



**WAVE 2**

# **HEALTH EQUITY IN ORGANIZED MEDICINE**

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MEASURING PROGRESS  
AND LEARNING FROM  
PROFESSIONAL SOCIETIES

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**2024  
SURVEY REPORT**

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## **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 and continue to show in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.

As we center justice in our work and move from a state of recognition, we embrace the need to be active in our equity endeavors and move to a frame of repair, reparations, and where possible, reconciliation. This requires intentionality to both name harms and own their consequences, committing to action to build a more equitable future. To that end, we pull from disciplines including restorative justice that require us to create a collaborative decision-making frame, which includes acceptance and acknowledgment of responsibility for harmful behavior; repairing of the harm caused to individuals and the community; and rebuilding of trust by showing understanding of the harm, addressing personal issues, and building positive social connections to acknowledge our past and ensure healing.

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# INTRODUCTION

The Health Equity in Organized Medicine (HEIOM) survey collects vital information on actions and priorities of state/territorial and specialty medical associations that comprise the American Medical Association (AMA) Federation of Medicine. Our [2023 survey report](#) provided a baseline of data and highlighted important initiatives currently underway across a wide range of organizations, including efforts to eliminate harmful race-based clinical algorithms that incorrectly use race as a proxy for genetic or biological ancestry.<sup>1</sup>

Our 2024 report summarizes new data from the second wave of HEIOM data collection. It is intended for the AMA Federation of Medicine and broader organized medicine to develop a shared understanding of health equity initiatives. Importantly, our new survey data reveal continued and even strengthened activity, despite the increasingly complex political landscape and concerted efforts to discredit diversity, equity and inclusion (DEI) initiatives in many sectors, including health care and medical education.<sup>2-5</sup>

By understanding the current state of initiatives in different organizations, we can collectively evaluate advancements, build on successes, and pinpoint priority areas for future action. Through targeted policy and advocacy efforts, organized medicine can continue to play a catalytic role in advancing health equity across the health care ecosystem.<sup>6,7</sup>

The HEIOM survey is organized in alignment with the steps for advancing equity through [Rise to Health: A National Coalition for Equity in Health Care](#). The Rise to Health Coalition (RTHC) brings together individuals and organizations to transform health care through coordinated and collective action. These steps include:

- **Get grounded in history and your local context.** This step includes intentional efforts to build a strong and shared foundation for health equity and is measured in the HEIOM survey with six indicators.
- **Identify opportunities for improvement.** This step revolves around exploring how inequities occur in specific organizational contexts and is measured in the HEIOM survey with three indicators.
- **Make equity a strategic priority.** This step involves senior management articulating a vision for equity and acting on that vision by building equity into all high-level decision-making. This step is measured in the HEIOM survey with eight indicators.
- **Take initiative with others.** This step requires organizations to redress past and ongoing harms and is measured in the HEIOM survey with three indicators.

- **Align, invest, and advocate for thriving communities.** This step includes aligning organizational priorities and is measured in the HEIOM survey with three indicators.

Additionally, this 2024 HEIOM survey report includes data aligned with priority topics identified in the [2024-2025 AMA Organizational Strategic Plan to Advance Health Equity](#), generating new insight into organized medicine's efforts to support international medical graduates (IMGs) as well as initiatives to name and challenge ableism. We conclude the report with additional data on barriers identified by Federation organizations, a discussion of equity resources developed by the AMA, and information on how to get involved in the Equitable Professional Societies Network, as part of the RTHC, designed to explore the challenges and barriers surfaced in this report.

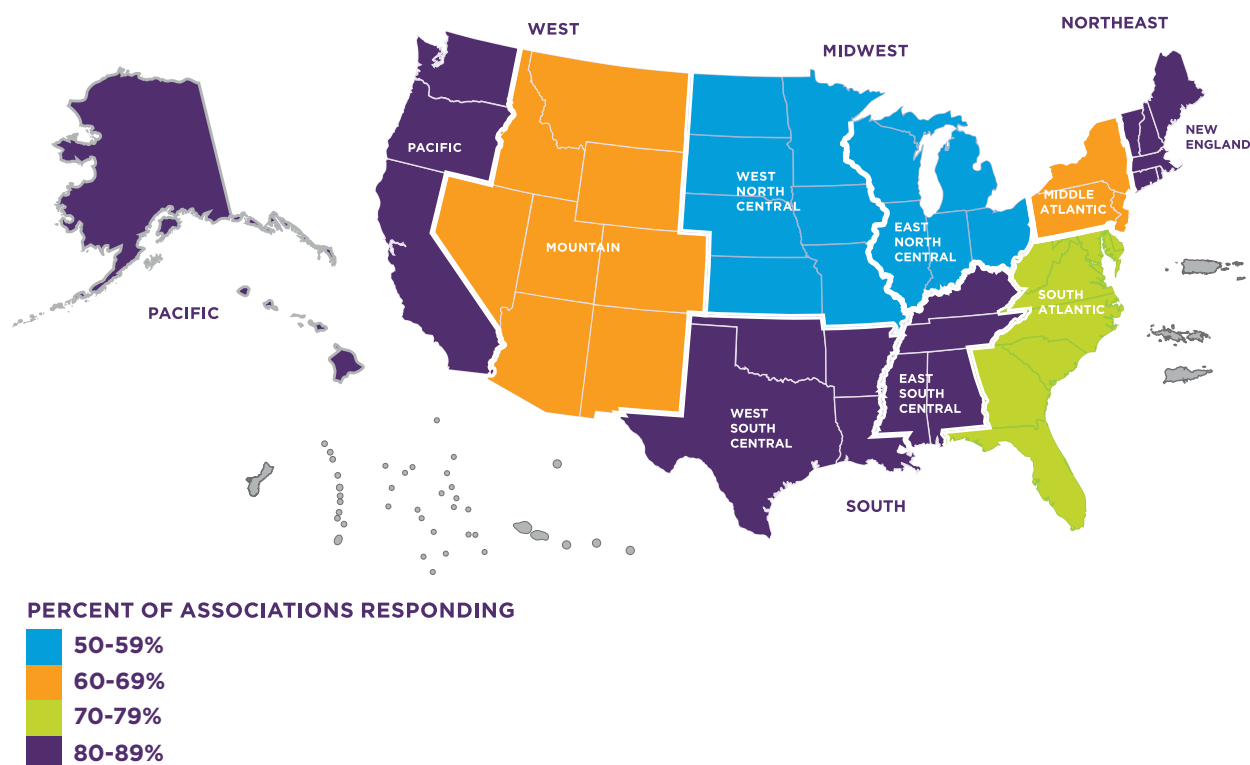
## Who Completed The Survey

A total of **81 out of 204** organizations (40% response rate) completed the 2024 HEIOM survey, including **36 out of 54** state/territorial associations (67% response rate) and **45 out of 150** specialty societies (30% response rate). The majority (76%, n=52) of organizations who completed the 2023 survey returned to complete this year's survey, providing updates on their ongoing efforts.

Though some of the most widely publicized equity work is being done by large professional societies, our 2024 HEIOM survey demonstrates that smaller organizations are working to advance equity in important ways as well. Over half of organizations (51.9%) responding to the 2024 HEIOM survey had fewer than 20 employees (while 25.9% of responding organizations had 20-99 employees and 22.2% of responding organizations had more than 100 employees).

Analysis of responses by the U.S. Census Division suggests good geographic representation, with at least 50% of states in each of the census divisions completing the survey. Participation was highest in the Pacific and East North Central regions (with over 80% of states in each region participating in the survey) and lowest in the New England census region (with at least 50% of states participating).

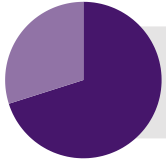
**Map 1. State/territorial associations completing the 2024 HEIOM survey by U.S. Census Division**



*Note. Not all the U.S. territories have an associated census division or territory medical association in the AMA Federation. Between 2023 and 2024, there were a total of 97 unique organizations that have completed the survey.*

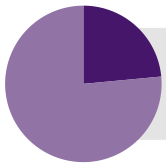
## Summary Findings

Summary findings from the HEIOM 2024 survey organized by the Rise to Health Coalition steps. Actions taken by 50% or more of responding organizations are highlighted in yellow.



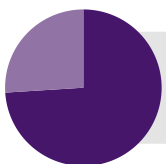
**70.1%** of organizations across 2023-2024 surveys have taken at least one action to **get grounded in history and their local context.**

- Identified historical harms related to the organization's policies or practices<sup>a</sup>
- Publicly acknowledge the organization's past harm<sup>a</sup>
- Take action to address past harms caused by the organization<sup>a</sup>
- Take action to address contemporary harms caused by organization<sup>a</sup>
- 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<sup>a</sup>



**23.5%** of organizations in our 2024 survey have taken at least one action to **identify opportunities for improvement.**

- 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., Race, Ethnicity and Language and Disability (REALD) and Sexual Orientation and Gender identity (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

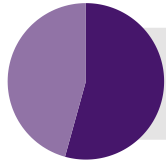


**74.1%** of organizations in our 2024 survey have taken at least one action to **make equity a strategic priority.**

- 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

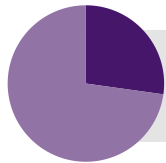
Note. Percentages indicate percentage of organizations that have achieved at least one action in each step.

