

Advocacy in Pediatric Academia

Charting a Path Forward



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KEYWORDS

• Advocacy • Scholarship • Academic promotion • Community health

KEY POINTS

- Pediatricians are effective advocates to improve the health and well-being of children and communities.
- Advocacy supports institutional missions related to community health, engagement, and equity.
- There is increased demand for integration of advocacy into the academic promotions process using an expanded definition of scholarship that focuses on process rather than product.
- Academic advocates can create Advocacy Portfolios to support academic promotion, dedication of resources such as time and funding for advocacy activities, or application for advocacy-related positions.
- Full integration of advocacy into academic institutions requires advocacy activities to be valued as congruent to research, medical education, and clinical care.

INTRODUCTION

Advocacy on behalf of both patients and populations has long been considered a core tenet of pediatric physician responsibilities.^{1,2} The American Academy of Pediatrics (AAP), the major professional organization dedicated to improving the health of children, was borne out of philosophic divides within the American Medical Association regarding endorsement of legislation to create centers for maternal and child health.² Our roots and our professional organizations have long understood the obligation of advocacy on behalf of children, yet there remains

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a disconnect surrounding how such influential work is valued by academic institutions.

The traditional scholarly roles of physician faculty at academic medical centers include that of clinical care, scholarship (classically, research), and education/teaching.^{3,4} These three scholarly domains, analogous to “three legs on a stool,” are viewed as critical to the mission of academic medical institutions to (1) improve the health of patients and populations; (2) provide a mechanism for scientific inquiry that continues to advance clinical care; and (3) train the next generation. Scholarly productivity is expected of academic physicians, with the requirement to show evidence of peer review and national recognition in respective scholarly areas of focus to ascend the ladder of promotion and tenure. However, such a narrow definition of scholarship has limited recognition of achievement in domains outside of research, including advocacy.⁵

Details surrounding how advocacy fits into current academic medical institutional frameworks are an emerging area of paradigm shift that reorients institutional values around the community.⁶ We argue that advocacy can be held to the same rigorous documentation and evaluation standards as traditional scholarship through the use of an Advocacy Portfolio (AP) during the academic promotion process. Advocacy drives academic institutional missions to a sufficient extent that it should be an independent “fourth leg” supporting the stool.

The logic model in [Fig. 1](#) displays key inputs and outcomes leading to the acceptance of advocacy as a scholarly endeavor. Although we acknowledge that such a paradigm shift will take decades, simultaneous bottom-up and top-down approaches are essential to continue charting a path forward for advocacy in academia.⁷ From the top-down, support from academic leadership and institutions is necessary but not sufficient. The increasing use of APs by trainees and faculty will increase demand for recognition in the promotions process. It is critically important to promote a paradigm shift that recognizes advocacy as its own unique scholarly effort as it benefits our profession and ultimately our patients.

Overarching Goal: Advocacy is an academic pillar that is recognized and valued as a scholarly pursuit for academic pediatricians			
Inputs	Outcomes		Impact
Strategies	Short-Term (1–2 y)	Medium-Term (3–5 y)	Long-Term (5+ years)
Advocacy Portfolio publications	AAP CPTI ¹ Template metrics	<ul style="list-style-type: none"> Advocacy Products accepted in CV Central repository for Advocacy Portfolios & Advocacy Projects 	Accepted overarching goal Advocacy Portfolio widely accepted
Program Chair Stakeholder Engagement	AMSPDC buy in, Survey of acceptability of advocacy amongst program chairs	American Board of Pediatrics Support	Additional peer-reviewed outlets that recognize advocacy work and products
Expert Consensus on advocacy metrics, outcomes, & evaluation	Delphi method to begin evaluation of advocacy work	Consensus metrics on advocacy evaluation	Population health improvements
Education & Training Skill Development (Trainees, Faculty)	Academic Pediatric Association launch of Health Policy Scholars Program (HPSP); MOCA ² , CPTI ¹	Increased faculty development and training and established network of advocates	Physician satisfaction/joy in work/reduced burnout Evolution of the science of advocacy

¹CPTI, Community Pediatrics Training Initiatives

²MOCA, Maintenance of Certification Assessment

Fig. 1. Logic model with inputs necessary to establish advocacy as a widely accepted and valued scholarly pursuit for pediatrician-advocates, and resultant outcomes and impact.

