



AMA's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity

2021 Progress Update





A lot has changed in our world since the American Medical Association's *Strategic Plan to Embed Racial Justice and Advance Health Equity* (Strategic Plan) was first conceptualized. Together, we've persevered through the unprecedented events of the last few years—from racial strife and the exposure of health inequities to a health system stretched thin by a global pandemic. Through it all, physicians have remained committed to the idea that all people deserve access to high quality health care, and that through leadership and sustained effort we can create a new health system grounded in equity and with a vision of achieving optimal health for all.

From the time of its release in May 2021, feedback on AMA's Strategic Plan has run the gamut—providing an opportunity for us to learn, grow, and respond with committed action. It has allowed us to be open, inclusive, and transparent about the science and evidence that has documented the harmful health effects of racism, sexism, and other forms of exclusion and discrimination, such as the increased risk of avoidable illness and early death routinely experienced by people of color.

One year into this ambitious three-year plan, I am pleased to present a progress update on activities across the AMA to implement the Strategic Plan. While this is only the beginning of our work, the tremendous accomplishments highlighted in this report are proof of the AMA's organization-wide commitment and evidence that we are in it for the long haul. From delivering on our promise to drive the future of medicine through our new Medical Justice in Advocacy fellowship, to developing dozens of equity-focused guides and resources for physicians and stakeholders, to becoming a leading national voice for health equity across the content ecosystem—our efforts are concerted and coordinated, with each business unit working in partnership to ensure that equity is embedded across our programmatic, performance, and planning efforts.

I am tremendously proud that AMA's work to confront public health crises, prevent chronic disease, and remove obstacles to care is intertwined with a deep, intentional pledge to advance health equity and racial justice. Work of this magnitude would not have been possible without the leadership and guidance of our AMA House of Delegates, Board of Trustees, membership, and staff for the vision and commitment to a just and equitable health care system. This work is grounded in science and evidence, and it is foundational if we are to achieve a more equitable future for medicine.

Collectively, we have an enormous capacity to reduce harms and advance equity—beginning with reckoning openly with our past mistakes and making space for healing and transformation. I've learned that change begins to happen when we recognize the power of our storytelling, show up to confront our systems' flaws, and engage with transparency and humility.

With that confidence in our ability to move beyond the challenges we face for the future of medicine, I look forward to AMA's continued advocacy to elevate and prioritize the voice of physicians and our patients, particularly those who are most marginalized. The time is now. And I've learned that when there is urgency, there is the possibility of unity.

Jack Resneck, Jr., M.D.
President, American Medical Association

Executive Summary

In May 2021, the AMA released the Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, serving as our three-year equity roadmap to plant the initial seeds for action and accountability. This 2021 Progress Update provides an overview of activities and achievements during this inaugural year of AMA's Strategic Plan implementation across five strategic approaches.

During this year, the AMA made significant strides to advance health equity and racial justice. Primarily, we focused on supporting the AMA, and medicine at large, in deepening our collective understanding of foundational concepts of the roots of inequities in health as well as principles that lead us to equity and justice; expanded equity-focused staffing, programming and initiatives; and laid a foundation for organizational equity-accountability processes and procedures within our AMA. Listening to and engaging with our membership and the broader physician community, we developed content, campaigns, educational materials, resources, and tools to support learnings and actions for creating a more just and equitable health care system. We initiated several fellowship programs with academic partners to support a new generation of physician leaders that can effectively advocate for advancing equity and justice.

To support ensuring equity in health care solutions and innovation, AMA participated in and established numerous advisory groups and taskforces with national health leaders. We also partnered with organizations, coalitions, and institutions across the health ecosystem to implement and drive investment in strategies to increase awareness of and to eliminate structural inequities of health. AMA produced and published content across media platforms, media outlets and journals to contribute to and inform the national discourse on health equity and anti-racism for health care and continued to establish itself as a core contributor and leader in that space. To elevate the work of the AMA in advancing equity, staff and members participated in speaking engagements and press events across the country. Furthermore, the AMA passed, adopted, and advocated for policies throughout the year for improved quality and equitable care and equity in health systems.

To conclude, we are pleased to join the many organizations, institutions, providers, and health advocates on the path to justice and equity and recognize the opportunity that is presenting itself for the AMA to be a critical stakeholder and informant in health equity. Sharing our progress is done in the spirit of humility, of accountability, transparency, and as a collective action of commitment to achieve the goal of optimal health for all.

We are in a historic moment and must acknowledge the context in which our staff and partners accomplished what is included in this 2021 Progress Update. To begin, we honor the lives that were lost to COVID-19 and the loss that families and communities around the world continue to experience at the hands of the pandemic. We commend the health workforce for their steadfast commitment, dedication, and service to communities across the country. And we applaud the tremendous work of partners and people to advance equity and justice and to lead collective actions for change.

2021 was a year unlike others. It was the backdrop for which this progress was made. A year in which we experienced the aftermath of the January 6th insurrection and threats to our democratic processes and institutions; the increase of hate crimes against Asian Americans, antisemitism, white supremacy, and attacks on transgendered communities; the continued immigration crisis at the U.S. border; the housing and food security crisis and persistence of gun violence; the youth mental health crisis; the Black maternal health crisis; and the urgency of the opioid epidemic.

It was a time in which there was public solidarity across and amongst institutions, networks, communities and social movements for anti-racism, voter rights, indigenous land rights, and health justice to name a few. There was increased investment in the arts, mutual aid organizations, civic engagement platforms and programs, and public health. The year started with the country rejoining the Paris Agreement for climate change and the inauguration of the first Black woman Vice President. And the country witnessed the conviction of Derek Chauvin for the murder of George Floyd and the distribution of COVID-19 vaccines, therapies, and treatment.

We acknowledge this work is complex and cannot happen alone, inequities do not have a single root cause. We must collectively pave this path towards a more equitable and just future for all. As we stated in our Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, history tells us that windows of opportunity for structural, institutional, and systemic change for racial justice close as political pendulums swing. Since the doors right now are open, we all must continue to push as far as we can.

