What is health equity?

Health equity, in the words of physician and epidemiologist Camara Jones, MD, MPH, PhD, is “assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustice, and providing resources according to need.”

The AMA’s efforts toward health equity include advocating for health care access, research and data collection, promoting equity in care, increasing health workforce diversity, influencing determinants of health, and voicing and modeling commitment to health equity.

Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being.

What the experts are saying

The AMA’s Strategic Plan to Embed Racial Justice and Advance Health Equity says equity is both a process and an outcome. It involves sharing power with people to co-design interventions and investing and redistributing resources to the greatest need.

The AMA Center for Health Equity, launched as a result of policy adopted by the AMA House of Delegates at the 2018 AMA Annual Meeting, envisions a new way forward for the AMA and U.S. health care that values people equally and treats them equitably.

According to the AMA strategic plan, equity is not a zero-sum reality that continues to create a set of winners and losers in health. This direction forward requires gaining the knowledge, skills and behaviors that align with anti-oppressive and anti-racist praxis. It is important to develop a critical consciousness that seeks truth and acknowledges the historical realities that powerful organizations and structures, rooted in white patriarchy and affluent supremacy such as the AMA, have both intentionally and unintentionally made invisible.

The plan’s equity-centered solutions (PDF) include, but are not limited to:

- Ending segregated health care that is reinforced by payer exclusion
Establishing national health care equity and racial justice standards, benchmarks, incentives and metrics

Ending the use of race-based clinical decision models (including calculators)

Ensuring that augmented intelligence (AI) is free from harmful, biased algorithms

Eliminating all forms of discrimination, exclusion and oppression in medical and physician education, training, hiring, matriculation and promotion supported by:
  o Mandatory anti-racism, structural competency, and equity-explicit training and competencies for all trainees and staff
  o Publicly reported equity assessments for medical schools and hospitals

Preventing exclusion of and ensuring just representation of Black, Indigenous and Latinx people in medical school admissions as well as medical school and hospital leadership ranks

Ensuring equity in innovation, including design, development, implementation and dissemination along with supporting equitable innovation opportunities and entrepreneurship

Solidifying connections and coordination between health care and public health

Acknowledging and repairing past harms committed by institutions

**Equity & equality**

Equality as a process means providing the same amounts and types of resources across populations. But the Hub education module, “Basics of health equity,” teaches that this approach ignores the policies and practices that have been in place for generations that benefit white supremacy.

“Seeking to treat everyone the ‘same,’ ignores the historical legacy of disinvestment and deprivation through historical policy and practice of marginalizing and minoritizing communities. It has generated the unequal society that traces back prior to the founding of our country.”

The March 14, 2022, edition of the Prioritizing Health Equity series examines the myth of meritocracy. Fernando De Maio, PhD, vice president of health equity research and data use, AMA Center for Health Equity, says that the myth of meritocracy attributes success or failure to individual abilities or merits, praising people for pulling themselves up by their bootstraps, but that it “fails to address the centuries of unequal treatment that have intentionally robbed whole communities of the vital resources they need to thrive.”

**Health equity in medical education**

The AMA has also adopted policy encouraging the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of the causes, influences, and effects of systemic, cultural, institutional and interpersonal racism—and how to prevent and ameliorate the health effects of racism.
In its March 2021 issue, the *AMA Journal of Ethics®* said that “health disparities are preventable differences in socially disadvantaged populations’ burden of disease, injury, or violence or in their opportunities to achieve optimal health.” The journal added that health equity content is crucial in medical education.

The journal called on educators of all racial/ethnic backgrounds to champion retrofitting core curricula with health equity content and to work to integrate health equity into clinic- and classroom-based environments.

**Explore AMA resources on health equity**

Learn more about health equity education on the AMA Ed Hub™ featuring CME from the AMA’s Center for Health Equity and curated education from collaborating organizations. To earn CME on the AMA’s “Prioritizing Equity” videos, visit the courses page on AMA Ed Hub™.

Other key health equity resources include:

- AMA’s strategic plan to embed racial justice and advance health equity
- Advancing Health Equity: A Guide to Language, Narrative and Concepts
- AMA policies on health equity
- AMA Center for Health Equity
- Health Equity topics
- Diversity, equity and inclusion (CME)
- Advancing equity in medicine (CME)
- Health disparities (CME)
- *Journal of Ethics*:
  - Health Equity and the Circle of Human Concern
  - Ethics Talk podcast: How Clinicians Can Use Their Skills and Authority to Promote Health Equity

**Reviewed by:** Fernando De Maio, PhD, vice president of health equity research and data use, Center for Health Equity, AMA; professor of sociology, DePaul University

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