Building Support for Primary Care and Family Medicine: 
A Summary of Health is Primary, A National Communications Campaign

SUMMARY
The Health is Primary campaign, launched in 2014, was aimed at raising awareness of the value of primary care among consumers, opinion leaders and policy makers in the United States. The campaign used integrated communications—news media outreach, advertising (paid and donated), digital communications, events and partnerships—to drive a positive conversation about primary care and the values of family medicine by telling the success stories of innovation and transformation and setting the stage for family medicine’s strategic work. Annual tracking studies demonstrated measurable impact in raising awareness and willingness to act on behalf of family medicine and primary care.

BACKGROUND
In 2014, eight family medicine organizations\(^1\) came together to form Family Medicine for America’s Health and invested in a communications campaign to drive awareness about the value of primary care and family medicine. The campaign—Health is Primary—was part of an effort by family medicine to respond to this critical moment in health care and take a leadership role in strengthening primary care across the country. The campaign, launched in October 2014 and continuing through the end of 2018, used integrated communications—news media outreach, advertising (paid and donated), digital communications, events and partnerships—to drive a positive conversation about primary care and the values of family medicine by telling stories of innovation and transformation and setting the stage for family medicine’s strategic work.

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\(^1\) Family Medicine for America’s Health is a collaboration between the nation’s eight leading family medicine organizations, including: American Academy of Family Physicians, American Academy of Family Physicians Foundation, American Board of Family Medicine, American College of Osteopathic Family Physicians, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, North American Primary Care Research Group, and Society of Teachers of Family Medicine.
Why primary care?

The United States spends twice as much as other developed countries on our health care system, but our health is ranked near the bottom. A strong foundation of primary care in America is a big part of solving the failings of our health system. Investing in primary care leads to heathier patients, better care and cost savings to the system.

**Healthier Patients**

Patients with primary care are healthier than those without: they live longer, healthier lives and are less likely to suffer from cancer, heart disease or stroke.² Particularly for the poor, access to primary care is associated with improved outcomes, more complete immunization, better blood pressure control, improved dental health, reduced mortality, and improved quality of life.³ Geographic areas with more family and primary care physicians per population have lower hospitalization rates for conditions that should be preventable or detected early with good primary care (including diabetes mellitus or pneumonia in children and congestive heart failure, hypertension, pneumonia, and diabetes mellitus in adults).⁴

**Better Care**

The patient-physician relationship is central to the delivery of high-quality care.⁵ Physicians' comprehensive ("whole person") knowledge of patients and the trust of patients in their physician were the variables most strongly associated with adherence, and trust was the variable most strongly associated with patients' satisfaction with their physician.⁶ Primary care patients' responses reflected greater satisfaction with service delivery, the quality of consultation and continuity of care.⁷

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² [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/)
³ [http://content.healthaffairs.org/content/29/5/806.abstract](http://content.healthaffairs.org/content/29/5/806.abstract)
⁵ [http://www.annfammed.org/content/6/1/6](http://www.annfammed.org/content/6/1/6)
⁷ [http://bjgp.org/content/bjgp/49/446/705.full.pdf](http://bjgp.org/content/bjgp/49/446/705.full.pdf)
Cost Savings

Patients who have a primary care doctor spend approximately 30 percent less on health care than patients who don’t, and states with a high number of primary care doctors have lower health care costs and higher quality care. Recent data from the state of Oregon demonstrates the high return on investment in primary care: For every $1 increase in expenditures for primary care medical homes, there was an average $13 in savings to the health care system.

The Challenge

The modern health care system’s investment in primary care is insufficient to fully realize the benefits and achieve the triple aim. By increasing the investment in primary care, it is possible to build a health care system where everyone wins—one that delivers for individual patients, contributes to a healthy and thriving population and, ultimately, a reduced health care bill for the nation.

INSIGHTS AND ANALYSIS

In 2013, in the midst of a major overhaul of the health care system, the leadership of family medicine wanted to understand the best way to engage in the health care debate, communicate the values of family medicine, and strengthen the foundation of primary care in America. Working with APCO Worldwide, they conducted research to understand the perceptions of consumers, health care providers and influencers about primary care and family medicine.