<sup>a</sup>These questions were only asked the first time an organization completes the survey; data reported here are pooled from 2023 and 2024 HEIOM surveys, for a total of 97 organizations. All other data points are from the 81 organizations who participated in the 2024 HEIOM survey. For additional details, see Methodology section.



**54.3%** of organizations in our 2024 survey have taken at least one action **to take initiative.**

- 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

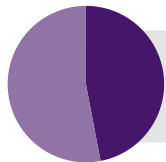


**27.2%** of organizations in our 2024 survey have taken at least one action to **align, invest, and advocate** for thriving communities.

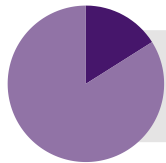
- Address root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health
- Engage in collective advocacy to address root causes of health inequities
- Publicly share equity data and indicators for transparency and mutual accountability

### Priority topics

In 2024, the HEIOM survey also included questions aligned with priority topics identified in the 2024-2025 AMA Organizational Strategic Plan to Advance Health Equity.

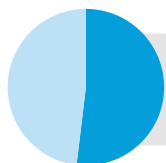


**47%** of organizations reported initiatives they deemed notable supporting International Medical Graduates.

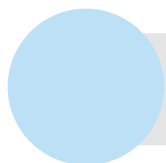


**17%** of organizations reported initiatives they deemed notable related to ableism.

### Progress from 2023



**51.9%** of organizations who completed both the 2023 and 2024 HEIOM surveys reported completing or sustaining the majority of their actions.



**0%** of organizations who completed both the 2023 and 2024 HEIOM surveys reported stopping or canceling the effort they had underway in 2023.

## STEP ONE

# GET GROUNDED IN HISTORY AND YOUR LOCAL CONTEXT

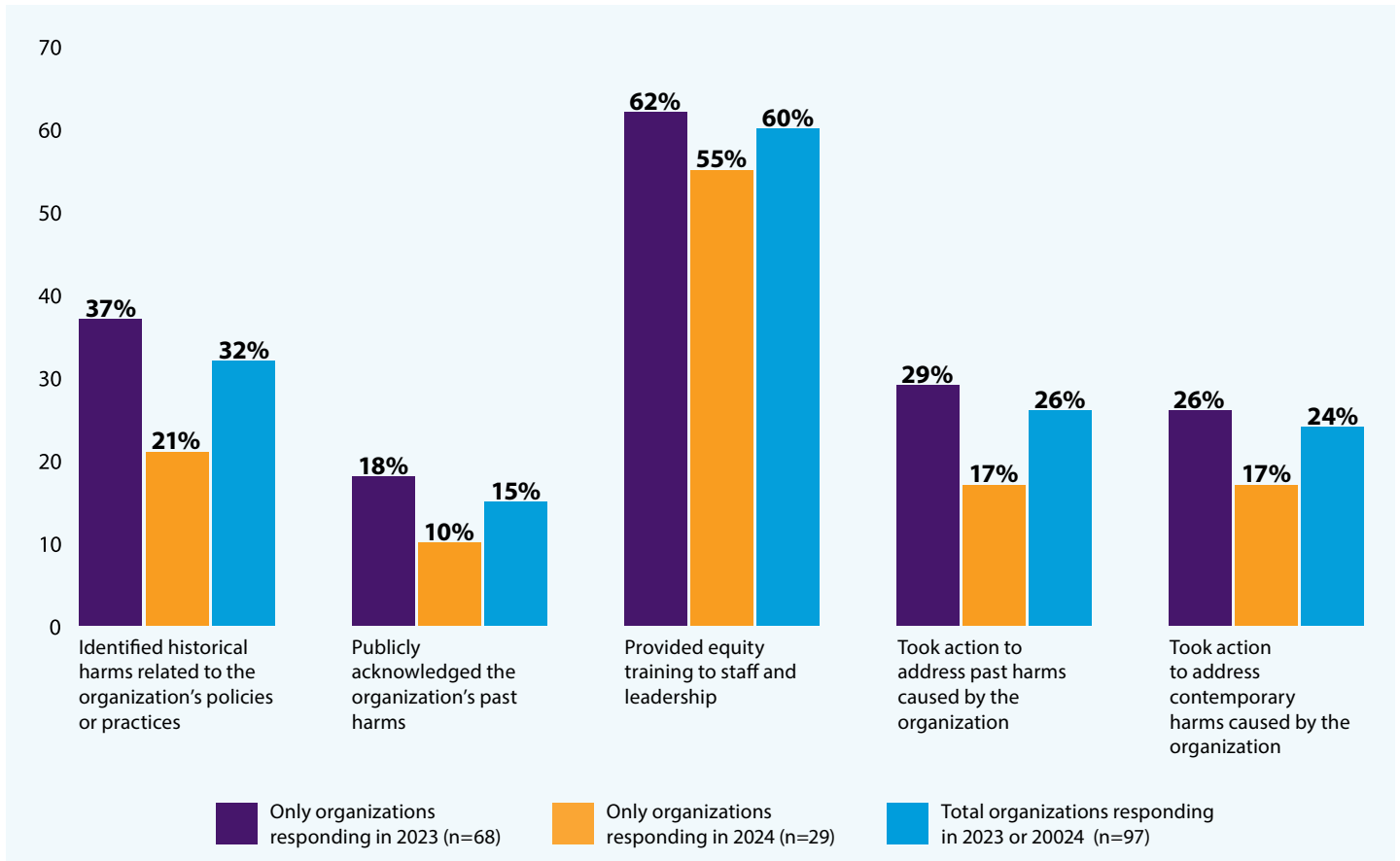
In this section, we explore actions that organizations are taking to identify policies and practices that intentionally or unintentionally disadvantage historically marginalized groups and understand their local context.





In our 2023 report, we found that many organizations were taking important steps in this area. For example, in 2023, 37% of responding organizations reported that they had identified historical harms related to their organizational policies and practices. In our 2024 survey, we offered organizations who were taking the survey for the first time an opportunity to share their efforts to get grounded in history and local context. In this new wave of data collection, 21% of responding organizations reported that they had identified historical harms. Together, the two years of data reveal a more comprehensive picture of the AMA Federation of Medicine and the efforts it has taken to address racism in practices, policies, or plans.

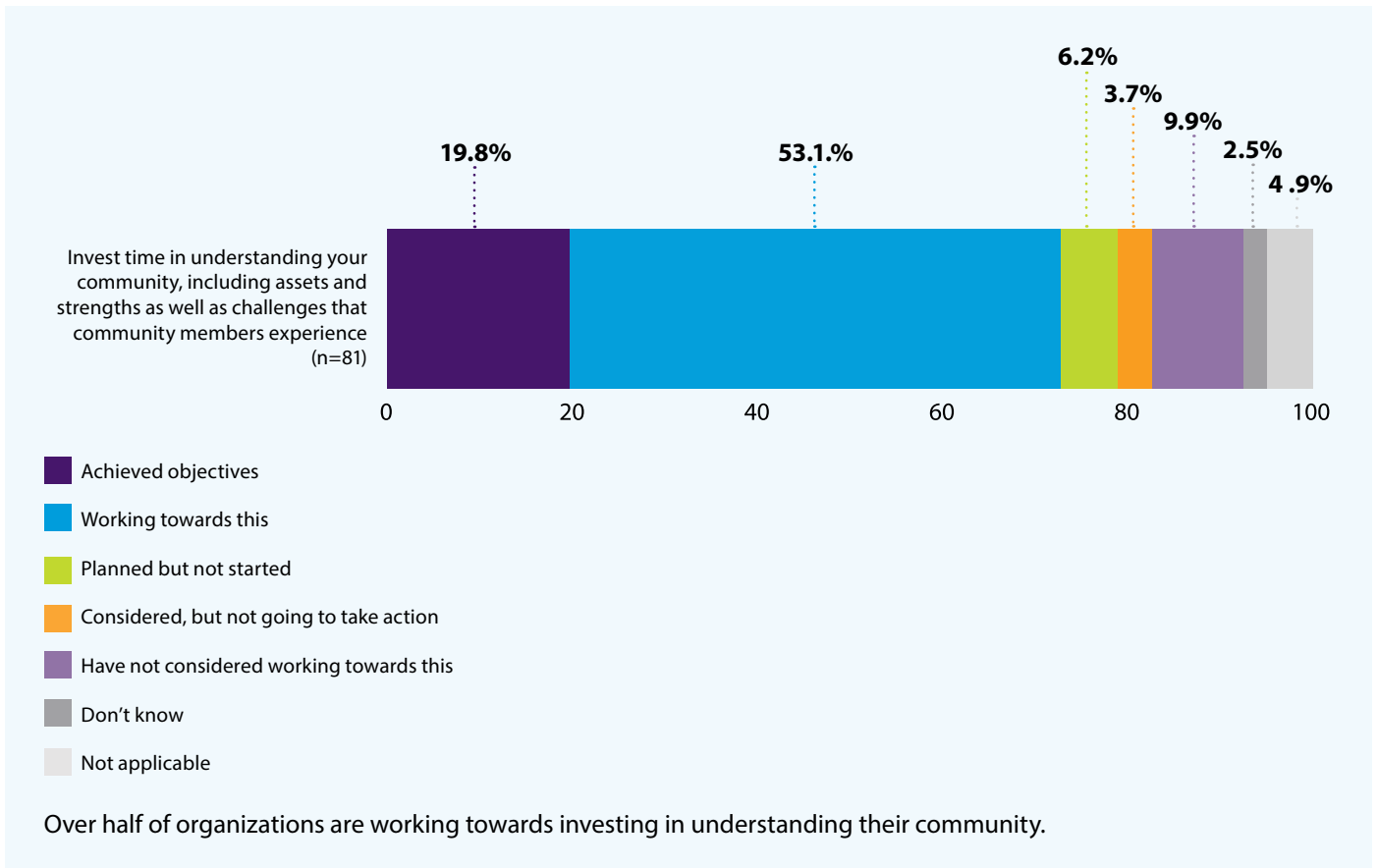
**Figure 1: Actions organizations have taken to address racism in practices, policies or plans, 2023-2024**



