There seem to be three types of people in the world: those who enjoy visiting their elected officials to discuss issues; those who don’t like doing it, but feel they must; and those who could care less about the process and think it is a waste of time. You can probably identify colleagues who fit into one of these three typologies and place yourself in one of these three categories as well.

In the political climate of today, we are constantly reminded of the importance of advocacy in our personal and professional lives. The definition of an “advocate” according to the New World Dictionary is “one who speaks or writes in support of something or is one to be in favor of something.” Those who are successful in having their messages heard are more likely to achieve their goals. Each of us probably knows of situations when we or others have successfully advocated for specific issues. Yet, we can probably relate to situations when things did not go well. Many times, we feel uncomfortable in advocating our issues beyond our university or community.

To understand this area in greater detail, let’s return to the three types of people mentioned above. The first type of individuals enjoy the challenge of engaging their state or federal legislators in a discussion about pharmacy. They are passionate about the political and regulatory aspects of pharmacy practice, education, and/or research. They have probably seen their efforts rewarded by their legislators’ public acknowledgement of the issues and possibly the passage of a specific law or regulation.

Individuals of the second type are probably in situations where they know they must advocate for pharmacy education but they really don’t enjoy the process. They perceive the experience to be like going to the dentist – a necessary function, but not a lot of fun; potentially rewarding, but painful. Many in this group have had limited success with the process. They have worked hard in the past, but have nothing tangible to show for their efforts (“Nothing in politics changes for the ‘little people’”). They feel the need to meet with their representatives, but can only get through to a staff member. They get frustrated with the process due to the high turnover of representatives and staff (“I met with this guy for 3 years straight and then he lost the election, so now I have to start all over”). They get discouraged, but they continue advocating since they feel it is important.

The third type of individuals probably represents most members of the Academy. Unless they are different from the population at large, less than 1% of them will contact their legislators this year. Type III individuals may be discouraged by the perceived difficulty of arranging a visit. They may perceive that politics is just run by a few influential people, or they believe they are too busy to participate in this process and that advocacy should be left to others. They may have tried it once but had a bad experience. This group is cynical about the advocacy process and will not participate when asked. They may have initially been the first or second type of individual described above, but slid down to a Type III after becoming discouraged. This lack of participation is problematic for the Academy at this point in time. There are numerous issues involving pharmacy education and research that need attention at the legislative and regulatory levels. Examples include: the reauthorization of the Higher Education Act and the impact of HIPAA regulations on basic and clinical research. Finally, many individuals in the third category may want to be engaged in this process, but feel that they don’t have the skills or the expertise to be successful, or that their issues are not the concerns of their legislators.
The AACP Council of Faculties and the Council of Deans are attempting to address these issues in future programming and activities. For example, we have appointed an Advocacy and Outreach Committee to develop “best practices” for effective advocacy for pharmacy education and research. This committee is co-chaired by Rosalie Sagraves and Earlene Lipowski who have had extensive experience in the state and federal arenas. The committee will be working throughout the year and will publish their findings on AACP’s website and in a final report discussed at the annual meeting in Salt Lake City.

In addition, the Advocacy and Outreach Committee is working with AACP staff to develop the 2004 Interim Meeting Program, which will provide teams from our schools and colleges with the opportunity to gain important skills and concepts related to advocacy and to advocate issues of concern for their institution to Capital Hill or other agencies. This program will allow a team of faculty and administrators to hear and interact with staff from several federal agencies, to discuss pharmacy issues relevant to their institutions. Second, a special session on how to effectively advocate will be conducted by experienced members of the Academy and by individuals from experienced groups. On the last day of the meeting, members will be able to schedule “Hill visits” with their Senators and/or representatives. These and other informal gatherings should enhance a member’s ability to advocate. It is your chance to develop a “home-town” team and to bring these issues to your representatives and senators. Finally, members will be able to interact with pharmacy professional organizations to discuss how academic pharmacy, including the move to the PharmD degree, community-campus partnerships, and other examples of our research, education, and service commitments, provide them with a much broader advocacy agenda.

In addition, AACP is partnering with other pharmacy organizations and relevant health care organizations to send appropriate messages to legislators and regulators. AACP’s Governmental Affairs website contains valuable information and continues to be updated. We would encourage you to visit this site frequently as a useful tool in your advocacy efforts. It is critical that, as members, we become involved and take action now since many key decisions are being made without important input from pharmacy educators. Unfortunately, many members do not realize that other groups are constantly advocating very strongly for their issues, many of which may run counter to pharmacy education’s best interests.

The goal of these Association and Council initiatives is to move more members of the Academy to the first typology as described above. Experience has shown that once individuals participate in an organized advocacy program and make successful contacts, they tend to become active in advocacy (“I didn’t realize how easy that was. They were really receptive to my ideas.”) Other health care professions have been able to maintain an effective presence at the state and federal levels with concerted efforts by their organizations to maintain momentum and interest. Being successful in today’s academic environment requires us to remain passionate about our teaching, research, and service. Furthermore, we are asked to convey this passion and determination to our students, colleagues, funding agencies, and other health care professionals through effective advocacy. It is the goal of the Association and its Councils to do the same for our members, their schools, and the pharmacy academy at large.