Revisiting *Unequal Treatment*

Dr. Aletha Maybank, MD, MPH
Chief Health Equity Officer and Senior Vice President of AMA
Session 2: Racial And Ethnic Inequities In Health Care: Clinician And Health Organization Perspectives
July 12, 2023

Land and Labor Acknowledgement

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples, which they have cared for since time immemorial. 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.

Image Details:
Top Image: Oregon Health & Science University's Native American Center of Excellence aims to increase American Indian and Alaska Native representation in the healthcare workforce. This image is of the Spring 2021 cohort of scholars celebrating their completion of the OHSU Wy'East Post-Baccalaureate Pathway at a blanket ceremony .Photo Credit: OHSU/Michael Schmitt
Bottom Photo: Washington B. New Orleans; 2019. https://www.the15whitecoats.org/. Accessed May 3, 2023.

Q&A: As AMA marks 175th year, former president reflects on last 50

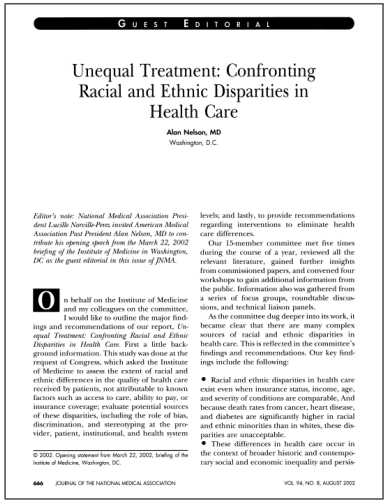
JUN 9, 2022

Alan Nelson, MD
AMA President, 1989-1990
Co-Author/Editor of Unequal Treatment

"[*Unequal Treatment*] opened my eyes to the degree of racial inequality…"

Question: [Today we have] a renewed focus within medicine on addressing health inequity and the larger structural forces that cause it. What do you think has changed since [the report]?

"Certainly, more awareness of the problem. Whether the problem is being substantially solved, I just don't know. If you research and ask physicians whether they have any tendency to treat the members of the different races differently, almost all of them will say, "No, I don't. I know it's a problem, but I'm not part of the problem. I treat everybody equally." But the research data doesn't necessarily support that."



GUEST EDITORIAL

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care

Alan Nelson, MD
Washington, D.C.

Editor's note: National Medical Association President Lucille Norville-Penn invited American Medical Association Past President Alan Nelson, MD to contribute his opening speech from the March 22, 2002 briefing of the Institute of Medicine in Washington, DC as the guest editorial in this issue of JNMA.

On behalf on the Institute of Medicine and my colleagues on the committee, I would like to outline the major findings and recommendations of our report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. First a little background information. This study was done at the request of Congress, which asked the Institute of Medicine to assess the extent of racial and ethnic differences in the quality of health care received by patients, not attributable to known factors such as access to care; ability to pay, or insurance coverage; evaluate potential sources of these disparities, including the role of bias, discrimination, and stereotyping at the provider, patient, institutional, and health system levels; and lastly, to provide recommendations regarding interventions to eliminate health care differences.

Our 15-member committee met five times during the course of a year, reviewed all the relevant literature, gained further insights from commissioned papers, and convened four workshops to gain additional information from the public. Information also was gathered from a series of focus groups, roundtable discussions, and technical liaison panels.

As the committee dug deeper into its work, it became clear that there are many complex sources of racial and ethnic disparities in health care. This is reflected in the committee's findings and recommendations. Our key findings include the following:

- Racial and ethnic disparities in health care exist even when insurance status, income, age, and severity of conditions are comparable. And because death rates from cancer, heart disease, and diabetes are significantly higher in racial and ethnic minorities than in whites, these disparities are unacceptable.
- These differences in health care occur in the context of broader historic and contemporary social and economic inequality and persis-

© 2002. Opening statement from March 22, 2002, briefing of the Institute of Medicine, Washington, DC.

