



PHYSICIANS FOR A NATIONAL HEALTH PROGRAM

## **Board of Directors Annual Meeting**

Sunday, November 5, 2017  
8:00 am – 12:00 pm  
Omni Atlanta Hotel at CNN Center

## **National Office Report**

Physicians for a National Health Program  
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## **Introduction**

This report provides an overview of PNHP's leadership and staff, membership, and core programs.

The organization's core programs aim to provide opportunities in single-payer activism over the course of a physician's career, from medical school through retirement.

As a physician-activist organization, PNHP's national office staff facilitates the work of members to carry out the mission of the organization.

## **Thank You**

Thank you to PNHP's national office staff for this substantial contributions to this report.

## Board of Directors

### Officers & Executive Committee

Carol Paris, MD, President  
Claudia Fegan, MD, Treasurer, National Coordinator  
Adam Gaffney, MD, Secretary  
Robert Zarr, MD, MPH, Immediate Past President  
Andrew Coates, MD  
Oliver Fein, MD  
Scott Goldberg, MD  
Gordon Schiff, MD  
Steffie Woolhandler, MD, MPH

### Delegates

North East Seat 1	Adam Gaffney, MD
North East Seat 2	Richard Bruno, MD, MPH
North East Seat 3	Mary O'Brien, MD
North Central Seat 1	Ann Settgast, MD
North Central Seat 2	Susan Rogers, MD
South Seat 1	Jessica Schorr Saxe, MD
South Seat 2	Olveen Carrasquillo, MD
West Seat 1	Paul Song, MD
West Seat 2	Paul Hochfeld, MD
West Seat 3	Danielle Alexander, MD, MSc
At-large Seat 1	Philip Verhoef, MD, PhD
At-large Seat 2	Scott Goldberg, MD
At-large Seat 3	Danny McCormick, MD, MPH
Students (1 seat)	Andy Hyatt, Augie Lindmark, Linda Liu, Anand Saha, Bryant Shuey, Vanessa Van Doren

### Past Presidents & Co-founders

Garrett Adams, MD, MPH  
Andrew Coates, MD  
Claudia Fegan, MD  
Oliver Fein, MD  
John Geyman, MD  
David Himmelstein, MD  
Ana Malinow, MD  
Don McCanne, MD  
Glenn Pearson, MD  
Deb Richter, MD  
Cecile Rose, MD, MPH  
Johnathon Ross, MD, MPH  
Jeffrey Scavron, MD  
Gordon Schiff, MD  
Susan Steigerwalt, MD  
Steffie Woolhandler, MD, MPH  
Robert Zarr, MD, MPH  
Carolyn Clancy, MD (temp. resigned)  
Bob LeBow, MD (deceased)  
Isaac Taylor, MD (deceased)  
Quentin Young, MD (deceased)

### Board Advisers (non-voting)

Henry Abrons, MD, MPH  
Nahiris Bahamón, MD  
John Bower, MD  
Harvey Fernbach, MD, MPH  
Margaret Flowers, MD  
C. Bree Johnston, MD, MPH  
Stephen Kemble, MD  
David McLanahan, MD  
Karen Palmer, MPH, MS  
Greg Silver, MD  
Diljeet Singh, MD, DrPH  
Rob Stone, MD  
Arthur Sutherland, MD  
Kay Tillow  
Walter Tsou, MD, MPH

### Honorary Member

Rose Ann DeMoro

## Ad hoc committees

**Development & Fundraising:** Henry Abrons (co-chair for development), Diljeet Singh (co-chair for fundraising), Richard Bruno, Harvey Fernbach, Adam Gaffney, David Himmelstein, Paul Hochfeld, Art Sutherland, Walter Tsou, Philip Verhoef, Robert Zarr, and Carol Paris (ex officio).

## Board development

Dr. Phil Verhoef was elected to an at-large seat on the Board of Directors in the summer of 2017. Members re-elected to their seats were Dr. Ann Settgest (north central), Dr. Olveen Carrasquillo (south, moved from at-large), Dr. Paul Hochfeld (west), and Dr. Paul Song (west).

Dr. Nahiris Bahamón, a pediatrics resident at the University of Chicago, replaced Dr. Verhoef as a Board adviser.

Andy Hyatt (Boston University), Augie Lindmark (University of Minnesota) and Linda Liu (University of Chicago) replaced graduating student members Emily Kirchner and Janine Petito.

## **National Office Staff**

### Personnel strategy

As an activist-based organization, staff roles are intended to complement the skills of the organization's leaders and membership, to fill in gaps in expertise, and to facilitate the work of the members.

While staff members have specific roles, all members should contribute to idea generation and should share certain qualities:

- Understanding of health policy.
- Strength in communications.
- Thinking like an organizer.

