

ACADEMIC MEDICINE ADVOCACY GUIDE

**A RESOURCE FOR THE AAMC COMMUNITY TO ADVANCE
POLICY PRIORITIES THAT IMPROVE THE HEALTH OF ALL**

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Foreword

While the issues we handle are often complex, when it comes to how the AAMC Office of Government Relations (OGR) seeks to support our constituents at our member institutions, it's simple: **We want to provide you with the resources and tools to help you advocate for academic medicine policy priorities, ultimately leading to change.** The hardworking, intelligent, and committed members of my team — along with our colleagues throughout the association — routinely participate in AAMC meetings, webinars, calls, in-person presentations, and site visits to keep you — our valued constituents — in the know about issues impacting academic medicine, our interactions with federal policymakers, and what you can do to drive policy changes. It is in that spirit that we have created this advocacy toolkit to help you engage in academic medicine advocacy.

As I would tell any medical student, resident, clinician, researcher, administrator, or anyone else within the AAMC network who wants to be more involved in advocacy, thank you. Your time and talents are already focused and committed to delivering high-quality medical care to your patients and communities, to training or studying in pursuit of excellence in clinical care and scientific discovery, and administratively running the medical schools, teaching hospitals, and academic health systems that deliver tremendous economic and health benefits to millions. You have elected to go beyond your calling to give your perspective to policymakers on areas in which you are experienced and to lift your patients' stories and needs to those policymakers impacting their lives. It is not only remarkable; it is fundamental to the political process. In our federal democracy, **there are many instances for people like you to lean into the advocacy process, and we are here to support you in this important form of civic engagement.**

I want to be clear that while the AAMC advances policies based on evidence, research, impact, and feedback from our members, **we do not push ideologies.** We don't tell people what to think. We don't tell people who to vote for or who to support. We don't support or endorse a particular party. We do, however, support policies, and as we have seen time and time again, many of our important issues cross party lines, geographies, and many other social, economic, and demographic lines, while garnering support from a variety of members of Congress. Use this tool to gauge issues that you care about — those impacting your institution and the communities you serve — and see how elected officials are thinking about a topic or voting on legislation. The AAMC is focused on federal advocacy (to the administration, the U.S. House of Representatives, and the U.S. Senate), but these resources can be used for state and local advocacy, too.

The time is now. Your voice needs to be heard. I want you to dedicate a portion of your time to advocacy, and I want to hear how this tool is helping you better approach advocacy. If you have shared this resource with others in your academic or clinical community, what has been the response? Has this resource helped organize your thoughts and your actions before engaging with an elected official? Have you connected with other people around advocacy and leveraged this resource to approach advocacy with a fresh view or greater intensity? We can't wait to see and support how you lead and serve in support of academic medicine advocacy!



Danielle P. Turnipseed
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Introduction

The AAMC Office of Government Relations (OGR) developed this guidebook on academic medicine advocacy to assist member institutions in engaging with policymakers on key issues, including medical research, health equity, workforce training, and patient care. In response to the needs expressed by faculty, learners, leaders, and government relations professionals within AAMC-member institutions, this guidebook shares valuable resources to support advocacy efforts that underscore the impact of academic medicine nationwide.

Within the academic medicine community, physicians, faculty, and staff provide essential care to patients and their families daily. Advocating for policies that promote the stability and vitality of AAMC-member institutions is crucial for ensuring access to lifesaving care and advancing medical research. AAMC constituents — through their roles in delivering care, conducting research, and training future physicians — are uniquely equipped to use their experiences to influence lawmakers and drive positive policy change.

Understanding the Role of the AAMC, Office of Government Relations, and Government Relations Representatives

The AAMC (Association of American Medical Colleges) is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, biomedical research, and community collaborations. Its members are all 160 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 12 accredited Canadian medical schools; nearly 500 academic health systems and teaching hospitals, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools, academic health systems and teaching hospitals, and the millions of individuals across academic medicine, including more than 210,000 full-time faculty members, 99,000 medical students, 162,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Through the Alliance of Academic Health Centers International, AAMC membership reaches more than 60 international academic health centers throughout five regional offices across the globe. Learn more at aamc.org.

The AAMC Office of Government Relations (OGR) leads the association's efforts to ensure that federal policymakers understand how medical schools, academic health systems and teaching hospitals, and medical faculty improve the health and well-being of patients and communities through academic medicine's missions of health care, education, and research. While the AAMC engages only in federal lobbying and advocacy, OGR is developing a function to identify relevant state activity and convene AAMC members on their state advocacy efforts.

To successfully advance AAMC's advocacy priorities, OGR collaborates closely with the **Government Relations Representatives (GRR)** group. GRRs are professionals in government relations offices at AAMC-member institutions who advocate for their institutions and, more broadly, academic medicine. The group provides a forum for these experts to consult with AAMC staff and each other on federal legislative and regulatory issues, initiatives, and strategies.

About the AAMC Government Relations Representatives Group

The AAMC Government Relations Representatives (GRR) group advances nonpartisan advocacy focused on academic medicine priorities by providing a forum for federal relations staff at medical schools, teaching hospitals, and academic health systems to consult with AAMC staff on evolving federal legislative and regulatory issues, initiatives, and strategies.

GRRs at AAMC-member institutions:

- Provide context, connections, and messaging to guide advocacy activities.
- Represent the interests of the institution's faculty, learners, staff, and patients before various levels of government.
- Advocate to improve or modify existing policies, laws, and budget appropriations.
- Encourage support for and the creation of programs that benefit academic medicine and the patients and communities they serve.
- Work closely with AAMC government relations staff on legislative and regulatory advocacy strategies.

Learn more at aamc.org/grr.

Why Advocate for Academic Medicine?