666 JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION VOL. 94, NO. 8, AUGUST 2002

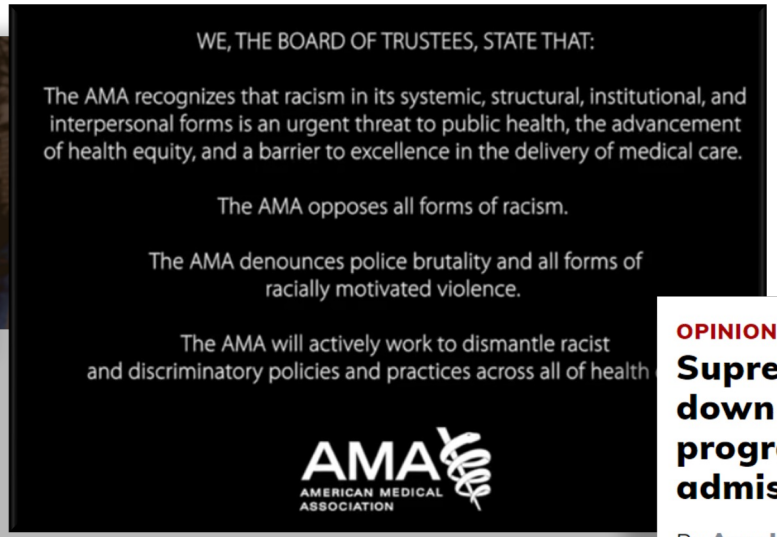
https://www.ama-assn.org/about/leadership/qa-ama-marks-175th-year-former-president-reflects-last-50

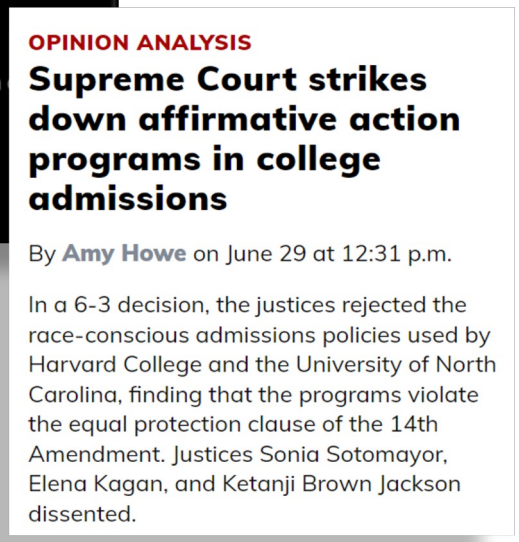
AMA Policies Post Unequal Treatment Release

Several AMA policies were adopted by the House of Delegates around the time of the report (2003), supporting the AMA's participation in creation of the report and in implementation after the report.

- 2000: H-350.967 Eliminating Health Disparities "Our AMA will engage in activities…that address the elimination of health disparities"
- 2002: D-350.997 Racial and Ethnic Disparities in Health Care "Our AMA shall create a program on health disparities using expertise in science, medical education, and ethics"
- 2005: H-140.875 Racial and Ethnic Health Care Disparities "The following guidelines are intended to help reduce racial and ethnic disparities in health care."

National Context: Impacts of Racism, Violence and COVID Increased Attention & Openness





AMA Anti-Racism Policies Adopted / Amended by House of Delegates, 2020-2022

- Name and act on **Racism as a Public Health Threat;** prevent and combat the influences of racism and bias in innovative health technologies
- Rid our healthcare system of **Racial Essentialism**; recognize race as a social, not a biological, construct; collaborate to develop recommendations on how to interpret or improve clinical algorithms that currently include race-based correction factors
- Support the elimination of **Race as a Proxy for Ancestry, Genetics, & Biology in MedEd, Research, & Clinical Practice;** focus on the experience of racism
- In June 2023, at our annual House of Delegates meeting, members amended resolution to **redress the harms of misusing race in medicine**

