



HEALTH EQUITY IN ORGANIZED MEDICINE

INSIGHTS, SOLUTIONS,
BARRIERS, AND RESOURCES
TO TAKE ACTION

2023
SURVEY REPORT

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.

Front cover image from Amtitus/DigitalVision Vectors via Getty Images

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INTRODUCTION

There is urgency around health equity in medicine today. Many organizations have made commitments and implemented strategies and actions, perhaps most notably around the elimination of harmful race-based clinical algorithms—equations and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry.¹⁻³ Many organizations are also working to ensure their leadership and membership are truly diverse. There are also efforts to advance equity in other ways, including within the structures and policies internal to organizations and the ways that organizations work with their members, their partners, and the communities they serve.

To date there has not been comprehensive assessment of the efforts taken by organized medicine to advance health equity. As part of its commitment to embedding racial justice and advancing health equity, the American Medical Association (AMA) is working with racial justice organizations and other partners to bring together and support professional societies engaged in health equity work. One such support is the development of a national repository of state and specialty society policies, programs and actions focused on health equity.⁴

It is critical to understand the current state of organized medicine's efforts in advancing health equity and highlight the progress achieved by different organizations. By doing so, we can collectively and effectively assess the progress made, build on the learning and achievements, and identify where future action and attention are needed.

The role of organized medicine

Organized medicine consists primarily of geographically based medical organizations and specialty-based organizations. These organizations offer physicians and trainees a collective platform for advocacy and support. Through policy and advocacy efforts, organized medicine can make significant strides in advancing health equity.^{5,6}

Health Equity in Organized Medicine survey

The Health Equity in Organized Medicine Survey (HEIOM) provides insight into actions organized medicine is taking to advance health equity. We surveyed the AMA Federation of Medicine, comprised primarily of specialty societies and state/territorial medical associations, in January 2023. The survey collected Action Insights and identified barriers and resources needed to take action.

This report presents our initial findings. We organize the results by the steps for collective and coordinated actions of the Rise to Health Coalition (see page 6):

- Get grounded in history and your local context
- Identify opportunities for improvement
- Make equity a strategic priority
- Take initiative
- Align, invest, and advocate for thriving communities

Results are stratified by organization type, distinguishing state/territory associations from specialty societies. This allows organizations to benchmark themselves to their peers while avoiding directly comparing state/territory associations and specialty societies.

Recognizing that organizations are all at different stages in their equity journeys, this survey provides an overview of the AMA Federation of Medicine's current progress toward health equity. This report is intended for the AMA Federation of Medicine, health services professional societies, and broader organized medicine to develop a shared understanding of other organizations' work to advance health equity and learn from one another's progress and action insights.

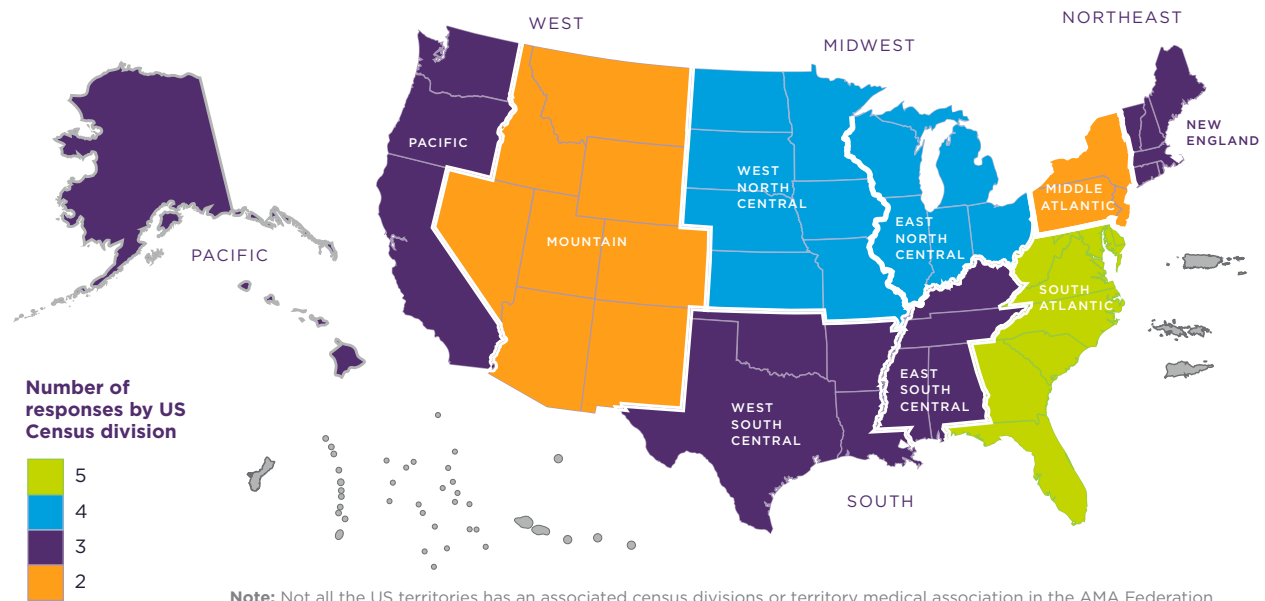
WHO COMPLETED THE SURVEY

68 organizations completed the survey, including 29 out of 54 state/territory associations (54% response rate) and 39 out of 150 specialty societies (26% response rate).

State/territory associations from all regions of the United States participated (Map 1).

MAP 1

Survey completion of state/territories associations by US census division



AMA Federation of Medicine history

The Federation, as it has come to be known today, has its roots in the 1901 reorganization of the AMA, which created the House of Delegates. From its founding in 1847, the AMA had annually met to discuss important business matters, assembling its members from state medical societies into a General Assembly. Policy resolutions were discussed among the members as they are today, but equal representation was absent. Some states overcrowded the Assembly with delegates, while others were underrepresented. In 1901, the Committee on Reorganization proposed a new 'House of Delegates' (or federation model) that would act as the AMA's governing body, designed to be, in the words of Morris Fishbein, "a single closely knit unit based on a truly democratic system of representation." This new House of Delegates would consist of representatives from state medical societies, the military, and the AMA's scientific sections.

These sections were originally formed in 1847 to include members practicing different specialties. However, since 1978, medical specialty societies gained direct representation in the House of Delegates in contrast to the AMA established specialty sections of the past. In addition, branches of the armed services and individual physician sections (such as the Medical Student Section and the International Medical Graduates Section) are represented among the ranks of the AMA. AMA sections no longer represent specialists, but they are represented by individual specialty societies themselves.

Today, the AMA Federation of Medicine includes national medical specialty societies, state medical associations, county medical societies, professional interest medical associations and others, representing more than 200 physician organizations.

Source: AMA Archives

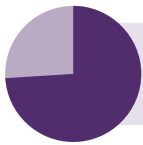
KEY FINDINGS

We recognize that organizations are in different stages of their equity journey. Factors such as available financial and staff resources and equity expertise may be related to implementing and/or reporting on some equity initiatives.

The survey asked organizations about their **progress towards completing key actions to advance health equity** derived from the Rise to Health Coalition.

FIGURE 1

Organizations' progress towards the steps of advancing health equity.



74% of organizations have taken at least one action to get **grounded in history and their local context**

Getting grounded includes the following actions:

- Identified historical harms related to the organization's policies or practices
- Publicly acknowledge the organization's past harms
- Take action to address past harms caused by organization
- Take action to address contemporary harms caused by organization
- Invest time in understanding the local community, including assets and strengths as well as challenges that community members experience
- Provide equity training to staff and leadership



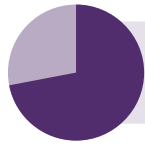
16% of organizations have taken at least one action to **identify opportunities for improvement**

Identifying opportunities for improvement include:

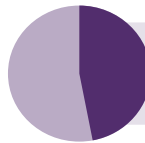
- Gather qualitative data (*e.g., individual and community experiences*) to understand the full scope and context of inequities in key conditions that your organization addresses
- Collect and stratify key quantitative data regarding organizational leadership and staff, for relevant sociodemographic factors (*e.g., REaLD and SOGI*) to identify inequities
- Collect and stratify key quantitative data regarding organizational membership for relevant sociodemographic factors (*e.g., REaLD and SOGI*) to identify inequities

Note. Percents indicate percentage of organizations that have achieved at least one action in each step.

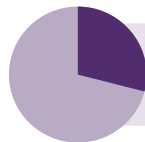
FIGURE 1 (CONTINUED)

Organizations' progress towards the steps of advancing health equity.**72%**of organizations have taken at least one action to **make equity a strategic priority****Making equity a strategic priority includes:**

- Set and align performance incentives to organizational equity goals
- Assess your organization's budget model to ensure it will advance health equity
- Ensure senior leadership and board members reflect the diversity of the community served by your organization
- Create and/or revise incentives for staff, including the board and executive leadership, to meet organization's goals for equity, including diversification of the workforce
- Commit to paying all employees and contractors a living wage
- Update bylaws to include explicit language that demonstrates the organization's commitment to health equity
- Evaluate how programs contribute to organizational equity goals
- Ensure mission, vision, and goal intentionally and explicitly address health equity

**47%**of organizations have taken at least one action to **take initiative****Taking initiative includes:**

- Invest in accessible and plain-language communications, language interpretation, and translation services
- Collaborate with staff to revise practices and policies guiding hiring, promotion, advancement, compensation, and mediation practices to achieve equitable outcomes
- Advocate to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry

**29%**have taken at least one action toward **thriving communities****Aligning, investing, and advocating for thriving communities includes:**

- Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health
- Engage in collective advocacy to address root causes of health inequities
- Publicly share equity data and indicators for transparency and mutual accountability

Note. Percents indicate percentage of organizations that have achieved at least one action in each step.

STEP ONE

GET GROUNDED IN HISTORY AND YOUR LOCAL CONTEXT

Getting grounded in your organization’s history and your local context is a process that includes intentional efforts to build a strong and shared foundation for health equity. Getting grounded means understanding the history of racism and other forms of oppression at multiple levels:

1. The national history of interrelated policies that have shaped opportunities for health and wellbeing;
2. The experiences of each local community; and
3. The role each organization has played in creating, perpetuating and eliminating harmful policies and practices.

History helps contextualize the trustworthiness of health care organizations and explains the varying levels of trust among, within, and for an organization, its members and staff, as well as the groups it serves.⁷ Deserving trust is crucial to equitable organizational practices, including internal policies, culture, and external partnerships.⁸ Becoming trustworthy means

reckoning with our institutional histories, investments, policies, and practices and how they’ve exacerbated health inequities and caused harm. Becoming trustworthy means taking concrete, measurable action to transform our systems and healthcare institutions to achieve optimum health for all.

In this section, we explore actions that organizations are taking to identify policies and practices that intentionally or unintentionally disadvantage historically marginalized groups and understand their local context.

Actions organizations have taken to address racism in practices, policies, or plans

We lead with race because history and the evidence compel us to do so. Racial inequities, representing some of the largest gaps amongst populations in this country, exist and persist in every system examined across the country.

We asked organizations about their efforts to address racism.

FIGURE 2

37% of all organizations identified historical harms related to their organization’s policies or practices. 10% of organizations have taken all these actions.



Note. Categories are not mutually exclusive.

Examining, acknowledging, and addressing past harms is necessary for collective healing. Here are examples of organizations taking the critical step to get grounded and acknowledge their past harms in order to help move them forward.

ORGANIZATION

Minnesota Medical Society (MMA)

Over the course of its history, the MMA, for too long and too often, failed to act. To so many physicians of color denied career visibility and advancement, confined to practice environments intended to marginalize and disenfranchise, as well as those whose leadership trajectory was systemically blunted—we, the MMA, sincerely apologize.

THE MMA'S RECORD ON RACE

"Acts of omission and commission reflected the social mores and racial segregation that existed during those

it deferred membership decisions to county societies, rather than at the state level. Black physicians were rare to nonexistent in the organization; the first Black physician licensed to practice in Minnesota, Robert S. Brown, MD, was not a member of MMA in the late 1800s, despite his activity in other community organizations.

ORGANIZATION

American College of Physicians

ACP, too must reconcile and be accountable for its own historical organizational injustices and inequities. ACP acknowledges and regrets its past racism, discrimination and exclusionary practices throughout its history, whether intentional or unintentional, by act or omission.



The American College of Physicians' Commitment to Being an Anti-Racist, Diverse, Equitable, and Inclusive Organization

Approved by the Executive Committee of the Board of Regents on behalf of the Board of Regents on September 28, 2020.

