REPORT OF THE BOARD OF TRUSTEES

B of T Report 33-A-18

Subject: Plan for Continued Progress toward Health Equity (Resolution 601-A-17)

Presented by: Gerald E. Harmon, MD, Chair

Referred to: Reference Committee F
(Julia V. Johnson, MD, Chair)

Resolution 601-A-17, "Reinstate the AMA Commission to End Health Care Disparities," which was introduced by New York, asks "that the American Medical Association reinstate the Commission to Eliminate Health Care Disparities, including goals and objectives that are Specific, Measurable, Agreed Upon, Realistic and Time Related (SMART) metrics." The AMA Board of Trustees requested, Reference Committee F recommended, and the House of Delegates approved referral of Resolution 601 for "a report back to the House of Delegates with a more comprehensive and sustainable plan for continued progress toward health equity."

BACKGROUND

In September, the Board Chair, acting on behalf the Board of Trustees, appointed a time-limited Health Equity Task Force with ten members drawn from a number of the AMA constituencies with special interest and expertise in health and health care disparities, diversity and inclusion, and health equity to advise the Board on an action plan.

The members of the Task Force are as follows:

Willarda V. Edwards, MD, MBA; Board of Trustees; Task Force Chair
Frank A. Clark, MD; Minority Affairs Section Chair
Erick A. Eiting, MD, MPH; Advisory Committee on LGBTQ Issues
Ved V. Gossain, MD; International Medical Graduates Section Governing Council
Patrice A. Harris, MD, MA; Board of Trustees
Diana E. Ramos, MD, MPH; Former member, Minority Affairs Section Governing Council
Malcolm D. Reid, MD, MPP; New York Delegation
Katrina L. Rhodes, MD, MS; YPS Assembly Delegate, American Association of Public Health Physicians
Patricia L. Turner, MD; Immediate Past Chair, Council on Medical Education
Siobhan M. Wescott, MD, MPH; Minority Affairs Section Governing Council

The Task Force was asked to adopt a definition of health equity against which proposed actions can be tested; learn from the contributions of the Commission to End Health Care Disparities; build on AMA's leadership, capabilities, and its advocacy and strategic efforts; and recommend actions and efforts that can be undertaken by AMA to positively contribute to health equity and to communicate its commitment to health equity.

The existence of gaps in health care across segments of the U.S. has been documented in previous AMA reports and in a legion of reports and articles from other credible sources. It is not the

purpose of the Task Force or this report to summarize or replicate that information here. The AMA captures a selection of relevant information and data at https://www.ama-assn.org/delivering-care/reducing-disparities-health-care.

PROCESS

The Health Equity Task Force convened in person to hold facilitated discussions on December 19, 2017, and on February 11, 2018. Task Force members provided input before, between and following meetings, including reviewing interim drafts of this report. In addition, the Task Force had a large number of reports and articles at their disposal throughout the deliberations. Finally, related AMA policy was gathered and included in the Task Force resources.

At in-person meetings, the Task Force reviewed the history, actions, and achievements of the Commission to End Health Care Disparities. The Task Force was inspired by the Commission's ground work, track record, and the powerful collaborations it established. The Task Force thought it critical to honor the Commission's legacy and build upon it by taking AMA work on health equity to a new, more embedded and sustainable level and to do so with the expectation that working with other organizations will continue to be an essential component of the AMA's commitment to health equity.

The Task Force heard a presentation on current AMA work related to health equity and contributed their first-hand knowledge. Task Force members proposed a robust list of past and current tactics the AMA might energize and new ones the AMA might take on. The Task Force then received written input about each of these from staff subject matter experts. This background was considered as the Task Force reviewed and used a priority screen to rate various actions. In addition to the input from staff, a survey of Federation organizations was fielded to gather information about their work on health equity, health disparities, and diversity and inclusion. This information will serve to provide a wider window on potential future tactics and collaborations as the Task Force recommendations are implemented.

RESULTS

Definition

The Task Force reviewed a number of definitions of health equity drawn from the literature and the public records of other organizations, identifying common themes. The Task Force wished to arrive at wording that clearly conveys a guiding perspective for its recommendations and the AMA's actions going forward. A number of Task Force members penned potential definitions which were then discussed by all. Task Force members uniformly expressed a desire to keep the definition short and simple to facilitate communication to a variety of audiences. Lastly, the definition should be aspirational without caveats reflecting barriers or modifications based on possible differences in health potential.

The consensus definition is the following: **"Health Equity is optimal health for all."** This phrase reflects what the AMA is working toward and what it stands for.

It is important to note that this definition refers to all aspects of health, including mental/behavioral health, when referring to health. The Task Force was intentional in that regard so as not to imply that mental/behavioral health is distinct from health in general.

The Task Force expects that often the definition will be followed by explanations of how health equity can be achieved, including discussion of social determinants as key factors influencing health equity.

The Task Force acknowledges that the AMA and physicians cannot control all factors that need to change in order to achieve health equity. For some the AMA's role will be to identify their importance and to urge those who can have a direct role to act. Most, if not all, determinants of health must be addressed in collaboration with others. Further, individuals themselves must be engaged, but without implying that they bear full responsibility for their health outcomes.

Populations

When speaking of disparities in health, the Task Force uses the commonly understood meaning of differences in health outcomes among groups of people. Groups experiencing disparities often lack political, social, or economic power. The Commission to End Health Care Disparities focused on disparities experienced by racial and ethnic minorities. While acknowledging that those disparities have not been sufficiently addressed and should remain a high priority in the AMA work, the Task Force proposes broadening the list of populations of interest to include the many others for which disparities have been documented. The Task Force points out that these identities may have a multiplier effect when they are co-occurring, i.e., when an individual belongs to more than one disadvantaged group.

