

April 25, 2017

To: All faculty, staff and trainees of the Department of Family and Community Medicine  
From: Kevin Grumbach, MD  
Re: Departmental guidelines for using UCSF Department of Family and Community Medicine electronic vehicles to communicate about policy and political advocacy

This document presents departmental guidelines for using UCSF Department of Family and Community Medicine electronic vehicles (FCM group email lists, FCM Web site, UCSF Chatter social media, etc.) to communicate content related to policy and political advocacy, along with the rationale for these policies. The document has been reviewed and approved by the Executive Council of the Department of Family and Community Medicine.

### **The Context**

Advocacy for policies to promote a more effective and equitable health care system and healthier communities is an important strategy to advance our department's mission. The nation's current political environment is one of intense polarization and partisanship, producing a particularly charged climate for advocacy. While I expect everyone working in the Department of Family and Community Medicine to contribute to our common mission and uphold the values that underpin our mission, I do not presume that everyone working in the department shares the same political opinions. We therefore need guidelines that support members of the department to take advantage of UCSF communication vehicles to engage in advocacy to the extent allowed by University regulations, while fostering a culture of inclusion that respects diversity of life experiences and political opinion among department members.

The guidelines below are followed by a rationale for the guidelines and broader considerations about communications in the department about advocacy.

### **Guidelines**

#### **A. General UC Policies on Advocacy**

1. Per University of California policies, UC employees and trainees cannot use UC email, UC Web sites, UC hosted social media, and other UC hosted communications vehicles to advocate positions in regards to two specific electoral categories: 1) an individual campaigning for elected office, or 2) a local or statewide ballot measure.
2. UC-hosted electronic vehicles are permitted to be used to advocate for legislative bills or other types of policies. When engaging in advocacy about these matters (e.g. legislative bills, government appropriations, regulatory policies), employees who use a UCSF email address and/or identify themselves as a UCSF employee or trainee must exercise care to not imply that their personal advocacy reflects institutional endorsement, unless the University of California has issued a specific policy endorsement congruent with that advocacy position.

#### **B. UCSF FCM Guidelines**

1. **UCSF Chatter Group *Family Chatter Matters (FCM)* : This is the preferred method for communicating to department members about advocacy involving specific political issues and events.** All faculty, staff and residents in FCM are automatically included in our department's *Family Chatter Matters* social media group. In comparison with the FCM All email address (see below), department members have more control over how they wish to receive communications posted in *Family Chatter Matters*; individuals can set the periodicity with which they wish to be notified about new *Family Chatter Matters* postings, including opting out entirely from notifications. Postings can

also be flagged with subject headings that allow department members to select which content they wish to read. Everyone in the department can access *Family Chatters Matter* through their UCSF My Access portal and the link there to Chatter. At the Chatter website, you can specify the frequency with which you wish to receive email notifications about new content being posted to *Family Chatters Matter*.

## 2. FCM Group Email Addresses

- a. **FCM All:** The Department of Family and Community Medicine’s “FCM All” group email includes all department faculty, staff and residents, and is **intended to be used for official department communications and for important news items of interest to all department members**. Individual members of the department may send emails using the FCM All address group to announce news items of interest and relevance to all department members, such as announcements about a department member receiving a special recognition or award. Department members cannot “opt out” of being included in the FCM All distribution list, and department members need to be aware that emails to FCM All go to everyone in the department. **In general, department members should not use FCM All to send advocacy communications about political events**, such as political rallies, or to request that department members take a specific position on a political issue. Exceptions may be made on a case by case basis with permission of the department chair.
- b. **Other FCM Group Email Addresses** (e.g., FCM SFGH Faculty, FCM LS (Lakeshore) Faculty, FCM SFGH Residents, FCM All Staff): The department grants broader latitude to the supervisors for each of these groups (e.g., Residency Director for FCM SFGH Residents, Department Manager for FCM All Staff) to provide internal guidelines to group members on using these group email addresses to communicate advocacy for political events and activities. Members of these groups should consult with their supervisor about the local guideline. In general, department members are encouraged to use *Family Chatter Matters* for communications to FCM groups that are largely advocacy in nature.
- c. **Individual UCSF Email Addresses:** Individuals are at liberty to send emails about advocacy issues to individuals in the department using those individuals’ UCSF email addresses (rather than FCM group emails), if the sender believes that the individuals are interested in receiving such communications. (See UC Policies above for general guidelines about use of UC email.)