ORGANIZATION

GLMA: Health Professionals Advancing LGBTQ+ Equality

On behalf of GLMA, the Board of Directors both acknowledges and apologizes for our history of not prioritizing anti-racist work within the organization and in our outreach policy efforts. We accept that this failure was rooted in implicit bias and reinforced outdated social hierarchies including systemic racism and White supremacy.

Open Letter on Racial Injustice

Dear GLMA members and supporters,

Our Apology

GLMA's mission is to ensure health equity for every lesbian, gay, bisexual, transgender, queer/sexual and gender equality for all LGBTQ/SGM health professionals in their work and training environments; however, it is clear we have not done enough to support those within our community impacted by racism. On behalf of GLMA, the Board of Directors both acknowledges and apologizes for our history of not prioritizing anti-racist work within the organization and in our outreach and policy efforts. We accept that this failure was rooted in implicit bias and reinforced outdated social hierarchies including systemic racism and White supremacy.

ORGANIZATION

Maine Medical Association

The Maine Medical Association stands in unwavering solidarity with our Black members and coworkers, and every Black person, both in and outside our communities, speaking out against systemic racism and acts of police violence. We unequivocally oppose racism and discrimination and we firmly support inclusiveness and diversity.



Amy Madden, MD, President | Karen Saylor, MD, President-Elect | Jeffrey S. Barkin, MD, Chair, Board of Directors
Andrew B. MacLean, JD, CEO | Dan Morin, Director of Communications & Government Affairs

Maine Medical Association Statement on Systemic Racism

The Maine Medical Association stands in unwavering solidarity with our Black members and coworkers, and every Black person, both in and outside our communities, speaking out against systemic racism and acts of police violence. We unequivocally oppose racism and discrimination and we firmly support inclusiveness and diversity.

FIGURE 3

Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience.

Half of all organizations are working towards investing time to understand their local community. Almost a quarter of state/territory associations have not considered investing in understanding their local community, and almost a quarter of specialty societies have achieved investing time in understanding their local community.

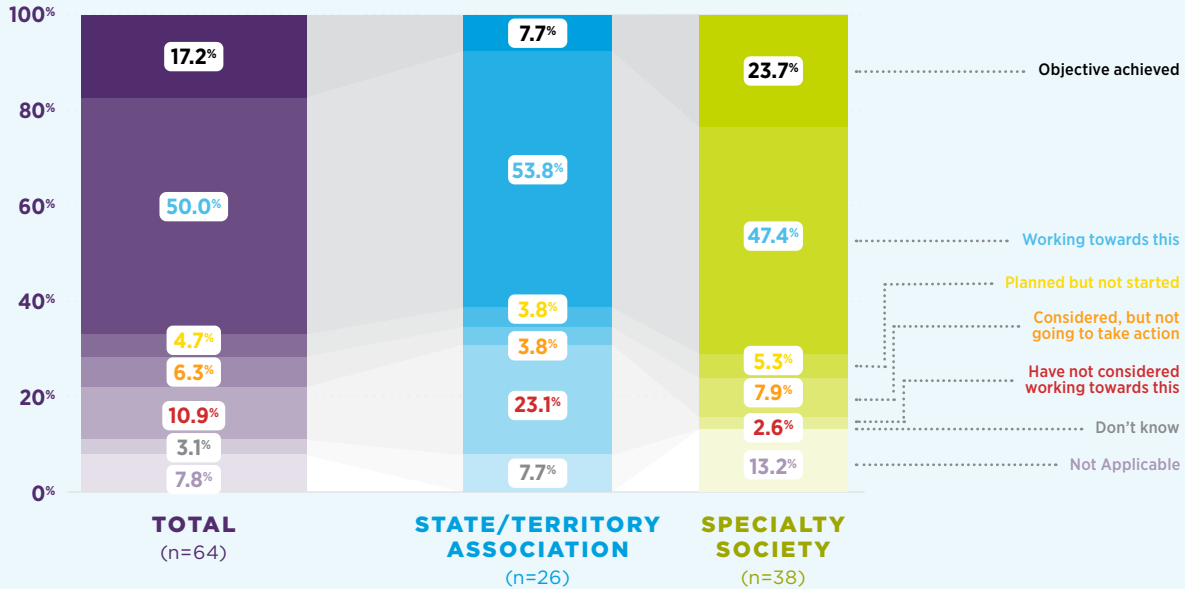
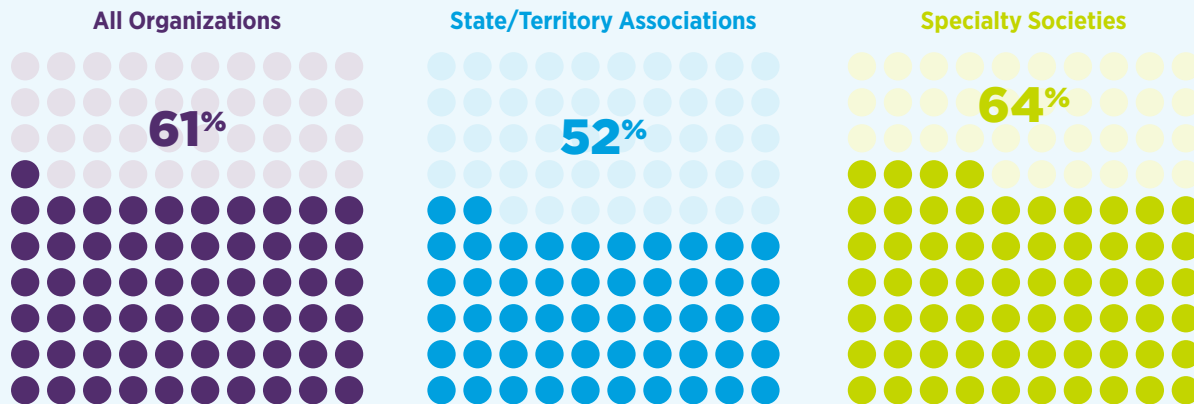


FIGURE 4

Provide equity training to staff and leadership.

61% of all organizations have provided equity training to their staff and leadership in their organization. 52% of state/territory associations and 64% of specialty societies have provided equity training to their staff and leadership.



GET GROUNDED

ACTION INSIGHTS

ORGANIZATION NAME

Michigan State Medical Society

ORGANIZATION TYPE

State Association

PROGRAM/INITIATIVE

Health Equity Regional Summits

ACTION

Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience.

WHAT

Michigan State Medical Society (MSMS) conducted Healthy Equity Regional Summits to understand region-specific health equity challenges throughout the state and identify key community partners in the health equity space. The summits brought together physicians, local organizations, government officials, tribal councils, and community activists.

IMPACT

Each of the three Health Equity Regional Summits featured a keynote speaker to address structural racism and implicit bias, a panel discussion spotlighting local physicians and community organizations actively engaged with advancing health equity, and a focused breakout session aimed at identifying gaps within communities and devising potential short- and long-term solutions. These sessions

provided MSMS with invaluable insights into the health equity landscape across the state. The summits shed light on distinct challenges each region faces and facilitated an exchange of this information with MSMS members. Leveraging the knowledge gained from the summits, MSMS is creating recommendations to sustain engagement with participating organizations.

“

It was important to ask the question, what can we do as individuals and as an organization to help move your work forward.

”

CONTACT PERSON

Stacey Hettiger, Senior Director SHettiger@msms.org

GET GROUNDED
ACTION INSIGHTS

ORGANIZATION NAME

American Epilepsy Society

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Epilepsy Leadership Council

ACTION

Invest time in understanding your local community, including assets and strengths as well as challenges that community members experience.

WHAT

A coalition of about 50 organizations, including patient advocacy organizations, professional societies and governmental organizations, with the mission to develop and coordinate among its members shared projects that will have a positive impact on the lives of individuals with epilepsy.

IMPACT

American Epilepsy Society (AES) plays a dual role as a member and a fiscal agent for the Epilepsy Leadership Council. This council serves as a vital link between patient advocacy and community groups, professional societies, and government agencies and provides a platform for open communications between all organizations. Participating in the council allows AES to understand the challenges

faced by the epilepsy community. As well as providing a pathway for AES to gather the epilepsy patient community's feedback when creating educational modules and guidelines. AES, alongside other epilepsy organizations, work together to create epilepsy research benchmarks. Through the Epilepsy Leadership Council, they gathered and incorporated patient feedback into the benchmarks.



American Epilepsy Society looks to the Epilepsy Leadership Council as our conduit to the broader patient community.



CONTACT PERSON *Anne Gramiak, Senior Manager, Epilepsy Leadership Council & Partnership Programs* elc@aesnet.org

STEP TWO

IDENTIFY OPPORTUNITIES FOR IMPROVEMENT

Innovative solutions are more equitable and effective when the expertise and experience of patients, staff and community members, particularly those who have been marginalized, are valued and centered in their design and implementation. This includes using data and data justice approaches to identify opportunities for improvement that matter to those organizations served.⁹ This creates an opportunity to understand where to begin and ensures data and/or lived experiences inform efforts.

In this section, we explore actions that organizations are taking to gather key data that can be used to help organizations identify and understand inequities within their organization and membership. Once descriptive data is collected, organizations can begin to move from a “problem space” to the “solution space.”^{9,10}

47%

of all organizations are working towards gathering qualitative data to understand the full scope and context of inequities they face.

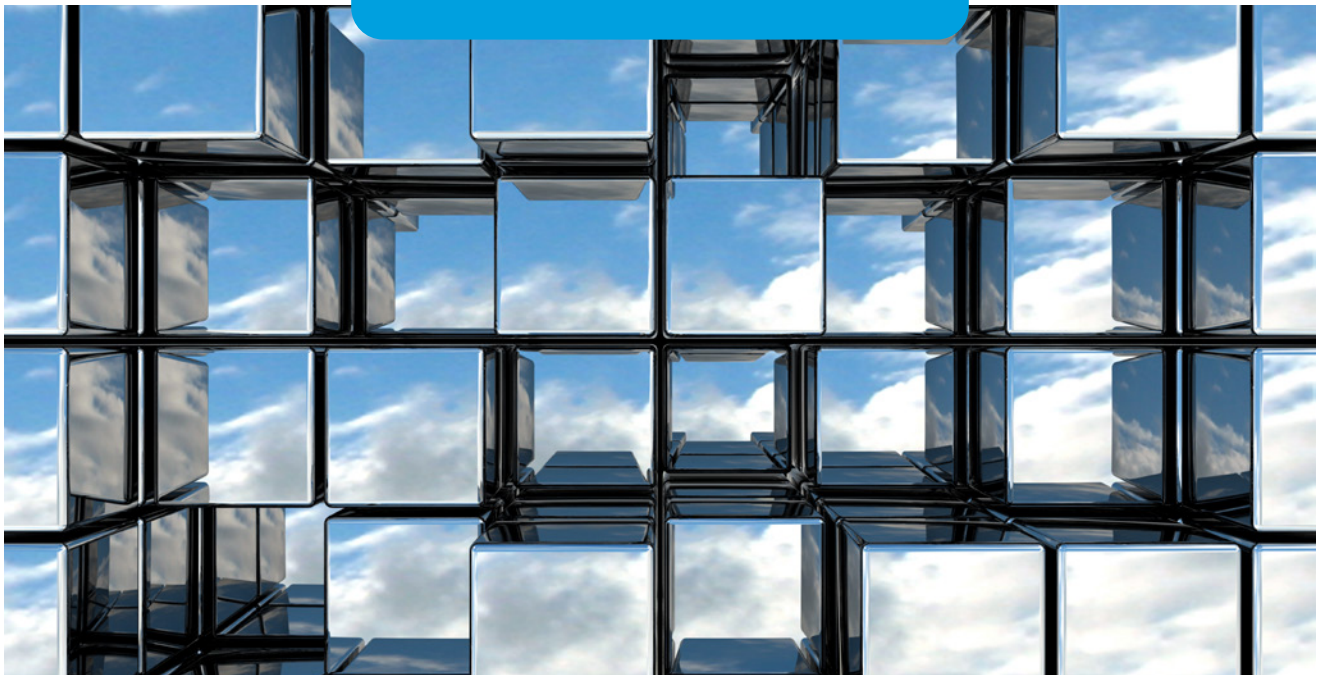


FIGURE 5

Gather qualitative data (e.g., individual and community experiences) to understand the full scope and context of inequities in key conditions that your organization addresses.

About half of all organizations are working towards gathering qualitative data. Almost 40% of state/territory associations have not considered working towards gathering qualitative data to understand the full scope and context of inequities. Almost 60% of specialty societies are working towards gathering qualitative data to understand the full scope and context of inequities.