*Note: Organizations were asked these questions the first time they completed the survey only (2023: n=68; 2024: n=29; Between 2023 and 2024, there were a total of 97 unique organizations that have completed the survey).*

In the results that follow, we illustrate the current state across Federation organizations who completed the 2024 HEIOM survey. If an organization completed the 2023 survey, they were offered the opportunity to report that an activity continued in 2024 as it was in 2023. For example, if an organization reported that they “considered, but not taken action” on a particular issue, they could still respond the same status in 2024. Alternatively, organizations could report that they had accelerated work, moving from considering to actively working towards an objective, or even from considering taking action to achieving an objective.

**Figure 2: Invest time in understanding your community, including its assets, strengths, and the challenges that community members experience.**



**20%** of organizations who completed the 2023 and 2024 HEIOM surveys (n=52) report accelerating their efforts towards investing in understanding their local community.

## GET GROUNDED

# ACTION INSIGHTS

### ORGANIZATION NAME

## Allegheny County Medical Society Foundation

### ACTION

Invest time in understanding your community, including its assets, strengths, and the challenges that community members experience.

### PROGRAM/INITIATIVE

Wellness grants for local non-profit organizations

### WHAT

Annually, the Allegheny County Medical Society (ACMS) Foundation awards grants to support local projects and initiatives that benefit families and work towards creating a healthier region. In their 2023-2024 grant cycle, 26 local non-profits received a total of over \$250,000.

### IMPACT

The ACMS Foundation awards annual Wellness Grants to advance wellness by confronting social determinants of health. The 2023-2024 grants support various organizations providing essential services to the community, including food banks, doula services, and rapid financial aid. Beyond funding, grant recipients are paired with ACMS members who can offer physicians' insight and resources. This partnership creates an opportunity for a physician to directly impact a local non-profit.

For example, one of the 2023-2024 grant recipients, a formula bank, was able to connect to pediatricians who provided valuable medical insight and used this insight to improve their operations. By providing grants and facilitating these connections, ACMS gained a deeper understanding of the community and more effectively worked to address its community's health needs.

### TIPS FOR ORGANIZATIONS

- Include voices from the patient community in your initiatives.
- Leverage power to support reinvestment locally.

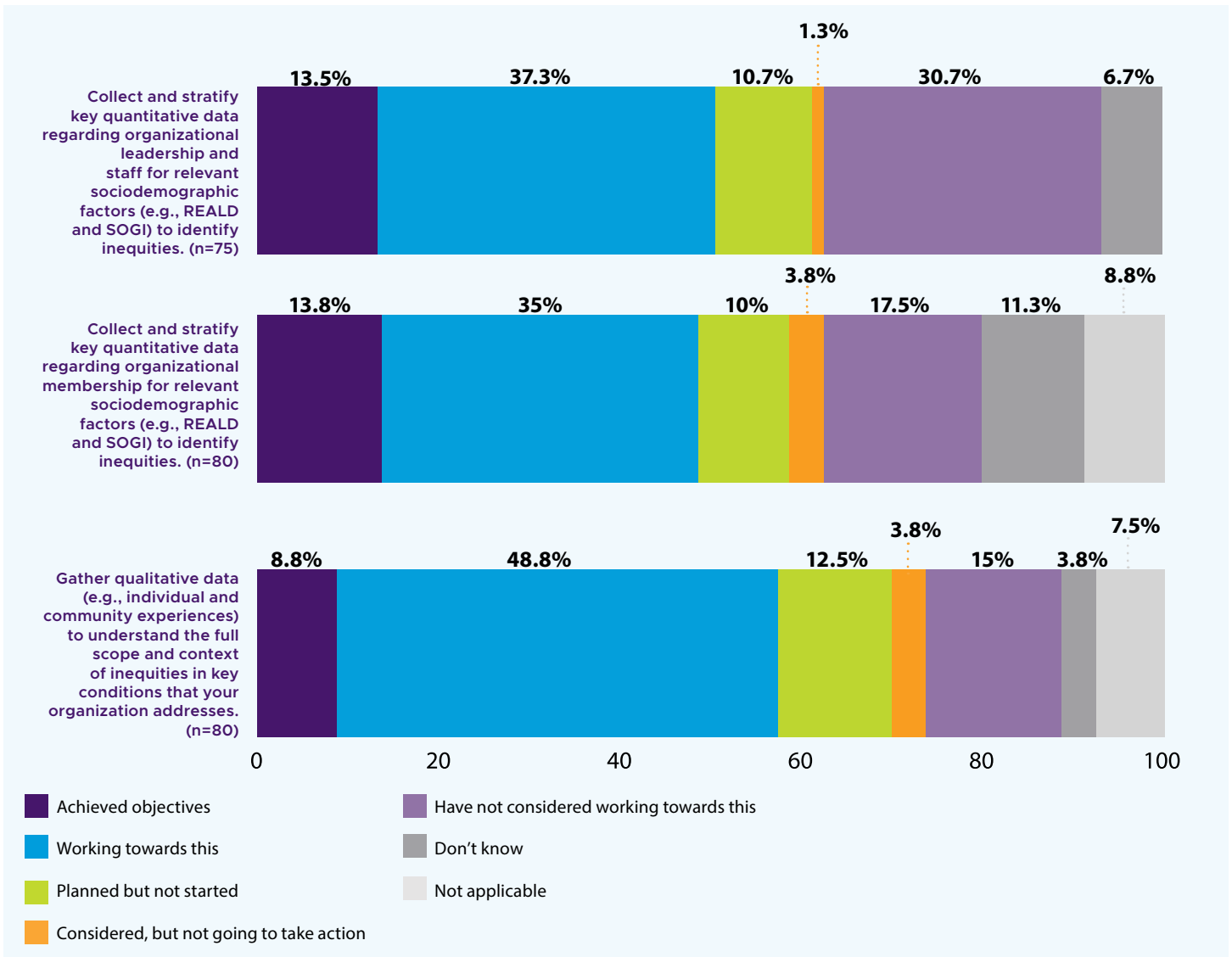
## STEP TWO

# IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

In this section, we explore actions taken to gather data to identify and understand inequities within an organization and its membership. Once such descriptive data is collected, organizations can begin to move from a “problem space” to the “solution space.”<sup>8,9</sup>



**Figure 3: Organizations’ progress towards identifying opportunities for improvement**



**Summary Findings**

- About half (48.8%) of organizations are working towards gathering qualitative data to understand the full scope and context of inequities in key conditions that they address.
- Half of organizations have achieved or are working towards collecting and stratifying quantitative data regarding organizational leadership and staff for relevant sociodemographic factors.
- Overall, actions related to identifying areas for improvement have the highest level of “have not considered working towards this” responses. This suggests that there may be barriers to creating processes for collecting or analyzing these data. Some of these challenges will be explored with Learning Network participants in the Equitable Professional Societies Network (EPSN).

**35%** of organizations who completed the 2023 and 2024 HEIOM surveys (n=52) report accelerating their progress on at least one action to identify opportunities for improvement.

## IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

# ACTION INSIGHTS

### ORGANIZATION NAME

## American Academy of Addiction Psychiatry

### ACTION

Gather qualitative data to understand the full scope and context of the inequities in key conditions that your organization addresses.

### PROGRAM/INITIATIVE

Opioid Response Network

### WHAT

The American Academy of Addiction Psychiatry (AAAP) leads the Opioid Response Network to provide free technical assistance throughout the country on opioid, stimulant and other substance use disorders. In collaboration with the Mid-America Addiction Technology Transfer Center and the University of Missouri-Kansas City Institute for Human Development, the Opioid Response Network developed a working paper to help address gaps in research, knowledge, communication, and service provision for people living with substance use disorders and intellectual and developmental disabilities.

