

BULLETIN

COVID-19's impact on advocacy: Virtual versus in-person meetings

The benefits and challenges of virtual advocacy activities are described as are the advantages of hybrid virtual and in-person advocacy meetings.

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HIGHLIGHTS

- Describes the benefits and challenges of virtual advocacy activities
- Summarizes essential components of planning and managing virtual meetings
- Identifies the advantages of hybrid virtual and in-person advocacy events

For the first time, the American College of Surgeons (ACS) was forced to cancel its 2020 Leadership & Advocacy Summit (LAS), which was scheduled to occur in March 2020, right in the midst of the U.S. officially shutting down because of the coronavirus 2019 (COVID-19) pandemic. The ACS was not alone in canceling one of its most important advocacy activities in 2020, and to avoid another cancellation in 2021, the ACS hosted its first virtual LAS May 15–17.¹

Virtual advocacy represents a new opportunity for ACS Fellow and member participation and certainly has its advantages in terms of avoiding lengthy travel, making information easily accessible online, and conducting more efficient meetings, especially for busy surgeons. However, key components were missing this year: the chance for young surgeons to network with ACS leadership; the opportunity to raise emerging policy issues with the ACS Division of Advocacy and Health Policy (DAHP) team over dinner; and the ability to dedicate sole focus to the policy priorities facing surgeons and surgical patients while hearing anecdotal stories from colleagues to sharpen the focus of each issue. As the world emerges from the pandemic, it is likely that some hybrid form of virtual and in-person advocacy will materialize, merging the ease of access of virtual advocacy while building on the solid and long-term foundations of face-to-face relationship development.

The pivot to virtual advocacy

As soon as the ACS closed its offices and moved to telework in March 2020, the DAHP pivoted to virtual advocacy. The ACS closed at nearly the same time that the U.S. Congress stopped accepting visitors and members of Congress ended travel between their homes and Washington, DC; we all were moving to virtual telecommuting together.

The work ahead would be tremendous, particularly in health care advocacy. Initially, there were ethical considerations raised as lobbying accelerated in 2020, with some lawmakers considering a lobbying ban.² However, legislators quickly saw that they needed information from organizations that could share stories about the impact of the COVID-19 pandemic, and they reached out more frequently to organizations for details. Sixty-five

percent of government affairs executives (GAE) recently polled by the Public Affairs Council (PAC) say it has been easier than anticipated to reach elected officials by phone or video conferencing during the pandemic.³ The ACS Legislative and Political Affairs (LPA) team began fielding e-mails, phone calls, and even texts from staffers who needed feedback on everything from personal protective equipment to the various types of loans that could be made available to vulnerable physician practices. The LPA team developed new relationships with staffers without ever seeing their faces, and this virtual format did not seem to affect the ability to develop solutions with members of Congress who were willing to actualize them.

Remote work appears to be going well for advocacy teams. According to a recent Public Affairs Council survey, 83 percent of GAE believe their staffs are already proficient with Zoom, Teams, and other platforms, and 66 percent say their staffs can do their jobs well while working remotely.³ The rise of digital advocacy is an international phenomenon. In Europe, 85 percent agree that the COVID-19 pandemic accelerated the rise of digital tools, and it will become increasingly common to schedule video conferences with European Union policymakers.⁴

For the ACS, systems were already in place to support virtual advocacy, with *SurgeonsVoice* serving as the foremost example of advocacy in the digital age. The LPA team prioritized grassroots alerts dedicated to COVID-19 issues, and the grassroots work took on new life as the ACS began collecting stories from surgeons who needed help from lawmakers, either because elective operations were officially or voluntarily halted or because surgeons were treating COVID-19 patients and needed help. As the grassroots information came in from Fellows across the U.S., the priority became to share it through whatever virtual methods were available.

To continue to push the information out to Fellows and the media, new modes of communications to Fellows were developed to gather and share key stories. Social media, including @surgeonsvoice, helped reach a broader audience and amplified the week's message. What was surprising overall was that moving to virtual advocacy with

whatever digital means available did not seem to hinder progress on the issues; in fact, it seemed to make it easier to achieve goals.

Virtual advocacy: Ease of access

Other government affairs teams agree that virtual advocacy has its attributes and, at times, can be more effective. In fact, a PAC survey conducted in April 2021 found that 46 percent of GAE believe Zoom can actually be more effective than face-to-face lobbying. Furthermore, that same survey showed 87 percent of GAE believe lobbying via Zoom will become a permanent advocacy tool.⁵

A Zoom-style format affords more constituents access to members of Congress and their staffs because the obstacle of travel is eliminated. A continuation of virtual advocacy also might allow better access to this type of work and, ideally, will address some inequities in the ability to advocate.⁶

Additionally, virtual advocacy-related meetings do not have to be connected to an annual advocacy event and can occur more frequently, further strengthening relationships. Advocacy teams like the LPA can keep their members updated on the current legislative “asks” on the website or through digital tools like *SurgeonsVoice*, making meetings seamless, simple, and perhaps more regular. Virtual meetings also tend to be shorter, making them easier to fit into a busy schedule—a convenience for surgeons and members of Congress alike.