TIME

IDEAS • HEALTH

The World's Leading Medical Journals Don't Write About Racism. That's a Problem

A new study reveals how leading medical journals overlook and ignored racism in publishing research articles. Getty Images © David Sacks

BY **RHEA BOYD, NANCY KRIEGER, FERNANDO DE MAIO, AND ALETHA MAYBANK**

APRIL 21, 2021 3:36 PM EDT

IDEAS

Rhea Boyd, MD, MPH, is a pediatrician, public health advocate and scholar who writes and teaches on the relationship between structural racism, inequity, and health. Nancy Krieger, PhD, is Professor of Social Epidemiology, American Cancer Society Clinical Research Professor, Department of Social and Behavioral Science, at the Harvard T.H. Chan School of Public Health. Fernando De Maio, PhD, is Director, Health Equity Research and Data Use, at the Center for Health Equity, American Medical Association. Aletha Maybank, MD, MPH, is chief health equity officer and **senior** *vice president at the American Medical Association.*

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Medicine's Privileged Gatekeepers: Producing Harmful Ignorance About Racism And Health

Nancy Krieger, Rhea W. Boyd, Fernando De Maio, Aletha Maybank

APRIL 20, 2021 10.1377/hblog20210415.305480

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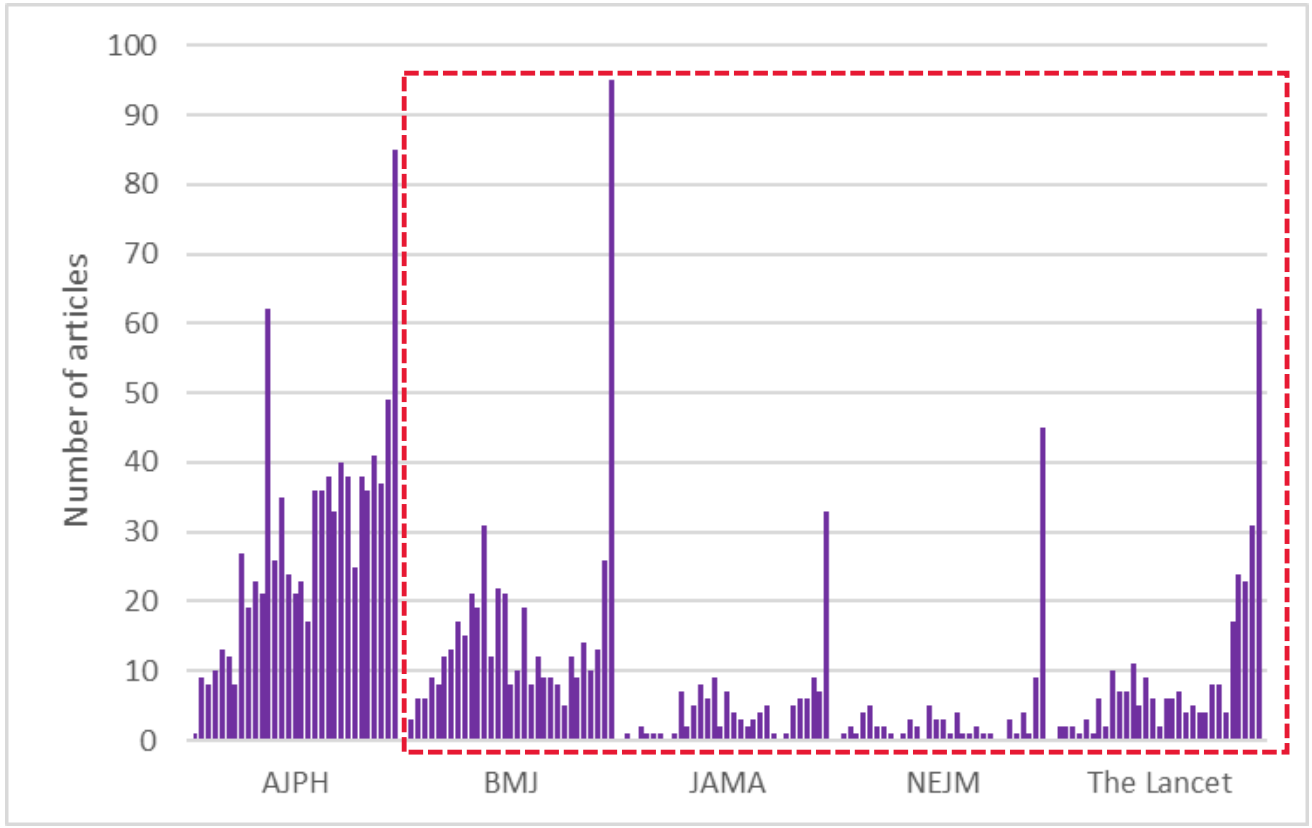
Ignorance is neither neutral nor benign, especially when it cloaks evidence of harm. And when ignorance is produced and entrenched by gatekeeper medical institutions, as has been the case with obfuscation of at least 200 years of knowledge about racism and health, the damage is compounded. The racialized inequities exposed this past year—involving COVID-19, police brutality, environmental injustice, attacks on democratic governance, and more—have sparked mainstream awareness of structural racism and heightened scrutiny of the roles of scientific institutions in perpetuating ignorance about how racism harms health.

