

Aletha Maybank, MD, MPH, on release of AMA's three-year equity roadmap

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In today's COVID-19 Update, Aletha Maybank, MD, MPH, AMA's chief health equity officer, provides details about the recent release of the AMA's three-year roadmap aimed at embedding racial justice and advancing health equity in medicine.

Read the full strategic plan.

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Speaker

- Aletha Maybank, MD, MPH, chief health equity officer, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking with Dr. Aletha Maybank, AMA's chief health equity officer in New York about the release of AMA's strategic plan to embed racial justice and advance health equity. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Maybank, this strategic plan, it's big news for the AMA. I wanted to start with the first question as, why is it so important for the AMA to do this work and lead this effort?

Dr. Maybank: Hi, Todd. Thanks. I appreciate it. Good to be back on the show. Congratulations to all the success you've had on the updates over the year. Yes, this is a big deal for AMA. It's a big deal, I

think, for medicine as well because of AMA's influence. This is a really important part of our mission, to promote the art and science of medicine and the betterment of public health. We're very critical ... understand, know that we have to embed equity in order to really properly do that and really to achieve that. What this plan really does is, in great depth, get us to the point of how do we really build on the work and the evidence that has already been out there as it relates to equity, and then put forward some strategies.

I think what we do, I think really uniquely in this document, is help bring people along. The reality is not everybody understands, really, what the terms of equity means and many of the concepts around them. I think we did a really good job at breaking them down so that when people got to the point of the document, it is 80 pages long, it's long, but when people got to the point of the strategies, they were all on the same page, hopefully, and really understood why we're moving in the direction that we were.

Unger: We were talking right before we started shooting this, this morning, about a year ago, you and I were just starting to do some of these conversations around COVID-19 and that's when we really started to see the data show really clearly that there was an issue of inequity in COVID-19. My question to you is about timing, the question about, why now? Why is the time right for a plan like this now? Did COVID-19 fuel that, or were there other circumstances that helped bring this all together?

Dr. Maybank: No, it wasn't only COVID-19. I think for everyone, COVID-19 made visible these inequities that have been existing since the first time colonizers came to this land. COVID-19 presented an opportunity, along with the public murder of George Floyd, for us to really talk about racism more explicitly. We at the AMA really have been on this journey for the last couple of years. I mean, my position, as well as the Center for Health Equity was created because of AMA policy that was put forward in the task force, that was put forward that said that AMA needed to really more explicitly and intentionally figure out a pathway forward for advancing equity. I'm now 2 years old at AMA, per se, and we've been working on the plan, I would say definitely for a little over a year and a half.

It is good timing, honestly. I think during this time of COVID, we were prepared and ready to be able to respond in many different ways as it related to equity and respond to the advocacy space, respond to programmatic space, respond to issues related to data in a way that we may not have been before. All of the context of this year just really offers a tremendous need and opportunity for us to push medicine, I think, in the way that we are with this plan.

Unger: We've gotten a lot done in that two years. This is ... it's quite a plan and I think a big part of what you're bringing to the AMA is an understanding of how inequity is built into the health care system right now. Do you want to give us just a little bit more background on your perspective?

Dr. Maybank: Yes. As you're saying, we really can't progress in our equity work unless we really recognize the existence of especially structural racism, but other forms of oppression, such as sexism, homophobia, all of these forms that actually exist in health care. This is our honest effort to make sure that we are highlighting these systems of oppression and how they discriminate and really ultimately cause harm for our patients. Our goal is to make sure everyone is healthy. We're very clear that our health system does assign value and advantages some communities, and disadvantages others. That's what the data shows us. It shows us in COVID context and it showed us that prior to COVID as well. There are many conditions that we know exist not only within the health care system, but outside of the health care walls that really set up communities to not be able to have optimal health, access to care, transportation, education, wealth. All of these we know are strong determinants of whether somebody will have good health or not.

I think this plan really does, is not only lay out beginnings of a framework of what we need to do within the health care system, but also how does health care system also impact these other drivers of health and health inequities. Understanding there's not full infrastructure available yet to do so, but that's what we want to move towards, but we need to at least have the vision to say we as health care, we need to move more upstream and address these social instructional drivers of health and health inequities and the root causes of health inequities as well.

Unger: Well, let's dig a little bit more into that. You mentioned there are a lot of forces outside the exam room that are at play here. Why is it so important for physicians to understand and address those as well?