Advocating for academic medicine is essential for informing policymakers about the needs and experiences of AAMC-member institutions, physicians, and patients. By participating in advocacy, individuals at AAMC-member institutions can share firsthand accounts with members of Congress regarding the innovative patient care, research, and medical education conducted across the country. This engagement is critical for raising awareness of academic medicine's essential contributions and for helping to shape legislation and policies that affect AAMC-member institutions and the patients and communities they serve.

To maximize the effectiveness of their advocacy efforts, individuals at member institutions are **strongly encouraged** to collaborate with their institutions' government relations offices. Since institutional policies regarding participation in advocacy and political activism may vary, it is crucial to consult with these advocacy and policy experts to understand the policy and political landscape and to identify effective strategies and best practices.

The strategies and actions outlined in this document can serve as a foundational guide for AAMC members as they develop their approaches to engaging in advocacy.

What Is Advocacy?

Advocacy is characterized as any action taken to speak in favor of, recommend, argue for, support, defend, or plead on behalf of others. In the context of health advocacy, this includes activities like demonstrating to policymakers the importance of funding disease-prevention services, sharing materials that highlight gaps in health resources, and outlining the benefits of improving support for certain resources to enhance health outcomes. Ultimately, advocacy is about collaborating with stakeholders to create solutions to achieve measurable outcomes.

Markers of advocacy activities include:

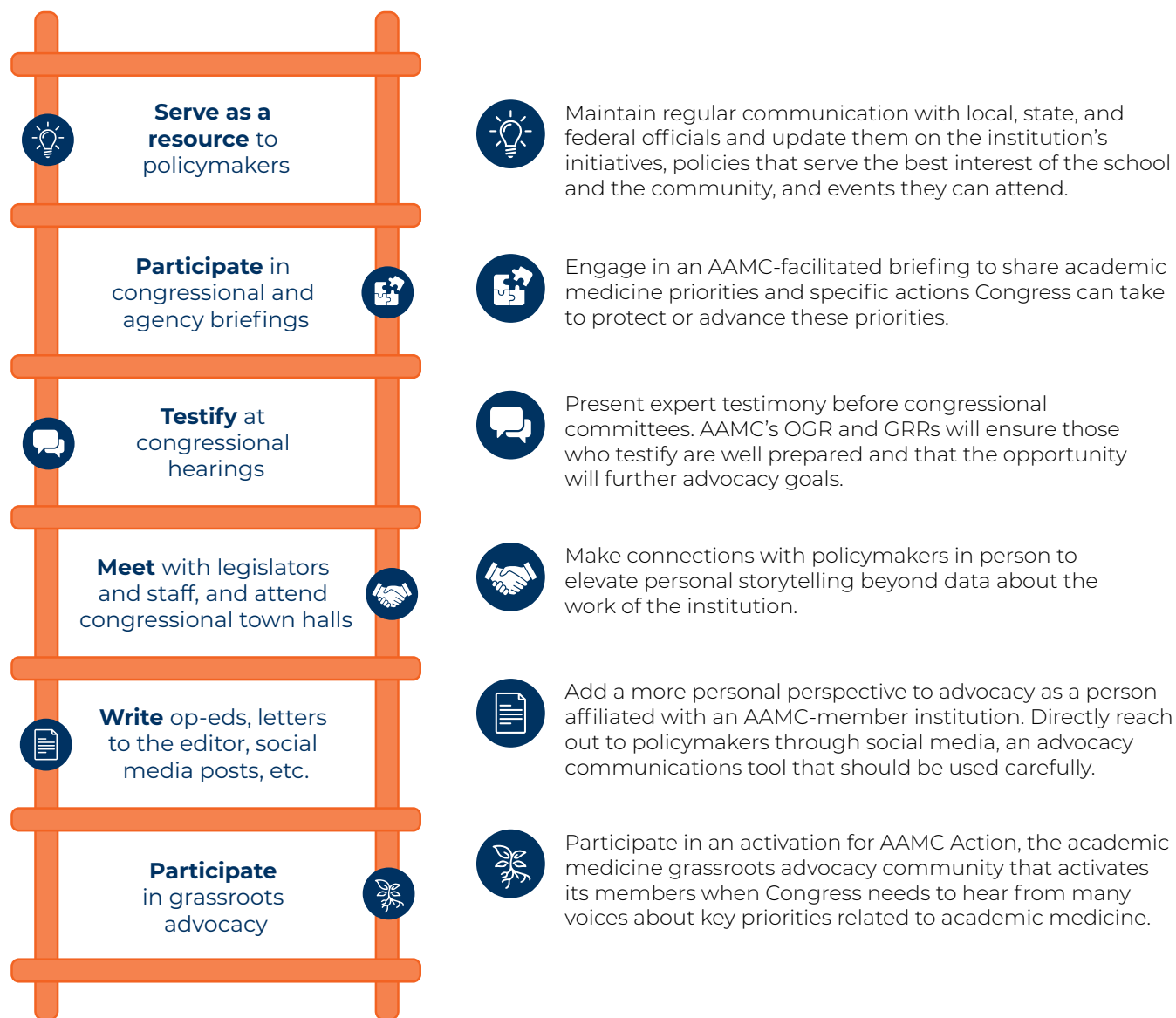
- Educating and listening
- Sharing specialized knowledge
- Developing and informing policy
- Ideally remaining nonpartisan
- Finding solutions

Ladder of Advocacy Engagement

Individuals at AAMC-member institutions, referred to as AAMC constituents, can engage in varying levels of advocacy. The ladder below illustrates that advocacy can range from grassroots activities, which demand less time, to becoming a resource through direct engagement and relationship-building with policymakers.