A dramatic increase in number of articles including the word “racism” in 2020…

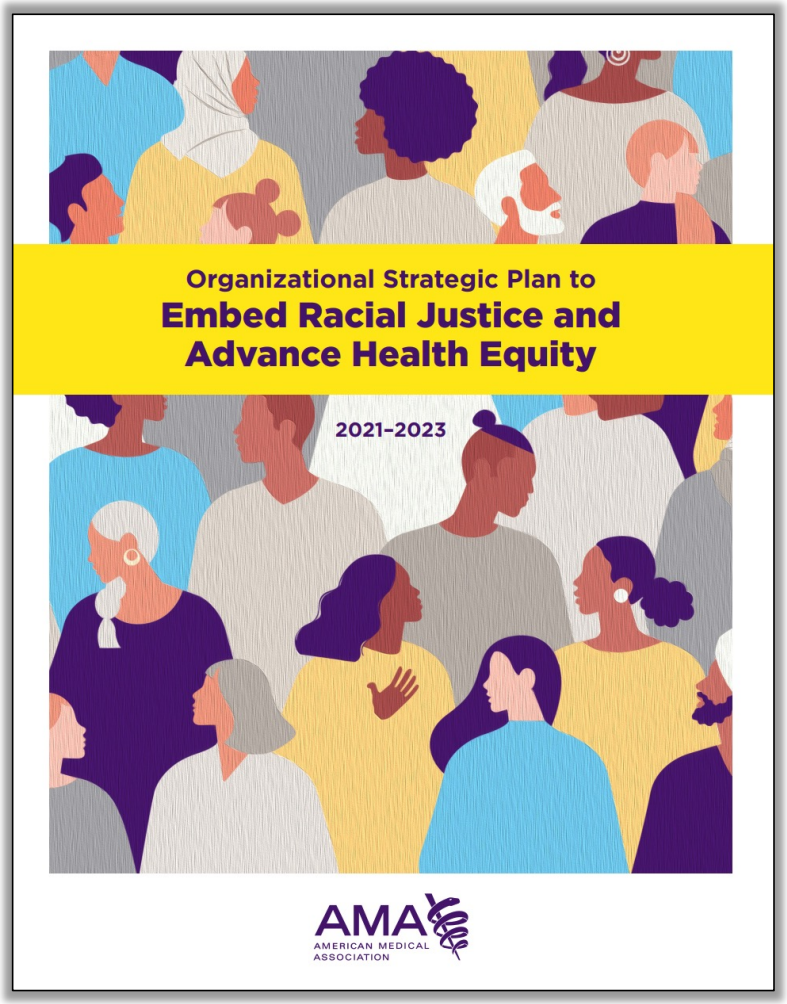


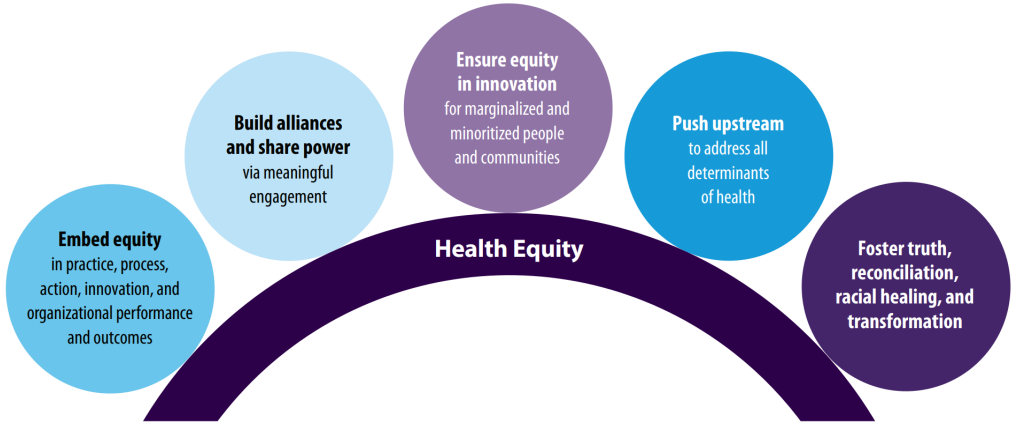
https://www.healthaffairs.org/do/10.1377/hblog20210415.305480/full

Yet for the medical journals, the vast majority of articles were commentaries and viewpoints – not empirical studies

	AJPH	BMJ	JAMA	NEJM	The Lancet
Total # of articles [(1)]	14,192	78,545	40,411	43,378	63,971
Total # of articles that included the word "racism" anywhere in the text [(2)]	891	644	145	109	315
Total # of articles that included the word "racism" anywhere in the text and available for analysis	891	475	141	109	288
Total # of commentaries / viewpoints / letters [(3)]	356 (40%)	455 (96%)	130 (92%)	105 (96%)	259 (90%)
Total # of empirical studies (Intro, Methods, Results, Discussion or review with significant data component) [(3)]	535 (60%)	20 (4%)	11 (8%)	4 (4%)	29 (10%)

Source: Authors' analysis. AJPH = American Journal of Public Health*; BMJ =* British Medical Journal*; JAMA =* Journal of the American Medical Association*; NEJM =* New England Journal of Medicine*. Notes: (1) PubMed results by journal. (2) Obtained from each journal's website, searching for "racism" anywhere in the title, abstract, or text. For BMJ, the actual number of pieces (articles, letters, etc.) containing "racism" may be less than the total reported, since some files contain more than one piece and all pieces in the file may turn up in the search, even if not all the individual pieces in the file contain "racism." (3) Primarily for BMJ, we were unable to obtain copies of some articles due to incomplete library coverage and other issues. (4) Manually coded, except for AJPH, which categorizes and displays articles by type on its website*





"We envision a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has the power, conditions, resources and opportunities to achieve optimal health; and all physicians are equipped with the consciousness, tools and resources to confront inequities and dismantle white supremacy, racism, and other forms of exclusion and structured oppression, as well as embed racial justice and advance equity within and across all aspects of health systems."

Part 1: Health equity language
This section of the guide sets out to help the reader recognize the limitations and harmful consequences of some commonly used words and phrases. In their place, we offer equity-centered alternatives.

Part 2: Why narratives matter
Dominant narratives (also called *malignant* narratives), particularly those about "race," individualism and meritocracy, as well as narratives surrounding medicine itself, limit our understanding of the root causes of health inequities. Dominant narratives create harm, undermining public health and the advancement of health equity; they must be named, disrupted and corrected.

