AMA’s equity blueprint: 3 things to know from one of its architects

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With the launch of its “Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity: 2021–2023,” the AMA is putting health equity at the center of its mission to promote the art and science of medicine and the betterment of public health. The equity plan provides a framework for advancing greater equity in health care, outlining the strategic approaches needed to take on one of medicine’s greatest challenges.

Aletha Maybank, MD, MPH, the AMA’s chief health equity officer, recently joined the “AMA COVID-19 Update” to discuss the plan and its implementation. Here are some takeaways from her appearance.

Pandemic didn’t create health inequities

The COVID-19 pandemic has had a deeply inequitable impact and put a bigger spotlight on the need for health equity, but the AMA’s work on its organizational plan was well underway before March 2020, according to Dr. Maybank. She said the plan has been in the works for at least a year and half.

“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,” Dr. Maybank said. “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.”

Learn more about the AMA’s vision for equity and justice in medicine.
Plan acknowledges realities on the ground

The AMA’s plan operates from a baseline that is acknowledged in the science: systemic racism and other forms of oppression exist in health care and, because of that, the system of care creates disadvantageous circumstances for some patients.

“What 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 [examines] how health care systems impact these other drivers of health and health inequities,” Dr. Maybank said. “Understanding there’s not full infrastructure available yet to do so, but that’s what we want to move towards. We need to at least have the vision to say we—as health care—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.”

Dr. Maybank leads the AMA Center for Health Equity, which was launched as a result of policy adopted by the AMA House of Delegates at the 2018 AMA Annual Meeting. Delegates at the November 2020 AMA Special Meeting also adopted other foundational policies related to health equity, such as the recognition of racism as a public health threat.

Patients’ context is key

Dr. Maybank spoke of her experience as a pediatrician in training, when she was taught that the best way to encourage a family to lose weight was through weekly weight checks. Some patients, she said, had major barriers to healthy activity levels such as living in a dangerous neighborhood, making it unsafe for children to play outside.

“All these things that exists in the patients’ lives are really important for us to know, I think, as physicians,” she said. “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 been created in a community, and in the collective sense, for every single one of us.

"Oftentimes it's made invisible ... for communities that have been marginalized,” she added. “We as physicians really need to pay attention to these other contexts that impact our health.”

Systemic and institutionalized racism contribute to inequities across the U.S. health care system. Learn how the AMA works to identify and eliminate inequities through advocacy, community leadership and education.

URL: https://www.ama-assn.org/delivering-care/health-equity/ama-s-equity-blueprint-3-things-know-one-its-architects
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