

## ARTICLE

## Funding &amp; Advocacy



# Tactics for Institutional Advocacy to Increase Research Capacity in a Family Medicine Department

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Family medicine as a specialty has steadily increased its research capacity. Specific approaches are needed to attain the following: 1) Advocate for increased funding for Departments of Family Medicine from institutional leadership. 2) Identify and promote promising practices for chairs to support and fund research participation within their departments and institutions. Having each assumed the chair position recently, the authors summarize the specific approaches taken to expand the research capacity in a midsized urban and a large research intensive urban public university family medicine department. They included: obtaining adequate support from the Dean and other institutional programs at the time of on-boarding, focusing on established research themes within the department, ensuring the recruited faculty had high likelihood of success via their track record and mentorship, and getting the buy-in from all faculty through sharing of vision and helping everyone establish their scholarly niche. (J Am Board Fam Med 2024;37:S102–S105.)

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Family medicine has steadily increased its research capacity. In a 2015 national survey, a third of family medicine departments had high capacity for research based on empirical research productivity measures, for example, research-trained faculty, research “laboratories” and data sets, faculty effort and internal funding to research, and funding from more award sources.<sup>1</sup> In a 2013 national survey, from 2018 to 2021, 43% of responding departments climbed at least 1 level in Research Capacity Scale (RCS), a 5-level scale that measures a department’s research capacity as detailed in Table 1.

Increased capacity was significantly associated with adding at least 1 PhD researcher and an institutional affiliation with a Clinical and Translational Science Award (CTSA).<sup>2</sup> This article summarizes the experience of 2 chairs who used internal tactics to increase research capacity, focusing on 2 areas identified in the 2023 national family medicine research summit: advocate for increased funding for Departments of Family Medicine from institutional leadership (B4) and identify and promote promising practices for chairs to support and fund research participation within their departments and institutions (B5).<sup>3</sup>

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## University of Illinois Chicago (UIC)

MJ was externally hired in 2021 by UIC, an urban public university with a midsized family medicine department and 3 research-focused faculty members. The department had several Health Resources Services Administration (HRSA) funded programs: a center for interprofessional training in HIV/AIDS, an interprofessional geriatrics training program, and a residency training program in substance use disorder management. Its sole funding from the National Institutes of Health (NIH) was a career development

**Table 1. The Research Capacity Scale**

| Level | Description  |
|-------|--|
| 1     | <b>Extensive/Replication Research</b> —Extensive production of peer reviewed research publications (>50/y) with more than five investigators publishing in first-tier journals; extensive number of research grants (>20) with more than three to five R01 or equivalent grants for 3 or more years; research activities constitute at least 30% of department funding; at least 10 faculty with more than 30% dedicated to research; well-known research division and at least one center, each with directors and at least four staff members; research division and/or center investigators meet on a regular basis with a formal agenda; at least three to five faculty at the professor rank in a research track. |
| 2     | <b>Significant/Self-sustaining Research</b> —Significant production of peer reviewed research publications (>20/y) with more than one investigator publishing in first tier journals; significant number of research grants (>10/y) with more than one R01 or equivalent grant for 3 or more years; research activities constitute at least 30% of department funding; at least six faculty with more than 30% dedicated to research.  |
| 3     | <b>Moderate/Entrepreneurial Research</b> —Moderate production of peer reviewed research publications (<10/y) with only one investigator publishing in first-tier journals; small number of research grants (<6) with at least one R01 or equivalent; may have a small research training program; no department or center alumni are entering into research careers in similar centers.   |
| 4     | <b>Minimal/Emergent Research</b> —Few peer reviewed research publications; no research center located in or closely aligned/controlled by the department; no faculty at the professor rank in a research track; publications (<5/y) or research grants (<3, no R01), may have an identified research division.   |
| 5     | <b>No (or Almost No) Research</b> —May have journal clubs; no peer reviewed research publications or research grants; no faculty with more than 30% dedicated to research.   |

Source: Seehusen DA, Koopman RJ, Weidner A, Kulshreshtha A, Ledford CJ. Infrastructure Features Associated With Increased Department Research Capacity. *Fam Med*. 2023;55(6):367-374. Available at: <https://doi.org/10.22454/FamMed.2023.736543>.

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grant to develop infrastructure for cervical cancer screening in Senegal. On RCS, it was level 3.

### ***Increased Funding from Institutional Leadership***

Negotiating before hiring offered the best opportunity to secure institutional support. MJ consulted with other chairs and focused on recruiting young promising clinician scientists and providing appropriate time and staff support and mentoring, rather than senior clinical research faculty, whose focus on patient- and community-based research precludes an easy relocation as opposed to basic scientists who could more readily move their laboratories. Estimating a start-up package of \$500,000 for the first 3 years of an assistant professor until independent funding could be obtained, MJ requested \$1.5 million over 5 years from the Dean and received \$1 million of support. He also received \$100,000 per year of support for 5 years to start an internal research funding program for clinical non-tenured faculty. Finally, he received \$50,000 per year for 4 years to support his own research program and another \$100,000 support for feasibility studies for a large program or center development.

