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Movement Advocacy, Personal Relationships, and Ending Health Care Disparities

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Abstract

Deep-rooted structural problems drive health care disparities. Compounding the difficulty of attaining health equity, solutions in clinics and hospitals require the cooperation of clinicians, administrators, patients, and the community. Recent protests over police brutality and racism on campuses across America have opened fresh wounds over how best to end racism, with lessons for achieving health equity. Movement advocacy, the mobilizing of the people to raise awareness of an injustice and to advocate for reform, can break down ingrained structural barriers and policies that impede health equity. However, simultaneously advocates, clinicians, and health care organizations must build trusting relationships and resolve conflict with mutual respect and honesty. Tension is inherent in discussions about racial and ethnic disparities. Yet, tension can be constructive if it forces self-examination and spurs systems change and personal growth. We must simultaneously advocate for policy reform, build personal relationships across diverse groups, and honestly examine our biases.

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Keywords

Disparities; Advocacy; Equity; Race; Ethnicity

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Conflict of interest: Dr. Chin co-chairs the National Quality Forum (NQF) Disparities Standing Committee. He is the Immediate Past-President of the Society of General Internal Medicine and a member of the America's Essential Hospitals Equity Leadership Forum. He has provided technical assistance to the Center for Medicare and Medicaid Innovation and is a member of the National Advisory Board of the Institute for Medicaid Innovation. The views expressed in this commentary do not necessarily represent the views of the National Quality Forum, Society of General Internal Medicine, America's Essential Hospitals, Centers for Medicare and Medicaid Services, Institute for Medicaid Innovation, National Institutes of Health, Robert Wood Johnson Foundation, and Merck Foundation.

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