

EXECUTIVE SUMMARY

Objective: To review recent activities and accomplishments of the Council on Scientific Affairs (CSA) and the Group on Science, Quality, and Public Health within the American Medical Association (AMA).

Results: Annually, the CSA submits approximately 20 reports to our AMA's House of Delegates. These reports are subject to external review and include the input of relevant medical specialty societies. These reports address a broad range of public health and medical issues affecting physicians and patients. Approximately 30% of these reports are published in the peer-reviewed medical literature, and represent a rich source of recognition for our AMA. The remainder are published electronically on the AMA Web site. The CSA remains active in monitoring the clinical research enterprise and provided the impetus for our AMA's involvement in the now important domain of disaster preparedness.

The Council's activities are supported by the staff in the Group on Science, Quality, and Public Health (SQPH). This Group is comprised of four main units (Clinical Quality Improvement; Science, Research, and Technology; Medicine and Public Health; Disaster Preparedness and Emergency Response) and the special grant-funded program on Alcohol and Tobacco Policy Advocacy. SQPH maintains the core science and public health programs of our AMA. These programs position our AMA to assist in improving the quality of medical practice, advocating for patient safety, and promoting the health of the public.

Conclusion. Our AMA has a long history of supporting the scientific basis of medical practice, advocating for high-quality medical care, and dedicating itself to enhancing the health of the public. Along with ethics and a dedication to service, the core programs of SQPH form the cornerstones of Professionalism. With the collaborative assistance of medical specialty societies, your CSA and the programs in SQPH will continue to offer physicians and the public credible and unbiased information on a variety of medical, quality improvement, and public health issues that affect physicians' practice and the lives of our patients.

REPORT OF THE COUNCIL ON SCIENTIFIC AFFAIRS

CSA Report 12-A-03

Subject: Science, Quality, and Public Health at the American Medical Association

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1 An organization's statement of core purpose captures its fundamental reason for being. Since its
2 founding in 1847 by a group of physicians concerned about advancing the quality of medical
3 education, science, and medical practice, our American Medical Association's (AMA) core
4 purpose has been "To promote the science and art of medicine and the betterment of public
5 health." The Council on Scientific Affairs (CSA) was formed in 1977 to assist in implementing
6 this core purpose. The mission of the CSA is to assure the position of the AMA as the national
7 leader in advancing the science of medicine as the primary mechanism for improving the quality
8 of patient care, promoting medical progress, and enhancing the health of the public. The CSA
9 seeks to be a leader in science and public health advocacy and to enhance the profile and priority
10 of science and public health within the AMA and the Federation.

11
12 This informational report summarizes the contributions the CSA has made recently to help fulfill
13 the core purpose of our AMA and in accomplishing the will of the House of Delegates (HOD).
14 Assisting the CSA in its work are the staff and programs comprising the Group on Science,
15 Quality, and Public Health (SQPH). This report also provides brief program descriptions and
16 summarizes some of the key accomplishments and activities of this Group over the past year.

17 **Council on Scientific Affairs**

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20 During 1996 to June 2003, the Council on Scientific Affairs submitted more than 145 reports to
21 our AMA's HOD, with the recommendations adopted as AMA policy or directives; 40 Council
22 reports developed during this time have been published in the peer-reviewed literature. These
23 reports are developed with the assistance of specialty society review. Council reports have
24 addressed a broad range of public health and medical issues affecting physicians and their
25 patients including:

- 26
- 27 • **AIDS/HIV issues** such as screening pregnant women, home test kits, bloodborne pathogen
28 transmission from and to health care workers, chemoprophylaxis, disability status, and AMA
29 policy consolidation;
 - 30 • **Broad public health domains** such as medical considerations in air travel, environmental
31 hazards, community syringe disposal, safety of the blood supply, sporting and recreational
32 injuries, use of protective helmets, drivers and vehicle safety, heat-related illness,
33 biohazardous waste disposal, violence, and obesity;
 - 34 • **Consumer nutrition and food-related issues** such as folate and calcium supplementation,
35 transmissible spongiform encephalopathies, and genetically modified foods;
 - 36 • **Cancer screening** for prostate, colorectal, or breast malignancies;
 - 37 • **Pediatric and adolescent health issues** such as infant feeding, bullying, underage drinking,
38 newborn screening, circumcision, lead poisoning, certified athletic trainers in schools,
39 attention deficit hyperactivity disorder, and sexuality education;

