AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution:433
(A-24)

Introduced by: Minority Affairs Section

Subject: Improving Healthcare of Rural Minority Populations

Referred to: Reference Committee D

Whereas, our American Medical Association recognizes that the health of rural communities and their access to care are pressing concerns to our membership; and

Whereas, our AMA also recognizes that the health of minority communities and their access to care are pressing concerns to our membership; and

Whereas, rural minorities are a unique population that are challenged by both minority and rural concerns; and

Whereas, the U.S. Census Bureau reported that 97% of our country's total landmass is considered rural with a total population of nearly 60 million people;[1] and

Whereas, the most recent census reported a significant increase in rural minorities, which now account for 24% of all rural Americans;[2] and

Whereas, Black, Hispanic/Latino and American Indian & Alaska Native each comprise a significant number of rural Americans;[2] and

Whereas, rural minorities have some of the lowest levels of income, educational attainment, and life expectancy of all Americans;[3] and

Whereas, the unique challenges of treating rural patients has led to a higher disease burden and worse overall patient outcomes;[3] and

Whereas, rural health providers currently experience profound physician vacancy rates and staffing issues, particularly for agencies like the Indian Health Service;[4] and

Whereas, Native Americans who live on tribal reservations carry the lowest life expectancy of any racial group in the country and face unique challenges as a predominantly rural population;[5] and

Whereas, our AMA membership has few rural minorities, which has potentially played a role in this population not being adequately represented in our organization; and

Whereas, our AMA could benefit greatly from learning more about rural minorities, their health care challenges, their perspectives, and their resourcefulness; therefore be it

RESOLVED, that our American Medical Association encourage health promotion, access to care, and disease prevention through educational efforts and publications specifically tailored to rural minorities (Directive to Take Action); and be it further

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RESOLVED, that our AMA encourage federal, state and local governments of the unique health and health-related needs of rural minorities in an effort to improve their quality of life (New HOD Policy); and be it further

RESOLVED, that our AMA encourage the collection of vital statistics and other relevant demographic data of rural minorities (New HOD Policy); and be it further

RESOLVED, that our AMA encourage organizations of the importance of rural minority health (New HOD Policy); and be it further

RESOLVED, that our AMA research and study health issues unique to rural minorities, such as access to care difficulties (Directive to Take Action); and be it further

RESOLVED, that our AMA channel existing policy for telehealth to support rural minority communities (Directive to Take Action); and be it further

RESOLVED, that our AMA will encourage our Center for Health Equity to support rural minority health through programming, equity initiatives, and other representation efforts. (New HOD Policy)

Fiscal Note: To Be Determined

Received: 5/8/2024

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REFERENCES

1. What is Rural America? United States Census Bureau. Accessed May 1, 2024. https://www.census.gov/library/stories/2017/08/rural-america.html
2. Mapping rural America's diversity and demographic change. Accessed March 31, 2024. https://www.brookings.edu/articles/mapping-rural-americas-diversity-and-demographic-change/
3. Thomas, K.L., Dobis, E.A., & McGranahan, D.A. (2024). The nature of the rural-urban mortality gap (Report No. EIB-265). U.S. Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/webdocs/publications/108702/eib-265.pdf?v=4077.9
4. 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
5. 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

RELEVANT AMA POLICY

Improving Rural Health H-465.994
1. Our AMA (a) supports continued and intensified efforts to develop and implement proposals for improving rural health care and public health, (b) urges physicians practicing in rural areas to be actively involved in these efforts, and (c) advocates widely publicizing AMA's policies and proposals for improving rural health care and public health to the profession, other concerned groups, and the public.

2. Our AMA will work with other entities and organizations interested in public health to:
- Encourage more research to identify the unique needs and models for delivering public health and health care services in rural communities.
- Identify and disseminate concrete examples of administrative leadership and funding structures that support and optimize local, community-based rural public health.
- Develop an actionable advocacy plan to positively impact local, community-based rural public health including but not limited to the development of rural public health networks, training of current and future rural physicians and public health professionals in core public health techniques and novel funding mechanisms to support public health initiatives that are led and managed by local public health authorities.
- Advocate for adequate and sustained funding for public health staffing and programs.

