

REPORT 8 OF THE BOARD OF TRUSTEES (June 2021)  
Plan for Continued Progress Toward Health Equity  
(Center for Health Equity Annual Report)  
(Informational)

EXECUTIVE SUMMARY

In accordance with Policy D-180.981, this informational report outlines the equity activities of our AMA from 3<sup>rd</sup> Quarter 2020 through the 2<sup>nd</sup> Quarter of 2021, with some projections into the 3<sup>rd</sup> Quarter of 2021.

## REPORT OF THE BOARD OF TRUSTEES

B of T Report 08-JUN-21

Subject: Plan for Continued Progress Toward Health Equity (Center for Health Equity Annual Report)

Presented by: Russ Kridel, MD, Chair

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### 1 BACKGROUND

2 This report is the second of its kind submitted for information to the House of Delegates. Following  
3 Report 29 from the November 2020 Special Meeting. In June 2018, the House of Delegates  
4 adopted Policy D-180.981, “Plan for Continued Progress Toward Health Equity,” directing our  
5 AMA to develop “an organizational unit, e.g., a Center or its equivalent, to facilitate, coordinate,  
6 initiate, and track AMA health equity activities.” Since the 2019 establishment of our AMA Center  
7 for Health Equity (“the CHE”, “the Center”), our AMA continues to make advances in embedding  
8 equity in medicine and in public health. This report illustrates those internal activities and  
9 strategies, as well as alludes to external events of year 2020 through half of 2021, which deepened  
10 and hasten our AMA’s commitment to equity across what will assuredly be known as a fateful year  
11 in the nation and in the world.

12

### 13 DISCUSSION

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#### 16 *Deepening the Case for Strategic Equity*

17 The 2020 Center for Health Equity Annual Report emphasized our AMA’s commitment to an  
18 enterprise-wide core equity strategy. Within the first year of its inception, the CHE set in motion  
19 tremendous efforts and activities that garnered international attention to the equity work of our  
20 AMA, particularly considering the impact of the coronavirus SARS-CoV-2, COVID-19. Our  
21 membership is at the front lines within clinical spaces, and also in spaces to bolster equity-driven  
22 responses as the virus persistently and disproportionately impacts elders and historically racially  
23 marginalized and minoritized persons. Additionally, the nation and our AMA now grapple with the  
24 equitable distribution of the COVID-19 vaccines; the significant impact of a change in presidential  
25 administration; as well as ongoing racially-motivated hatred, tensions, and violence. Each of these  
26 factors is external to the activities of the AMA, but clearly impacts how our association positions  
27 itself as a national leader in medicine and equity. Simultaneously, our AMA’s internal efforts to  
28 strengthen staff and membership dexterity and commitments to health equity are in full force. Yet,  
29 the fragility of these new efforts is clear, and these efforts are susceptible to any episodic threats  
30 that undermine our AMA’s work to advance and center equity. The March 2021 *JAMA* podcast  
31 titled “Structural Racism for Doctors—What Is It?” is one such harmful episode that caused many  
32 to question the core equity commitment of our AMA by rejecting the existence of structural racism.  
33 And, while the AMA and *JAMA* are separate entities, that episode has rocked our AMA’s public  
34 credibility in the equity space, not just the work completed over the two years of the CHE’s  
35 existence, but across the course of championship for equity within the AMA ranks over the last 20  
36 years. This is not to say there is no space for healthy questioning when there is ignorance about  
37 what structural racism is, but there must be no tolerance for stances that perpetuate misinformation  
38 and debate the realities of structural racism in medicine and beyond. Thus, in addition to outlining  
39

1 the equity milestones of the last year, this 2021 report is also staunchly determined to demonstrate  
2 our AMA's deepened commitment to uplift health equity, and thwart all threats—external and  
3 internal—to that commitment.

4

## 5 THE AMA EQUITY QUARTER SUCCESSES AND MILESTONES

6

7 3<sup>rd</sup> Quarter, 2020

8 (1) Equity in Advocacy: Internal Impact

9 *Three-Module Immersive Workshop Series*

10

11 Between summer 2020 and through the end of the year, the CHE embarked on an internal,  
12 immersive assessment and subsequent immersive skills building workshop series specifically  
13 designed for our AMA Advocacy business unit (BU). This work was a follow up to a  
14 November 2019 – February 2020 environmental qualitative assessment primarily of the  
15 Washington, D.C. office readiness for embedding equity throughout Advocacy processes. As  
16 referenced in last year's report, this assessment led to the *Proposed Health Equity Policy &*  
17 *Advocacy Future State, Goals & Key Deliverables 2020 2025*, referred hereafter as "the  
18 Report," which the CHE handed over to the AMA Advocacy leadership for consideration. By  
19 summer 2020, the next step was to conduct an *Equity in Advocacy and Policy Needs*  
20 *Assessment*, referred to as "the Assessment," which extended the work of the Report. The  
21 Assessment captured the skills that could be strengthened among members of the AMA  
22 Advocacy team concerning their knowledge base and application of health equity to all aspects  
23 of their policy and advocacy work. Between the Report and the Assessment, CHE staff Mia  
24 Keeys, Director of Health Equity Policy and Advocacy, and Joaquin Baca, Senior Health  
25 Equity Policy Analyst, developed the Supplemental Health Equity in Advocacy and Policy  
26 Immersive Development, Training, & Engagement Curriculum, referred hereafter as "the  
27 Curriculum." The purpose of the immersive development, training, and engagement program  
28 was to imbue advocacy and policy day-to-day tasks with equity practices. The Curriculum  
29 consisted of three, separate full-day or half-day immersive workshops exclusively for  
30 Advocacy staff of both the Chicago and Washington, DC offices.