Five strategic approaches to advance equity and justice

1. Embed racial and social justice throughout the AMA enterprise culture, systems, policies and practices

- Build the AMA's capacity to understand and operationalize anti-racism equity strategies via training and tool development
- Ensure equitable structures, processes and accountability in the AMA's workforce, contracts and budgeting, communications and publishing
- Integrate trauma—informed lens and approaches when developing and implementing policies and practices
- Assess organizational change (culture, policy, process) over time

2. Build alliances and share power with historically marginalized and minoritized* physicians and other stakeholders

- Develop structures and processes to consistently center the experiences and ideas of historically marginalized (women, LGBTQ+, people with disabilities, International
- Medical Graduates) and minoritized (Black, Indigenous, Latinx, Asian and other people of color) physicians
- Establish a coalition of multidisciplinary, multisectoral equity experts in health care and public health to collectively advocate for justice in health

3. Push upstream to address all determinants of health and the root causes of inequities

- Strengthen physicians' knowledge of public health and structural/social drivers of health and inequities
- Empower physicians and health systems to dismantle structural racism and intersecting systems of oppression
- Equip physicians and health systems to improve services, technology, partnership and payment models that advance public health and health equity

4. Ensure equitable structures and opportunities in innovation

- Embed racial justice and health equity within existing AMA health care innovation efforts
- Equip the health care innovation sector to advance equity and justice
- Center, integrate and amplify historically marginalized and Black, Indigenous, Latinx and people of color who are health care investors and innovators
- Engage in cross-sector collaboration and advocacy effort

5. Foster truth, racial healing, reconciliation and transformation, for the AMA's past

- Amplify and integrate often “invisible-ized” narratives of historically marginalized physicians and patients in all that we do
- Quantify impact of AMA's policy and process decisions that excluded, discriminated and harmed
- Repair and cultivate a healing journey for those who have been harmed

“Our vision is an important vision. We want a nation in which all people live in thriving communities where resources are working well, systems are equitable and don't create or exacerbate harm, and everyone has the power, resources, conditions, and opportunities to achieve optimal health. As a physician-serving community, it's important that AMA helps equip all physicians with the consciousness, tools, and resources to confront inequities and advance health equity, as well.”

**—Aletha Maybank, M.D., M.P.H.
Chief Health Equity Officer**



The American Medical Association's mission is to promote the art and science of medicine and the betterment of public health.

Land and Labor Acknowledgment

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.

Introduction

Meeting the Moment

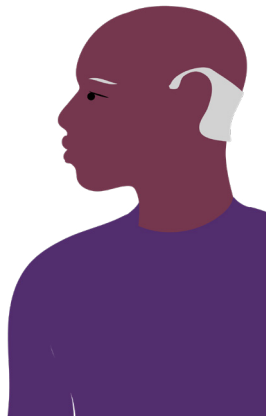
This update tells the story of our AMA's commitment and response to the May 2021 launch of the *AMA Organizational Strategic Plan to Embed Equity and Advance Racial Justice* (Strategic Plan) across the five strategic approaches. It highlights the AMA's actions and outcomes and documents progress made toward attaining the milestones envisioned in this Strategic Plan. Additionally, it recaps collective contributions to our shared equity goals, recognizing that groups and individuals completed critically important work.

Aligned by approach, this report underscores the ways in which the AMA's commitment to health equity is woven throughout actions taken last year as we work to drive the future of medicine, eliminate obstacles to patient care, and improve the health of the nation.

As the one of the nation's largest physicians' organizations, we recognize the opportunity that presents itself for AMA to be a leader in health equity alongside other essential stakeholders who have long embarked on the path to equity and justice. Sharing this Strategic Plan progress is done in the spirit of humility, accountability, transparency, and collective commitment to achieving the goal of optimal health for all.

"The AMA is neither first nor alone in dealing with health equity as a core strategic element. Many organizations have worked against inequities and injustices in health care for decades, and the AMA has voiced concerns in these areas as well. But now we are intentional and deeply committed to this work. It is part of our core framework."

**—James L. Madara, M.D.
CEO and Executive Vice President**



Health equity was one of the top five topics for the nearly **300 speaking engagements** and written assignments secured for AMA leadership.



AMA participated in over 100 equity-focused presentations, panels, and press events—with the latter reaching more than **22 billion estimated traditional and online impressions** across print publications, radio, television, news services, news websites, and blogs.



\$448,528 in American Medical Association Foundation's scholarships and grants were given to historically marginalized and excluded medical students and to community health programs across the country focusing on chronic disease prevention and management.



Milestones and Accomplishments

1. Embed Equity in practice, process, action, innovation, and organizational performance and outcome



A cross-enterprise team within the AMA management team was established to deepen our capacity to normalize, organize, and operationalize health equity work amongst the 1200 staff that work on behalf of AMA membership. **Three cross-enterprise equity workgroups were formed: Communications Equity, Workforce Equity & Engagement and Sourcing & Contracting Equity** and collectively developed **an AMA Enterprise Equity Action Plan for 2022-2024**. This outlines AMA's commitment to embed equity across internal policies and processes to positively shift AMA's culture to more inclusive and equitable.



Each business unit (BU) formed Equity Action Teams within the AMA management team. These teams convened and developed BU-specific 2022 action plans for embedding equity. These provide an internal process and accountability tool for staff to determine and track key actions for equity.



The Employee Resource Groups (ERGs) continued to meet, to create safe convening spaces and to offer specialized programming and activities to serve and increase awareness of strengths and the specific needs of their members. Some of their key initiatives included an educational series on disability in the workplace with Access Living, an organization that champions social reforms, challenges stereotypes, and protects civil rights. In addition, **staff created the Caregiver Equity ERG**, which is dedicated to employees who serve as caregivers. AMA's CEO, Dr. James Madara listened to and engaged with each ERG through townhalls about their experiences at the AMA and answered questions regarding the AMA's commitment and actions to embedding equity.

There are eight Employee Resource Groups active across the AMA management team:

- **Access**, dedicated to support and empower the voices of folks with disabilities and their allies.
- **Black Employees Advocates and Allies Network (BEAN)**, dedicated to foster a work environment where all Black AMA employees, at every level, thrive and can contribute their full talents to help the AMA achieve its mission.
- **Caregiver Equity**, dedicated to advocate on behalf of caregiving employees and provide support, networking, and progressing for caregivers regarding work-life integration, family priorities and work commitments.
- **InspirASIAN**, to support and improve the employment and engagement of current and future Asian and Pacific Islander employees.
- **AMA Pride**, created by and for LGBTQ+ employees, to develop a culture of inclusion and belonging for LGBTQ+ employees at the AMA through building community, informing and advocating for change.
- **Unidos**, dedicated to increasing engagement, outreach, recruitment, retention, professional development and advancement among Latino/a, Hispanic, Latinx employee while also identifying and recommending measures to remove impediments to equity employment opportunities.
- **The Veterans' Community Resource Group (VCRG)**, to inspire and embrace the best of military culture, competencies, and global experiences to drive mutually beneficial outcomes for the AMA and our Veteran community.
- **Women Inspired Now (WIN)**, dedicated to the professional development, engagement, recruitment, retention, and advancement among all women identified employees and their allies by identifying and recommending measures to remove impediments to equity employment opportunities.

Gaining knowledge

The AMA remained committed to build capacity and increase knowledge about diversity, belonging, equity and racism as an institutional and structural driver of inequities the AMA board and staff. **Through a two-day foundational training provided by the Racial Equity Institute, board members and staff gained knowledge on the historical roots of racism, power, and privilege and its expression in present day institutions, systems, and structures (laws and policies).** Participants expressed that this training has helped increase their knowledge and understanding of racial inequities and has served as a foundation to build skills to embed equity.

Building a culture

Multiple equity-focused events, programming, and activities for staff took place over the course of the year. These help to build a culture of and deepened understanding of core concepts and strategies for equity. This programming included the “Future Shock” event series that produced a Dismantling Racism and Accelerating Equity session for the over 60 members of AMA senior management group to support strategic and responsive planning across the organization.