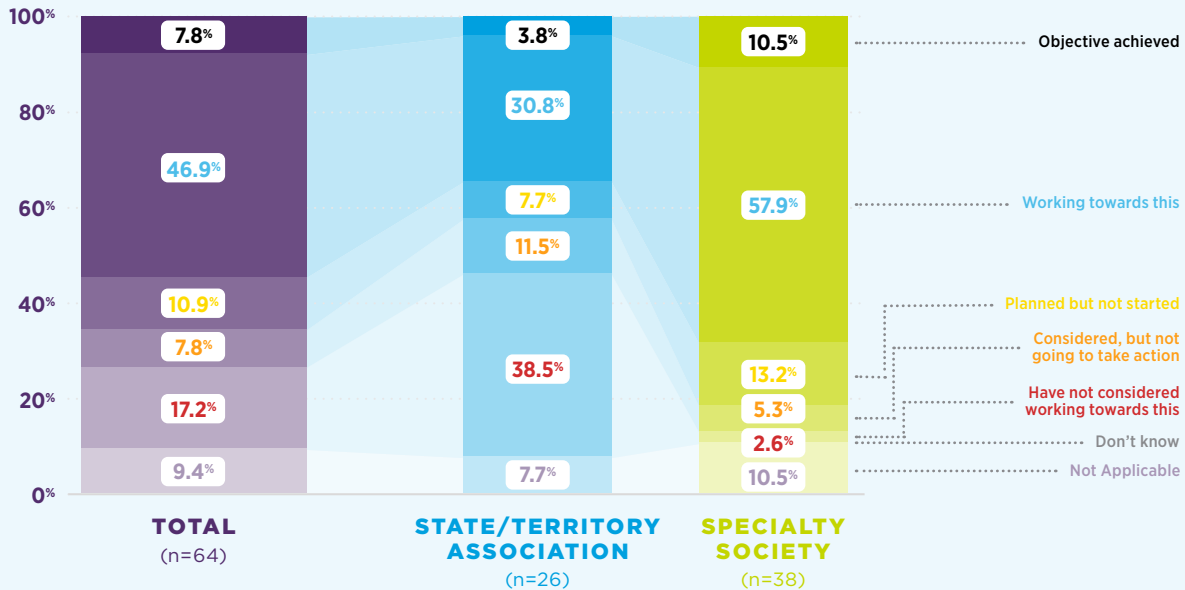


FIGURE 6

Collect and stratify key quantitative data regarding organizational leadership and staff for relevant sociodemographic factors (e.g., REaLD and SOGI) to identify inequities.

Almost 40% of all organizations are working towards collecting and stratifying quantitative data regarding organizational leadership and staff. Equal proportions (30.4%) of state/territory associations are working toward or have not considered working towards this. 16% of specialty societies have achieved collecting and stratifying key quantitative data regarding organizational leadership.

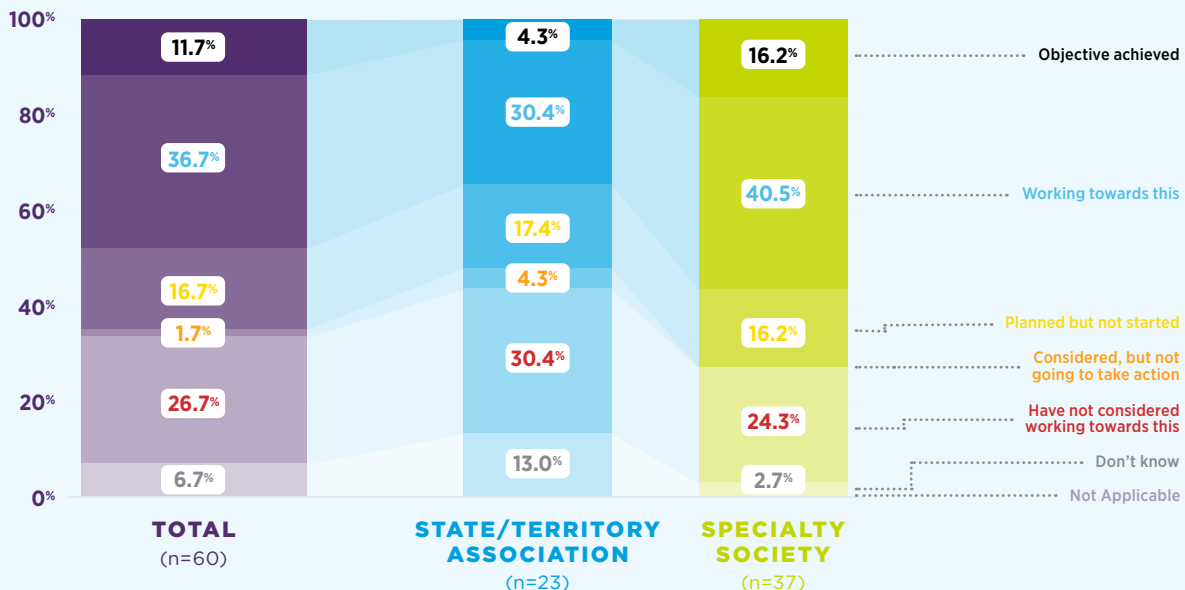
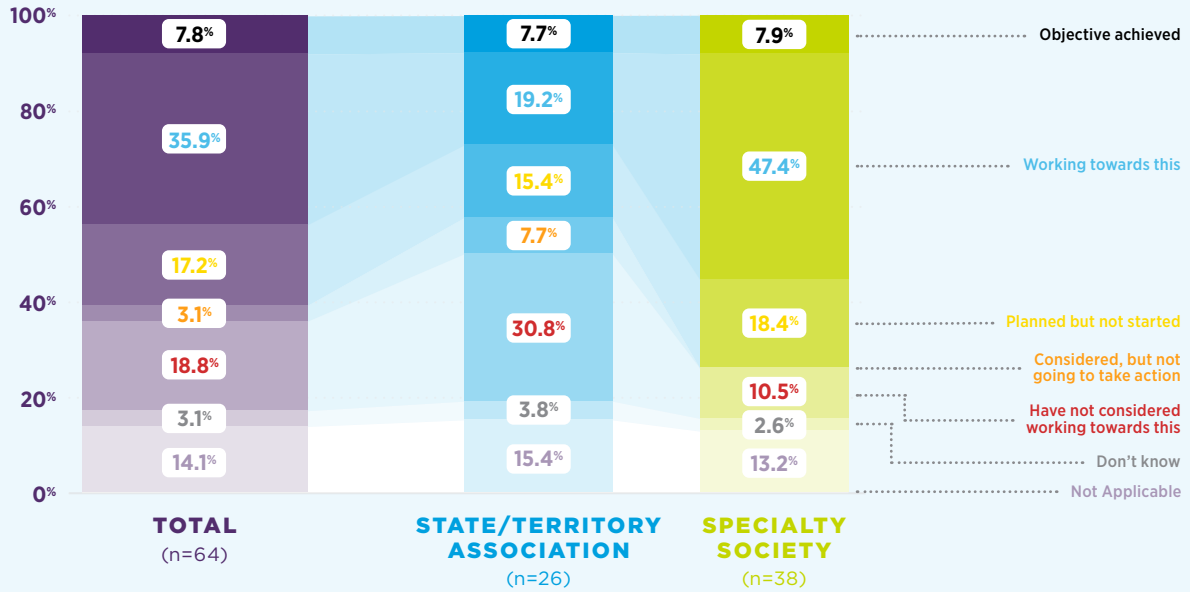


FIGURE 7

Collect and stratify key quantitative data regarding organizational membership for relevant sociodemographic factors (e.g., REaLD and SOGI) to identify inequities.

36% of all organizations are working towards collecting and stratifying key quantitative data for membership. About 30% of state/territory associations have not considered working towards collecting and stratifying key quantitative data. Almost 50% of specialty societies are working towards collecting and stratifying key quantitative data.



Note: REaLD stands for Race Ethnicity and Language Diversity; SOGI stands for Sexual Orientation and Gender Identity

IDENTIFY OPPORTUNITIES FOR IMPROVEMENT

ACTION INSIGHTS

ORGANIZATION NAME

Infectious Diseases Society of America

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Customer Relationship Management System (CRM)

ACTION

Collect and stratify key quantitative data regarding organizational leadership staff, and membership, for relevant sociodemographic factors (e.g., REaLD and SOGI) to identify inequities.

WHAT

The Infectious Diseases Society of America (IDSA) uses its Customer Relationship Management System (CRM) to gather and organize demographic data to support the organization's commitment to implement greater inclusion and diversity of its members and expand health equity and healthcare access in infectious diseases.

IMPACT

The CRM was created as a strategic investment to help IDSA support its mission—health equity being a component of it. This system facilitates the tracking of members, volunteers, and leadership. This intelligence helps pinpoint representation gaps and enables more targeted volunteer and member recruitment to boost diversity and access. By having demographic data, including race, ethnicity, and gender, from its members, IDSA gains the capability to make data-informed decisions on addressing the inequities prevalent in the infectious diseases field. For instance, IDSA implemented processes to review data

and consider demographic makeup in its selection processes that included accessing a dashboard within their CRM to access real-time demographic makeup to increase efforts to recruit diverse candidates for board and leadership positions. In 2020, IDSA members elected their most diverse slate of candidates to the Board of Directors in IDSA history. IDSA also increased the percentage of females on its Board, committees, and overall membership as well, as those who identify as non-white, so that participation is in closer alignment with the demographics of their membership.

“

One of the most impactful things [about the CRM system] is knowing where we are and being able to measure and monitor our progress towards where we need to be.

”

CONTACT PERSON *Christopher D. Busky, Chief Executive Officer* info@idsociety.org

IDENTIFY OPPORTUNITIES FOR IMPROVEMENT

ACTION INSIGHTS

ORGANIZATION NAME

American Association of Clinical Endocrinology

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Membership DEI survey

ACTION

Collect and stratify key quantitative data regarding organizational leadership staff and membership for relevant sociodemographic factors (e.g., REaLD and SOGI) to identify inequities.

WHAT

The Diversity, Equity and Inclusion (DEI) committee conducted a survey to capture members' demographic information, level of involvement with the American Association of Clinical Endocrinology (AACE), professional and education and employment details, definition and perception of diversity in the endocrine community, and experience with inequity in the workplace.

IMPACT

AACE's Membership DEI survey collected demographic data, including race, ethnicity, age, sexual orientation, and gender identity. These survey results were intended to guide AACE's forthcoming DEI actions and initiatives. This has translated into the integration of DEI discussions in every board meeting and the inclusion of a DEI liaison in each of AACE's committees, ensuring that equity is

embedded in all AACE's efforts. Alongside demographic details, the survey inquired how members thought AACE should invest. Based on survey results, the AACE Mentorship Sponsorship Program was established. The survey findings were published in *Endocrine Practice*. Membership perspectives are adding to creating a roadmap to broaden DEI among the greater endocrine community.

“The knowledge gained from the survey helped inform how we approach our equity work.”

CONTACT PERSON *Pamela Wood, Chief Officer, Strategy & Organizational Development* membership@aace.com

STEP THREE

MAKE EQUITY A STRATEGIC PRIORITY

Embedding equity into organizational culture, systems, policies, and practices only happens with intention.¹¹ Leadership and accountability for advancing equity reside across all levels of an organization. This includes building a diverse and representative governance structure and system, centering equity in the design and resourcing of organizational strategic plans, and connecting the expertise, experience and guidance of people (i.e. staff partners, patients and/or community members) to the resources and solutions of the organization.⁹

This section explores actions organizations are taking to embed equity within their organization. Many organizations do this work under the name of Diversity, Equity, and Inclusion (DEI). However, the scale and type of work varies considerably across organizations.

58%

of organizations are working towards ensuring senior leadership and board members reflect the diversity of the community served by their organization.



FIGURE 8

Set and align performance incentives to organizational equity goals.

35% of all organizations have not considered working towards setting and aligning performance incentives to organizational equity goals. 26% of state/territory associations did not know if they were setting and aligning performance incentives to organizational equity goals. Equal proportions of specialty societies (18.4%) have achieved or planned but have not started setting and aligning performance incentives to organizational equity goals.