LEVELS OF ADVOCACY

EXAMPLES



It is important to connect with government affairs representatives (GRRs) at your institutions for guidance and background information.

The above graphic provides examples of activities at each level of advocacy. Keep in mind, one does not have to start at a particular point on the advocacy ladder — participate in advocacy activities as you deem most appropriate and as you feel most comfortable. It is critical that individuals collaborate with their institutions' government relations offices to effectively participate in these advocacy activities.

In addition to the activities included in the ladder of advocacy engagement, there are other important ways to engage. More and more, physicians are running for elected office. Serving as an elected official on a local, state, or national level is a great way to get involved in advocacy. Federal, state, and local agencies, institutes, commissions, task forces, and other bodies seek individuals to participate in appointed capacities to leverage the experience they have in their chosen field. Serving on these bodies also allows physicians to lend expertise on a select topic and represent their institution (as appropriate) in the policymaking process. Additionally, individuals can find voting and encouraging people to participate in the electoral process empowering.

Tools for Engaging in Advocacy

Identifying the appropriate tools to effectively reach a target audience is essential before engaging in advocacy. The means by which one conveys a message can either make or break one's ability to educate and advocate on issues relevant to academic medical institutions. Collaborating with an institution's government relations office and communications staff is highly recommended to maximize effectiveness and avoid any pitfalls.

STORYTELLING IN ADVOCACY

Storytelling serves as a vital tool for health care advocacy, allowing individuals to simplify and humanize complex policy issues and share valuable experiences that might otherwise go unheard. By transforming abstract statistics into compelling narratives, personal stories can resonate emotionally, fostering greater awareness and empathy around collective health care challenges. Furthermore, storytelling is a crucial strategy for shaping policy and enhancing health outcomes for individuals and communities.

Qualities of effective health care advocacy storytelling:

- **Clear and targeted messaging:** Effective health care advocacy storytelling emphasizes core messages that align with the advocate's goals and resonate with the audience. By connecting these messages to personal experiences, advocates can clearly highlight the significance and impact of academic medicine.
- **Showcasing impacts:** Health care advocacy storytelling should focus on themes of positive changes or negative impacts. These narratives should highlight personal stories experienced by the advocate or someone in their sphere, or cumulative impacts from a policy or lack thereof. By sharing these stories, advocates can inspire policymakers to shape policy accordingly.
- **Thoughtfully developed narratives:** Effective health care advocacy stories are crafted to resonate with the audience and in a particular context. Stories should vividly illustrate the narrative and include compelling hooks to leave an impression. Be mindful of the language your audience typically uses and try to avoid terminology that may be received as divisive or overly political.
- **Precise story structure:** Effective health care advocacy depends on well-structured messages that shape how audiences understand and connect with the story. Tailor the narrative to suit different groups, delivery methods, and circumstances. This can help improve clarity and ensure the message resonates with the intended audience.
- **Practiced storytelling:** Effective health care advocacy storytellers are practiced, so they can strike a balance between using their natural speaking style, being genuine, and being confident.¹

¹Austin J and Connell E. *Evaluating Personal Narrative Storytelling for Advocacy: A Literature Review Prepared for Living Proof Advocacy*. Wilder Research; 2019. https://www.wilder.org/sites/default/files/imports/LivingProofAdvocacy_LiteratureReview_11-19.pdf.

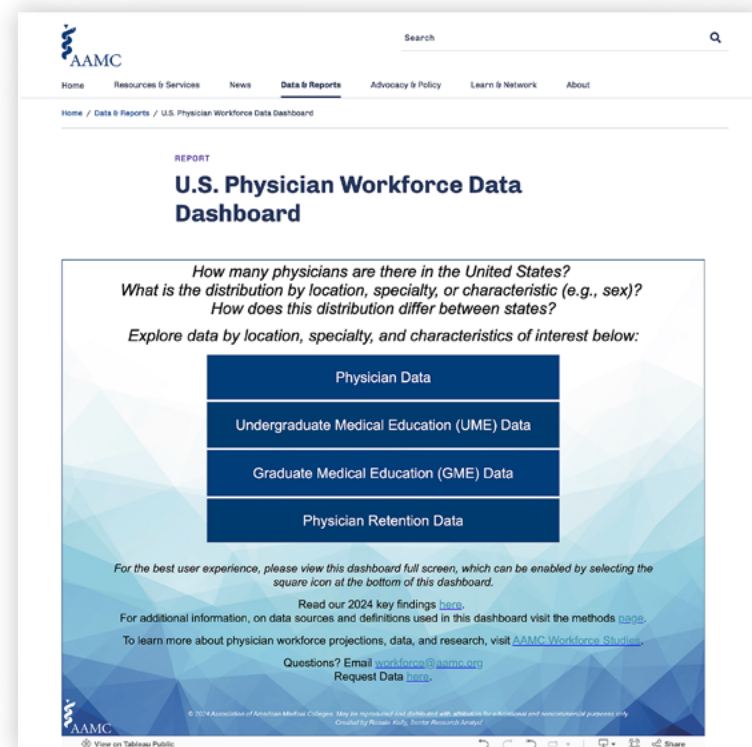
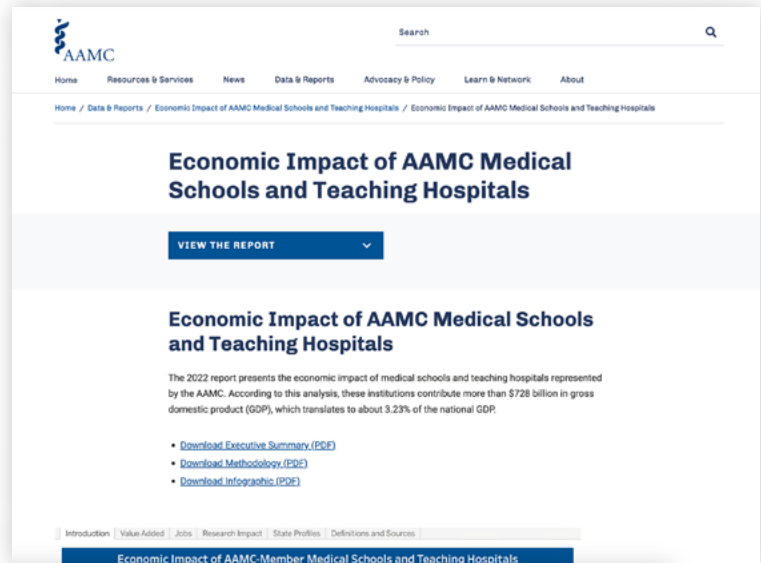
DATA FOR ADVOCACY