<u>Staff member</u>	<u>Hired</u>	<u>Current position</u>
Matthew Petty	2005	Executive Director
Clare Fauke	2017	Communications Specialist
Angela Fegan	2009	Membership & Design Associate (also on staff in 2007)
Dixon Galvez-Searle	2016	Communications Specialist
Emily Henkels	2013	Organizing Director

### Key job responsibilities

Matthew Petty, Executive Director: set and execute organizational strategies and goals with Board of Directors; facilitate organizational integration; staff management and development; lead outreach to coalition and legislative partners; fundraising strategy; financial management; organizational recordkeeping; board and leadership development; Annual Meeting and activist call programming; policy guidance and analysis.

Clare Fauke, Communications Specialist: co-plan organization's communications strategy; lead print media and radio/TV strategy; co-edit PNHP Newsletter; writing and editing of internal and external communications, including for media placement; field and fulfill media inquiries; pitch spokespeople; maintain media list; assist with email blasts; co-manage info@pnhp inbox.

Angela Fegan, Membership & Design Associate: layout and design for PNHP Newsletter; design promotional materials, other print materials, and web graphics; oversee PNHP's online store; contribute to organization's communications strategy; primary phone triage and fielding questions; member request fulfillments;

mail/shipping and inventory management; maintain membership records; financial processing; administrative assistance.

Dixon Galvez-Searle, Communications Specialist: co-plan organization's communications strategy; lead social media, web content, and video content strategy; writing and editing of internal and external communications; maintain national and chapter websites; oversee website redevelopment project; manage email blast system; maintain national office information systems; liaison to SNaHP media team; co-manage info@pnhp inbox; primary phone triage and fielding questions; contribute to PNHP Newsletter.

Emily Henkels, Organizing Director: oversee program areas including SNaHP, RNHP, medical outreach (grand rounds, specialty societies), and internships; membership recruitment, including through conference exhibits; chapter development, including strategic use of chapter visits; activist and educational development, including Leadership Training and webinars; member mobilization, including for special events and public actions; coordinate with coalition partners on public actions and other campaigns; plan Student Summit; coordinate speaking engagements.

#### Chapter staff (full time)

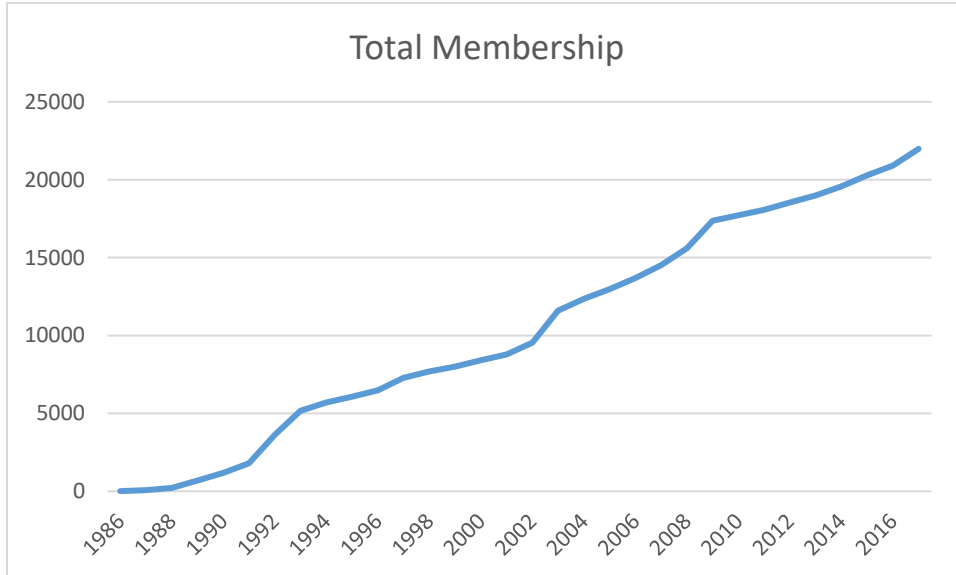
Chapter staff are hired by and report to the respective chapter's board of directors. They are instrumental in carrying out the national work of the organization in addition to local responsibilities.

New York Metro: Katie Robbins, executive director

## Membership

### Overview

As of Sept. 30, 2017, PNHP had 21,984 members, a net increase of 1,344 from the same point last year.



States with the largest number of members are:

- California: 2,907
- New York: 2,302 (NY Metro chapter has 2,091 members in 3 states)
- Massachusetts: 1,233
- Illinois: 906
- Washington: 748
- Pennsylvania: 712

### Recruitment

New memberships increased dramatically in 2017, with 1,075 new members in the first three quarters of the year, compared with 390 in the same period last year.

#### **Redesigned recruitment brochure**

PNHP redesigned its membership recruitment brochure in 2017, the first update in several years, and the most substantial redesign in at least a decade. The brochure is available by request to the national office, through PNHP's [online store](#), and as part of the online store's "activist pack."

