AUA Staff Liaison  Kimberly Serota

Chair  Michael Hsieh, MD, PhD

Terms of Office  Chair  3-year terms, non-renewable  
Member  3-year term (renewable once)

Committee Makeup  Composed of 8-14 members

Mission Statement  
The mission of the Research Advocacy Committee (RAC) is to effectively champion for public, private and philanthropic support of urologic research by energizing and synergizing with all stakeholders.

These efforts shall include legislative advocacy efforts working with the AUA Public Policy Council, Legislative Affairs Committee (LAC), and Annual Urology Advocacy (AUA) Summit planning committee as appropriate, and patient advocacy organizations working with the Urology Care Foundation, as well as building relationships with federal funding agencies and non-federal funding organizations. In addition, the RAC will maintain a strong working relationship with the Research Council to ensure adequate communication and collaboration with the AUA’s primary research-related governance body.

Committee Meetings  
The Research Advocacy Committee shall meet by teleconference/videoconference on a monthly basis, or as deemed necessary by the RAC Chair, and Public Policy Council Chair, with one to two in-person meetings per year typically at AUA Headquarters. A representative of the RAC (Chair or appointed member) is expected to attend in-person meetings of the Research Council as the RAC’s liaison to the Research Council.

Time Commitment  
Chair:  3-4 hours per week (average)  
This includes teleconferences and meetings with staff, various committees and representatives of external organizations/agencies. The Chair also travels up to 10 days annually for attendance at the AUA advocacy conferences and meetings, leadership meetings with federal agencies, and meetings with other AUA or Urology Care Foundation committees supporting research.

Member:  2 hours per week (average)

Responsibilities  
Chair:  In executing responsibilities, the Chair will report to the Public Policy Council Chair and the Public Policy Council as a whole and oversee any workgroups or subcommittees that may be created. The Chair is expected to commit 3-4 hours per week working independently and in collaboration with staff, various committees and representatives of external organizations/agencies.

Members:  Committee members must 1) be available to participate in Committee meetings, advocacy meetings, and leadership meetings and 2) serve as active liaisons between the RAC and federal agencies and other organizations.
Qualifications

Chair:
• Must be active in urologic research with a strong track record of achievement in urologic research and training.
• Must possess familiarity with NIH institute (e.g., NIDDK, NCI, NIA) operating procedures and leadership.
• Possess experience in advocacy at the community, state, or federal level.
• Must be available for communication with members of the Committee, Council, Board of Directors, and staff.
• Preferable: History of productive interaction with consumer advocacy organizations, as well as relationships with urologic research funders whether federal or non-federal.

Members:
• Must be active in urologic research with a strong track record of achievement in urologic research and/or research advocacy.
• Must be active in research-related service in research-related associations, organizations, and societies.
• Preferable: History of productive interaction with consumer advocacy organizations, as well as relationships with urologic research funders whether federal or non-federal.

Recent Accomplishments 2021
• AUA Selected to Serve on Executive Committee of the Friends of Child Health and Human Development’s (NICHD) Coalition
• Submission of Feedback to National Institute of Diabetes and Digestive and Kidney Diseases’ (NIDDK) Strategic Plan aimed to recognize that non-oncologic urological diseases are extraordinarily prevalent; widely underdiagnosed due to access issues and patient unawareness; undervalued as they are not immediately life threatening; underrepresented in regard to minorities’ participation in trials; and tremendously important to the patient’s quality of life. Additionally, the AUA urged the NIDDK to recognize urology as a central component of the strategic plan.
• Placed a Urologist-Scientist on the NIDDK Strategic Plan workgroup through direct outreach to NIDDK’s Director Dr. Griffin Rogers. The NIDDK extended an offer to add Dr. Wessells to the review committee and that offer was accepted by Dr. Wessells in July 2021.
• The AUA’s Urology Telehealth Taskforce and Research Advocacy Committee joined efforts in responding to the National Cancer Institute’s Request for Information (RFI) seeking “Stakeholder Input on Scientific Gaps and Research Needs Related to Delivery of Cancer-related Care via Telehealth.” The response focused on the need to deliver care by telehealth that is both high quality and arguably even better than in-person care.
• Engagement of NIH Agencies in Bladder Health Alliance Roundtable Meeting which featured a panel comprised of representatives from five National Institutes of Health agencies including National Institute on Aging, National Institute of Child Health and Human Development, National Institute of Diabetes and Digestive and Kidney Diseases, National Institute of Neurological Disorders and Stroke, and National Institute of Nursing Research. Panelists highlighted bladder research taking place
within their respective agencies and provided participants with resources on how to stay apprised of engagement opportunities.

- Continued efforts to protect research advocacy funding through Appropriations bills for the Congressionally Directed Medical Research Program (CDMRP) and National Institutes of Health.
- Actively participated in the Friends of PCORI to advocate for a reauthorization of funding that continues patient centered research taking place at the institute. In January 2020, the funding bill was reauthorized for an additional 10-years.