### IMPACT

Round table discussions were convened with 23 professionals with expertise in treating individuals with intellectual or developmental disabilities and substance use disorders. These discussions focused on three areas: prevention, treatment, and recovery. Several needs were identified, including raising awareness of the prevalence of these co-occurring conditions, addressing gaps in service provision, and increasing knowledge to combat stigma.

AAAP is ensuring that the Opioid Response Network maximizes its impact on health equity by providing specialized technical assistance to anyone reaching out to the network and by creating population-specific advisory councils to ensure competent care for all.

### TIPS FOR ORGANIZATIONS

- Conduct roundtable discussions with professionals who have expertise in your focus areas. This helps identify needs and gaps in service provision and raise awareness about the issues.
- Offer tailored support and specialized technical assistance to individuals and organizations that are seeking help, ensuring they receive competent and relevant guidance.

## IDENTIFYING OPPORTUNITIES FOR IMPROVEMENT

# ACTION INSIGHTS

### ORGANIZATION NAME

## Tennessee Medical Association

### ACTION

Collect and stratify key quantitative data regarding organizational leadership and staff for relevant sociodemographic factors.

### PROGRAM/INITIATIVE

Leadership diversity scorecard

### WHAT

Tennessee Medical Association creates annual leadership diversity scorecards to understand the diversity of organizational leadership.

### IMPACT

After recognizing the need for younger and more diverse leaders to better reflect the state's physician demographics, the Tennessee Medical Association (TMA) began creating a leadership portfolio several years ago assessing the diversity in leadership across various demographics, environments and experiences. The portfolio provides TMA with a baseline understanding of the diversity within the organization. The association sought to become a more diverse and representative association, reflective of the physicians practicing across Tennessee.

To build on this work, TMA introduced a "leadership scorecard" in 2023, which defines representation and tracks progress on diversity in leadership roles, including the board, committees and AMA delegation. TMA creates scorecards for their board, AMA delegation and all committees. The initiative also aims to prevent the recycling of the same leaders by promoting new and diverse candidates from TMA's Leadership College. The scorecards serve as a tool to identify areas lacking diversity and as guidance for the nominating committee when selecting leadership, ensuring more diverse voices in leadership.

### TIPS FOR ORGANIZATIONS

- Create a baseline leadership portfolio to assess the current diversity across various demographics, environments, and experiences within your organization.
- Develop a leadership scorecard that tracks diversity in leadership roles, setting specific goals for gender, race, age, and other relevant factors.



## STEP THREE

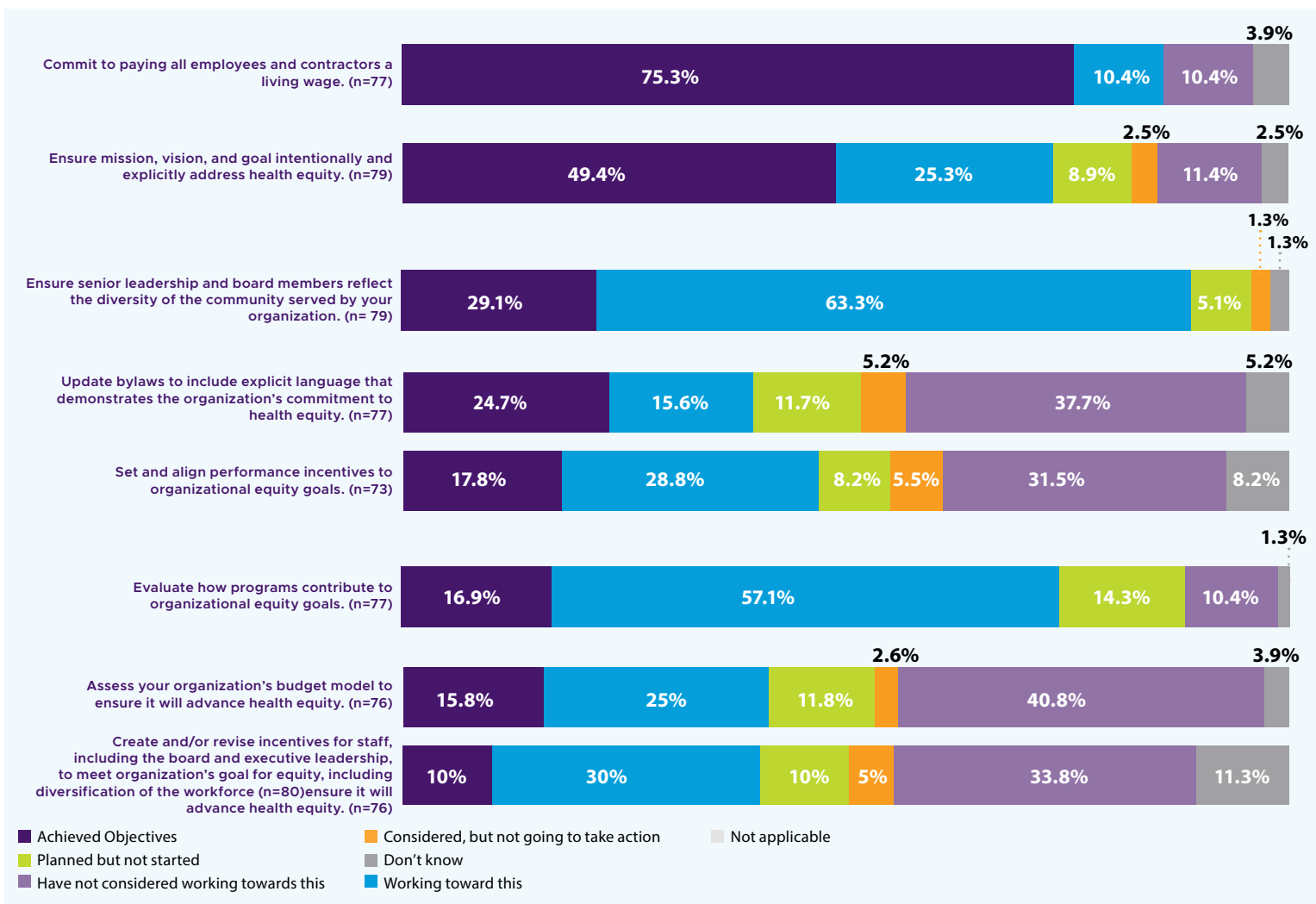
# MAKE EQUITY A STRATEGIC PRIORITY

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





**Figure 4. Organizations’ progress towards making equity a strategic priority**



**Summary Findings:**

- Majority (75%) of organizations achieved committing to pay all employees and contractors a living wage.
- About half (49.4%) of organizations have developed a mission, vision, and goals that intentionally and explicitly address health equity.
- Over 60% of organizations are working towards ensuring that their senior leadership and board members reflect the diversity of the community they serve.
- More than 30% of organizations have not considered working towards several actions in this category. These actions may be more challenging for organizations to pursue, suggesting additional support may be needed (e.g., technical assistance through EPSN):
  - Updating bylaws to include explicit language that demonstrates the organization’s commitment to health equity,
  - Setting and aligning performance incentives to organizational equity goals,
  - Assessing their organization’s budget model to ensure it will advance health equity or creating and/or revising incentives for staff, inclusive of the board and executive leadership, to meet the organization’s goal for equity and the workforce diversification.

**60%** of organizations who completed the 2023 and 2024 HEIOM surveys (n=52) report accelerating their progress on at least one action to make equity a strategic priority.

## MAKE EQUITY A STRATEGIC PRIORITY

# ACTION INSIGHTS

### ORGANIZATION NAME

## American Academy of Neurology

### ACTION

Ensure that the mission, vision, and goals intentionally and explicitly address health equity.

### PROGRAM/INITIATIVE

Created a 5-year strategic plan incorporating health equity.

### WHAT

The American Academy of Neurology (AAN) created its first five-year strategic plan, which included updating their mission statement and incorporating health equity into each goal and objective.

### IMPACT

To prioritize health equity, the AAN incorporated equity into their mission and values, as well as throughout their 2024-2028 strategic plan. With the mission to enhance member career fulfillment and promote brain health for all and a commitment to valuing the diversity of identities and experiences while striving to advance equity and inclusion, AAN is focused on health equity.

All four goals in their strategic plan include an equity component, such as increasing the number of U.S. neurologist members who are underrepresented in neurology and supporting research to eliminate health care inequities. Having an explicit focus on health equity serves as the guiding framework for the organization's work.

### TIPS FOR ORGANIZATIONS

- Commitment to health equity at the leadership level is essential; be willing to have difficult conversations throughout leadership changes.

## MAKE EQUITY A STRATEGIC PRIORITY

# ACTION INSIGHTS

### ORGANIZATION NAME

## Oregon Medical Association

### ACTION

Evaluate how programs contribute to organizational equity goals.

### PROGRAM/INITIATIVE

Evaluating policies with an equity lens

### WHAT

Oregon Medical Association (OMA) aims to evaluate all of their work through a health equity lens, ensuring that all policies and programs are equitable and not setting back health equity.