## **National Program Report**

### Chapter leadership and development

#### **New chapters**

PNHP welcomed four new physician chapters so far in 2017, bringing the total active physician chapter to 46. This year, the national staff began a new process for approving PNHP chapters: Chapter charters submitted to the organizing director were forwarded to the PNHP president and executive director for approval, upon which the new chapter leaders received an official recognition letter. All new chapters were then presented to the full Board of Directors at its annual meeting for a final approval vote, per the PNHP bylaws.

New PNHP chapters in 2017:

- Pittsburgh, PA: PNHP Pittsburgh
- Asheville, NC: Western North Carolina PNHP
- Sacramento, CA: PNHP Capital District Chapter
- Cincinnati, OH: The Cincinnati Chapter of PNHP

#### **Dr. Carol Paris in Alaska**

In August, PNHP President Dr. Carol Paris spent ten days traveling to three cities in Alaska: Fairbanks, Anchorage, and Juneau. During this intensive organizing visit, Dr. Paris made two dozen media appearances, meetings, and community presentations. Her trip was coordinated by PNHP's national office with strong support from two state representatives in Fairbanks and Anchorage, and a local community organization in Juneau. Highlights included two speaker trainings with 30 attendees, and a taped presentation for local public television. Two local physicians were identified for leadership development and have taken steps towards organizing a new PNHP chapter in Anchorage.

#### **Chapter activities**

2017 was a year of exceptional chapter activity due largely to a surge in interest in single payer, relentless attacks on the Affordable Care Act, and PNHP and SNaHP's work both in local and national coalitions. There were many notable efforts and campaigns, including PNHP New York Metro's continued outstanding work on the New York Health Act and PNHP California's participation in the Campaign for a Healthy California. There were several chapter successes in garnering new co-sponsors for H.R. 676, such as in Rhode Island (Rep. David Cicilline) and Tennessee (Rep. Jim Cooper). Many PNHP and SNaHP chapters participated in such high-profile actions as the Women's March on Jan. 21 and in the National Medicare for All Day of Action on April 8. An exhaustive report of chapter activities may be viewed in the PNHP newsletters.

### Students for a National Health Program

Students for a National Health Program (SNaHP) organized nine new chapters so far in 2017, bringing the total to 60. SNaHP has four national leadership teams organized around key themes:

- Education & Base Building
- Social Media
- Coalition Building
- Political Advocacy

Projects of the teams since November 2016 have included a collaborative webinar with White Coats for Black Lives (WC4BL) on racial justice and single payer, a national call-in day in January, new content developed for the SNaHP Blog ([student.pnhp.org](http://student.pnhp.org)), and the development of regional SNaHP Facebook pages and regional point people. The SNaHP Coalition Building team welcomed two new organizational members to the Health Justice Coalition in 2017: Universities Allied for Essential Medicines (UAEM) and the Student Osteopathic Medical Association (SOMA).

SNaHP also circulated a national petition in support of S.1804, the Medicare for All Act, among health professional students and is planning a national single-payer day of action on Dec. 7, 2017, to focus on petition delivery and national single-payer advocacy. The petition had 315 signatures as of Oct. 24.

New SNaHP chapters in 2017:

- Pittsburgh, PA: University of Pittsburgh School of Medicine SNaHP
- Indianapolis, IN: Indiana University School of Medicine SNaHP
- Rootstown, OH: Northeast Ohio Medical University School of Medicine (NEOMED) SNaHP
- Syracuse, NY: SUNY Upstate SNaHP
- Rochester, NY: University of Rochester School of Medicine and Dentistry SNaHP
- New Orleans, LA: Louisiana State University Health Sciences Center (LSUHSC) SNaHP
- Dallas, TX: UT Southwestern SNaHP
- Philadelphia, PA: Thomas Jefferson University School of Medicine SNaHP

### Residents for a National Health Program

Residents for a National Health Program (RNHP) organized its third annual “Match Day Pledge” on March 13. The Match Day Pledge is a virtual oath taken by fourth-year medical students leading up to Match Day. This year’s pledge garnered 241 signatures, a 30 percent increase from 2016. RNHP also hosted its third annual “Resident Welcome Month” in June, during which all residents enjoyed a discounted membership rate in PNHP and welcome dinners were organized in Boston, New York, and Chicago (the Chicago dinner was co-hosted by SNaHP and was held later in the summer so more residents could attend). RNHP organized its first local chapter in 2017 in Chicago.

### Medical outreach

#### **Grand rounds program**

PNHP schedules grand rounds out of the national office with assistance from chapter office in New York. Since June, we have received twenty grand rounds speaker requests compared with 41 during the same period last year.

