

Laura Benzing

Creating Meaning from My Bedroom Office

Before the pandemic, I imagined my summer with DukeEngage to look like a small close community trying to understand health policy as a form of service by night and acting on those ideals at organizations across the city by day. I planned to explore health policy as a career path by learning from my peers and coworkers at Margolis Center over coffee. Like all 2020 plans, my goals need to be modified to fit into a 15-inch screen.

When I first started working remotely with the Margolis Center, I simply felt grateful for a relevant job and relieved to have a schedule to bring structure back to my quarantined life. Then, as I became accustomed to the pandemic and as the Black Lives Matter movement grew, I wanted to ensure this summer would make positive change.

Fortunately, my project supports the use of real-world data (data that is routinely collected in healthcare). Studies using real-world data tend to have broader inclusion criteria than traditional randomized controlled trials (RCT). This can help to even the lack of diverse representation in drug trials which often include healthier, younger, whiter, and more male populations. Beyond representation, this kind of data has intrinsic benefits. Real-world evidence, or the clinical evidence generated by analyzing real-world data, may require fewer resources so it can help address unmet clinical needs. Because this evidence comes from the "real-world", it can capture more information relevant to the broader impact of a medical product.

For the past ten weeks, I've had the pleasure of working with an incredible team of women on the Real-world Evidence (RWE) Collaborative. With the team, I built a website to document and make accessible the FDA's use of RWE in effectiveness decision-making. To fill the website, I conducted a literature review and programmed a web-crawler to go through the Drugs@FDA site and identify more examples of when the FDA used RWE. This work makes it easier for stakeholders to look at what the FDA has done before, learn from their example, and create high-quality studies using real-world data.

This work didn't just feel interesting, it felt impactful. But from the pale-yellow walls of my bedroom office, I sometimes felt removed from that impact. I needed to weave the significance of my work in my daily life. As a moderate extrovert, I ride the wave of passions of the people around help feed my enthusiasm. I set a goal to recreate that energy for myself using one-on-one Zoom conversations and immersing myself in the health policy world. I caved and joined twitter then jumped on my team's listserve recommendations. I woke to up STAT Morning Rounds and started to feel like the health policy world was my world. I looked at COVID data and tweeted out my analyses, with important implications for my age group. But searching for ways that health policy touches my life is like searching for mosquitos in DC, they're everywhere. Health policy is omnipresent and serious.

I feel that the Margolis Center recognizes that impact. Here, the culture waves a flag reminding us that people are the ultimate goal. That attitude lives in the language, nearly every presentation emphasizes how this work can improve people's lives. Even at the intern level, the project aims impressed me, from reducing maternal health disparities through payment structure or helping model the COVID pandemic.

One of my most valuable takeaways from this summer is that much of health policy can feel like a form of professional advocacy. I am excited to be a part of a professional community with high aspirations. This internship looked different from what I imagined back in February but even through my laptop, I felt like a member of the health policy community and its goals. During remote work, maintaining mindfulness of those goals helped me connect with my project and my team at the Margolis Center.