The Growing Role of Advocacy in Pediatrics

Pediatricians have persistently demonstrated dedication to advocate on behalf of patients and populations. A 2004 survey of pediatricians showed that $\geq 97\%$ rated community participation and collective advocacy as important.⁸ Subjectively, we see examples of grassroots physician advocates leveraging their influence in such domains as community engagement, media interactions, federal administrative rulemaking comment, and legislative advocacy. Highlighted examples include that of Dr Mona Hanna-Attisha using a press conference to inform the public and policymakers around the Flint lead crisis,^{9,10} and Dr Colleen Kraft providing written opposition to the Department of Homeland Security policies separating immigrant children from their parents at the southwest US border.^{11,12} The election of pediatrician, Dr Kim Schrier, to Congress, along with many more pediatric physicians running for state and federal seats with a focus on child health, demonstrate increasing civic engagement among pediatricians.^{5,13}

Advocacy is at the core of pediatric values and additionally highlighted by its inclusion in education and training curricula.^{7,14} Active engagement of trainees and junior faculty in Accreditation Council for Graduate Medical Education (ACGME) required advocacy activities, the AAP Section on Pediatric Trainees yearly Advocacy Campaign, and the newly established Academic Pediatric Association (APA) Health Policy Scholars Program are examples of the growing demand for advocacy training opportunities. A 2019 survey of 240 US medical students showed that 80% planned to become involved in health care policy issues as a physician, and greater than 60% planned to take leadership roles in such.¹⁵

Pediatric professional organizations have also seen an increase in advocacy activities, including training and engagement opportunities through the AAP, APA, American Pediatric Society, and the joint Pediatric Policy Council. An increasing number of pediatricians (>400 in the past 2 years) have been involved with the annual AAP Legislative Conference (email communication, May 2022), participating in legislative advocacy surrounding such topics as gun safety.

From an institutional perspective, the SARS-CoV-2 pandemic has motivated academic medical centers to improve health equity by conducting advocacy on behalf of communities.¹⁶ Community engagement and partnerships are key to ameliorating health disparities rooted in structural racism, implicit and explicit bias, and historical mistrust, all of which have been compounded by the pandemic. This, in addition to the recent killing of George Floyd while in police custody, has highlighted the need for stronger institutional actions to address justice, equity, diversity, and inclusion.^{17,18} Such initiatives have strengthened institutional commitments to the recruitment of faculty that reflects the diversity of patient populations served.¹⁷ Recognition of diverse faculty experience and expertise, such as equity initiatives as a scholarly endeavor, supports the mission, vision, and values of academic institutions surrounding equity and diversity.¹⁷

Despite the growing role of advocacy for pediatricians, trainees, institutions, and organizations, constraints in the academic promotion process, among other factors, have limited the pursuit of advocacy as a professional endeavor.^{7,19}

Historical Context: Advocacy as Scholarship

Previous investigators have acknowledged the debate surrounding advocacy on behalf of individuals versus populations as a professional obligation, in addition to its role in academic institutions.^{20–22} At times, advocacy has been equated with service to the community, oftentimes expected in university settings. The increased

institutional focus on original research and publishing that arose in the 1950s coincided with a decline in public engagement by academic institutions in the United States; a shift that was paralleled by a decline in the value of service as scholarship.⁶ Service became less a function of public citizenship that it had been in the late 1800s through early 1900s and more a function of institutional citizenship, which was less aligned with the goals of population advocacy.

The advent of an expanded definition of scholarship proposed by Boyer has reframed the debate regarding scholarship across a range of disciplines,²³ including teaching, public health, clinical practice, quality improvement, and advocacy. This new definition was guided by surveys of attitudes and values of over 5000 faculty members at many different types of institutions of higher learning conducted by the Carnegie Foundation for the Advancement of Teaching.²³ Defining scholarship in four “separate yet overlapping” functions of *discovery, integration, application, and teaching* opened the door for academicians to be recognized not only for research but also for work in a variety of disciplines that was believed to be more reflective of both day-to-day faculty activities and community needs.⁶

What we need, then, in higher education is a reward system that reflects the diversity of our institutions and the breadth of scholarship, as well. The challenge is to strike a balance among teaching, research, and service, a position supported by two-thirds of today’s faculty who conclude that, “at my institution, we need better ways, besides publication, to evaluate scholarly performance of faculty.”²⁴

