From Flint to Ferguson, New Orleans to Dallas, the nation has been overwhelmed over the last two years by destructive events that have impacted individuals and families, particularly those of minority communities, in unimaginable ways. As the environmental health issues surrounding the lead-contaminated waters in Michigan rose along with the floodwaters in Louisiana, so too did the recurring theme throughout the country of gun violence in the streets—the vulnerability of these underserved communities is more exposed than ever.

More recently, a new presidential administration has ushered in a rash of policies that have been considered or implemented and will affect immigrant populations while the proposed reform of the Affordable Care Act raises concern for the future availability of health insurance to many who only recently obtained coverage, including a large portion of the homeless population.

Though the politics around these issues are complex and sometimes divisive, it is clear that the physician has an ethical and social responsibility to advocate for the health and well-being of the individuals under his or her care in the midst of difficult and momentous times.

As general internal medicine physicians, particularly in academic medical centers, we are regularly at the frontlines, managing chronic diseases and acute episodes of illness among patients who experience structural racism or disparate health risks in their communities. In the nearly 15 years since the Institute of Medicine’s report “Unequal Treatment” revealed disparities in access and care of minority populations in the United States and the consequential poor health outcomes seen in these communities, scientists and physicians continue to study these factors with great perseverance. However, as the body of evidence increasingly demonstrates the impact that the environment outside of the clinical setting has on a patient’s presentation, physicians often have been ill-prepared to effectively engage with patients in addressing these social determinants of health beyond the individual patient interaction.

As we gather for the 2017 SGIM Annual Meeting in Washington, D.C., in the backdrop of the Capitol Building, the opportunity to broaden our understanding of the role we as physicians can play in advocating for our patients and, in turn, promote health equity is imperative. From the idealistic first-year medical student to the seasoned primary care physician, we hope to share how we may harness the unique position that physicians are in to be a voice for our patients, taking advocacy from the streets to the State House, in our local communities or in our nation’s capital. Through this workshop, participants will receive an overall introduction to the influence of social determinants of health, including the physical environment, income, education, housing and food security, and how advocacy can be used as a way to address them. Drawing from the experiences of workshop faculty from across the nation, participants will receive necessary tools—including communication and presentation skills—to advance the care of their patients, including how to work with members of the community as well as politicians at the local and national levels. We hope these skills will lay a foundation on how to successfully incorporate advocacy work into otherwise demanding professional lives.

As the news reports show, physicians around the country are speaking out to preserve the rights of their patients and fellow Americans. Medical schools and residency training programs from Montefiore Medical Center to the Cambridge Health Alliance are beginning to think creatively as to how to best prepare young physicians for the role of an advocate. As this session concludes, the goal is for participants to leave with greater confidence and skills to take on advocacy as a part of their profession with passion, resilience, and grit.

Looking forward to seeing you in D.C.!

References