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## **The Case for Health Equity**

Organized medicine has long been a voice of science and reason, but increasingly today physician leaders must also be a voice for equality and against discrimination. These values are ingrained in the Code of Medical Ethics we're sworn to uphold and underpin our advocacy work at state and federal levels.

The American Medical Association has forcefully condemned the Trump Administration's recent proposal to remove anti-discrimination protections related to sexual orientation, gender, and pregnancy termination across federal health programs. In a recent letter to Health and Human Service Secretary Alex Azar, we wrote that "Such a policy should not be permitted by the U.S. government, let alone proposed by it."

Non-discrimination, health equity and access to health care for all are goals all physicians must work to achieve to meet the highest aspirations of our profession.

"Health equity" can be defined in different ways, but at its heart it's about working to ensure that all people have the same access and resources and support within our health care system, as well as society. It's about naming and identifying root causes and eliminating inequities at the system-level so that people can access and have the conditions to achieve optimal, when they need them.

Health equity isn't solely about health care either, although that's a big part of it. The roots of inequity start with what we refer to as the social determinants of health or the structural determinants of health, the myriad laws, policies and cultural realities that shape the conditions that contribute to someone's chances for a healthy life, such as access to public transportation, level of education, economic status, food security, housing stability, and others.

The AMA defines health equity as "optimal health for all", and under new policy adopted by our House of Delegates in 2018 we established a roadmap to achieving it that includes:

- Advocating for health care access for all
- Promoting equity in care
- Increasing health workforce diversity, cultural awareness and competency
- Influencing social determinants of health
- Voicing and modeling a commitment to health equity

This is an enterprise-wide commitment, and through this initiative we hope to reduce disparities and advance health equity for those who often face barriers to care, including communities of color, rural and historically marginalized communities.

To lead this initiative, the AMA has hired a physician with extensive experience leading health equity efforts in New York City. A pediatrician and founding director of the city's Center for Health Equity, Dr. Aletha Maybank, joins us as chief health equity officer and will help us build on the great work we're already doing and give meaning and purpose to the work ahead.

Dr. Maybank is tasked with building the AMA's Center for Health Equity which will be an organizational home designed to elevate the importance of and to sustain the AMA's health equity efforts. The best measure of our long-term success is meaningful, relevant, and impactful inclusion of health equity into the strategic and operational objectives of the AMA.

The AMA had a long and proud history of leading major public health initiatives, such as standardizing medical education, making seat belts mandatory in all American automobiles, helping eliminate public smoking indoors, and standing in opposition to the discrimination of AIDS patients in the late 1980s.

We see our push for health equity as the next iteration of this legacy, and we're looking for allies and leaders across medicine to help us achieve it.

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