Centering Equity

Virtual 27th Princeton Conference Health Policy Innovation in an Era of Disruption
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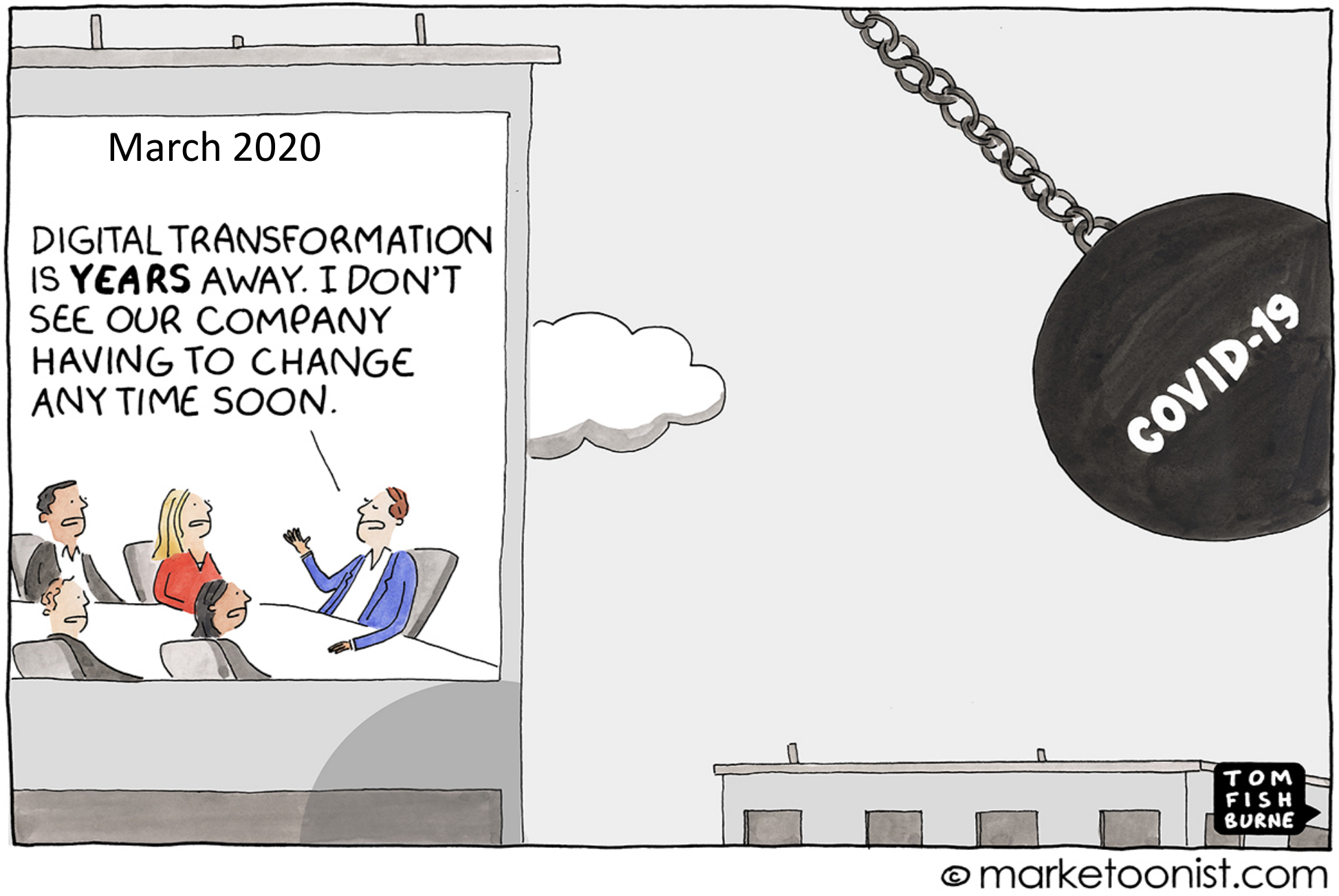
Aletha Maybank, MD, MPH
Chief Health Equity Officer, GVP
American Medical Association



Blacks, Latinx, and Native Americans are more likely to have and die from ‘underlying co

Higher rates of

- Diabetes
- Obesity
- Hyperte
- Heart Disease

“Race is not a risk factor…Racism is.”


bostonglobe.com/2020/05/09/nation/disparities-push-coronavirus-death-rates-higher/

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A new analysis: Coronavirus death rate surged in Massachusetts locations that already faced challenges

Harvard analysis finds mortality rate surged higher in communities with more poverty, people of color, and crowded housing.

By Andrew Ryan and Kay Lazar Globe Staff, Updated May 9, 2020, 3:53 p.m.