Showcasing data in advocacy efforts provides credible and objective evidence to substantiate claims. Well-founded facts enhance the persuasiveness of an argument and improve the potential to influence policy decisions. This method allows for the thoughtful identification of genuine needs or concerns, rather than relying solely on opinions or anecdotes.

The AAMC manages many datasets that inform advocacy and are available for AAMC members to incorporate into their efforts. Below are key datasets to augment advocacy messages:

Economic Impact of AAMC Medical Schools and Teaching Hospitals

This interactive webpage version of the AAMC's 2022 report on the *Economic Impact of AAMC Medical Schools and Teaching Hospitals* includes datasets categorized by value added, jobs, research impact, and state profiles.

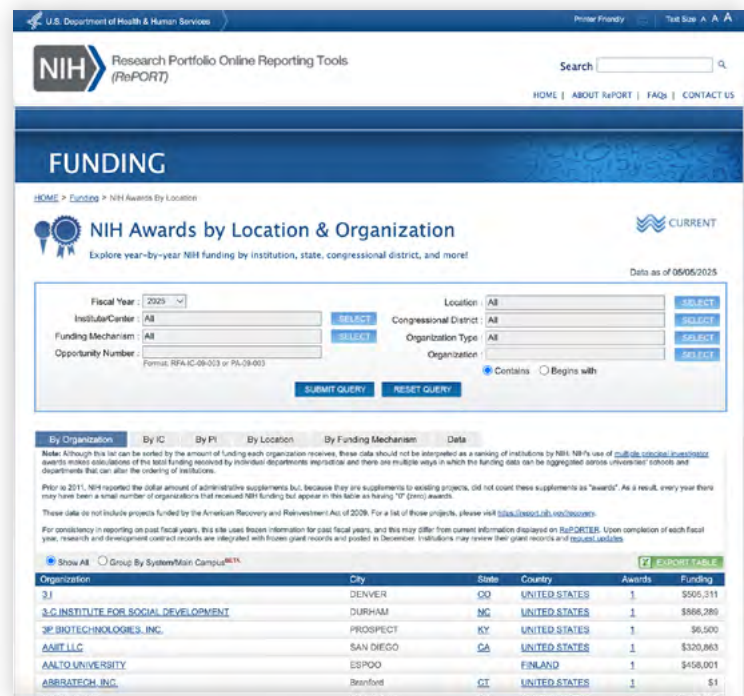


U.S. Physician Workforce Data Dashboard

This dashboard provides detailed statistics about active physicians in the largest practice specialties (i.e., specialties with more than 2,500 active physicians) in the United States and its territories. Data include the number of physicians by specialty; the number of people per direct patient care physician by specialty, age, sex, and race/ethnicity; major professional activity; medical school location; and type of U.S. medical degree by specialty.

National Institutes of Health (NIH) Research Portfolio Online Reporting Tools (RePORT)

This database includes reports, data, and analyses related to NIH research activities, including details on NIH expenditures and the outcomes of NIH-supported research.



U.S. Department of Health & Human Services

NIH Research Portfolio Online Reporting Tools (RePORT)

Search

HOME | ABOUT RePORT | FAQs | CONTACT US

FUNDING

NIH Awards by Location & Organization

Explore year-by-year NIH funding by institution, state, congressional district, and more!

Data as of 06/06/2025

Fiscal Year: 2025

Institution/Center: All

Funding Mechanism: All

Opportunity Number: Format: RFAIC-08-003 or RA-08-003

Location: All

Congressional District: All

Organization Type: All

Organization: All

Contains: ☐ Begins with

SUBMIT QUERY RESET QUERY

By Organization By IC By PI By Location By Funding Mechanism Data

Note: Although this list can be sorted by the amount of funding each organization receives, these data should not be interpreted as a ranking of institutions by NIH. NIH's use of [public release information](#) awards makes calculations of this data funding received by individual departments impractical and there are multiple ways in which the funding data can be aggregated across universities, schools, and departments that can alter the ordering of institutions.

Prior to 2011, NIH reported the dollar amount of administrative supplements but, because they are supplements to existing projects, did not count these supplements as "awards." As a result, every year there may have been a small number of organizations that received NIH funding but appear in this table as having "0" awards.

These data do not include projects funded by the American Recovery and Reinvestment Act of 2009. For a list of those projects, please visit [NIH's Recovery Act projects](#).

For consistency in reporting on past fiscal years, this site uses fiscal information for past fiscal years, and this may differ from current information displayed on RePORT. Upon completion of each fiscal year, research and development contract awards are integrated with those grant awards and posted in December. Institutions may receive their grant awards at a later date.

