AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 243
(A-24)

Introduced by: Minority Affairs Section

Subject: Disaggregation of Demographic Data for Individuals of Federally Recognized Tribes

Referred to: Reference Committee B

Whereas, the Indian Health Service (IHS) is a health care system for federally recognized American Indians and Alaska Natives in the United States;[1] and

Whereas, the Snyder Act of 1921 and the Indian Health Care Improvement Act (IHCIA) of 1976 recognized treaty obligations in codifying federal responsibility for Native American health in the creation of the IHS; and

Whereas, the Supreme Court decision of Morton v. Mancari 417 U.S. 535 (1974) ruled that members of federally recognized tribes possess a unique political status of quasi-sovereign tribal entities; and

Whereas, the IHS currently delivers care to over 2.8 million American Indians and Alaska Natives;[2] and

Whereas, eligibility for IHS services is strictly restricted to members of federally recognized American Indian or Alaska Native tribes;[3] and

Whereas, the Indian Health Service (IHS) Physician Scholarship program, as well as many other Native scholarship programs, require applicants to be enrolled members of federally recognized tribes;[4] and

Whereas, the IHS has severe physician vacancy issues;[5] and

Whereas, American Indians and Alaska Natives carry the lowest life expectancy (65.2 years old) of all races;[6] and

Whereas, American Indians and Alaska Natives have the least representation in the physician workforce of any racial group per capita;[7] and

Whereas, the American Medical Association and its partners, such as the Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME), currently do not collect demographic data on federally recognized tribal members; and

Whereas, demographic data of federally recognized tribal members is a necessary first step towards better aiding the Indian Health Service (IHS); therefore be it

RESOLVED, that our American Medical Association add “Enrolled Member of a Federally Recognized Tribe” on all AMA demographic forms (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate for the use of "Enrolled Member of a Federally Recognized Tribe" as an additional category in all uses of demographic data including but not limited to medical records, government data collection and research, and within medical education (Directive to Take Action); and be it further

RESOLVED, that our AMA support the Association of American Medical Colleges (AAMC) inclusion of "Enrolled Member of a Federally Recognized Tribe" on all AAMC demographic forms (New HOD Policy); and be it further

RESOLVED, that our AMA advocate for the Accreditation Council for Graduate Medical Education (ACGME) to include "Enrolled Member of a Federally Recognized Tribe" on all ACGME demographic forms. (Directive to Take Action)

Fiscal Note: To Be Determined

Received: 5/24/2024

REFERENCES

1. About, Indian Health Service. U.S. Department of Health and Human Services. Accessed March 31, 2024. https://www.ihs.gov/aboutihs/
2. FY2024 Budget in Brief; US Department of Health and Human Services, pg. 33. https://www.hhs.gov/sites/default/files/fy-2024-budget-in-brief.pdf
3. Eligibility - Indian Health Service. U.S. Department of Health and Human Services. Accessed March 31, 2024. https://www.ihs.gov/aboutihs/eligibility/
4. IHS Scholarship Program. U.S. Department of Health and Human Services. Accessed March 31, 2024. https://www.ihs.gov/scholarship/apply/
5. Agency Faces Ongoing Challenges Filling Provider Vacancies. U.S. Government Accountability Office. Published August 2018. Accessed March 31, 2022. https://www.gao.gov/assets/gao-18-580.pdf
6. United States Life Tables 2021, National Vital Statistics Reports. National Center for Health Statistics. November 2023. https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-12.pdf
7. Active Physicians who identified as American Indian or Alaska Native, 2021. Association of American Medical Colleges. Accessed March 31, 2024. https://www.aamc.org/data-reports/workforce/data/active-physicians-american-indian-alaska-native-2021

RELEVANT AMA POLICY

Disaggregation of Demographic Data for Individuals of Middle Eastern and North African (MENA) descent D-350.979
Our AMA will: (1) add "Middle Eastern/North African (MENA)" as a separate racial category on all AMA demographics forms; (2) advocate for the use of "Middle Eastern/North African (MENA)" as a separate race category in all uses of demographic data including but not limited to medical records, government data collection and research, and within medical education; and (3) study methods to further improve disaggregation of data by race which most accurately represent the diversity of our patients. [Res.19, I-21]

Disaggregation of Demographic Data Within Ethnic Groups H-350.954
1. Our AMA supports the disaggregation of demographic data regarding: (a) Asian-Americans and Pacific Islanders in order to reveal the within-group disparities that exist in health outcomes and representation in medicine; and (b) ethnic groups in order to reveal the within-group disparities that exist in health outcomes and representation in medicine.
2. Our AMA: (a) will advocate for restoration of webpages on the Asian American and Pacific Islander (AAPI) initiative (similar to those from prior administrations) that specifically address disaggregation of health outcomes related to AAPI data; (b) supports the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in health outcomes; (c) supports the disaggregation of data regarding AAPIs in order to reveal the AAPI ethnic subgroup disparities that exist in representation in medicine, including but not limited to leadership positions in academic medicine; and (d) will report back at the 2020 Annual Meeting on the issue of disaggregation of data regarding AAPIs (and other ethnic subgroups) with regards to the ethnic subgroup disparities that exist in health outcomes and representation in medicine, including leadership positions in academic medicine. [Res. 001, I-17; Appended: Res. 403, A-19]

AMA Race/Ethnicity Data D-630.972
1. Our American Medical Association will continue to work with the Association of American Medical Colleges to collect race/ethnicity information through the student matriculation file and the GME census including automating the integration of this information into the Masterfile.
2. Our AMA will: (a) adopt racial and ethnic demographic data collection practices that allow self-identification of designation of one or more racial categories; (b) report demographic physician workforce data in categories of race and ethnicity whereby Latino, Hispanic, and other identified ethnicities are categories, irrespective of race; (c) adopt racial and ethnic physician workforce demographic data reporting practices that permit disaggregation of individuals who have chosen multiple categories of race so as to distinguish each category of individuals' demographics as alone or in combination with any other racial and ethnic category; and (d) collaborate with AAMC, ACGME, AACOM, AOA, NBME, NBOME, NRMP, FSBM, CMSS, ABMS, HRSA, OMB, NIH, ECFMG, and all other appropriate stakeholders, including minority physician organizations, and relevant federal agencies to develop standardized processes and identify strategies to improve the accurate collection, disclosure and reporting of racial and ethnic data across the medical education continuum and physician workforce. [BOT Rep. 24, I-06; Modified: CCB/CLRPD Rep. 3, A-12; Reaffirmed: CME Rep. 1, A-22; Appended: Res. 612, A-22]