Not a sufficient explanation…

higher poverty
higher household crowding
higher racialized economic segregation

“This pandemic is exacerbating deeply seated inequities rampant throughout our healthcare system and bearing witness to such, day in and day out, inflicts moral injury on healthcare workers every day.” – Asian Physician

Key Insights of Marginalized/Minoritized Physicians

- Generally a different experience for Black physicians compared to other physicians
  - Black physicians least likely work in practice settings with enough PPE for all frontline health care workers.
  - Black physicians report seeing more COVID-19 patients proportionately but report less access to PPE, COVID-19 testing and treatment than other physicians.
  - Black physicians more likely to report burnout since onset of COVID-19.
  - Black physicians more likely to report patients' lack of ability, knowledge or resources to receive care via telehealth as a barrier.
- Black and Latinx physicians more likely to report their ability to test for and treat COVID-19 is hampered by a lack of resources within their practice.
- Latinx, Asian and Black physicians more likely to report knowing other physicians that passed from COVID-19.
- Black and Asian physicians most likely to agree that the COVID-19 pandemic has highlighted the existing health inequities
- Mental health outcomes related to depression, anxiety and suicidal ideation associated with COVID-19 have increased dramatically for LGBTQ+ physicians

Taken from AMA Research Study 5/2020 – 6/2020

Critical questions to center equity:

How do we ensure our efforts and innovation do not discriminate, exacerbate inequities, or deny care?

What's the data? What does the data tell us? What data are missing?

How have communities (physicians, patients, etc.) been engaged?
Are there opportunities to expand engagement?

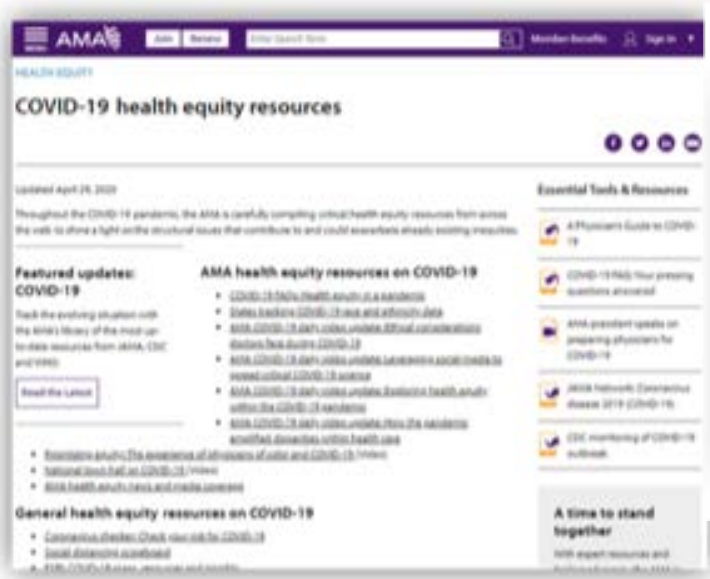
Who benefits from or will be burdened by your proposal?
What are your strategies for advancing equity or mitigating unintended consequences?

Who holds the decision-making power and privilege?
Are there opportunities to share/shift power?

How will you ensure accountability to communicate, and evaluate results?

Adapted from the Racial Equity Toolkit: An Opportunity to Operationalize Equity – Gov't Alliance on Race and Equity

COVID-19 Health Equity Resource Center



NYT Op-ed

JAMA Article

Oprah COVID –19 Series

AMA Equity-Focused Advocacy Efforts

- Requested relief provisions on the **COVID-19 relief bill on inequities** affecting racial, ethnic and marginalized communities
- Called on the administration and Congress to **promote health equity by collecting and releasing demographic data** to help address any potential race/ethnicity, gender, and age disparities during the pandemic
- Submitted a written statement to Congress on the disproportionate impact of COVID-19 on people of color
- Testified at a hearing titled “Health and Wealth Inequality in America: How COVID-19 Makes Clear the Need for Change” Reducing regulatory impediments
- Urged **broad telehealth expansion** and improved payments (and parity) at the federal and state levels to increase access to care
- Urged U.S. Immigration and Customs Enforcement (ICE) to **release all children together with their parents and caregivers from ICE-run family residential centers**
- Urged the administration to consider J-1 and H-1B **International Medical Graduates (IMGs)** and their families’ entry into the U.S. to be in the national interest of the country
- Ensure **fair and equitable allocation of vaccines**; and appropriate prioritization of vaccines to high-risk groups, including physicians

Earlier this week…AMA House of Medicine

Passed and Adopted Policies on:

- Name and act on **Racism as a Public Health Threat**
- Rid our healthcare system of **Racial Essentialism**; recognize race as a social, not a biological, construct
- Support the elimination of **Race as a Proxy for Ancestry, Genetics, & Biology in MedEd, Research, & Clinical Practice**

Policies need to have an anti-racist, structural justice lens

- Health is a human right (“anti-racism is its right bearer”)
- Universal health care
- Diversify the health-care workforce; training inclusive of awareness of racism
- Establish of systems that collect and look at health outcome data by race and ethnicity as well as how racism may be operating (eg, discrimination)
- Implement medical training and competency that includes not only an awareness of racism but also how to address it
- Establish performance standards related to structural racism and equity for health-care systems
- Advocate for equitable innovation in design and workforce
- Advocate for patients unjustly impacted by health inequities, police brutality and for affordable housing, no-cost education, jobs, paid leave

Crear-Perry J, Maybank A. Moving towards anti-racist praxis in medicine. *Lancet.* 2020 15-21 August; 396(10249): 451–453.

Physicians' powerful ally in patient care