

AMA Organizational Strategic Plan to Advance Health Equity

2024-2025





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A Message from

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President, AMA

The American Medical Association's 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity represented a step forward in a much longer journey to center the AMA and our nation's health care system around equity—with a vision of achieving optimal health for all. The past few years have been filled with much thoughtful work, learning, and action in tackling the goals that we set forth. Now, the AMA's 2024-2025 Organizational Strategic Plan to Advance Health Equity demonstrates our continued drive toward equity as a desired state that we are continually, actively working in and toward.

The AMA's efforts to be physicians' powerful ally in patient care require us to embed equity throughout our work. As physicians and leaders in medicine, we cannot advance our mission—promoting the art and science of medicine and the betterment of public health—without prioritizing equity. As part of this work, we must not ignore the responsibility to support and show up for physician colleagues and health care leaders—many of whom are from minoritized and marginalized backgrounds, and who continue to lead the way with courage and conviction, breaking down barriers and building solidarity within and across health care.

At every level of the AMA, we continue to ensure that equity is woven into the work that we do. Recognizing that many, if not most, practicing physicians did not have the opportunity to learn about health equity—including how racism and other systems of oppression manifest in medicine—while in medical school or training, this is a work in progress. By maintaining a deep focus on strategic equity goals and reaffirming the AMA's commitment to equity—our shared progress becomes more evident, and something to be celebrated.

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.

Executive Summary

The American Medical Association (AMA) is the nation's largest professional association of physicians. We are the physicians' powerful ally in patient care promoting the art and science of medicine and the betterment of public health. Rooted in a history of advocacy and guided by a vision of a more equitable future, we recognize the urgent need to address historical and contemporary injustices within the health care system.

Through this 2024-2025 strategic plan, we reaffirm our commitment to equity, build upon the foundation laid by our [2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity](#), and respond to the call for transformative action in the face of systemic inequities in health care and broader society.

Key Proposed Actions:

Embed Equity: Infuse racial equity and social justice into the fabric of the AMA's culture, systems, policies, and practices

- Implement and monitor enterprise-wide health equity goals and performance metrics using an Anti-Racist Results-Based Accountability (AR-RBA) framework
- Identify more opportunities to align and synergize mission and membership initiatives
- Strengthen efforts to assess AMA Federation and House of Delegates' awareness and utilization of equity products and overall engagement with equity initiatives

Build Alliances and Share Power: Acknowledge and learn from the voices and experiences of historically marginalized and minoritized physicians and stakeholders

- Continue to convene and provide grants to support minoritized and marginalized physician groups' efforts to promote increased representation in medicine
- Support medical students and physicians experiencing discrimination in their schools and workplaces
- Prevent and reduce the burden of chronic disease by reaching five million patients with hypertension to lower their blood pressure
- Bolster the work of Federally Qualified Health Centers by providing supported physician education opportunities and tools to better understand the health of their communities

Ensure Equity in Innovation: Integrate racial justice and health equity into health care innovation efforts, while amplifying the voices of historically marginalized individuals in the innovation sector

- Increase the size, success and impact of the In Full Health community
- Gather and publish data to advance the cause of equitable health care innovations
- Celebrate health equity innovation early adopters and collaborations, centering people from minoritized and marginalized communities

Push Upstream: Address all determinants of health and the underlying causes of inequities across the health care ecosystem

- Participate in networks and coalitions that take action to eliminate root causes of health inequities
- Transform medical education at all levels to focus on preparing physicians to track, monitor, and address social drivers of health as a key part of patient care
- Continue to expand the use of an equity lens to all of AMA's advocacy work, with current priorities including maternal child health and reproductive care, gender-affirming care, Medicaid expansion, harmful race-based clinical algorithms and augmented intelligence
- Expand educational offerings to include foundational content on ableism in health care, together with strategies to advance disability equity and justice in medicine

Foster Pathways: Amplify marginalized narratives, quantify past harms, and embark on a healing journey to pave the way for transformative change

- Strengthen physician, health system, and AMA member and staff engagement:
 - Gather and learn from testimonies on the implications of historical harms on contemporary health inequities from physicians, health providers, health equity advocates, and marginalized patient populations
 - Promote shared learning of AMA's history using archival research, centering marginalized and minoritized narratives

This strategic plan represents our ongoing journey to embed racial justice and advance health equity. It is a direct continuation of our 2021-2023 document, which contained foundational education content, including discussion of past and contemporary policies of the AMA. In this document, we offer reflection of lessons learned in 2021-2023 and reaffirm our commitment to equity in medicine.



Introduction

In recent years, health care institutions have made significant investments in equity work.¹ Many have made public commitments to equity and justice, hired health equity officers, and prioritized equity as a strategic focus. The AMA declared racism a public health crisis and pronounced “police brutality must stop” after the public murder of George Floyd and the killing of Breonna Taylor and so many others.^{2,3} Like other health care institutions, we sought to better understand and address the root causes of the issues we observed, sometimes for the first time. We began the difficult work of looking internally at our own policies and practices.

Across the health care ecosystem, we have witnessed personal and institutional efforts to learn and grow, particularly around racism and its interconnections with ableism, ageism, classism, colonialism, religious persecution, sexism and other systems of power. We have seen efforts to identify and address historical and contemporary harms related to organizational policies and practices. However, progress isn’t always linear. We have also witnessed efforts to denounce, defund, and ban equity initiatives, with physicians and medical students directly coming under attack for their work, and receiving threats of violence.⁴ This has been further compounded by increased polarization across society, lamentably with signs of increased discrimination based on religious identity and more.

At the AMA, we remain committed to our vision for equity and justice within our organization and in medicine.

We envision a nation in which:

- *All people live in thriving communities where resources work well.*
- *Systems are equitable and create no harm nor exacerbate existing harms.*
- *Everyone has the power, circumstances, resources and opportunities to achieve optimal health.*
- *All physicians are equipped with the consciousness, tools and resources to:*
 - *Confront inequities and dismantle white supremacy, racism, and other forms of exclusion and structured oppression.*
 - *Embed racial justice and advance equity within and across all aspects of health systems.*

To advance this vision, we present our 2024-2025 AMA Organizational Strategic Plan to Advance Health Equity. We acknowledge our place within a broader movement and that we are not alone in this work. We recognize the efforts of our physician and medical student members, patients, and partners who have long championed equity in health care. Our goal is to build solidarity across the health care ecosystem, identifying opportunities for coordination and alignment of efforts.

Our work continues to evolve as we learn and adapt, but our ultimate goal – achieving health equity – remains constant. We believe that by fostering a culture of lifelong learning, dismantling systemic barriers, and empowering health care professionals to be advocates of equity, we can create a health care system that truly serves all.

Together with our 2021-2023 plan, this document details our five-year health equity strategy. A detailed accounting of our [2021](#), [2022](#), and [2023](#) activities is provided in our yearly Progress Updates. We reaffirm our commitment to equity-centered solutions, reflect on our learnings and evolution, and detail actions for 2024-2025 that align with current health care needs and policies passed by the AMA House of Delegates. We anticipate that health care will continue to grapple with the meaning and impact of equity work. The opportunity and responsibility before us rest on strategic prioritization and coordination, particularly across organized medicine, and a willingness to ask difficult questions, explore new concepts and ways of understanding the problems before us and bring people along and into equity efforts.

Our Values and Guiding Principles

These values and principles were first articulated in our 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity (see Figure 1). Across the AMA, we strive to live out these values, identify challenges, overcome barriers, and learn from our experiences.