Diversifying our workforce

Changes to staffing models, processes and structures also reflected a deepened commitment to begin. **The Human Resources Diversity, Equity, and Inclusion (DEI) Office, a key partner in driving equity efforts internally, was established** to support AMA employees by helping to embed equity and promulgating diversity and inclusion for staff through positively impacting inclusion, supporting open dialogue, transparency, and employee engagement with the goal of improving culture across teams. Our AMA evaluated hiring practices and recruitment strategies to identify opportunities for changes to attract diverse talent and to build an inclusive workforce. New tools, partnerships, and methodologies were adapted for interview and recruitment activities and staff were trained on these adaptations and processes.

“Diversity, Equity, and Inclusion (DEI) work cannot be done in a vacuum, and if not guided by a clearly communicated strategy it may not be sustainable. During what I hope will be a long tenure at the AMA, I want to promote understanding of the need for strategic approaches to DEI across the board. This type of work takes time and commitment and is fundamentally everyone’s responsibility.”

—Neli Fanning, Director of Human Resources Diversity, Equity and Inclusion

Committing to health equity

Staff continued to be provided with the latest information on health equity related events, equity training, tools and news through **increased equity-focused communications to staff.** This was facilitated through special staff forums, regular updates on our health equity work at staff meetings and the creation of dedicated communications channels. **The October 2021 AMA Frontline Communicators training hosted by Enterprise Communications focused solely on health equity and the AMA/AAMC Guide to Language, Narrative, and Concepts**—inviting more than two hundred employees to a strategic learning session on communicating the AMA’s health equity commitment within the context of our strategic work and mission. In addition, **Employee Communications hosted two DEI-related town halls with all employees and senior leadership; launched the Embedding Equity Hub on AMAtoday and Embedding Equity community on Yammer; and created the HR/DEI site on AMAtoday** to provide resources to employees and give updates from the DEI Office.

Creating new positions and policies

New DEI editor positions were created for JAMA Network™ journals to promote and advance DEI in journal-related activities and content. DEI editor appointments were completed in nine (9) of 13 JAMA Network journals. To facilitate equity-based research and writing, the JAMA Network manuscript submission system was updated with a core taxonomy term focused on DEI and 37 supporting terms (such as ageism, gender bias, racism, etc.). Furthermore, two new policy guidelines for editorial staff and editors were developed to guide multimedia and social media publishing to promote DEI.

Setting new standards for scholarly publishing

The AMA Manual of Style Committee developed and revised Guidance on Reporting Race and Ethnicity in Medical and Science Journals for publication in JAMA®, the Journal of the American Medical Association, in consultation with 60 external experts and scholars. The group acknowledges that biases exist in scholarly publishing and commits to scrutinizing its individual processes to minimize these. It was formed to set a new standard to ensure a more inclusive and diverse culture within scholarly publishing. Since the group was formed it has launched standardized questions for self-reported diversity data collection and minimum standards for inclusion and diversity for scholarly publishing.

Advancing equity-related content

The AMA Journal of Ethics®, a free editorially independent peer-reviewed journal, continued to contribute and advance equity-related content and dialogue across the health ecosystem. Health equity related issues published during the year included: “Health Care and Homelessness”, “Transgenerational Trauma”, “Legacies of the Holocaust in Health Care”, “Racial and Ethnic Health Equity Part 1”, “Racial and Ethnic Health Equity Part 2”, “Health Justice and Diversity in Medical School Admissions”. Articles in other issues also covered and addressed health equity creating a comprehensive resource for health professionals.

The AMA has worked to support physicians in advancing health equity via engagement with Federation organizations.

Through keynote and panel presentations, AMA staff collaborated with organizations including American Association of Medical Society Executives, American Association of Physicians of Indian Origin, American College of Radiology, American Psychiatric Association, Medical Society of Delaware, Michigan State Medical Society and Washington State Medical Association, to help their members better understand the health equity issues, policies and strategic work of the AMA, as well as develop or enhance their own health equity initiatives. In addition, during November's Special Meeting of the House of Delegates (HOD), **AMA hosted a virtual Health Equity Forum, beginning with a fireside chat with Heather McGhee, M.D., author of The Sum of Us, and current AMA President Jack Resneck Jr., M.D.,** followed by a moderated conversation about on the value of the Equity Strategic Plan with well-known, respected equity experts and scholars.



More than 65 percent of employees completed a two-day Racial Equity Institute training.

A total of 183 staff from across AMA participated in equity action teams and collectively dedicated over 10,800 hours of time of planning that embedded equity within their business units.



There was an increase in people who identify with minoritized or marginalized groups of 12% among new hires (35% to 47%) and 3% among employees at the director level (15% to 18%).



JAMA published a theme issue on racial and ethnic disparities and inequities in medicine and health care. The theme issue had over 159,000 views. It also published 500 additional articles on equity, racism, health disparities, and health inequities in JAMA Network journals.



JAMA Guidance on Reporting Race and Ethnicity was developed and revised in consultation with 60 external experts and scholars and published in August 2021 with 51,568 views.



The AMA Journal of Ethics, that publishes at the intersection of equity and ethics, received over 3.9 million visits and 170,000 downloads of its monthly issues. In February and March alone, it received nearly 700,000 visits and 37,000 PDF downloads of a two-part theme issue on "racial and ethnic health equity in the US".

2. Build alliances and share power via meaningful community engagement

To engage in collective advocacy opportunities with physician groups with anti-racism and equity interest and expertise, the AMA **deepened its collaboration and support to: National Medical Association, National Hispanic Medical Association, Association of American Indian Physicians, and the National Council of Asian Pacific Islander Physicians** to support their respective organizational mission and advance the collective impact of their work in the field of medicine via mini-grants. Through the Health Equity Strategic Development Grants, these groups increased capacity for partners memberships' development, health education campaigns, emergency preparedness efforts and educational pathways, and mentorship initiatives. In addition, the AMA with these organizations joined regular convenings to identify and increase alignment on policy and advocacy priorities.

Sustained, yearlong media visibility on AMA's work to embed health equity. While COVID-19 continued to dominate the 2021 media landscape, health equity was AMA's second most-covered topics:

- Comprehensive earned media coverage of AMA equity-related efforts across all mediums resulting in more than 8,400 placements in national, local, trade, and digital outlets, (including the New York Times, MedPage Today, Axios, Modern Healthcare, Becker's Hospital Review, and more).
- Publication of eight AMA Leadership Viewpoints focused on our work to address health inequities for historically marginalized communities on topics including: Reckoning with medicine's history of racism; Speaking out against structural racism at JAMA and across health care; Our Black maternal health crisis is an American tragedy; New AMA Foundation initiative will boost LGBTQ+ health care.
- AMA-Ad Council media campaigns in English and Spanish on the topics of COVID-19 vaccination, flu, vaccination, prediabetes, and high blood pressure created public-facing messages for Black and Brown audiences, in partnership with CDC and AHA, and reached millions of people across the country.
- Sponsored breakout sessions at annual professional journalism society conventions—including National Association of Black Journalists, National Association of Hispanic Journalists, and the Association of LGBTQ Journalists—highlighting the AMA's equity work influential and diverse journalism audiences.
- Website traffic for health equity-related content increased 74% to 913,000 visits.
- Publication of 38 COVID-19 Update and Moving Medicine video episodes, including content about vaccine confidence and equitable distribution of vaccines.