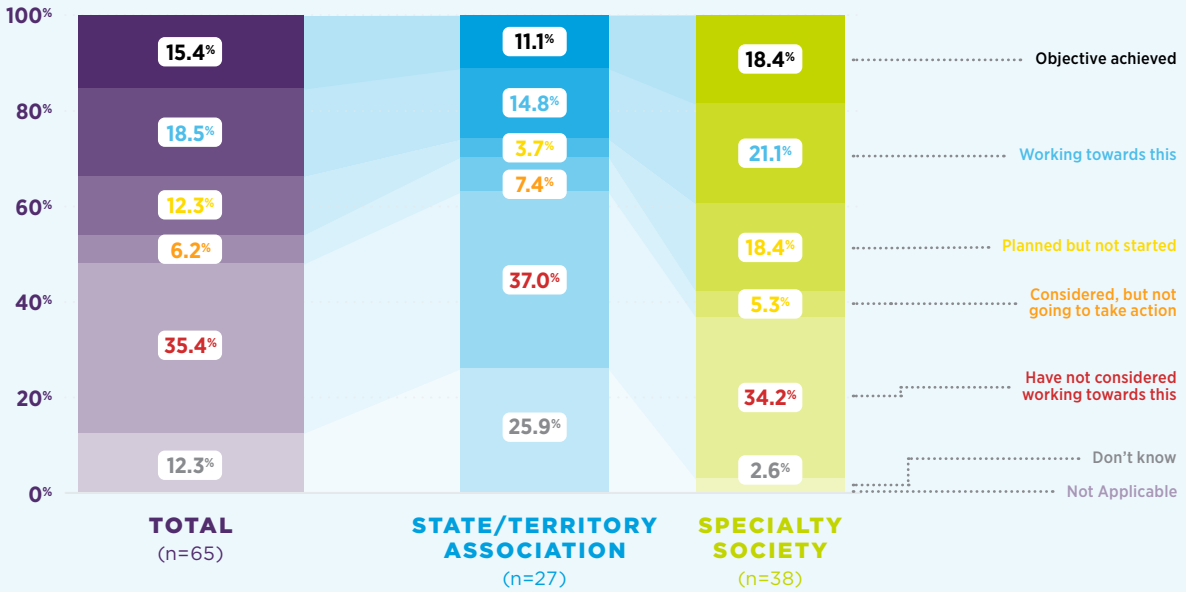


FIGURE 9

Assess your organization's budget model to ensure it will advance health equity.

43% of all organizations have not considered assessing their budget model to ensure it will advance health equity. About 15% of state/territory associations did not know if their organization was assessing its budget model to ensure it will advance health equity. 26% of specialty societies are working toward assessing their organization's budget model.

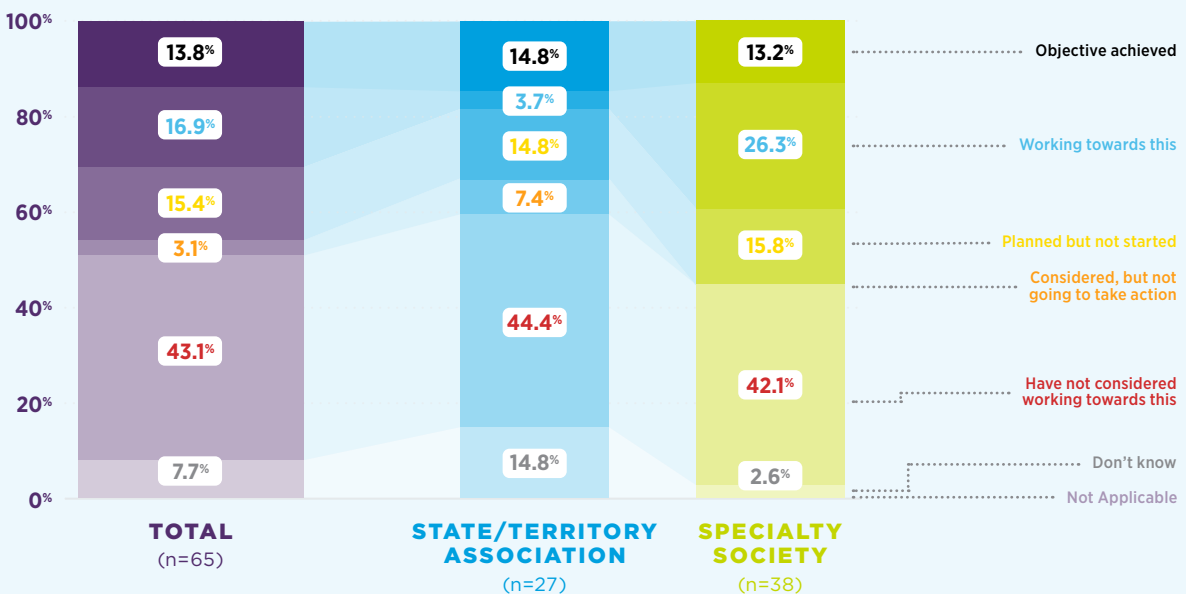


FIGURE 10

Ensure senior leadership and board members reflect the diversity of the community served by your organization.

Almost 30% of all organizations are ensuring senior leadership and board members reflect the diversity of the community they serve. Half of state/territory associations are working toward this. All specialty societies have either achieved, are working toward, or planned but have not started ensuring senior leadership and board members reflect the diversity of the community their organization serves.

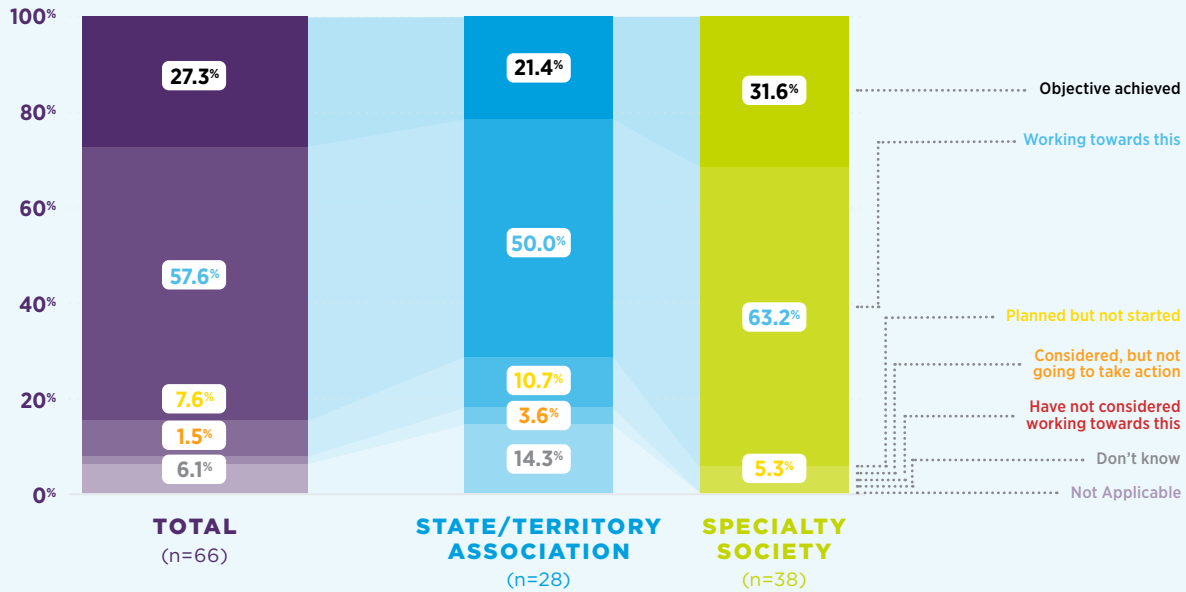


FIGURE 11

Create and/or revise incentives for staff, including the board and executive leadership, to meet organization's goals for equity, including diversification of the workforce.

37% of all organizations have not considered working towards creating and/or revising incentives for staff. None of the state/territory associations indicated they had considered but decided not to take action. 17% of specialty societies achieved creating and/or revising incentives for staff.

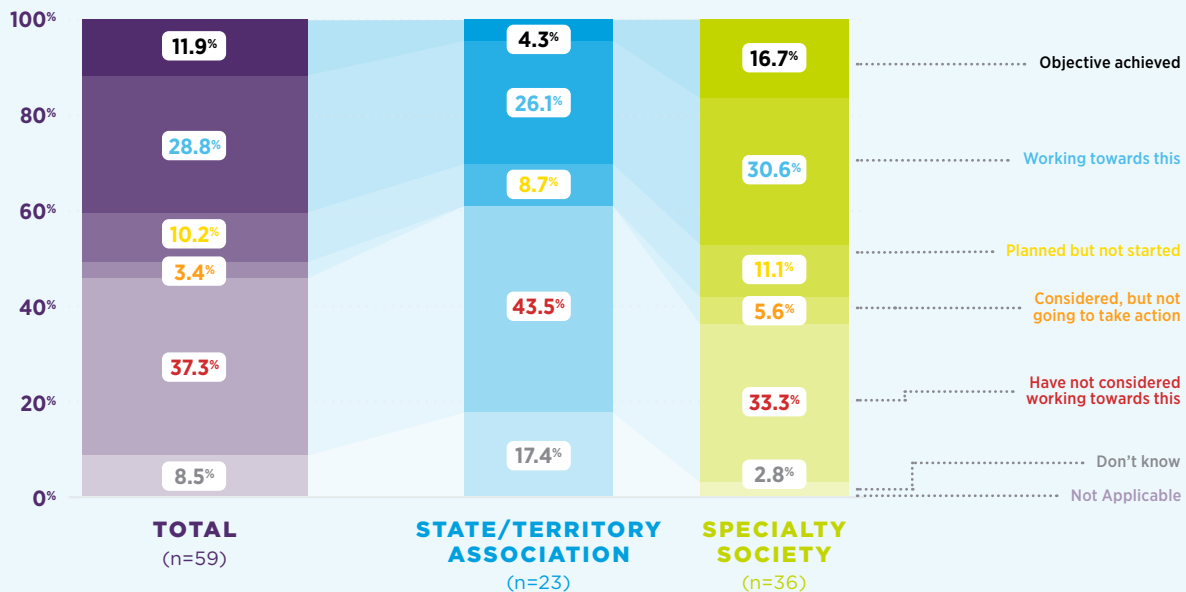


FIGURE 12

Commit to paying all employees and contractors a living wage.

Committing to paying all employees and contractors a living wage is the most achieved action. About 66% of organizations have achieved committing to paying all employees and contractors a living wage.

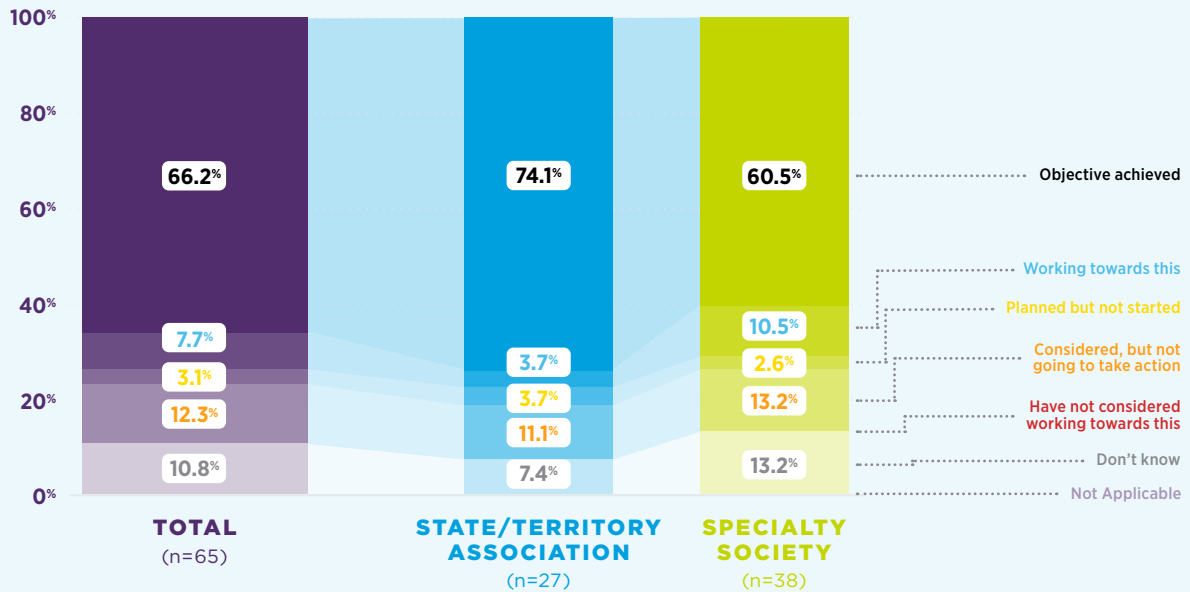


FIGURE 13

Update bylaws to include explicit language that demonstrates the organization's commitment to health equity.

About 25% of all organizations achieved updating their bylaws to include explicit language that demonstrates a commitment to health equity. Equal proportions of state/territory associations (14.3%) are working towards or planning, but have not yet started updating bylaws. About a quarter of specialty societies are working towards updating their bylaws.

