
Community-Oriented Primary Care: From Principle to Practice

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CHAPTER 37

“Doctors Ought to Care”: A Model Utilizing the Physician as Community Health Promotion Specialist

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Community-oriented primary care offers a challenge to physicians to engage more aggressively in a variety of health promotion and disease prevention activities. Despite the growing interest of the public in health promotion and wellness, the medical profession has been slow to fully embrace the health promotion and integrate it into the practice of medicine. In addition to emphasizing health promotion in the examining room, physicians can draw on their role of health leaders and have an important impact on activities beyond the office setting as well. One strategy for exercising the leadership role in health is offered by an organization of physicians called Doctors Ought to Care (DOC). This chapter describes that strategy as a model for those physicians and other health professionals seeking a broader role in promoting the health of the community.

DOCTORS OUGHT TO CARE: THE ORGANIZATION AND THE APPROACH

Doctors Ought To Care was founded in Miami, Florida, in 1977 by Dr. Alan Blum. He and fellow family practice resi-

dents were very interested in promoting healthful life styles and speaking out against harmful health habits. They developed a lively pro-health campaign and were the first physician-led group to purchase advertising space in which to counteract the images created by the makers of cigarettes, alcohol, and other adverse products. Dr. Blum was soon joined by Dr. Rick Richards, another family practice resident from South Carolina, in the national leadership role, and both knowledge and understanding about DOC subsequently spread (1-8). The organization has grown to include several hundred physicians with efforts currently existing in over 25 States and several other countries. These physicians have given health promotion presentations to over a half million students in their school classrooms and to over 50,000 physicians.

DOC is a nonprofit, incorporated organization with three objectives: to educate the public about the major causes of preventable disease; to increase dialogue on the effects of smoking on medical costs; and to train and motivate physicians to be effective health promoters.

The philosophy of DOC has a central concern with the power, economics, and

influence of anti-health advertising on both the local and national level in the United States. It is ironic that tobacco, the number one killer in America, is also the most advertised product. Cigarette smoking and alcohol consumption are responsible for many more preventable deaths than any other risk factor, yet efforts to curtail them are often regarded as moralistic. The tobacco industry now spends over \$2 billion annually to promote the imagery and illusion of smoking-associated sophistication, beauty, and athletic prowess. In contrast, the Federal Government and all voluntary agencies spend less than 0.1 percent of this amount on counter-advertising.

Table 1 summarizes the unique features of the DOC approach. First, there is a consistent effort to raise the community's awareness of subtle, "socially acceptable" anti-health efforts and messages bombarding both youth and adults. Twelve-year-olds no longer memorize commercials for sugared cereal, but instead know every word and every superstar in the commercials for Miller Lite beer or Skoal smoke-

less tobacco. Adults too easily accept regular full-page cigarette ads in their newspaper, and teenagers regularly see tobacco ads on sidewalk placards and at the check-out counter of the convenience store.

Second, DOC places its energy and health promotion emphasis on preventive health topics in proportion to their relative impact on U.S. morbidity and mortality. Thus tobacco, which is associated with 350,000 premature deaths per year, and alcohol, associated with 100,000 deaths per year, receive the major emphasis. Accidental death, the leading killer of children and teenagers, is also emphasized, whereas such topics as lead poisoning, toxic shock, and acquired immunodeficiency syndrome receive very little emphasis.

Third, because "Madison Avenue" advertising works, this same type of "image-based" advertising is utilized to promote the good health product. Irwin Braun, president of a New York-based advertising agency, has correctly observed that "doctors are unrealistic about the power of advertising" and "they don't understand the role of marketing, creativity, media selection, repetition, continuity, and timing of a campaign" (9). DOC accepts this observation and seeks to teach physicians how to use advertising for good health.

Fourth, DOC uses color, humor, and the unexpected to ridicule, satirize, and entertain its audience for the purpose of effective counter-advertising. Figure 1 illustrates a DOC poster used in presentations to community audiences.

