

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

---

### BACKGROUND

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

### DISCUSSION

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

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



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

## THE AMA EQUITY QUARTER SUCCESSES AND MILESTONES

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

#### (1) Equity in Advocacy: Internal Impact

##### *Three-Module Immersive Workshop Series*

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

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

#### (2) Equity in Advocacy: External Impact

##### *AMA Congressional Activities*

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



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

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

- (3) The CHE has also been working with the Office of General Counsel (OGC) to ensure that AMA works to advance equity within judicial settings. For example, the AMA, alongside African American Tobacco Control Leadership Council (AATCLC), Action on Smoking and Health (ASH), and the National Medical Association (NMA), [joined a lawsuit against the FDA, mandating action on banning menthol cigarettes](#). The suit was filed on June 17, 2020 in the United States District Court in Oakland, California and asserts that contrary to the duties imposed by the Family Smoking Prevention and Tobacco Control Act ("Tobacco Control Act"), the FDA failed to act on menthol cigarettes, and requires the FDA to ban menthol cigarettes or, in the alternative, to give a public, cogent explanation of their reasoning. The title of the case is *African American Tobacco Control Leadership Council, Action on Smoking and Health, and American Medical Association v. U.S. Department of Health and Human Services, et al.* Given that addiction to menthol cigarettes has been cited as highest among youth, and associated with higher rates of smoking frequency and death amongst African Americans, the health equity implications of menthol cigarettes are heinous. The CHE and OGC also collaborate in judicial advocacy on other equity issues such as sugar-sweetened beverages, the opioid crisis, LGBTQ protections, reproductive justice, immigration-related issues, and evictions and housing, among others.
- (4) Conducted in collaboration with the Environmental Intelligence, Survey and Market Research (EISAMR) BU, the Minoritized & Marginalized Physician Survey captured the barriers that historically marginalized and minoritized physicians face/have faced in delivering care during the pandemic of COVID-19. CHE prioritized sharing these initial insights with internal BUs and workgroups to inform their efforts to support the unique needs of historically marginalized and minoritized physicians. These insights have been shared with the Telehealth Working Group, the Internal LGBTQ+ Working Group and the LGBTQ Advisory Committee. Current efforts include creating a series of external reports illuminating the experiences of racially minoritized physicians and of LGBTQ+ physicians by end of second quarter of 2021. Efforts to highlight the experiences of physicians with disabilities will begin the second quarter of 2021.
- (5) In May 2020, the Public Health National Center for Innovations (PHNCI) and the de Beaumont Foundation asked the CHE to review and provide feedback on newly revised 10 Essential



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

- (6) The Center for Health Equity. Human Resources, Enterprise Communications, and Environmental Intelligence business units worked together to launch the inaugural All Employee Engagement and Equity Assessment. The objective of the assessment was to understand and enhance employee engagement and satisfaction, ensure an equitable and inclusive workplace for all employees, and advance health equity through the organization's external efforts. The core AMA assessment team worked with outside consultants to design and field a survey that launched in July 2020 and garnered a response rate of 92.35% (1,099 of 1,190 employees). The survey was followed by a series of focus groups to further amplify the voices of demographic groups with the lowest engagement rates based on survey results. A detailed report of the AMA All Employee Engagement and Equity Survey results was published internally and used to engage in dialogue with employees across the organization, including enterprise-wide, within BUs, and with Employee Resource Groups. A roadmap for enterprise-wide and BU action planning was shared.
- (7) With the addition of Chelsea Hanson as Director of Health Equity & Innovation to the Center in summer 2020, work began in earnest on internal and external stakeholder discussions and landscape analyses to inform the Center's "Ensure equity in innovation" approach.

#### 4<sup>th</sup> Quarter, 2020

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

(2) The “Ensure equity in innovation” strategy will continue to be developed with the guidance of the AMA External Equity & Innovation Advisory Group and through market research and stakeholder engagement that centers the voices of patients, innovators, and investors from historically marginalized and minoritized communities. This research and stakeholder engagement will inform collaborative strategic initiatives and policies, internal training and 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

Training at a Glance
<p>Module 1: Why an Equity Mindset is Essential to Work in Policy and Advocacy</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>Module 2: Foundational Concepts in Health Equity, the Medical Justice in Advocacy Fellowship, and equity in advocacy agenda-setting</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>Module 3: Review of Equity-based Policy Analysis/Decision Support Tools</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