The fact that the 2021 LAS was virtual made participating in the advocacy portion of the meeting easier and more accessible for ACS Fellows. Initial, anecdotal feedback supported the ease of having materials, including presentations, available ahead of time; revealed that many attendees preferred incorporating their advocacy efforts into their day-to-day activities without having to take time away from work or family; and showed that some new participants were able to virtually attend the meeting who typically were unable to do so in the past because of time constraints.

Traditional advocacy work requires travel, not just to Washington, DC, and state capitols, but also to meet with, and educate, advocates around the country. Restrictions on nonessential travel are likely to continue postpandemic.⁵ Adjustments can be made to provide advocacy training virtually. On the positive side, instead of having to turn down conflicting events to train advocates, GAE have been able to virtually attend multiple functions across the country in a single day.

Training advocates for a virtual environment requires some message adjusting.⁷ More people can advocate on behalf of the House of Surgery than ever before, but these advocates need some basic knowledge of the issues, instructions on using the technology, and an introduction to expectations for working with lawmakers. A greater acceptance of digital advocacy is an attitude shift that is likely to last well beyond the pandemic, but making that digital advocacy work well requires the training and tools that make it work for all.⁸

It also is crucial to ensure the technology works well for all audiences. Testing the technology beforehand is a key part of the process. Most surgeons have used telecommunications technology at this point in the pandemic, but not all advocates will be as familiar with every platform, and technology training will need to accommodate a variety of needs. Not to mention, access to broadband can affect many advocates who may be unable to access Zoom or other platforms as easily as others.

In a virtual environment, time spent meeting is typically much shorter, and there may be little time to cover all of the issues. High-quality, highly focused meetings with fewer issues dominate this environment. Additional topics may require a separate virtual meeting at a later date or another mode of digital communication. In some instances, a simple, direct e-mail may be the preferred approach.

Managing virtual meetings is a task unto itself. Most people have been on a Zoom call where the entire time is spent on introductions. We have trained Fellows to ensure members of Congress have their contact information so they can be used as a resource

in the future, but for virtual meetings, brief introductions and getting right to the issues is crucial. Contact information can be shared in a follow-up e-mail after the meeting. In addition, assigning key roles in advance can ensure a better overall experience. Having specified roles for kicking off the meeting, taking the lead on each of the issues, and providing support creates an organized structure to the virtual meeting.

Additionally, organizations will need to adjust how they support their political action committees, such as the ACS Professional Association (ACSPA)-*SurgeonsPAC*. The ACSPA paused solicitations in March 2020, as did nearly 88 percent of other PACs. PACs also will need to modernize some antiquated systems, such as the continued use of paper checks.⁹

In-person advocacy builds lasting foundations

Interpersonal relationships matter to everyone, including surgeons, patients, and policymakers. Networking in person remains vital to long-term relationship building. Unfortunately, a missing element from the virtual 2021 LAS experience was the ability for surgeons to connect in a more meaningful way—to network, share stories with colleagues, discuss the issues that DAHP staff presented to them, and determine whether the outcomes affected their workplaces.

It does appear that the changes associated with widespread vaccination may lead to an increase in face-to-face interactions with lawmakers, with 60 percent of lobbyists in April 2021 versus 71 percent in 2020 asserting that, even after the pandemic ends, it will remain difficult to meet with federal lawmakers in person. And for state lobbying, the 2021 survey shows that only 35 percent of GAE believe it will remain difficult to meet with state elected officials face to face, down substantially from 2020 when 54 percent expected to be communicating on a video platform for the foreseeable future.

The percentage of GAE who believe the pandemic will bring about a decline in traditional in-person lobbying and an increase in digital advocacy declined from 61 percent in 2020

to 54 percent in 2021. Overall, most agree that there will always be a rationale for face-to-face meetings. The question to be considered may be determining which portions of traditional lobbying will be supplemented by digital advocacy and which will be supplanted by digital advocacy.