Many PNHP speakers arrange their own single-payer grand rounds independent of PNHP, and those are not included in the above total. We encourage PNHP physician and resident members to reach out to their institutions to request or offer a grand rounds on single payer.

An annual mailing to more than 10,000 department chairs, residency program directors, and chief residents garners many of the grand rounds requests processed by the national office. The mailing targets seven specialties: emergency medicine, family medicine, internal medicine, neurology, obstetrics-gynecology, pediatrics, and psychiatry.

#### **Medical specialty societies**

PNHP organized a booth presence at three medical specialty conventions in 2017: The American College of Physicians (May), the American Academy of Family Physicians (September) and the American Academy of Pediatrics (September). PNHP staff and volunteer presence at these conferences resulted in a net 64 new members and twenty renewing members. In addition, activities organized in conjunction with the AAFP Single Payer Member Interest Group included daily “Chat & Chew” discussions of Medicare for all and a single payer interest meeting during the convention.



Memberships by conference:

- ACP: 23 new members, 6 renewing members
- AAFP: 27 new members, 11 renewing members
- AAP: 14 new members, 3 renewing members

## Coalition work

### **Campaign for Guaranteed Health Care**

The [Campaign for Guaranteed Health Care](#), formed in late 2016, is a coalition group of organizations advocating for improved Medicare for all. Largely staffed by Ben Day of Healthcare-NOW, the Campaign coordinates public actions, petition drives, and other tactics to advance single payer. The Campaign holds regular conference calls for coalition partners to plan actions and share updates.

PNHP is a part of the Campaign's steering committee, along with Healthcare-NOW, Brotherhood of Maintenance of Way Employees, Labor Campaign for Single Payer, National Nurses United, Progressive Democrats of America, and Public Citizen. The steering committee holds regular calls and exchanges frequent emails to share information, plan and coordinate events, and strategize around health care developments.

Much of the Campaign's work in 2017 focused on the April 8 day of action and the introduction of Sen. Bernie Sanders' single-payer legislation.

### **April 8 Medicare for All day of action**

PNHP initiated a Medicare for All Day of Action on April 8, which was taken on by the Campaign. Coalition partners organized 60 actions in 30 states (including 18 in the South), largely in the form of rallies. In the two weeks following the day of action, five new co-sponsors signed on to H.R. 676.

## National legislative advocacy

### **H.R. 676: Expanded and Improved Medicare for All Act (Conyers bill)**

Rep. John Conyers (D-Mich.) re-introduced H.R. 676, the Expanded and Improved Medicare for All Act, in January 2017. Dr. Carol Paris and others made numerous visits to Capitol Hill, and PNHP launched a campaign to garner 100 co-sponsors. With momentum in single payer's favor and with pressure from single-payer activists, the bill eventually received a record number of co-sponsors: 120 as of October. Among the co-sponsors are several Blue Dog Democrats who are not traditional supporters of single payer.

### **S.1804: Medicare for All Act of 2017 (Sanders bill)**

After much anticipation, Sen. Bernie Sanders (I-Vt.) introduced single-payer legislation in the Senate on Sept. 13, 2017 with 16 co-sponsors. PNHP released a media statement welcoming the bill and a policy analysis of the legislation on the day of introduction, noting several deficiencies in the legislation. PNHP's advocacy work post-introduction has focused on a dual ask of senators: to co-sponsor the bill, and then for co-sponsors to push for improvements to the bill.

### **Rx: Medicare for All (August recess campaign)**

PNHP launched a month-long campaign for the Congressional August recess period, asking PNHP members to be a visible and organized presence at Congressional town hall meetings, public forums, and health care rallies, while representatives were at home in their districts. The national office created a dedicated web page and online toolkit for the campaign, including a prescription for Medicare for all.

## **PNHP as a resource to candidates**

Throughout 2017, the PNHP national office was occasionally contacted by local and congressional candidates in the 2018 midterm elections. Requests ranged from help developing health policy platforms to having a speaker represent PNHP at a health forum. While PNHP's 501(c)(3) tax status prohibits us from participating in partisan and electoral events, we are allowed to serve as issue-experts on single payer.

PNHP partnered with Brand New Congress (BNC) to present a webinar on single payer for candidates running for office in 2018. Dr. Ed Weisbart gave the webinar, which was facilitated by a staff person from BNC. Twenty-two candidates for office and their staff people participated in the webinar, and over 1,000 viewed via livestream. PNHP plans to create a non-partisan resource page for candidates on its new website.