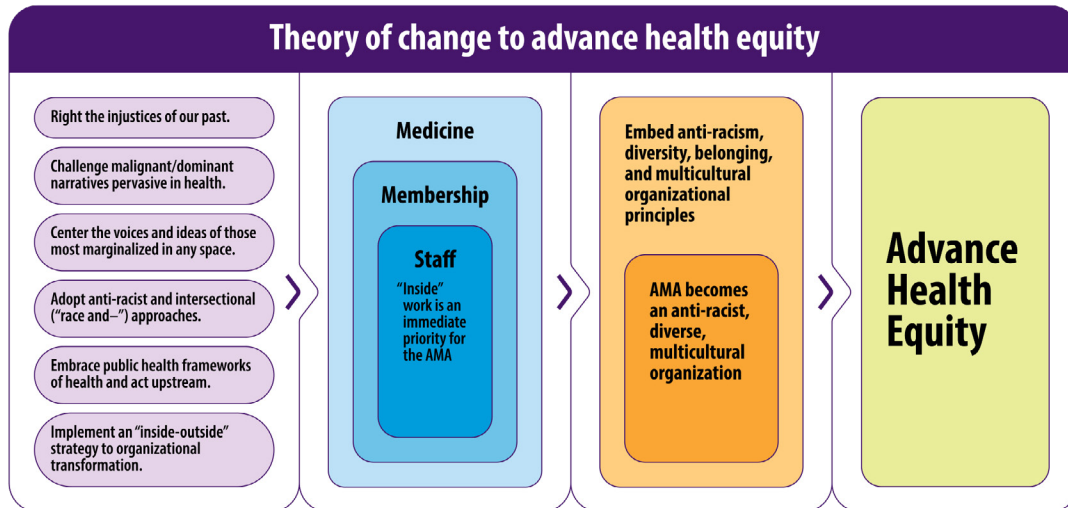
Figure 1: Values and Guiding Principles



Our Theory of Change

The theory of change we initially described in our 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity remains central to our work, with some evolution based on our learning and experiences (see Figure 2).

Figure 2: Theory of Change to Advance Health Equity



Note: Adapted from AMA's 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity.

Right the injustices of our past: Our AMA recognizes the need to examine, publicly challenge and reckon with our past and present institutional values and actions that produce inequity and harm. We must own our failures as we reckon with our past.

Challenge dominant/malignant narratives: Narratives shape our consciousness, meaning, and explanations of events. Dominant narratives (also called malignant narratives) limit our understanding of the root causes of health inequities. We set out to challenge dominant/malignant narratives in health care and elevate narratives grounded in justice and equity.

Center the voices and ideas of those most marginalized in any space: We explicitly and systematically value and center marginalized voices and ideas to ensure we promote and honor the inherent power and leadership of those most affected by health injustice.

Adopt anti-racist and intersectional ("race and ____") approaches: We lead with race because history and the evidence compel us to do so. Racial inequities, representing some of the largest gaps among populations in this country, exist and persist in every system examined across the country. Conversations on race and racism also tend to be some of the most difficult for people in this country to participate in for numerous reasons, including a lack of knowledge or shared analysis of its historical and current underpinnings, as well as outright resistance and denial that racism exists. The "race and ____" approach illustrates that racism does not exist in isolation but rather intersects with additional systems of marginalization and oppression to impact equity.

Embrace public health frameworks of health and act upstream: Downstream opportunities provided by the health care system and individual-level factors are estimated to contribute only 20% to an individual's overall health and well-being, while upstream opportunities of public health and its structural and social drivers account for 80% of impact on health outcomes.⁵ We contribute to the "upstream" movement, recognizing the imperative for physicians and trainees to be educated beyond the traditional basic and clinical sciences of medicine and to be inclusive of public health, structural competency, antiracism and the social sciences.

Implement an "inside-outside" strategy to organizational transformation: We recognize that our organizational commitment to advance equity and justice must exist at the innermost workings of the AMA enterprise. We understand that we must "get our house in order" and direct significant focus on embedding equity within the management team (inside) and among membership (inside/outside) if we intend to influence and contribute to advancing equity and justice in the external environments of medicine (outside).

Section 1:

Lessons Learned from 2021-2023

Building on the foundation laid by our previous Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, we embark on the next chapter with humility, recognizing the complexities of institutional change and the contested national environment for equity work today. Among the lessons we learned from 2021-2023:

- 1. We can mobilize and take action.** Many organizations across the health care ecosystem—health plans, health systems, research, and regulatory agencies—have committed to advancing equity. This creates an opportunity for mutual learning and true partnership.
- 2. Knowledge, capacity, and the will to do equity work are variable.** Across the health care ecosystem, progress is uneven, and change is often unpredictable. Organizational leadership, especially from C-suite leaders is crucial in championing equity work and building institutional capacity to support equity efforts across an institution. We have seen that we can all learn and grow if we create opportunities for development and growth.
- 3. The nature of institutional equity work goes beyond the technical.** At its core, equity work is about *helping people to see and affirm the humanity of all* and developing mental models that encourage curiosity and courage. It's about convincing people to *care* in a deep and profound way, and to be open to the need for change (institutional and even personal). We need to go beyond the technicalities of better data, better metrics, better structures, better systems, and better processes, into the deep realities and psychology of the more challenging aspects of the work, including:
 - awareness and management of the spectrum of emotions within ourselves, our teams, and everyone we encounter (and the violent nature of some of those emotions and actions)
 - creating space for, listening to, and managing individual and collective traumas
 - acknowledging the intense personal loneliness and isolation often present in institutional equity roles
 - claiming opportunities for rest and joy.
- 4. We must confront dominant/malignant narratives consistently.** The persistent expression of dominant and malignant narratives, including race as biology, individualism, and zero-sum game, retains its power in many aspects of medicine (for in depth discussion of these topics, see the [AMA Prioritizing Equity](#) webinar series). While opposition to equity work is evident in many parts of the health care ecosystem, equipping people with the history, knowledge, and skill to challenge these narratives is critical for building courage, confidence and community in doing equity work. In this way, equity efforts are not attacks on individuals' identities or backgrounds, but instead identify and challenge systems and processes that produce harm.
- 5. We must remain committed to equity.** We cannot provide high-quality medical care without ensuring equitable care. We cannot promote the art and science of medicine and the betterment of public health without prioritizing equity. The AMA's efforts to be physicians' powerful ally in patient care requires us to embed equity throughout our work.

Section 2:

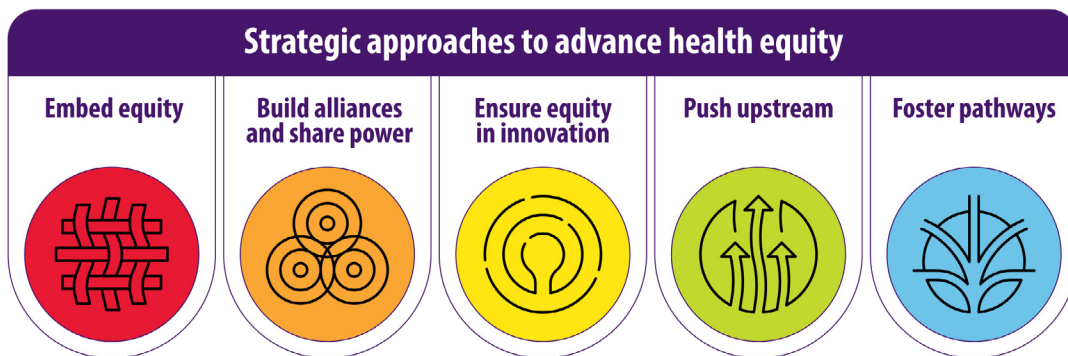
What to Expect in 2024-2025: Strategic Approaches and Goals

Our strategy for 2024-2025 is informed by the AMA Enterprise, comprised of our AMA House of Delegates (HOD), AMA Management Team, AMA Board of Trustees, and our collaborators. Through concerted outreach, we learned that there is need for:

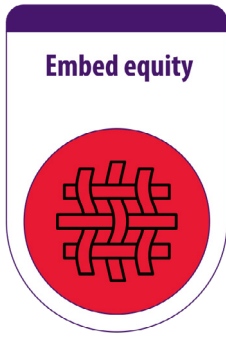
- Toolkits, guides, and education to support implementation of equity efforts across the health care ecosystem
- Opportunities for collaboration with state/territory and specialty medical associations, as well as societies representing or serving people with marginalized identities
- Efforts to seek out and build collaborations across the health care ecosystem and with equity organizations
- Awareness across health care of equity issues confronted by international medical graduates (IMGs), physicians and medical students with disabilities, and all marginalized populations
- Communication of AMA's equity work.

This document is organized by our five strategic approaches (see Figure 3) and their overarching goals. In the pages that follow, we explore each of the strategic approaches in detail—describing what we set out to do, what we learned, and our priorities for 2024-2025.

