

Creating Effective Advocates within Emory

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Introduction

Emory University and Emory Healthcare rely on both the Office of Government and Community Affairs (OGCA) and the Office of Communications and Marketing (C&M) to disseminate information about our mission and services, to advocate for necessary support, funding, and other resources, and to contribute to a collaborative response to crises. In order to perform these functions well, OGCA and C&M must be able to partner with subject matter experts (SMEs) throughout the Emory community who can serve as surrogates, advocates, and educators. However, the current process to utilize Emory faculty and staff in these roles has significant associated challenges, including: 1) a lack of visibility for OGCA and C&M regarding appropriate and interested SMEs, with concomitant missed opportunities; 2) a lack of educational offerings for interested SMEs; 3) a duplication of efforts between OGCA/C&M and SMEs acting individually; and 4) a potential for unauthorized advocacy that may be counter to university or healthcare positions, and/or violate federal regulations. We are therefore proposing the development and implementation of a formalized structure for identifying and tracking SMEs, providing media and advocacy training, and educating the Emory community about institutional priorities and engagement with external advocacy organizations.

Importance

Faculty and staff involvement in advocacy and communications efforts serves two key purposes:

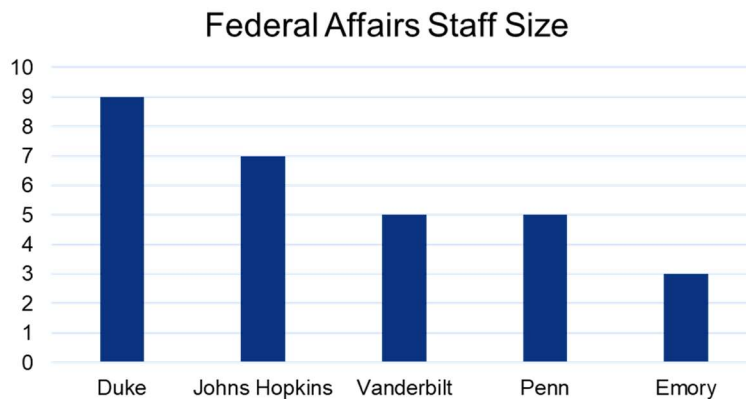
- **Bringing focus to issues and positions that are critically-important to the Woodruff Health Sciences Center.** For example, during the COVID-19 pandemic, OGCA focused on ensuring that Emory Healthcare received \$282 million from the Provider Relief Fund that helped to ensure financial stability during a time in which elective surgical cases were canceled, with efforts that included advocates briefing congressional staffers, participating in town halls, and providing congressional testimony. The C&M helped to ensure that messaging from senior healthcare leaders about the importance of mask-wearing and vaccinations reached the Atlanta community and beyond.
- **Enhancing Emory's local, national, and regional reputation.** Starting with the Ebola outbreak in 2014, media appearances by faculty and staff SMEs solidified Emory's standing as a leader in responding to infectious threats. When the COVID-19 pandemic began, C&M established a core group of SMEs who responded to print and on-camera media requests and held press conferences, with significant demand for their services. This widespread recognition of Emory's experts likely contributed to Emory's Division of Infectious Diseases being ranked fifth in the country and ninth in the world by U.S. News and World Report.

Background and Best Practices

Currently, there are several challenges with respect to optimal identification, training, and deployment of SMEs for advocacy and communication efforts:

- **SME Identification:** OGCA and C&M rely upon a small group of SMEs based on prior experiences and word-of-mouth referrals, potentially leaving many expert resources untapped, while utilizing others in areas outside of their areas of expertise.

- **SME Training:** There are no formal programs for media or advocacy training. A small number of SMEs have had media training with consultants during times of crisis (e.g., Ebola, COVID-19), but this has not been uniform or widespread.
- **Resource utilization:** Requests for interviews, congressional staffer briefings, congressional testimony, and campus or program tours often come in on relatively short notice and are therefore difficult to staff quickly with the limited number of SMEs referenced above, particularly in cases where last-minute education or training is needed.
- **Effort duplication and unauthorized advocacy:** SMEs have occasionally performed advocacy, agreed to media interviews, or communicated with congressional staffers outside of the standard OGCA and C&M processes. Emory faculty and staff have also advocated for positions counter to university or healthcare positions while claiming to represent Emory.
- **Regulatory compliance:** The federal government is the largest external funder of Emory University, and we also employ federal lobbyists; it is therefore critical that the university complies with federal laws and regulations, including the Lobbying Disclosure Act on a semi-annual basis. OGCA staff reported difficulty with SME notification about trips to Capitol Hill and completion of necessary paperwork.
- **OGCA staffing:** As shown in the figure below, Emory’s federal affairs staff remains small compared to other academic medical centers of comparable size and influence. Not every staff member represented is a registered lobbyist, others focus on creating policy or tracking regulations. It also represents a combination of staff between the university and health system where appropriate.



