

Defining racism is key to helping doctors advance health equity

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The AMA defines health equity as "optimal health for all," and the AMA "Organizational Strategic Plan to Embed Racial Justice & Advance Health Equity: 2021–2023" (PDF) lays out a plan to move the Association, the medical profession and society toward achieving that vision.

The plan identifies "naming, disrupting, dismantling and reimagining our collective narratives that hinder the nation's ability to fully reach optimal health for all" as a critical component of health equity advocacy.

"Naming" occurs early in the 86-page document. Its first chapter is titled "Getting on the same page: An equity primer," and it defines terms and concepts vital to understanding the historical context and evidence behind health inequities.

Health inequities are described as "unjust, avoidable, unnecessary and unfair," as well as "neither natural nor inevitable." The plan says that they are the product of sustained, "deeply entrenched systems that intentionally and unintentionally silence, cause stress and prevent people from reaching their full potential."

Understanding the terminology

The chapter goes on to define equity, justice, race as a social construct, and the different forms of racism, prejudice and bias. Those and other definitions are also found in an appendix at the back of the document.

Here is a condensed version of some of the terms defined on pages 70–71 in appendix No. 2 of the AMA equity plan.

Race: A socially constructed system of categorizing people that arises to differentiate groups of people in hierarchies to advantage some and disadvantage others.

The definition is followed by a note that states: "The modern consensus of evolutionary biologists is that our species does not have enough genetic variability among its populations to justify either the identification of geographically based races or of evolutionarily distinct lineages."

Ethnicity: A complex construct that includes biology, history, cultural orientation and practice, language, religion and lifestyle.

Racism: A system of structuring opportunity and assigning value based on phenotype—race—that unfairly disadvantages some individuals and communities, unfairly advantages others, and undermines realization of the full potential of the whole society through the waste of human resources.

Structural racism: Refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care and criminal justice.

Institutional racism: Discriminatory treatment, unfair policies and practices, and inequitable opportunities and impacts within organizations based on race.

Interpersonal racism: The expression of racism between individuals that often takes place in the form of harassment, racial slurs or racial jokes.

Internalized racism: Acceptance by members of stigmatized races of negative messages about their own abilities and intrinsic worth.

Prejudice: An unfavorable opinion or feeling formed beforehand or without knowledge, thought or reason.

Explicit or conscious bias: The attitudes and beliefs one has about a person or group on a conscious level. An individual is aware and accepting of these beliefs, which are usually shown in the form of discrimination, hate speech or other overt expressions.

Implicit or unconscious bias: The mental process that stimulates negative attitudes about people outside one's own "in group." While implicit bias stems from culture and cultural norms in society that influence individual mental processes, these associations and implicit biases are malleable but are not the root cause of inequities in society.

Recognizing a public health threat

The strategic plan builds on AMA policy, adopted in 2020, acknowledging that "racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care."

The importance of this recognition was recently reiterated by AMA President Gerald E. Harmon, MD, in his inaugural address and a recent Leadership Viewpoint column

"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," Dr. Harmon says in the column.

Learn how the AMA works to identify and eliminate inequities through advocacy, community leadership and education.