Figure 3: Strategic Approaches to Advance Health Equity



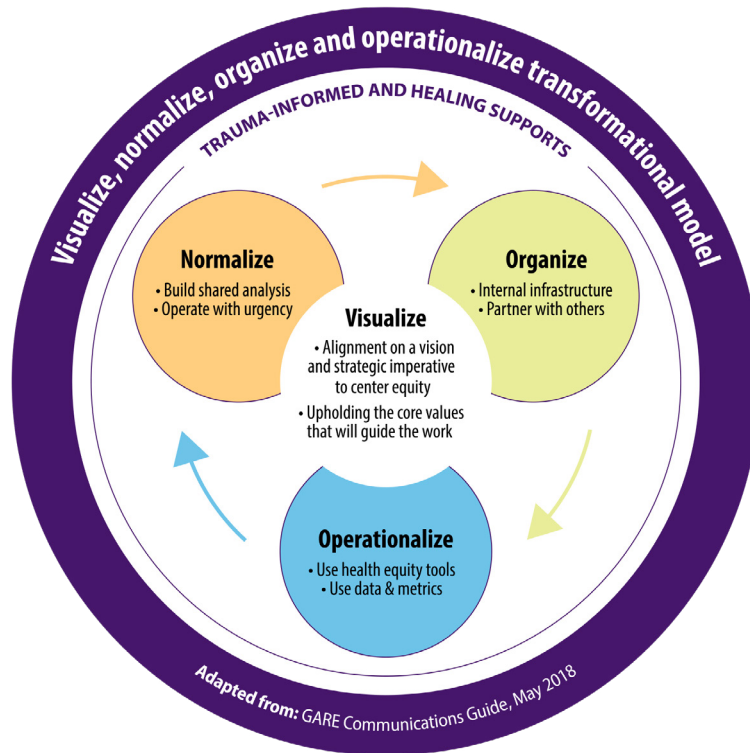
Whenever applicable, we also include data from our 2023 [Health Equity in Organized Medicine \(HEIOM\) Survey](#), which was sent to state/territory and national specialty medical associations to explore the status of the AMA Federation of Medicine in its equity journey. The HEIOM survey included indicators derived from action steps of the [Rise to Health Coalition](#). Detailed findings are available in our 2023 survey report; here, we highlight only a few high-level data points to acknowledge equity work underway across the Federation.



Embed Equity

Anchoring this component of our “inside-outside” strategy is an influential model from the Government Alliance on Race and Equity (GARE) and Race Forward, organizations deeply experienced in equity work. In this approach, called “Visualize, Normalize, Organize and Operationalize,” the work of embedding equity is a cyclical process that informs and changes organizational culture, policy and practice. We sought to expand the model to bring in trauma-informed and healing systems and supports in all aspects of the cycle (see Figure 4). Trauma-informed systems, which include psychosocial support and mindfulness resources, work to mitigate potential conflict, trauma (or re-trauma) and harm that may occur as a result of this work.

Figure 4: Visualize, Normalize, Organize and Operationalize Transformational Model



We have progressed in our embedding equity efforts and remain committed to this approach; however, we have not fully operationalized this in all of its aspects. There is still variability in knowledge, capacity, and will to embed equity. The AMA Management team continues to seek opportunities to learn, execute AMA policy, and help support staff to thrive in their roles at all levels. We continue our efforts to understand trauma-informed approaches that are responsive to internal operations.

Overarching Goals

Build the AMA's capacity to understand and operationalize anti-racism and equity strategies.

Ensure equitable structures, processes and accountability in the AMA's workforce.

Integrate trauma-informed lens and approaches when developing and implementing policies and practices.

Assess organizational change (culture, policy, processes) over time.

Looking Ahead: Proposed Actions

AMA Management

Implement and monitor enterprise-wide health equity goals and performance metrics using an Anti-Racist Results-Based Accountability (AR-RBA) framework.⁶

Identify more opportunities to align and synergize mission and membership initiatives.^{7,8}

Amplify workforce equity and health equity in a way that helps advance goals and attracts more collaborators in a highly polarized environment.^{9,10}

Utilize periodic engagement and equity surveys to identify opportunities to engage health equity action teams to further improvement across the organization.

Continue to review all human resources processes and policies in the employee life cycle to identify areas to affect change to increase equity for marginalized groups and increase diversity in the workforce.^{11,12}

Build trauma-responsive culture and systems.

Collaborate with the AMA Foundation to help develop an equity lens for the Foundation's 2024-2027 strategic plan that enables AMAF investments that are scalable, replicable, and measurable, building systemic change, especially in areas aligned with AMA's key focus areas.

AMA Federation and House of Delegates

Improve communication and distribution of AMA equity initiatives.

Strengthen efforts to assess AMA Federation and House of Delegates' awareness and utilization of equity products and overall engagement with equity initiatives.⁷

What We Build on

Our AMA Health Equity Workgroup, comprised of representatives from across the management team, facilitates knowledge sharing, collaboration and support for implementing a health equity strategy. For three years, it has informed internal equity efforts with insights regarding staff experiences, knowledge, skills, capacity, and self-efficacy to advance equity across the organization.

Roughly a quarter of AMA staff participated in skills-based equity trainings.

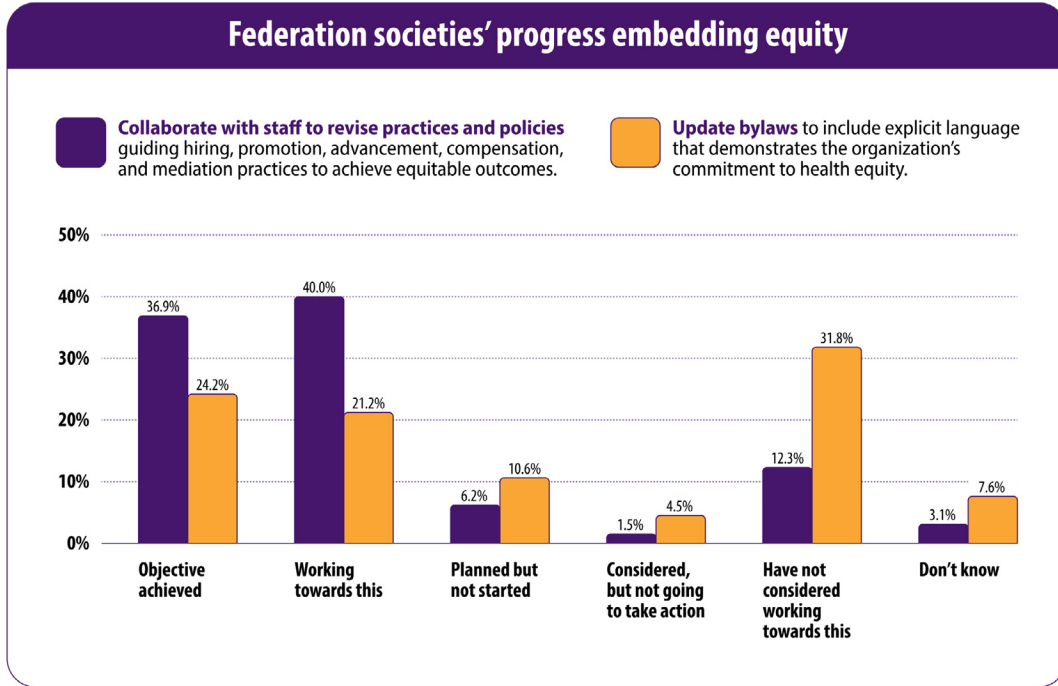
AMA business units have each developed equity action plans, with a total of over 200 goals that will continue to guide action in 2024-2025.

[AMA Employee Resource Groups \(ERGs\)](#) are at the heart of our internal work, creating an inclusive culture and climate where employees feel a true sense of belonging.

As we look to 2024-2025, we focus on newly established enterprise-wide equity goals, focused on workforce and learning, to be included in every business unit's goals.

The [2023 Health Equity in Organized Medicine Survey](#) provides a baseline of activity across the AMA Federation of Medicine. From this survey, we have a snapshot of where state/territory and specialty societies are in terms of critical indicators of embedding equity in their institutions (see figure 5).

Figure 5: Select Embedding Equity Indicators, 2023 Health Equity in Organized Medicine Survey (N=65 state/territory and specialty associations)





Build Alliances and Share Power

We recognize that the overall sustainability of the AMA's external equity initiatives is influenced by our organizational credibility and our ability to foster collaborations. We work to earn trust (becoming trustworthy) among physicians who have been historically marginalized and minoritized. We reaffirm our commitment to building alliances and sharing power with historically marginalized and minoritized physicians and other stakeholders.