31

32 At the end of the workshop series, participants were able to: define health equity in a way that  
33 differentiates it from other terms such as health disparities, health inequalities, and health  
34 inequity in discussions, written work, and presentations; explain how adopting an equity  
35 mindset is essential to all aspects of advocacy work; and apply an equity lens to policy  
36 analysis, development, and promotion with proficiency in a normal work environment. Table 1  
37 in the Appendix further outlines the descriptions of each Module.

38

39 (2) Equity in Advocacy: External Impact

40 *AMA Congressional Activities*

41

42 In addition to the internal work that CHE staff executed with the Advocacy BU, Center staff  
43 also supported pivotal Congressional activities. In June 2020, AMA Immediate Past President  
44 Dr. Patrice A. Harris delivered Congressional testimony to the House Budget Committee  
45 Hearing, *Health and Wealth Inequality in America: How COVID-19 Makes Clear the Need for*  
46 *Change*. Her words garnered gratitude from Kentucky Representative John Yarmuth, who is  
47 also the Congressional Representative of the slain Breonna Taylor. As we near the year  
48 anniversary of her murder by police, we may also reflect on Dr. Harris's testimony, which the  
49 CHE was instrumental in crafting and reviewing alongside Advocacy and Enterprise  
50 Communications.

1 In summer 2020, the House Committee on Ways and Means Chairman Richard Neal (D-MA)  
2 released to AMA and several other societies/organizations a letter spurred by a *New England*  
3 *Journal of Medicine* (NEJM) article on race and clinical algorithms. The letter called on  
4 professional medical societies to push racial health agenda forward and requested information  
5 on the misuse of race within clinical care. The Advocacy BU led to response effort, with  
6 substantial CHE support under the auspices of one of our driving strategic approaches,  
7 embedding equity across health innovations.

8  
9 As outlined in last year's CHE report, the CHE had written Congressional bill language calling  
10 for the collection of equitable data regarding COVID-19 testing, namely race/ethnicity and  
11 preferred spoken/written language. Parts of [H.R. 6865, the Equitable Data Collection and](#)  
12 [Disclosure Act](#) were eventually included into the CARES Act, the first COVID-19 relief  
13 package. In late Quarter 3, the AMA submitted a [“thank you” and an official endorsement](#)  
14 [letter](#) to the bill's primary sponsor, Rep. Robin Kelly (D-IL). Equitable collection of REI data  
15 continues to be a major problem, but now with respect to COVID-19 vaccination distribution.  
16 The CHE, alongside Advocacy, continues to ring the alarm about REI data collection, but now  
17 with respect to COVID-19 vaccine distribution. (In February 2021, the AMA, American  
18 Nurses Association, and the American Pharmacists Association released a letter calling for a  
19 bolstering of REI data on COVID-19 vaccine distribution.)

20  
21 (3) The CHE has also been working with the Office of General Counsel (OGC) to ensure that  
22 AMA works to advance equity within judicial settings. For example, the AMA, alongside  
23 African American Tobacco Control Leadership Council (AATCLC), Action on Smoking and  
24 Health (ASH), and the National Medical Association (NMA), [joined a lawsuit against the](#)  
25 [FDA, mandating action on banning menthol cigarettes](#). The suit was filed on June 17, 2020 in  
26 the United States District Court in Oakland, California and asserts that contrary to the duties  
27 imposed by the Family Smoking Prevention and Tobacco Control Act (“Tobacco Control  
28 Act”), the FDA failed to act on menthol cigarettes, and requires the FDA to ban menthol  
29 cigarettes or, in the alternative, to give a public, cogent explanation of their reasoning. The title  
30 of the case is *African American Tobacco Control Leadership Council, Action on Smoking and*  
31 *Health, and American Medical Association v. U.S. Department of Health and Human Services*,  
32 *et al.* Given that addiction to menthol cigarettes has been cited as highest among youth, and  
33 associated with higher rates of smoking frequency and death amongst African Americans, the  
34 health equity implications of menthol cigarettes are heinous. The CHE and OGC also  
35 collaborate in judicial advocacy on other equity issues such as sugar-sweetened beverages, the  
36 opioid crisis, LGBTQ protections, reproductive justice, immigration-related issues, and  
37 evictions and housing, among others.

38  
39 (4) Conducted in collaboration with the Environmental Intelligence, Survey and Market Research  
40 (EISAMR) BU, the Minoritized & Marginalized Physician Survey captured the barriers that  
41 historically marginalized and minoritized physicians face/have faced in delivering care during  
42 the pandemic of COVID-19. CHE prioritized sharing these initial insights with internal BUs  
43 and workgroups to inform their efforts to support the unique needs of historically marginalized  
44 and minoritized physicians. These insights have been shared with the Telehealth Working  
45 Group, the Internal LGBTQ+ Working Group and the LGBTQ Advisory Committee. Current  
46 efforts include creating a series of external reports illuminating the experiences of racially  
47 minoritized physicians and of LGBTQ+ physicians by end of second quarter of 2021. Efforts to  
48 highlight the experiences of physicians with disabilities will begin the second quarter of 2021.