### IMPACT

OMA's Justice, Equity, Diversity and Inclusion (JEDI) committee has begun reviewing existing policies in their policy compendium with an equity lens to ensure that language and content are equitable. The JEDI is a diverse group of members who vary by race, gender, practice location, specialty and disability status. They evaluate policies to see if they include health equity considerations and have added an equity perspective

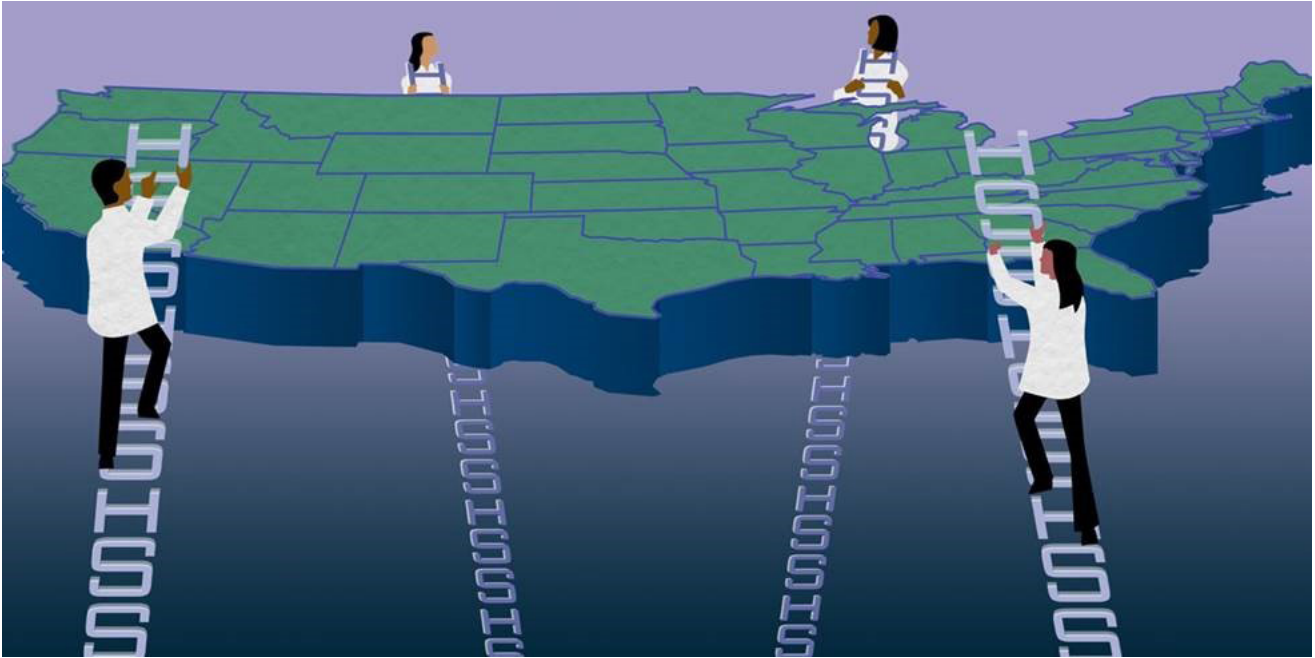
when creating future policies. The policy review includes examining policies from a racial, gender, sexual identity, and disability perspective. A group of four to five reviewers from the JEDI committee suggests improvements, which are discussed by the general counsel for approval. To ensure this is a permanent practice, OMA is in the process of creating a policy evaluation tool to ensure that every future policy is equitable.

### TIPS FOR ORGANIZATIONS

- Ensure the group reviewing the policies is inclusive.
- Base every policy on the best available scientific evidence to ensure they are effective and help minimize debates.
- Focus on centering the patient in policy decisions to ensure policies effectively address their needs and improve health outcomes.

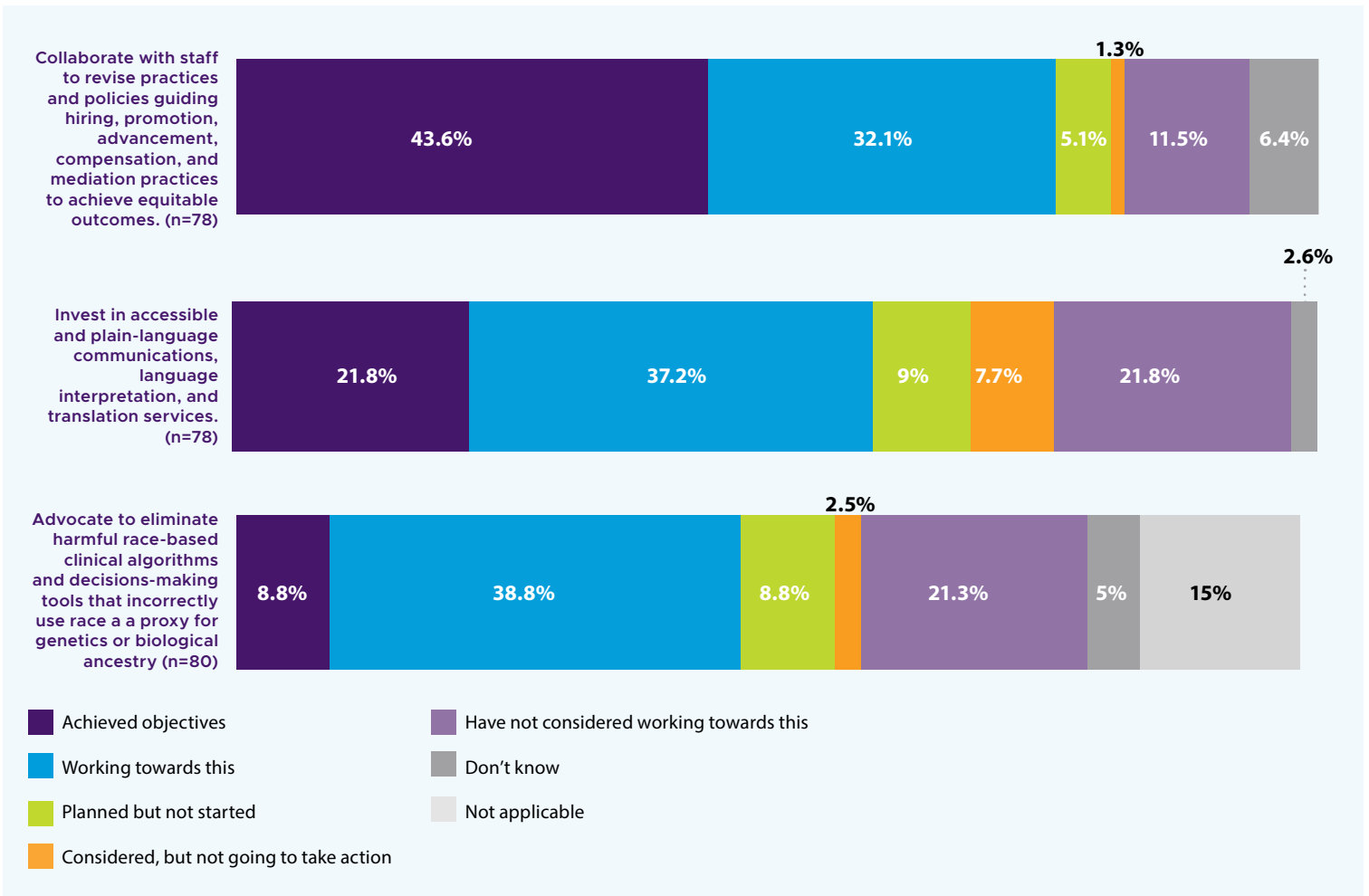
## STEP FOUR **TAKE INITIATIVE**

This section showcases actions being taken to address past and ongoing harms within an organization and its community.



*Illustration by Paul Dolan, courtesy of the AMA Journal of Ethics*

**Figure 5. Organizations' progress towards taking initiative**



**Summary Findings:**

- Over 40% of organizations have collaborated with staff to revise practices and policies guiding hiring, promotion, advancement, compensation, and mediation to achieve equitable outcomes.
- About 40% of organizations are working towards:
  - Advocating to eliminate harmful race-based clinical algorithms and decision-making tools as a proxy for genetic or biological ancestry.
  - Investing in accessible and plain-language communication, language interpretation, and translation services.

**37%** of organizations who completed the 2023 and 2024 HEIOM surveys (n=52) report accelerating their progress on at least one action to take initiative.

## TAKE INITIATIVE

# ACTION INSIGHTS

### ORGANIZATION NAME

## Medical Society of Virginia

### ACTION

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

### PROGRAM/INITIATIVE

On-demand remote translation services for physicians to use.

### WHAT

Medical Society of Virginia (MSV) worked with a medical interpretation service to give physicians access to on-demand language translation services to enable them to better serve their patients.