The composition of the Task Force itself represents the Board's expectation that the Task Force recommendations will be applied broadly, and is in close alignment with Healthy People 2020 (https://www.healthypeople.gov/) which points to "many dimensions of disparity," and lists "race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location" as contributing "to an individual's ability to achieve good health." [1]

In considering the list of populations to which the AMA's work might be applied, the Task Force makes the following points:

(1) Populations once thought of as "minority" may soon no longer be the minority in regard to population percentages, but disparities and inequities have endured and will continue.
(2) Wording preferences around the labels "sex and sexual identity" have continued to evolve.
(3) Though the Task Force is taking an inclusive view of health equity and populations, priorities will have to be set and target populations specified for specific change initiatives. That tension will be ongoing at the programmatic level, and making choices will be difficult. The AMA will not be able to address all needs immediately. AMA will always have finite resources and will need to make decisions about how best to leverage them.

With those caveats, the Task Force settled on the following list of population descriptors by which populations that experience health disparities may be identified: Race, ethnicity, gender, gender identity, sexual orientation, age, disability, socioeconomic status, geographic location, and educational level. The Task Force points out that the list is not intended to be exhaustive, that is, it does not preclude adding populations for which inequities in health outcomes are documented.

Strategic Framework

Having defined the health equity goal for the AMA, the Task Force identified key strategies that constitute how the AMA can work toward realizing the goal of achieving health equity. These are the big themes of work that together make up the AMA's contribution to achieving the health

equity goal. This strategic framework is intended to provide enduring guideposts for a sustained effort, while appreciating that individual actions or tactics necessarily will change through time. The Task Force proposed the following strategic framework that outlines key AMA roles, and for which tactics can be grouped:

- Advocate for health care access for all;
- Promote equity in care;
- Increase health workforce diversity and cultural awareness/competency;
- Influence determinants of health; and
- Voice and model commitment to health equity.

Several approaches cross these five framework elements. First, the AMA should partner with others. Many organizations and individuals have been working on health equity for a long time. The AMA should not re-invent efforts where they exist and are successful, but should find opportunities for respectful collaboration so that an even greater impact can be achieved. Second, metrics should be specified to describe the outcomes expected from any activity and progress should be tracked and reported. These metrics will establish accountability for results and serve as a guide in adjusting tactics to enhance impact. Third, respect for the patient-physician relationship should be central to the AMA efforts. Engaging with patients and increasing health literacy will be necessary.

Organizational Home for Health Equity

The Task Force concluded overwhelmingly that the AMA must establish a structural or organizational component charged with looking through the health equity lens to facilitate, coordinate, and enhance current streams of work and to stimulate additional work to increase the AMA health equity footprint and impact. This recommendation is offered as the top priority of the Task Force. The characteristics of an organizational home, e.g., a "Center," should be designed to elevate the importance of and to sustain the AMA's health equity efforts.

The Task Force suggests such a home for health equity would be expected to have the following features:

- Dedicated resources, including staff and budget; an advisory body; accountability for creating a multi-year roadmap and related programmatic actions such as developing effective partnerships with a variety of stakeholders, creating and curating tools and resources for physicians, and seeking external funding sources, e.g., grants, as appropriate;
- Responsibility for facilitating and coordinating health equity work across focus areas and other organizational units and thereby stimulating and advancing health equity work;
- Authority to propose through the AMA planning process specific additional initiatives and implement those approved; and
- Accountability for developing a dashboard of metrics by which results are tracked, and responsibility for reporting on health equity efforts to the Board and, through the Board, to the HOD.

Communication

The Task Force was charged with advising on how the AMA should communicate its commitment to health equity. The creation of an organizational presence is part of doing so. An ongoing communication plan and additional definitional and explanatory materials should be developed by the health equity staff working with communications staff. It should leverage all AMA

communication vehicles, including special events and AMA leadership speeches, to enable the AMA to "speak with one voice" about the importance of health equity and the AMA's commitment to action. In the end, achievements will be the foundation for demonstrating true commitment.

Tactics for Consideration

In the course of its work, the Task Force discussed a number of possible activities that might be undertaken as part of an AMA health equity roadmap and screened them by ease of implementation and potential impact.

The Task Force suggests that further vetting of specific tactics to be pursued become the responsibility of the new organizational unit as part of the AMA's planning process.

Further, the Task Force submits the following as deserving of further consideration by the dedicated health equity entity as it organizes, sets its priorities, and develops a multi-year roadmap:

- Advocate for a variety of incentives for treating currently underserved patients;
- Build upon current Improving Health Outcomes (IHO) and Accelerating Change in Medical Education (ACE) Consortium work on chronic disease prevention and treatment;
- Encourage health equity-promoting solutions through the AMA's innovation ecosystem;
- Provide grants to support specific kinds of health equity work by others; and
- Review and address as indicated lack of diversity within AMA.

RECOMMENDATIONS

The Board of Trustees recommends the following be adopted in lieu of Resolution 601-A-17 and the remainder of the report be filed:

1. That Health Equity, defined as optimal health for all, is a 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. **(**New HOD Policy**)**

2. That our AMA develop an organizational unit, e.g., a Center or its equivalent, to facilitate, coordinate, initiate, and track AMA health equity activities. **(**Directive to Take Action**)**

3. That the Board provide an annual report to the House of Delegates regarding AMA's health equity activities and achievements. (Directive to Take Action**)**

Fiscal note: $1,000,000 annually.

REFERENCE

1. Disparities. Healthy People 2020 Web site. http://www.healthypeople.gov/2020/about/foundation-health-measures/disparities. Accessed March 9, 2018.