## **Member education**

### **Webinars**

PNHP held five webinars since last year's Annual Meeting to provide training to new and continuing grand rounds speakers and chapter activists. Each webinar features a different speaker and topic and is open to all PNHP members who are up-to-date on their dues as a benefit of membership. The webinars are recorded and posted to PNHP's YouTube page for anyone to access after the event. This past year's webinars covered:

- "Post-Election Grand Rounds" with Dr. Ed Weisbart
- "Single Payer: From Soup to Nuts" with Dr. Ana Malinow
- "Speaking Up for Single Payer" with Dr. Carol Paris
- "Incrementalism as an Obstacle to Improved Medicare for All" with Dr. Margaret Flowers

Additionally, Dr. Adam Gaffney presented a special topic webinar on "Answering Your Questions about Sen. Sanders' Single Payer Bill." A total of 618 PNHP members registered for these webinars.

### **Monthly activist calls**

PNHP hosts monthly conference calls for activists on the fourth Thursday of the month, usually attended by about 30 to 45 members. The calls feature a variety of topics and include political and policy discussions, research reports, and chapter and activist reports. Ideas for discussion topics should be sent to the national office.

### **Leadership Training**

A record number of people registered for the 2017 Leadership Training. As of the October 27, 125 were registered to participate, including 42 first-time physician attendees. In order to facilitate a more personal experience of the training, staff for the first time incorporated a cohort system. Registrants were organized prior to the Training into groups of ten people, selected to give a more-or-less even mix of age, experience, career, and loosely grouped by region to encourage communication beyond the Leadership Training weekend. Cohort groups participated in a plenary activity in the morning, and an evening debrief at dinner.

## **External and public education**

The PNHP national office serves as the national hub for fulfilling requests for speakers and trainers at dozens of meetings, panels, and rallies annually. In 2017, staff encountered an unprecedented uptick in requests from new community and political organizations such as Indivisible, Our Revolution, and Democratic Socialists of America (DSA). When such local organizations contact PNHP, a national staff member matches local PNHP leaders who are willing and available to represent our organization at these events. Additionally, several PNHP leaders were invited to give high-profile testimony to important national stakeholders. Selected highlights included:

- PNHP leaders Dr. Adam Gaffney, Dr. David Himmelstein, and Dr. Steffie Woolhandler, along with PNHP members Dr. Sam Dickman and Dr. Mary Bassett, spoke at three symposiums organized by *The Lancet* in Boston and New York in May.
- Dr. Carol Paris was invited to speak in July alongside Rev. William Barber and other faith leaders in Washington D.C. to defend ACA repeal and call for improved Medicare for all.
- Board member Dr. Phil Verhoef was invited to speak at a national press conference in Washington, DC, with Rep. John Conyers to announce record support for H.R. 676 this past May.
- Board member Dr. Susan Rogers spoke on a health care panel at the People’s Summit in Chicago in June.
- Dr. Susan Rogers and Dr. Jewel Crawford (PNHP Atlanta), were selected to speak on a panel to the Congressional Black Caucus in September.
- Board member Dr. Paul Song was a keynote speaker at Healthcare-NOW’s Single Payer Leadership Meeting in Las Vegas in September.
- Dr. Claudia Fegan, PNHP’s national coordinator, and board member Dr. Richard Bruno joined Sen. Bernie Sanders in October for a two-day fact-finding mission on the Canadian health care system in Toronto.

## **Communications Report**

### Member communications

#### **PNHP Newsletter**

PNHP published two newsletters in 2017: Spring and Fall. Both publications were 52 pages and had a circulation of 8,500 to 10,000. Newsletters are posted under password on the website, with the link sent to PNHP’s email list. The next newsletter is planned for early 2018.

#### **Email blasts**

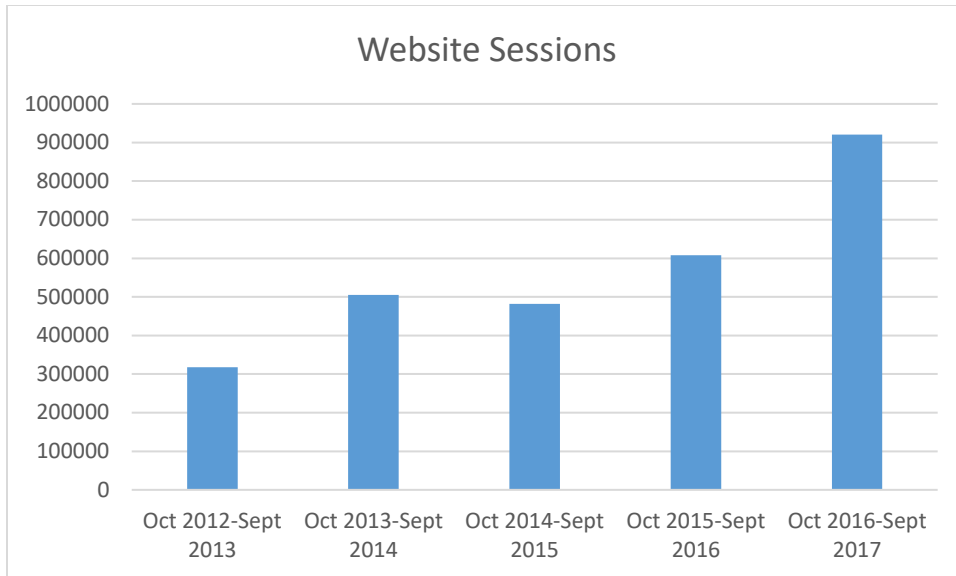
PNHP aims to send two to three email blasts per month with regular updates to our full email list of approximately 24,000. We also send email blasts to smaller segments of our list, averaging ten to twenty per month. These messages include chapter newsletters, event notices, targeted fundraising, media releases, student newsletters, activist call announcements, and webinar invitations, among others.