- 1 • **Clinical practice issues** including geriatric pharmacotherapy, diagnosis and treatment of
2 asthma, pain management in adults, use of opioids in chronic noncancer pain, alternative
3 medicine, folk remedies, and antibiotic resistance;
- 4 • **Consumer products** such as home test kits, over-the-counter inhalers for asthma, and
5 antimicrobial-containing topical products;
- 6 • **Hospital and health care worker issues** such as discharge criteria, immunization,
7 reprocessing of medical devices, use of radiofrequency devices, prevention of needlestick
8 injuries, bloodborne pathogen transmission, and chemoprophylaxis of exposed individuals;
- 9 • **Mental health topics** such as diagnosis and treatment of depression, Alzheimer’s disease,
10 memories of childhood abuse, and guidelines for seclusion and the use of restraints;
- 11 • **Patient education** about their prescriptions and the broad topic of health literacy;
- 12 • **Pharmaceutical issues** including unlabeled uses, generic drugs, recycling of nursing home
13 drugs, and pharmaceutical expiration dates;
- 14 • **Scientific/public policy issues** such as differentiating quality improvement from clinical
15 research, stem cell research, cloning and embryo research, gene patenting, organ donation,
16 tissue transplantation, blood donation and blood banking practices, clinical research,
17 preventive services, medical marijuana, screening nonimmigrant visitors for tuberculosis,
18 vital statistics, xenotransplantation, smallpox, and gender verification of female Olympic
19 athletes;
- 20 • **Special population topics** including racial and ethnic disparities, health literacy, use of
21 restraints in nursing homes, on-site physician home health care, and addressing the health
22 care needs of gay men and lesbians in the United States;
- 23 • **Tobacco, alcohol, and other substance abuse topics** including screening for alcohol
24 problems, reducing the nicotine content or addictiveness of cigarettes, harm reduction
25 approaches to drug addiction, methadone maintenance, needle exchange, and substance abuse
26 among physicians.
- 27 • **Women’s health issues** such as contraception, drug interactions between oral contraceptives
28 and antibiotics, work and pregnancy, mammography screening, breast implants, alcoholism,
29 alternative therapies for symptoms of menopause, osteoporosis, and a global view of sex- and
30 gender-based differences in health and disease.

31
32 The CSA Web site (<http://www.ama-assn.org/go/csa>) provides summaries of all 167 CSA reports
33 produced by the Council from 1994 through December 2002. The full text of 88 of these reports
34 is also posted, as well as complete bibliographic information for the 70 CSA Reports published
35 since 1991.

36
37 The CSA has assumed a leadership role for our AMA in two other areas: clinical research and
38 preparedness for bioterrorism and other disasters. The CSA has actively supported measures to
39 enhance the conduct of clinical research in this country and to translate findings into clinical
40 practice. From convening the major conference, “Clinical Research: Addressing the Future in a
41 Changing Environment,” to being engaged in the Clinical Research Summit project, and finally
42 the Clinical Research Roundtable, the CSA continues to monitor the landscape of clinical
43 research. The CSA Web site maintains a “Clinical Research” category with links to the most
44 recent information related to current Roundtable activities.

45
46 Starting in February 1999, the CSA actively began moving our AMA into a visible position by
47 seeking a role for organized medicine in enhancing disaster preparedness at the local level. AMA
48 policy on disaster preparedness has been articulated through the efforts of the CSA and SQPH
49 staff including six reports, two special sessions at the HOD, a town meeting held in conjunction
50 with the 2000 Weapons of Mass Destruction Conference, testimony provided to the Gilmore

1 Commission, and the Declaration of Washington presented at the World Medical Association.
2 These efforts culminated in the formation of the AMA’s Center for Disaster Preparedness and
3 Emergency Response.

4
5 **Center for Disaster Preparedness and Emergency Response**

6
7 Established in January 2003 and housed within the Group on Science, Quality, and Public Health
8 (see below), the Center is developing a focused AMA program in the area of disaster
9 preparedness and emergency response. During the initial roll-out of the Center, staff from the
10 Unit on Science, Research, and Technology (SRT) have assisted in several initiatives. Center and
11 SRT Unit staff continue to work with the AMA’s Washington office on public policy issues
12 related to smallpox, bioterrorism, and other disaster preparedness issues. Staff also continue to
13 update and refine the Disaster Preparedness Web site ([www.ama-](http://www.ama-assn.org/go/disasterpreparedness)
14 [assn.org/go/disasterpreparedness](http://www.ama-assn.org/go/disasterpreparedness)).

15
16 Key Accomplishments/Activities

- 17
- 18 • Crafted the Declaration of Washington for the World Medical Association meeting; this
19 document urges international consensus in condemning the development, production or use
20 of biological weapons;
 - 21 • Based on the AMA Code of Ethics, developed an ethical construct wherein physicians have
22 an obligation to the health, safety and security of the public as a whole;
 - 23 • Formalized a partnership with four universities around the development and fielding of
24 “Basic Disaster Life Support” (BDLS) and “Advanced Disaster Life Support” (ADLS)
25 courses. A two-hour continuing medical education session will be presented at the 2003
26 Annual meeting of the HOD highlighting the BDLS/ADLS courses and other work of the
27 Center;
 - 28 • Prepared “Chemical and Biological Weapons Agents Reference Charts” for publication in
29 Conn’s Current Therapy;
 - 30 • Initiated development of a dynamic surge model to better measure a community’s ability to
31 respond to a catastrophic event;
 - 32 • Initiated collaborative work on addressing community mental health in terms of improving
33 pre-event resiliency and mitigating post-event, psychosocial morbidity;
 - 34 • Scheduled a follow-up working session under a Nuclear Threat Initiative grant to build on
35 efforts at the World Medical Association meeting to define the role of medicine in ensuring
36 the beneficent use of biogenetic knowledge and technology.