Overarching Goals

Develop structures and processes to consistently center the experiences and ideas of historically marginalized (women, LGBTQ+, people with disabilities, international medical graduates) and minoritized (Black, Indigenous, Latinx, Asian and other people of color) physicians.

Establish a coalition of multidisciplinary, multisectoral equity experts in health care and public health to collectively advocate for justice in health.

Looking Ahead: Proposed Actions

Continue to convene and provide grants to support minoritized and marginalized physician groups' efforts to promote increased representation in medicine.^{8,13-16}

Support medical students and physicians experiencing discrimination in their schools and workplaces with data, amplification of stories, individual consultations, and policy solutions.^{6,12,17-26}

Continue the Medical Justice in Advocacy Fellowship and launch the Medical Justice in Advocacy Fellowship Alumni Network.²⁷ Assess the Medical Justice in Advocacy Fellowship program – examining reaction, learning, behavior change and impact over a 3-cohort period.

Increase high-quality language accessibility of AMA materials in Spanish, including press releases, Current Procedural Terminology (CPT) codes, and patient-facing materials.²⁸

Amplify our active participation and anchor mission presence in the West Side of Chicago with volunteerism by AMA staff, social impact investing, and health system and patient engagement in self-monitoring for hypertension.^{29,30}

Prevent and reduce the burden of chronic disease by reaching five million patients with hypertension to lower their blood pressure.³¹⁻³⁴

Bolster the work of Federally Qualified Health Centers by providing supported physician education opportunities and tools to better understand the health of their communities.³⁵⁻³⁷

What We Build on

For the past three years, we have convened and consulted—formally and informally—with the Association of American Indian Physicians, GLMA: Health Professionals Advancing LGBTQ+ Equality, the National Council of Asian Pacific Islander Physicians, the National Hispanic Medical Association and the National Medical Association.

We have invested in our relationships with those closest to the problem and those who have been most marginalized ([see A-23 Board Report 10, page 4](#)). We have sought to identify shared priorities and opportunities, including workforce diversity and safety, addressing social drivers of health, and promoting equity in data and research as well as opportunities for joint advocacy (via letters, press statements, amicus briefs, and lawsuits).

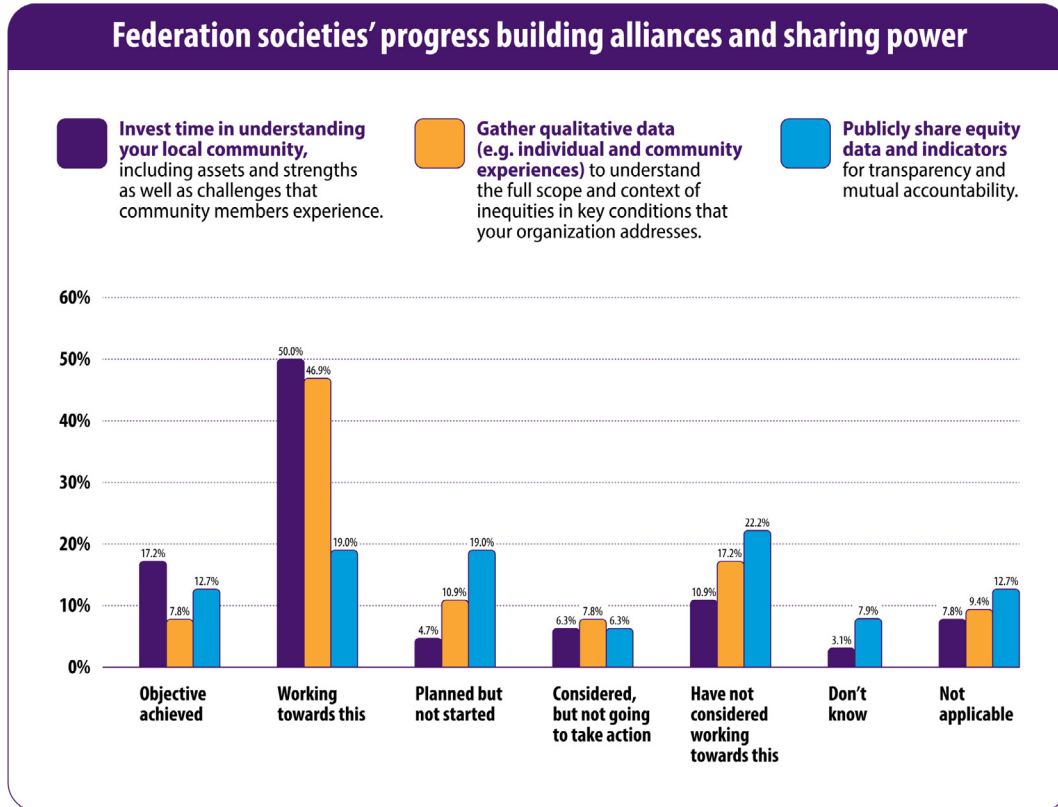
We launched the [Medical Justice in Advocacy Fellowship](#) to provide a mentoring and training platform and network for early to mid-career physicians to build foundational skills, tools and knowledge, and peer support to engage in institutional and political health advocacy.

[AMA committed \\$5 million to social impact investment](#) in the West Side of Chicago in partnership with West Side United (WSU) and its five health system partners. This builds a vision and a model for how physicians and health systems approach local partnerships and investments to create systems change and improve health.

Our anchor strategy and social impact partnership with WSU extends and strengthens our pre-existing contributions to hypertension control efforts, including AMA MAP BP™ and volunteerism through our AMA Enterprise Social Responsibility (ESR) program on Chicago's west side.

Work is also underway among AMA Federation of Medicine organizations. [Our 2023 Health Equity in Organized Medicine Survey](#) included several indicators of building alliances and sharing power (see Figure 6).

Figure 6: Select Building Alliances and Sharing Power Indicators, 2023 Health Equity in Organized Medicine Survey (N=65 state/territory or specialty associations)





Ensure Equity in Innovation

The AMA commits to continue evaluating and amplifying efforts to achieve equitable impact in health care innovation. Through education, research and communication strategies, the [In Full Health Learning & Action Community to Advance Equitable Health Innovation](#) will expand the evidence base that supports relevant health policy, accreditation standards and health innovation purchasing guidelines. In addition, the AMA will continue to celebrate achievements in health equity innovation, establish new incentive structures that ultimately compel investments, and bring innovative health care solutions to marginalized communities.

Box 1: Five Principles for Equitable Health Innovation

Five principles for equitable health innovation

- 1 Dismantling structural racism, sexism, and bias in health innovation resource allocation begins with organizational self-assessment.
- 2 Impact on health equity is a fundamental metric that should be used in assessing the value created by all health innovations.
- 3 Greater investment is needed in health innovations developed specifically to improve health in and/or eliminate inequities experienced by historically marginalized communities, with resources and support prioritized for innovators designing from within these communities.
- 4 More health innovation investment models should support asset ownership and wealth development within historically marginalized communities.
- 5 While health innovation funders, solution developers, and customers have a significant opportunity for impact at the organizational level, we need industry influencers to engage in addressing systems-level barriers and needs.

^a Adapted from [The Principles for Equitable Health Innovation v1.0](#)

Box 2: Ten Actions to Center Equity in Health Innovation

Ten actions to center equity in health innovation

- 1 Understand the demographics of your total potential market.
- 2 Gather data on the difference in the health outcome of interest among and at the intersection of demographic subgroups, and root causes of that difference.
- 3 Be explicit about which demographic groups are represented among those you are engaging in solution design, and how you intend to address any inequities impacting those groups.
- 4 (If applicable) Ensure that priority demographic groups are represented in health data used to inform the solution design.
- 5 (If applicable) Ensure that priority demographic groups are represented in all AI / algorithm datasets used to create the solution.
- 6 Seek out the insights and recommendations of marginalized communities via representation and power sharing in company decision-making roles impacting solution development.
- 7 Seek out insights and recommendations of marginalized communities via representation and power sharing in formal user / participatory design opportunities impacting solution development.
- 8 Meaningfully engage, respond to, and value the contributions of marginalized communities by formally engaging a representative sample of priority users and stakeholders in all phases of solution design and development.
- 9 Ensure privacy of user data.
- 10 Evaluate and address any differential uptake and impact of your solution on users across and at the intersection of different demographic groups.

^a Adapted from Equitable Health Innovation Solution Development Toolkit.