### External communications

#### **Website**

PNHP’s website is one of the organization’s most important communication tools; it is a key access point for both members and the general public to access information about PNHP and single payer. Members have access to password-protected content including PDF versions of the PNHP Newsletter; the current single-payer grand rounds presentations; and PowerPoint slides from the Annual Meeting and SNaHP Summit.

For the 12-month period starting Oct. 1, 2016, PNHP’s website was visited 920,461 times by 755,020 different users. This is a significant increase over the previous 12-month period, when the website was visited 607,672 times by 495,058 different users.



The vast majority of traffic to PNHP.org (74 percent) came from “organic search” via sites like Google and Yahoo. Additional sources of web traffic include “direct” via bookmarks or direct URL input (14 percent) and “social” via sites like Facebook and Twitter (8 percent).

The most visited page on PNHP’s website remains “[What is Single Payer?](#)” which was viewed 398,556 times. This is more than three-times as many views as our second most popular page, the [PNHP home page](#), which was viewed 116,528 times. Rounding out the top five are “[A Brief History: Universal Health Care Efforts in the US](#)” (65,184), “[Single-Payer FAQ](#)” (52,636), and “[Single-Payer National Health Insurance](#)” (36,728).

#### *Website redevelopment*

PNHP has contracted with a website development firm, Mad Science Dept., to engineer a complete redesign of the website. Mad Science began their work in early May 2016. To date, they have created a new back-end structure and copied nearly 10,000 archival posts from the current site to the new site. National office staff also re-organized web content to make for easier navigation, and the new site will be adaptive to mobile phones and tablets. We anticipate the new site launching in early 2018 – progress can be viewed at [this link](#).

#### **Social media**

##### *Facebook*

PNHP’s Facebook page currently has 57,959 fans (as of Sept. 30), up from 46,076 at the time of last year’s report and 28,414 as of the 2015 report. We maintain a high level of engagement for a page of our size. During September 2017, an average of 1,179 people engaged with our posts daily (including likes, shares, and comments). As a result, an average of 15,689 people saw PNHP’s Facebook content daily.

The volume of Facebook content remains high as well. PNHP posts at least once – and often 2 to 3 times – every weekday. Typical posts link to Dr. Don McCanne’s Quote of the Day; member-published op-eds or letters to the editor; and PNHP-generated graphics highlighting single-payer quotes or relevant statistics. The popular series highlighting insurance company CEO compensation continued in 2017 and this year’s post (covering compensation from 2016) was shared nearly 3,000 times.

### *Twitter*

PNHP's Twitter account currently has 7,854 followers, up from 4,500 at the time of last year's report and 3,516 as of the 2015 report. Our posts on this platform tend to link to the same content as our Facebook posts, but we will occasionally highlight and comment on news items posted by prominent journalists or health policy experts as well. We've also "live-tweeted" several notable events, such as a Harvard Medical School symposium and the introductory press conference for Sen. Bernie Sanders' single-payer bill.

### *YouTube*

During the 12-month period starting Oct. 1, 2016, PNHP posted 18 videos to our YouTube page. These videos have been viewed a total of 2,791 times. They include archived PNHP webinars, videos from member actions, and a "live" Q&A with Dr. Adam Gaffney. Most of the uploaded videos have been shared via Facebook and Twitter, and many have been embedded on the PNHP website.

### **Member-generated media**

This past year PNHP members have been published 231 times (123 letters to the editor, plus 108 op-eds/guest columns). This is a substantial increase from 2016 when members were published 142 times, and 158 times in 2015. While the majority of PNHP members were published in writers' local newspapers, member writing has appeared in major publications with national reach like *The New York Times*, *The Los Angeles Times*, *The Washington Post*, *The Nation*, *The Guardian*, and *USA Today*, along with specialty outlets like *Modern Healthcare*.