37
38 **The Group on Science, Quality, and Public Health**

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40 The Group on Science, Quality, and Public Health (SQPH) comprises four main Units (including
41 the Center described above) and the special programs on Alcohol and Tobacco Policy Advocacy
42 that are funded by grants from the Robert Wood Johnson Foundation. SQPH staff also serve as
43 liaisons/consultants to the program on tobacco policy, the Joint Commission on Accreditation of
44 HealthCare Organizations (JCHAO), the National Patient Safety Foundation, and other patient
45 safety initiatives. Programs in SQPH strive to improve the quality of medical practice, advocate
46 for patient safety, and promote the health of the public.

47
48 A cardinal function of this group is to provide scientific support for the CSA, Board of Trustees
49 (BOT), HOD, senior management, and the Washington office. Following the 2002 Annual and
50 Interim Meetings, the Group implemented or assisted with the implementation of 73 resolutions,

1 14 CSA reports, and 10 BOT reports. Over the past year, staff have assisted on numerous
2 advocacy initiatives, several of which are noted below. Although specific program summaries and
3 key accomplishments are also described under individual Units, several of these represent
4 collaborative efforts involving staff across SQPH Units.

5
6 The Internet provides an inexpensive, yet far-reaching, opportunity to inform and educate
7 physicians on important science-related topics. SQPH staff currently maintain 16 dedicated Web
8 sites and another is under development.

9 10 **Clinical Quality Improvement Unit**

11
12 The Division of Clinical Quality Improvement (www.ama-assn.org/go/quality)
13 supports activities designed to foster the development and implementation of evidence-based
14 physician-level clinical quality improvement efforts. The Physician Consortium for Performance
15 Improvement is a physician-led initiative convened through our AMA to identify and develop
16 performance measurement resources for physicians. Comprised of clinical content experts from
17 more than 50 medical specialty societies, methodological experts, the Agency for Health
18 Research and Quality (AHRQ), and the Center for Medicare & Medicaid Services (CMS).
19 Consortium membership continues to expand through increased participation of state medical
20 associations. A collaborative model in which relevant specialty societies take the lead has been
21 implemented. This initiative is buttressed with several other national collaborative projects
22 involving health care quality. For further information please see BOT Report 5 (A-02) and BOT
23 Report 14 (A-03).

24 25 Key Accomplishments and Activities

26 27 *Physician Consortium for Performance Improvement*

- 28 • Performance measures have been developed for seven clinical conditions (diabetes, chronic
29 stable coronary artery disease, prenatal testing, major depressive disorder, heart failure,
30 hypertension, and osteoarthritis of the knee), and for five preventive care screening measures
31 (mammography, colorectal cancer, influenza immunization, tobacco use, and problem
32 drinking);
- 33 • A new measure for asthma has been completed through the public comment period.
- 34 • Developmental work continues for measures on community-acquired pneumonia and
35 adolescent depressive disorder;
- 36 • Completed the feasibility phase of a project to establish automated onsite performance
37 reporting capabilities in a group practice using an existing electronic medical record system;
- 38 • Submitted CPT Category II code proposals to the CPT Editorial Panel for measures amenable
39 to tracking codes;
- 40 • New work products, including measures for osteoarthritis of the knee, hypertension, heart
41 failure, chronic stable coronary artery disease, and major depressive disorder, were approved
42 under contract with the CMS Doctor's Office Quality Project (DOQ);
- 43 • A component of the DOQ project includes exploration of incentives for clinicians who
44 participate in quality improvement activities. The project encompasses a 2-year pilot phase
45 beginning in March 2003, and an evaluation phase extending to August 2005 that, if
46 successful, will result in a national roll-out beginning in August 2005.