Through the national surveys of granting agencies and journal editors conducted by Carnegie, Glassick and colleagues developed and presented consensus regarding standards of quality scholarship regardless of field of study. These standards include *clear goals, adequate preparation, appropriate methods, outstanding results, effective communication, and reflective critique*.²⁵ Faculty across the nation coalesced in the 1990s to 2010s to define scholarly standards for the evaluation of teaching.²³ In medical education, a standardized format was proposed for Educator Portfolios,^{26,27} with resultant consensus on the development of an evaluation tool to measure scholarly teaching as scholarship for the purposes of promotion and tenure.^{28–32} In contrast to curriculum vitae (CVs), it was determined that the portfolio format more appropriately described the career trajectory of medical educators and allowed for quantification and qualification of scholarly products outside of the traditional currency of grants and peer-reviewed publications.²⁵

The last 10 years have seen a similar trajectory for advocacy in medical academia (**Fig. 2**). Certainly, organizations such as the Association of American Medical Colleges and the ACGME that create curricular frameworks and evaluation standards for trainees have had a role in pushing advocacy into academia during this time.^{7,14} Dobson and colleagues surveyed 10 expert advocates to identify abilities of physician advocates. They include seeing the “bigger picture,” communication, persuasion, leveraging social position, putting ideas into action, using evidence, working in teams, and working in the community.³³ The investigators note that many of the skills embodied by successful physician advocates are not captured in competencies for medical training.³³

During the initial years of Boyer’s definition of scholarship, there were many writers who expanded on the *scholarship of engagement* (or integration),^{34,35} highlighting the faculty role of service to institutions and the role of institutions in civic engagement.³⁶ This led to an expansion of the role of the scholarship of engagement within institutions of higher learning. Interestingly, this effect was not translated broadly in schools of medicine. Although advocacy activities meet the definition of scholarship of engagement, Nerlinger and Shah have previously highlighted opportunities and

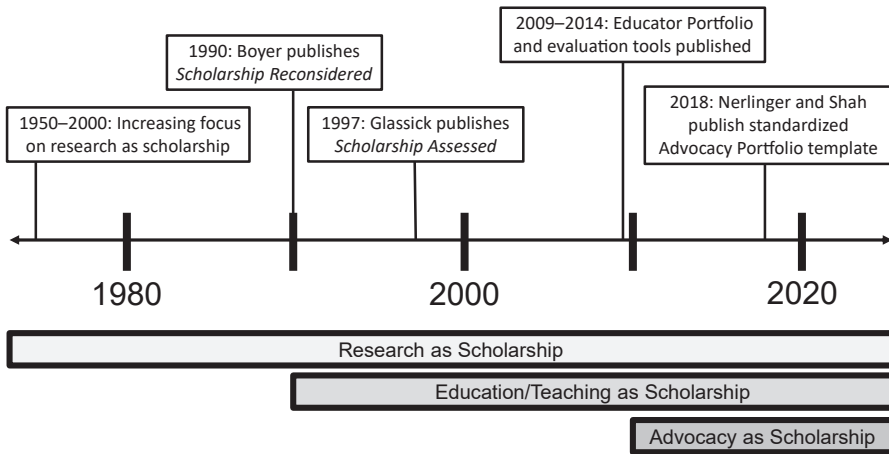


Fig. 2. The evolution of scholarship at academic medical centers, 1980–present.

challenges to applying the Glassick standards of quality scholarship to advocacy.²² For example, the measurement of advocacy outcomes can be quite challenging due to political context, the length of time it may take to affect change, and political will.²² These challenges highlight how fitting advocacy into tradition is akin to fitting a square peg in a round hole, the approach to which has truly limited the growth of advocacy scholarship.