### **PNHP in the News**

Since November 2016, PNHP members have appeared in 266 media pieces:

#### *Television*

PNHP members have made 25 TV news appearances since the last Annual Meeting. We've had a much stronger year for local and national television appearances due to the increased interest in single payer, combined with an uptick in public events at the local level, such as the April 8 Day of Action. Highlights include Dr. David Himmelstein on CBS Evening News, Dr. Carol Paris on Democracy Now, Dr. Margaret Flowers on CSPAN, Drs. Himmelstein and Woolhandler on CNN, Dr. Diljeet Singh on the RT Network, and Dr. Carol Paris on several Alaska outlets.

#### *Radio*

PNHP members appeared in 39 radio stories, including National Public Radio and several state public radio networks.

#### *Print and online media*

PNHP members have appeared in 168 print and online news stories, ranging from *The Washington Post*, *The New York Times*, *The Boston Globe*, *The Guardian*, *The Atlantic*, *Time Magazine*, *The Los Angeles Times*, and *Bloomberg*. This year we have also made headway into outlets targeting younger audiences, such as Vice, Broadly, Paste, BuzzFeed, and ATTN.

## Special communications projects

### **Lancet Series on Inequality and Inequity** (April 2017)

PNHP staff worked together with promotional staff at *The Lancet* to promote this special edition of the journal, generating press materials and contacting hundreds of health care and political reporters, as well as those covering topics like mass incarceration, poverty, and structural racism. These efforts produced three dozen original stories within two weeks, in outlets ranging from *The Washington Post*, *The Guardian*, *Time Magazine*, and *Newsweek*.

### **Annals of Internal Medicine** (June 2017)

The article “The Relationship of Health Insurance and Mortality: Is Lack of Insurance Deadly?” by Drs. Steffie Woolhandler and David Himmelstein provided reporters with a headline-ready figure: How many people die when they don’t have health insurance? The publication was timed to coincide with the Congressional Budget Office estimate of how many Americans would lose health insurance under the GOP health care bill. We were able to pitch it to reporters under embargo a few days before release, which allowed outlets to plan their coverage. In the case of CBS news, we organized interviews with Dr. Himmelstein plus several patients in New York City who would be affected by changes to insurance rules (thanks to the great network of the NY Metro Chapter). The study generated more than 20 original news stories, and many more syndicated or linked.

### **Alaska Tour** (August-September 2017)

Dr. Carol Paris conducted a ten-day, three-city tour of Alaska at the invitation of several local leaders. We distributed press releases for each of Dr. Paris’ public events, generating TV, radio, and newspaper coverage for the tour. Before the tour, we reached out to influential statewide journalists, including a columnist for the *Alaska Dispatch News* and a producer for Alaska Public Radio. While these advance efforts produced several media “hits,” these conversations were also extremely valuable in helping us understand the political and health policy climate in the state. For example, we learned that (for various reasons) Medicare is actually very unpopular in Alaska, but Medicaid and the local Indian Health Service is highly respected. Therefore, we changed our messaging to avoid the phrase “Medicare for All” and learned how IHS works and how it would be affected by a single-payer plan.

### **Research promotion**

PNHP continues to promote research that relates to single payer and access to care. These studies help build our reputation as an information and policy resource. Besides studies described above in *The Lancet* and *Annals of Internal Medicine*, PNHP has promoted studies on accountable care organizations (*American Journal of Public Health*), African American and Latino access to neurologic care (*American Academy of Neurology*), access to pediatric mental health services (*International Journal of Health Services*), and racial segregation in New York academic hospitals (*IJHS*), plus a survey of Chicago-area doctors for the Chicago Medical Society.

### **Business and conservative messaging**

In order to provide a resource for members who live in conservative districts, PNHP developed “[The Conservative Case for Single Payer](#)” web page. This page launched on May 26, 2017, and was linked to from the PNHP home page for several months. It has been visited 2,632 times through Sept. 30.

The page identifies 19 Republican members of Congress who we believe might plausibly co-sponsor H.R. 676 (this list was also posted to social media). Additional resources on the page include a video recording of a talk by Dr. Ed Weisbart on “speaking beyond the choir”; a list of myths and facts about single payer; details on Canadian health care; evidence of administrative savings; the impact single payer would have on business; and polling from early 2017.

## Conclusions and Recommendations

### Summary

The past year saw new advancements for single payer, and new opportunities for PNHP and our allied single-payer advocates. Several factors contributed to these advancements:

- Sen. Bernie Sanders' president campaign and Senate legislation.
- Progressive reaction to the election of Donald Trump.
- Failure of the ACA to solve the U.S.'s health care crisis.

PNHP and our allies capitalized on the opportunities of the moment, with certain success:

- Significant legislative progress at the federal and state levels.
- Growing public awareness and support for Medicare for all.
- Increased mainstream media receptivity to the single-payer message.
- New support from the medical establishment for single payer.
- Rapid growth in PNHP membership.
- Reactivation of lapsed and previously inactive PNHP members.