Helping Black women and minorities achieve optimal health

The AMA and collaborators' national Release the Pressure (RTP) campaign, designed to provide Black women with the knowledge and resources to achieve optimal health, continued to implement a robust engagement strategy. Building from the past two years of shared leadership amongst the AMA, AMA Foundation, Association of Black Cardiologists, American Heart Association, Minority Health Institute, and the National Medical Association, RTP brought together Black women across the United States to make collective and self-care a priority and taking preventive action to protect their heart health. In 2021, the coalition secured additional physician champions and celebrity influencers, produced events and content which in turn increased the number of women who took the pledge. In addition, increasing awareness of heart health, heart disease and high blood pressure among Black women, and expanded partnerships for the campaign's 2022 programming.

Sharing data and setting standards

The Association of American Medical Colleges (AAMC), Accreditation Council for Graduate Medical Education (ACGME) and the AMA began working together to establish best practices for data sharing and standards for sociodemographic data, including race and ethnicity, sexual orientation, gender identity and more. These efforts will enable meaningful, collaborative research to better understand the dynamics of the physician workforce continuum.



Strengthened relationships and support for National Medical Association, National Hispanic Medical Association, Association of American Indian Physicians, and the National Council of Asian Pacific Islander Physicians.



The Release the Pressure (RTP) campaign engaged 55 physician champions, 32 celebrity influencers, participated in over 100 events, and reached more than 72,000 Black women with SMBP training materials.



AMA worked in partnership with over 130 organizations and institutions to advance health equity and racial justice across the health ecosystem.

AMA contributed to numerous equity-related commissions, taskforces, advisory boards, and national committees:

Albert Schweitzer Fellowship Program

AMA External Equity and Innovation Advisory Group

American College of Preventive Medicine (ACPM) and AMA COVID-19 Advisory Group

American Evaluation Association Diversity Equity Inclusion Workgroup

American Hospital Association - Advisory Panel for Equity Maturity Model

Association of American Medical Colleges Diversity, Equity and Inclusion Advisory Committee

Blue Cross Blue Shield of Illinois Institute for Physician Diversity Executive Committee

Centene Health and Wellness Advisory Council

Center for Healthcare Strategies – Better Care Playbook Advisory Group

Center to Advance Palliative Care Health Equity: Steering Committee

Centers for Disease Control - Subcommittee to Develop National Risk Reduction Goal for Alzheimer's

Centers for Medicare & Medicaid Services Office of Minority Health - Listening sessions with invited experts

Centers for Medicare and Medicaid Services - Health Equity Advisory Group

Centers for Medicare and Medicaid Services - Innovation Center Roundtable on Health Equity

Centers for Medicare and Medicaid Services - Urban Institute Advisory Panel on Accounting for Social Risk in Value-Based Payment

Chicago Racial Equity COVID-19 Response Team

Health Affairs, Health Equity Advisory Committee

Institute of Medicine Chicago

Journal of Medical Regulation Editorial Board

Latinx Voices Task Force Member

Medicaid Pathways Program Review Committee

National Academies of Sciences, Engineering and Medicine

Standing Committee for CDC Center for Preparedness and Response

National Association of County and City Health Officials Health Equity and Social Justice Workgroup

National Committee for Quality Assurance - Advisory Panel for Health Equity Data Roadmap

National Hispanic Medical Association Advisory Committee for the Hispanic Leadership Development Fellowship

National Quality Forum - Measure Applications Partnership Health Equity Advisory Group

Robert Wood Johnson Foundation's National Commission to Transform Public Health Data Systems

The Joint Commission - Technical Advisory Panel

3. Push upstream to address all determinants of health

In collaboration with external organizations such as Boston Medical Center's Partners in Contraceptive Choice and Knowledge (PICCK), AHA Foundation, COVID Black, Fenway Institute, HealthBegins, Howard Brown Health, SAGECare, Whitman-Walker Health, **we expanded the AMA Ed Hub equity education offerings and launched a Health Equity microsite to facilitate learner access to all equity education.** This included producing new educational modules including: Basics of Health Equity, Historical Foundations of Racism in Medicine, the Undergraduate Medical Education (UME) Curricular Enrichment Program, and Graduate Medical Education (GME) Competency Education Program, Current Procedural Terminology (CPT) Evaluation and Management codes in identifying social needs. In addition, **for our AMA STEPS Forward™ practice improvement strategies platform, we published two equity-focused toolkits: Racial and Health Equity: Concrete STEPS for Smaller Practices and Social Determinants of Health: Improve Health Outcomes Beyond the Clinic Walls.**

In partnership with the Association of American Medical Colleges (AAMC) Center for Health Justice, AMA published the *Advancing Health Equity: A Guide to Language, Narrative and Concepts*, to deepen understanding of the role of dominant narratives in medicine and to support physicians' conversations with patients. Released in November, the guide had over 20,000 page views and was downloaded over 7,000 times, contributing to dialogue across the health care community about the importance of narrative strategy and change.

West Side United

In 2021, AMA continued to be a formal impact investment partner in West Side United (WSU) to improve neighborhood health in Chicago's west side neighborhoods. AMA contributed \$1 million as part of an aggregate of \$3.75 million in the 2021 WSU Social Impact Investing Project, supporting affordable housing, community spaces and business support and development. In 2021, this investment resulted in 107 low interest loans to businesses and organizations. In addition, to respond to the earlier days of the COVID-19 pandemic, AMA also supported

“As two doctors who practice medicine in Chicago and routinely see the harmful effects of structural racism and poverty on our patients, we believe the AMA's examination of language and dominant narratives is a step in the right direction toward reducing health inequities.”

**—David Ansell,
M.D., MPH,
Senior Vice President
for community health
equity, Rush University
Medical Center and
Associate Provost for
community affairs for
Rush University**

**—Vino Dissanayake,
M.D., MPH,
Assistant Professor,
Department of
Emergency Medicine,
Rush Medical College**

the supply and distribution of PPE and important public health and vaccine information. To improve blood pressure control in communities on the West Side of Chicago, **AMA partnered with West Side United (WSU) and West Side Health Equity Collaborative (WSHEC) to support** patients with hypertension. AMA provided 1,000 validated blood pressure devices and patient educational resources for patients with hypertension, and coaching and training on self-measured blood pressure (SMBP) to physicians and care teams at several west side health care organizations.

