

ACPM Member Spotlight—Clarence Lam, MD, MPH, FACPM

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Preventive medicine physicians are a unique brand—they have scientific and clinical proficiency, empathy to care for patients and the epidemiology and public health expertise to focus on big picture health impacts, improving communities and large populations. Training preventive medicine residents through rotations in public health departments or federal agencies offers an opportunity for physicians to gain practical experiences addressing public health challenges, which differs from the training of other physicians who may also gain a master's in public health degree.

Another aspect of a preventive medicine physician is the training and experience in using health policy to improve health outcomes. The preventive medicine physician for this article acquired additional training and knowledge in health policy by attending the American Medical Association's AMPAC training over a decade ago that prepares physicians for entering public service through elected offices at the local, state and national levels. Trained physicians, when elected to seats of public office, provide citizens with informed perspectives and representation on health policy in local, state and federal legislatures to deliberate the essence of bills to become law.

Member Spotlights highlight preventive medicine physicians and their careers—how they found preventive medicine as a specialty and how the training enhanced their career. Previous spotlights have included Dr. Brenna VanFrank of the Centers for Disease Control and Prevention in Georgia, Dr. Leith States, CMO of the Office of the Assistant Secretary of Health, Dr. Linda Hill of California, Dr. Michael Crupain of New York, Dr. Tista Ghosh of Colorado, Dr. Maria Mora Pinzon of Wisconsin, Dr. Ed Fess of Arizona, Dr. Chris Pernell of New Jersey, Dr. Lisa Waddell of Atlanta and Dr. Ankush Bansal of Florida, all engaged members of ACPM. In the current spotlight, I share highlights from Dr. Clarence Lam, a preventive medicine physician directing the Preventive Medicine Residency Training program at Johns Hopkins University and elected member of the Maryland State Senate serving on the Finance Committee.

You have had a very rich career in public health, what initially attracted you to the specialty?

Preventive medicine is an incredibly broad specialty that includes clinical medicine all the way to global health. Whereas most medical specialties are very focused and comparatively narrow, preventive medicine allows a physician to work on a large variety of topics. The core competencies that one learns in epidemiology and biostatistics can be applied from outbreak investigations to health advocacy and communications. I really found this breadth of practice to be attractive—to be able to engage in many different topics and areas that were both impactful and rewarding.

I was also attracted to the ability to work on big, large-scale health issues that affect societies and communities as a whole. With a focus on addressing the social determinants of health, we know that nearly every policy affects people—and ultimately their health. So, the specialty of preventive medicine permits a physician to work on nearly every policy imaginable simply by linking it to the human impact that it has.

In our conversation, you shared several examples of how your training and experience as a physician positions you well for elected office. How will you apply these skills for improved health outcomes for residents in the state of Maryland?

As physicians, we are very data driven. We look for unanswered questions or gather evidence in a way that will help guide our decision-making. That's how good policies should be determined, as well. Serving in elected



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office is the art of persuading others that we should be acting on the data that we are seeing and have collected.

Politics can make this challenging because many colleagues in elected office are not always swayed by the data alone and other considerations—like funding limitations—can supersede even convincing evidence.

I've learned that it is important to bring both the data that shows improved health outcomes and the personal stories—especially from constituents—that help make the most persuasive case to pass good policies. Human nature pushes us to remember the anecdotes because they make for good stories. And that's why providing both strong data and convincing stories serves as a one-two punch to help get good policies passed.

How have you been able to manage the demands of a busy career at Johns Hopkins University, a new family—with your little girl—and serving the citizens of your district as a member of the Maryland Senate?

I think preventive medicine training was instrumental in honing skills in time management. Due to the breadth of the specialty, one gets accustomed to working on many different things at once. Efforts in public health can often be incremental and gradual, and this means that you're frequently not just working on one project or initiative but on several concurrent activities at the same time. In Maryland, we're a part time legislature, and that means constantly balancing the responsibilities of our elected office with our other jobs and our families.

Being a physician is not dissimilar from serving in elected office. Both positions are outward facing and require meeting many different types of people. Both positions also involve consuming large volumes of information from many disparate sources and coming to a conclusion or making a decision. And both are customer service positions—we're ultimately there to serve and help people.

