Whereas, Our AMA recognizes that social determinants of health, including circumstances of early life, social gradient, unemployment, and social exclusion, should be taught in medical school (H-295.874) and built in to payment models (H-160.896); and

Whereas, Residents of rural areas in the United States tend to be older and sicker than their urban counterparts with higher rates of poverty, less access to healthcare, and higher likelihood of dying from 5 leading causes of death when compared to their urban counterparts; and

Whereas, 23 million Americans live in areas that do not have broadband internet access; and

Whereas, Broadband internet provides access to resources not only for healthcare but also for economic growth and job opportunities, educational opportunities, and government services; and

Whereas, Our AMA has a broad swath of policies which encourage the use of, and pay for, telemedicine, which requires broadband internet; and

Whereas, The Federal Communications Commission Connect2Health Task Force is currently exploring the intersections of health and technology in rural areas; therefore be it

RESOLVED, That our American Medical Association advocate for the expansion of broadband connectivity to all rural areas of the United States. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/28/18
RELEVANT AMA POLICY

Educating Medical Students in the Social Determinants of Health and Cultural Competence H-295.874
Our AMA: (1) Supports efforts designed to integrate training in social determinants of health and cultural competence across the undergraduate medical school curriculum to assure that graduating medical students are well prepared to provide their patients safe, high quality and patient-centered care. (2) Supports faculty development, particularly clinical faculty development, by medical schools to assure that faculty provide medical students’ appropriate learning experiences to assure their cultural competence and knowledge of social determinants of health. (3) Supports medical schools in their efforts to evaluate the effectiveness of their social determinants of health and cultural competence teaching of medical students, for example by the AMA serving as a convener of a consortium of interested medical schools to develop Objective Standardized Clinical Exams for use in evaluating medical students’ cultural competence. (4) Will conduct ongoing data gathering, including interviews with medical students, to gain their perspective on the integration of social determinants of health and cultural competence in the undergraduate medical school curriculum. (5) Recommends studying the integration of social determinants of health and cultural competence training in graduate and continuing medical education and publicizing successful models.
Citation: CME Rep. 11, A-06; Reaffirmation A-11; Modified in lieu of Res. 908, I-14; Reaffirmed in lieu of Res. 306, A-15; Reaffirmed: BOT Rep. 39, A-18

Expanding Access to Screening Tools for Social Determinants of Health/Social Determinants of Health in Payment Models H-160.896
Our AMA supports payment reform policy proposals that incentivize screening for social determinants of health and referral to community support systems.
Citation: BOT Rep. 39, A-18