### Organizing opportunities

*PNHP sees a number of organizing opportunities in the coming year. A non-exhaustive list includes:*

1. **Membership programming.** Focus on leadership development of resident and early-career physicians, with programming developed in consideration of professional and personal demands at this busy period of life, and with opportunities for leadership. Increase opportunities to grow and develop base of recently retired PNHP members who may have increased availability and motivation to get involved in single-payer activism.
2. **Coalition relationships.** Continue PNHP's close involvement with the Campaign for Guaranteed Health Care, and build new partnerships with other organizations such as National Physicians Alliance, National Medical Association, and others. Maintain our strong working relationship with Rep. John Conyers' staff, and build a stronger relationship with Sen. Bernie Sanders' staff. Use the momentum of the 2018 elections to advance single payer by serving as "issue experts."
3. **Legislation.** Continue to build support for federal (H.R. 676 and S.1804) and state legislation (e.g., New York Health Act and California's SB 562). Work to improve aspects of legislation that need improvement.
4. **Expand membership recruitment efforts.** Test direct mail recruitment, develop video testimonials, and explore low-cost social media and web advertising.

### Communications lessons and goals

*PNHP is most successful in its external communications when:*

1. **We present evidence-based research that is relevant to current topics.** Health care reporters are always interested in advanced access to new research, and this has been a strength for us. However, the timing of the release of *The Lancet* series on health inequity and the *Annals of Internal Medicine* article about the link between mortality and insurance coincided with congressional actions on health care, and reporters were able to use these studies to inform the rest of their coverage. Tying the research to current events also broadened our audience beyond the usual health care reporters.
2. **Physicians use their voice and personal experience.** Several members wrote letters and op-eds highlighting their personal experience treating patients who were uninsured or under-insured. Not

only were these pieces more likely to be published, once published they were shared much more widely on social media, often tens of thousands of times over.

3. **We use our policy expertise to build relationships with media.** Reporters often call PNHP with policy questions on topics not *directly* related to single payer, such as Medicaid funding or direct primary care. When we can respond quickly to these requests, we build relationships with reporters and a reputation as a credible and reliable source of information. Ideally, we can use these interviews to build a case for single payer, but even if we can't, the media relationships are quite valuable.
4. **We provide easy ways for our members to write.** In May 2017, in advance of the vote on the second GOP House bill to repeal the ACA, we sent an email blast to our members asking them to write a letter to their local paper. We provided talking points and access to an interactive database that calculated the number of people who would lose insurance in a given congressional district. Given these specific tools, at least a couple of dozen members wrote letters, about a half dozen were published in a single week.
5. **We do not limit our advocacy to already receptive audiences.** Recent polls have shown significant (and rising) support for single payer among conservatives. Members in red districts can impact on our national health care debate by stressing the cost-effectiveness of single payer; hosting screenings of "Fix It," which outlines the business case for single payer; and detailing the ways in which the "free market" fails to deliver quality and affordability. See [www.pnhp.org/gop](http://www.pnhp.org/gop).
6. **We use compelling visuals to support advocacy.** Television appearances are a good way of reaching a broad audience, and we had increased opportunity to advocate for single payer on web-based, local, and national TV programs in 2017. Our members have also generated testimonials using their phones; streamed video to Facebook Live; employed signs and buttons from the PNHP store; and *wore their white coats* to public events and interviews where they advocated Medicare for all.

*Goals and improvements to external communications include:*

1. **Responding more quickly to current events.** While we are able to provide comments to reporters on a short deadline, we often take longer to produce letters to the editor or op-eds in response to breaking news, when it is most likely to be published. Sometimes this is due to the approval process for organizational statements, sometimes we simply don't generate the content in a timely manner.
2. **Anticipating attacks on single payer and preparing in advance.** The rising prominence of single payer in 2016 and 2017 brought out attacks against it, such as being too expensive or too disruptive to the existing system. We need to be ready to quickly and effectively refute these spurious claims.
3. **Providing the patient experience.** Reporters often ask us for interviews with patients who have been affected by our current health system, but often we come up short. While we now have a short list of patients who are willing to share their stories, this is an area that would be extremely valuable in building reporter relationships and broadening our message.
4. **Develop more robust visual media products.** The vast majority of physician and student members have access to a smart phone that is capable of recording high-quality video. Collecting testimonials will make our message resonate even more with the public, as will capturing video footage of our Annual Meeting and Student Summit, and encouraging members to record and submit photos and videos of local actions. PNHP will also seek to create short animated videos explaining the basics of single payer to first-time website visitors, as well as a series of videos delving into the policy details and answering frequently asked questions.
5. **Exploring low-cost, targeted social media and web advertising.** Social media and web advertising can be directed at particular search terms, physicians, and characteristics of sympathetic users. Such advertising could be tied to direct mail recruitment, video recruitment campaign, and other projects.