### IMPACT

Members of the MSV faced challenges in accessing language interpretation and translation services for patients who did not speak their language. Although proposed legislation to mandate multilingual health care materials did not pass, MSV remained committed to finding language resources for physicians. MSV is partnering with an on-demand medical language interpretation service offering real-time interpretation in

over 240 languages and dialects. By providing access to a medical interpretation service at a discounted rate for members and helping all Virginia physicians access the service, MSV is empowering physicians to deliver more equitable care to patients across the state.

### TIPS FOR ORGANIZATIONS

- Understand the specific needs of physicians and any relevant legal requirements to address language barriers effectively.
- Encourage physicians to share their challenges to better tailor solutions that address real-world issues.

## TAKE INITIATIVE

# ACTION INSIGHTS

### ORGANIZATION NAME

## American Society of Nephrology

### ACTION

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

### PROGRAM/INITIATIVE

Removal of race as a factor in calculating kidney function.

### WHAT

The American Society of Nephrology (ASN) collaborated with the National Kidney Foundation (NKF) to establish a task force in 2020 to reassess the inclusion of race in the estimation of glomerular filtration rate (eGFR) in the United States and its effects on diagnosing and managing patients at risk for and with kidney diseases. The task force addressed race as a social construct rather than a biological determinant and that inclusion of race in this and other equations and algorithms perpetuates misconceptions about race and biology and insidiously racism in medicine. The task force's recommendations were published in 2021.

### IMPACT

The ASN and NKF's task force recommendation to remove race from the eGFR calculation has led to significant advancements in addressing inequities in kidney disease treatment and shone a light on the impact of harmful race-based clinical algorithms. Currently, about 50% of hospital systems have implemented the new eGFR calculation. The equation is also being applied to the waitlist for kidney transplants (and for people volunteering to be living kidney donors). These changes have reduced the wait for Black patients on the kidney transplant list, enabling some to receive transplants sooner.

To further support this transition, ASN is hosting roundtable discussions with nephrologists and physicians beyond the field of nephrology to assess foundational knowledge of eGFR and understanding of the race-free eGFR and Cystatin-C equations. Additionally, ASN is developing a toolkit to help physicians integrate the new calculation into their practice and understand when to refer to nephrology.

### TIPS FOR ORGANIZATIONS

- Ensure that senior leadership is fully committed and unwavering in their support for the initiative.
- Engage patients to help drive the importance of the work and provide valuable perspective.
- Use well-researched data to support the change and demonstrate the benefits clearly.

STEP FIVE

# ALIGN, INVEST AND ADVOCATE FOR THRIVING COMMUNITIES

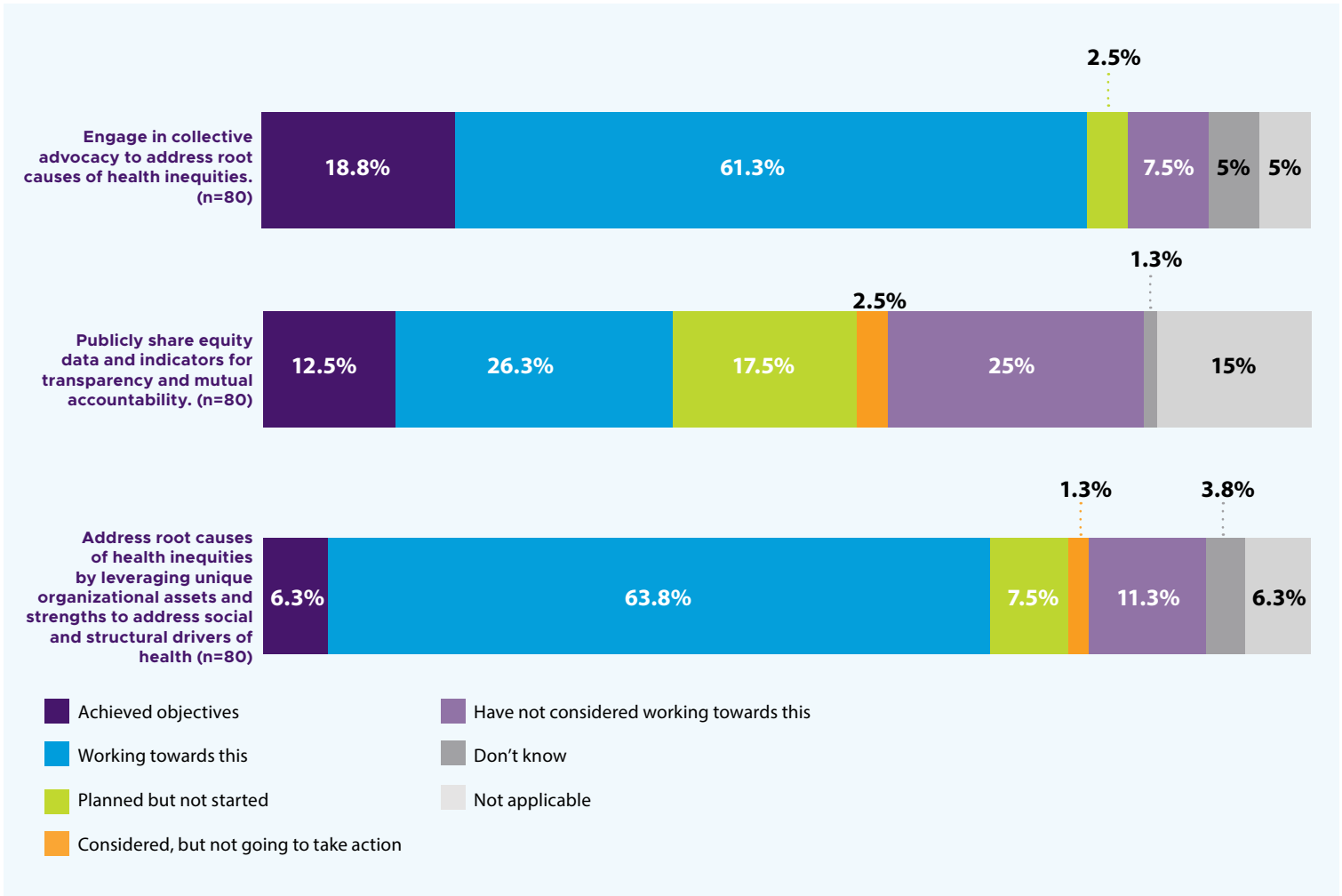
This section shows organizational progress towards action aligning, investing, and advocating for the communities they serve.



Illustration by Samantha Welker, courtesy of the AMA Journal of Ethics



**Figure 6. Organizations’ progress toward aligning, investing, and advocating for the communities they serve**



**Summary Findings:**

- Over 60% of organizations are working towards:
  - Engaging in collective advocacy to address root causes of health inequities.
  - Addressing root causes of health inequities by leveraging unique organizational assets and strengths to address social and structural drivers of health.
- While many (25%) organizations are working towards publicly sharing equity data indicators for transparency and mutual accountability, a similar proportion of respondents have not considered doing so. This suggests the need for shared learning and strategies between organizations who have initiated these processes and those who may not yet know how to do so.

**35%** of organizations who completed the 2023 and 2024 HEIOM surveys (n=52) report accelerating their progress on at least one action to align, invest, and advocate for thriving communities.

## ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES

**ACTION INSIGHTS****ORGANIZATION NAME****American Academy of Orthopaedic Surgeons****ACTION**

Publicly share equity data and indicators for transparency and mutual accountability

**PROGRAM/INITIATIVE**

Publicly share annual Governance Diversity Report

**WHAT**

As part of the American Academy of Orthopaedic Surgeons (AAOS) 2019-2023 strategic plan, the AAOS developed the Governance Diversity Report in 2019 to establish a baseline and set goals for increasing diversity among AAOS' board and volunteer structure.

**IMPACT**

The AAOS's annual Governance Diversity Report provides an analysis of the composition of AAOS's volunteer structure, member engagement, and applicant selection. The creation of the report allowed AAOS to understand the baseline diversity within its governance and set a goal for increasing diversity across its volunteer structure. This report has enabled AAOS to implement strategies that promote thoughtful selection of members for its volunteer roles. For example, during the committee selection process each year, committee chairs are provided with the diversity data specific to their committees to ensure diverse representation.

Since the development of the Governance Diversity Report, AAOS has seen an increase in the number of female and underrepresented minority members holding positions within the AAOS governance structure.

The Governance Diversity Report has raised awareness of diversity within AAOS councils and committees. Sharing the report publicly, has allowed for transparency and an opportunity to build trust with its members and create an inclusive society. Publicly sharing the report holds AAOS accountable for increasing diversity and provides an avenue for feedback.

**TIPS FOR ORGANIZATIONS**

- Collect and analyze baseline data to track progress over time. Track progress over time to understand growth and identify areas needing improvement.
- Ensure that your diversity and equity goals are integrated into your organization's strategic plan to maintain focus and commitment.

## ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES

**ACTION INSIGHTS****ORGANIZATION NAME****Washington State Medical Association****ACTION**

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

**PROGRAM/INITIATIVE**

Health Equity Monthly Morbidity and Mortality webinar

**WHAT**

Washington State Medical Association (WSMA) holds bi-monthly Health Equity Morbidity and Mortality (M&M) webinars that are free for WSMA members and offer CME credit.