Show All Group By System/Institution Campus

Organization	City	State	Country	Awards	Funding
3J	DENVER	CO	UNITED STATES	1	\$505,311
3-C INSTITUTE FOR SOCIAL DEVELOPMENT	DURHAM	NC	UNITED STATES	1	\$866,280
3P BIOTECHNOLOGIES, INC.	PROSPECT	KY	UNITED STATES	1	\$6,500
AMIT LLC	SAN DIEGO	CA	UNITED STATES	1	\$320,863
AALTO UNIVERSITY	ESPOO	FINLAND	FINLAND	1	\$458,001
ABBATECH, INC.	Brentford	GT	UNITED STATES	1	\$1

A nationwide system of care and innovation.

\$728 B
Economic Contribution

3.2%
Gross Domestic Product

7.1 M
Jobs Across the Country

ROLL OVER TO EXPLORE THE MAP

IMAGINE STATE



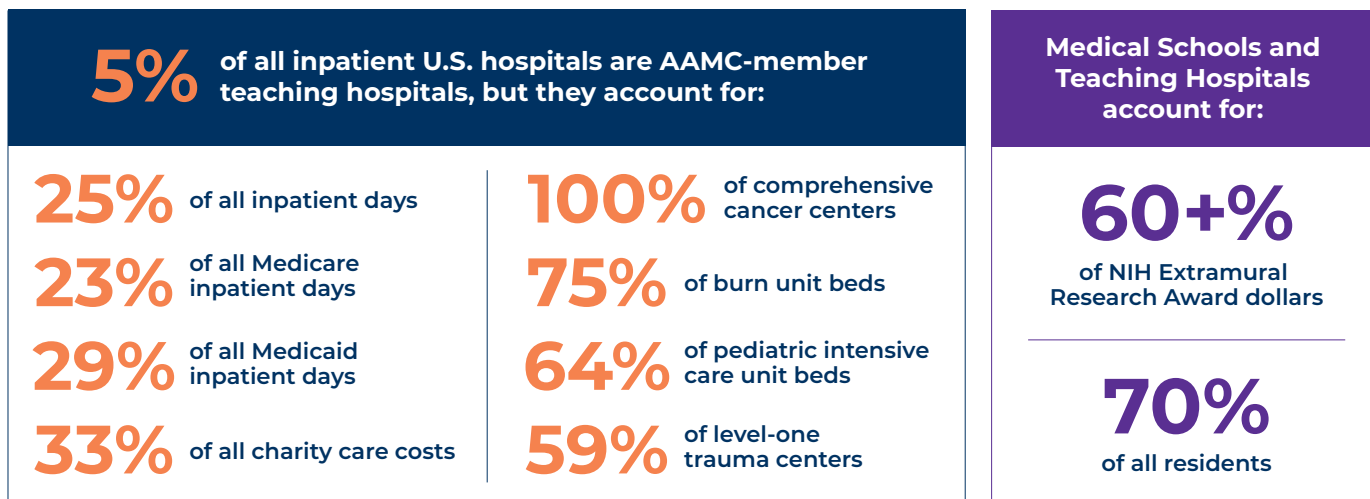
Economic Impact of AAMC Medical Schools and Teaching Hospitals 2022 Report

What Starts Here Saves Lives Academic Medicine Nationwide System Map

This interactive web map illustrates the economic impact of AAMC-member institutions across the United States. It provides statistics related to economic contributions, gross domestic product (GDP), and jobs supported throughout the country. By clicking on a state on the map, users can access specific information concerning AAMC institutions, including the total number of institutions (with an itemized list), their economic impact, and the number of jobs supported by them.

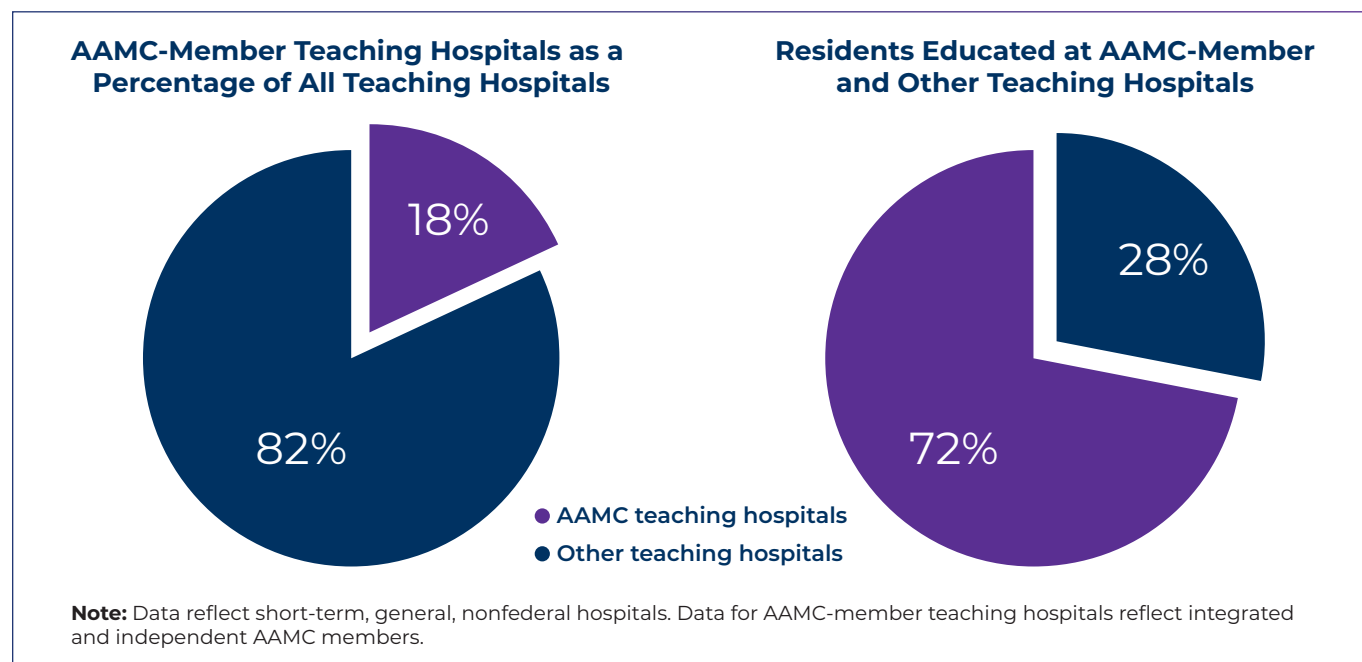
Additionally, data can demonstrate the state- and region-specific impact of AAMC-member institutions, which is appreciated by lawmakers and their staff. The following examples illustrate how strategically collected data have effectively conveyed the profound impact of academic medicine on various aspects of health care and the economic activity of the United States.