49  
50 (5) In May 2020, the Public Health National Center for Innovations (PHNCI) and the de Beaumont  
51 Foundation asked the CHE to review and provide feedback on newly revised 10 Essential

1       Public Health Services (EPHS) framework. The original 10 Essential Public Health Services  
2       (EPHS) framework was developed in 1994 by a federal working group. It serves as the  
3       description of the activities that public health systems should undertake in all communities.  
4       Health departments and community partners around the nation organize their work around the  
5       EPHS framework; schools and programs of public health teach it; and the framework informs  
6       descriptions and definitions of practice. The framework is also used as the basis of the Public  
7       Health Accreditation Board Domains. The framework has provided a roadmap of goals for  
8       carrying out the mission of public health in communities around the nation. However, the  
9       public health landscape has shifted dramatically over the past 25 years, and many public health  
10      leaders agreed it was time to revisit how the framework can better reflect current and future  
11      practice and how it can be used to create communities where people can achieve their best  
12      possible health. The CHE contributed significantly to the new framework and submitted its  
13      suggestions in August 2020, which may be found [here](#).  
14

15     (6) The Center for Health Equity. Human Resources, Enterprise Communications, and  
16     Environmental Intelligence business units worked together to launch the inaugural All  
17     Employee Engagement and Equity Assessment. The objective of the assessment was to  
18     understand and enhance employee engagement and satisfaction, ensure an equitable and  
19     inclusive workplace for all employees, and advance health equity through the organization's  
20     external efforts. The core AMA assessment team worked with outside consultants to design  
21     and field a survey that launched in July 2020 and garnered a response rate of 92.35% (1,099 of  
22     1,190 employees). The survey was followed by a series of focus groups to further amplify the  
23     voices of demographic groups with the lowest engagement rates based on survey results. A  
24     detailed report of the AMA All Employee Engagement and Equity Survey results was  
25     published internally and used to engage in dialogue with employees across the organization,  
26     including enterprise-wide, within BUs, and with Employee Resource Groups. A roadmap for  
27     enterprise-wide and BU action planning was shared.  
28

29     (7) With the addition of Chelsea Hanson as Director of Health Equity & Innovation to the Center  
30     in summer 2020, work began in earnest on internal and external stakeholder discussions and  
31     landscape analyses to inform the Center's "Ensure equity in innovation" approach.  
32

33     4<sup>th</sup> Quarter, 2020

34     (1) Historic Passage of Three Anti-Racism HOD Policies

35       The Center commends the outstanding work of the AMA Medical Student Section (MSS), the  
36       Minority Affairs Section (MAS), and the Women Physicians Section for their work in  
37       introducing three legacy antiracism policies, which were adopted during the November 2020  
38       Special Meeting of the AMA House of Delegates. The mark of these three outlined policies—  
39       H-65.952, "Racism as a Public Health Threat, AMA Health Policy"; H-65.953, "Elimination of  
40       Race as a Proxy for Ancestry, Genetics, and Biology in Medical Education, Research and  
41       Clinical Practice, AMA Health Policy"; and D-350.98, Racial Essentialism in Medicine"—is  
42       indelible. Following the passage of these policies, the Chief Health Equity Officer [published an](#)  
43       [article in Essence magazine](#) to emphasize its significance.  
44

45       The passage of these policies will facilitate the AMA's stronger support of congressional,  
46       federal, and state level antiracist policies. The CHE anticipates working closely with Advocacy  
47       to leverage these policies toward the effect.  
48

1 During this historic HOD session, Dr. Maybank and other CHE staff were invited to present to  
2 several sections on health equity topics. This included presentations to the Medical Student  
3 Section, the International Medical Graduates Section, and the Senior Physicians Section.  
4

5 (2) Health Equity Learning Series and Health Equity Spotlight Modules  
6

7 Under the CHE leadership of Alice Jones, Program Manager, Health Equity Performance and  
8 Operations, the AMA is intentionally expanding its focus on inequities associated with  
9 disabilities, which was not a strong focus of the CHE until recently. The Access Health  
10 Employee Resource Group (ERG) Series were carried out between November and December  
11 2020. Disability 101 focused on basic concepts related to identifying as disabled, including  
12 stigma, etiquette, and explanation of Social vs Medical Models of Disability. Disabilities at  
13 Work highlighted how to be inclusive, and emphasized hiring and retaining, and reasonable  
14 accommodations. The Disability Now and Then workshop gave an overview of social context  
15 for people with disabilities (ADA, contemporary issues with accessibility despite the ADA).  
16 The work of the ERG draws attention to the spaces our AMA must still address with respect  
17 disability equity across the AMA workforce, as well as in medicine, in general. In the future,  
18 the CHE looks forward to reviewing, evaluating, and providing feedback on AMA's handling  
19 of reasonable accommodations (including ones for electronic accessibility standards) for both  
20 new hires and for existing staff. Table 2 in the Appendix lists AMA policies relevant to  
21 disabilities and reasonable accommodations.  
22

23 Also, under co-leadership of CHE and Health Solutions, creation of some educational  
24 opportunities around gender identity and non-binary pronouns. The group developed a modules  
25 to support staff's developing confidence and ease with sexual orientation and gender identity.  
26