**IMPACT**

The Health Equity M&M discussions provide a framework for recognizing and examining biases and identifying the ways systemic racism exists within health care organizations. During each webinar, Edwin Lindo, JD, facilitates case-based discussions. The discussions give physicians the tools to focus on improving patient care by creating an opportunity to think critically and identify when to advocate alongside patients from minoritized

and marginalized communities, ensuring they receive the highest quality of care. These webinars have created a non-punitive space to allow for vulnerable conversations about racial biases that can affect a patient's care and prevent bias from happening in the future.

**TIPS FOR ORGANIZATIONS**

- Utilize a [Toolkit](#) for holding your own health equity M&M.
- Ensure there is a facilitator who is experienced with having conversations about biases to help people think critically through the discussions.

**ALIGN, INVEST, AND ADVOCATE FOR THRIVING COMMUNITIES****ACTION INSIGHTS****ORGANIZATION NAME****Mississippi State Medical Association****ACTION**

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

**PROGRAM/INITIATIVE**

Survey to understand challenges with providing care for people living with HIV

**WHAT**

Partnered with Mississippi Department of Health and University of Mississippi Medical Center (UMMC) to identify inequities and collaborate on strategies to address them.

**IMPACT**

The Mississippi State Medical Association (MSMA) collaborated with the state health department and UMMC to understand the challenges health care professionals face in getting patients into HIV treatment. They conducted a survey to look at unconscious biases and assess how willing providers are to care for people living with HIV. The survey aimed to find out why some providers are hesitant to treat all people living with HIV.

As a result, Mississippi is working on creating a statewide standard for HIV patient care and educating physicians on its importance. Additionally, MSMA and the health department are working on funding a community health

worker program to help HIV patients connect with care and partnering with Uber to provide free rides for patients going to HIV care appointments.

MSMA's efforts demonstrate a thorough approach to tackling health inequities by improving access to care, enhancing provider education and leveraging community resources to support stigmatized populations.

**TIPS FOR ORGANIZATIONS**

- Reach out to your health department and university to work together.
- Develop a health priorities task force to identify, select and develop innovative programs and partnerships to address health disparities.

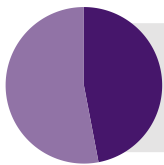
# PRIORITY TOPICS

In 2024, the HEIOM survey also included questions aligned with priority topics identified in the 2024-2025 AMA Organizational Strategic Plan to Advance Health Equity – international medical graduates (IMGs) and ableism in health care. Organizations were asked if they had any notable initiatives on these issues.

## International Medical Graduates



International medical graduates (IMGs) are physicians or resident physicians who have graduated from a medical school outside of the U.S.<sup>10,11</sup> These individuals may be citizens of the U.S. or other nations. In 2020, IMGs comprised 22.9% of the physician workforce, bringing years of training and experience in their countries of origin to the U.S. medical education and health care system.<sup>11-13</sup> While IMGs can ease escalating physician shortages and worsening specialty and geographic maldistribution, they face daunting challenges entering and operating within U.S. labor markets.<sup>11</sup> The numerous immigration hurdles during medical education, residency, and job placement create precarious living and working conditions for IMGs and their families.



**47%**

of organizations in the 2024 HEIOM survey (n=38) reported notable initiatives supporting IMGs. There are many ways organizations reported supporting IMGs, including through legislation, scholarships, community of practice sections, and visa resources.

### AMA Resources:

- [2024-2025 AMA Organizational Strategic Plan to Advance Health Equity Educational Primer on International Medical Graduates](#). Outlines issues, centering IMGs and their expertise, experiences, and priorities.
- [International Medical Graduate experience in medicine](#). Resources and educational content exploring the IMG journey.
- [AMA Advocacy Immigration Resources](#). Details of the AMA's efforts to better support and provide resources for IMG physicians in relation to visas and green cards.

# INTERNATIONAL MEDICAL GRADUATES ACTION INSIGHTS

## ORGANIZATION NAME

### American College of Physicians

#### WHAT

Established an IMG advisory committee to outline challenges and opportunities to better support and resources for IMGs.

#### IMPACT

The American College of Physicians' (ACP) IMG advisory committee was comprised of a diverse group of IMG members, including physicians, residents, early career professionals, governance representatives, faculty, and clinical practitioners. The committee recommended that ACP focus on professional development, networking and engagement opportunities, immigration and visa support, financial planning, and transitioning to life in the U.S. to improve support to IMG members.

The committee's recommendations were implemented across the ACP, including the creation of an IMG member resource page, providing visa support and financial planning resources, and career development videos from IMGs. Additionally, the ACP DEI Committee now incorporates enhanced support for IMGs as a priority focus toward advancing equity for the profession.

## TIPS FOR ORGANIZATIONS

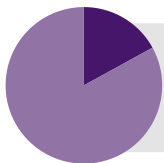
- Create specialized support resources tailored to IMGs, offering visa support, financial planning guidance, and career advice to address their unique challenges.
- Engage a diverse advisory committee to regularly review and update professional development content to meet the evolving needs of IMG members.

## Ableism



Ableism is a root cause of health inequities. Like racism and sexism, ableism is a system of power that classifies an entire group of people as “less than” and structures opportunities to advantage some and disadvantage others.<sup>11,14</sup> Ableism can take many forms, including discrimination against people with disabilities based on the belief that non-disabled personas are normal.

The AMA recognizes the thought, writing, and advocacy of disabled people and disability advocates in their unflagging efforts to ensure that health care is just, equitable, and inclusive for all individuals.<sup>11</sup> One of our initial efforts to amplify this work is through the development of a disability advisory group, called for by House of Delegates policy, which will guide AMA work related to disability.



**17%**

of organizations in the 2024 HEIOM survey (n=14) reported notable initiatives related to ableism. These efforts included staff disability awareness training and policies to support accessibility during meetings.

### AMA Resources:

- [2024-2025 AMA Organizational Strategic Plan to Advance Health Equity Educational Primer on Ableism in Health Care.](#) Outlines issues, centering perspectives of physicians and medical students with disabilities and highlights their experiences and priorities.
- [Fighting Ableism: What Do You Need?](#) An online learning module featured on AMA Ed Hub™ describes the challenges faced by health care professionals and patients with hearing loss, as well as how accommodations create inclusive health care environments.
- [International Medical Graduates toolkit.](#) A toolkit to help IMG physicians navigate through the process of practicing medicine in the U.S.

## ABLEISM

# ACTION INSIGHTS

### ORGANIZATION NAME

## American Society of Hematology

### WHAT

Efforts to foster the inclusion of the hematologists with disabilities

### IMPACT

The American Society of Hematology (ASH) works to foster inclusivity within the hematology community through listening sessions and community gatherings. Efforts have created a space for individuals with disabilities to share their experiences, identify opportunities for ASH to support their success, and build relationships. Further, ASH has highlighted opportunities for enriching the field through a cover story in *The Hematologist*, ASH's flagship member news magazine. Collectively, these efforts aim to raise awareness about the challenges faced by hematologists with disabilities

and ensure that their voices are heard. Additionally, ASH has a concierge service to accommodate the needs of attendees at the annual meeting, further emphasizing that people with disabilities are valued and welcomed within the community. Through publications and awareness efforts, ASH is working to make the experiences of hematologists with disabilities visible, encourage their engagement in advancing the field, and support peer understanding of their experiences.

### TIPS FOR ORGANIZATIONS

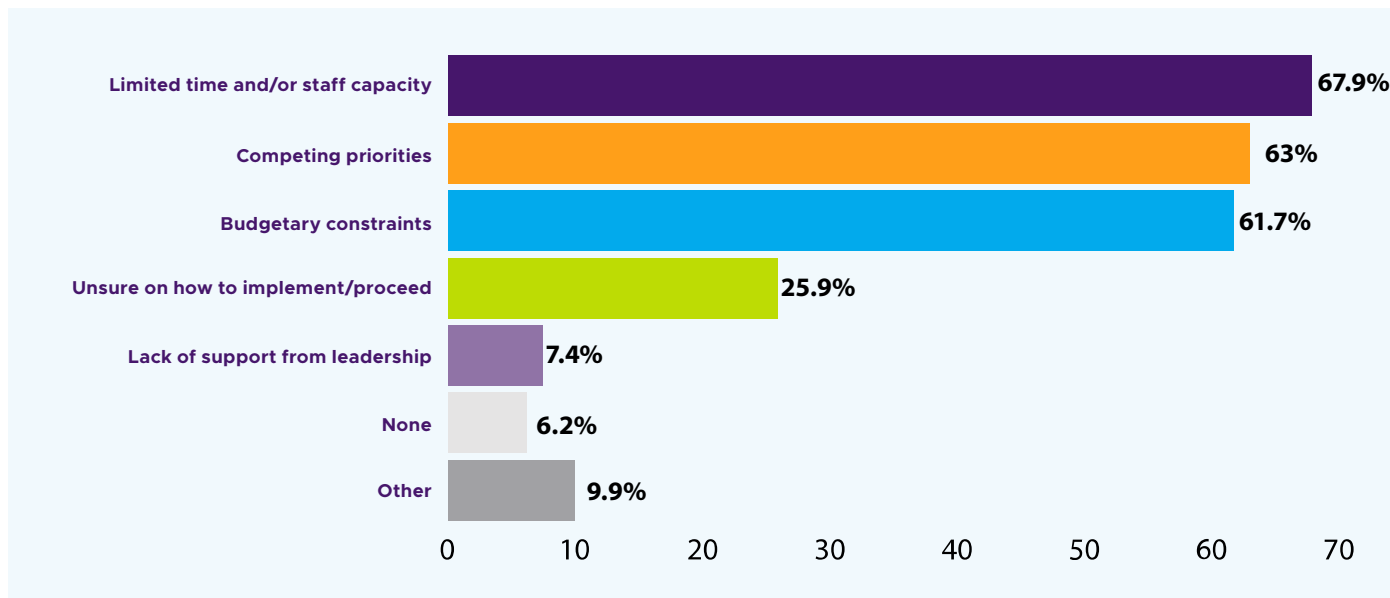
- Host listening sessions and community gatherings to create spaces where individuals with disabilities can share their experiences and perspectives.
- Use your organization's communication channels, like newsletters or publications, to raise awareness and highlight the stories and contributions of professionals with disabilities.