Many preventive medicine physicians are enamored with politics and use their voice to influence policy to improve health outcomes. What influenced or who inspired you to step forward to take on this bold path of a career in politics?

I've always had an interest in politics and government, and I think it stemmed from the fact that I am a second generation Asian American. As the son of immigrant parents, I recognized that we had a lot of opportunities

that we simply would not have if we were not here in the U.S., and it was a sense of wanting to give back to others and helping people through government policies.

That interest motivated me to pursue a double major in biology (pre-med) and political science in college. And while I could have gone to law school, I still decided to seek medical training.

I do credit a few mentors along my journey who have guided me in this path. I had the remarkable opportunity to get to know Dr. DA Henderson, the former dean of the Johns Hopkins Bloomberg School of Public Health and who is widely credited with eradicating smallpox, while serving as an analyst at a biosecurity think tank that he led, and he encouraged me to consider the specialty of preventive medicine. I found the specialty to be the perfect fit because so many of the interventions that we explore in public health involve government programs, funding, laws and regulation—all very similar tools that we utilize as legislators.

While in medical school, I interned in the health oversight office of Congressman Henry Waxman when he chaired the U.S. House Oversight Committee. His pursuit of the truth, and of using facts to hold government accountable and make it more transparent resonated with me and inspired my interest in oversight as a state legislator.

I also credit Admiral Paul Jung, MD, MPH, FACPM of the U.S. Public Health Service with serving as a mentor and inspiration to always think out of the box. His career in federal government service showed the different opportunities that preventive medicine physicians can fulfill, but his advice throughout the years was instrumental in my pursuit of public service by running for elected office.

What advice would you offer young physicians who are beginning their journey in medicine?

My advice to young preventive medicine physicians is to be bold. Take risks. Specializing in preventive medicine requires a leap of faith, an ability to reach for the greater good and to see the bigger picture. The challenges we face in public health are often deep-seated, far-reaching and grounded at the societal level. Nearly all significant achievements made in public health require taking risks, exploring different pathways or examining a problem from a different angle. Preventive medicine gives you the flexibility and the purview to carve your own path and find your own way. The key is to be prepared, so that when the appropriate opportunities present themselves and the timing is right, you're ready to make the leap.

What is the best advice you received that made a difference in your career decisions?

The best advice I've received is that there is no wrong door. As a program director, I've seen scores of graduates complete specialty training and look at their careers ahead of them. Many of them are anxious about that first step—the position that they take on after graduating from residency. I remind them that most preventive medicine physicians transition through several roles during their careers. While physicians in clinical practice will often change positions as well, in preventive medicine it is not only common to change positions, but to change the topic area or specialty focus that one is working in, which is quite different than most clinicians' experiences. But the flexibility that preventive medicine offers our physicians is really a beauty of the specialty that's unique and a huge benefit to our practitioners. There is no wrong door in preventive medicine because one path leads to another, and if a particular position doesn't feel like it's the right fit, it's not hard—and in fact it's pretty normal—to switch gears, refocus your efforts, and find a new opportunity.

From your point of view, what is the key benefit that a professional association such as ACPM can offer an individual?

In a specialty as diverse as a preventive medicine, professional associations such as ACPM are incredibly important

because it is the organization or glue that is connecting us—despite working on some very different areas of public health.

While specific specialty societies may be important in the particular field that a preventive medicine physician is practicing in, they don't offer the higher-level spectrum of public health awareness and opportunities that a professional association like ACPM can provide. That's especially important when we've seen so many preventive medicine physicians take on new roles and transition into new positions—that their specific focus and topic area may change, but it's preventive medicine that is the umbrella and provides the global view of bringing all of these areas together.

Preventive medicine as a specialty is very different than any other specialty out there. It's not a cookie-cutter specialty like many other clinical practices. The locations, venues, environments, areas, topics, partners, colleagues and processes are just so different from one position to another. In addition, many of our physicians like to take on new challenges and roles. ACPM as a professional association gives us a home to share our paths, hear about other opportunities, learn about other routes and introduce us to others' decision-making and thought processes that broadens our horizons as to the possibilities that we can take on and is the fuel that buoys us to persevere through our challenging experiences and motivates us to continue to pursue our diverse interests.