Overarching Goals

Embed racial justice and health equity within existing AMA health care innovation efforts.

Equip the health care innovation sector to advance equity and justice.

Center, integrate and amplify historically marginalized and Black, Indigenous, Latinx and people of color who are health care investors and innovators.

Engage in cross-sector collaboration and advocacy efforts.

Looking Ahead: Proposed Actions

Increase the size, success and impact of the In Full Health community by simplifying toolkit content and tailoring communication and educational strategy for different health care innovation audiences.

Gather and publish data to advance the cause of equitable health care innovations.^{27,38-40}

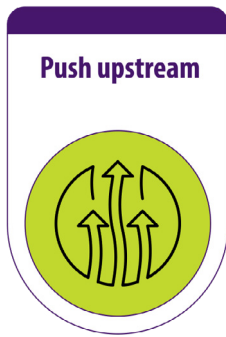
Celebrate health equity innovation early adopters and collaborations (between founders, physicians, educators, community members and more) through AMA communication channels and national conference venues, centering people from minoritized and marginalized communities.

What We Build on

AMA formed an [External Equity & Innovation Advisory Group](#) comprised of experts in inclusive health innovation to guide our approach to Equitable Structures and Opportunities in Innovation.

AMA partnered to launch In Full Health with key principles and roadmaps (examples in Boxes 1 & 2). AMA shared these resources with thousands of leaders, entrepreneurs and investors. We did this in response to the collective desire to engage as a learning community that curates realistic examples of equity in innovation process.

Qualitative market research revealed the need for the AMA to build an evidence base on the impact of the use of technology, data and software on health equity advancement.



Push Upstream

We commit to contributing to the “upstream” movement, recognizing the need for physicians and trainees to be educated and empowered to take action beyond the traditional basic and clinical sciences of medicine and to understand the upstream drivers of health – environmental, political, policy and other social factors.⁴¹ In our 2021-2023 strategic plan, we discussed how dominant practices to describe health inequities often ignore or purposely obscure the underlying power structures that create inequities. As a result, medical understandings of health inequities have created and perpetuated harm by supporting discredited and racist ideas about biological or genetic differences between racial groups. To counter these harmful historical and contemporary practices, physician education needs to include an understanding of structural drivers of health, public health practices, anti-racism and other anti-oppression strategies, and the social sciences.

Overarching Goals

Strengthen physicians’ knowledge of public health and structural/social drivers of health and inequities.

Empower physicians and health systems to dismantle structural racism and intersecting systems of oppression.

Equip physicians and health systems to improve services, technology, partnership and payment models that advance public health and health equity.

Looking Ahead: Proposed Actions

Participate in networks and coalitions that take action to eliminate root causes of health inequities and advance change at the organizational and structural levels.^{35,42}

[Continue the National Health Equity Grand Rounds series](#), expanding to include opportunities for both deeper partnership with our collaborating organizations and increased levels of engagement.²⁷

Expand educational offerings to include foundational content on ableism in health care, and strategies to advance disability justice in medicine.²⁰

Transform medical education at all levels to focus on preparing physicians to track, monitor, and address social drivers of health as a key part of patient care.^{32,43–45}

Partner to develop standards on reporting social determinants of health to support physician and health system work to address these determinants.^{9,29}

Provide data on patient populations within a given practice, e.g., provide information on the major health inequities and factors, such as the structural drivers affecting the patient population.

Provide practice level outcomes data with goals for quality- and education-utility on patients in a practice based on addressing health inequities, recognizing structural drivers as part of these outcomes; deliver targeted continuing medical education (CME)-related material to physicians based on those outcomes.

What We Build on

We partnered with public health and social justice organizations to develop learning models for different needs ranging from passive/didactic content (e.g., reading a peer-reviewed article on an equity intervention) to immersive longitudinal experiences such as the Medical Justice in Advocacy Fellowship.

We have learning programs that address upstream content at different levels, including at a national level (e.g., National Health Equity Grand Rounds, an institutional level (e.g., Advancing Equity Through Quality and Safety Peer Network), and individual level (e.g., AMA Ed Hub™).

In 2023, the AMA, Accreditation Council for Graduate Medical Education (ACGME), National Center for Interprofessional Practice and Education (NCIPE), and RespectAbility launched a new national platform for urgent, complex, and critical conversations about the root causes of health inequities in the United States. The National Health Equity Grand Rounds series that emerged from this collaboration has helped to shape and shift the national discourse about health equity and health care and set a new gold standard for highly accessible virtual education.

Looking Ahead: Proposed Actions

Continue to expand the use of an equity lens to all of AMA's advocacy work, with current priorities including maternal and child health and reproductive care, gender affirming care, Medicaid expansion, harmful race-based clinical algorithms and augmented intelligence.^{40,46-63}

Advance global health equity efforts that address racism in medicine, support humanitarian medical care, build capacity and knowledge of core concepts, and promote ethical research in populations that have been marginalized and minoritized.⁶⁴⁻⁷⁶

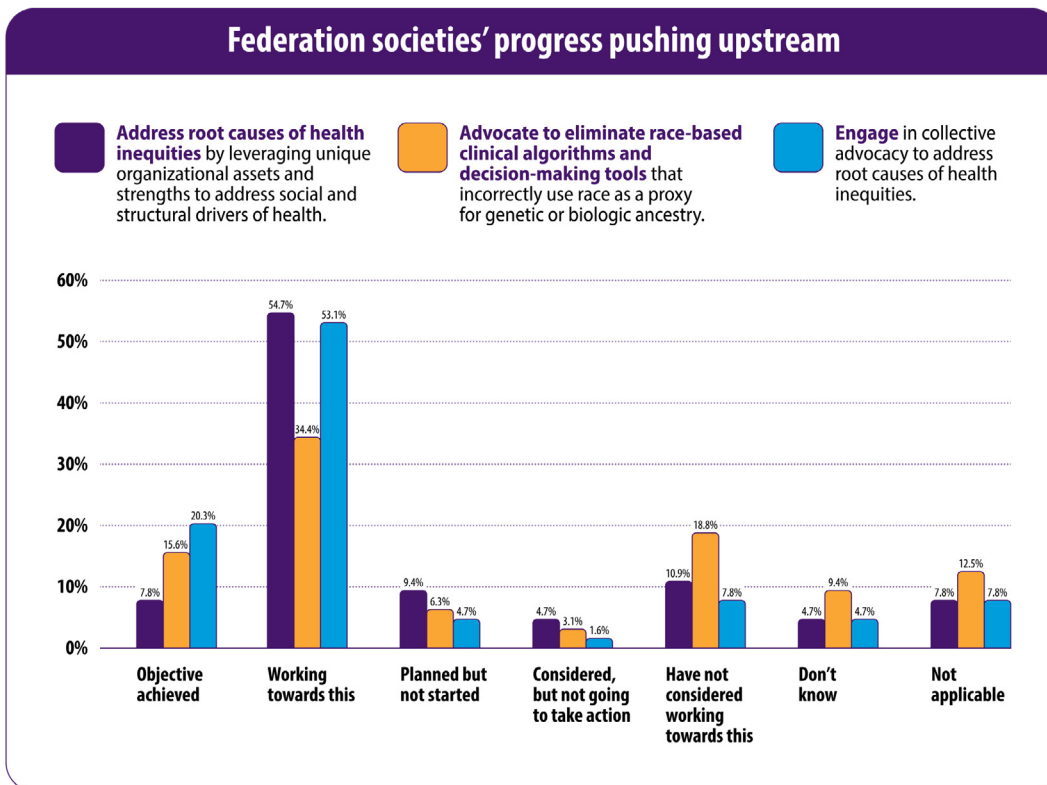
What We Build on

AMA is a founding partner of Rise to Health Coalition, along with Institute for Healthcare Improvement, Race Forward, the Groundwater Institute, HealthBegins, and PolicyLink. We co-lead the engagement of Professional Societies in the Coalition through an Equitable Professional Societies Network seeking to bring together organizations that represent diverse health care professionals in coordinated learning and action.

In collaboration with the Brigham & Women's Hospital and the Joint Commission, we launched the Peer Network for Advancing Equity through Quality and Safety in 2021. The Peer Network sought to address equity at a systems level and equip participating U.S. health care delivery systems with the knowledge and tools to advance racial justice and equity for their patients, staff, and communities, by leveraging high-performance quality and safety practices and technologies.