27 (3) Two critical efforts in support of the "Ensure Equity in Innovation" approach were completed.  
28 The first, in October 2020 was the formation and launch of an AMA External Equity &  
29 Innovation Advisory Group comprised of 11 experts at the intersection of health equity and  
30 innovation, a diverse group of leading physicians, entrepreneurs, investors, and advocates for  
31 the health and wellbeing of historically marginalized and minoritized communities. The group  
32 held its first quarterly meeting with CHE leadership and began to formulate its collective vision  
33 and values. The second effort was the completion and publication of an analysis of twenty-five  
34 interviews of internal AMA, Health2047, and Health2047 Capital Partners innovation  
35 stakeholders conducted by Center for Health Equity consultant, Braven Solutions, to  
36 understand opportunities to support the embedding of equity into existing innovation efforts  
37 across our ecosystem.  
38

39 (4) Toward the end of 2020, CHE, under the planning of Denard Cummings, the CHE Director of  
40 Equitable Health Systems Integrations, collaborated with HealthBegins to develop the AMA  
41 Upstream Strategy Primer to support the ongoing work of the AMA Social Determinants of  
42 Health Workgroup. The CHE is executing the Upstream Strategy with PS2, IHMI, and  
43 EISAMR. The role of the Upstream Strategy is to leverage the existing AMA policies on social  
44 determinants of health and public health to move AMA's interventions closer to the  
45 foundations of avoidable inequities in health.  
46

47 (5) Our AMA is making strides with respect to written language equity. While there is much room  
48 to grow, the CHE's own Dr. Diana Derige and Dr. Diana Lemos led the work with Enterprise  
49 Communications on our AMA's Hispanic Heritage Month campaign, one of the first AMA  
50 entirely bilingual campaigns. The final product was a multimedia news release and resource for  
51 media outlets to consume and report on our AMA content produced in English and Spanish.

1 Drs. Derige and Lemos were also deeply instrumental in producing The AMA Latinx Health  
2 Inequities Report, which reports on Latinx ethnic data and uncovers the true magnitude of  
3 COVID-19 on the Latinx community.  
4

5 (8) Another notable accomplishment has been the creation of the AMA internal Language Access  
6 Plan, also led by CHE staff. The Language Access Plan includes best practices and guidance to  
7 support an inclusive AMA policy to ensure access under Language Access Obligations Under  
8 Executive Order 13166 and meaningful access for limited English proficient persons under the  
9 national origin nondiscrimination provisions of Title VI of the 1964 Civil Rights Act. Our  
10 [AMA Health Equity Initiatives Webpage](#) went live in September 2020. It features content from  
11 healthcare, governmental and community organizations across the country that are working to  
12 provide resources to minoritized and marginalized populations, dismantling racist systems and  
13 improving patient trust in the health care system. The CHE partnered with these organizations  
14 to collect their insights to help our AMA better understand the history of the project or  
15 initiatives, the overall goals of the projects and initiatives, the expected results and early wins,  
16 as well as the key partners involved in the effort.  
17

18 (9) In November 2020, the CHE hired Gina Hess as Operations Assistant. Amongst other pertinent  
19 organizational capacity work, Ms. Hess tracks the CHE team's information for presentations,  
20 keynotes, and panels, and co-coordinates the bi-weekly Prioritizing Equity Series with Aziza  
21 Taylor, CHE's Communications and Marketing Manager, and with the Digital Strategy and  
22 Operations team of Enterprise Communications.  
23

24 The equity work of the AMA has greatly benefitted from burgeoning health equity leaders,  
25 including CHE interns. In six months time (May-November 2020) the first CHE intern, Brian  
26 De La Cruz, a graduate student from Wheaton College, was instrumental in the early  
27 organization and execution of the Prioritizing Equity series. He built a database for Prioritizing  
28 Equity series records, which reflect not only the date and time specifics of the YouTube series  
29 but also its episode panelists, viewership statistics and social media impact. Mr. De La Cruz  
30 also supported the CHE Performance and Operations, and Marketing and Communications  
31 teams to help create a workflow for processing the Prioritizing Equity honoraria for guest  
32 speakers, and helped to revamp the CHE Sharepoint site.  
33

34 The CHE collaborated with the AMA Federation Relations team to engage with the Federation  
35 of Medicine on December 2, 2020. Dr. Maybank presented on the mission and goals of the  
36 CHE as well reporting on recent activities and plans for 2021. The plans include a deeper and  
37 sustained engagement with Federation members through regularly scheduled meetings where  
38 Federation members may highlight their health equity activities with each other and potentially  
39 collaborate on common efforts.  
40

41 (10) Starting in 2020 and continuing into 2021, CHE has contributed expertise to the google.org-  
42 backed Health Equity Task Force convened by Dr. Daniel Dawes, Satcher Health Institute. The  
43 Task Force is guiding the creating of a public-facing health equity tracker, with the goal of  
44 providing accessible and impactful data to a wide range of users. CHE staff represented two  
45 different subcommittees within the Task Force—the Data Consortium and the Population-  
46 Based Strategies Work Group.  
47

48 (11) As the year came to a close, the CHE continued to expand the equity presence and visibility of  
49 the AMA. Since 2020, CHE staff have delivered keynotes and moderated panel conversations  
50 close to 160 in number. Table 3 in the Appendix outlines these events.

