

What we need to advance equity: reflection, partnership, accountability

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Meaningful progress toward equity in medicine begins by first recognizing the existence of structural racism and then by making an honest effort to understand how profoundly systems of oppression and discrimination can influence the health of our patients.

As a family physician in coastal South Carolina for more than 30 years, I have seen firsthand the results of centuries of health inequities—largely rooted in racism and social injustices—that have led to devastating consequences for Black, Latinx, Asian and Indigenous communities, but also for LGBTQ+ people, people with disabilities and those living in rural areas. Ours is a health system that—in the words of Camara Phyllis Jones, MD, MPH, PhD, at the Morehouse School of Medicine—has assigned value and advantages to some communities while disadvantaging others. These advantages can be seen throughout health care, beginning in the exam room if we ignore our patient’s concerns about pain or deny them access to certain treatments or tests. Black women, for example, are less likely to be referred for cancer screenings than white women, even when their own family history puts them at greater risk. But we also see the assigning of values across society when cities neglect and discourage investment in Black communities, or when racist housing and lending practices go unchallenged. We see it in rural communities where physician offices are sparse and public transportation often nonexistent. We see it in the healthy food deserts that surround neighborhoods in poverty. And we see it, all too frequently, in the police violence and brutality inflicted on Black and Brown communities everywhere. These examples merely scratch the surface, but they can significantly influence a person’s chances for a healthy life. It has taken our physician community and our health system far too long to come to this conclusion, but we know now that these and other factors are a big reason why historically marginalized groups suffer higher rates of heart disease, diabetes and other chronic ailments.

These conditions—along with barriers that prevent access to care—have contributed to disastrous results in the past year as communities of color have been much more likely than white people to suffer severe outcomes from COVID-19. This is not only unfair and unjust. It’s heartbreaking. It is also completely avoidable. Building on momentum that began with a public apology in 2008 to acknowledge the AMA’s own history of discriminatory actions against Black physicians, and a growing movement within our House of Delegates (HOD) and outside our organization, one of my first acts as AMA board chair in 2017 was to appoint a health equity task force to explore these issues and return with specific recommendations that would guide our work moving forward. Their recommendations, combined with strong backing from our HOD, AMA board and management, ultimately led to the creation of the AMA Center for Health Equity and the development of an organizationwide strategic plan on equity that we release today.

5 keys to move ahead

This plan provides a framework for advancing greater equity in health care with five strategic actions that advance equity and justice, address inequities, and, importantly, work to improve patient outcomes and the quality of care for all people.

Today, the AMA commits itself to:

- **Embedding equity and racial justice throughout the AMA** by expanding capacity for understanding and implementing anti-racism equity strategies via practices, programming, policies and culture.
- **Building alliances with marginalized physicians and other stakeholders** through developing structures and coalitions to elevate the experiences and ideas of marginalized and minoritized health care leaders.
- **Pushing upstream to address determinants of health and root causes of inequities** by strengthening, empowering and equipping physicians with the knowledge of—and tools for—dismantling structural and social drivers of health inequities.
- **Ensuring equitable structures and opportunities in innovation** through embedding and advancing racial justice and health equity within existing AMA efforts to advance digital health.
- **Fostering pathways for truth, racial healing, reconciliation and transformation for AMA’s past** by accounting for how policies and processes excluded, discriminated and harmed communities, and by amplifying and integrating the narratives of historically marginalized physicians and patients.

To be a leader in medicine—to fulfill our mission of promoting the art and science of medicine and the betterment of public health—requires us, as an organization and as a profession, to recognize past harms and take meaningful steps to correct them. It requires us to be honest and vulnerable on

matters of injustice. It requires us to be humble enough to admit we don't know everything but committed to finding out. It requires us to learn, to understand, and to help lead through new partnerships and alliances.

The AMA is not a pioneer in this effort. Many organizations have been speaking out against racial and social injustices in health and working to solve them for decades. We applaud all of those who have shined a spotlight on inequities and sought to address them. We want to be part of this solution because we believe we can help. We believe that by leveraging the power of our membership, our influence, and our reach we can help bring real and lasting change to medicine. Social inequities and their consequences for families, for health care and for our nation's future are far too great for the AMA to be a passive bystander. We must, and we will, take an active role by building alliances, by convening stakeholders, and by rallying our physician community around a common cause. As AMA president-elect, I am fully committed to this cause, its purpose and the work ahead. We are called to this moment. I invite you to join us as we march toward a more just, equitable and healthy future for all.