Data from our 2023 Health Equity in Organized Medicine Survey reveals notable progress on key push upstream indicators among state/territory associations and specialty societies (see Figure 7).

Figure 7: Select Push Upstream Indicators, 2023 Health Equity in Organized Medicine Survey (N=65 state/territory or specialty associations)





Foster Pathways

Our work is centered around fostering pathways for restorative justice including truth, racial healing, reconciliation, and transformation for the AMA's past. This approach prioritizes personal connection and humanistic values that attract most physicians to the field. It embraces community power and active accountability, as well as preserves the safety and dignity of all.

We have refined the original approach that highlighted truth, racial healing, reconciliation, and transformation (TRHT) to focus on a restorative justice framework, emphasizing: (a) acceptance and acknowledgment of responsibility for harmful behavior; (b) repairing of the harm caused to individuals and the community; and (c) rebuilding of trust by showing understanding of the harm, addressing personal issues, and building positive social connections. Restorative justice, commonly used in criminal justice, is less understood in the context of medicine and health care. We are working to define restorative justice as it applies to equitable health care outcomes and elevating the narratives of marginalized and minoritized populations harmed by AMA's past policies.

Overarching Goals

Amplify and integrate often "invisible-ized" narratives of historically marginalized physicians and patients in all that we do.

Quantify the impacts of AMA's policy and process decisions that excluded, discriminated and harmed.

Launch a multi-year restorative justice initiative to further enhance the AMA's transformation efforts.

Repair and cultivate a healing journey for those who have been harmed.

Looking Ahead: Proposed Actions

Strengthen physician, health system, and AMA member and staff engagement:

- Gather and learn from testimonies on the implications of historical harms on contemporary health inequities from physicians, health providers, health equity advocates, and marginalized patient populations.⁷⁷
- Promote shared learning of AMA's history using archival research, centering marginalized and minoritized narratives.

Facilitate collaborative restorative justice efforts (e.g., convene key contributors to collect narratives about historical harms and promising practices for advancing health equity in medical schools and the workforce; create spaces to learn from minoritized and marginalized physician leaders).¹³

Submit Truth, Reconciliation, Healing and Transformation Task Force report and recommendations to the AMA Board of Trustees in 2025.⁷⁸

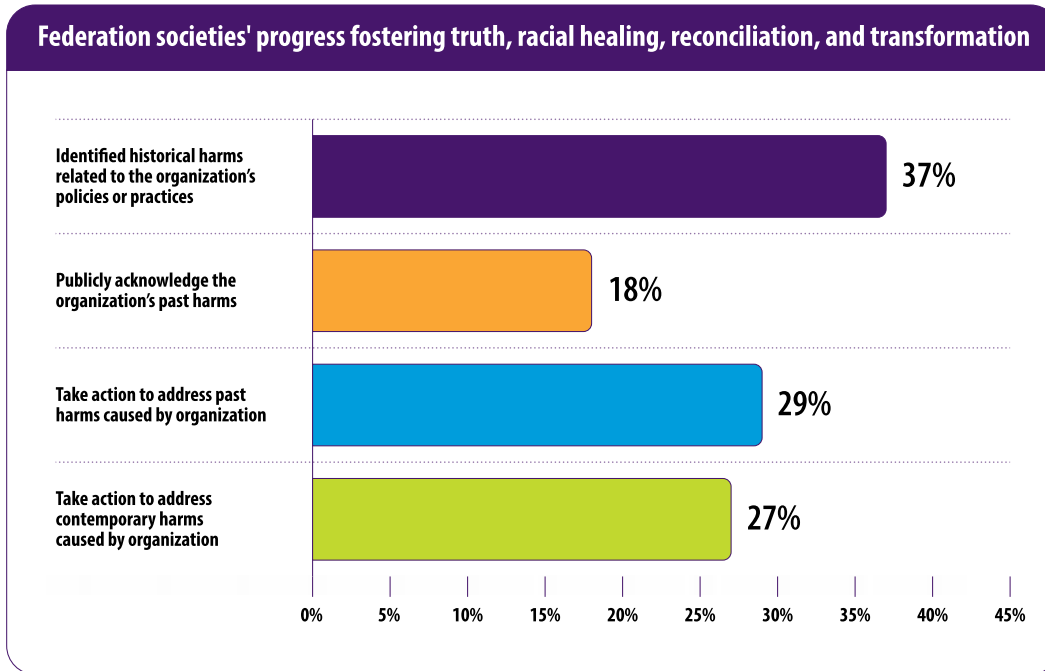
What We Build on

Council on Medical Education Report 5, which incorporates 11 restorative justice-related recommendations, was adopted by the HOD.

The AMA launched its Truth, Reconciliation, Healing, and Transformation (TRHT) Task Force in 2023. This is a combined internal and external task force to guide organizational transformation within and beyond the AMA toward restorative justice to promote truth, reconciliation, and healing in medicine and medical education. The overarching goal of the task force is to advise and provide an educational report with a set of recommendations to the AMA Board of Trustees regarding a process and outcome that ensures truth, reconciliation, healing, and transformation accounting for AMA's harmful past decisions and their influence within the sector of medicine.

There are signs that state/territory and specialty associations are taking on the work of truth, racial healing and transformation in their organizations (see figure 8).

Figure 8: Select Truth, Racial Healing, Reconciliation, and Transformation Indicators, 2023 Health Equity in Organized Medicine Survey (N=65 state/territory or specialty associations)

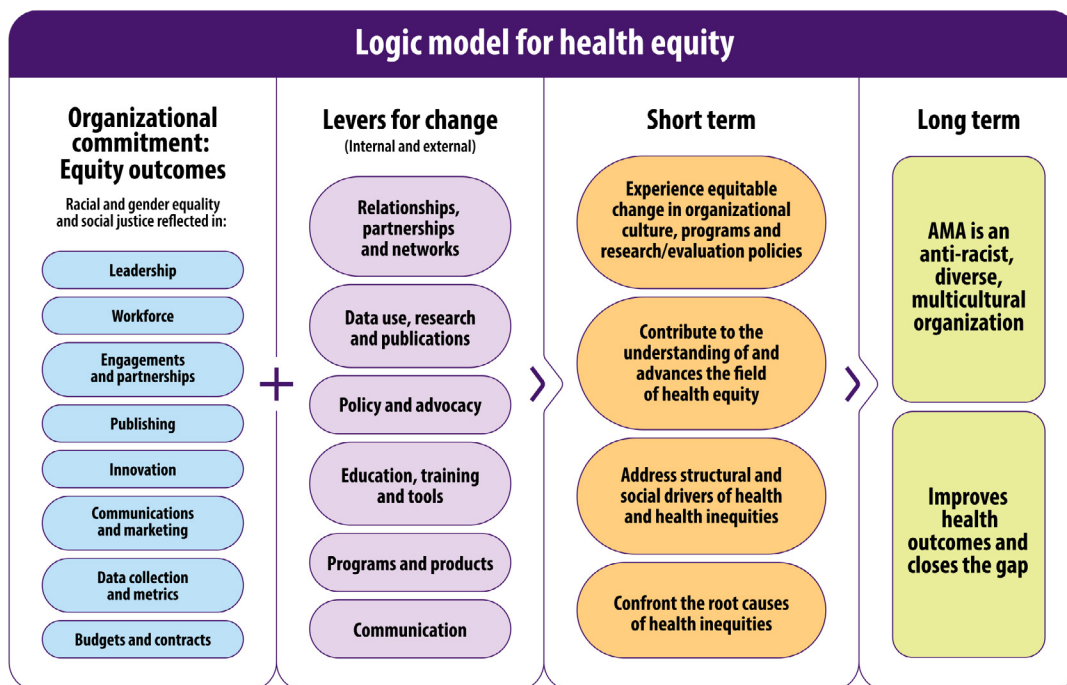


Section 3: Measuring Our Effectiveness and Building Towards Accountability

We have learned much from our efforts to advance health equity. At the same time, we recognize much more work is needed to fully understand the effectiveness of our actions. This work is difficult to measure, and some of the impacts may not become evident in the short term. By examining and reflecting on our commitments, actions, and results, we ensure continued progress.

A logic model is an important tool for this work. As many trained in public health and related fields know, logic models are visual tools describing the short- and long-term change an organization seeks to achieve, together with the resources it will leverage toward that change. Our 2021-2023 strategic plan introduced our logic model for change, reproduced here (see Figure 9).

