Learning about health equity is a must. Here’s where to begin.

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Equitable health for all is unlikely to come about unless physicians use their influence in exam rooms, boardrooms and in the policy arena to address the structural forces that drive inequity. Such an arduous journey must start with a reliable road map for physicians to better understand where things stand and the kind of change they can help bring about.

Why do health inequities exist, and how do they persist? Using a hypothetical case of a family living in Flint, Michigan, an AMA Ed Hub™ education module explains how racism works at various levels and details why doctors must move upstream to head off the forces that so often affect their patients’ health.

The free online CME module, “Basics of Health Equity,” is enduring material and designated by the AMA for a maximum of .25 AMA PRA Category 1 Credit™. It is part of a groundbreaking series of CME courses on health equity from the AMA that is an outgrowth of the AMA’s strategic plan to embed racial justice and advance health equity.

Learn more about AMA CME accreditation, and find more CME curated by the AMA Center for Health Equity.

Understanding racism

Racism is a multifaceted phenomenon, the AMA module explains. It plays out not just on an interpersonal level—in the form of harassment, racial slurs or racial jokes—but also at institutional and structural levels. It can even be an internal experience, wherein members of stigmatized races accept negative messages about their abilities and intrinsic worth.

According to Camara Jones, MD, MPH, PhD, a senior fellow at the Satcher Health Leadership Institute at Morehouse School of Medicine, “racism is a system of structuring opportunity and
assigning value based on phenotype (‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and undermines realization of the full potential of the whole society through the waste of human resources.”

When, for example, Michigan’s state government allowed the continued use of polluted water for the majority-Black community in Flint, it was an example of institutional racism.

**What health equity means**

Health equity, as defined by the World Health Organization, is the “absence of unfair and avoidable or remediable differences in health among social groups.”

The AMA module notes that “equity is a precise scalpel that requires a deep understanding of complex dynamics and systems with skill and practice in application.”

The module adds that “justice maintains equity through preventive measures that are rooted in a core understanding of how social injustice functions.” That means “protecting historically marginalized and minoritized peoples from the start.”

On a practical level, this requires everyone in health care working together to stamp out racist policies and practices. For some physicians, this may mean first learning how to productively engage with difficult questions. Later, it could mean actively seeking out questions that cause discomfort. In its most mature phase, it means identifying who benefits from racism—even the individual physician—and advocating change when seeing it in action.

Read the AMA’s report, “Experiences of racially and ethnically minoritized and marginalized physicians in the U.S. during the COVID-19 pandemic.”

**Getting at root causes is key**

The module also explores the critical importance of social determinants of health and points out how physicians’ future successes will depend on dispensing with the hero mentality that has long dominated the profession.

“The U.S. health care system has long taken a rescue-based and downstream approach to dealing with the individual-level medical needs of patients,” the module says. “However, as we have learned more about how people’s life experiences impact their health, we must move upstream.”
That means scrutinizing structural drivers such as laws, policies and regulations.

In Flint, for example, residents had been voicing concerns that their water was contaminated, but it was only when a physician, Mona Hanna-Attisha, MD, gathered data about lead poisoning of her pediatric patients that policies began to change.

More resources on confronting health injustice are available at the AMA Ed Hub Health Equity Education Center, including tools centered on the betterment of public health that use a social justice lens to support comprehensive strategies to promote excellence in health for all patients and communities.

Partnering with the AMA in this educational effort are the American College of Radiology, Stanford Health Care, Howard Brown Health, SAGECare, the Fenway Institute and COVID Black.

The AMA Ed Hub is an online platform that consolidates all the high-quality CME, maintenance of certification and educational content you need—in one place—with activities relevant to you, automated credit tracking and reporting for some states and specialty boards.