Fifth, DOC focuses on youth, both as a target and as a collaborator, to create unique approaches. Image-based advertising has proven successful for stimulating behavior change in youth (10-13). Although the tobacco industry endlessly states that cigarette advertising is not targeted to young people, teenagers do buy the most heavily promoted cigarettes, and 80 percent of children consider advertis-

TABLE 1. Unique Features of the DOC Approach

1. Raise the community's awareness of subtle, socially acceptable, anti-health advertising.
2. Emphasize preventive health topics in proportion to relative impact on U.S. morbidity/mortality.
3. Parody "Madison Avenue" advertising techniques: Image-based.
4. Use humor to ridicule and entertain.
5. Focus on youth, both as target and collaborator.
6. Physicians lead purchase of mass media time and space.

ing influential in encouraging them to begin to smoke (14). Recent DOC research has found a dose-response relationship between high school students' smoking levels and cigarette advertisement recognition. Regular cigarette smokers recognized 62 percent of advertisements seen compared to 33 percent for nonsmokers (15). Students smoking as few as one cigarette a week were found to identify a preferred cigarette brand. As Bartlett has discussed, community-oriented physicians can coordinate programs to reach both school students and the adult community, using both school-based and media-based techniques (16).

Lastly, DOC emphasizes physician-led purchase of mass media time and space for good health advertising. Typical public service announcements are well intentioned and can be used, but they are subject to manipulation. For example, they may not be run frequently nor at predictable or ideal times, unlike prime advertisement time and space which is purchased. The major reason cigarette advertising is no longer on television is the success of the health promotion counter-advertising effort in 1967-70. Government-mandated counter-advertising that ran in only a small fraction of the time allotted to cigarette commercials succeeded in cutting the expected sales of cigarettes by nearly 30 percent in 3 years (17). With tobacco companies now the leading advertisers in magazines, newspapers, and billboards, DOC believes counter-advertisements are desperately needed in these media too.

The philosophy and approach of Doctors Ought To Care was considered unorthodox in 1977. By 1981, however, the American Academy of Family Physicians (AAFP) cited DOC as one of the most innovative and outstanding health promotion efforts in the United States. The 1985 AAFP meeting included a Doctors Ought To Care health promotion lecture, workshop, and exhibit. To date several hun-

dred DOC physicians have talked with approximately 500,000 students and 50,000 physicians. Surgeon General Koop has been highly supportive of the DOC approach (18). Although initially reticent to speak out about the problem of tobacco advertising, the American Medical Association has recently called for a total ban on such advertising, to focus the American public's attention (19). While advertisers in all media around the country are concerned with this physician-led recommendation, they are encouraging physicians to do exactly what DOC has been recommending for the last 8 years (20).

Blum has characterized the philosophy of DOC as "medical activism" (21). By virtue of earned respect and credibility, the community-oriented physician has both the power and the pivotal role to educate, motivate, mobilize, and coordinate community health promotion efforts.

DOC AND THE COMMUNITY ORIENTED PRIMARY CARE MODEL

The strategies of Doctors Ought To Care represent one model for practicing community-oriented primary care (22-23). According to the operational definition of COPC, the first component is a practice or service program actively engaged in primary care. DOC activities originated from practicing and teaching family physicians with a defined active practice. The qualities of accessibility, comprehensiveness, coordination, continuity, and accountability are particularly intrinsic to the specialty of family medicine. The DOC approach can be activated in practices ranging from one physician in a small town to a large group in an urban setting. The latter, in turn, can range from a residency teaching practice to a multi-specialty clinic.

Regarding the second component of COPC, a defined community, DOC practitioners clearly relate to a community. Consistent with Nutting's report (22),

there is considerable variation in the denominator population served. Although the philosophy and attitudes of DOC can be used with patients personally in the office setting, this approach to health promotion functions primarily in social or geographic communities.

The third major component of the COPC model, attention to major health problems of the community, fits perfectly with the DOC approach. As noted above, DOC particularly focuses on the major lifestyle risk factors of youth, namely tobacco abuse, alcohol abuse, and risk-taking behavior.

Research by Doctors Ought To Care practitioners to date has involved working through the stages of the third component of the COPC model (24-25). Referring to the process by which major health problems are identified and addressed, questionnaires have been used to quantify the knowledge, attitude, and behavior of students' lifestyle habits, thus consistent with Stage III of the COPC model. DOC attempts at modifying the health care program of the community, although in their infancy, have approached Stage III also. Research to date with the function of monitoring the effectiveness of program modifications has been at Stage III of the COPC model. Prospective design has primarily been used. Farquhar, a leader in the field of community-based lifestyle intervention trials, has outlined both the benefits and the limitations of this type of community intervention (26).