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9 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/
11 The “Triple Aim” is a framework developed by the Institute for Healthcare Improvement to “optimize health system performance” by “improving the patient experience of care (including quality and satisfaction); Improving the health of populations; and reducing the per capita cost of health care.
12 The Family Medicine Working Party is an informal group of family medicine organizations that meets bi-annually to collaborate on issues of mutual interest. In 2013, the Working Party enlisted support from communications and strategy experts to coordinate their efforts to transform the specialty and ensure investments in primary care workforce and services.
13 APCO conducted in-depth interviews, survey research and qualitative focus groups with health care providers, consumers and policy influencers.
Alignment on Core Values

Audiences registered strong support for family medicine, its values and the benefits of primary care—but many had outdated views of primary care and confusion about the medical home.

Family physicians had strong trust and credibility with key health care decision makers. They were viewed very favorably across all stakeholders, especially patients, and their broad scope of knowledge, ability to treat entire families and caring nature were key themes that defined family physicians positively. It was clear that family medicine could and should play a leadership role in the health care debate: family physicians were selected most frequently across every audience as the members of the primary care community who could have the biggest impact on the health care system.

Outdated Views

While the core values of family medicine (whole person care, physician-patient rapport, patient advocacy) were well known, patients and other stakeholders were less aware of innovations and transformation well underway in primary care. There was work to do in communicating the broad scope, impact and value of advanced primary care and highlighting the cost-effectiveness, technological innovation and system navigation/leadership role of primary care.

STRATEGY AND PLANNING

These insights led to a communications campaign that could strengthen the constituency for primary care in America. Various themes and visual approaches were tested with key audiences to understand the best approach to communicating an updated understanding of family medicine values, the need for strong primary care and the benefits to patients and the health care system overall.
Together, APCO Worldwide and Health Impact Strategies developed the brand platform: defining the core content and messages and the colors, iconography and advertising that would communicate these messages to various audiences. The campaign’s core messages focused on the benefits of a strong of primary care foundation built on family medicine values. The goal: Ensure that America is a place where *Health is Primary.* *Health is Primary* promoted a health care system where:

- Doctors and patients work together in true partnership;
- Doctors have long-term relationships with their patients and see and treat the whole person;
- Technology supports and fosters the connection between doctors and patients;
- Everyone has access to a primary care home where most, if not all, of their health needs can be met and a coordinated medical neighborhood that provides additional care when needed;
- Prevention and health promotion are as important as treating disease;
- Doctors are working in partnership with community leaders to address individual and population health;
- Health disparities are reduced by increasing access to primary care; and,
- Financial incentives line up with good care and better health outcomes.

These messages were supported by data (infographics), real stories (collected from physicians and practices across the country) and support from key opinion leaders and from the family medicine community.

The tone of the campaign was positive and activities were aimed at highlighting the places where health care *is working* because of innovations in primary care. The campaign was planned as a three-year effort (launched in October 2014) to lay the groundwork for FMAHealth’s strategic efforts. The objectives: Raise awareness of the
value of primary care and build a strong constituency to support efforts that strengthen the foundation of primary care in America.

CAMPAIGN EXECUTION

The campaign used advertising, news media outreach, online communication, partnerships and stakeholder outreach to transform perceptions and behavior around health care in America and foster awareness and action to support the essential role of primary care. Outreach was national in years one and two, and, following the 2016 election and in anticipation of a renewed national focus on health care reform, narrowed its focus to health care decision makers in D.C. during 2017. Because of the continuing health care debate and the success of the campaign in raising awareness and support for primary care, at the recommendation of the Working Party, the FMAHealth Board extended the campaign for another year, through 2018.