[Sub. Res. 72, I-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: CLRPD Rep. 1, A-08; Reaffirmed: CEJA Rep. 06, A-18; Appended: Res. 433, A-19; Modified: CSAPH Rep. 2, A-22; Reaffirmed: CMS Rep. 09, A-23; Reaffirmed: Res. 724, A-23]

Improving Health Care of American Indians H-350.976
Our AMA recommends that: (1) All individuals, special interest groups, and levels of government recognize the American Indian people as full citizens of the U.S., entitled to the same equal rights and privileges as other U.S. citizens.
(2) The federal government provide sufficient funds to support needed health services for American Indians.
(3) State and local governments give special attention to the health and health-related needs of nonreservation American Indians in an effort to improve their quality of life.
(4) American Indian religions and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs.
(5) Our AMA recognize the "medicine man" as an integral and culturally necessary individual in delivering health care to American Indians.
(6) Strong emphasis be given to mental health programs for American Indians in an effort to reduce the high incidence of alcoholism, homicide, suicide, and accidents.
(7) A team approach drawing from traditional health providers supplemented by psychiatric social workers, health aides, visiting nurses, and health educators be utilized in solving these problems.
(8) Our AMA continue its liaison with the Indian Health Service and the National Indian Health Board and establish a liaison with the Association of American Indian Physicians.
(9) State and county medical associations establish liaisons with intertribal health councils in those states where American Indians reside.
(10) Our AMA supports and encourages further development and use of innovative delivery systems and staffing configurations to meet American Indian health needs but opposes overemphasis on research for the sake of research, particularly if needed federal funds are diverted from direct services for American Indians.
(11) Our AMA strongly supports those bills before Congressional committees that aim to improve the health of and health-related services provided to American Indians and further recommends that members of appropriate AMA councils and committees provide testimony in favor of effective legislation and proposed regulations. [CLRPD Rep. 3, I-98; Reaffirmed: Res. 221, A-07; Reaffirmation A-12; Reaffirmed: Res. 233, A-13; Reaffirmed: BOT Rep. 09, A-23]

Improving Healthcare of Hispanic Populations in the United States H-350.975
It is the policy of our AMA to: (1) Encourage health promotion and disease prevention through educational efforts and health publications specifically tailored to the Hispanic community.
(2) Promote the development of substance abuse treatment centers and HIV/AIDS education and prevention programs that reach out to the Hispanic community.
(3) Encourage the standardized collection of consistent vital statistics on Hispanics by appropriate state and federal agencies.
(4) Urge federal and local governments, as well as private institutions, to consider including Hispanic representation on their health policy development organization.
(5) Support organizations concerned with Hispanic health through research and public acknowledgment of the importance of national efforts to decrease the disproportionately high rates of mortality and morbidity among Hispanics.
(6) Promote research into effectiveness of Hispanic health education methods.
(7) Continue to study the health issues unique to Hispanics, including the health problems associated with the United States/Mexican border. [CLRPD Rep. 3, I-98; Reaffirmed: CLRPD Rep. 1, A-08; Reaffirmed: CEJA Rep. 01, A-20]

Improving Healthcare of Black and Minority Populations H-350.972
Our AMA supports:
(1) A greater emphasis on minority access to health care and increased health promotion and disease prevention activities designed to reduce the occurrence of illnesses that are highly prevalent among disadvantaged minorities.
(2) Authorization for the Office of Minority Health to coordinate federal efforts to better understand and reduce the incidence of illness among U.S. minority Americans as recommended in the 1985 Report to

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the Secretary's Task Force on Black and Minority Health.
(3) Advising our AMA representatives to the LCME to request data collection on medical school curricula concerning the health needs of minorities.
(4) The promotion of health education through schools and community organizations aimed at teaching skills of health care system access, health promotion, disease prevention, and early diagnosis. [CLRPD Rep. 3, I-98; Reaffirmation A-01; Modified: CSAPH Rep. 1, A-11; Reaffirmed: CEJA Rep. 1, A-21]