1 *Collaborative Quality-linked Activities*

- 2 • Received an AHRQ “Partnership for Quality” grant (“Effecting Change in Chronic Care: The
3 Tipping Point”) to pilot test implementation of performance measures developed by the
4 Consortium;
- 5 • In collaboration with the Alliance of Chicago Community Health Services (Chicago
6 Alliance), submitted a \$400,000/year proposal to the National Library of Medicine for a 4-
7 year grant seeking to integrate performance measures developed by the Consortium into an
8 electronic health record system to be installed at the Chicago Alliance’s clinical sites;
- 9 • Diabetes measures developed by the Alliance, a private-public collaboration including our
10 AMA, were endorsed by the National Quality Forum. The Alliance has initiated an update
11 process for the measures and approved the release of the measures to the public in 2003;
- 12 • Along with AHRQ and the American Association of Health Plans, our AMA continues to
13 sponsor the National Guidelines Clearinghouse (NGC), an Internet-based source of clinical
14 practice guidelines designed to assist physicians in their clinical decision-making. The NGC
15 currently includes summaries of more than 915 clinical practice guidelines from 117
16 organizations;
- 17 • Our AMA is collaborating on performance measures development with the Joint Commission
18 on Accreditation of Healthcare Organizations and the National Committee for Quality
19 Assurance. Joint development of a core measurement set for pain management, a 2-year
20 project that began in 2001 is scheduled for completion by the end of 2003.

21
22 *Educational Outreach*

- 23 • Convened the Annual Clinical Quality Improvement Forum, which was devoted to the topic
24 of “Electronic Medical Systems, Performance Improvement, and Quality Enhancement.”
- 25 • Presented a workshop at the International Society for Quality in Health Care Annual
26 Conference, entitled “Deriving Physician Performance Measures from Clinical Guidelines.”
- 27 • Presented a seminar entitled “Putting Performance Measurement into Practice for Quality
28 Improvement” at the 87th annual meeting of the American Medical Women’s Association.

29
30 *Other Activities*

- 31 • In response to Substitute Resolution 708 (I-02) and working with the American College of
32 Surgeons, a meeting was convened that included representatives from national medical
33 specialty societies, state medical associations, health care accreditation organizations, the
34 Federation of State Medical Boards, and the National Patient Safety Foundation. It resulted in
35 the drafting of consensus principles for optimal office-based surgery, with a particular
36 emphasis on patient safety;
- 37 • Staff assisted in preparing testimony for the “Quality and Consumer Information: Physicians’
38 component” of the Joint Federal Trade Commission/Department of Justice hearing on health
39 care and competition, law and policy.

40
41 **Unit on Science, Research, and Technology**

42
43 The Unit on Science, Research and Technology (SRT) staff maintains and initiates collaboration
44 and dialogue with national medical specialty societies, state medical societies, numerous external
45 organizations, and legislative/regulatory bodies to discuss and share knowledge in order to
46 provide the scientific basis for AMA responses on legislation, regulations, and private sector
47 proposals that affect the practice of medicine and the health of the public. The focus is on science
48 and drug policy, infectious diseases, molecular medicine, and other pharmaceutical-related issues
49 that affect multiple medical specialties and have a substantial impact on current and future
50 clinical practice.

1 The SRT Unit provides staff authorship and scientific support for the majority of CSA reports
 2 that go to the HOD, the entire administrative support for the CSA, and numerous briefings of
 3 BOT members. The Unit currently maintains Web sites on Infectious Disease ([http://www.ama-
 5 assn.org/go/infectious](http://www.ama-

 4 assn.org/go/infectious)), Genetics and Molecular Medicine ([http://www.ama-
 7 assn.org/go/genetics](http://www.ama-

 6 assn.org/go/genetics)), the USAN Program (<http://www.ama-assn.org/go/usan>), and has a Drug
 8 Policy and Therapeutics Web site under development.

9 In 2003, SRT staff established a database of scientific contacts from members of the Specialty
 10 and Service Societies (SSS) to directly communicate about CSA reports and other initiatives,
 11 programs, and activities of the SQPH Group, and to better coordinate responses to science policy
 12 issues of common interest. Science and drug policy issues that have been addressed in the past
 13 year are listed below. The SRT Unit also houses the Secretariat for the United States Adopted
 14 Names (USAN) Program, which is the federally recognized program for provision of
 15 nonproprietary names (ie, generic names) for drugs and biologics in the United States.

16 Key Accomplishments or Activities

17
 18 *Drug and Vaccine Shortages.* Drug and vaccine shortages have increased in frequency and
 19 severity in recent years. These shortages can have significant public health consequences. An
 20 update of the AMA’s activities on drug and vaccine shortages is the subject of Board of Trustees
 21 Report 2 (A-03).

- 22 • With the American Society of Health System Pharmacists (ASHP), the AMA convened a
 23 meeting of key stakeholders to address the causes of drug shortages and to develop a list of
 24 potential solutions (proceedings of this meeting were published in November 2002);
- 25 • Our AMA and the ASHP met with the Assistant Secretary for Health, Department of Health
 26 and Human Services (DHHS), and high-level officials of the Food and Drug Administration
 27 (FDA) to seek assistance in implementing potential solutions to prevent or more effectively
 28 resolve drug shortages;
- 29 • In conjunction with the Centers for Disease Control and Prevention (CDC), SRT staff
 30 convenes an annual Summit on Influenza Vaccine to improve communications among
 31 stakeholders on that year’s influenza vaccine and to develop other short- and long-term
 32 strategies on influenza immunization;
- 33 • Provided significant input on all vaccine shortages to the National Vaccine Advisory
 34 Committee’s Work Group on Vaccine Shortages, which prepared a report and
 35 recommendations to the Assistant Secretary for Health on ways to solve this problem.