“Our goal is to collaborate with multisector partners to ensure that west side communities, who have been historically disinvested, benefit from local investments that provide affordable housing, corridor redevelopment and capital improvements that promote healthy, safe and economically viable neighborhoods. We are honored to have the AMA join as a partner committed to addressing inequities and challenges that we can collectively dismantle over the next decade.”

—Ayesha Jaco, Executive Director, West Side United

Evidence-based quality improvement program and efforts in advocacy

The AMA continued to offer its evidence-based quality improvement program known as AMA MAP BPTM to health care organizations, including Federally Qualified Health Centers, across the nation. MAP BP helps physicians and care teams to improve blood pressure for the patients they serve. Under MAP BP, the AMA provides clinical implementation coaching, actionable performance metrics and supporting tools.

In 2021, in partnership with American College of Preventive Medicine (ACPM), the AMA initiated a \$3.5million CDC-funded project: **Improving Capacity of Physician-led Practices to Prevent, Mitigate, and Treat COVID-19: Elevating Promising Practices in the Care of Minoritized Populations**. Through direct support to and technical assistance for 13 grant recipients comprised of physician practice from across the country, **AMA is building collective knowledge about strategies and promising approaches and actions to improve the health of marginalized communities that have been disproportionately impacted by the COVID-19 pandemic, racial injustice, and other forms of oppression.**

Demonstrating our commitment to advocate for physicians and understand their needs during COVID-19, the AMA measured physician burnout in Federally Qualified Health Centers (FQHCs), community-based health care centers that provide primary care services in underserved areas. To accomplish this, AMA collaborated with 27 Federally Qualified Health Centers to collect data related to burnout and to identify opportunities for improvement. As part of this collaboration, AMA provided individual reports to each FQHC and analyzed data in order to strategically inform health centers of opportunities to fill gaps and reduce burnout in the year ahead. The assessments also included questions on discrimination within their organizations. In follow-up from the data collection, AMA hosted three virtual workshops for the consortium of FQHCs, engaging MD faculty members to share knowledge and expertise to support interventions and programs to address systemic drivers of burnout.

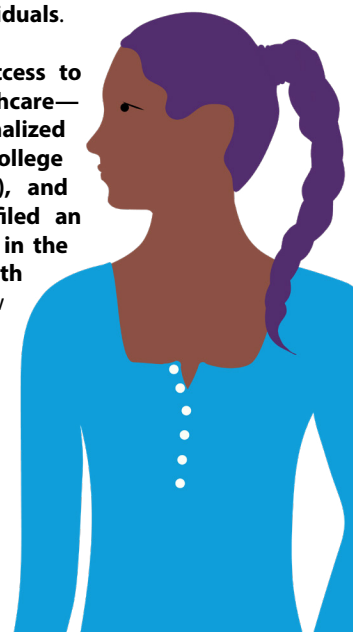
Our AMA efforts in advocacy and policy environments are gradually and deeply reflecting a commitment to equity as we significantly expand the list of external organizations that we partner with in this important work. **In 2021, some of the key equity-related policy priorities focused on support for such issues as: Medicaid expansion and sustainable funding, equitable COVID-19 vaccine authorization and distribution, Deferred Action for Childhood Arrivals (DACA), H-1B visas, physician education, tobacco regulations, transgendered care, reproductive care, maternal and child health.** These efforts include the submission of letters and statements to Congress t in support legislation including: the Accountable Care in Rural America Act, the COVID-19 Hate Crimes Act, Physician Access Reauthorization Act, the Healthcare Workforce Resilience Act, the Medicaid Reentry Act, the American Rescue Plan Act of 2021 provision for temporary optional expansion of state Medicaid, the Mothers and Offspring Mortality and Morbidity Awareness (MOMMA) Act, the Protecting Moms Who Served Act, and more.

Internally, the AMA House of Delegates adopted numerous policies in 2021 advocating for equity across the health ecosystem and beyond, including: dismantling racist policies and practices across all of healthcare; urging equity in telehealth expansion efforts; increasing physician workforce diversity; calling for evidence-based policing reform; promoting equitable maternal health care; addressing medical education barriers for studies experiencing disabilities; ensuring a diverse range of skin tones represented in dermatology medical education; recognizing systemic bias in funding as a contributing factor for rural health disparities; endorsing a demographic data category for people of Middle Eastern and North African (MENA) descent; opposing work requirements for the Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families; advocating for alternatives to immigrant detention centers; advocating for the removal of sex designation from public birth certificates; and more.

The AMA also passed several policies in 2021 recognizing how essential timely, valid, and representative data collection is to the provision of quality and equitable care. These policies recognized race and ethnicity data as valuable research variables and supported the collection of this data in hospitals, managed care organizations, independent practice associations, and other large insurance organizations; recommended that federal data collection of patient-identified race and ethnicity information in clinical and administrative data protect patient privacy; and acted to study methods to further improve disaggregation of data by race that most accurately represent the diversity of patients.

The AMA continued work to help close the digital divide in access to telehealth services as directed by policy adopted by the AMA House of Delegates in June 2021. Efforts include calling for expanding physician practice eligibility for programs that assist in the purchase of services and equipment to provide telehealth services and supporting initiatives to design telehealth solutions to accommodate those with difficulty accessing technology. **The AMA was active on several LGBTQ topics including fighting legislation and regulatory actions that are discriminatory toward transgender individuals.**

To advance its work on protecting access to safe, comprehensive reproductive healthcare—particularly for historically marginalized patients—the AMA, the American College of Obstetrics and Gynecology (ACOG), and other leading medical organizations filed an amicus brief to the U.S. Supreme Court in the case of Dobbs v. Jackson Women's Health Organization—challenging a state law imposing a ban on the provision of abortion after 15 weeks of pregnancy for most individuals.





The AMA/AAMC Advancing Health Equity: A Guide to Language, Narrative, and Concepts was viewed over 20,000 times and downloaded over 7,000 times in November and December.



AMA Ed Hub had more than 6.4million views on COVID-19, physician wellness, telemedicine, diabetes prevention, health equity and other topics.



Developed and published more than 147 equity-related educational activities hosted on the AMA EdHub platform including 26 CME modules.



AMA invested \$1 million in West Side United (WSU). This resulted in 107 new low-interest loans to businesses, non-profits, microenterprises, and affordable housing groups across 10 different communities in Chicago. To support WSU's COVID-19 response efforts, AMA contributed 60,000 surgical masks and PPE for community members.

4. Ensure equity in innovation for marginalized and minoritized people and communities

The AMA established and convened a cross-sector Equity & Innovation External Advisory Group to advise the organization on equitable structures and opportunities in health innovation that would benefit historically marginalized people and communities. Members of the advisory board inform and guide our equity and innovation strategy. Experts from various parts within the health care ecosystem helped us to build a framework for shared understanding and a call to action for health industry to center equity within their innovation investment, development, and purchasing efforts.

“We are at a time in history when many forces are coming together to address issues of equity that have historically plagued our nation. We look forward to working with the AMA to help create a more equitable health system and society.”