### ***Identify and Promote Promising Practices***

To create a vision that resonates with all faculty, once hired MJ met with all faculty to establish the

goal of strengthening research and scholarship during the first 5 years of tenure. He also established monthly research meetings, open to any faculty interested in research, with themes ranging broadly from strategic planning to informal presentation of research idea. He consulted with Building Research Capacity (BRC), an initiative by the Association of Departments of Family Medicine and North American Primary Care Research Group to help increase the research capacity among the US family medicine departments, leading to 2 themes: increase the research capacity through greater external funding and increase scholarship output from all faculty.<sup>4</sup>

Another approach was to identify senior collaborators as faculty mentors and sponsors. MJ's expertise in cancer communications research led to meetings with the institutional experts in cancer and health services research before hiring. This facilitated the discussion for collaboration soon after hiring, leading to the directors of the Cancer Center and the NIH-funded Building Interdisciplinary Research Careers in Women's Health (BIRCWH) to offer funding support for junior faculty with relevant research interest. MJ was also tapped for a multiple principal investigator role in a multi-institutional cancer equity collaborative funded by the National Cancer Institute.<sup>5</sup> This led to additional connections with senior cancer research faculty.

The search committee for research faculty was charged to ensure the applicant's research theme aligned with that of the department to have synergy among the research faculty and the right mentorship. The applicant's potential was determined by the clarity of the research question and approach to address them and the track record that supported success. Over 3 years, the department has successfully recruited 2 early career faculty with an interest in cancer research and a midcareer faculty with independent funding in perinatal equity. While the department did not have established research in perinatal care, many faculty members had clinical expertise in obstetrics, and the institution had an established group of senior perinatal researchers. The combination of independent funding and the funding from the Dean, Cancer Center, and BIRWCH was enough to support 75% time for research for all 3 faculty.

#### ***Outcomes So Far***

As MJ completed the first 3 years as the chair, the department has doubled the number of research faculty. Internally funded research time and staff support were ensured for the existing research faculty. One faculty obtained the department's first R01 grant. The department is now approaching RCS level 2.

#### **University of California at Los Angeles (UCLA)**

GM was internally hired as the chair in 2022 at UCLA, a large, urban research-intensive public university. The department ranked #7 nationally in family medicine in NIH funding based on the Blue Ridge Institute for Medical Research (BRIMR) in 2022, placing it at RCS level 1. BRIMR (<https://brimr.org/>) is a nonprofit organization that annually ranks US departments based on the funding they receive from NIH. The department's major research themes include addiction, health services, health disparities, and community and primary care-based interventions. The department administered 2 centers funded by the National Institute of Mental Health, National Institute on Drug Abuse, and HRSA, focused on addiction and behavioral medicine and HIV, respectively.

#### ***Increased Funding from Institutional Leadership***

An important strategy for enhancing research capacity involved advocating internally for additional state-funded faculty positions, also known as "tenure lines." Special campus initiatives often involved establishment

of new tenure lines, such as precision medicine and those aimed to enhance diversity, aligning well with the department's focus on improving community health and health equity. A key tactic to build research capacity was advocating to include family physicians in the existing primary care research fellowships in other departments, such as the National Research Service Award T32 primary care research fellowship and the National Clinician Scholars Program (NCSP). Demonstrating institutional commitment, the Dean supported family medicine with over \$110,000 annually for 1 fellow through June 2027, underpinning the department chair's efforts to establish pathways for family physician researchers.

#### ***Identify and Promote Promising Practices***

First, goal-oriented salary incentives for the research faculty are crucial to pursue NIH and other extramural grants. Second, internal advocacy to include family medicine in CTSA is vital to improve access to institutional resources and bolster research capacity. CTSAs frequently incorporate community or population health cores and benefit from expertise of family medicine researchers. CTSA provides opportunities such as pilot grants and career development awards for junior faculty and leadership roles for midlevel and senior faculty. Finally, family medicine can make significant contributions to research on improving community health, population health, vulnerable populations, and health equity. In addition, P30 or U grant-funded centers within other departments frequently seek diverse junior faculty engaged in health equity research. Given family medicine's focus on community and practice-based research, it naturally aligns with the objectives of these centers, often leading to collaborations and access to center pilot grants. The department has established a new HRSA Center of Excellence focused on underrepresented minorities in medicine, synergized with ongoing health equity research initiatives.

#### ***Outcome So Far***

In 2023, the department's BRIMR Rankings of NIH family medicine funding rose to #4. Two locally fellowship trained family medicine researchers joined the faculty in 2024, while 2 more family physicians are research fellows. They represent a diverse cohort, including underrepresented minority investigators, all benefiting from over 75% funded research time. Faculty have obtained pilot research funds from NIH funded (Institute of Aging and National Institute of Diabetes and Digestive and Kidney

Diseases) school of medicine centers, Dean's Office research and diversity initiatives, and CTSA bridge funding. The objective is to build on these research connections with diversity supplements and career development awards. Furthermore, 3 active searches for additional state faculty lines focusing on health equity are underway, promising to further bolster the department's research capacity and impact.

## Discussion

The 2 departments employed similar strategies: obtaining adequate support from the Dean and other institutional programs at the time of hiring, focusing on established research themes within the department, ensuring the recruited faculty had high likelihood of success, getting the buy-in from all faculty through sharing of vision, and helping everyone establish their scholarly niche. In addition, advocating for inclusion in local campus research training programs, CTSAs, and special opportunity hiring initiatives were pursued. These opportunities may not be available in every institution, which is a limitation; however, we have presented multiple strategic options here that could be applied elsewhere.

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*To see this article online, please go to: <http://jabfm.org/content/37/S2/S102.full>.*

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