36
 37 *Dietary Supplements.*

- 38 • Called upon the FDA to remove dietary supplements containing ephedra alkaloids from the
 39 United States market because their risks far outweigh their benefits. Our AMA also testified
 40 on this subject before a Senate subcommittee; BOT Report 25 (A-03) summarizes these
 41 activities;
- 42 • Urged the FDA not to allow so-called “qualified” health claims that are based on equivocal
 43 scientific evidence on either dietary supplements or on conventional foods;
- 44 • Participated in a coalition of stakeholders that is trying to change the regulation of anabolic
 45 steroid precursors that are sold as dietary supplements;
- 46 • Continues to seek changes in the Dietary Supplement Health and Education Act of 1994 to
 47 give the FDA more regulatory authority, and provides input to the FDA on a regular basis
 48 regarding the FDA’s proposals to regulate dietary supplements.

1 *Reduction in Medication Errors.*

- 2 • SRT staff represents our AMA in various coalitions that are addressing medication error
3 prevention, including the National Coordinating Council on Medication Error Reporting and
4 Prevention and the United States Pharmacopeia's (USP) Imprint Code Project Team.
5 Additionally, the AMA has commented to the FDA on three issues related to medication
6 errors within the past year:
- 7 • Advocated for changes in the professional labeling for prescription drugs (ie, the package
8 insert) to make it more useful and user-friendly for physicians;
 - 9 • Provided testimony at the FDA's public meeting on bar coding and participated in the
10 National Alliance on Health Information Technology's Task Force meeting on "Bar Code
11 Standards" to formulate possible responses to the FDA's proposed rule;
 - 12 • Commented to the FDA on its new risk management initiatives for prescription drugs that
13 have the potential to manage or restrict physician prescribing of certain drug products.
- 14

15 *Sale of Prescription Drugs Over the Internet.*

- 16 • Continues to work with the FDA and the Federation of State Medical Boards in efforts to
17 prevent the illegal sale of prescription drugs over the Internet;
 - 18 • Provided guidance for physicians on Internet prescribing (see BOT Report 7, A-03).
- 19

20 *Safe Community Needle Disposal.*

- 21 • Formed the Coalition for Safe Community Needle Disposal, which has developed guidelines
22 for home disposal of used sharps. The Environmental Protection Agency has indicated it will
23 incorporate this guidance into its recommendations.
- 24

25 *Information and Education for Physicians on Science Topics*

- 26 • Revised and launched three multi-media genetics continuing medical education (CME)
27 modules on ovarian, colorectal, and breast cancer;
 - 28 • Provided liaison staff for the National Coalition of Health Professional Education in Genetics
29 on educational initiatives for health professionals in genetics;
 - 30 • Collaborated with the California Medical Association on education of physicians about
31 antimicrobial resistance;
 - 32 • Collaborated with the FDA, CDC, and United States Department of Agriculture to update the
33 successful CME primer on foodborne illness for release later in 2003.
- 34

35 *Federal Legislation and Regulation on Science and Policy Issues.*

- 36 • SRT staff provided scientific expertise for AMA comments on various federal regulatory
37 initiatives or bills. Some of the more prominent issues included antimicrobial resistance;
38 preventive services and coverage for clinical trials; therapeutic vs. reproductive cloning;
39 homeland security; vaccine availability; vaccine compensation; anabolic steroid precursor
40 and ephedra regulation; White House Commission on Complementary and Alternative
41 medicine; DHHS National Action Plan on geriatric drug therapy; CMS drug discount plan;
42 General Accounting Office report on direct-to-consumer advertising; DHHS' Office of
43 Inspector General report on Pharmaceutical Industry Compliance Programs; FDA and First
44 Amendment issues; and the Drug Enforcement Administration (DEA) and inappropriate use
45 of the DEA number.
- 46

47 *USAN Program.* For approximately 40 years, our AMA, the USP, and the American Pharmacists
48 Association have co-sponsored the United States Adopted Names (USAN) program ([www.ama-](http://www.ama-assn.org/go/usan)
49 [assn.org/go/usan](http://www.ama-assn.org/go/usan)). Through the USAN Council, this program provides nonproprietary (ie, generic)
50 names for all drugs and biologics in the United States. The Secretariat (ie, the staff support) for

1 the USAN program is located within the SRT Unit at the AMA. Drug and biologic
2 manufacturers pay a user fee (currently, \$8,000/submission for a new USAN) to obtain a USAN,
3 and these revenues make the USAN program a self-supporting activity.