**—Chris Gibbons, M.D., MPH, Founder & CEO
The Greystone Group, Inc.**

AMA External Equity & Innovation Advisory Group member

The AMA's innovation company, Health2047, continued to apply novel thinking and deep analyses toward helping early-stage startups tackle some of healthcare's biggest challenges—including equity in clinical trials.

AMA leadership participated as a charter member of MedTech Color, which supports accelerators and incubators who provide curriculum for health care entrepreneurs around health equity. **AMA hosted three virtual innovation-related events as part of Telehealth Immersion Program:** “Implementing Innovation with an Equity Lens,” “Leveraging EHR-integrated tools to support improved patient, physician, and care team experience with virtual care,” and “Women in Medicine” and **2 virtual panel discussions as part of the Physicians Innovation Network that were focused on health equity.**

AMA developed a health equity toolkit designed to help solution developers ensure that the health innovation products or services they are building are meaningfully advancing health equity. The tool was used for Verifi Health SMBP (self-measured blood pressure) which equips practices with verifiable remote, comprehensive patient monitoring data that doctors can use to make informed clinical decisions.



4. Foster truth, reconciliation, racial healing, and transformation

The AMA led formative research and evaluation efforts that continued to contribute to the national discourse and evidence base about health and racial equity in medicine. We have published 23 articles related to this work in journals such as the Lancet, Journal of National Medical Association, Social Science in Medicine, and JAMA Network. Publications centered the expertise and stories of marginalized and minoritized physicians, COVID-19 disparities, chronic disease prevention and underlying socio-structural root causes of health and structural racism in health care. AMA initiated research to **understand, confront and dismantle dominant or malignant narratives (e.g., around race vs. racism) that appear in medical journals and across health care.**

The AMA continued to curate and produce equity-focused content across multiple platforms, featuring key national experts and advocates. We hosted 13 episodes of our Prioritizing Equity YouTube based series covering topics including: COVID-19 and its impacts on people with disabilities, Latinx communities, Asian American and Pacific Islander communities LGBTQ communities, and Native communities; political determinants of health; and vaccine equity and trustworthiness, to name a few. Furthermore, **AMA created a video narrative about the power of being engaged in Section policymaking,** highlighting Medical Student Section successes in advancing policy on health equity topics.

As part of our commitment to creating pathways for reconciliation and healing related to the organization's historical injustices, in 2021 the AMA removed the bust on display in the headquarters of AMA founder Nathan Davis and renamed the AMA Awards for Outstanding Government Service. By removing the monument and Dr. Davis's name from the award, we acknowledged the role he played in the AMA's history of allowing and fostering racism within the medical profession. These changes are a small but critically important step in the AMA's efforts to atone for our history and advance health equity.

In partnership with Becker's Healthcare, **the AMA kicked off the first in a three-part Prioritizing Equity Spotlight Series: Beyond an apology to restorative justice** that provided AMA CEO and EVP James Madara, MD, and leaders from the American Academy of Pediatrics and American Psychiatric Association a platform for an open and honest discussion about the history of racism in organized medicine, its impact on public health today, and steps each organization is taking toward truth, healing and reconciliation. The second in the series is planned for 2022, in partnership with Modern Healthcare.

The AMA continued to reconcile the impact of the harm of its past policies relating to medical education. **Adopted policy resulting from a Council on Medical Education report laid out a vision to improve equity within the physician workforce—outlining interventions to increase racial, ethnic, gender, and socioeconomic diversity, including targeted recruitment practices, revised medical school admissions policies, and curricula changes.** The report also identified institutional and structural factors that interfere with the path to becoming a physician and recognized the lasting negative impact that the Flexner Report of 1910 has had on today's physician workforce. Stemming from the report, **the AMA continued efforts to improve diversity across the physician workforce** by encouraging activities such as: the development of evidence-informed mentorship programs for underrepresented students, residents, and fellows; physician community engagement in support of high school/undergraduate students with a calling to medicine; and policy development in medical schools and health care institutions articulating the value of diversity as a goal that benefits all participants.

In partnership with Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine, the AMA established the Medical Justice in Advocacy Fellowship. This first of its kind 15-month long, post-doctoral fellowship program trains physician leaders in anti-racist, equity-centered policy analysis, development, and leadership. The fellowship is currently training 12 physician leaders in its inaugural cohort. Over time, it will create a network of physician leaders driving meaningful policy and structural change and informing strategies to advance health equity and embed racial justice. AMA and SHLI curated a comprehensive curriculum centering expertise and experience of health justice leaders across the country.

“Rooted in the political determinants of health, this new and unique Medical Justice in Advocacy Fellowship will provide physicians with the framework and tools needed to advocate for their patients and help move our nation closer to realizing health equity for all population groups.”

**—Daniel E. Dawes, J.D.,
Executive director of the Satcher Health
Leadership Institute at the Morehouse
School of Medicine**



Reinventing the medical school experience

The AMA continued comprehensive efforts to reinvent medical school education across the continuum supported student and resident training in health systems science, telehealth, and improvements in the transition from medical school to residency. The AMA has created specific positions to more fully integrate equity, diversity, and belonging into the medical education portfolio of work. In addition, **ChangeMedEd®**, AMA's flagship medical education event since 2015, brought together more than 500 innovative leaders virtually in 2021 to reimagine the way future physicians are trained. The "Bright Ideas Showcase" highlighted a special equity focus, soliciting a staggering 142 abstract proposal submissions on ways to improve diversity and dismantle structural racism in medical education. Three winners received \$20k one-year planning grants to start implementing their bright ideas.

The AMA Foundation's National LGBTQ+ Fellowship Program addresses the specific drivers of health that shape LGBTQ+ patients' experience in the health system. The fellowship aims to help medical schools and other institutions across the nation develop multidisciplinary standards of care and clinical best practices for LGBTQ+ health. The inaugural fellowship grant to the University of Wisconsin-Madison began efforts to provide improved training for the future pipeline of LGBTQ+ health specialists, growing the pool of diverse health care providers who can deliver compassionate, safe, and LGBTQ+ informed care.

"The AMA Foundation's National LGBTQ+ Fellowship Program is our demonstrated commitment to fostering health equity and reducing health care disparities for the LGBTQ+ community. This transformative program allows us to invest in affirming and inclusive patient care, support institutions on the forefront of embedding equity at all levels of leadership and collect and analyze data to inform the development of standards of care."

**—Heather A. Smith, M.D., MPH.
President, AMA Foundation**

AMA's International Medical Graduates (IMG) Section launched the IMG Physician Toolkit, a resource to help navigate the process of practicing medicine in the U.S. as an IMG physician. The AMA continues to advocate for IMG physicians, whether currently licensed in the U.S. or seeking licensure, and helps to ensure that visa-related issues do not stop their ability to care for patients.

"International Medical Graduates—some of whom are neither U.S. citizens nor permanent residents—have long played a critical role providing health care services, particularly in rural and under-resourced communities. The nation and its health care system owe them a significant debt of gratitude for their many contributions."