1     1<sup>st</sup> Quarter, 2021

2     January 2021 brought with it upheaval with the siege of the nation's Capitol building, and  
3     ongoing suspicions of threat to the country's symbol of democracy. At the same time, the  
4     change in the presidential administration offers opportunities to centering health equity at the  
5     national stage. This season of change requires physician-advocate leadership—leadership  
6     which the AMA through the CHE and other business units, is creating through various  
7     physician-supporting programs.

8

9     (1) Referred to in the first CHE BOT Report as the Health Equity Advocacy and Leadership  
10    (HEAL) Fellowship, the AMA and Morehouse School of Medicine Satcher Health Leadership  
11    Institute's [Medical Justice and Advocacy Fellowship](#) is underway. The Medical Justice in  
12    Advocacy Fellowship is a collaborative educational initiative to empower physician-led  
13    advocacy that advances equity and removes barriers to optimal health for marginalized people  
14    and communities. The fellowship will mobilize physicians to be part of the next generation of  
15    advocacy leaders, driving meaningful policy and structural changes that produce equity and  
16    justice in the communities they serve. By July 2021, it will have selected its first 10-member  
17    cohort. Diana Derige, and several other CHE staff, coordinated the internal AMA team—  
18    including staff from Advocacy, Ed Hub, Marketing and Member Experience (MMX),  
19    Improving Health Outcomes (IHO), Medical Education, Health and Science, and Payment and  
20    Quality, to see this vast effort into fruition.

21

22    (2) The Women's Equity and Leadership program (WEL) will foster the development of the next  
23    wave of female physician leaders to build a healthier, more equitable work experience. WEL is  
24    a collaboration of ten health care organizations: the American Academy of Pediatrics  
25    (administrator), American Academy of Family Physicians, American College of Physicians,  
26    American College of Obstetricians and Gynecologists, American Hospital Association,  
27    American Medical Association, American Medical Women's Association, American  
28    Psychiatric Association, National Hispanic Medical Association, and National Medical  
29    Association, who will each contribute 5 participants to the 2021 cohort (total 50.)

30

31    (3) The CHE advances the AMA's commitment and cause to making plain and accessible the  
32    significance of equity in health, using myriad multi-media platforms. In continued  
33    collaboration with the Marketing and Member Experience (MMX) BU, the CHE commenced  
34    Season 2 of "Prioritizing Health Equity," on the AMA's YouTube channel. To date, 26  
35    episodes have been produced, with more than 137,000 views. While the intent of the series  
36    remains unchanged since its inception, the co-producing business units vary each episode not  
37    only in subject focus, but also by episode length, at either 30 minutes, 45 minutes, or 1-hour.  
38    Table 5 reflects the AMA Prioritizing Equity episodes to date, listed from most recent to most  
39    dated.

40

41    Table 4 of the Appendix lists the books, research papers, and other notable publications  
42    produced by CHE staff, over the last year. These include a book, *Unequal Cities: Structural*  
43    *Racism and the Death Gap in America's 30 Largest Cities*, published by the Johns Hopkins  
44    University Press as part of its "Health Equity in America" series. CHE members have also co-  
45    authored articles in leading scholarly journals, including the *Lancet*, *Health Affairs*, *JAMA*  
46    *Network Open*, the *American Journal of Preventive Medicine*, and *Public Health*.

47

48    In progress are an edited book on structural competency and the COVID-19 pandemic (co-  
49    edited by Aletha Maybank, Fernando De Maio, Jonathan Metzl and Uché Blackstock) and an  
50    edited theme issue for the *AMA Journal of Ethics* (Fernando De Maio, Diana Derige, and

1 Diana Lemos) bringing together nine cases/papers from leading scholars of Latinx health  
2 equity.

3

4 (4) Between January and March 2021, several new members joined the team. Karthik Sivashanker,  
5 MD, MPH, CPPS, joined as Vice President of Equitable Health Systems and Innovation. He  
6 also serves as the Medical Director of Quality Safety and Equity of Brigham Health. Joni  
7 Wheat joined the team as our Program Administrator. Dr. Zain Al Abdeen Qusair and Dr. Iqra  
8 Hashwani joined as interns from DePaul University's Master of Public Health program,  
9 working under the supervision of Fernando De Maio, PhD, Director of Research and Data Use.  
10 The bolstering of the CHE team strengthens the AMA's national position as equity brokers in  
11 medicine and public health. CHE secured a memorandum of understanding (MOU) with  
12 Northwestern University's Public Health program to increase intern support for the team and to  
13 expand opportunities for MPH and MD MPH students to learn and contribute to the work of  
14 the Center.

15

16 (5) The AMA External Equity & Innovation Advisory Group reconvened with the Center for  
17 Health Equity for its second quarterly meeting in February 2021. The group engaged in  
18 interactive breakout discussions that included AMA and Health2047 innovation stakeholder  
19 participants.

20

21 (6) CHE is working in partnership with Health Solutions and Medical Education on strengthening  
22 race and ethnicity data collection in the AMA Masterfile, and with the explicit purpose of  
23 building a data foundation toward a more equitable health system. Under the leadership of  
24 Fernando De Maio, CHE worked with Kenyetta Jackson of Health Solutions to execute the  
25 first ever Physician Data Collaboration Summit in February 2021, a meeting with internal  
26 stakeholders across the AMA business units, and with external steering committee, including  
27 representatives from the ACGME and AAMC. The group continues to meet in 2021, with the  
28 goal of establishing common data standards and definitions and a collaborative research agenda  
29 examining diversity of the physician workforce.