Dr. Maybank: I think about why I even do what I do. I'm a pediatrician by training. When I finished my pediatric residency, I was pretty clear that I didn't want to stay in the culture of medicine at that time, pretty ethnocentric and it still is to a large degree, but the bigger part of turn away for me was, I was always told that the social worker had to pay attention, would take care of all of these other challenges that my patients were having. As a pediatrician, if I'm trying to help a family lose weight and become healthy and exercise, it doesn't make sense to just do weight checks every single week, but that's literally what I was told to do as a resident. It just ... it didn't make sense.

When I started to have conversations with people and just realized the realities of what they didn't have access to, being dangerous living in the neighborhoods that they were, so their kids couldn't run out and play all day long. Sometimes the elevators didn't work. All these things that exists in the patients' lives are really important for us to know, I think, as physicians. I think it's also just, it's a context and it's a narrative that we have to evolve beyond just this individual context of what creates health, but to understand health has created in a community, and in the collective sense, for every single one of us. Oftentimes it's made invisible or pushed invisible for communities who have been marginalized. This is really saying, we as physicians really need to pay attention to these other contexts that impact our health ... or impact our health, that's true, and impact the health of our

patients as well.

Unger: Really what you're saying is there are so many factors that are interconnected. Is there anything else that you'd like to emphasize around the vision of this plan?

Dr. Maybank: Our vision is exactly that, and I think it's an important vision, and that we want a nation in which all people live in thriving communities where resources are working well and systems are equitable, and they don't create or exacerbate harm, and that everyone has the power, the resources, the conditions and the opportunities to achieve optimal health. Then important to that, we are a physician serving community as AMA, is that all physicians are equipped with the consciousness, the tools and the resources to really confront inequities and advanced health equity as well.

Unger: Other part of your plan is that it starts with the AMA and I think you talk about an inside out approach to that. Do you want to talk about how you're addressing that within the AMA itself?

Dr. Maybank: Right. As many folks hear me say, I don't think we can do equity work on the outside of the organization unless we focus on the inside. Medscape published an article today, cleaning inside your house, per se. The inside approach is that our management team is about 1,100 people, we work on behalf of the physicians, the membership, 270,000 physicians, and so we execute on the policy. It's really important that our teams have an understanding of even what equity means, and how does it show up? What does racial injustice look like? How do their own decisions actually impact inequities that exist, exacerbate them or actually work to improve and advance equity. All of that has to be really clear. That means we have to create space and have some education around how does race, power, privilege, all these things show up. We have to be able to have an accountability infrastructure to hold people accountable, to do what it is that we say we're going to do. Then we need to also operationalize within the organization.

People need to have tools and data so that they can challenge their own mental models of how they go about their work on a day-to-day basis. That's a really critical part of doing this work, I think as AMA. We're going to be working as well with physician groups and historically marginalized and minoritized physician groups to build alliances and share power in different types of ways. I already talked somewhat about moving upstream and pushing upstream, that's with medical education, that's with education of physicians and continuing education through our Ed Hub.

Then there are going to be opportunities as it relates to advocacy as well. How can we work to more address not just what happens in the healthcare system, but advocate for some of those social and structural drivers to improve health. Whether it's education, transportation, housing or anything like that. It's a very exclusive environment, and predominantly white men. We need to have opportunities and find ways to one, embed equity into the work that we're doing at ourselves at AMA, but also how do we work with others and get input from others.

Then lastly, our big strategy, I think, and really meaningful from my perspective, is how are we fostering pathways for truth reconciliation and healing for our past? I think a lot of our work really falls under that umbrella as we move forward, but being very intentional about really naming the harm. We had our apology in 2008 by Ron Davis for the exclusion of Black physicians, but there are a lot of other realities as far as like the Flexner Report that recommended the shutting down of five of the seven Black schools and all of the women's schools. What do we do with that? How do we really understand fully the costs of that harm, both quantitatively and qualitatively, and then what do we do to repair that? That's a big body of work that's going to be important to move forward, I think with anybody who's doing equity across the country. We do see that movement as well, and we do see that door open at the federal level, with this current administration at least.

Unger: Well, this is an important and impressive step. Thank you to you and the team at the Center for Health Equity at the AMA for producing what is a very comprehensive and important document. For those out there that would like to take a look at the complete plan, you can download it at ama-assn.org/equityplan. I'd encourage you to do that.

Dr. Maybank, thank you again for being with us here today and for all your perspective. That's it for today's COVID-19 Update. We'll be back with another segment shortly. In the meantime, thanks for joining us. Please take care.

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