STRATEGIES FOR COMMUNITY INVOLVEMENT

As noted, DOC activities have spread across the United States and into other countries. Although often with a lot of enthusiasm, DOC activities generally start on a small scale. Typically the first step in organizing a DOC chapter involves assessing what already exists in the community regarding health promotion. Care is taken

to avoid duplicating existing services. The community's problems, and specifically the needs of the youth of the community, should guide the initial DOC efforts. Typical early activities include: publicizing the availability of the DOC chapter as a health promotion consultant; offering regular health contributions to the local newspaper; staffing educational booths at health fairs; and establishing dialogue with the local school curriculum directors regarding status of health education (specifically concerning tobacco, alcohol, and risk-taking behavior). Depending on the number of physicians involved, regular meetings may be held and specific duties assigned.

One of the most active community services provided by DOC has been the development of speakers bureaus in various locations around the country. The DOC chapter in the Family Practice Residence Program in Cedar Rapids, Iowa, has been exemplary with this approach. A total of 14 different 30-45-minute slide presentations have been prepared. These are available at no charge for group presentation to both adult and youth audiences in the Cedar Rapids area. The presentations are colorful, humorous, and image-based. They stress the importance of peer pressure, advertising, lifestyles, and thinking for oneself. Audience participation, questions, and suggestions for health promotion ideas are always invited. From 1979-1986 nearly 400 presentations have been given to 19,500 individuals in eastern Iowa. Occasionally a DOC representative is asked to provide specific consultation with the school system on emerging problems such as teen pregnancy or smokeless tobacco use.

Another very typical DOC activity has been the sponsorship or co-sponsorship of family and youth oriented community fitness events. Five- and 10-kilometer races are quite common across the United States. However, unique "family fun runs"

which include 25-yard "dashes" for toddlers, and 2-kilometer "health walks" for those out of shape, are more typical of DOC runs. Prizes are offered in unusual categories such as youngest finisher, oldest finisher, fastest mother and child, fastest father and child, and most members of one family. Rather than co-sponsorship with a beer or soft drink company, DOC fun runs are co-sponsored by such groups as the dairy industry. Rational and nutritious use of dairy products, with an emphasis on calcium intake, is enthusiastically promoted along with exercise.

While tobacco and alcohol companies have sponsored tennis tournaments, racing cars, and jazz festivals, DOC has offered an alternative with its "Emphysema Slims" celebrity tennis tournament. The hypocrisy of associating bad health habits with sporting events and risk-taking behavior is emphasized, and role model athletes are associated with good health products.

Perhaps the ultimate DOC activity is effective advertising in the local community media. This was initially done by buying space on bus benches and bus posters. An annual elementary school good health poster/billboard contest in Cedar Rapids has generated student created health posters for display in community retail stores, shopping malls, newspapers, and even on billboards directly juxtaposed to anti-health advertisements (Figure 2). This type of effort truly bridges the gap between school health education and community health promotion as discussed by Bartlett (16). The ultimate advertising media, television and radio, have been used initially in Seattle, Washington with great success. Efforts are now underway to coordinate student-created radio and television counter-ads with modern music and video images. Finally, DOC physicians have regularly appeared on radio and television talk shows

Both in the spirit of the traditional family physician and of the DOC medical activist, DOC physicians have made "house calls" to cigarette company-sponsored film festivals on college campuses, cigarette company-run tennis tournaments, and to the headquarters of news media that relentlessly accept advertising dollars from tobacco and alcohol companies.

Finally, DOC physicians have been involved in legislative efforts on both the local and State levels. Concerned DOC members have devoted time, energy, and money to deal with such issues as "look-alike" stimulant sales, child restraint/seat belt/helmet laws, drunk driving laws, clean indoor air laws, fire-safe cigarette laws, convenience store/drug store sales of cigarettes to minors, and cigarette sample distribution on public property.

RESOURCE REQUIREMENTS

As with any COPC model, the DOC approach requires one or more dedicated physicians. Although physicians can be effective alone, there is an advantage to having a critical mass of 3-10 individuals. This allows cross fertilization of ideas, more time for community service, and a nurturing environment in which to share the fun of DOC.

Most DOC activities are provided voluntarily to the community. Time for providing a school talk or stimulating a poster contest must be carved out of an otherwise busy schedule. This time resource is one of the biggest challenges. However, the time spent can be considered a step in "marketing" one's practice, and many physicians to date feel this pays benefits in the long run.

