaluation of advocacy initiatives and outcomes serves multiple purposes: to determine success or failure in bringing about desired change, to improve implementation of programs and related activities, to provide accountability to the profession and its stakeholders, to generate evidence that supports care behind advocacy aims, to inform professional policy decisions, and, ultimately, to achieve better health outcomes for the public directly linked to optometric eye and vision care.

Unlike practice profitability or academic achievement, evaluating advocacy success requires a different approach to thinking. One must recognize that activities can be affected by unpredictable forces involving politics, economics, pandemics, and even leadership. Success requires critical thinking and judgement from individuals who are knowledgeable and trusted, can effectively assess quality, recognize the right timing and opportunities, and bring skilled experience and training that stems from a deep knowledge of the issues.

Short- and long-term perspectives will provide different snapshots of success. A major challenge for many advocacy objectives is the length of time it can take for legislation to be enacted. Additionally, over time, directly connecting specific actions to other advocacy outcomes can be difficult.

Even still, there are several effective approaches to evaluating advocacy

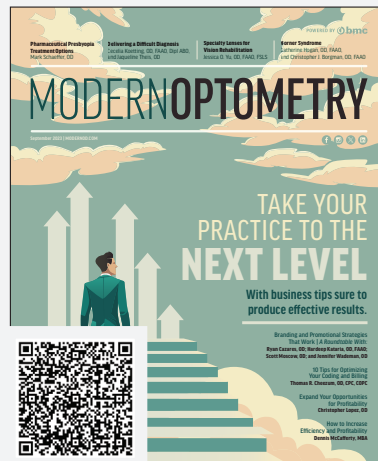
AT A GLANCE

- ▶ Understanding contemporary health care advocacy is critical for effective strategic planning, optimal resource allocation, member engagement, and increased national recognition of doctors of optometry.
- ▶ One area for professional self-reflection is to ask if colleagues engaged in health care education are being appropriately prepared for this important responsibility.
- ▶ Just as one regularly assesses individual practice performance for success, organizational advocacy initiatives require frequent, routine performance review and modernization.

ADVOCACY CATCH UP



"Advocacy for the Modern Optometrist: Examining Levels of Need" appeared in the July/August issue of *Modern Optometry* and discussed how the language of economics can help us understand the current landscape. Scan the code above to read this article.



In the September issue of *Modern Optometry*, "The Need to Define Advocacy Within Optometry" took on the topic of where major health-related organizations stand on the topic of advocacy. To read this article, scan the code above.

efforts. A thorough understanding of the greater stakeholder landscape—not just from within, but also outside of the legislative arena, will allow targeted discussions and potential shared opportunities when circumstances dictate, as advocacy aims need champions. Individuals with strong connections to health-related disciplines and representative organizations that have not been embraced historically as optometric that can "talk the talk" are essential to success. Examples of such organizations include Academy Health, APHA, Patient Centered Outcomes Research Institute, US Preventive Services Task Force, and AHRQ, as well as other regional and professional stakeholder organizations, such as Kaiser Family Foundation, Commonwealth Fund, Robert Wood Johnson Foundation, and offices on health equity. In addition, determining what to measure and collecting solid data to support it is crucial. Objective measurement of actions, activities, and

outcomes at regular, frequent intervals is also needed to determine causation and show what works, what doesn't, and where change is needed.

An often-underutilized approach is to keep abreast of membership priorities and needs. A key metric of success for any advocacy-focused entity is knowing how many people support the current mission. Without asking, it is difficult to gauge future success. Stagnating financial support or declining membership often indicates decreased connectivity with existing priorities and/or reflects a perceived lack of organizational success. Lastly, having a comprehensive, transparent, and well-accepted plan for support and implementation in place for when the "policy door opens" (ie, in other words, when opportunities are within reach and in line with emerging professional needs and mission objectives) can ensure streamlined success for a range of initiatives.

MEMBER ENGAGEMENT IS KEY

Similar to individual practices, organizational advocacy initiatives require frequent, routine performance review and modernization. Buy-in from membership and stakeholders can strengthen advocacy success by shedding light on which topics and goals are preferred priorities and, thus, worthy of investment of resources. This helps to define the desired advocacy realm.

The range of micro- and macro-level options is broad,¹ and a combination of micro- (ie, a focus on the patient care and clinical experience) and macro-level (ie, a focus on improving the health of a large population) advocacy priorities can be effective, but not all will be successful. An inclusive advocacy approach, combined with rigorous assessment of actions and outcomes, will improve transparency, increase member engagement, and, ultimately, benefit the health of both the profession and the public. ■

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