Survey Results

To quantitatively assess the need for advocacy and media training within Emory, we conducted a survey of WLA alumni in March 2022. The 86 respondents (26% response rate) were representative of WLA alumni, with 61% primarily affiliated with the School of Medicine and 21% with Emory Healthcare. Survey results demonstrated significant interest in media and advocacy efforts, with almost 2/3 of respondents wanting to participate in activities for Emory, almost all respondents currently holding membership in a professional organization, and almost all respondents supporting formal training in the future (see below). However, interested SMEs had previously been underutilized (only approximately 1/3 had been asked to do media or advocacy) and inappropriately utilized (20% of respondents had been asked to talk about a subject outside their area of expertise).

Question Posed to WLA Alumni	Percent Responding Yes
Previously participated in advocacy or media for Emory	37%
Asked to do advocacy or media on a subject outside area of expertise	20%
Interested in doing advocacy or media interviews for Emory in the future	63%
Currently a member of a professional organization that does independent advocacy	89%
Believes that formal advocacy and media training would be helpful	89%

The survey also revealed knowledge gaps with respect to regulations governing participation in federal advocacy efforts (see below). Only 2/3 of respondents knew that they needed to call OGCA if they were asked to testify in a congressional hearing, less than 2/3 knew how to remain in compliance with federal regulations while advocating as an Emory employee, and only ~1/3 knew that Emory’s President/Executive Vice Presidents and registered lobbyists are the only people authorized to lobby on Emory’s behalf. Less than half of respondents correctly identified Emory’s state and federal representatives. Given that the group surveyed likely had more experience with Emory advocacy and media than the general population of faculty and staff (all WHSC leaders, and almost half were full professors), it is likely that these knowledge gaps are widespread.

Question Posed to WLA Alumni	Percent Answering Correctly
Who should be contacted if you are asked to testify in Congress or the State House?	67%
Who is authorized to lobby on behalf of Emory?	36%
What is your obligation if you are educating or advocating at the local, state, or federal level while an employee of Emory?	59%
Who are the state representatives for Emory’s Clifton campus?	45%
Who is the federal representative for Emory’s Clifton campus?	49%

Recommendations

- 1) *Cultivate a group of identified and trained SMEs who can speak to Emory’s legislative and communications priorities, which will involve:*
 - a. Creating databases of SMEs for both OGCA and C&M. Faculty and staff will be able to indicate their interest in one or both, to self-identify their areas of expertise, and to provide contact information. OGCA and C&M will then be able to use these databases to respond to requests, to connect SMEs with media and congressional staffers, and to provide targeted education/training. They will also be able to keep internal records related to SME performance and preferences.
 - b. Providing formal media and communications training for any SMEs doing advocacy or communications work on behalf of Emory. This would involve required training modules for all SMEs participating, as well as additional training (e.g., editorial writing, preparation of congressional testimony, or live interview preparation) as needed.
- 2) *Invest in education and training for Emory faculty and staff so that they can perform advocacy for both institutional and personal causes.* This would include providing: advocacy webinars to address regulatory compliance and effective advocacy techniques; monthly rotating coffee hours with the OGCA team to discuss current Emory priorities; and yearly updates about Emory’s lobbying policy and employees’ reporting responsibilities.

- 3) *Expand OGCA to include an advocacy coordinator who will support the federal affairs team.* This coordinator would be responsible for managing the SME list, coordinating both the formal advocacy trainings and the quarterly advocacy webinars and monthly coffee hours, ensuring compliance with federal regulations, and identifying new opportunities for SMEs to educate congressional staffers. To effectively support this position, we would recommend an investment of \$400,000 over five years to cover the coordinator's salary, as well as associated IT (Information Technology), logistics, and travel costs.

Conclusions

Emory already has an excellent reputation on Capitol Hill and with local and national media outlets for our work in preparedness, research, and quality patient care. Emory is also uniquely positioned to influence policy outcomes due to our faculty and staff's active participation in their respective professional advocacy societies. By increasing our number of available SMEs, offering formal training, and improving coordination between SMEs and the Offices of Government and Communication Affairs and Communications and Marketing, Emory could become a national thought leader on health policy, leading to improved patient care and outcomes.