**—Gerald E. Harmon, M.D.
Immediate Past President, American
Medical Association**



American Medical Association Foundation awarded \$750,000 as part of the National LGBTQ+ Fellowship Program to the University of Wisconsin School of Medicine and Public Health.



12 Medical Justice in Advocacy Fellows selected as the inaugural cohort for a year-long program in partnership with Satcher Health Leadership Institute (SHLI) at Morehouse School of Medicine.



Prioritizing Equity series generated 146,000 views on YouTube, a 57% increase from last year and featured 35 national experts and leaders.



The Next Chapter of a Defining Moment

One year from the inception of the *AMA Organizational Strategic Plan to Embed Equity and Advance Racial Justice* (Strategic Plan), our organization's prophetic commitment to health equity in 2018 and the AMA brand promise to be the physicians' powerful ally in patient care remain truer than ever.

As the nation's physician organization, the AMA is uniquely qualified, equipped, and positioned to amplify visibility and foster alliances to keep equity, justice and anti-racism at the forefront of medicine. Our AMA has determined that this organization's equity work be unwavering, vocal, and rooted in the AMA mission to promote the art and science of medicine and the betterment of public health. And we must deliver.

Remaining dedicated to the complex work ahead, the AMA will build off of momentum and learnings from this inaugural year of bringing the Strategic Plan to life—moving forward with a renewed sense of urgency and ambition and continuing to allow the AMA mission to define and advance our equity response and anti-racism work throughout 2022, 2023, and beyond. We look to working with others in this space toward the shared vision of a nation in which all people live in thriving communities and can achieve optimal health and joy.



Equity-Related Publications from 2021:

Adjo J, Maybank A, Prakash V. **Building inclusive work environments.** *Pediatrics*. 2021 Sep;148(Suppl 2):e2021051440E. doi: 10.1542/peds.2021-051440E <https://pubmed.ncbi.nlm.nih.gov/34470880/>

Benjamins MR, Silva A, Saiyed NS, De Maio FG. **Comparison of All-Cause Mortality Rates and Inequities Between Black and White Populations Across the 30 Most Populous US Cities.** *JAMA Netw Open*. 2021;4(1):e2032086. doi:10.1001/jamanetworkopen.2020.32086 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2775299>

Benjamins MR, De Maio FG, Eds. **Unequal Cities. Structural Racism and the Death Gap in America's Largest Cities.** Johns Hopkins University Press, Baltimore. 2021. <https://www.sinaichicago.org/en/unequal-cities/#:~:text=The%20first%20book%20to%20specifically,holders%20envision%20the%20steps%20needed>

Bishop-Royse J, Lange-Maia B, Murray L, Shah RC, DeMaio F. **Structural racism, socio-economic marginalization, and infant mortality.** *Public Health, Volume 190*, 2021, 55-61. doi.org/10.1016/j.puhe.2020.10.027/ sciencedirect.com/science/article/pii/S0033350620304832) <https://www.sciencedirect.com/science/article/abs/pii/S0033350620304832?via%3Dihub>

Boyd R, Kreiger N, De Maio F, Maybank A. **The World's Leading Medical Journals Don't Write About Racism. That's a Problem.** *TIME* 2021. <https://time.com/5956643/medical-journals-health-racism/>

Bress AP, Cohen JB, Anstey DE, Conroy MB, Ferdinand KC, Fontil V, Margolis KL, Munter P, Millar MM, Okuyemi KS, Rakotz MK, Reynolds K, Safford MM, Shimbo D, Stulgross J, Green BB, Mohanty AF. **Inequities in hypertension control in the United States exposed and exacerbated by COVID-19 and the role of home blood pressure and virtual healthcare during and after the COVID-19 pandemic.** *J Am Heart Assoc*. 2021;10(11):e020997. doi: 10.1161/JAHA.121.020997. <https://pubmed.ncbi.nlm.nih.gov/34006116/>

Egan BM. Editorial commentary: **Racial and ethnic disparities in hypertension prevalence, awareness, treatment, and control in the United States, 2013 to 2018.** *Hypertens*. 2021;78(6):1727-1729. doi: 10.1161/HYPERTENSIONAHA.121.18023 <https://www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.121.18023>

Egan BM, Li J, Sutherland SE, Rakotz MK, Wozniak GD. **Hypertension control in the United States 2009 to 2018: Factors underlying falling control rates during 2015 to 2018 across age- and race-ethnicity groups.** *Hypertension*. 2021;78(3):578-587. doi: 10.1161/HYPERTENSIONAHA.120.16418 <https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.120.16418>

Escarse JJ, Wozniak GD, Tsipis S, Pane JD, Brotherton SE, Yu H. **Effects of the ACA Medicaid expansion on the distribution of new general internists across states.** *Med Care* 2021;59(7):653-660. doi: 10.1097/MLR.0000000000001523 <https://pubmed.ncbi.nlm.nih.gov/33956413>

Eugene T. Richardson, Malik M, Darity W, Mullen A, Morse M, Maya Malik, Aletha Maybank, Mary T. Bassett, Paul E. Farmer, Lee Worden, James Holland Jones, **Reparations for Black American descendants of persons enslaved in the U.S. and their potential impact on SARS-CoV-2 transmission.** *Social Science & Medicine, Volume 276*, 2021, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7871902/>

Griffith DM, Holliday CS, Enyia OK, Ellison JM, Jaeger EC. **Using syndemics and intersectionality to explain the disproportionate COVID-19 mortality among black men.** *Public Health Reports* 2021;136(5):523-531. doi: 10.1177/00333549211026799 <https://pubmed.ncbi.nlm.nih.gov/34161180/>

Hardy ST, Chen L, Cherrington AL, Moise N, Jaeger BC, Foti K, Sakhuja S, Wozniak G, Abdalla M, Muntner P. **Racial and ethnic differences in blood pressure among US adults, 1999-2018.** *Hypertens*. 2021;78(6):1730-1741. doi:10.1161/HYPERTENSIONAHA.121.18086 <https://www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.121.18086#:~:text=After%20multivariable%20adjustment%2C%20in%201999,Hispanic%20adults%20versus%20non%20Hispanic>

Keelys M, Baca J, Maybank A. **Race, Racism, and the Policy of 21st Century Medicine.** *Yale J Biol Med*. 2021 Mar 31;94(1):153-157. PMID: 33795992; PMCID: PMC7995954. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7995954/>

Khazanchi R, Crittenden F, Heffron A, Manchanda E, Sivashanker K, and Maybank A. **"Beyond Declarative Advocacy: Moving Organized Medicine and Policy Makers from Position Statements to Anti-Racist Praxis"**, *Health Affairs Blog*, February 25, 2021/DOI: 10.1377/hblog20210219.107221 <https://www.healthaffairs.org/doi/10.1377/hblog20210219.107221/full/>

Krieger N, Boyd R, De Maio F, Maybank A. **Medicine's Privileged Gatekeepers: Producing Harmful Ignorance About Racism and Health.** *Health Affairs Blog*. 2021. DOI:10.1377/hblog20210415.305480 <https://www.healthaffairs.org/doi/10.1377/hblog20210415.305480/full/>