Figure 9: Logic model for health equity



Note: Adapted from AMA's 2021-2023 Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity.

Our logic model begins with organizational commitment across the enterprise, including leadership. This commitment, together with activation of our internal and external "levers of change" (from relationships, partnerships and networks to programs and products and communication), enable us to meet short- and long-term goals towards advancing health equity and transforming the AMA into an anti-racist, diverse and multicultural organization.

In 2024-2025, we will prioritize evaluation efforts that enhance our understanding of our processes and short-term outcomes, and set the stage for meaningful long-term impact measures.

Section 4:

Key Accomplishments from 2021-2023

Our efforts from 2021-2023 resulted in successful activation of numerous internal and external “levers” for change that will enable us to meet short- and long-term goals towards advancing health equity and transforming the AMA into an anti-racist, diverse and multicultural organization.

Our key accomplishments include:

- Established nine Employee Resource Groups, creating space for support, learning and collaboration.
- Deployed a new skills-based curriculum for AMA staff, including learning modules on psychological safety, inclusive communication, inclusive facilitation, and identifying and addressing microaggressions.
- Hosted several “Open Forum on Health Equity” education sessions at Annual and Interim HOD meetings with increasing attendance, in response to [HOD policy directive](#).
- Ensured that every journal in the JAMA Network® has editors focused on Diversity, Equity, and Inclusion.
- Partnered with the Association of American Medical Colleges (AAMC) Center for Health Justice to co-publish [Advancing Health Equity: A Guide to Language, Narrative and Concepts](#).
- Evolved thirty illustrations in the CPT® Professional Book to reflect the diversity in skin tones, sex, and ethnicity, with plans for more in future years, to redress harmful narratives in our own publications.
- Published a compendium of abstracts titled [MedEd’s horizon: Just, merciful, diverse and equitable](#).
- Launched the [AMA Prioritizing Equity video series](#), providing opportunities for discussion of a wide range of equity topics, including firearm violence prevention, voting and health equity, reproductive health care, and Covid-19 and Native voices in the field.
- Published dedicated issues on ‘[segregation in health care](#),’ ‘[health equity in US Latinx communities](#)’ (with articles in English and Spanish), and a two-part issue on ‘[racial and ethnic health equity in the US](#)’ in the AMA Journal of Health Ethics®.
- Co-founded [In Full Health Learning & Action Community to Advance Equitable Health Innovation](#) to ensure inclusion of historically marginalized and minoritized people and communities in technology and investment spheres.
- Supported AMA subsidiary Health2047 portfolio company growth, including [SiteBridge Research](#), a platform to extend broad access to transformative clinical trials to people from minoritized and marginalized communities.
- Created a dedicated page to In Full Health resources on the [Physicians Innovation Network \(PIN\)](#), an online community that brings together physicians and entrepreneurs virtually and in real life to integrate clinically-informed perspectives into the innovation process.
- Partnered with a total of 44 unique Federally Qualified Health Centers in 2022 and 2023 to assess and reduce physician burnout.
- Produced [AMA STEPS Forward® Program](#) resources dedicated to addressing social determinants of health and racial and health equity, including two toolkits co-developed with HealthBegins that provide concrete steps for [small practices](#) and [health systems](#) to advance racial and health equity.
- Launched the [Peer Network for Advancing Equity through Quality and Safety](#), in collaboration with the Brigham & Women’s Hospital and the Joint Commission.

- Co-founded the [Rise to Health Coalition](#) with the Institute for Healthcare Improvement and leading social and racial justice organizations Race Forward, the Groundwater Institute, HealthBegins, and PolicyLink.
- Launched a [Health Equity Education Center](#) in our AMA Ed Hub™, curating AMA generated education resources focused on health equity along with resources from over 15 external AMA Ed Hub™ partners.
- Successfully advocated for:
 - Medicaid to extend coverage to a full year postpartum with passage of the [American Rescue Plan Act](#) (2021) and the Consolidated Appropriations Act (2023), implemented in 40 states.
 - The Supreme Court upholding the Indian Child Welfare Act in [Haaland v. Brackeen](#).
 - The Food and Drug Administration (FDA) [removing discriminatory restrictions on blood donations by men who have sex with men \(MSM\)](#).
- Raised AMA visibility and spoke out on important topics that interfere with the physician and patient making decisions about health care including legislative and judicial efforts to ban health care for transgender people, limits on women's reproductive care, LGBTQ+ discrimination, and threats of violence against health care workers who provide such care to patients.
- Increased outreach and engagement to audiences that have historically been marginalized including translation of patient-facing communications to Spanish and engagement with media organizations that represent historically marginalized groups (e.g., National Association of Black Journalists, National Association of Hispanic Journalists, The Association of LGBTQ+ Journalists).
- Launched a partnership with West Side United (WSU) to address health inequities in historically marginalized Chicago areas.
- Provided \$2.2 million in support of LGBTQ+ Fellowship Programs in Vanderbilt, Harvard, and University of Wisconsin Madison via the AMA Foundation.
- The AMA Foundation Health Equity Accelerator Fund supported an AMA-led collaborative project focused on bridging gaps in equity and representation within medical education resulting from termination of affirmative action in higher education.
- Reached over 300,000 Black women to promote heart health and blood pressure self-measurement through the national [Release the Pressure Campaign](#), designed and implemented in collaboration with the American Heart Association, the National Medical Association, the AMA Foundation, the Association of Black Cardiologists, and the Minority Health Institute.
- The AMA Board of Trustees appointed a [Truth, Reconciliation, Healing and Transformation Task Force](#).

(For a more detailed accounting, please refer to the yearly Progress Updates from [2021](#), [2022](#), and [2023](#))



Appendix: Equity-Related Policies Adopted by the House of Delegates in 2021-2023

Almost every policy has the potential to be equitable or inequitable in its impact. The following list provides examples of recent policies adopted by the House of Delegates with more explicit equity-related content that were key to informing our 2024-2025 activities. These policies, along with equity-related policies passed by the HOD before 2021, form the foundation for our efforts in 2024-2025. The topic and title names are taken verbatim from [PolicyFinder](#).