Academic Medicine: Biggest Provider of Patient Care, Research, and Training²



Note: Data reflect short-term, general, nonfederal hospitals.

The Role of AAMC-Member Teaching Hospitals in Graduate Medical Education³



² AAMC analysis of AHA Annual Survey Database FY2022 and NIH Extramural Research Award data.

³ AAMC analysis of FY2021 American Hospital Association data and AAMC membership data, December 2022.

The Pursuit of Academic Medicine's Mission Has a Major Economic Impact Nationwide⁴

↑
Contributes more than
\$728 Billion
to the U.S. economy

Represents about **3.23% GDP**

7.1 Million Jobs

DIRECT
3 Million

SECONDARY
4.1 Million

4.4% of jobs nationwide

Aggregated AAMC-member-level data can be integrated into institution-specific or local and state materials to develop a powerful story. By tailoring this information, institutions can highlight unique achievements, challenges, and opportunities that resonate with their communities. This approach creates a compelling narrative that engages stakeholders and inspires action. For example, below is the Academic Medicine State Fact Sheet which outlines the economic impact that AAMC-member institutions have on a state's GDP.

How Academic Medicine Serves Your Constituents Texas

40
AAMC-member medical schools and teaching hospitals

\$35.62 billion
in economic impact

365,466
jobs supported

AAMC-member medical schools and teaching hospitals in your state

- Anne Burnett Marion School of Medicine at TCU - Baylor College of Medicine - Baylor Scott & White Health - Baylor Scott & White Medical Center - Temple - Baylor St. Luke's Medical Center - Baylor University Medical Center - Central Texas Veterans Health Care System - Children's Health - Children's Medical Center Dallas - DSHS Health - Doctors Hospital at Renaissance - Houston Methodist - Houston Methodist Hospital - JPS Health Network - McGovern Medical School at the University of Texas Health Science Center at Houston - Memorial Hermann - Texas Medical Center - Memorial Hermann Health System - Parkland Health & Hospital System - South Texas Veterans Health Care System - St. Luke's Health - Tenet Healthcare Corporation - Texas A&M University School of Medicine - Texas Children's Hospital - Texas Tech University Health Sciences Center Paul L. Foster School of Medicine - Texas Tech University Health Sciences Center School of Medicine - The Hospitals of Providence Transmountain Campus - The University of Texas at Tyler School of Medicine - The University of Texas Health Science Center at San Antonio Jee R. and Teresa Lopez Long School of Medicine - The University of Texas Health Science Center at Tyler - The University of Texas Southwestern Medical Center - University Health System - University Medical Center Health System - University of Houston Timmer J. Furrillo Family College of Medicine - University of Texas at Austin Dell Medical School - University of Texas M.D. Anderson Cancer Center - University of Texas Medical Branch John Sealy School of Medicine - University of Texas Rio Grande Valley School of Medicine - University of Texas Southwestern Medical School - UT Southwestern University Hospital-Clements - UT Southwestern University Hospital-Zale Lipton

What is academic medicine?

Academic medicine is where education, research, clinical care, and community collaborations are combined to provide the best possible outcomes. It touches the lives of Americans every day. The AAMC's vast membership network of 159 medical schools and nearly 500 academic health systems and teaching hospitals drives the patient care improvements and cutting-edge research breakthroughs that propel systemic change across the nation's health care system. To learn more about academic medicine's value to patients, families, and communities everywhere, from rural to urban, visit whatstartshere.aamc.org.

The AAMC and its members are dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations.

How does academic medicine benefit your state's economy?

Our members are **vital economic engines** in Texas. In 2019, they added \$35.62 billion in value to the state's economy, generating 365,466 jobs. This added value was 1.81% of Texas' GDP — or \$1,229 per resident. The average job supported by academic medicine in Texas pays \$68,716.¹

Nearly 60% of extramural research funded by the National Institutes of Health (NIH) takes place at medical schools and teaching health systems and hospitals, where scientists, clinicians, and trainees work together to advance scientific breakthroughs that improve the lives of millions of Americans.² In Texas, NIH research added \$11 billion to the state's economy and 11,365 jobs in 2019.³