- 4
- 5 • The federal government recognizes the USAN program for this purpose and the FDA serves
6 in a liaison capacity to the program. By selecting simple, informative, and unique
7 nonproprietary names for drugs and biologics, the USAN program provides both a logical
8 nomenclature classification system and a template for safer prescribing;
- 9 • The USAN program works with the World Health Organization’s International
10 Nonproprietary Names Expert Committee for global harmonization of drug nomenclature;
- 11 • In 2002, 92 applications were submitted to the program for the selection of USANs.

12

13 **Unit on Medicine and Public Health**

14

15 The Unit on Medicine and Public Health at the AMA promotes the utilization of medicine and
16 public health science in clinical practice through coalition building, awareness raising, and
17 education and training. Primary goals are to enhance the capacity of our AMA to improve clinical
18 and public health practice by building strategic relationships; to enhance physicians’ ability to
19 practice disease prevention/health promotion; and to enhance physicians’ ability to address the
20 health and well-being of special at-risk and vulnerable populations. Additionally, this Unit
21 provides staff support for our AMA’s sponsorship of the International Conference on Physicians’
22 Health, in conjunction with the Canadian Medical Association. The unit runs five major
23 programs: *Roadmaps for Clinical Care*, Child and Adolescent Health, Aging and Community
24 Health, Violence Prevention, and Racial/Ethnic Disparities in Health Care. In addition, staff
25 maintains several dedicated Web sites:

26

27 Medicine and Public Health:	http://www.ama-assn.org/go/medicineandpublichealth
28 Adolescent Health:	http://www.ama-assn.org/go/adolescenthealth
29 Aging and Community Health	http://www.ama-assn.org/go/aging
30 Health Disparities	http://www.ama-assn.org/go/healthdisparities
31 Violence Prevention	http://www.ama-assn.org/go/violence
32 Federation of State Physician	
33 Health Programs	http://www.ama-assn.org/go/fsphp
34 Organ and Tissue Donation	http://www.ama-assn.org/go/organdonation

35

36 Key Accomplishments/Activities

37

38 *AMA-HHS Memorandum of Understanding (MOU)*. Staff represent our AMA at national
39 meetings convened by the DHHS for MOU partners and work with DHHS staff on joint ventures
40 to promote strategies for reaching the goals of Healthy People 2010 and reducing racial/ethnic
41 disparities in health care. This relationship has proven useful to our AMA in securing funding and
42 promoting awareness of AMA positions and programs on disease prevention/health promotion.

43

44 *Roadmaps for Clinical Care*. This new AMA series serves as the centerpiece for translating
45 disease prevention and health promotion science into practice. Two volumes a year will be
46 published on thematic issues prioritized by the 10 Leading Health Indicators of Healthy People
47 2010. Key developments to date include:

- 48 • Developed and published “Intimate Partner Violence: Case Studies in Disease Prevention and
49 Health Promotion”;

- 1 • Secured funding from the Robert Wood Johnson Foundation to support the development of a
2 10 volume set of guides on the “Assessment and Management of Adult Obesity.” This
3 Roadmap publication is being written by a national expert in obesity and will be completed
4 by August, 2003;
- 5 • Contracted with national experts to write future Roadmap publications on “Immunization in
6 Minority Communities” and “Tobacco Cessation.”

7
8 *Child and Adolescent Health.* This program continues to disseminate and provide technical
9 assistance for various products, including:

- 10 • *Monographs on Delivering Culturally Effective Care to Adolescents, Youth Bullying, and*
11 *Healthy Youth 2010: Supporting the 21 Critical Adolescent Objectives;*
- 12 • *AMA Guidelines for Adolescent Preventive Services (GAPS)* and related materials;
- 13 • *Parent Package*, a set of educational materials for parents of adolescents.

14
15 Many current activities in child and adolescent health are supported by a long-standing Public
16 Health Service Grant, including:

- 17 • Biannual meetings of the AMA National Coalition on Adolescent Health, a gathering of
18 representatives from 20 Federation organizations to promote adolescent health to physician
19 membership organizations;
- 20 • Biannual meetings of the AMA National Educational Forum, a gathering of representatives
21 from more than 40 organizations; proceedings are published on an annual basis.

22
23 Lastly, the Child and Adolescent Health program has received a generous grant from the AMA
24 Foundation to conduct preliminary research on adolescent health literacy.

25
26 *Aging and Community Health.* This program serves to enable physicians to prevent and postpone
27 disease and disability and to maintain the well-being, independence and mobility of an aging
28 population by identifying, developing, and disseminating best practices in health care for the
29 geriatric population.