30

31 The AMA, led by CHE, submitted a proposal for the global challenge address Racial Equity  
32 2030. The RFP called for bold solutions to drive an equitable future for children, their families  
33 and communities. Our proposal aims to address medicine's historical production of scientific,  
34 cultural, structural, and institutional racism and dismantle its roots; centering restorative and  
35 "just" healthcare and meaningfully engages all voices to fundamentally change medicine and  
36 the health of our nation.

37

38 (7) Working with the American College of Preventive Medicine, CHE responded to an open  
39 request for proposals to support solo or small group practices of racial and ethnic minority  
40 physicians to accelerate the capacity of implementing COVID-19 prevention, testing, and  
41 vaccination strategies within racial or ethnic minority communities. Under the Centers for  
42 Disease Control and Prevention (CDC), this is the OT18-1802 Cooperative Agreement,  
43 "Strengthening Public Health Systems and Services through National Partnerships to Improve  
44 and Protect the Nation's Health Improving Minority Physicians' Capacity to Address COVID-  
45 19 Disparities". The intent of this work is to increase physicians' ability to capture and collect  
46 case studies and to engage patients in impactful conversations about COVID-19 and to make  
47 resources available to their patients. For the first time in its 174-year history, our AMA is  
48 producing a strategic roadmap that outlines a framework to address inequities in health care.  
49 Given the enormity of work that achieving health equity entails, it is critical for the American  
50 Medical Association to outline, define and chart a path to success to allow us to not only  
51 monitor our progress but to also facilitate transparency, accountability, and continuous quality

1 improvement in the process. The plan is aligned with the Center for Health Equity's five  
2 strategic approaches: embed equity; build alliances and share power; ensure equity in  
3 innovation; push upstream; and create pathways for truth, racial healing, reconciliation, and  
4 transformation.

5

6 2<sup>nd</sup> Quarter, 2021 and 3<sup>rd</sup> Quarter 2021 Projections

7 (1) The Board's first report to the House of Delegates on the CHE gave the early outline for what  
8 will henceforth be referred to as the Centering Equity in Emergency Preparedness and  
9 Response Recovery Initiative for Healthcare (the CEEPRR). The CEEPRR is created in  
10 partnership between our AMA and confirmed partners, including the Planned Parenthood  
11 Federation of America (PPFA), American College of Preventive Medicine (ACPM), American  
12 Public Health Association (APHA), National Medical Association (NMA), National Hispanic  
13 Medical Association (NHMA), GLMA, American Association of Public Health Physicians,  
14 America's Essential Hospitals, American Academy of Family Physicians, and the National  
15 Birth Equity Collaborative. The CEEPRR will serve as a resource for healthcare professionals  
16 and for healthcare organizations to embed and implement equity strategies and tactics to  
17 prepare and respond to emergencies. There is a dearth of guidance and community in  
18 healthcare in this domain. The initial product will include a guide/playbook with guiding  
19 principles, critical shared terminology, and illustrative case studies. There will be opportunities  
20 to extend this asset via other amplifying opportunities such as the Ed Hub. The CHE is using a  
21 collaborative approach to inform product development, innovation, and amplification. This  
22 initiative will be the first of its kind and a unique opportunity to promote and establish more  
23 equitable policies, practices and service behaviors across healthcare. The anticipated release  
24 date is for May 2021.

25

26 (2) The "Ensure equity in innovation" strategy will continue to be developed with the guidance of  
27 the AMA External Equity & Innovation Advisory Group and through market research and  
28 stakeholder engagement that centers the voices of patients, innovators, and investors from  
29 historically marginalized and minoritized communities. This research and stakeholder  
30 engagement will inform collaborative strategic initiatives and policies, internal training and  
31 tools, and external industry-facing content and resources to be launched in 2021 and beyond.

## APPENDIX

TABLE 1: Health Equity in Advocacy and Policy Immersive Development, Training, & Engagement Curriculum Modular Description

<b>Training at a Glance</b>
<p><b>Module 1: Why an Equity Mindset is Essential to Work in Policy and Advocacy</b></p> <ul style="list-style-type: none"><li>• History – how policy decisions have created and reinforce inequity</li><li>• Examples of Unintended/Unrecognized/Ignored Consequences of policy</li><li>• Implicit and Explicit Bias</li><li>• Business and Productivity Case for Equity in Policy/policy and Advocacy</li></ul>
<p><b>Module 2: Foundational Concepts in Health Equity, the Medical Justice in Advocacy Fellowship, and equity in advocacy agenda-setting</b></p> <ul style="list-style-type: none"><li>• Definitions of SDOH, Health Equity, Anti-racism, etc...</li><li>• Review of social, structural, political determinants of health</li><li>• The Medical Justice in Advocacy Fellowship overview</li><li>• Equity agenda-setting in bi-partisan arenas</li></ul>
<p><b>Module 3: Review of Equity-based Policy Analysis/Decision Support Tools</b></p> <ul style="list-style-type: none"><li>• Health Equity Impact Assessment (HEIA)</li><li>• Intersectional Policy Analysis</li><li>• Applying an Equity Lens: Recognizing Equity Issues in sample policy-evaluations, testimonies, letters, etc...</li></ul>