Association of American Medical Colleges

How Academic Medicine Serves Your Constituents Texas

Academic medicine in your state

Texas	National
238 Physicians per 100,000 population, ranked 44th nationally. ⁴	302 Physicians per 100,000 population. ⁴
9,853 Medical student enrollment. ⁴	136,128 Medical student enrollment. ⁴
6,377 Number of residents in training. ⁵	119,937 Number of residents in training. ⁵
4,354 Medicare-supported residency positions. ⁵	94,049 Medicare-supported residency positions. ⁵
2,023 Residents not supported by Medicare direct graduate medical education funding. ⁵	25,888 Residents not supported by Medicare direct graduate medical education funding. ⁵
\$1.8B Total funding from the National Institutes of Health (NIH) in FY23. ⁶	\$37.8B Total funding from the National Institutes of Health (NIH) in FY23. ⁶
3,708 Number of NIH grants and contracts in FY23. ⁶	64,454 Number of NIH grants and contracts in FY23. ⁶
\$44.1M Health Resources Services Administration (HRSA) Title VII workforce program funding in FY22. ⁷	\$527.7M Health Resources Services Administration (HRSA) Title VII workforce program funding in FY22. ⁷
\$9.2M HRSA Title VIII workforce program funding in FY22. ⁷	\$282.8M HRSA Title VIII workforce program funding in FY22. ⁷

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More information: Brandon Vaughan, bvaughan@aamc.org

Notes

¹ Nemore S, Brown E, Hogen M, Smith D, Westlauff J, Deppe B. Economic Impact of AAMC Medical Schools and Teaching Hospitals. Washington, D.C.: AAMC; 2022.

² Statistics reflect an AAMC analysis of the 2021 NIH award data that was supplemented with data from the AAMC Faculty Roster and Council of Teaching Hospital records.

³ U.S. Physician Workforce Data Dashboard, as of 01/20/2025. AAMC Physician Professional Data last updated 5/20/2023. U.S. Census Bureau 2022 American Community Survey data last updated 09/30/24.

⁴ U.S. Physician Workforce Data Dashboard, as of 01/20/2025. AAMC Student Records System data last updated 10/26/23. AAMC Enrollment data last updated 09/27/24.

⁵ These tables are based on AAMC's analysis of FY2022 Medicare cost report data. HCBS July 2023 release. Counts represent FTE residents. If FY2022 data is available, FY2022 data is used. AAMC membership as of September 2024. DOME caps and counts include allopathic and osteopathic residents, but excludes dental and podiatric programs. Includes redistributed slots under Section 422, Section 5053, and Section 5065. DOME counts are unweighted FTEs. Teaching hospitals are defined as hospitals with DOME FTE count value that is greater than 0.

⁶ NIH BiOPORT Data Book <https://bioport.nih.gov/data/index.cfm>. Accessed 01/20/2025.

⁷ Health Resources and Services Administration data from <https://data.hrsa.gov/data/download>. Accessed 01/20/2025.

AAMC.ORG

Note: The [Academic Medicine State Fact Sheets](#) for each state can be accessed online.

⁴ AAMC. *Economic Impact of AAMC Medical Schools and Teaching Hospitals*. AAMC; June 2022. <https://www.aamc.org/data-reports/teaching-hospitals/interactive-data/economic-impact-aamc-medical-schools-and-teaching-hospitals>

SOCIAL MEDIA FOR ADVOCACY

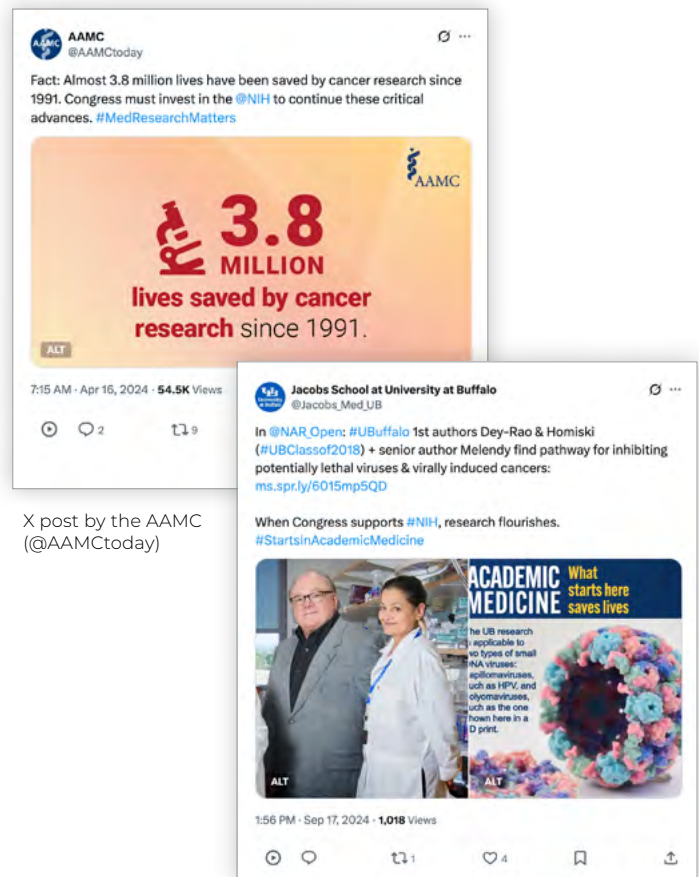
Institutions and individuals alike can leverage social media as a powerful tool to participate in conversations about and advocate for relevant issues.

Tips for using social media for advocacy:

- Refer to your institution's social media guidelines (if applicable) before engaging on social media.
- Choose a social media platform based on the goal of the post. For quick updates, text-based platforms like Bluesky or the social platform X work well, while visuals (like videos, photos, or infographics) might work best on platforms like Instagram or TikTok. LinkedIn is good for sharing institution-wide updates, professional development opportunities, advocacy accomplishments, articles, and more.
- Always use language that a general audience can understand.
- Identify and include hashtags relevant to the topic of the post to extend the reach of your message and become part of the broader conversation around the topic.
- Follow your legislators on social media.
- When referring to a member of Congress, another specific person, or an institution in a post, tag them. They might share the post, which will increase its reach. Consider reaching out to the tagged parties directly to collaborate on the post or ask them to repost it.
- Repost and like similar posts from others making analogous advocacy points and encourage people in your networks to like your post.
- Track analytics, determine which topics or types of messaging resonate most with your audience, and use these findings to guide future posts.