- 30 • Received a 2-year grant from the AMA Foundation to develop content material for the
31 Foundation’s Health Literacy Program to develop a second edition of the Health Literacy
32 Introductory Kit (completed) and a National Training of Trainers program (to be pilot tested
33 in 2003) to aid physicians in adapting their clinical practices to address the problem of low
34 health literacy;
- 35 • Received a 2-year grant from the National Highway, Traffic and Safety Administration
36 (NHTSA) to develop guidelines and training for physicians on assessing and managing older
37 drivers. The *Physician’s Guide to Assessing and Counseling Older Drivers* was developed
38 with input from more than 70 researchers in the field of driver safety and representatives from
39 specialty societies, patient advocacy groups, and government agencies. NHTSA will publish
40 9,000 copies of the Guides and will aid the AMA in dissemination. A National Training of
41 Trainers Program is under development and will be pilot tested in 2003. This program will
42 provide training for physician-led multidisciplinary teams in conducting local implementation
43 training within their own medical settings.

44
45 *Racial and Ethnic Disparities in Health Care.* This program has evolved from recent HOD
46 actions directing our AMA to develop a major national initiative on reducing racial/ethnic
47 disparities in health care. Key accomplishments include:

- 48 • Developed and submitted multiple grant proposals for a Disparities Speaker’s Kit, a National
49 Physician Training Program, and a national physician survey;

- 1 • Formed collaborative relationships with the DHHS, CDC, American Heart Association,
2 Kaiser Family Foundation, American Hospital Association, and National Center for Health
3 Statistics to develop initiatives addressing disparities in health care;
- 4 • Convened a National Advisory Committee comprised of experts in the field of health
5 disparities and representatives of several AMA Councils (CSA, CEJA, CMS, CME) and the
6 Minority Affairs Consortium to provide guidance on program development;
- 7 • Convened an Internal AMA Working Group that helps coordinate association-wide activities
8 on disparities;
- 9 • Conducted and published the first national study on racial/ethnic disparities in health care for
10 adolescents.

11
12 *Violence Prevention.* Staff provide support for the AMA National Advisory Council on Violence
13 and Abuse, which provides guidance for our AMA's violence-related programs. Key
14 accomplishments include:

- 15 • Produced first cut of the video-based project on children who are victims of violence; this
16 product will be shared with members of the Federation;
- 17 • Developed a set of core competencies on the educational needs of physicians in violence and
18 abuse issues;
- 19 • Collaborated with the American Academy of Pediatrics, the American Academy of Child and
20 Adolescent Psychiatry, and other interested organizations in the National Call to Action: A
21 Movement to End Child Abuse and Neglect;
- 22 • Completed a training manual on youth violence entitled *Connecting the Dots to Prevent*
23 *Youth Violence: A Training and Outreach Guide for Physicians and other Health*
24 *Professionals*. This training guide was developed to help physicians and others discuss youth
25 violence with both professional and community groups;
- 26 • Co-chaired the National Conference on Health Care and Domestic Violence.

27 28 Alcohol and Tobacco Policy Advocacy Units

29
30 *Office of Alcohol and Other Drug Abuse.* Our AMA's Office of Alcohol and Other Drug Abuse
31 (<http://www.ama-assn.org/go/alcohol>) is dedicated to raising awareness of alcohol use and abuse
32 issues and policy solutions among physicians and the general public and empowering them to act
33 by serving as an information source for advocacy, public policy change, leadership and education.
34 Staff also serve as liaisons to federal drug abuse prevention activities such as the Office of
35 National Drug Control Policy's education and communications campaign, and the Center for
36 Substance Abuse and Treatment.

37
38 With the support of the Robert Wood Johnson Foundation, the Office of Alcohol and Other Drug
39 Abuse is the national program office for two projects: Reducing Underage Drinking Through
40 Coalitions (RUDC) and A Matter of Degree (AMOD) (The National Effort to Reduce High-Risk
41 Drinking Among College Students). In RUDC, coalitions of physicians, youth, civic
42 organizations, government agencies, the religious community, and other leaders identify factors
43 in the environment that contribute to and promote underage drinking in their communities and
44 work together for positive change. In AMOD, university-community coalitions have identified
45 and are addressing environmental factors that encourage alcohol abuse among college students.

46
47 The Office coordinates the activities of 12 RUDC sites and 10 AMOD sites across the country,
48 providing quality technical assistance and using strategies to create solutions through
49 environmental change. Staff also administer a Web site (www.alcoholpolicysolutions.net)

1 launched in December 2002, which provides information about RUDC and AMOD, and about
2 alcohol policy and environmental change strategies.