# BARRIERS

Organizations are in different stages of the journey toward achieving health equity. There are many factors that may influence an organization's ability to do this work. The most commonly cited barriers reported by 2024 HEIOM responding organizations were limited time and/or staff capacity, competing priorities, and budgetary constraints (each indicated by over 60% of responding organizations). About one-quarter of responding organizations cited being unsure of how to implement or proceed with the work, suggesting an opportunity to further develop or promote learning, convening, and technical assistance resources. Less than 10% of responding organizations reported that lack of support from leadership was a key barrier to conducting equity work.

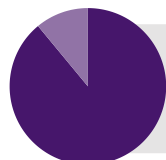
**Figure 7. Barriers to conducting health equity work**



*Note. Responses are not mutually exclusive.*

# USE OF AMA EQUITY-FOCUSED RESOURCES

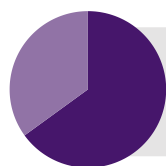
In 2021, the AMA released two documents critical to our health equity work: “AMA’s Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity” and [“Advancing Health Equity: A Guide to Language, Narrative and Concepts”](#) (published with the Association of American Medical Colleges Center for Health Justice). In 2023 and 2024, the HEIOM survey explored the AMA Federation of Medicine’s awareness and use of these documents.



89%

of organizations who completed the 2023 or 2024 HEIOM surveys (n=86) were aware of the AMA’s 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity. Of those organizations, 52% (n=45) used or referenced the plan in their work.

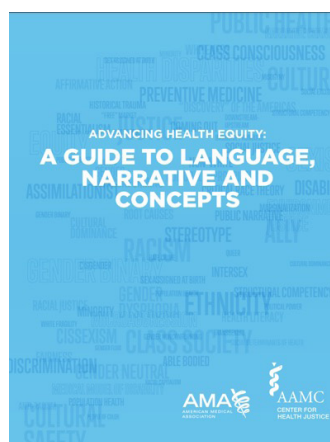
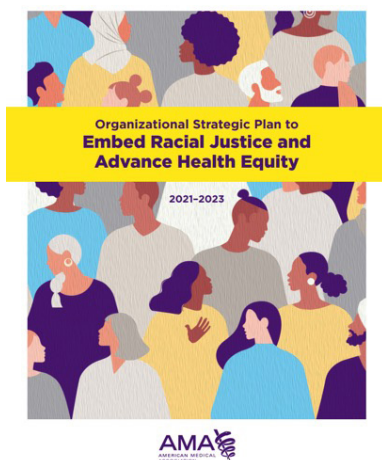
- “We have shared the document and website with membership. Our current president has made DEI one their priorities and draws on the AMA’s resources.” – Hawaii Medical Association



65%

of organizations who completed the 2023 or 2024 HEIOM surveys (n=63) were aware of Advancing Health Equity: A Guide to Language, Narrative and Concepts. Of these organizations, 56% (n=35) used or referenced the guide in their work.

- “Made sure our website used appropriate and inclusive language.” – Society for Cardiovascular Magnetic Resonance
- “We have used the guide to help us develop patient-centered language guidance, to affirm our approach to the collection and use of demographic data and to inform our strategy around expectations for declaring data limitations of results being presented in a scientific venue.” – American Society of Hematology
- “Our Health Equity Task Force is working on an Inclusive Language policy for MSMS using the Guide as the model. Also, it is often used to assist with research and definitions.” – Michigan State Medical Society



# HOW TO GET INVOLVED

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

## Rise to Health Coalition



[Equitable Professional Societies Network \(EPSN\)](#), as part of the [Rise to Health Coalition](#), mobilizes organizations that represent diverse health care professionals, coordinates learning, and encourages action for collective impact so that all people have the power, circumstances, and resources to achieve optimal health. The EPSN is a collaborative initiative convened by the AMA and the Council of Medical Specialty Societies in partnership with HealthBegins, Race Forward, and a growing number

of other national partners. Together, these entities are on a mission to advance a more equitable health care ecosystem—making health outcomes better for all.

### EPSN is made up of two components:

**Learning Network:** This program is designed to equip participating organizations with the knowledge, skills, resources, and tools needed to operationalize equitable structural changes. Participating organizations benefit from access to educational sessions led by leaders in the field, networking opportunities, and more.

**Action Workstreams:** The action workstreams provide support for applying learning into coordinated action consistent with key priority actions for professional societies. Examples include diversification of the health care workforce and reconsideration of the use of race in clinical algorithms.

## 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:

- **[National 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 was co-created by the AMA in partnership with the Accreditation Council for Graduate Medical Education, the National Center for Interprofessional Practice and Education, and Disability Belongs. Events in 2023 include free CME, while events in 2024 include free CME and free CE for other healthcare professionals.
- **[Foundational Equity Education:](#)** Interactive modules on the AMA's Ed Hub™ provide foundational education and free CME for physicians and other health care professionals. Key resources to explore include the Basics of Health Equity, Getting Grounded: Building a Container for Transformative Conversations, and the Historical Foundations of Racism in Medicine series, which includes an introductory module as well as more in-depth content on Pain and Racism, and Medical Mistrust and Medical Distrust.
- **[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 implications. These recorded conversations among national thought leaders and experts 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.

### Get Involved with AMA Advocacy

<https://www.ama-assn.org/health-care-advocacy>

# METHODOLOGY

## Survey population:

The Health Equity in Organized Medicine (HEIOM) survey population included the AMA Federation of Medicine. At the time of survey administration, there were 150 specialty societies, 54 state/territory organizations, and 322 county organizations with valid email addresses.

## Questionnaire:

The questionnaire was developed by the AMA. Most of the questions were taken from the actions of the professional societies pillar of the Rise to Health Coalition. The survey consisted of 45 questions about actions organizations are taking to advance health equity, awareness of AMA products and initiatives, and additional special topics.

## Survey administration and analysis:

The AMA conducted a pilot test with 4 organizations. The Council of Medical Specialty Societies sent two reminder emails to the specialty societies. The pilot test was conducted between January 4 and January 16, 2024. Minor changes were made to the questionnaire based on feedback from pilot test organizations.

On January 18, 2024, an email was sent to the Federation to inform organizations that the survey would be administered on January 22, 2024. The web-based survey was administered to the Federation organizations via email on January 22, 2024. Reminder emails were sent on Jan. 29, Feb. 5, Feb. 12, Feb. 19, and Feb. 27. The final sample size was 89 organizations. This consisted of 45 specialty societies, 36 state/territory associations, and 8 local/county organizations. Local organizations were not included in the quantitative analysis due to the small sample size.

## Returning organizations:

This marked the second year of the HEIOM survey. In 2024, 52 organizations that completed the survey in 2023 participated again. To analyze the changes among these organizations' actions from 2023 to 2024, the organization's actions were categorized as sustainers or accelerators:

- **Sustainer:** An organization that either continued working towards an action in both 2023 and 2024 or had already achieved the action in 2023 and maintained that status in 2024.
- **Accelerator:** An organization that made significant action progress from 2023 to 2024. This includes those working towards an action in 2023 and achieved it by 2024 or those who planned an action in 2023 but were actively working toward or had achieved it by 2024.

## Limitations:

The HEIOM survey aimed to capture a comprehensive understanding and experiences of the AMA Federation of Medicine regarding their progress towards health equity. However, 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.

Additionally, there is the potential for non-response bias. Although the survey was completed by state/territory associations throughout the U.S. and a variety of specialty societies, it is possible that organizations that chose not to participate in the survey may have different perspectives and/or experiences related to health equity. Efforts were made to mitigate these limitations.

# ACKNOWLEDGEMENTS

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