Thus, academic advocates have created demand for a tool to describe the advocacy journey in a way that a CV cannot. The first standardized version of an AP was outlined by Nerlinger and Shah in 2018 in *Academic Medicine*.²² Through expert consensus, a subsequent version has been published for electronic download through the AAP Community Pediatrics Training Initiative (AAP CPTI) Web site³⁷ that attempts to display the quantity, quality, and impact of scholarly advocacy work.³⁸

Traditional academic pathways and the use of supporting CVs have left gaps for academic advocates. The manner with which an advocate describes their academic journey during promotion largely depends on institutional recognition, with approaches varying from turning advocacy into traditional scholarship to conducting advocacy work in a scholarly manner.³⁸ Each of these approaches aligns with different strategies when undergoing the promotions process. For example, some advocates will include advocacy as a separate section on the CV to align with the traditional academic pillars; others may attempt modification of existing institutional criteria for promotion, or attempt to fit advocacy into a service pathway for promotion. Some advocates will create an AP with the hope that it will be recognized by the promotions committee. As early adopters, various School of Medicine Departments of Pediatrics have also begun to integrate advocacy into promotion tracks to various degrees, examples of which have been highlighted previously³⁸ and are described here. We are seeing a historical trajectory similar to that seen in medical education, where gradual changes lead to establishment of advocacy as scholarship in its own right: as a fourth pillar supporting institutional missions.

Next Steps for Advocacy Portfolios

APs will undoubtedly go through an evolution similar to Educator Portfolios. Such steps will likely include different versions depending on career stage, such as a developmental AP that allows early advocates to develop career goals versus a promotional

AP that is a summative tool for advocacy work already accomplished.^{38,39} It is likely that formats for APs will vary by institution according to values and priorities. Although currently available templates are based on expert consensus, there is a need for more widespread consensus surrounding how advocacy can be measured and displayed as scholarly using an AP.

Consensus on evaluation of advocacy portfolios as scholarship

A method for evaluating advocacy activities as scholarship will be necessary to use APs in the promotion process. Such a tool would allow for peer review of the AP during promotion to determine acceptance as a scholarly product. During the evolution of teaching as scholarship, Schulman and colleagues defined scholarship as works “made public, available for peer review and critique according to accepted standards, and able to be reproduced and built on by other scholars.”^{23,40} Such a definition allows for the evaluation of unpublished yet “publicly observable” scholarly products in congruence with peer-reviewed scholarly products⁴¹ (eg, white papers in the case of advocacy scholarship).

The challenge here is how to develop sufficient institutional expertise to apply standardized criteria to evaluation of APs. One historical solution to this has been the development of national bodies that would evaluate and certify APs as scholarship. The National Review Board for the Scholarship of Engagement was formed in 2000, whose members are “leaders in the institutionalization of community engagement, service learning, and professional service,” and use publicly available criteria for evaluation of the scholarship of engagement.³⁵ Such approaches are innovative but not sustainable; the true solution would be to increase advocacy training for both faculty and trainees to generate more physicians with the interest and expertise to evaluate these internally.

Assessing the academic value of advocacy scholarly products

Consensus regarding how advocacy is valued by institutions is key to this debate. Whereas research generates “academic currency” in the form of grants and peer-reviewed publications and educators generate academic currency in the form of teaching evaluations, curriculum development, and workshops, there is not yet a standard accepted currency for advocacy. We could consider this currency to be generation of legislative testimony, white papers, and/or community partnerships; yet applying such constraints fails to recognize the full scope of value added by academic advocates.

Both research and medical education have widely accepted standards of value assigned to their respective “academic currency,” which allow for progression on a promotion track.³ For example, in research, we consider “levels” of grant funding, journal metrics or impact factor, order of authorship, and level of reputation (regional vs national). For educators, we consider an institutional curriculum to be valued differently than a nationally used and disseminated curriculum. However, how are we assigning value to the academic currency of advocacy? State versus federal congressional testimony? Invited versus voluntary testimony? Audience of a media spot? Readers of a blog post? Number of retweets? Altmetrics somewhat highlight this difference in value added through advocacy,⁴² but still fall short as they focus on the product of peer-reviewed work rather than the scholarly process. Both current and future iterations of APs and evaluation tools should account for and value the skillset specific to physician-advocates.³³

Advocacy scholars will additionally benefit from increased opportunities for “traditional” peer-reviewed scholarship. For example, medical educators have found

success using MedEdPORTAL, an online suppository of teaching and learning resources that have undergone a standardized process of design, implementation, evaluation, and subsequent peer review to acknowledge their status as scholarship. Currently available opportunities for peer review of advocacy projects include *Pediatrics* Advocacy Case Studies and AAP Community Access to Child Health Grants. Opportunities could be expanded through such formats as a regular journal supplement or journal that publishes peer-reviewed advocacy projects, or an online repository for peer-reviewed advocacy projects that allows for national dissemination and replication.

