Health equity commitment being embedded in DNA of AMA’s work

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“Health equity is optimal health for all,” states an AMA Board of Trustees report presented at the 2018 AMA Annual Meeting. The report, which was approved by the House of Delegates, included the work of the Board-commissioned Task Force on Health Equity.

“This phrase reflects what the AMA is working toward and what it stands for,” the report adds. It is also a phrase people should get used to hearing, according to Modena Wilson, MD, AMA chief health and science officer emerita, who spoke at a recent gathering at the AMA’s Chicago headquarters.

The AMA “has been laboring long” in this field, she said. Going forward, the AMA will also be asking, “How will everything we do align with health equity?”

AMA President-elect Patrice A. Harris, MD, who also spoke at the program, agreed.

“There needs to be a commitment to embed health equity into the DNA of our organization and our work,” Dr. Harris said.

The focus on health equity furthers policies adopted at the 2018 AMA Annual Meeting that were recommended in the Board of Trustees report. In addition to defining health equity as “optimal health for all,” the new policy called on the AMA to advocate for:

- Health care access.
- Research and data collection.
- Promoting equity in care.
- Increasing health workforce diversity.
- Influencing determinants of health.
- Voicing and modeling commitment to health equity.
Delegates directed the AMA to develop a center or “organizational unit” to facilitate, coordinate, initiate and track AMA health equity activities.

The AMA is recruiting a leader for the new health equity center. Working toward health equity will require organizational courage, Dr. Wilson said, because it will mean “getting out of what some people think is our lane.”

Also required, Dr. Harris said, is an “intellectually honest” examination of the AMA’s history on race and an acknowledgement of past mistakes that may have exacerbated health care disparities. Early AMA policies allowed medical societies to discriminate and bar African-Americans from membership.

In 2008, Ronald M. Davis, MD, then the AMA’s immediate past president, told delegates at the National Medical Association’s annual meeting: “Today, on behalf of the American Medical Association, I unequivocally apologize for our past behavior. We pledge to do everything in our power to right the wrongs that were done by our organization to African-American physicians and their families and their patients.”

“Taking a hard look is a first step,” said Dr. Harris, who added that she is “very proud of the progress of our AMA” and looks forward to the Association’s enhanced commitment to its work in health equity.

**Advocating for patients’ rights**

At the event, AMA General Counsel Brian Vandenberg gave an overview of the AMA’s work in the courts on issues “at the intersection of social activism and medicine.”

Both directly and through the Litigation Center of the American Medical Association and State Medical Societies, the AMA is advocating in cases involving health insurance coverage and access to care, gun violence, women’s health care, immigration issues involving health and welfare of migrant families and refugees, and LGBTQ patients.

“The AMA is fortunate to have a very powerful voice and political influence,” Vandenberg said, “but that political capital is only important if we use it.”