

6 big ideas driving the AMA's health equity work

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Advancing health equity, defined as “optimal health for all,” has become recognized as a critical component of fulfilling the AMA’s longtime mission.

“Our mission statement is ‘to promote the art and science of medicine and the betterment of public health,’ but we can’t do that with the amount of inequity that is currently in our society when it comes to health,” said AMA Executive Vice President and CEO James L. Madara, MD, during a recent virtual panel discussion.

To be true to that mission,” we have to get rid of this glass ceiling of inequity in our health care system,” he added, noting the AMA’s commitment to doing so through its strategic plan to embed racial justice and advance health equity.

“Advancing health equity through the AMA’s efforts entails a dedicated, coordinated and honest approach. It recognizes the harmful effects of the AMA’s past and targets the systemic inequities in the health care system and other social institutions,” the plan states. “And it charts a path toward a more promising and equitable future for all.”

To advance equity and justice, the plan also states that the following “theories of change” must be embedded in all the AMA’s work.

Right past injustices

“We must own our failures as we reckon with our past,” the plan states. This point was echoed by AMA President Gerald E. Harmon, MD, in an AMA Leadership Viewpoints column.

“To be a leader in medicine ... requires us, as an organization and as a profession, to recognize past harms and take meaningful steps to correct them,” wrote Dr. Harmon.

The AMA embarked on this journey with the 2008 apology (PDF) delivered to the National Medical Association—an organization of Black physicians founded in response to the AMA’s past support for state medical society segregationist policies.

Counter malignant health narratives

Dominant narratives have historically valued and glorified some voices over others. A critical component of achieving health equity is to reshape the “collective narratives that hinder the nation’s ability to fully reach optimal health for all,” the AMA plan says.

For example, narratives that rely on the individual patient as principally responsible for health outcomes through lifestyle choices can render invisible “the social and political determinants of health inequity,” according to a National Association of County & City Health Officials report cited in the AMA plan. That can influence public opinion, with surveys finding that many Americans view health inequities as “unfortunate, but not necessarily unjust.”

Center marginalized voices

The AMA plan explains that marginalization happens through intentional disinvestment and exclusion for members of a particular group. Historically marginalized physicians include women, LGBTQ+ people, people with disabilities and international medical graduates.

“This requires that we seek out, value and engage their expertise and knowledge and uphold their values in any given initiative, policy and advocacy effort, centering them as thought leaders in the movement towards health equity and justice,” the plan states.

Adopt anti-racist, intersectional approach

Racial inequities persist in systems across the U.S., including health care, education, criminal justice, employment and housing. Besides race, marginalization and inequity also arise due to sexism, class, homophobia, xenophobia and ableism.

What's needed to address this, says the AMA plan, is the application of an intersectional approach acknowledging that these overlapping inequities create advantage for some while others are harmed.

Act upstream

Social drivers of health inequities shape a person's capacity to make healthy choices, yet the health care system's resources are focused on factors estimated to only contribute 20% to an individual's overall health. Upstream structural and social drivers of health account for the remaining 80%.

Historically, there's been a dramatic difference between the magnitude of investments in downstream solutions such as individual medical treatments and upstream solutions, such as public health measures. The AMA plan calls for an "upstreamist" approach where greater value is assigned to the political, structural and social community realities that produce inequity.

Implement inside-outside strategy

The AMA plan "charts a path toward a more promising and equitable future for all." But for that to work, the plan notes the need to "get our house in order" in order to best "influence and contribute to advance equity and justice in the external environments of medicine and innovation."

Dr. Maybank elaborated on the point during remarks at the National Kidney Foundation's 2021 Spring Clinical Meetings.

"It's that inside-outside strategy that I think is critical," she said at the meeting. "We can't say we're doing equity on the outside of the organization if we have not focused on—and challenged how we think about, and how we understand, how our decisions may potentially exacerbate—inequities."