3. **FCM-Hosted Web Sites:** The Department of Family and Community Medicine’s Web site is publicly accessible and is intended to provide important information about the department, its programs, and its people to internal and external audiences. We feature news items in the banner on the home page, and these news items often include work related to advocacy. Decisions about news content suitable for the Web site are made by the department’s Communications Committee. We encourage department members to submit news items about their advocacy activities to the FCM Communications Committee. Submissions should be structured as a news report about an event or activity that has occurred, rather than as a call for specific advocacy action.

## C. Funder Guidelines

Faculty and staff receiving salary or programmatic support from extramural granting agencies should be cognizant of any rules and guidelines from their funding sources addressing advocacy on issues that fall under the scope of the funded program.

## **Rationale for the Guidelines and Considerations for Communicating to Department Members About Advocacy Issues**

These guidelines are rooted in the mission of the UCSF Department of Family and Community Medicine to advance a more effective and equitable health care system and healthier communities. The values underpinning our mission include equity, fairness, compassion, respect for the dignity and value of every person, rejection of bigotry, a human right to quality health care, and appreciation of how the family and social context influences health. Being a department in a public university also entails social accountability for the health and welfare of the people of California.

Respect for the scientific method is also one of our core values. We value knowledge based on objective observations and demonstrable evidence. There is overwhelming evidence that lack of comprehensive health insurance in the US results in tens of thousands of preventable deaths and medical bankruptcies every year; that human activity is the major cause of global warming and climate instability is the greatest single threat to the health of human beings and the planet; that racism is an indelible part of the nation's history, and remains a pervasive experience among people of color; and that access to legal, safe abortion reduces avoidable reproductive health morbidity and mortality in women.

A final value is that of diversity and inclusion. The department values diversity as a strength and affirms that we are all the better for a culture of inclusion.

Where does diversity of political views fit into a culture of inclusion? Particularly when it comes to communication using departmental channels?

The following framework provides an approach to answering these questions:

1. It is reasonable to expect everyone working and training in the department to embrace the department's mission and core values. This is who we are in our professional community in the department.  
If someone disagrees with a value as being core to our mission, or believes that a core value is missing, that individual has the right to voice that view to the Chair and the department's Executive Council and make a case for why a value should be removed, revised, or added.
2. Facts can be debated on the basis of the evidence.  
If an evidence-based case can be made, for example, that being uninsured does not increase the likelihood of bad health outcomes, we should be open to hearing that case and discussing the merits of the evidence.
3. Diversity and inclusion means promoting the democratic exchange of differing ideas on how to best achieve shared policy goals.  
Specific policies and political tactics may be debated in the department based on the evidence that they achieve goals aligned with our department mission and values. For example, universal access to quality health care is a value, not a tactic, and is part of our core set of values. However, we should encourage open debate and exchange of views about the specific policies that best advance the goal of universal access to health care, using an evidence-based standard to judge the merits of competing policy tactics. If a person wants to argue from the left that it would be better to let the ACA be repealed in order to make it more likely for a single payer plan to be enacted in the US, that case should be heard. If a person wants to argue from the right that a market-based voucher system for health insurance would be better than the ACA in achieving the goal of affordable universal

access to health care, we need to be open to examining that argument. We must guard against political correctness stifling the ability of department members to express alternative views when it comes to the specific policies and tactics that best achieve the shared goal of a healthier nation.

4. Communications that constitute hate-speech or ad hominem attacks violate the department's commitment to a culture of inclusion and respectful discourse, and are not permitted in any of our communication channels.