Part 3: Glossary of key terms
The glossary provides an overview of more than 140 key terms and concepts that are frequently used in health equity discussions.

AMA Peer Network for Advancing Equity in Quality and Safety – Supporting Institutions

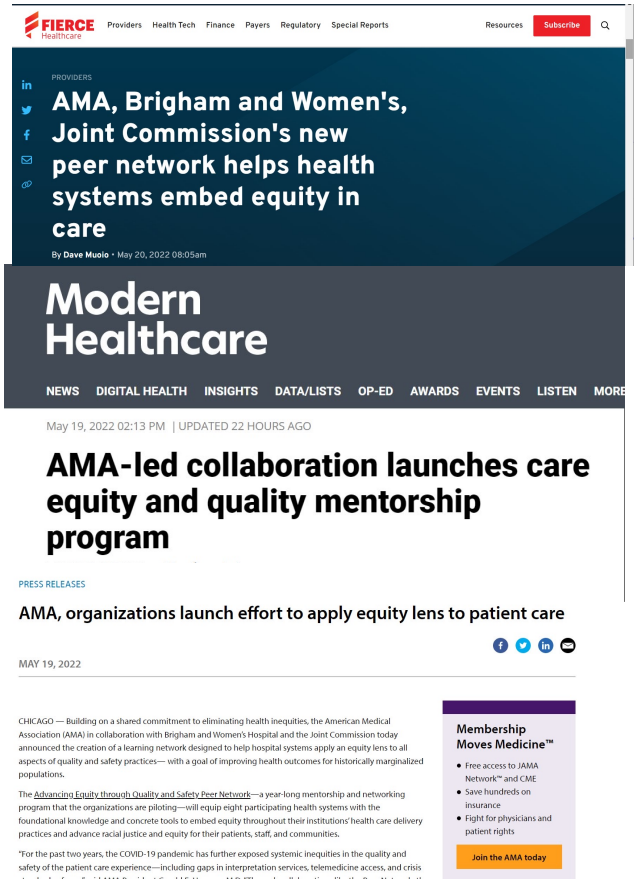
Goals

- Highlight promising practices and implementation strategies
- Provide expert consultation and facilitate peer-to-peer learning
- Apply a train-the-trainer model
- Build a network of health systems taking actions for anti-racism and health equity

Collaboration with Brigham & Women's Hospital and The Joint Commission

Key Milestones Achieved

- 8 health systems representing 20,508 affiliated physicians
- 48 participants: Q&S, DE&I, comm/pop health,& C-suite reps
- 26 new improvement practices implemented
- 95%+ agree/strongly agree improved knowledge of:
  - how to leverage Q&S to systematically embed equity into their institution
  - Inequities and structural racism



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PROVIDERS

AMA, Brigham and Women's, Joint Commission's new peer network helps health systems embed equity in care

By Dave Muoio · May 20, 2022 08:05am

Modern Healthcare

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May 19, 2022 02:13 PM | UPDATED 22 HOURS AGO

AMA-led collaboration launches care equity and quality mentorship program

PRESS RELEASES

AMA, organizations launch effort to apply equity lens to patient care

MAY 19, 2022

CHICAGO — Building on a shared commitment to eliminating health inequities, the American Medical Association (AMA) in collaboration with Brigham and Women's Hospital and the Joint Commission today announced the creation of a learning network designed to help hospital systems apply an equity lens to all aspects of quality and safety practices— with a goal of improving health outcomes for historically marginalized populations.

The Advancing Equity through Quality and Safety Peer Network—a year-long mentorship and networking program that the organizations are piloting—will equip eight participating health systems with the foundational knowledge and concrete tools to embed equity throughout their institutions' health care delivery practices and advance racial justice and equity for their patients, staff, and communities.

