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ADVOCACY IN FAMILY MEDICINE: FAMILY MEDICINE ADVOCACY SUMMIT

Many factors that influence residency education cannot be controlled on a program level. Advocating for our programs, our patients, our communities, and our learners on a regional, state, and national level should be an essential part of the life of a family physician and educator. The feeling that we often can't do enough to address social determinants of health for our patients is an important cause of decreased physician well-being. Organization and advocacy is an essential activity to fight burnout: "When we recognize ourselves not as individual actors each isolated in an exam room, but as a collective joined in common cause, we start to feel less alone."¹

The strategic plan of the Association of Family Medicine Residency Directors (AFMRD) includes "advocacy and collaboration." The AFMRD works with other groups in the "family of family medicine" by way of the Academic Family Medicine Advocacy Council (AFMAC) to advance an agenda important to our programs and our communities.² In addition, for many years, AFMRD has funded 10 competitive resident scholarships to attend the annual Family Medicine Advocacy Summit (FMAS) in Washington, DC. In 2018, AFMRD also funded 3 scholarships for our member program directors or association program directors. We hope these scholarships support advocacy leadership and inspire programs to engage locally, regionally, and nationally. Two scholarship awardees, a resident (T.K.R.), and program director (W.B.B.) share their FMAS experience here.

Reflections From the 2018 Family Medicine Advocacy Summit

Advocacy comes in many shapes and forms. Our advocacy work did not end with our meetings on Capitol Hill during FMAS; it continued as a residency-wide effort to promote our residents' role as advocates. Family physicians see the entire range of ages and stages of our population. As community members and de facto public health champions, we witness the very real daily issues that our patients face. A privilege of our specialty is the ability to amplify and give weight to the voices of marginalized communities.

As a residency embedded in a community health center, we see the myriad issues our patients face daily. Unfortunately, it is easy to feel lost about what actions to take to improve the lives of our patients and communities. While at FMAS, we had the opportunity to aggregate stories and experiences into powerful messages to share with our senators and representatives. The most compelling aspect of our experience was understanding the weight of our voices. Elected representatives and their staff inherently understand the representation a physician can bring to the table. Bringing the collective voices of our patients to decision makers is powerful.

While advocacy may bring to mind images of lobbyists on Capitol Hill and the politics seen on the television shows *The West Wing* or *House of Cards*, other forms of advocacy are myriad and effective. As a program, we incorporate the exploration of all forms of advocacy into our health systems management and community medicine curricula. We encourage residents to reflect on patient experiences and share patient stories by authoring op-eds in local newspapers, creating blog posts for online forums, speaking at local city council meetings, and writing letters to local utility companies to advocate for patient needs. Residents are urged to further amplify their voice by joining organized advocacy efforts with the American Academy of Family Physicians (AAFP), our state AAFP chapter, our state medical society, or the Health Center Advocacy Network. These resources are well organized and allow family physicians to do what we can do best—tell the stories of our patients and communities.

Advocacy days through our state AAFP chapter afford an opportunity for residents and faculty to share our on-the-ground experiences, often untold at state and national levels. Similar to our experiences at the national level, state representatives are acutely interested and reach out for our perspectives on community issues. We can harness a strength of family medicine—the building of long term relationships. In advocacy, we build long term relationships with our elected leaders and their staff members.

Advocacy uses natural strengths of family medicine; telling community stories and nurturing long-term relationships. We are uniquely poised as a specialty to build a culture of advocacy in all forms. We should all move forward to bring this culture to residencies across the nation.

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References

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