Virtual advocacy is far from perfect. For example, online interactions can foster a sense of connection and bolster psychological well-being; however, passive use of social media may not contribute to one's sense of social connection.¹⁰ Although virtual meetings may allow for more frequent and regular interaction, it is more challenging to be noticed in that setting. Organizations with a strong digital presence, as well as advocates with whom the legislator is familiar, are going to have an advantage over groups that are lacking in either area.¹⁰

Advocacy is a competitive business. Traditional lobbying and advocacy relied on Capitol Hill's willingness to meet in person. People's behavior is influenced by social norms: what they perceive others are doing or what they think that others approve or disapprove of.¹¹ Competition between advocacy organizations will influence how soon advocacy returns to an in-person or hybrid format. How members of Congress encourage that interaction will undoubtedly trickle down to their staff.

Vaccinations are encouraging an increase in face-to-face interactions. According to a CNN survey conducted in May 2021, all Democrats in the House and Senate were vaccinated, with 92 percent of Republicans in the Senate vaccinated and nearly 45 percent of Republicans in the House vaccinated.¹² As members of Congress become vaccinated and open their doors to traditional forms of advocacy, most organizations will follow, partially influencing what will evolve into regular advocacy-related activities. Furthermore, as members of Congress move their fundraisers back to in-person events, *SurgeonsPAC*, like other groups, will have to determine the appropriate time to send advocates back to in-person events rather than continue online fundraisers.

Conclusion

The COVID-19 pandemic's impact on advocacy will become clearer as organizations normalize return to business structures. The balance between in-person and virtual advocacy will depend on what the higher value is for the organization. For organizations like the ACS, providing surgeons and surgical patients with digital platforms to advocate effectively in a virtual format will remain important given the scheduling restrictions surgeons face. However, the ACS is likely to maintain an in-person presence with lawmakers to retain long-term relationships with members of Congress and their staff, not to mention the in-person benefits to surgeon advocates at planned advocacy events like the ACS LAS. A hybrid of both virtual and in-person meetings has the potential to make advocacy for surgeons and surgical patients stronger than ever.

References

1. Public Affairs Council. Political involvement network survey COVID-19: Impact on PAC and advocacy efforts. Available at: <https://pac.org/wp-content/uploads/COVID-19-PAC-Survey-Results.pdf>. Accessed June 16, 2021.
2. Gangitano A. Lobbying frenzy connected to stimulus sparks backlash. The Hill. March 25, 2020. Available at: <https://thehill.com/business-a-lobbying/489359-lobbying-frenzy-connected-to-stimulus-sparks-backlash?rl=1>. Accessed June 16, 2021.
3. Monismith A. New poll: Government affairs execs say lobbying via Zoom is here to stay. Public Affairs Council. Press release. May 5, 2021. Available at: <https://pac.org/lobbying-via-zoom-here-to-stay>. Accessed June 16, 2021.
4. Sousa J. Global public affairs during and beyond COVID-19. Public Affairs Council. Council Blog. October 28, 2020. Available at: <https://pac.org/global-public-affairs-during-beyond-covid>. Accessed June 16, 2021.

5. Public Affairs Council. The pandemic and public affairs: One year later. May 2021. Available at: https://pac.org/wp-content/uploads/Pandemic_PublicAffairs_One_Year_Later.pdf. Accessed June 16, 2021.
6. Ackley K. K Street backrooms morph into 'the Zoom where it happens.' *Roll Call*. June 15, 2020. Available at: rollcall.com/2020/06/15/k-street-backrooms-morph-into-the-zoom-where-it-happens/. Accessed June 16, 2021.
7. DeSarno N. Planning a virtual legislative meeting for your advocates. Public Affairs Council. Available at: <https://pac.org/planning-a-virtual-legislative-meeting-for-your-advocates>. Accessed June 16, 2021.
8. Pinkham D. It's the end of the world as we knew it. Public Affairs Council. Available at: <https://pac.org/impact/end-of-the-world-as-we-knew-it>. Accessed June 16, 2021.
9. Ackley K, Bowman B. COVID-19 complication: PACs can't deliver promised checks. *Roll Call*. March 26, 2020. Available at: www.rollcall.com/2020/03/26/covid-19-complication-pacs-cant-deliver-promised-checks/. Accessed June 16, 2021.
10. Childress R. Seven changes affecting government relations during the pandemic. *Associations Now*. July 15, 2020. Available at: <https://associationsnow.com/2020/07/seven-changes-affecting-government-relations-during-the-pandemic/>. Accessed June 16, 2021.
11. Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nat Hum Behav*. April 30, 2020. Available at: www.nature.com/articles/s41562-020-0884-z#citeas. Accessed June 16, 2021.
12. Fox L, Wilson K, Fortinsky S, Zaslav A. Congressional Democrats have a 100% vaccination rate. *CNN*. May 14, 2021. Available at: www.cnn.com/2021/05/14/politics/democrats-vaccination-rates-house-mask-rules/index.html. Accessed June 16, 2021.

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