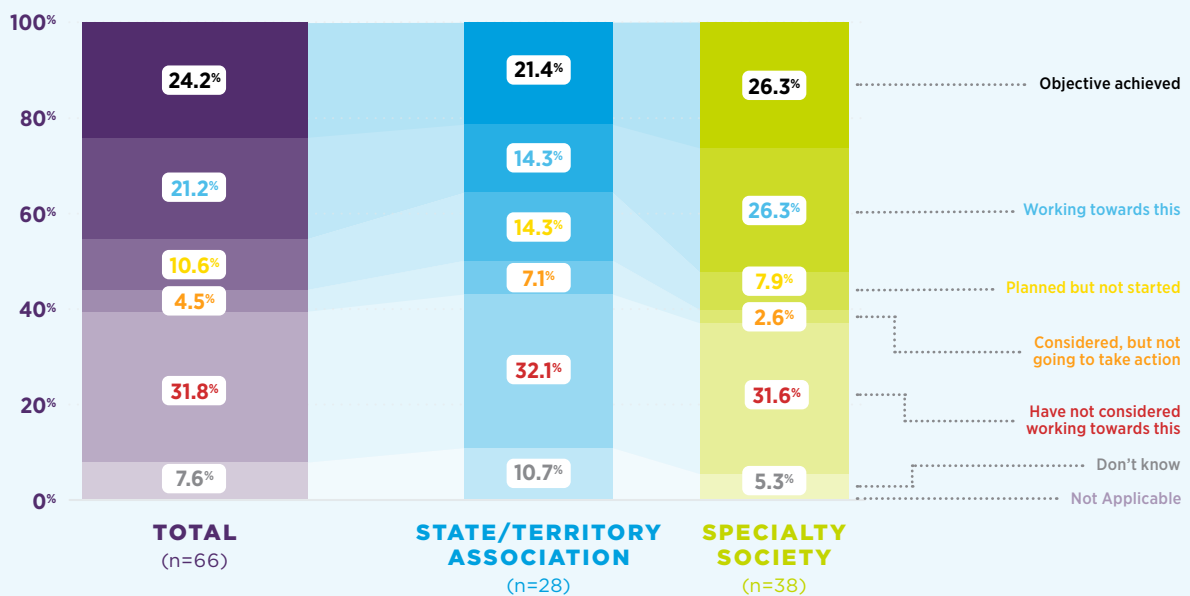


FIGURE 14

Evaluate how programs contribute to organizational equity goals.

About half of all organizations are working towards evaluating how programs contribute to organizational equity goals. Equal proportions of state/territory associations (17.9%) have planned but not yet started or have not considered evaluating programs. About two-thirds of specialty societies are working towards evaluating programs.

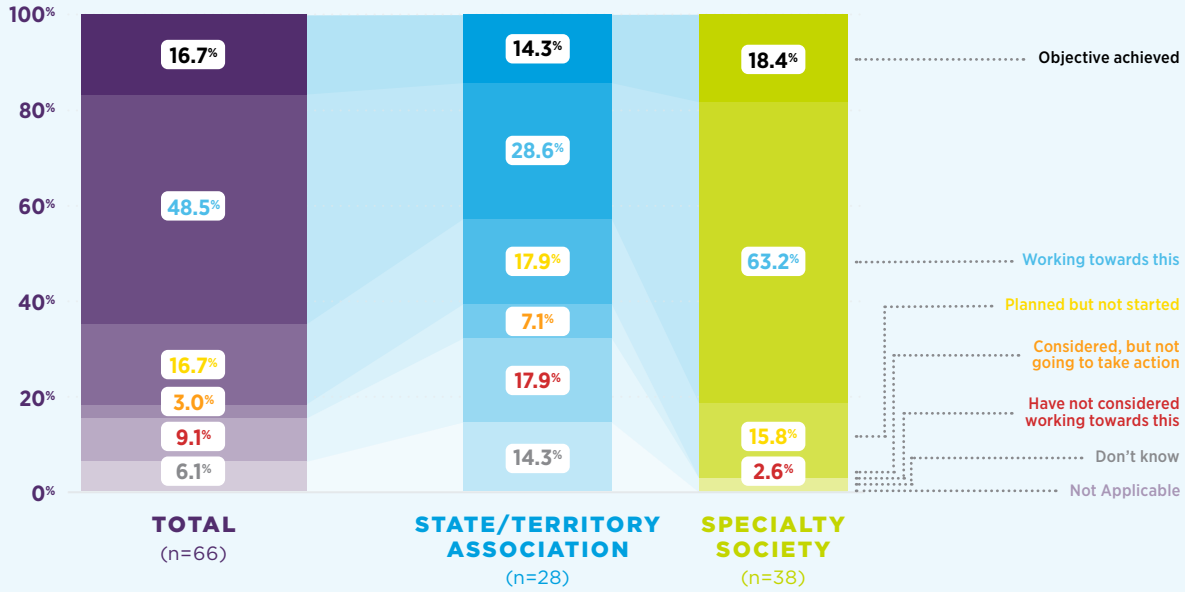
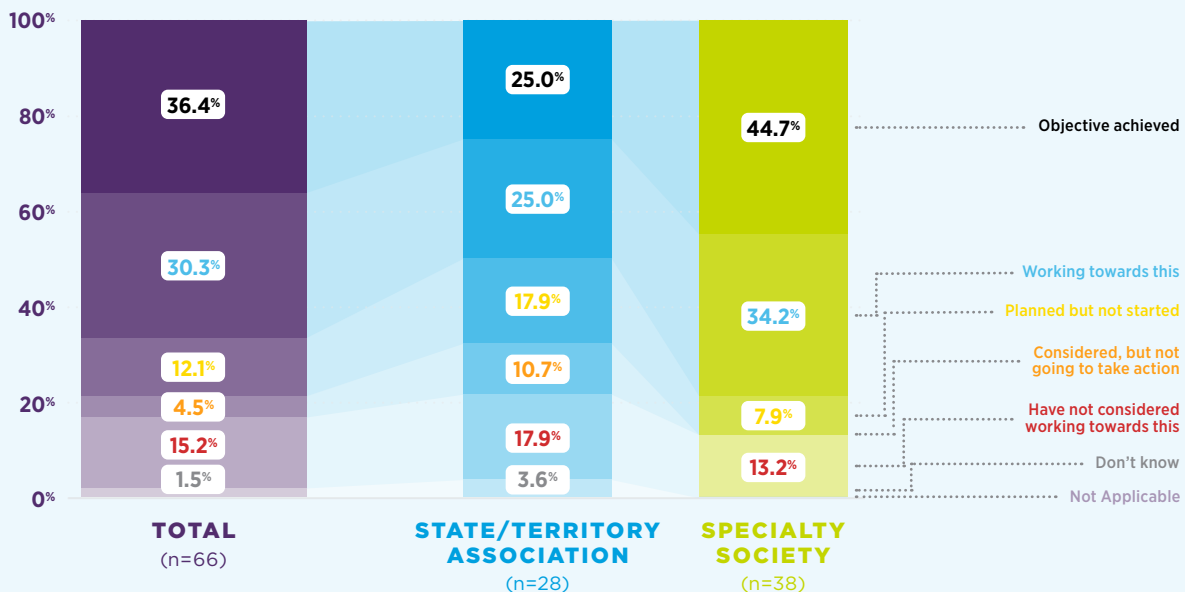


FIGURE 15

Ensure mission, vision, and goal intentionally and explicitly address health equity.

Almost 40% of all organizations have achieved ensuring their mission, vision and goals intentionally and explicitly address health equity. Equal proportions (25%) of state/territory associations have achieved or are working towards ensuring mission, vision, and goals address health equity. No specialty societies have considered but are not going to take action towards ensuring mission, vision, and goals address health equity.



MAKE EQUITY A STRATEGIC PRIORITY

ACTION INSIGHTS

ORGANIZATION NAME

American Society of Hematology

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Pay equity review

ACTION

Commit to paying all employees and contractors a living wage.

WHAT

Regularly review compensation for all staff. About once a quarter, the American Society of Hematology reviews the average employee's compensation by career level, race and ethnicity, and gender to assess for inequities.

IMPACT

Regular compensation reviews have fostered a culture of pay transparency within the American Society of Hematology (ASH). ASH has implemented pay ranges for every career level, which are communicated to all current staff. For new hires, the pay ranges are discussed during orientation to ensure pay transparency from the beginning. The

organization wide compensation reviews allow ASH to assess average salaries across different race and ethnicity groups as well as by gender, ensuring that salaries remain equitable and comparable among all groups. This approach is a proactive measure to ensure fair compensation practices within ASH.

“Our compensation philosophy is to ensure that all employees are able to have a livable wage.”

CONTACT PERSON *Dennis Sawyer, Chief Human Resources Office* dsawyers@hematology.org

MAKE EQUITY A STRATEGIC PRIORITY
ACTION INSIGHTS

ORGANIZATION NAME

American Thoracic Society

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Incorporate funds to advance health equity in all areas of budget.

ACTION

Assess your organization's budget model to ensure it will advance health equity.

WHAT

When developing their budget, the American Thoracic Society ensures all programs have an equity component and has created a Health Equity Fund to support the equity-focused work.

IMPACT

To prioritize the advancement of health equity, the American Thoracic Society (ATS) made health equity a central pillar of their latest strategic plan. This allowed ATS to incorporate health equity into all areas of their budget and create a Health Equity Fund to continue to support this work. Their Health Equity and Diversity committee works to center equity throughout the society's

programming. Some initiatives include the Health Equity and Diversity Fellowship, an annual fellowship for two racially marginalized early-career pulmonologists. Additionally, scholarships have been made available to enable minoritized students to attend the American Thoracic Society's annual conference.

“We have about 17,000 members, including physicians, PAs, nurses, and nurse practitioners. By including equity in our budget, we bring them all together and try to center the idea of equity and addressing health inequities in the DNA of our organization.”

CONTACT PERSON *Courtney White, Managing Director, Health Equity & Community Engagement* cwhite@thoracic.org

MAKE EQUITY A STRATEGIC PRIORITY

ACTION INSIGHTS

ORGANIZATION NAME

Medical Society of District of Columbia

ORGANIZATION TYPE

State/Territory Association

PROGRAM/INITIATIVE

Unconscious Bias in DC Medicine Task Force

ACTION

Making equity a strategic priority.

WHAT

Established the Unconscious Bias in DC Medicine Task Force in February 2020, which was charged with examining if/how unconscious bias plays a role in medicine in the District of Columbia and what strategies can be used to combat its effects.

IMPACT

The Unconscious Bias in DC Medicine Task Force surveyed physicians, medical trainees, allied health providers, and administrators to understand what they know about unconscious bias in medicine and the extent of the training they received. Based on study findings, the task force developed strategies/recommendations to address unconscious bias in DC Medicine. Notably, 70% of trainees strongly agreed or agreed that their programs provide education, but only 40% of independent providers received training about unconscious bias in medicine.

Additionally, 67% of independent healthcare providers strongly agreed or agreed that unconscious bias impacts their practice. In response to these findings, one of the task force's key recommendations was a call for more research on how unconscious bias impacts clinical practice for independent providers. As a result, Medical Society of District of Columbia established the Gender Equity in DC Medicine Task Force to focus on improving unconscious gender bias in medicine.

“The board created this task force not only to look at participating physicians but also to look at residents and fellows, medical students and physicians in an academic setting to compare and contrast those four different groups to determine what they know about unconscious bias.”

CONTACT PERSON *Robert Hay, Executive Vice President* hay@msdc.org

STEP FOUR

TAKE INITIATIVE

When an organization is grounded in equity-related concepts, knowledge, education, and history, has acknowledged past and present harms within and by the organization, has used equity-driven data to identify opportunities, and has developed a strategic plan in partnership with people and communities with lived experience, it can take initiative to address these past or ongoing harms.⁹

This section showcases actions that organizations are taking to address past and ongoing harms within their organization and community.

50%

of all organizations have achieved or are working towards advocating to eliminate harmful race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry.



Image by Laura Kostovich Courtesy of the AMA Journal of Ethics.

FIGURE 16

Invest in accessible and plain-language communications, language interpretation, and translation services.

35% of organizations are working towards investing in accessible and plain-language communications, language interpretation and translation services. One-third of state/territory associations have not considered working toward investing in accessible and plain-language communications, and 40% of specialty societies are working towards this.