TABLE 2: DISABILITIES RELEVANT AMA POLICY

POLICY DISTINCTION	TITLE	DESCRIPTION
D-90.991	“Advocacy for Physicians with Disabilities,”	<p>1. Our AMA will study and report back on eliminating stigmatization and enhancing inclusion of physicians with disabilities including but not limited to: (a) enhancing representation of physicians with disabilities within the AMA, and (b) examining support groups, education, legal resources and any other means to increase the inclusion of physicians with disabilities in the AMA.</p> <p>2. Our AMA will identify medical, professional and social rehabilitation, education, vocational training and rehabilitation, aid, counseling, placement services and other services which will enable physicians with disabilities to develop their capabilities and skills to the maximum and will hasten the processes of their social and professional integration or reintegration.</p> <p>3. Our AMA supports physicians and physicians-in-training education programs about legal rights related to accommodation and freedom from discrimination for physicians, patients, and employees with disabilities.</p>
H-65.965	“Support of Human Rights and Freedom,”	<p>Our AMA:</p> <p>(1) continues to support the dignity of the individual, human rights and the sanctity of human life, (2) reaffirms its long-standing policy that there is no basis for the denial to any human being of equal rights, privileges, and responsibilities commensurate with his or her individual capabilities and ethical character because of an individual's sex, sexual orientation, gender, gender identity, or transgender status, race, religion, disability, ethnic origin, national origin, or age; 3) opposes any discrimination based on an individual's sex, sexual orientation, gender identity, race, religion, disability, ethnic origin, national origin or age and any other such reprehensible policies; (4) recognizes that hate crimes pose a significant threat to the public health and social welfare of the citizens of the United States, urges expedient passage of appropriate hate crimes prevention legislation in accordance with our AMA's policy through letters to members of Congress; and registers support for hate crimes prevention legislation, via letter, to the President of the United States.</p>
D-180.991	“Work Plan for Maintaining Privacy of Physician Medical Information”	<p>The AMA shall recommend that medical staffs, managed care organizations and other credentialing and licensing bodies adopt credentialing processes that are compliant with the Americans with Disabilities Act and communicate this recommendation to all appropriate entities.</p>

H-90.987	"Equal Access for Physically Challenged Physicians,"	Our AMA supports equal access to all hospital facilities for physically challenged physicians as part of the Americans with Disabilities Act.
H-200.951	"Strategies for Enhancing Diversity in the Physician Workforce,"	Our AMA (1) supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities; (2) commends the Institute of Medicine for its report, "In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce," and supports the concept that a racially and ethnically diverse educational experience results in better educational outcomes; and (3) encourages medical schools, health care institutions, managed care and other appropriate groups to develop policies articulating the value and importance of diversity as a goal that benefits all participants, and strategies to accomplish that goal.
9.5.4	Civil Rights & Medical Professionals	Opportunities in medical society activities or membership, medical education and training, employment and remuneration, academic medicine and all other aspects of professional endeavors must not be denied to any physician or medical trainee because of race, color, religion, creed, ethnic affiliation, national origin, gender or gender identity, sexual orientation, age, family status, or disability or for any other reason unrelated to character, competence, ethics, professional status, or professional activities.
	AMA Principles of Medical Ethics: IV: Balance with patient safety	