Lemos D, Lindsey Carlasare, Nnenna Okeke, Zain Qusair, Fernando DeMaio. **Summary report: Experiences of racially and ethnically minoritized and marginalized physicians in the U.S. during the COVID-19 pandemic.** *ama-assn.org*. 2021. <https://www.ama-assn.org/system/files/summary-report-covid-mmms-survey.pdf>

Liao TF, De Maio F. **Association of Social and Economic Inequality with Coronavirus Disease 2019 Incidence and Mortality Across US Counties.** *JAMA Netw Open*. 2021;4(1):e2034578. doi:10.1001/jamanetworkopen.2020.34578 <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2775303>

Maybank A. **Making visible medicine's roots in colonialism.** *Lancet* 2021;398(10310):1476-1477. doi.org/10.1016/S0140-6736(21)02239-X. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02239-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02239-X/fulltext)

Maybank A, DeMaio F. **Confronting racism in medicine stories of resistance.** *Narr Inquir Bioethics*. 2021;11(3):265-269. Doi10.1353/nib.2021.0082. <https://muse.jhu.edu/article/851235>

Miralles P, DesRoches C, Brown M. **Sharing Clinical Notes with Patients: A New Era of Transparency in Medicine.** 2021. https://edhub.ama-assn.org/steps-forward/module/2781026?resultClick=1&bypassSolrId=J_2781026

Osude N, Durazo-Arvizu R, Markossian T, Liu K, Michos ED, Rakotz M, Wozniak G, Egan B, Kramer H. **Age and sex disparities in hypertension control: The multi-ethnic study of atherosclerosis (MESA).** *Am J Prev Cardiol*. 2021;8:100230. doi:10.1016/j.ajpc.2021.100230 <https://pubmed.ncbi.nlm.nih.gov/34430952/>

Reinhart E, Daws DE, Maybank A. **Structural medicine: Towards an economy of care. (Invited Comment).** *Lancet*. 2021;397(10286):1691-1693. doi: 10.1016/S0140-6736(21)00937-5 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00937-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00937-5/fulltext)

Trockel M, Sinsky C, West CP, Dyrbye LN, Tutty M, Carlasare L, Wang H, Shanafelt T. **Self-valuation challenges in the culture and practice of medicine and physician wellbeing.** *Mayo Clin Proc*. 2021. doi: 10.1016/j.mayocp.2020.12.032 <https://pubmed.ncbi.nlm.nih.gov/34210511/>

Van Eck RN, Gullet H, Lamg S, Krouse H, Mazzurco LW, Lage OG, Lewis JH, Lomis KD. **The power of interdependence” Linking health systems, communities, and health professions educational programs to better meet the needs of patients and populations.** *Med Teach* 2021;43(supl2) S32-S38. Doi.org/10.1080/0142159X.2021.1935834 <https://pubmed.ncbi.nlm.nih.gov/34291717/>

Equity-Related Tools for Providers and Health Systems from 2021:

American Medical Association and Association of American Medical Colleges. 2021. **Advancing Health Equity: A Guide to Narrative, Language and Concepts.** Available at: ama-assn.org/equity-guide.

Manchanda R, Brown M, Cummings D. **Racial and Health Equity: Concrete STEPS for Smaller Practices.** AMA Ed Hub. 2021. <https://edhub.ama-assn.org/steps-forward/module/2782426>

Bennett N, Brown M, Theresa G, et al. **Social Determinants of Health: Improve Health Outcomes Beyond the Clinic Walls.** AMA Ed Hub. 2021. <https://edhub.ama-assn.org/steps-forward/module/2702762>

American Medical Association. 2021. **Historical Foundations of Racism in Medicine: An Introduction.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/interactive/18633568>

American Medical Association. 2021. **Basics of Health Equity.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/interactive/18646635>

American Medical Association. 2021. **Prioritizing Equity: The Root Cause.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634278>

American Medical Association. 2021. **Prioritizing Equity: Building Alliance Sharing Power to Achieve Health Equity.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18644424>

American Medical Association. 2021. **Prioritizing Equity: Trustworthiness & Vaccines.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634184>

American Medical Association. 2021. **Prioritizing Equity: Research and Data for Health Equity.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634274>

American Medical Association. 2021. **Prioritizing Equity: Mental Health and COVID-19.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634268>

American Medical Association. 2021. **Prioritizing Equity: The Root Cause and Considerations for Health Care Professionals.** Available at: <https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634276>

American Medical Association. 2021. **Prioritizing Equity: Celebrating and Reflecting During PRIDE Month.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693505?resultClick=1&bypassSolId=M_18693505

American Medical Association. 2021. **Prioritizing Equity: Examining Race-Based Medicine.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693515?resultClick=1&bypassSolId=M_18693515

American Medical Association. 2021. **Prioritizing Equity: Advancing Equity through Quality and Safety During COVID-19.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693507?resultClick=1&bypassSolId=M_18693507

American Medical Association. 2021. **Prioritizing Equity: COVID-19 Employer Vaccine Equity.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693509?resultClick=1&bypassSolId=M_18693509

American Medical Association. 2021. **Prioritizing Equity: LGBTQ Voices.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693555?resultClick=1&bypassSolId=M_18693555

American Medical Association. 2021. **Prioritizing Equity: Getting to Justice in Education.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18644420?resultClick=1&bypassSolId=M_18644420

American Medical Association. 2021. **Prioritizing Equity: COVID-19 & Trauma-Informed Approaches.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/audio-player/18693513?resultClick=1&bypassSolId=M_18693513

American Medical Association. 2021. **Prioritizing Equity: COVID-19 Minoritized Physicians.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18644430?resultClick=1&bypassSolId=M_18644430

American Medical Association. 2021. **Prioritizing Equity: COVID-19 Vaccine & Equitable Distribution.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18638512?resultClick=1&bypassSolId=M_18638512

American Medical Association. 2021. **Prioritizing Equity: COVID-19 and Latinx Voices in the Field.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18638504?resultClick=1&bypassSolId=M_18638504

American Medical Association. 2021. **Prioritizing Equity: Strengthening the Public Health Infrastructure to Battle Crises.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18638506?resultClick=1&bypassSolId=M_18638506

American Medical Association. 2021. **Prioritizing Equity: Structural Racism and the Latinx Community.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634272?resultClick=1&bypassSolId=M_18634272

American Medical Association. 2021. **Prioritizing Equity: Voting During the COVID-19 Pandemic.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634270?resultClick=1&bypassSolId=M_18634270

American Medical Association. 2021. **Prioritizing Equity: Mental Health & COVID-19.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18634268?resultClick=1&bypassSolId=M_18634268

American Medical Association. 2021. **Prioritizing Equity: COVID-19 & Disability.** Available at: https://edhub.ama-assn.org/ama-center-health-equity/video-player/18638510?resultClick=1&bypassSolId=M_18638510