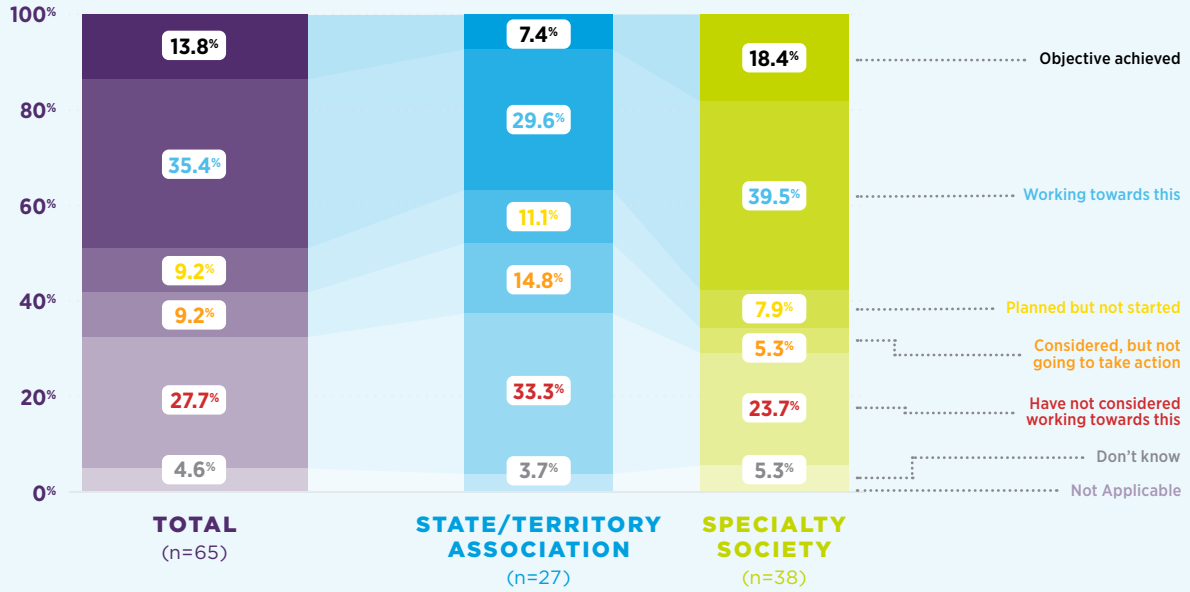


FIGURE 17

Collaborate with staff to revise practices and policies guiding hiring, promotion, advancement, compensation, and mediation practices to achieve equitable outcomes.

Similar proportions of all organizations have achieved or are working towards collaborating with staff to revise practices and policies guiding hiring and promotion to achieve equitable outcomes. 14% of state/territory associations have planned but not started working towards collaborating with staff. About 90% of specialty societies have either achieved or are working towards collaborating with staff to revise practices to achieve equitable outcomes.

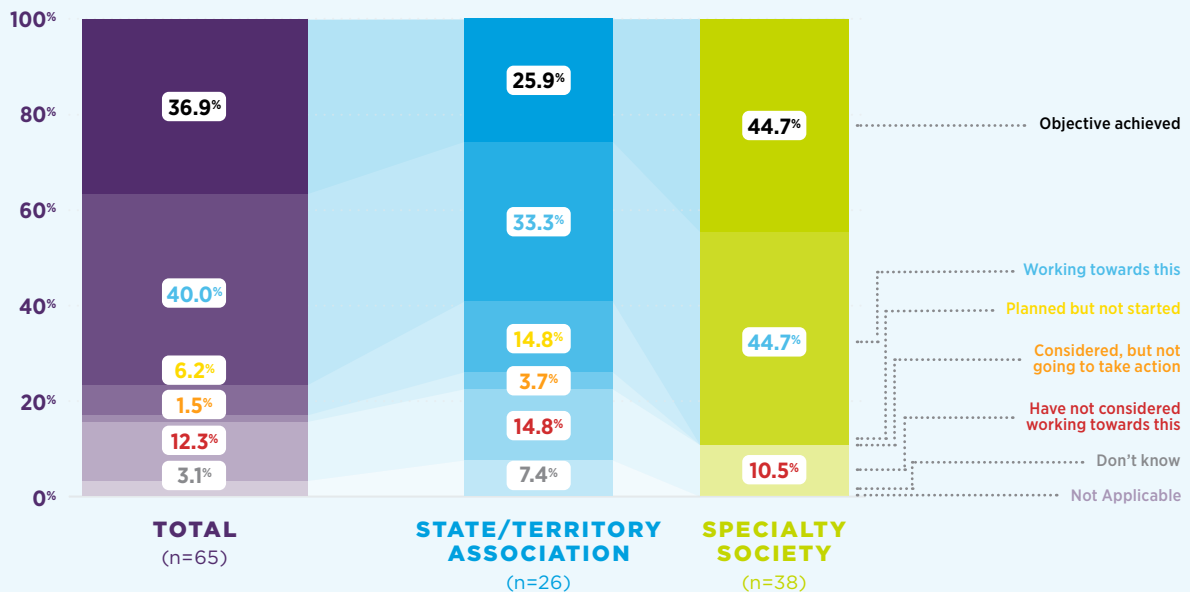
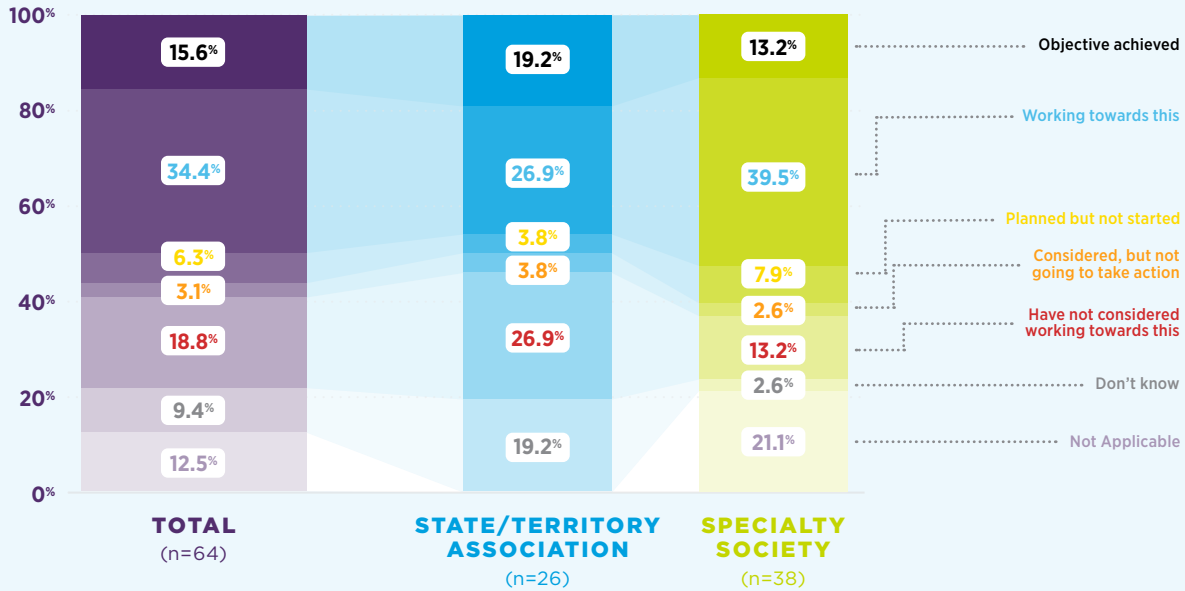


FIGURE 18

Advocate to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry.

34% of organizations are working towards advocating to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy. Equal proportions (26.9%) of state/territory associations are working towards or have not considered working towards advocating to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry. 40% of specialty societies are working towards advocating to eliminate harmful race-based clinical algorithms.



TAKE INITIATIVE

ACTION INSIGHTS

ORGANIZATION NAME

Medical Society of Delaware

ORGANIZATION TYPE

State/Territory Association

PROGRAM/INITIATIVE

Adoption of resolution to eliminate the race correction factor in eGFR

ACTION

Advocate to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry.

WHAT

In 2021, the Medical Society of Delaware passed resolution 02-A2021, “Elimination of Race Correction Factor in eGFR.” The resolution states, “Medical Society of Delaware advocates for approaches to eliminate race as a factor in medical decision-making with respect to laboratory and other clinical information.”

IMPACT

After the resolution was passed, the Medical Society of Delaware took proactive steps to ensure the elimination of the use of the race correction factor in estimated glomerular filtration rate (eGFR or kidney function) calculations throughout the state by contacting all known labs. This involved meeting with the state’s two largest labs, LabCorp and Quest Diagnostics, reaching out to local hospitals and labs, and sending a letter to the Delaware Healthcare Association. As a result of these efforts, all the labs in Delaware no longer use the

race correction factor in eGFR calculations. By reaching out to local labs, the Medical Society of Delaware learned that labs were in different stages of adopting the new eGFR calculation. In some instances, their outreach was the first time a lab was made aware of the calculation without the race correction factor. The Medical Society of Delaware views their outreach as a catalyst for change, hoping to have initiated the process for some labs to make the change and adopt the new calculation.

“I like to think that we planted the seed to make labs look into this. Even if their policies haven’t yet changed, our outreach started them on that journey.”

CONTACT PERSON *Matthew J. Burday, D.O.* MBurday@ChristianaCare.org

TAKE INITIATIVE

ACTION INSIGHTS

ORGANIZATION NAME

American Academy of Family Physicians (AAFP)

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Race Based Medicine Policy

ACTION

Advocate to eliminate race-based clinical algorithms and decision-making tools that incorrectly use race as a proxy for genetic or biological ancestry.

WHAT

In 2020, the American Academy of Family Physicians passed the “Race Based Medicine Policy.” AAFP opposes the use of race as a proxy for biology or genetics in clinical evaluation and management in research. The AAFP encourages clinicians and researchers to investigate alternative indicators to race to stratify medical risk factors for disease states.

IMPACT

The Race Based Medicine Policy has empowered AAFP members by providing a resource to support their opposition to the use of race as a proxy for biology or genetics in clinical evaluation in

their places of practice. Additionally, the policy enables AAFP to advocate for diversified research in the development of clinical guidelines and payments.

“It’s a paragraph, but it’s a really powerful paragraph, and it gives them [AAFP members] something to lean on with their employers or whomever they feel they need that coverage with.”

CONTACT PERSON *Shawn Martin, Executive Vice President and Chief Executive Officer* smartin@aafp.org

STEP FIVE

ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES

Organizations have the opportunity to advocate for, align with, and adopt strategies that build power for local and diverse communities and improve health and wellbeing for all. To do this, organizations must value, prioritize, and integrate the experiences, expertise, and ideas of people and communities experiencing great injustice.^{9,4}

This section shows the organizational progress towards actions aligning, investing, and advocating for their communities.

55%

of all organizations are working towards addressing root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health.

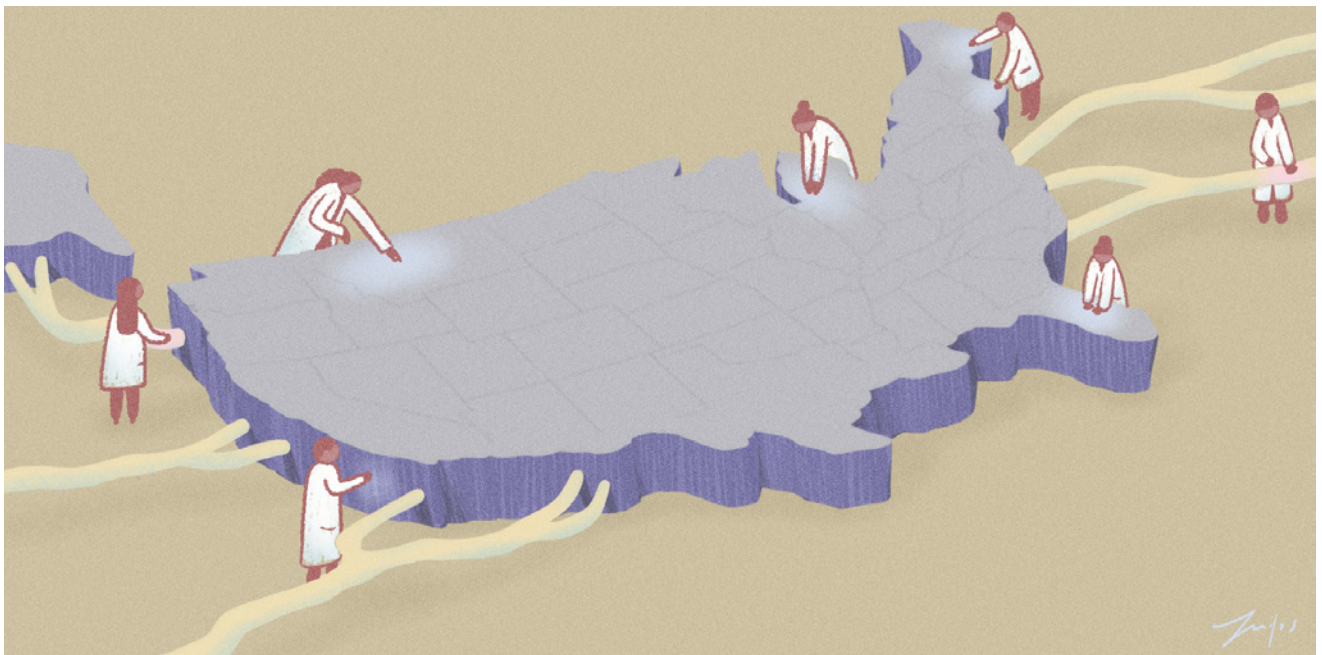


Image by Michael Shen Courtesy of the AMA Journal of Ethics.