3
4 Key Accomplishments and Activities

5
6 In the past year, staff has convened key meetings, prepared testimony, made presentations, and
7 published key material. Highlights include:

- 8
- 9 • Convened key leaders of the Commonwealth of Puerto Rico and Puerto Rico Coalition to
10 Reduce Underage Drinking, leading to successful passage of a 30% alcohol tax increase;
 - 11 • Convened the Alcohol Policy Forum (I-02) in collaboration with the American Association of
12 Public Health Physicians; American Psychiatric Association; American Academy of Child
13 and Adolescent Psychiatry; and American Society for Addiction Medicine;
 - 14 • Prepared and submitted our AMA’s statement on “Alcohol Advertising and Marketing to
15 Children: Underage Drinking and What We Can Do About It,” to the New York State
16 Assembly Committee on Alcoholism and Drug Abuse;
 - 17 • Prepared remarks on underage drinking with policy recommendations to the Institute of
18 Medicine’s Committee on Developing a Strategy to Prevent and Reduce Underage Drinking.
 - 19 • Presented the “Partner or Foe” policy briefing paper (plenary presentation) at the Technical
20 Assistance Meeting to the World Health Organization.
 - 21 • Placed a full-page ad in *The New York Times*, “A Message to Parents from the American
22 Medical Association: Warning: Watching NBC May Be Hazardous to Your Children’s
23 Health,” as part of successful effort to persuade NBC to reverse its decision to air hard liquor
24 ads;
 - 25 • Published the policy briefing paper “Partner or Foe? The Alcohol Industry, Youth Alcohol
26 Problems, and Alcohol Policy Strategies” (available at www.ama-assn.org/go/alcohol and
27 www.alcoholpolicysolutions.net);
 - 28 • Published 11 alcohol policy issue briefs over the past year (eg, *Restricting Minors’ Access to*
29 *Bars*); all are available at www.alcoholpolicysolutions.net);
 - 30 • Conducted major media campaigns, including public awareness campaigns in four college
31 towns that resulted in three new city ordinances and a new state law, and a tele-press
32 conference on a new poll conducted for AMOD that found parents outraged by spring break
33 promotions.

34
35 *Program on Tobacco Policy.* The SmokeLess States National Tobacco Policy Initiative is
36 approaching the last full year of a grant worth \$52 million, focusing efforts on raising tobacco
37 excise taxes, increasing restrictions/policies on clean indoor air, and seeking reimbursement of
38 tobacco use cessation treatment and counseling. The program strives to achieve long-term
39 sustainable reduction in tobacco use through changes in social norms and public policy. The core
40 purpose is to provide timely, high-quality, strategic technical assistance to state coalitions
41 working on policy campaigns to assure the best strategic use of grantee resources.

42
43 Key Accomplishments/Activities

- 44
- 45 • The SmokeLess States National Program Office (NPO) developed and led a National
46 Tobacco Tax Challenge at the National Press Club in Washington, DC, during the 2002
47 Annual Meeting of the National Governors’ Association;
 - 48 • Significant tobacco excise tax increases were enacted in 23 of the grantee states and New
49 York City. The final numbers from the campaign were released in May;

- 1 • Launched the Clean Indoor Air Challenge at the US Conference of Mayor’s annual meeting
2 in Washington, DC, to raise awareness of important health outcomes that could be achieved
3 through restricting exposure to secondhand smoke;
- 4 • The SmokeLess States NPO is working with community leaders and coalitions in many major
5 metropolitan cities to assist in passing strong clean indoor air measures. Successes to date
6 include New York city and the state of New York, the state of Delaware, Dallas, Boston,
7 Albuquerque, and several smaller municipalities;
- 8 • Publishes the Smokeless State Policy Focus newsletter; the most recent issue covers the latest
9 news on the clean indoor air front.
- 10 • Convenes an annual meeting at which approximately 250 advocates from across the country
11 attend workshops, panels, and plenary sessions, discussing the work completed and the
12 lessons learned in planning for the future.

13
14 Smokeless States has also developed several documents to serve as resources to the tobacco
15 control field.

- 16 • In partnership with other national organizations, developed *Strategic Thinking on Increasing*
17 *Tobacco Excise Taxes*, a tool for advocates in developing strategic policy campaigns at the
18 state level. The document is available in hard copy as well as on the Web site
19 (<http://www.smokelessstates.org/downloads/TobaccoTax.pdf>);
20
- 21 • Updated the guide, *Preemption: Taking the Local Out of Tobacco Control*, developed and
22 published by the SmokeLess States NPO. It also is available in hard copy and on the Web
23 (http://www.smokelessstates.org/downloads/2003_Preemption.pdf).

24
25 Some of our AMA’s other recent tobacco policy advocacy work includes providing testimony in
26 the “low tar” case in Illinois, supporting the recommendations of the Subcommittee on Cessation
27 of the Interagency Committee on Smoking Or Health of the DHHS, and supporting legislation
28 that would authorize strong FDA regulation over tobacco products.

29 30 Conclusion

31
32 Our AMA has a long history of supporting the scientific basis of medical practice, advocating for
33 high-quality medical care, and dedicating itself to enhancing the health of the public. Along with
34 ethics and a dedication to service, these core programs of our AMA form the cornerstones of
35 Professionalism. With the collaborative assistance of medical specialty societies, your Council on
36 Scientific Affairs and the programs in Science, Quality, and Public Health will continue to offer
37 physicians and the public credible and unbiased information on a variety of medical, quality
38 improvement, and public health issues that affect physicians’ practice and the lives of our
39 patients.