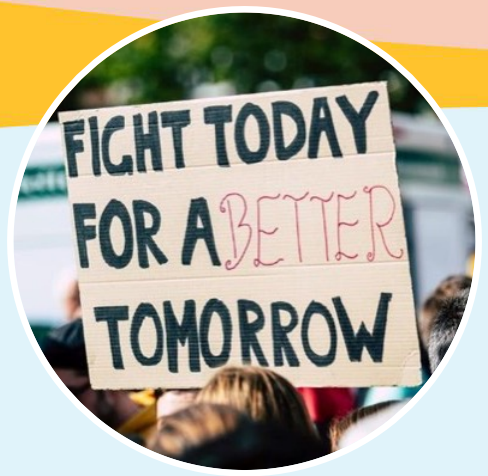
"For the past two years, the COVID-19 pandemic has further exposed systemic inequities in the quality and safety of the patient care experience—including gaps in interpretation services, telemedicine access, and crisis

Membership Moves Medicine™

- Free access to JAMA Network™ and CME
- Save hundreds on insurance
- Fight for physicians and patient rights

Join the AMA today

RISE TO HEALTH COALITION



Together we will:

Build

Build capacity, expand knowledge, and mobilize with concrete skills and tools to advance equity and racial justice in the health care ecosystem and in our communities

Change

Influence and fundamentally change policy, payment, education, standards, and practices

Transform

Sustainably change mindsets and narratives within health care around equity and racial justice

RISE TO HEALTH COALITION

Collective Action & Impact Across the Health Care Ecosystem

Audience Pillars

Focus Impact Areas

- **Access**
- **Workforce**
- **Quality & Safety**
- **Social & Structural Drivers of Health**

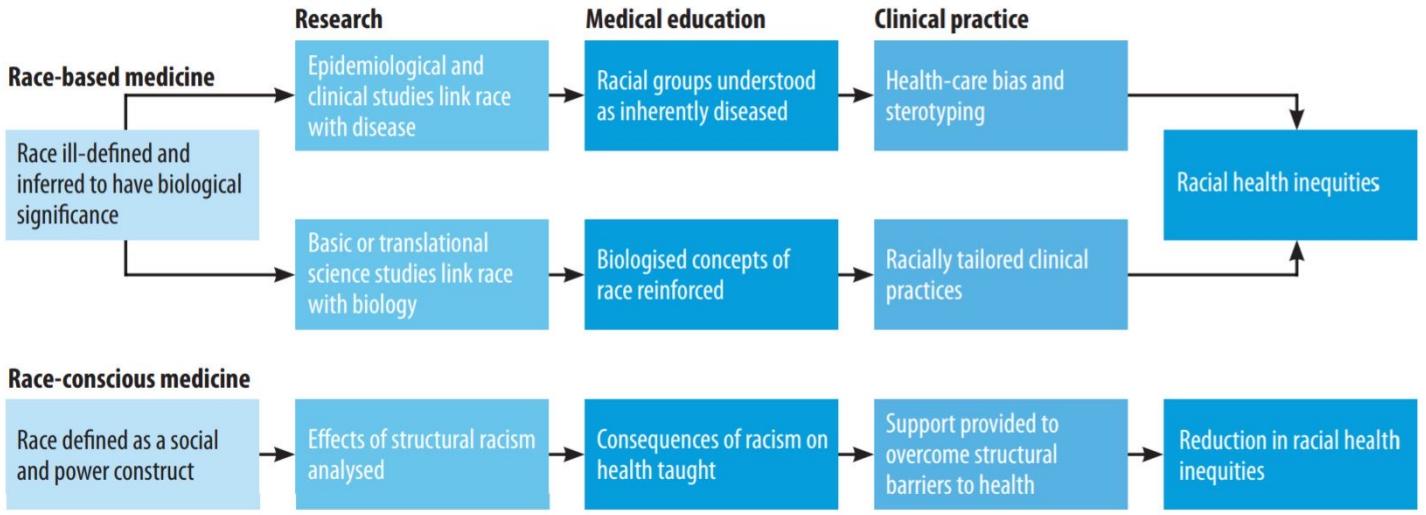
RISE TO HEALTH COALITION

Headline Actions

Professional Societies

Address organization-level contributors to inequitable access to health services (e.g., racist clinical algorithms, inequitable advancement within the specialty)

