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HEALTH POLICY: PART II

FINDING A SPACE FOR ADVOCACY IN ACADEMIC MEDICINE

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It started with a simple question: "Let's get creative. What could we do to keep you here?" That was the question my mentor posed to me about a year ago, when I wasn't yet sure that academic medicine was the right place for me and my passion. Since before I started medical school, when I worked in the California State Assembly and later the U.S. House of Representatives during the passage of the Affordable Care Act, my passion has been to advocate for a more equitable healthcare system with improved access to affordable care.

Over the years, in an effort to find a better defined place within academic medicine, I have tried to fit this passion into quality improvement efforts or health policy research. But, days after President Trump's election, as I presented my quality improvement project to my co-residents, one of them stopped me in my tracks by asking, "Which part of this are you most passionate about?" I took a deep breath, swallowed hard, and spoke my truth: "None of it. What I really want to do is my advocacy work, but I just don't know how that fits into an academic project."

Over the course of the last several decades, the roles of academic physicians have continued to expand. Traditional roles in clinical care and research first expanded to include formal clinician-educator tracks. Opportunities for advancement based on educational scholarship have been enhanced with the introduction of the Educators' Portfolio.[1] More recently, health systems innovation and quality improvement have made their way into a widely recognized career path[2] as well as formal promotions criteria.[3] But while many professional organizations have taken the stance that physicians *must* advocate on behalf of patients and social justice, formal academic roles and advancement based on an expertise in physician advocacy remain limited. While an Advocacy Portfolio, similar to an Educators' Portfolio, has been proposed,[1] thus far it has not been widely adopted.

With this in mind, I was skeptical about the ability of academic medicine to allow for a role in advocacy. However, if there has been one advantage to the tumultuous political times in which we are living, it is that physicians increasingly recognize the importance of engaging in advocacy on behalf of our patients. As Don Berwick warned us: "Physicians who want politics out of health care are going to be disappointed. If they value the principles to which they pledged as healers, then they ignore politics at their peril and their patients'. The sidelines are safe places for neither."[4]

Fortunately, my own Division of General Internal Medicine (DGIM) has begun to recognize that we cannot sit on the sidelines either. Last year, the theme of our faculty retreat was advocacy, and the passion in the room was palpable. I decided to follow the advice of my mentor and "get creative" to find a place for advocacy in academic general medicine. With the support of my division chief and others, I took on the role of director of health care advocacy for our division, working to find a place for advocacy in academic medicine.

Looking around our DGIM, so much hunger for this work was already apparent. When our Wellbeing Committee asked faculty to identify activities that could promote their wellbeing, some focused on relaxation techniques, such as massage, but just as often groups proposed activities such as "a community facing activity with a community organization around social justice." In other words, the group proposed activities involving advocacy to combat the *moral distress* that often drives burnout.[5]

Moreover, several of our faculty, both researchers and clinician-educators, were already known around the campus and more broadly as advocates on topics such as tobacco use prevention, health care workforce, and health disparities. What quickly became apparent, as anyone who is engaged in advocacy knows, is that this is a team sport. So, we began to assemble our team. Two clinician-educators and two clinician-researchers in our division teamed up to found the Social Justice,

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Policy, Advocacy & Community Engagement (SPACE) Committee to provide information and engagement opportunities to DGIM community members who want to improve the health of our patients through advocating for policy change and working with community partners toward a goal of health equity and social justice. More than 20 faculty, staff, and residents have so far joined the Committee.

Our Committee provides updates, calls to action, and faculty development on relevant topics; we have also begun a collaboration with our hospitalist colleagues to deliver joint Grand Rounds and faculty development workshops. We are currently in the process of putting together a Speakers Bureau to allow the community to benefit from our faculty's expertise and vice versa, with leaders of community organizations invited to present at our Grand Rounds. We also look forward to improved networking with our colleagues from across the university, many of whom have deep passion and expertise in these topics.

As is so often the case, trainees have led the way in many of our university's efforts, with both their passion and expertise. For years, UCSF's medical students have been incredible advocates, with a plethora of student organizations focusing on particular issues. This year, they have come together to form the Health Justice Collaborative as a way of coordinating their work, and have also been key in advocating for the formal curriculum to include topics of social justice.

For the first time in our primary care residency history, all primary care residents in our division have engaged in an advocacy curriculum to complement their health policy curriculum and this spring will engage in legislative advocacy in either Sacramento or Washington, D.C. Many faculty, including program leadership and those involved in the SPACE Committee, will join the residents in these activities. We also plan to host a corresponding evening event locally, including direct outreach to our elected officials and an advocacy skills workshop for those interested but unable to travel.

Looking outward toward community partners and professional organizations, we have found many exceptional potential partners. Most notably, the SPACE Committee has begun a partnership with the San Francisco Marin Food Bank and the San Francisco Department of Public Health to bring a Food Pharmacy, complete with nutritious, whole foods and nutritional education, to our clinic site and our patients. We look forward to beginning to serve our clinic's patients experiencing food insecurity later this year, as our clinic takes its first steps toward truly addressing social determinants of health.

The story of academic medicine over the last few decades has been one of continually expanding and valuing roles that do not always fit the traditional model of clinician-researcher. If academic medicine is to lead the way in serving our communities and training the next generation of physicians, we *must* find a way to welcome the many trainees who are, like I was a year ago, passionate about advocating on behalf of their patients and communities but skeptical about how to do so within academia. I am fortunate to have found a team with incredible interest, expertise, and passion in advocacy, as well as a DGIM that supports this work. During these turbulent times, my sincere hope is that others will too.

References

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