Educational Strategies for Meeting Rural Health Physician Shortage H-465.988
1. In light of the data available from the current literature as well as ongoing studies being conducted by staff, the AMA recommends that:
A. Our AMA encourage medical schools and residency programs to develop educationally sound rural clinical preceptorships and rotations consistent with educational and training requirements, and to provide early and continuing exposure to those programs for medical students and residents.
B. Our AMA encourage medical schools to develop educationally sound primary care residencies in smaller communities with the goal of educating and recruiting more rural physicians.
C. Our AMA encourage state and county medical societies to support state legislative efforts toward developing scholarship and loan programs for future rural physicians.
D. Our AMA encourage state and county medical societies and local medical schools to develop outreach and recruitment programs in rural counties to attract promising high school and college students to medicine and the other health professions.
E. Our AMA urge continued federal and state legislative support for funding of Area Health Education Centers (AHECs) for rural and other underserved areas.
F. Our AMA continue to support full appropriation for the National Health Service Corps Scholarship Program, with the proviso that medical schools serving states with large rural underserved populations have a priority and significant voice in the selection of recipients for those scholarships.
G. Our AMA support full funding of the new federal National Health Service Corps loan repayment program.
H. Our AMA encourage continued legislative support of the research studies being conducted by the Rural Health Research Centers funded by the National Office of Rural Health in the Department of Health and Human Services.
I. Our AMA continue its research investigation into the impact of educational programs on the supply of rural physicians.
J. Our AMA continue to conduct research and monitor other progress in development of educational strategies for alleviating rural physician shortages.
K. Our AMA reaffirm its support for legislation making interest payments on student debt tax deductible.
L. Our AMA encourage state and county medical societies to develop programs to enhance work opportunities and social support systems for spouses of rural practitioners.
2. Our AMA will work with state and specialty societies, medical schools, teaching hospitals, the Accreditation Council for Graduate Medical Education (ACGME), the Centers for Medicare and Medicaid Services (CMS) and other interested stakeholders to identify, encourage and incentivize qualified rural physicians to serve as preceptors and volunteer faculty for rural rotations in residency.
3. Our AMA will: (a) work with interested stakeholders to identify strategies to increase residency training opportunities in rural areas with a report back to the House of Delegates; and (b) work with interested stakeholders to formulate an actionable plan of advocacy with the goal of increasing residency training in rural areas.
4. Our AMA will encourage ACGME review committees to consider adding exposure to rural medicine as appropriate, to encourage the development of rural program tracks in training programs and increase physician awareness of the conditions that pose challenges and lack of resources in rural areas.
5. Our AMA will encourage adding educational webinars, workshops and other didactics via remote learning formats to enhance the educational needs of smaller training programs.
[CME Rep. C, I-90; Reaffirmation A-00Reaffirmation A-01; Reaffirmation I-01; Reaffirmed: CME Rep. 1, I-08; Reaffirmed: CEJA Rep. 06, A-18; Appended: Res. 956, I-18; Appended: Res. 318, A-19; Modified: CME Rep. 3, I-21; Reaffirmation: I-22; Reaffirmed: BOT Rep. 11, A-23]

Access to Physician Services in Rural Health Clinics H-465.984
Our AMA strongly encourages CMS and appropriate state departments of health to review the Rural Health Clinic Program eligibility and certification requirements to ensure that independent (e.g., physician) and provider-based (e.g., hospital) facilities are certified as Rural Health Clinics only in those areas that

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truly do not have appropriate access to physician services. [Sub. Res. 717, I-91; Reaffirmed: Sunset Report, I-01; Reaffirmed: CMS Rep. 7, A-11; Reaffirmed: CMS Rep. 1, A-21]

Rural Health Physician Workforce Disparities D-465.997
Our AMA will monitor the status and outcomes of the 2020 Census to assess the impact of physician supply and patient demand in rural communities. [CME Rep. 3, I-21]

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