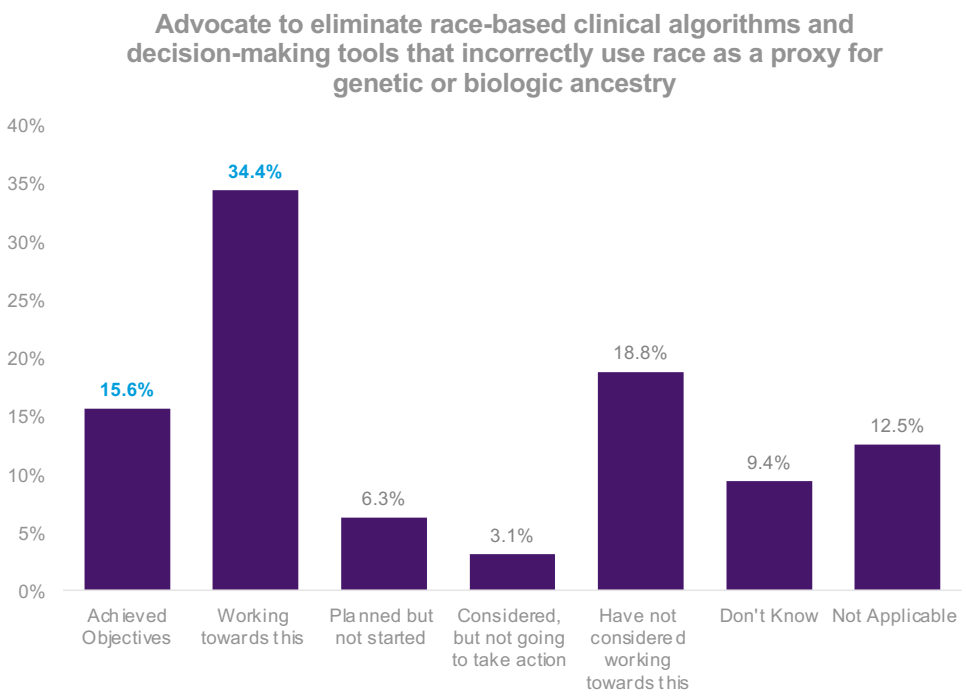
Quality & Safety



Source: Cerdeña, Plaisime, and Tsai, 2020. *The Lancet*.[35] Used with permission.

RISE to HEALTH COALITION

2023 AMA Health Equity in Organized Medicine Survey



Source: Health Equity in Organized Medicine Survey 2023
C01. For each action, select the option that corresponds with your organization's current state. If an action is not relevant to your organization, please select "Not Applicable". Four organizations did not complete this question.

We surveyed state/territory medical associations and specialty societies.

16% of organizations have achieved objective of advocating to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy or genetic or biological ancestry; another 34% are working towards this objective.

Source: AMA Health Equity in Organized Medicine Survey

Purpose: To understand specific actions organizations are taking or contemplated taking to advance health equity, gather success stories, and identify barriers and resources needed to take action.

When: Conducted Q1 2023. Report planned for Q4 2023.

Who: 68 Federation organizations completed the survey, including 29/54 State/Territory Associations (58% response) and 39/150 Specialty Societies (26% response).

Recommendations

- More institutional policy that names racism as a driver that is met with advocacy, action and accountability
- More empirical studies published on racism and other systems of oppression (white supremacy, ablism)
- More focus on the political and structural drivers of optimal health (assets) and health inequities (deficits)
- Tools and supports for organizational change strategy and management to advance equity
- Increased narrative change efforts so to engage people who still do not see themselves as part of the problem; more research,/education on white supremacy and patriarchy, ablism - how does it look?
- More coalition building and opportunities for solidarity for optimal learning and impact
- More evaluation needed overall to understand impact of changes on multiple levels