The second major challenge is fundraising to support local community pro-health advertising. The budget for a typical family fun run may be \$1,000. A poster/billboard contest costs \$3,000-\$5,000 (12 billboards shown for one

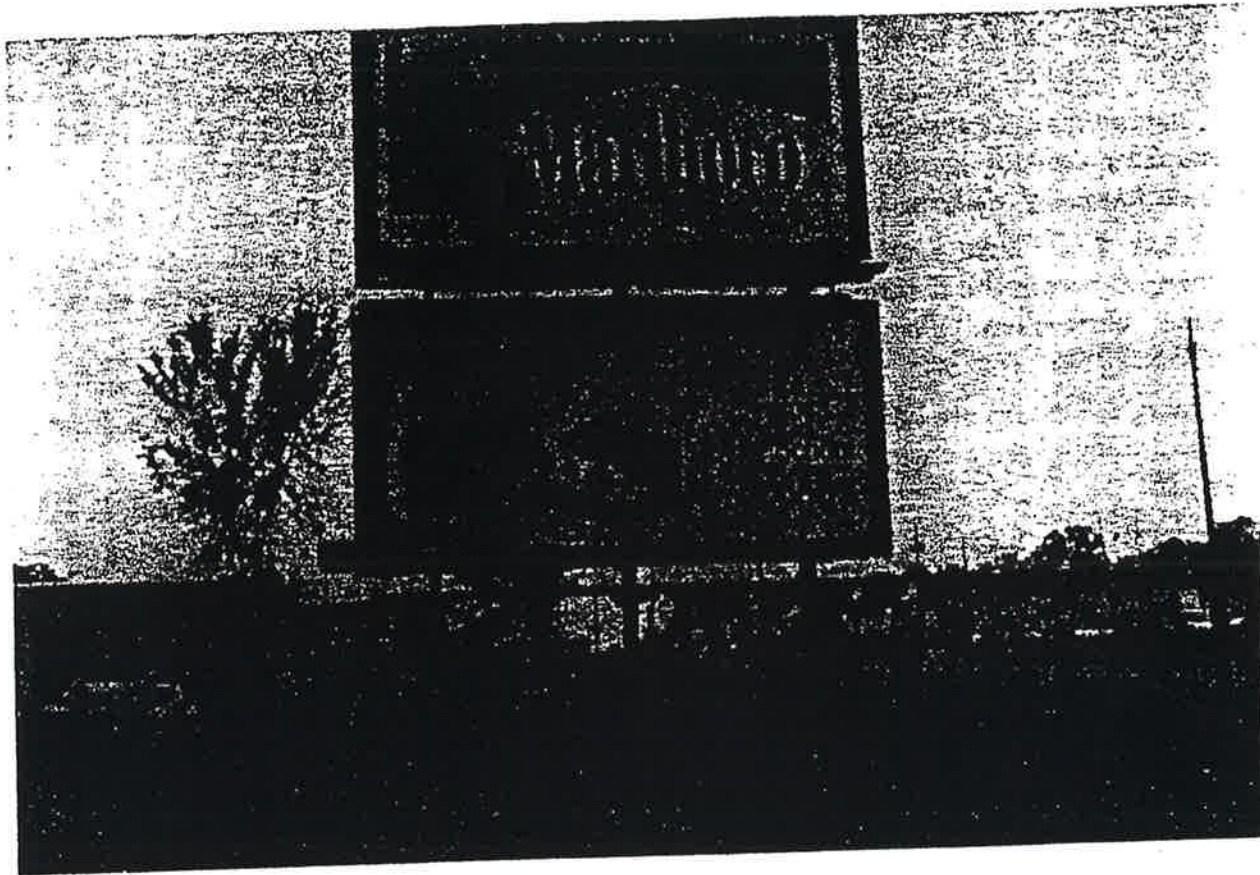


Figure 2. Student Poster Enlarged on Billboard, Juxtaposed Below Cigarette Billboard.

month). DOC activities have been sponsored by generous donations from local businesses, medical societies, hospitals, auxiliaries, and service clubs. Initial research has been sponsored by the Family Health Foundation of America (25). Larger grants and a truly national commitment will be needed to refine this exciting approach.

CONCLUSION

The philosophy and unique features of Doctors Ought To Care clearly offer a variation on the theme of community-oriented primary care. While originating from within the discipline of family medicine, Doctors Ought To Care is gaining increasing notoriety and respect across the United States. In the final analysis, DOC physicians care about their community, and quite simply have fun in providing modern health promotion advertising to the community.

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PART IV. DEVELOPING AN EMPHASIS PROGRAM

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