FIGURE 19

Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health.

Over 50% of all organizations are working towards addressing root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health. 65% of state/territory associations are working towards addressing root causes of health inequities by leveraging unique organizational assets and strengths. About 13% of specialty societies indicated that addressing root causes of health inequities by leveraging organizational assets was not applicable.

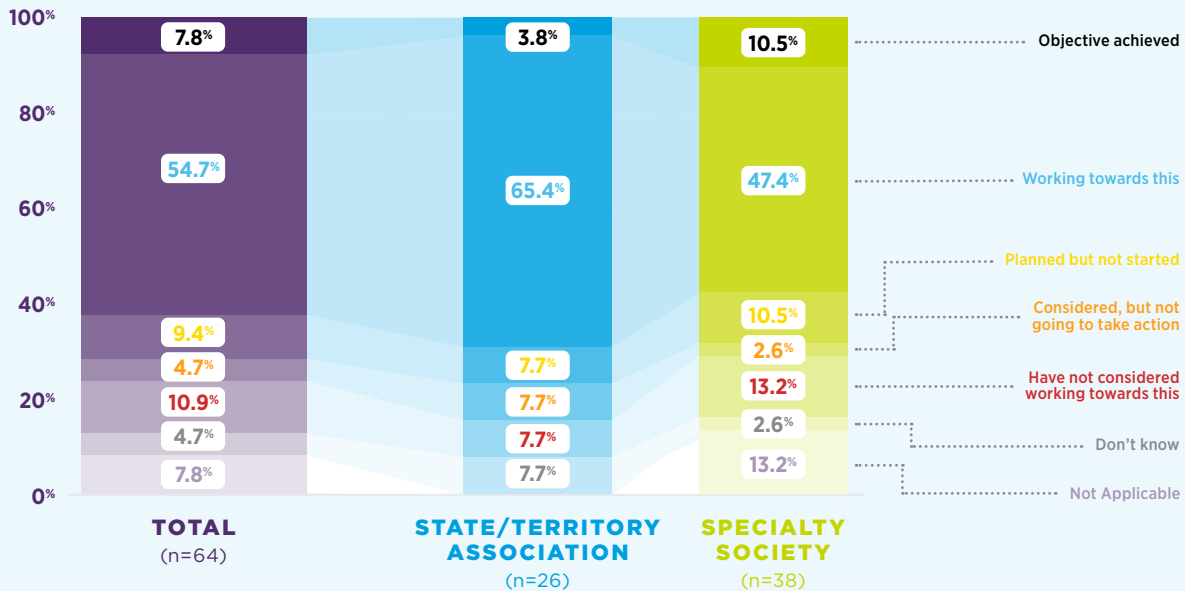


FIGURE 20

Engage in collective advocacy to address root causes of health inequities.

Over 50% of all organizations are working towards engaging in collective advocacy to address root causes of health inequities.

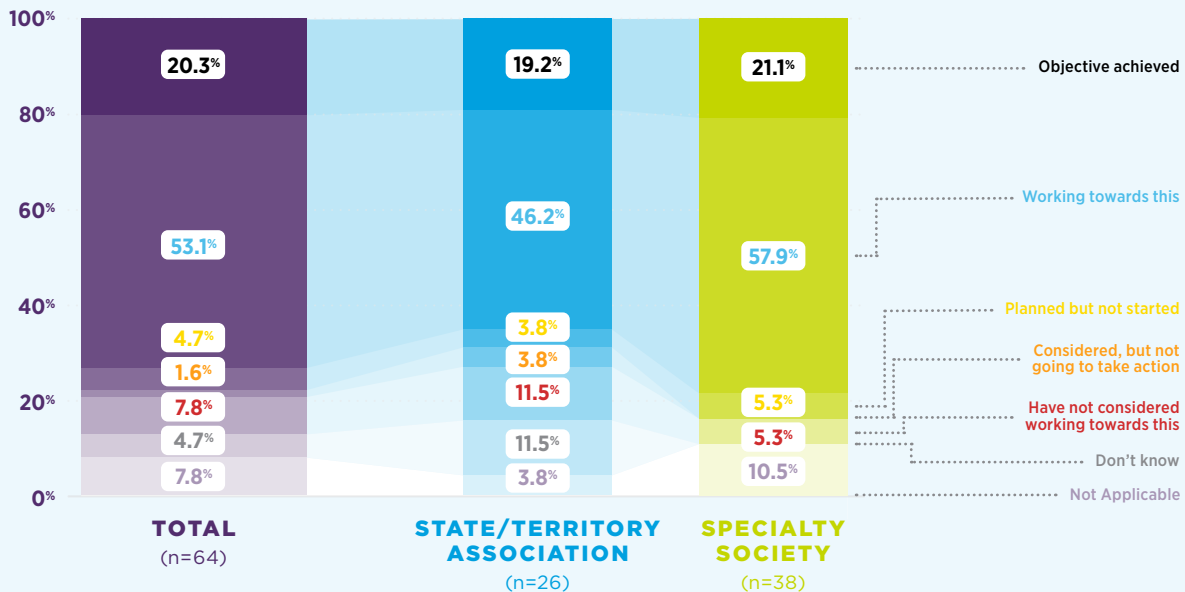
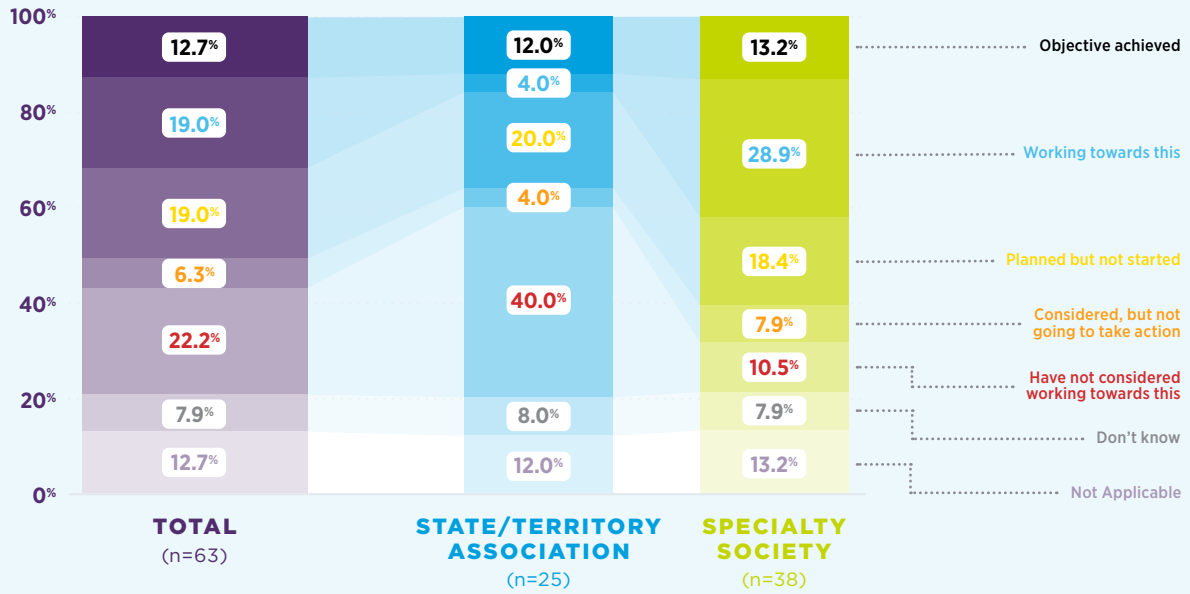


FIGURE 21

Publicly share equity data and indicators for transparency and mutual accountability.

Equal proportions of organizations (19%) are working towards and have planned but not started publicly sharing equity data and indicators for transparency and mutual accountability. 40% of state/territory associations have not considered working towards publicly sharing equity data. About 30% of specialty societies are working towards publicly sharing equity data and indicators for transparency and mutual accountability.



ACTION INSIGHTS

ORGANIZATION NAME

Ohio State Medical Association

ORGANIZATION TYPE

State Association

PROGRAM/INITIATIVE

Unite Ohio

ACTION

Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health.

WHAT

Unite Ohio is a coordinated care network of health and social service providers. Partners in the network are connected through Unite Us' shared technology platform, which enables them to send and receive electronic referrals, address people's social needs, and improve health across communities.

IMPACT

Ohio State Medical Association is one of the founding members of the Ohio Health Information Partnership (OHIP). OHIP is the statewide health information exchange in Ohio. OHIP has launched Unite Ohio a collaborative effort between providers, health systems, payers, government entities, and community service organizations, all working towards advancing health equity in the state. Through the integration of Unite Us, a shared

technology platform, providers and health systems can make real-time referrals based on the availability of social service agencies, allowing navigators to connect patients quickly and efficiently with the necessary services. By including social service use in a patient's record, the program establishes a statewide infrastructure to connect clinical and community-based data, addressing short and long-term health inequities.



So we [Unite Ohio] can support the person and that patient's needs, whether it's food insecurity, whether it's housing, transportation, whatever the need is, and really start to track data to prove beyond a shadow of a doubt that supporting those social needs has direct impact on health outcomes...and financially support those services in the community doing the work.



CONTACT PERSON *Todd Baker, Chief Executive Officer* TBaker@osma.org

ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES

ACTION INSIGHTS

ORGANIZATION NAME

Travis County Medical Society and Texas Medical Association

ORGANIZATION TYPE

Local Organization

PROGRAM/INITIATIVE

To improve maternal equity in Texas

ACTION

Engage in collective advocacy to address root causes of health inequities.

WHAT

The Travis County Medical Society (TCMS) collaborated with the Texas Medical Association (TMA) and other state advocacy groups to advocate for maternal health legislation and the release of Texas' most recent maternal mortality data by the Texas Department of State Health Services (DSHS).

IMPACT

To gather support for maternal health legislation, the Travis County Medical Society and the Texas Medical Association collaborated to organize an educational session for Texas legislators led by a local OB/GYN physician. This session provided data and helped dispel misinformation surrounding reproductive health and birth control.

"It was very important to gain the trust of staffers and members alike to open the door to advocate for [maternal health] legislation" – TCMS

Travis County Medical Society, in partnership with TMA, advocated for crucial legislation to help tackle health inequities related to maternal health in Texas. Significant wins included passing House Bill 12, which extended 12 months of postpartum coverage to women on Medicaid, and Senate Bill 379, which eliminated sales tax on diapers, menstrual supplies, and many pregnancy-related items. House Bill 916 was passed, requiring Texas health plans

to provide a year's supply of birth control to patients at one time. The legislature also approved a \$50 million grant program to invest in rural maternal health, address maternity care deserts throughout the state, and sustain hospitals in rural areas. In addition, the TMA and TCMS, along with several state policy organizations, grassroots groups, and medical experts, wrote a letter to urge the Texas Department of Health Services (DSHS) to release its over-due maternal death data report, shining a light on the significant racial disparities that persist in the state.

The success of these efforts can be attributed to the collaborative grassroots approach taken by local and state medical societies, emphasizing the importance of building relationships at the local level and expanding advocacy efforts from there. This united front among organized medicine at the county and state levels served as a powerful force in advancing maternal health equity in Texas.



All politics is local because grassroots efforts hold the power in Texas. Our county medical societies are instrumental in activation, and they can use their personal relationships with local elected officials to help move the needle on some of these hard issues. —Texas Medical Association



CONTACT PERSON TCMS: Lesley Viner lviner@tcms.com TMA: Caitlin Flanders Caitlin.Flanders@texasmed.org

ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES
ACTION INSIGHTS

ORGANIZATION NAME

**American College of Radiology &
Radiological Society of North America**

ORGANIZATION TYPE

Specialty Society

PROGRAM/INITIATIVE

Radiology Health Equity Coalition

ACTION

Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health.

