AMA’s Center for Health Equity mission and guiding principles

Establishing the AMA’s Center for Health Equity
In June 2018, the AMA Board of Trustees (BOT) appointed "The Health Equity Task Force" presented its Report 33, A-18, “Plan for Continued Progress Toward Health Equity D-180.981" to the AMA BOT. A key recommendation in the report directed the AMA “to develop an organizational unit, e.g., a Center or its equivalent, to facilitate, coordinate, initiate, and track AMA health equity activities.” The report and its recommendations were adopted as AMA policy.

In April of 2019, the Center for Health Equity was launched, with the hiring of the AMA’s first Chief Health Equity Officer.

Optimal health for all

Vision

The Center’s vision is a nation where all people live in thriving communities where resources work well, systems are equitable and create no harm, and everyone has the power to achieve optimal health—and all physicians are equipped with the consciousness, tools and resources to confront inequities as well as embed and advance equity within and across all aspects of the health system.

Mission

The Center’s mission is to strengthen, amplify and sustain the AMA’s work to eliminate health inequities— improving health outcomes and closing disparities gaps—which are rooted in historical and contemporary injustices and discrimination.

Values and guiding principles of the AMA’s Center for Health Equity

To ensure the AMA’s work is consistent with equitable practices, the AMA Center for Health Equity has adopted the following values and guiding principles:

- **Inclusion & power sharing**: AMA honors the participation, leadership and expertise arising from many sources, life experiences and identities, to identify health challenges and develop lasting solutions.
- **Accountability**: AMA recognizes that our past, present and future actions have implications, and we are committed to making meaningful amends that support transparency and responsiveness when we cause harm.
Openness & authenticity: AMA believes that when we share and communicate our struggles—and challenge dominant and malignant narratives—we can proceed to accept our truths and collectively heal.

Social justice & reciprocity: AMA prioritizes equity and believes our futures are bound to the well-being of each other and the land; we believe there is joy and abundance in this work and seek to recognize all contributions.

Evidence informed & community driven: We are rooted in the wisdom and expertise of communities and the shared learnings demonstrated through available evidence, knowledge and stories.

Download the AMA Strategic Plan to Embed Racial Justice and Advance Health Equity (PDF).

Center for Health Equity ongoing work

Through the Center for Health Equity, the AMA has initiated partnerships and investments to improve health equity at the organization and in the broader community. Among the initiatives are:

Release the Pressure campaign: The AMA is partnering with ESSENCE to take on a glaring health inequity in the Black community: high blood pressure. In alignment with the AMA’s commitment to help all American adults meet their blood pressure goals, the Release the Pressure program provides knowledge and tools to encourage Black women to focus on heart health.

Medical Justice in Advocacy fellowship program: In a historic partnership with Morehouse School of Medicine’s Satcher Leadership Institute, the inaugural Medical Justice in Advocacy Fellowship is a collaborative educational initiative empowering physician advocacy to advance health equity for marginalized communities.

West Side United partnership: As part of its continued efforts to advance health equity and improve health outcomes for historically marginalized communities, the AMA is making a $3 million multi-year investment in Chicago’s west side neighborhoods. This investment leverages AMA’s commitment as an anchor mission partner with West Side United (WSU). This investment builds on the AMA’s initial $2 million investment in 2020 to build alliances with organizations, groups and neighborhoods that have experienced historical disinvestment.