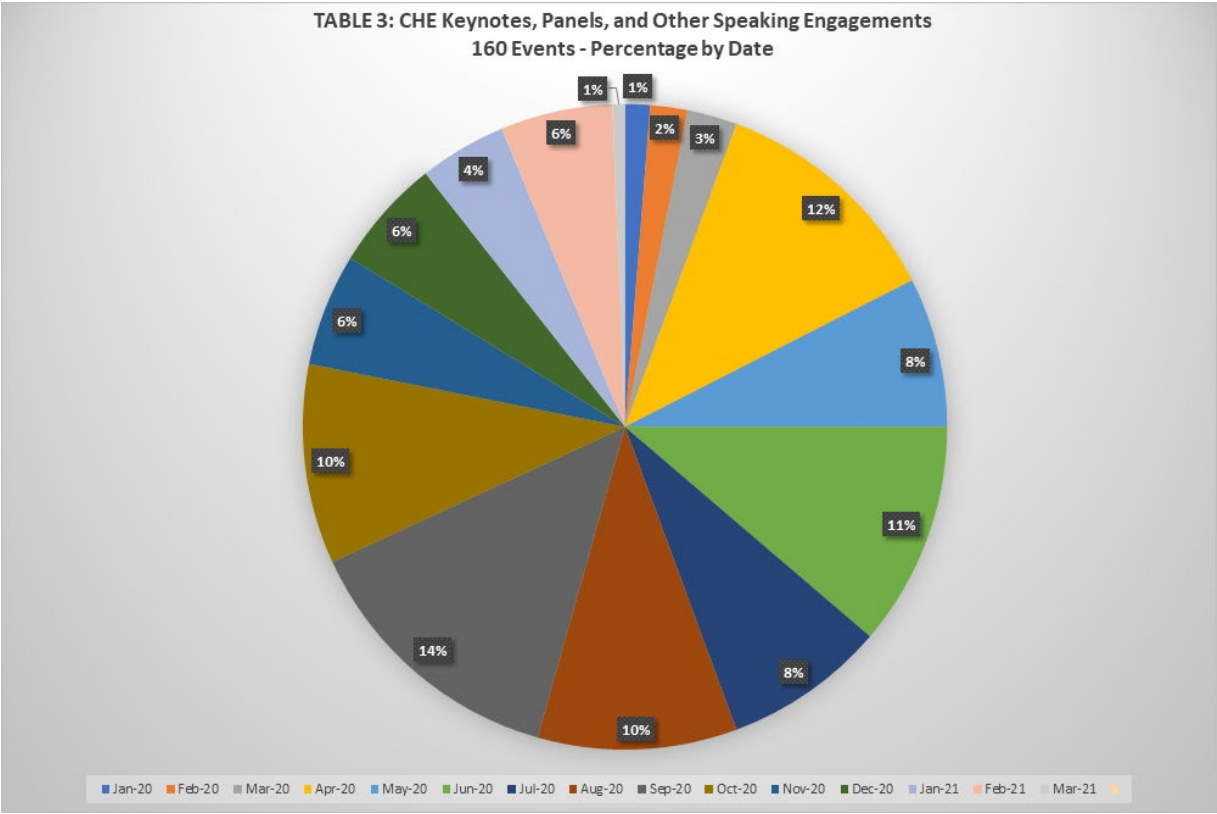




TABLE 4: CHE Peer-Reviewed Publications

<u>AUTHORS</u>	<u>YEAR</u>	<u>TITLE</u>	<u>JOURNAL</u>
<u>Metzl, <b>Maybank</b>, and <b>De Maio</b></u>	<u>2020</u>	<u>Responding to the COVID-19 Pandemic: The Need for a Structurally Competent Health Care System</u>	<u>JAMA</u>
<u>Crear-Perry, <b>Maybank</b>, <b>Keelys</b>, Mitchell, and Godbolt</u>	<u>2020</u>	<u>Moving towards anti-racist praxis in medicine</u>	<u>Lancet</u>
<u>Schober, Hunt, Benjamins, Silva, Saiyed, <b>De Maio</b>, and Homan</u>	<u>2020</u>	<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 <b>De Maio</b></u>	<u>2021</u>	<u>Structural racism, socio-economic marginalization, and infant mortality</u>	<u>Public Health</u>
<u>Benjamins, Silva, Saiyed, and <b>De Maio</b></u>	<u>2021</u>	<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 <b>De Maio</b></u>	<u>2021</u>	<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, <b>Maybank</b>, Bassett, Farmer, Worden, and Jones</u>	<u>2021</u>	<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, <b>Sivashanker</b>, and <b>Maybank</b></u>	<u>2021</u>	<u>Beyond Declarative Advocacy: Moving Organized Medicine And Policy Makers From Position Statements To Anti-Racist Praxis</u>	<u>Health Affairs Blog</u>
<u><b>Keelys</b>, <b>Baca</b>, and <b>Maybank</b></u>	<u>in press</u>	<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