The Role of Academic Institutions

Redefining the academic promotions process through the lens of advocacy

Academic institutions now have an opportunity to advance advocacy by leading the paradigm shift in how these efforts are recognized. Institutions may weave advocacy into the traditional pillars of research, education, and clinical care or include advocacy as an academic pillar that is recognized and valued as a scholarly pursuit for an academic pediatrician.³⁸ Although this is a spectrum and the former may be the simpler route, the authors assert that the latter may lead to greater downstream effects into communities. For example, the advocacy leadership of Dr Hanna-Attisha on the Flint lead crisis could be viewed as evidence of *National Leadership* a traditional promotion system. Yet without peer-reviewed publication, it would not be recognized as *scholarship* even though these efforts have had a profound impact on the health of Flint children and a downstream effect on lead policy across the country.⁹ If faculty are able to clearly delineate the academic path within advocacy, greater impact on the field will likely be generated.

To achieve this, institutions must align their promotions and tenure guidelines with mission-driven goals by valuing alternative forms of scholarship. A case study is provided by the Duke University School of Medicine Appointments, Promotion and Tenure (APT) (**Box 1**). In this approach, faculty select between research, clinical, and education as an area of primary focus, but may use the definitions of alternative scholarship to fulfill scholarly output requirements. Additional examples are highlighted by Bode and colleagues.³⁸ The recognition of advocacy as alternative or nontraditional scholarship is a wonderful beginning, but more will be necessary to realize the full potential, as highlighted in **Box 2**. Ultimately, early adopters of APs as promotional tools will only be successful if the format is recognized within their respective institutions.

Valuing the Contributions of Academic Advocates

In early 2022, a survey of pediatric department chairs indicated that advocacy has had an increasing importance in the past several years and will continue to increase in importance in the years to come.⁴³ The vast majority (86%) of pediatric department chairs indicated that advocacy, particularly community engagement, was important to their department's mission.⁴³ In addition, the majority believed that advocacy was important or very important, in terms of faculty career advancement and promotion. The authors conclude that "given the shift described by the survey respondents toward inclusion of advocacy as a pillar in the overall missions of pediatric departments, the work of advocacy should accordingly be weighted equally in recognition of academic scholarship for promotion alongside traditional areas of clinical, research, and education."⁴³ Valuing the contributions of physician-advocates also involves recognizing the role this work plays in professional achievement, career satisfaction, and well-being.^{44,45} Alternatively, disproportionate value placed on certain types

Box 1**Case Study from the Duke University School of Medicine Appointments, Promotion, and Tenure**Duke University School of Medicine Case Study⁴⁹

In 2020, the Duke School of Medicine (SOM) Appointments, Promotion, and Tenure (APT) committee developed a new framework that *broadened the definition of scholarship* to be inclusive of nontraditional forms, initially including the scholarship of digital work and team science. Advocacy faculty from the Departments of Pediatrics and Community and Family Medicine met with Departmental APT leadership and the School of Medicine APT leadership to discuss *how advocacy could also fit into this broadened definition of scholarship*.

Advocates were strongly supported by all leadership to create guidance for the APT process. Drawing from Nerlinger and colleagues,²² these faculty developed materials to describe *expectations, requirements, and documentation to support the evaluation of advocacy as nontraditional scholarship*. By January 2021, advocacy was included as one of the areas of nontraditional scholarship. Throughout this process, these faculty members used some of the tips and strategies highlighted in **Box 2**, "Advocating for Advocacy."

Within the Duke framework, *advocacy scholarship is defined* as "scholarly activity that promotes the social, economic, educational, and political changes that ameliorate threats to human health and advance the well-being of people."¹ As with traditional scholarship, work cited is required to highlight *quality, quantity, and impact*³² as well as *evidence of a scholarly approach* through the application of the previously described Glassick framework. The scholar should *identify advocacy-specific scholarly areas for impact* such as non-peer-reviewed content including coauthorship of policy statements/legislative briefs/consensus statements, legislative testimony, development of public health initiatives that become standard of care, participation in local and regional task forces, and establishment of community partnerships. *Ability to obtain funding for advocacy efforts* (eg, grant funding for community partnered programs, funding for educational efforts, funding for health equity programs) or to have a key role in securing funding for multidisciplinary and/or interprofessional teams is also considered scholarship.

