

COMMENTARY

Ensuring Community Is at the Table in Family and Community Medicine Research: Highlighting Dr. Kevin Grumbach's Speech as Recipient of the 2022 NAPCRG Wood Award

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“If you are not at the table, you are on the menu” is a caption of a cartoon examining health systems inequities. With his signature wit, Dr. Kevin Grumbach (hereafter, “Kevin”) delivered the punchline in his acceptance award at the 2022 NAPCRG conference to reflect on the state of Primary Care, while winning the Wood Award, the most significant annual NAPCRG award.

Kevin is an international leader who has conscientiously expanded primary care research and practice. As a frontline doctor, he knows that everyone has a funny bone, and humor is a tonic to reach and support the whole person, not just the ailment. We have a long-standing hypothesis that proximity to Kevin Grumbach is directly and positively associated with experiencing a joy for primary care and primary care research. If you have met Kevin, you have experienced that joy.

Kevin is a tireless advocate for evidence-based policy for primary care. His passionate commitment to medicine was influenced by humanities, science and family. Both his parents were doctors, so he loved the talk at the family dinner table. Their stories inform how he now collects personal details that guide him with each patient. Combining his parents' skills for deep research and constructive compassion has influenced Kevin's practice and leadership in Family Medicine.

Just as he addresses the whole *person*, Kevin also addresses the whole *community*. He recognizes that extraordinary progress in science does not easily translate into connecting with people. All primary care clinicians play a central and *vital* role in the understanding of the totality of a human being and helping the patient understand themselves as one, not a collection of siloed body parts. Kevin understands how the medical field has moved in half a century from the family doctor who makes house calls to the complex web of specialization.

William Carlos Williams practiced in the same community for many years and developed longevity relationships with individuals and extended families. From Dr. Williams' biography, Kevin learned and practiced that “every patient brings a poem they haven't clearly formulated and your job as a doctor is to listen for that poem.” In the age of biomedically enthralled medicine, Primary Care is similarly the foundation for understanding complexity of people's lives, developing communication and continuity, connecting individual health to public health.

Since the founding of Family Medicine, the struggle has been to create a structure for sustainable community health care that addresses comprehensive needs within a health system that does not. Kevin has been at the forefront advocating for health care reform, deeply engaged in the realization of the Patient Protection and Affordable Care Act of 2010 and continuing to push for its logical expansion. He is a fierce critic of the institutional, corporate and policy obstacles that channel resources and profits away from direct care. He believes averting alarmist messages is essential. Concern is repeated in the press – professional and general

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media – about the state of Family Medicine and Primary Care. All reports cite decreased funding, jobs, resident applications and increased shortages, patient care workload and stress. Kevin prefers positive models, such as Costa Rica covering every citizen, and believes in the importance of engineering a social perception that values health care as a common good.

For decades he has led an outstanding Department of Family and Community Medicine at University of California (UCSF) into a model of medicine as social justice. With his close partner, Dr. Thomas Bodenheimer, Kevin cofounded the Center for Excellence in Primary Care at UCSF and helped develop the 10 Building Blocks of High Performing Primary Care, an evidence-based model for primary care improvement.¹ They also coauthored the seminal book on health policy, “Understanding Health Policy: A clinical approach,”² that has shaped the careers of physicians and health care professionals across the world. Currently in its eighth Edition, is the leading health policy textbook in the United States.

Kevin has also championed a line of research dedicated to understanding the drivers, consequences, and strategies to protect against primary care burnout,^{3–6} which is—more than ever—one of the wicked problems of primary care. Colleagues and mentees frequently point to Kevin as the most influential individual in their decision to pursue primary care research. They describe Kevin as a teacher that nurtures their research ideas and brings a rare balance of humor and methodological rigor.

Kevin himself has sat at and created seats to ensure that primary care is at the table because primary care belongs at every table where decisions are being made about health and health care. Over the last 3 decades, Kevin has shaped policy and advocated for funding for primary care improvement and research, and for universal health insurance. Kevin was involved in creating primary care provisions of the Patient Protection and Affordable Care Act, has served on numerous national committees including the Institute of Medicine, Family Medicine for America’s Health, and the National Advisory Council for AHRQ.

It is not only the tables he has fought to sit at, but the tables that he has expanded, rebuilt or suggested to ensure inclusion of different or often unheard marginalized voices, that absolutely need

to be heard and at the forefront of these conversations. In partnering with community members and organizations, he has not only been an advocate, but an ally. In San Francisco he has worked alongside community members to develop citywide policies around the sale of sugar sweetened beverages. During the COVID-19 pandemic he helped to lead the UCSF COVID Equity Work Group and a community-based participatory study into the perspectives of Black or African American, Latino, and Chinese Americans on COVID vaccines, resulting in timely recommendations for vaccine outreach and equitable access.^{7–8}

He has been deeply engaged in antiracism work, prioritizing and supporting work that seeks to uplift and apply an antiracist lens to the work. Over many years he has pushed for community engagement in research; and called on funders and institutions to make community engagement not just a suggestion but a requirement in all clinical and translational research and to center BIPOC communities in this process.⁹

True to his vision, in accepting the 2022 NAPCRG Maurice Wood Award for Lifetime Achievement in Primary Care Research, Kevin unveiled Patients4PrimaryCare (p4pc.org), a community of patient activists who are sharing their personal experiences with primary care and the unique value of primary care. In the words of Nina Graham, a P4PC patient activist, “It is way overdue to make primary care a primary issue.” The P4PC is a movement to inspire change through patient experience and raise awareness around the urgent need for primary care to be a national priority for policy makers. In a 2004 newspaper interview Kevin noted “I will never give up being hopeful that we will one day have a health care system I can say I am proud of as an American, one that I can say is fair, high-quality, achieves some basic justice and makes health care a human right.”

Decades later, he has not given up that fight nor that hope. He has gotten even more fierce. And the truth is, when it comes to primary care and primary care research—we all need to be fierce. We need to be very fierce advocates and allies, doing the difficult work to continue bringing both primary care and historically minoritized or marginalized voices to the forefront of health and health care.

Dr. Kevin Grumbach continues to model action and attitude, bringing everyone to the table, for the

common good...something all primary care clinicians often already do and should emulate in perpetuity.

To see this article online, please go to: <http://jabfm.org/content/36/6/1068.full>.

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