Creative Assets

Creative materials were developed to build the campaign infrastructure, including:

- Campaign videos, highlighting the value of primary care and inspiring family medicine and primary care careers;
- Ads and posters, promoting the importance of primary care and the values of family medicine;
- HealthisPrimary.org, the main website for the Health is Primary campaign. Created and launched in 2014 and revamped in 2016, making it easier to find grassroots/social tools and resources that could be easily shared to help spread the word about the importance of primary care;
- Infographics, which provided information about the various aspects of primary care and other health issues the campaign highlights;
• Campaign brochure, which provided an overview of the campaign and all of the available assets;

• Annual calendar, providing sample social media content, information on the monthly ‘focus on health’ and additional information to facilitate message consistency among the family medicine community; and,

• Monthly toolkits, providing resources for local primary care physicians and medical students to help spread the message about the importance of primary care.

Campaign toolkits (along with the annual campaign calendar) were distributed to the state chapters of AAFP and ACOFP to expand the reach of the campaign and ensure message discipline across family medicine communications.

**Campaign Launch**

The campaign launched in October 2014 at the AAFP’s annual meeting in Washington, D.C., and generated national media attention with regional echo. The event reached D.C. policy elites directly with earned media in the *Washington Post*, *POLITICO Pulse*, *The Hill* and *Huffington Post*. An outdoor campaign inside-the-beltway included Metrobus advertising and digital ads targeting health care policy makers and influencers.

**City Tour and National Events**

The campaign conducted a tour of five markets—collecting and telling stories of innovation and transformation in primary care and bringing the campaign’s creative to life with real stories in Colorado, Illinois, Michigan, North Carolina and Washington. States were chosen based on several criteria with the aim of hosting events that could 1) highlight strong innovation stories in primary care; 2) show the impact of primary care in various health care ecosystems (rural, urban, diverse); 3) reach key opinion leaders at the local and national level. During years two and three, the campaign also
participated in several panel events at national conferences targeting health care advocates, D.C. decision makers and providers. Panel discussions featured local and national leaders in primary care and attracted audiences from the broader policy, health care and patient advocacy community. Media outreach efforts amplified the stories in national and local media.

Ongoing Media Relations

The campaign conducted ongoing media outreach—both proactive and reactive—to share stories of innovation in primary care. This included promotion of campaign events and announcements, ongoing outreach to key reporters covering health and health care and regular op-eds promoting the value of primary care in Medical Economics and Kevin MD.

Advertising—Paid and Donated

The campaign used a hybrid approach to advertising—paid and public service announcements—to drive national coverage and awareness. Paid advertising included print (national), digital/online, social and outdoor (supermarkets, drug stores, movie theaters, amusement parks, shopping malls). The 2017-18 push in Washington, D.C. included paid placements in the Washington Post, Roll Call, The Hill, POLITICO, and Morning Consult. Both the Morning Consult and Washington Post partnerships included original research to track and promote consumer support for primary care.

Social Media

The campaign was active on social media and had a strong presence on Facebook and Twitter.

Grassroots Activation and Support

The campaign set up regular communications with the family medicine community (sponsoring organizations, state chapters, family medicine educators and students) and
the broader community of primary care advocates and provided them with refreshed content and materials on a monthly basis.

**Partnerships**

*Health is Primary partnered with CVS Health* (2015-2017) to promote the value of a primary care medical home and coordination across the medical neighborhood. This partnership, underwritten with funding from CVS, included a panel discussion and press event as well as digital and earned media outreach to promote collaboration between primary care and retail pharmacies.

A formal partnership with the Alliance for Health Policy (2017-2018) included several events in D.C. to educate policymakers and influencers about the importance of primary care within the larger D.C. health policy discussion. *Health is Primary* included speakers and content in AHP’s panel discussions and related outreach to attendees.