Example social media posts from the AAMC:

- Graduate Medical Education (GME) — clinical training at teaching hospitals for our future physicians after medical school — is crucial in addressing America's #DocShortage. To provide quality care for patients everywhere, we must #ExpandGME.
- What #StartsInAcademicMedicine saves lives. The AAMC works with policymakers and other leaders to advance policy priorities that strengthen the nation's health and well-being. Learn more about how we are advocating for the future of #AcademicMedicine: <https://www.aamc.org/advocacy-policy>



X post by the AAMC (@AAMCtoday)

X post by AAMC-member institution Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo (@Jacobs_Med_UB)

OP-EDS FOR ADVOCACY

Publishing op-eds can increase awareness of new research and clinical discoveries, motivate patients, and provide health information to the community. Op-eds in local papers can be especially effective tools to reach lawmakers because they are tuned into what their constituents are saying and reading on the opinion pages of their hometown news outlets. As someone who is not only an expert, but also a constituent, authoring an op-ed can be an effective way to share the value of the academic medicine community. By spreading information on the impact of academic medicine in your community, this type of communication can influence efforts to change or enhance policy.

To the right is an op-ed authored by an AAMC-member institution advocating for sustained investment in medical research, written in collaboration with the AAMC.

Guidance on Appropriate Advocacy

It is crucial for leaders, faculty, staff, learners, or representatives of a medical school, academic health system, or teaching hospital to recognize that their advocacy efforts reflect their personal views unless they are formally working alongside the government relations office. For example, if a staff member states that they are an administrator at a specific medical school, they should clarify that they only represent themselves and not their institution.⁵ Other suggestions for ensuring that advocacy efforts align with institutional requirements, include:

- Partner with your institution's government affairs office for guidelines around:
 - Inviting political candidates or government officials to speak at the institution or an institution-sponsored event.
 - Organizing events or initiatives for student or faculty-led advocacy.
- Participation in personal political activities is allowed in a private capacity. If an individual's opinions are influenced by their experiences as a faculty member, staff, or learner, they may state, "I am a faculty member/staff member/student at _____, and I am speaking today on my own behalf."⁶

Guest column: UMass Chan, NIH teaming to beat cancer, other diseases

Terence R. Flotte Worcester Telegram & Gazette

Sept. 8, 2024, 5:04 a.m. ET



The American Cancer Society projects that in 2024, new first-time cancer cases will, for the first time, exceed 2 million. Despite this truly daunting statistic, these patients are more likely to survive because of medical advancements like immunotherapy — a treatment that uses a patient's own immune system to fight cancer by enhancing or restoring the immune system's ability to fight the disease.

Fifty-two percent of patients with metastatic melanoma treated with immunotherapy are alive after five years, compared with just 5% before the development of this breakthrough treatment. Thanks to decades of research funded by the National Institutes of Health at UMass Chan Medical School and our peers across the country, there are now immunotherapies to treat more than 15 types of cancer.



Dr. Terence R. Flotte is executive deputy chancellor and provost at UMass Chan Medical School and dean of its T.H. Chan School of Medicine. He also serves as vice president of the American Society of Gene and Cell Therapy. Faith Ninivaggi / Provided By Sarah Willey

Immunotherapy is just one example of NIH-funded research that promises to develop therapies for Alzheimer's, Parkinson's, ALS and rare genetic diseases.

Consider that 30 million Americans are living with one of the 10,000 diseases classified as rare (defined by conditions that affect fewer than 200,000 people in the United States). Eighty percent of these rare diseases can be traced to mutations in a single gene.

⁵⁶ Group on Student Affairs Medical Student Civic Advocacy Working Group. *Civic Advocacy Policy Considerations and Communication for Medical Schools*. AAMC; 2021. <https://www.aamc.org/media/57111/download>.

- When engaging in civic advocacy, individuals should reinforce their personal involvement by using their personal email, phone, and computer. They should avoid using resources located on campus or owned by their institution.
- Seek guidance from your respective communications, public relations, and government relations office for best practices on writing and pitching an op-ed.
- One might consider joining professional advocacy organizations, which may include local chapters at their institution, statewide organizations, and national groups. Attending meetings and engaging in committee work can provide valuable experiences, and if a chapter does not already exist, starting one can be a worthwhile endeavor. Advocacy organizations focused on physicians and public health offer excellent opportunities to gain further education and involvement in advocacy efforts aligned with their interests. Additionally, these organizations may foster interdisciplinary collaboration among fields such as law, nursing, social work, and others.

Examples of Civic Engagement Initiatives

Civic engagement strengthens democracy, which contributes to increased satisfaction within communities. Civic engagement is also beneficial for public health and can drive social change, thereby leading to improved policies, accountability, and equitable access to resources.⁷

Examples of civic engagement include:

- Higher education institutions can promote nonpartisan voter registration during orientation, outside lecture halls, or through emails. The Higher Education Act of 1965 mandates that higher education institutions distribute voter registration forms to students prior to elections for federal office and the governor (or other chief executive) of the state.
- Hospitals and research institutions can plan nonpartisan voter registration efforts. Connecting with the government relations office for guidance on policy compliance and overall support is recommended. The AAMC partners with [Vot-ER](#), which develops nonpartisan civic engagement tools and programs for health care institutions, including hospitals and medical schools.

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⁷ Alberti P, Alvarado C, Mendez I, and Orgera K. Get out the vote: cultivating civic engagement in youth and adults. AAMC. Published Oct. 29, 2024. Accessed Dec. 8, 2024. <https://www.aamchealthjustice.org/news/polling/get-out-vote>.



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