AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

 Resolution: 606
 (I-22)

Introduced by: Oklahoma, South Carolina

Subject: Patient-Centered Health Equity Strategic Plan and Sustainable Funding

Referred to: Reference Committee F

Whereas, AMA policy H-180.944, “Plan for Continued Progress Toward Health Equity” states: Health equity, defined as optimal health for all, is a goal toward which our AMA will work by 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; and

Whereas, AMA policy D-180.981, “Plan for Continued Progress Toward Health Equity,” states: 1. Our AMA will develop an organizational unit, e.g., a Center or its equivalent, to facilitate, coordinate, initiate, and track AMA health equity activities; and 2. The Board will provide an annual report to the House of Delegates regarding AMA’s health equity activities and achievements; and

Whereas, AMA policy H-180.944 is focused on better healthcare for all and is patient centered; and

Whereas, Our AMA HOD established policy H-65.952, “Racism as a Public Health Threat,” and H-350.974, “Racism and Ethnic Disparities in Health Care”; and

Whereas, In April of 2019, the AMA launched the AMA Center for Health Equity with the hiring of its first Chief Health Equity Officer (1); and

Whereas, On May 11, 2021, our AMA senior staff released the “Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity” (2) (Strategic Plan) to the press prior to releasing the document to our HOD; and

Whereas, The “Strategic Plan” is a 65-page document with an additional 21 pages of charts and additional information; and

Whereas, The “strategic plan” serves as a three-year roadmap to plant the initial seeds for action and accountability to embed racial justice and advance health equity for years to come (1); and

Whereas, The release date of the “Strategic Plan” on May 11, 2021 was one day before the “on time” resolution deadline date of May 12, 2021 for the AMA June 2021 special-called meeting, therefore making submission of an “on-time” resolution to address this plan practically impossible; and

Whereas, Review of the AMA Board of Trustee minutes from 9/2018 to 8/2021, there are references to health equity throughout, in a variety of contexts; most were directly relevant to the development of the health equity strategic plan (3); and
Whereas, Other than a mention at the April 2021 meeting that a report would be coming soon, no specific reference can be found that the Board took any kind of official action related to the “Strategic Plan” (3); and

Whereas, Bylaws of the American Medical Association (January 2022) state “Board of Trustees shall: (5.3.2). Serve as the principal planning agent for the AMA; and (5.3.2.1) Planning focuses on the AMA’s goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA’s Councils, Sections, and other appropriate AMA components;” (4) and

Whereas, Our AMA cannot achieve our goal of optimal health for all without collaborative organizations with like goals and proper funding for enhancements to community health centers including their infrastructures; and

Whereas, The Health Resources and Services Administration mission is to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs; (5) and

Whereas, In April 2022 Health Resources and Services Administration announced the availability of nearly $90 million in one-time American Rescue Plan funding to support new data-driven efforts at health centers to identify and reduce health disparities; (6) and

Whereas, Our AMA House of Delegates recognizes the Board of Trustees is responsible for the development and oversight of any organizational strategic plan for any of our AMA pillars; therefore be it

RESOLVED, Our American Medical Association HOD reaffirm policy H-180.944, “Plan for Continued Progress Toward Health Equity,” and aggressively advocate for Health Equity as defined as optimal health for all which should be the goal toward which our AMA will work by advocating for health care access, promoting equity in care, increasing health workforce diversity, influencing determinants of health, and voicing and modeling commitment to health equity (Reaffirm HOD Policy); and be it further

RESOLVED, That our AMA Center for Health Equity’s future strategic plan should include advocacy planning and be presented to the AMA HOD for consideration with the opportunity for it to be more widely understood, strengthened, and supported by the HOD (Directive to Take Action); and be it further

RESOLVED, As the AMA Center for Health Equity develops its next strategic plan, it shall actively engage our AMA Board of Trustees in the strategic planning process, and ensure a more patient-centered strategic plan for health equity advocacy that is consistent with the intent of AMA policies, including H-180.944, “Plan for Continued Progress Toward Health Equity;” and D-180.981, “Plan for Continued Progress Toward Health Equity,” and report the strategic plan to the HOD at the 2024 Annual Meeting prior to publicly releasing the plan to the press (Directive to Take Action); and be it further

RESOLVED, That our AMA, in a collaboration with interested stakeholders, actively advocate for sustainable funding from Congress to increase health equity efforts of identifying and reducing health disparities including but not limited to funding of the Health Resources and Services Administration through U.S. Department of Health and Human Services and our AMA Health Equity Center. (Directive to Take Action)
RELEVANT AMA POLICY

Plan for Continued Progress Toward Health Equity H-180.944
Health equity, defined as optimal health for all, is a goal toward which our AMA will work by 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.
Citation: BOT Rep. 33, A-18; Reaffirmed: CMS Rep. 5, I-21

Plan for Continued Progress Toward Health Equity D-180.981
1. Our AMA will develop an organizational unit, e.g., a Center or its equivalent, to facilitate, coordinate, initiate, and track AMA health equity activities.
2. The Board will provide an annual report to the House of Delegates regarding AMAs health equity activities and achievements.
Citation: BOT Rep. 33, A-18

Racism as a Public Health Threat H-65.952
1. Our AMA acknowledges that, although the primary drivers of racial health inequity are systemic and structural racism, racism and unconscious bias within medical research and health care delivery have caused and continue to cause harm to marginalized communities and society as a whole.
2. Our AMA recognizes racism, in its systemic, cultural, interpersonal, and other forms, as a serious threat to public health, to the advancement of health equity, and a barrier to appropriate medical care.
3. Our AMA encourages the development, implementation, and evaluation of undergraduate, graduate, and continuing medical education programs and curricula that engender greater understanding of: (a) the causes, influences, and effects of systemic, cultural, institutional, and interpersonal racism; and (b) how to prevent and ameliorate the health effects of racism.
4. Our AMA: (a) supports the development of policy to combat racism and its effects; and (b) encourages governmental agencies and nongovernmental organizations to increase funding for research into the epidemiology of risks and damages related to racism and how to prevent or repair them.
5. Our AMA will work to prevent and combat the influences of racism and bias in innovative health technologies.
Citation: Res. 5, I-20; Reaffirmed: Res. 013, A-22; Modified: Speakers Rep., A-22

Racial and Ethnic Disparities in Health Care H-350.974
1. Our AMA recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.
2. The AMA emphasizes three approaches that it believes should be given high priority:
A. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
B. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical
treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.

C. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities.

3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote the consistency and equity of care for all persons.

4. Our AMA: (a) actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs; (b) will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers; and (c) supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.


Plan for Continued Progress Toward Health Equity D-180.981

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2. The Board will provide an annual report to the House of Delegates regarding AMAs health equity activities and achievements.

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