Examples Based on the Level of Appointment

Associate Professor

- The Associate Professor is expected to have an established record in advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/administration.
- Expected to have leadership responsibilities in institutional, local, and regional organizations that promote advocacy and community engagement.
- Effective mentoring of trainees and junior faculty is expected, within the sphere of practice of the faculty member.

Professor

- Faculty at the rank of Professor will have an established record for advocacy engagement, knowledge dissemination, community outreach, advocacy teaching/mentoring, and/or advocacy leadership/administration.
- Scholarly contributions in advocacy should result in impact, locally, and/or nationally.
- Faculty at this rank are expected to have leadership positions in local and regional medical or community partnered organizations, national accreditation organizations, scholarly societies, departmental advocacy committees, relevant school of medicine or department committees, and/or national advocacy or health equity organizations

Future Directions

- *Institutional Professional Development on Use of Advocacy Portfolios*: Paradigm shift requires both shared terminology and mentorship to create momentum. At Duke, advocacy faculty within pediatrics are currently engaged to provide education across the department and at the level of the SOM APT to ensure that all faculty understand how the scholarly impact of advocacy work is articulated and valued in the APT process.
- *Professional Development Resource Library*: Additional professional support for advocacy faculty could be created through a shared institutional library of intellectual development statements, CVs, and advocacy portfolios to support faculty in their own APT process.
- *Broadened Definition of Support for Promotion*: Institutions can consider broadening the scope of support for promotion of academic advocates by accepting letters from leaders of community coalitions, policymakers, and other community partners.

Box 2**Tips for advocating for advocacy within one's institution**

Advocating for Advocacy: Tips and Strategies

1. Learn more about local, regional, and national professional development opportunities
 - Join regional and national groups such as the American Academy of Pediatrics (AAP) Community Pediatrics Training Initiative, or Academic Pediatric Association (APA) Advocacy Training Special Interest Group, or apply for the APA Health Policy Scholars Program.
 - Participate in workgroups (Professional Development and Leadership).
 - Partner with your AAP state chapter to create an advocacy special interest group or to network and identify other advocates.
2. Identify your local network and infrastructure
 - Does your department have an advocacy chair or other recognized advocacy leadership roles?
 - Who in your department or division is involved in advocacy work?
 - What resources exist to support faculty advocacy work within your department?
3. Tell your advocacy story
 - Discuss with leadership whether Advocacy Portfolios are recognized in promotion versus adding advocacy sections to CV.
 - Start developing a personal Advocacy Portfolio and advocacy professional development statement.
4. Learn about where advocacy fits within your institution
 - What is your local Appointments, Promotion, and Tenure structure? Is the work of advocacy recognized?
 - Who would you talk to on your promotions committee to reexamine promotion criteria in light of new processes, leaning on examples from other institutions who have recognized advocacy as scholarship?
 - Is advocacy identified in your institutional mission? How can you use this to help show the value of advocacy work?
5. Understand facilitators and motivators for gaining alignment between institutional leadership and those practicing advocacy
 - How can you identify and help address leadership knowledge gaps surrounding advocacy as scholarship?
 - How can the experience and expertise of early adopters be used to help inform leadership?
 - How can you help facilitate discussion between early adopters and key Appointments, Promotion, and Tenure leadership at your institution?

of scholarship serves to perpetuate inequities in faculty recognition and advancement.⁶

The dedication of resources through time, funding, and training is one way that academic institutions and departments of pediatrics can begin to recognize the value of advocacy scholarship. Traditionally, a researcher is given resources (ie, time) to pursue grant funding and research activities that benefit the health of patients and populations. We proposed that academic advocates should be given similar resources to pursue the improvement of policies that benefit the health of communities as well. Conducting advocacy work, developing skills specific to physician advocates, and training and mentoring the next generation of physicians in advocacy practices⁷ all require time, similar to research and education. Leadership positions for advocacy can serve as a conduit for the development of such programs.