**Student Outreach and Engagement**

The campaign conducted regular outreach to engage family medicine residents and medical students in the campaign and to reinforce their decision to choose family medicine. Each year, the campaign sponsored plenary sessions at the largest gathering of medical students in the U.S., the AAFP National Conference of Family Medicine Residents and Medical Students. Panels showcased *the importance of primary care and family medicine* in improving the health care system, demonstrated the importance of *family medicine advocacy efforts*, and highlighted the opportunities to innovate and transform the system through *careers in primary care*. The campaign produced a *video tribute to primary care* with ZDogg, MD that was launched at the National Conference in 2016 and received 1M+ views in the first week on social media. To date, the video has received 3M+ views on Facebook; it continues to drive awareness today and is being used in medical schools and residency programs around the country.
RESULTS

Annual Tracking Studies

From the outset, the Health is Primary campaign was committed to measuring impact. Tracking studies in 2015 and 2016 showed positive shifts in attitudes and high favorability among respondents who had seen or heard about the campaign. The most recent national measurement of the campaign, conducted in 2016, found:

- One in three Americans had seen, read or heard something about the campaign; and there was high believability (79%-95%) and favorable impact (71%-88%) associated with the campaign’s key messages;
- One in five respondents had seen campaign advertising based on aided recall;
- 74 percent of respondents were more likely to make sure they had a family physician after seeing campaign ads;
- 62 percent were more favorable toward primary care after seeing ads; and,
- 83 percent of 2016 respondents were willing to take action to support Health Is Primary and primary care—a seven percent increase over 2015.

The campaign’s D.C.-focused efforts brought strong and quick results. A tracking study conducted in July 2017 found:

- Family physicians rated 8.4 out of 10 in terms of favorable impression (trailing only nurses at 8.8 and pediatricians at 8.7);
- General unaided campaign awareness of Health is Primary was 32 percent (as compared to 34 percent in 2016 consumer tracking survey);
- Unaided advertising awareness was 24 percent (it was 8 percent in 2016 consumer tracking survey);
- Aided advertising awareness was 26 percent (it was 21 percent in 2016 consumer tracking survey); and,
• 7 in 10 of policymakers in Congress were willing to act on behalf of family medicine and primary care.

In 2018, a tracking study showed growing campaign awareness inside the beltway:

• General unaided campaign awareness was 34%, up from 32% in 2017;
• Unaided advertising awareness was 28%, up from 24% in 2017;
• Aided advertising awareness was 34%, up from 26% in 2017;
• Family physicians were rated 8.5 on a favorability scale of 10, with 82% registering a “very favorable” impression (second among 10 medical specialities ranked by respondents);
• 88% of respondents believed that family physicians contribute to better health in America, up from 79% in 2017; and,
• 8 in 10 policymakers in Congress were willing to act on behalf of family medicine and primary care.

Donated Media

Public service announcements (PSAs) provided free placements in print, radio and TV valued at more than $8,390,396, exceeding the paid advertising budget for the life of the campaign. These PSA placements included several national full page placements in Fortune, Woman’s Day and Dr. Oz The Good Life.

Advertising


Events

City tour events garnered significant attendance, strong social media engagement and good media interest. Collectively, during the five city tours and four national events, 39
primary care panelists spoke at events with more than 550 attendees. News stories from these events reached an audience of more than 2.7 million, and hundreds of campaign tweets bolstered engagement and conversations about primary care on social media.

**Social Media**

The campaign’s Twitter and Facebook platforms attracted tens of thousands of followers. To date, the Twitter page has 30,000 followers, the Facebook page has 18,000 likes and the website received an average 26,681 unique visitors per month during the national phase of the campaign.

**Reputation Measures**

During 2017, a survey measuring family medicine reputation among Washington, D.C. influencers showed a steady increase in reputation measures even in the midst of a contentious health policy debate. Family medicine policy staff in D.C. attribute this trend in part to the positive tone and impact of *Health is Primary* messages and advertising in the market during this debate.

**CONCLUSION**

The documented success of *Health is Primary* in raising awareness of the value of primary care among consumers, opinion leaders and policy makers in the United States can be attributed in large measure to the vision and leadership of the eight national family medicine organizations who identified the need for, and funded, the effort. Our hope is that the increased awareness of innovations and transformation well underway will continue to drive a positive conversation around the values of family medicine and primary care and, ultimately, drive the investment in primary care needed to bring these innovations to scale.