



# HHS Public Access

Author manuscript

*Acad Med.* Author manuscript; available in PMC 2017 April 01.

Published in final edited form as:

*Acad Med.* 2016 April ; 91(4): 449. doi:10.1097/ACM.0000000000001109.

## Advocacy Training as a Complement to Instruction About Health Disparities

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### To the Editor

We applaud Gonzalez and colleagues' elective course on health disparities and advocacy,<sup>1</sup> as it informs educators to further improve students' ability to care for diverse populations. In our ten years of experience, we have learned that disparities instruction frustrates learners unless it is coupled with opportunities to take action, making advocacy instruction a natural pairing for disparities coursework. Advocacy is action by a physician to promote social, economic, educational, and political changes that ameliorate threats to human health.<sup>2</sup> Integrating health equity into quality improvement efforts, for example, is a form of advocacy that reduces disparities and is increasingly a part of physicians' careers<sup>3</sup>.

Given that most physicians already care for patients that span a diverse range of privilege, and given the growth of populations at risk for disparities, we endorse early mandatory health disparities and advocacy training. We have good evidence that early elective coursework successfully empowers students to engage in advocacy.<sup>4</sup> Required coursework reaches students inexperienced with underserved populations and those unsure of their role in advocacy. Coursework needs to occur early enough that students have the opportunity to explore the various forms of advocacy and develop a sense of empowerment and commitment. Research on outcomes of our own required course revealed that many first year students who were initially "neutral" in their attitudes regarding advocacy had re-defined themselves as advocates by the end of the course.<sup>5</sup> It is time for medical education to challenge all learners to participate in advocacy efforts for patients facing real world health challenges.

### Acknowledgments

*Disclosures:* M.H. Chin is supported by a National Institute of Diabetes and Digestive and Kidney Diseases Midcareer Investigator Award in Patient-Oriented Research (K24 DK071933), the Chicago Center for Diabetes Translation Research (P30 DK092949), Robert Wood Johnson Foundation Reducing Health Care Disparities Through Payment and Delivery System Reform Program Office, and the Merck Foundation. V.G. Press is supported

by a career development award from the National Heart, Lung and Blood Institute (K23 HL118151). M.B. Vela has no disclosures to report.

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