We acknowledge that professional organization alignment with this definition of scholarship is imperative as well. This includes recognizing advocacy scholarly products in graduate medical education and awarding pediatrician credit for Maintenance of Certification in advocacy, both of which are areas actively under development.⁷

There is also an opportunity to build a national academic advocacy community to support and enhance faculty development. The AAP CPTI is poised to do just that through their development of a national steering committee to support the scholarship of advocacy. Specifically, the leadership and career development pillar aims to organize, enhance, and promote resources that work to foster the growth and success of pediatricians focused on advocacy. Early work of this group includes the development of a professional resource repository with examples of advocacy-related job descriptions, CVs, personal statements, and ultimately APs.³⁷

Valuing the health of populations

The shift to value-based care, with health care institutions bearing financial risk for a population of patients, offers a timely policy window through which to frame a paradigm shift in academics. Health care systems in value-based contracts are responsible for reducing inappropriate health care utilization through the prevention of illness and improving equity in health outcomes. All of these motivators have produced a renewed focus on community-integrated solutions to move health care upstream by addressing social determinants of health (SDoH). Advocacy efforts align with such priorities, yet unless they result in a peer-reviewed publication or grant, may not be recognized in proportion to their importance, or impact on a practical level in traditional academic promotion systems.

Such is the reality of disconnect currently between the actions of health care systems and the mission, vision, and values of the academic institutions with which they are associated. This apparent discrepancy can be reconciled through a similar focus on community health and equity as drivers, particularly within the promotion process. The writings of Boyer and Glassick serve to reiterate how faculty pursuit of scholarship should align with institutional missions; if hospitals and medical academic institutions are dedicated to improving the health of communities, promotion pathways should reflect the value added of advocacy work that is critical to achieving this aim.⁶

Advocacy work also aligns with health care system engagement with communities through a variety of mechanisms including relevance to:

- The process of screening for SDoH and partnering with communities to address positive screens
- The role of health care systems as anchor institutions to improve community health and well-being⁴⁶
- The integration of community into clinical care, education, and research to build community trust and improve equity⁴⁷
- Community benefit and community health needs assessment requirements for nonprofit hospitals to maintain tax-exempt status⁵

Physicians can also have a direct impact through cooperation with institutional government affairs offices. Many health care institutions have an advocacy presence at the local, state, and federal level. Examples include Ohio Children's Hospital Association, Children's National Hospital's Child Health Advocacy Institute,⁵ and Nemours Children's Health National Office of Policy and Prevention. Such mechanisms have the potential to provide infrastructure and resources for physician advocacy to be valued at the institutional level.

SUMMARY

Although the authors discuss the role of APs as a developmental and promotional tool in academic medical settings, this format can be applied outside of this setting for

purposes such as gaining leadership support for advocacy work in the form of funding or time, support for financial bonus, or application for health policy or advocacy positions. Although our discussion surrounds the role of physicians, these arguments are relevant to many different types of clinicians who might be undergoing the appointment, promotion, and tenure process, or who desire to be recognized for the value their advocacy work adds to the institutional mission.

Future goals include the expansion of this framework not only beyond pediatrics but also beyond medical institutions. Schools of medicine can also benefit from the learning and resources of nonmedical institutions of higher learning, such as the Research University Civic Engagement Network, established in 2008 to “advance civic engagement and engaged scholarship among [R-1] research universities.”⁴⁸ If academic medical centers are dedicated to improving health, it makes sense to recognize advocacy scholarship, as many other institutions of higher learning are already doing in the form of scholarship of engagement.

Shifting the focus of faculty promotion from *scholarly product* to *scholarly process* will allow for adoption of advocacy as a pillar of academic institutional missions. Faculty who align advocacy work with the institutional mission, conduct advocacy projects in a scholarly manner, and disseminate this work for colleagues’ inspection should realize congruence in the academic promotion and evaluation process. To help achieve such congruence, **Box 2** outlines steps to “advocate for advocacy” throughout one’s journey as an academic advocate, from identifying professional development opportunities to impacting institutional promotion processes. Such actions by early adopters will allow advocates to continue charting a path forward, leading to widespread adoption of advocacy as scholarship.

The overarching goal is for academic institutions to reexamine and redefine how they value the scholarly contributions of faculty in the context of community health and equity. Pediatricians have the potential to act as agents of change to improve the health and well-being of children and communities; this potential can only be fully realized with support from leadership, institutions, and organizations. We as pediatric advocates need to be the ones telling our stories that are so critical to our purpose, profession, and patients.

DISCLOSURE

All authors have no conflicts of interest to disclose.

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