WHAT

In 2021, radiology organizations (including the American College of Radiology and the Radiology Society of North America) collaborated to form the Radiology Health Equity Coalition to positively impact health care equity in the radiology area.

IMPACT

Since its inception, the Radiology Health Equity Coalition has expanded from 9 key radiology organizations to encompass over 40 different organizations, including national, regional, and state radiology groups—as well as over 800 individuals that have pledged to commit to advancing health equity in imaging. The Coalition has been instrumental in establishing critical partnerships with prominent community organizations to reach historically marginalized populations. Through collaboration, the Coalition has aligned outreach efforts, combined resources, and advocated for improved local, state, and federal health equity. It has also expanded the diversification of clinical trials to benefit marginalized communities and help patients gain greater access to improved health care resources and care.

“The Coalition has been really helpful for us to recognize

that there are different societies with different strengths and different core competencies, and we can use our strength to do a piece of the work and then come together to mobilize.” – Radiology Society of North America

In 2022 Radiology Health Equity Coalition accomplished the following:

- Conducted a research study on racial disparities in mammography screening technology
- Launched National Lung Cancer Screening Day with over 300 participating medical imaging facilities
- Provided a 5-part webinar series, “Breaking Imaging Barriers”
- Created a Community Outreach Guide demonstrating how radiology professionals, imaging practices, and healthcare institutions can pursue strong community health partnerships to advance image equity.



We [Radiology Health Equity Coalition] recognize that disparities come in all shapes and forms. We are working to eliminate racial and ethnic disparities, geographical, and gender disparities ... Once we started the Coalition, it really expanded our horizons of what needs to be done.



CONTACT PERSON Carla Brathwaite, Program Lead carla@radhealthequity.org

USE OF AMA EQUITY-FOCUSED RESOURCES

In 2021, the AMA released two documents critical to our health equity work: “AMA’s Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity” and the AMA and AAMC’s narrative guide “Advancing Health Equity: To Guide to Language, Narrative and Concepts.” The “HEIOM Survey” was also used to understand the awareness and use of these documents by organizations.

Awareness of AMA’s organizational strategic plan to embed racial justice and advance health equity

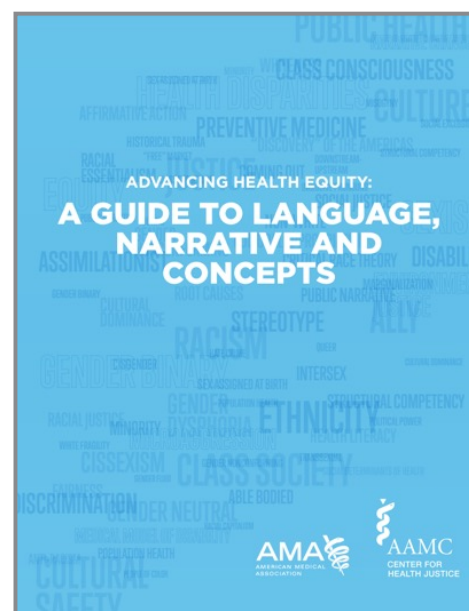
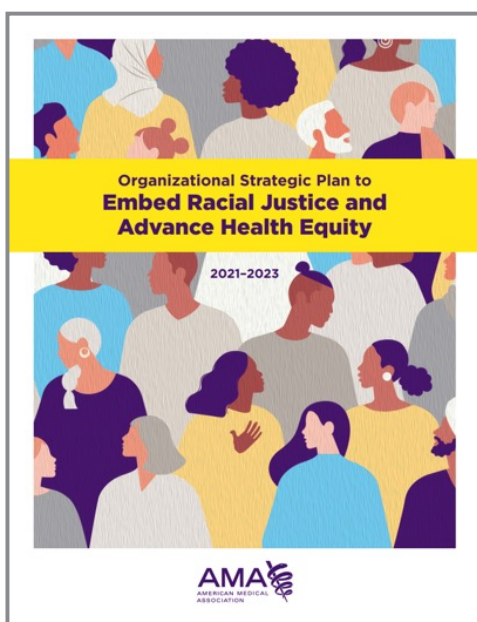
87% (n=59) of organizations were aware of the AMA’s equity strategic plan. Among those organizations, 59% (n=35) used or referenced the plan in their work.

- *“The history of AMA was used to educate and inform members and stakeholders of the history of injustices in the medical profession. In addition, the plan was shared with leadership to serve as a benchmark of our equity work”*—Memphis Medical Society

Awareness of AMA and AAMC’s narrative guide

57% (n=39) of organizations were aware of the Narrative Guide. Among those organizations, 52% (n=23) used or referenced the plan in their work.

- *“The narrative guide informed the way we shaped our instructions for authors regarding inclusive language and reporting race and ethnicity. It is the guidance document for our peer review journals, Ophthalmology, Ophthalmology Glaucoma, Ophthalmology Retina and Ophthalmology Science, and its recommendations are referenced in our Instructions for Authors.”*—American Academy of Ophthalmology
- *“The Narrative Guide has helped provide us with language sensitivity in drafting resolutions, proposed legislation and regulations, as well as other documents. In addition, it has helped inform and guide our discussions, assisting in providing us with a common reference for term definitions and concepts.”*—Medical Society of the State of New York



HOW TO GET INVOLVED



Why I Vote: The Ethical Obligation to Promote Voter Engagement to Achieve Health Equity by *Alicia Yvonne Christy, MD, MS*
Courtesy of the AMA Journal of Ethics.



Get involved with AMA Advocacy

<https://ama-assn.org/get-involved>



Image by Laura Kostovich Courtesy of the AMA Journal of Ethics.



Complete the 2024 Health Equity in Organized Medicine Survey

The second annual survey will be conducted in early 2024.



Explore AMA Resources

The AMA is supporting professional societies interested in advancing health equity within their organizations through the following ways:

Center for Health Equity Education Content:

The AMA's Center for Health Equity produces and curates content to help physicians, health providers and health systems address root causes of inequities including racism, white supremacy, and other structural determinants of health. This content includes:

- [*Health Equity Grand Rounds*](#): The National Health Equity Grand Rounds Learning Series highlights historical and contemporary root causes of health inequities and amplifies strategies to advance health equity in the United States. This initiative is led by a collaboration among the Accreditation Council for Graduate Medical Education (ACGME), AMA, National Center for Interprofessional Practice and Education, and RespectAbility. Events in 2023 include free CME.
- [*Advancing Equity through Quality and Safety Peer Network Series*](#): The Peer Network for Advancing Equity through Quality and Safety is a program offered by the AMA Center for Health Equity in collaboration with the Brigham and Women's Hospital (BWH) and The Joint Commission (TJC). In this free CME series, Peer Network faculty and guest speakers present a wide range of topics with the goal of helping learners integrate equity into their quality and safety infrastructures to ultimately help improve health outcomes for historically marginalized populations.
- [*Prioritizing Equity Video Series*](#): The Prioritizing Equity series illuminates how COVID-19 and other determinants of health uniquely impact marginalized communities, public health and health equity, with an eye on both short-term and long-term implication. These videos shed light on the root causes of health inequities and offer valuable lessons for racial justice and health equity from leading voices in health care.

Resources for Professional Societies to Get Grounded:

- [*Basics of Health Equity*](#)
A brief introductory module to establish shared understanding of key terminology and concepts (Free, with CME)
- [*The Groundwater Approach: Building a practical understanding of structural racism*](#) (Free PDF)
This brief report outlines the Groundwater Analogy, which helps us understand the structural nature of racism.
- [*IHI TA 104: Building Skills for Anti-Racism Work: Supporting the Journey of Hearts, Minds, and Action*](#)
In this 90-minute course, participants will build skills to counter structural racism and improve health equity.
- [*American Nurses Association: Our Racial Reckoning Statement*](#)
This statement provides an example of how a professional society acknowledged its own past actions, including those that have negatively impacted nurses of color and perpetuated systemic racism.
- [*Reckoning with medicine's history of racism*](#)
This short article demonstrates how organizational leadership can reflect critically on the organization's past.
- [*Equity Matters Video Library*](#)
This extensive course library provides many valuable resources, including examples of organizational self-reflection.

METHODOLOGY

Survey population:

The Health Equity in Organized Medicine survey population included the AMA Federation of Medicine. At the time of survey administration, there were 554 organizations in the AMA Federation of Medicine: 150 specialty societies, 54 state/territory organizations, and 350 local city/county organizations.

Questionnaire:

The questionnaire was developed by the AMA. Most of the questions were taken from actions of the professional societies pillar of the Rise to Health Coalition. The survey consisted of 33 questions about awareness of AMA published reports, actions organizations are taking to advance health equity, and additional special topics.

Survey administration and analysis:

After the questionnaire was developed, the AMA conducted a pilot test with 5 organizations. The pilot test was completed between December 8th and December 22nd, 2022. Changes were made to the questionnaire based on feedback from pilot test organizations.

The web-based survey was administered to Federation organizations via e-mail on Jan. 12, 2023. Reminder e-mails were sent on Jan. 19, Jan. 26, and Jan. 31.

The final sample size was 84 organizations. This consisted of 39 specialty societies, 28 state/territory associations, and 16 local city/county organizations. Local organizations are not included in the quantitative analysis due to the small sample size.

Limitations:

The Health Equity in Organized Medicine Survey aimed to capture comprehensive understandings and experiences of the AMA Federation of Medicine regarding their progress towards health equity. However, it is important to acknowledge there are some limitations that could impact findings. One limitation is the potential for response bias. Despite efforts to ensure confidentiality, respondents may have been influenced by social desirability bias, leading to the underreporting or overreporting of certain actions and opinions.

Additionally, there is the potential for non-response bias as well. Although the survey was completed by state/territory associations throughout the United States, it is possible that organizations that chose not to participate in the survey may have different perspectives and/or experiences related to health equity. While efforts were made to mitigate these biases, it is important to interpret the results within the context of these limitations.

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Designed by myWHY Agency

We recognize that health equity work is extensive and collaborative—that we follow in the footsteps of countless individuals and groups who have dedicated their lives to the issue of equity for decades, generations even. We value your efforts and conviction. We look forward to our continued collaboration.

REFERENCES

1. Cerdeña JP, Plaisime MV, Tsai J. *From race-based to race-conscious medicine: how anti-racist uprisings call us to act*. *The Lancet*. 2020;396(10257):1125-1128. doi:10.1016/S0140-6736(20)32076-6
2. Vyas DA, Eisenstein LG, Jones DS. *Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms*. *N Engl J Med*. 2020;383(9):874-882. doi:10.1056/NEJMms2004740
3. Wispelwey, B., Morse, M. *An Antiracist Agenda for Medicine*. Boston Review. Accessed August 23, 2023. <https://www.bostonreview.net/articles/michelle-morsebram-wispelwey-what-we-owe-patients-case-medical-reparations/>
4. American Medical Association. (2021) *Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity 2021-2023*. Available at <https://www.ama-assn.org/system/files/ama-equity-strategic-plan.pdf>
5. Kahn MJ, Baum N, Ellis MS. Organized Medicine. In: Baum N, Kahn MJ, eds. *The Business Basics of Building and Managing a Healthcare Practice*. Springer International Publishing; 2020:53-58. doi:10.1007/978-3-030-27776-5_9
6. Acosta DA, Skorton DJ. *Making “Good Trouble”: Time for Organized Medicine to Call for Racial Justice in Medical Education and Health Care*. *Am J Med*. 2021;134(10):1203-1209. doi:10.1016/j.amjmed.2021.04.034
7. Reid A, Brandes R, Butler-MacKay D, et al. *Getting Grounded: Building a Foundation for Health Equity and Racial Justice Work in Health Care Teams*. *NEJM Catal*. 2022;3(1). doi:10.1056/CAT.21.0320
8. *The Principles of Trustworthiness*. Center For Health Justice. Accessed August 23, 2023. <https://www.aamchealthjustice.org/our-work/trustworthiness/trustworthiness-toolkit>
9. *Rise to Health: A National Coalition for Equity in Health Care | Rise to Health Coalition*. Accessed July 28, 2023. <https://www.risetotheequity.org/>
10. O’Campo P, Dunn JR, eds. *Rethinking Social Epidemiology: Towards a Science of Change*. Springer Netherlands; 2012. doi:10.1007/978-94-007-2138-8
11. Maybank A, De Maio F, Lemos D, Derige DN. *Embedding Racial Justice and Advancing Health Equity at the American Medical Association*. *Am J Med*. 2022;135(7):803-805. doi:10.1016/j.amjmed.2022.01.058