TABLE 3: CHE Keynotes, Panels, and Other Speaking Engagements

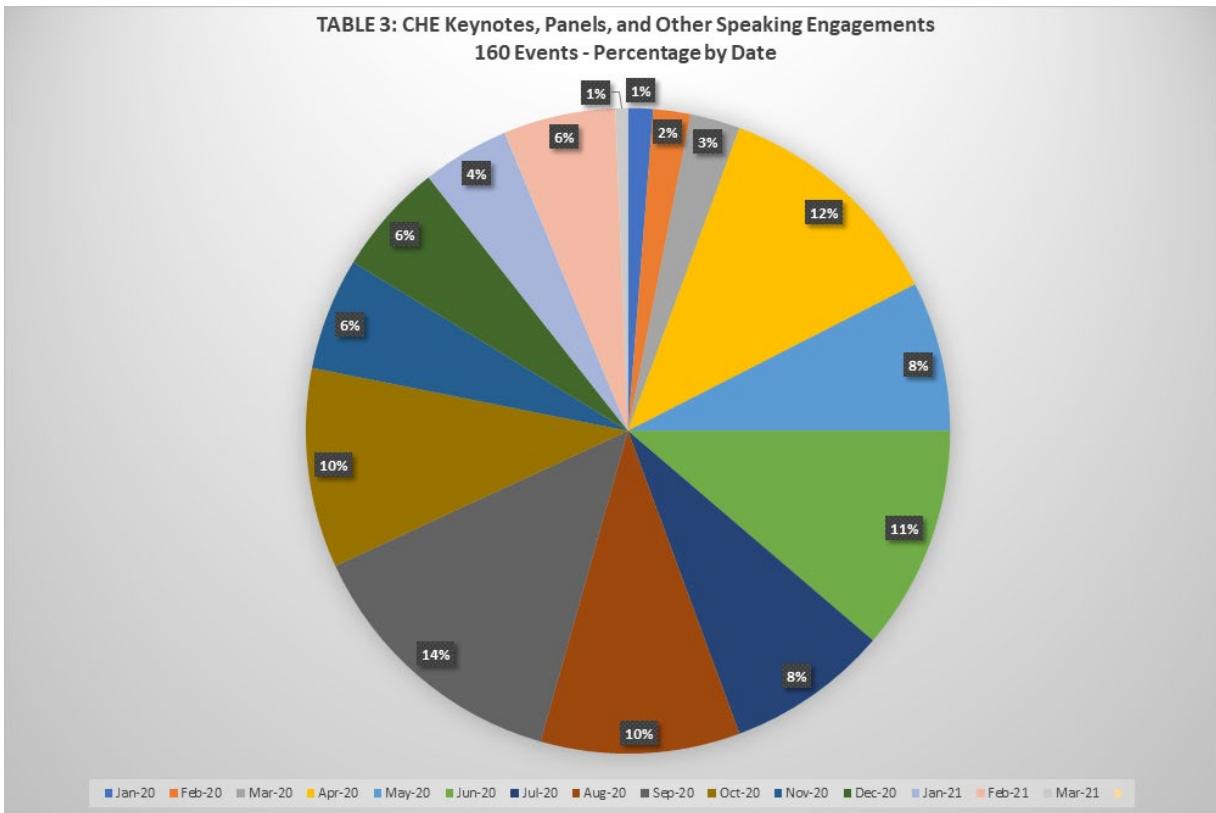


TABLE 4: CHE Peer-Reviewed Publications

AUTHORS	YEAR	TITLE	JOURNAL
<u>Metzl, Maybank, and De Maio</u>	2020	<u>Responding to the COVID-19 Pandemic: The Need for a Structurally Competent Health Care System</u>	<u>JAMA</u>
<u>Crear-Perry, Maybank, Keevs, Mitchell, and Godbolt</u>	2020	<u>Moving towards anti-racist praxis in medicine</u>	<u>Lancet</u>
<u>Schober, Hunt, Benjamins, Silva, Saiyed, De Maio, and Homan</u>	2020	<u>Homicide Mortality Inequities Across the 30 Biggest Cities in the United States</u>	<u>American Journal of Preventive Medicine</u>
<u>Bishop-Royse, Lange-Maia, Murray, Shah, and De Maio</u>	2021	<u>Structural racism, socio-economic marginalization, and infant mortality</u>	<u>Public Health</u>
<u>Benjamins, Silva, Saiyed, and De Maio</u>	2021	<u>Comparison of All-Cause Mortality Rates and Inequities Between Black and White Populations Across the 30 Most Populous US Cities</u>	<u>JAMA Network Open</u>
<u>Liao and De Maio</u>	2021	<u>Social Inequality, Political Factors, and COVID-19 Infections and Deaths Across US Counties</u>	<u>JAMA Network Open</u>
<u>Richardson, Malik, Darity, Mullen, Morse, Malik, Maybank, Bassett, Farmer, Worden, and Jones</u>	2021	<u>Reparations for American Descendants of Persons Enslaved in the U.S. and their Potential Impact on SARS-CoV-2 Transmission</u>	<u>Social Science and Medicine</u>
<u>Khazanchi, Crittenden, Heffron, Manchanda, Sivashanker, and Maybank</u>	2021	<u>Beyond Declarative Advocacy: Moving Organized Medicine And Policy Makers From Position Statements To Anti-Racist Praxis</u>	<u>Health Affairs Blog</u>
<u>Keevs, Baca, and Maybank</u>	in press	<u>Race, Racism, and the Policy of 21st Century Medicine</u>	<u>Yale Journal of Biology and Medicine</u>

Note: CHE authors in bold

TABLE 5: Prioritizing Equity Series

<b>Table 5: Prioritizing Equity Series</b>	<b>DATE</b>
COVID-19 & Minoritized Physicians	3/11/2021
COVID-19 & Trauma Informed Approaches	2/25/2021
COVID-19 & Disability	2/11/2021
COVID-19 Vaccine & Equitable Distribution	1/28/2021
After Show: Trustworthiness and Vaccines	12/10/2021
Trustworthiness and Vaccines	12/10/2020
Research and Data for Health Equity	11/19/2020
2020 Election - Moving Forward	11/12/2020
Examining Race-Based Medicine	10/29/2020
Structural Racism and the Latinx Community	10/15/2020
Chicago's Response to COVID-19	10/1/2020
Voting During the COVID-19 Pandemic	9/17/2020
Lessons NYC has learned from COVID-19	9/3/2020
Political Determinants of Health	8/20/2020
Mental Health & COVID-19	8/6/2020
Asian American & Pacific Islander Voices	7/16/2020
Moving Upstream	7/7/2020
LGBTQ Voices	6/18/2020
Root Cause & Considerations for Healthcare Professionals	6/11/2020
Police Brutality & COVID-19	6/4/2020
The Root Cause	5/28/2020
COVID-19 & Native in the Field	5/21/2020
Latinx Voices in the Field	5/14/2020
COVID-19 & the Experiences of Medical Students	5/7/2020
Strengthening the Public Health Infrastructure to Battle Crises	4/23/2020
The Experience of Physicians of Color and COVID-19	4/2/2020