How the AMA is reshaping its path toward racial equity

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Because of the COVID-19 pandemic, it may seem like 2019 occurred in the distant past, but it really wasn’t that long ago. The year turned out to be a pivotal one for AMA efforts to promote diversity, inclusion, and equity, and a new report highlights what has been accomplished and what lies ahead.

Most significant was the April 2019 launch of the AMA Center for Health Equity, which has a mandate to embed health equity across the organization so that equity becomes part of the AMA’s practices, process, action, innovation, organizational performance, and outcomes.

A key piece to building the center was the hiring of Aletha Maybank, MD, MPH, as its leader and as the AMA’s inaugural chief health equity officer.

Earlier in her career, Dr. Maybank worked as the founding director of the New York City Department of Health and Mental Hygiene’s Center for Health Equity. Dr. Maybank described in an interview how the position offered her an opportunity to be a health equity “entrepreneur” within the context of belonging to an institution. And, within that institution, she learned the importance of having “an inside strategy to do the outside strategy.”

The “AMA Health Equity Work Group: 2019 year-end update” identifies those internal efforts to advance health equity—defined by the AMA House of Delegates as “optimal health for all”—and to demonstrate the organization’s commitment to that vision. Also identified are initiatives involving external partners that encourage healthy lifestyles while working to create pathways into health care careers for youths from minoritized and marginalized communities.

While the Center for Health Equity was launched last year, the AMA’s internal Diversity and Inclusion Group and a Health Equity Work Group were formed four years ago and have since combined to form the AMA Health Equity Work Group, which work across the AMA’s business and mission groups to support the advancement of equity.
Inside efforts for building equity

Vital to incorporating equity from within the organization were events such as a two-day training program produced by the Racial Equity Institute that included presentations on the historical, cultural, and structural drivers of racism. Also, an AMA online library gives employees access to learning modules, films, and classic and contemporary reading lists on equity topics.

The report also notes extensive media coverage of the diversity within AMA leadership, which in 2019 included the organization’s first Black female president, Patrice Harris, MD, MA; first openly gay chair of the AMA Board of Trustees, Jesse Ehrenfeld, MD, MPH; and the election of three consecutive women to serve as AMA president: Barbara L. McAneny, MD; Dr. Harris; and Susan R. Bailey, MD.

Outside activities highlighted in the report include the efforts by AMA employees and families to provide 3,527 volunteer hours last October to support local communities and nonprofit organizations. The report also notes that the AMA Foundation awarded $65,000 toward scholarships for historically underrepresented medical students.

External partnerships extend reach

In 2019, the AMA deepened its collaboration with medical associations representing physicians from racially marginalized and minoritized groups such as:

- Asian Pacific American Medical Student Association.
- Association of American Indian Physicians.
- Association of Native American Medical Students.
- Latino Medical Student Association.
- Medical Organization for Latino Advancement.
- National Council of Asian Pacific Islander Physicians.
- National Hispanic Medical Association.
- National Medical Association.
- Student National Medical Association.

These organizations were invited to attend the AMA State Advocacy Summit and Opioid Task Force meetings.

The report also highlights AMA health equity advocacy efforts working on issues such as:
Maternal mortality and morbidity.
Immigration.
LGBTQ policy.
Title X family planning.
Supporting efforts to authorize, reauthorize or maintain Medicaid coverage expansions in Arkansas, Georgia, Idaho, Montana and Utah.

In 2019, the AMA collaborated with the Chicago group West Side United (WSU) to improve BP control to help advance WSU’s goal of cutting in half the 16-year life-expectancy gap between the city’s low-income and affluent neighborhoods.

This year, the AMA continued its partnership with WSU by committing $2 million to be invested by mission-driven community development financial institutions to meet local needs such as improving access to affordable housing and healthy foods, financing neighborhood business projects, or supporting job creation efforts and educational programs.

When the COVID-19 pandemic broke out, Dr. Maybank was a vocal national advocate for collecting racial and ethnic demographic information on COVID-19 patients to help public health experts track trends, develop strategies and direct financial resources.

“This data is central to understanding injustice and ensuring the optimal health of people, but it is gravely missing in this crisis—missing from health department websites, daily updates by political leaders and, until recently, news reports,” Dr. Maybank wrote in an April 7 New York Times op-ed column.

She also discussed the topic with AMA Chief Experience Officer Todd Unger during an April 21 “AMA COVID-19 Update” episode examining how the pandemic amplified disparities within health care.

Using video to channel message

Dr. Maybank now hosts a bi-weekly “Prioritizing Equity” video series, with episodes illuminating how COVID-19 and other trends in health and medical care affect marginalized communities and public health.

It’s a message Dr. Maybank has been spreading via print, virtual and social media—notably when she was interviewed in April by Oprah Winfrey on Apple TV+.

Dr. Maybank told the media impresario that COVID-19 does not discriminate, but it has amplified the
health inequities faced by those who live in marginalized communities where access to testing and care lag behind.

“We have to work towards dismantling racism in our systems,” Dr. Maybank told Winfrey. “It sounds big and it is big, but I don't feel we can get to meaningful solutions unless we name structural racism as the fundamental cause of why these health inequities exist in the first place.”

In order to confront biases and institutionalized racism across the U.S. health system, the AMA fights for the advancement of health equity through advocacy, community leadership, and education.

The AMA also continues to compile critical COVID-19 health equity resources—such as a COVID-19 FAQs about health equity in a pandemic—to shine a light on the structural issues that contribute to and could exacerbate already existing inequities.

Additionally, the AMA launched the COVID-19 health equity initiatives across the United States website aimed at highlighting national efforts using equity lens to curb the COVID-19 epidemic. By highlighting the issues along with the solutions, the AMA hopes that health care leaders and public health officials are able to apply these learnings in their efforts towards advancing health equity.

Learn more about the health equity education on the AMA Ed Hub™ featuring CME from the AMA’s Center for Health Equity and curated education from collaborating organizations. To earn CME on the AMA's “Prioritizing Equity” video, visit the course page on AMA Ed Hub™.