

How 3 major policy moves cement AMA's commitment to health equity

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Andis Robeznieks

Senior News Writer

What's the news: Actions taken by the AMA have demonstrated a dedication to pushing health equity forward across a wide swath of medicine, says a recently published essay published in the peer-reviewed, open-access *Yale Journal of Biology and Medicine*.

The impact of three historic AMA policies decrying the harms of racism in health care, the story of how these policies came to be and a look at what they may mean for the future of U.S. medicine are outlined in the essay, "Race, Racism and the Policy of 21st Century Medicine."

"Through these policies, the American Medical Association cements its core commitment to advancing health equity, particularly in medical education, health care delivery, research and practice," says the essay. It was co-written by Mia Keeys, MA, who directs health equity policy and advocacy at the AMA, Joaquin Baca, MSPH, the AMA's senior health equity policy analyst; and AMA Chief Health Equity Officer Aletha Maybank, MD, MPH.

Harmful inequities and other failures of the nation's health system have been underscored by the COVID-19 pandemic, which has also highlighted "the urgency for strategic, equitable investments in our public health infrastructure" and the need for a "bold reimagining" of the medical tradition's policies and practices, the essay says.

These are the policies that were adopted at the House of Delegates' (HOD) November 2020 AMA Special Meeting and highlighted in the essay:

- "Racism as a Public Health Threat," which acknowledges that racism is a primary driver of racial health inequity and recognizes racism as a serious threat to advancing health equity—defined as "optimum health for all."
- "Elimination of Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and Clinical Practice," which recognizes that race is a social construct and distinct

from ethnicity, genetic ancestry or biology, and supports ending the practice of using race as a proxy for biology or genetics in medical education, research and clinical practice.

“Racial Essentialism in Medicine,” which encourages characterizing race as a social construct, rather than an inherent biological trait, and recognizes that—when race is described as a risk factor—it is more likely to be a proxy for influences such as structural racism than a proxy for genetics.

Why it’s important: These policies “principally and explicitly speak to the harmful legacy of racism in America, and its insidious impact on the health care system,” the authors wrote. They noted that the HOD is made of representatives from state medical associations, national medical specialty societies, organizations such as the National Medical Association (NMA) and the American Women’s Medical Association, and other professional interest organizations.

Policies adopted by AMA delegates are “diffused” across medicine by those organizations represented in the HOD and by their leaders who have “taken up the mantle of advancing equity and anti-racism,” the essay says.

The AMA’s commitment to advancing equity and anti-racist policies didn’t begin in November 2020, the essay notes. In 2008 came a public apology to the NMA for the AMA’s explicit role in stymieing the professional development of Black physicians. More recently, it includes establishing the AMA Center for Health Equity and hiring Dr. Maybank as its founding director in 2019.

“The insidious impact of racism on health and on the nation’s systems are not just historical, but they are also contemporary problems,” the authors wrote. They also noted that it is not just the AMA contending with the problem, and they called on other leaders in medicine and elsewhere to “rise to the moment.”

Learn more: Systemwide bias and institutionalized racism contribute to inequities across the U.S. health care system. The AMA is fighting for greater health equity by identifying and eliminating inequities through advocacy, community leadership and education.

Tune into the AMA’s “Prioritizing Equity” video series, which illuminates how COVID-19 and other determinants of health affect marginalized communities, public health and health equity.