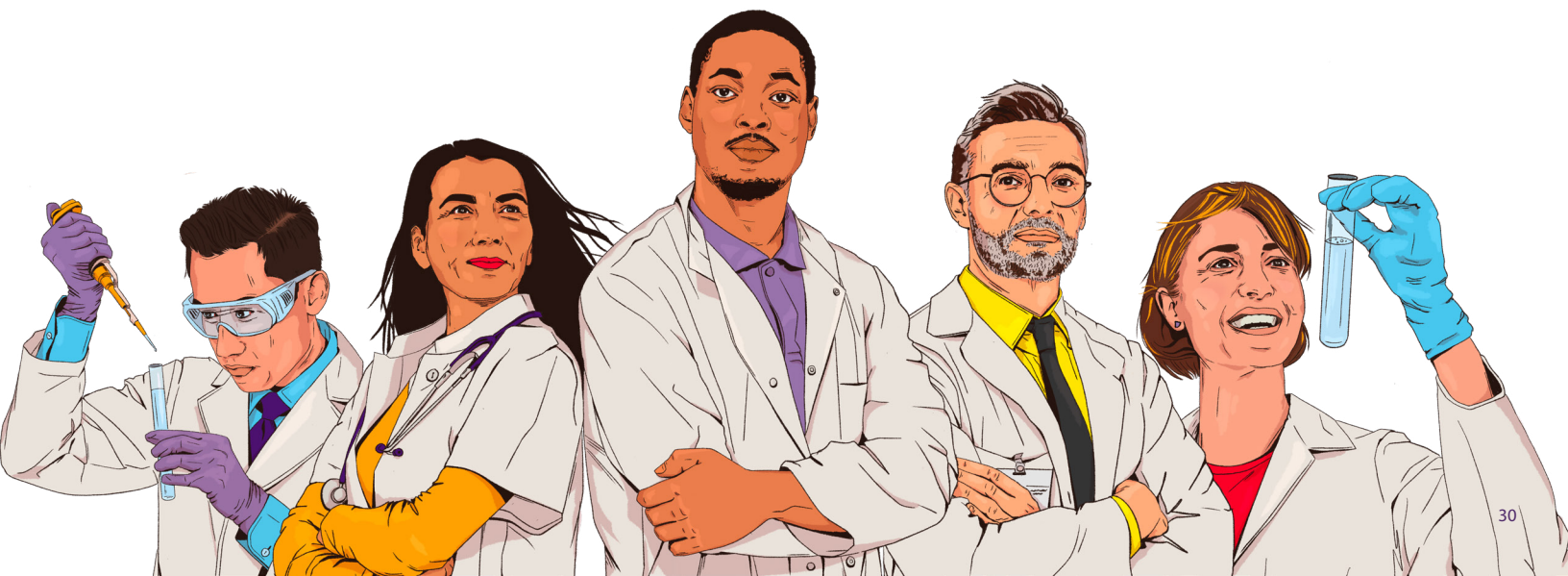
Year last modified	Topic	Policy	Title	Embedding equity	Build alliances and share power	Push upstream	Ensure equity in innovation	Foster pathways
2021	AIDS	D-20.988	HIV Education in Minority Populations		•			
2021	Civil and Human Rights	H-65.951	Healthcare and Organizational Policies and Cultural Changes to Prevent and Address Racism, Discrimination, Bias and Microaggressions	•		•		
2021	Civil and Human Rights	H-65.967	Conforming Sex and Gender Designation on Government IDs and Other Documents			•		
2021	Health Insurance	H-185.917	Reducing Inequities and Improving Access to Insurance for Maternal Health Care			•		
2021	Health Insurance	H-185.943	Health Insurance Differences Contribute to Health Care Disparities and Poorer Outcomes			•		
2021	Health Insurance	H-290.997	Medicaid - Towards Reforming the Program			•		
2021	Health Workforce	D-200.975	Supporting Women and Underrepresenting Minorities in Overcoming Barriers to Positions of Medical Leadership and Competitive Specialties			•		
2021	Health Workforce	H-200.951	Strategies for Enhancing Diversity in the Physician Workforce			•		
2021	IMGs	H-255.966	Abolish Discrimination in Licensure of IMGs			•		
2021	Medical Education	H-295.854	Increase Awareness Among Residency, Fellowship, and Academic Programs on the United States-Puerto Rico Relationship Status		•			
2021	Minorities	D-350.979	Disaggregation of Demographic Data for Individuals of Middle Eastern and North African (MENA) Descent	•				
2021	Minorities	D-350.980	Promising Practices Among Pathway Programs to Increase Diversity in Medicine					•
2021	Minorities	D-350.988	American Indian / Alaska Native Adolescent Suicide		•			
2021	Minorities	H-350.972	Improving the Health of Black and Minority Populations			•		

Year last modified	Topic	Policy	Title	Embedding equity	Build alliances and share power	Push upstream	Ensure equity in innovation	Foster pathways
2021	Minorities	H-350.974	Racial and Ethnic Disparities in Health Care			•		
2021	Pregnancy and Childbirth	D-420.993	Disparities in Maternal Mortality		•			
2021	Public Health	D-440.917	Promoting Equitable Resource Distribution Globally in Response to the COVID-19 Pandemic				•	
2021	Public Health	H-440.912	Federal Block Grants and Public Health		•	•		
2021	Research	H-460.924	Race and Ethnicity as Variables in Medical Research			•	•	
2021	Rural Health	D-465.997	Rural Health Physician Workforce Disparities			•		
2022	Children and Youth	D-60.964	Equal Access for Adoption in the LGBTQ Community			•		
2022	Children and Youth	D-60.965	Recognizing Child Poverty and the Racial Wealth Gap as Public Health Issues and Extending the Child Tax Credit for Families in Need			•		
2022	Children and Youth	H-60.917	Disparities in Public Education as a Crisis in Public Health and Civil Rights			•		
2022	Children and Youth	H-60.919	Juvenile Justice System Reform			•		
2022	Civil and Human Rights	D-65.983	Gender Equity and Female Physician Work Patterns During the Pandemic		•	•		
2022	Civil and Human Rights	D-65.985	Recognition of National Anti-Lynching Legislation as a Public Health Initiative			•		
2022	Civil and Human Rights	D-65.986	Ban the Gay/Trans (LGBTQ+) Panic Defense			•		
2022	Civil and Human Rights	D-65.989	Advancing Gender Equity in Medicine	•	•	•		
2022	Civil and Human Rights	H-65.946	Towards Diversity and Inclusion: A Global Nondiscrimination Policy Statement and Benchmark for our AMA	•				
2022	Civil and Human Rights	H-65.949	Combating Natural Hair and Cultural Headwear Discrimination in Medicine and Medical Professionalism		•			
2022	Civil and Human Rights	H-65.950	Terms and Language in Policies Adopted to Protect Populations from Discrimination and Harassment	•				
2022	Civil and Human Rights	H-65.952	Racism as a Public Health Threat	•		•	•	•
2022	Civil and Human Rights	H-65.960	Health, In All Its Dimensions, Is a Basic Right			•		
2022	Civil and Human Rights	H-65.965	Support of Human Rights and Freedom			•		
2022	Environmental Health	D-135.966	Declaring Climate Change a Public Health Crisis			•		
2022	Ethics	H-140.824	Healthcare Equity Through Informed Consent and a Collaborative Healthcare Model for the Gender Diverse Population			•		
2022	Governance	D-630.972	AMA Race/Ethnicity Data	•	•			

Year last modified	Topic	Policy	Title	Embedding equity	Build alliances and share power	Push upstream	Ensure equity in innovation	Foster pathways
2022	Health Care	H-165.822	Health Plan Initiatives Addressing Social Determinants of Health			•		
2022	Health Care Delivery	H-160.896	Expanding Access to Screening Tools for Social Determinants of Health/ Social Determinants of Health in Payment Models			•	•	
2022	Health Education	H-170.968	Sexuality Education, Sexual Violence Prevention, Abstinence, and Distribution of Condoms in Schools			•		
2022	Health Workforce	D-200.972	Encouraging LGBTQ+ Representation in Medicine	•	•			
2022	Incarceration	D-430.992	Reducing the Burden of Incarceration on Public Health			•		
2022	Medical Education	D-310.977	National Resident Matching Program Reform	•	•			
2022	Medical Education	H-295.852	Strengthening Interview Guidelines for American Indian and Alaska Native Medical School, Residency, and Fellowship Applicants	•	•			
2022	Minorities	D-350.976	AMA Support of American Indian Health Career Opportunities		•			•
2022	Minorities	D-350.977	Addressing the Longitudinal Healthcare Needs of American Indian Children in Foster Care		•	•		
2022	Minorities	H-350.957	Cultural Leave for American Indian Trainees			•		
2022	Minorities	H-350.960	Underrepresented Student Access to US Medical Schools	•		•		
2022	Minorities	H-350.9655	Care of Women and Children in Family Immigration Detention			•		
2022	Minorities	H-350.981	AMA Support of American Indian Health Career Opportunities		•			
2022	Organ Donation and Transplantation	D-370.980	Organ Transplant Equity for Persons with Disabilities		•			
2022	Public Health	D-440.922	Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems			•		
2022	Public Health	H-440.803	Poverty-Level Wages and Health					
2022	Public Health	H-440.805	Support for Safe and Equitable Access to Voting			•		
2022	Public Health	H-440.808	Digital Vaccine Credential Systems and Vaccine Mandates in COVID-19				•	
2022	Research	H-460.884	Indigenous Data Sovereignty			•	•	
2022	Research	H-460.885	Evaluating Scientific Journal Articles for Racial and Ethnic Bias	•			•	
2022	Research	H-460.911	Increasing Minority, Female, and other Underrepresented Group Participation in Clinical Research			•	•	
2022	Technology - Computer	H-478.980	Increasing Access to Broadband Internet to Reduce Health Disparities				•	
2022	Technology - Medical	D-480.963	COVID-19 Emergency and Expanded Telemedicine Regulations				•	

Year last modified	Topic	Policy	Title	Embedding equity	Build alliances and share power	Push upstream	Ensure equity in innovation	Foster pathways
2022	Technology - Medical	H-480.939	Augmented Intelligence in Health Care		•	•	•	
2023	Children and Youth	H-60.902	School Resource Officer Qualifications and Training			•		
2023	Children and Youth	H-60.937	Youth and Young Adult Suicide in the United States	•		•		
2023	Children and Youth	H-60.937	Youth and Young Adult Suicide in the United States	•				
2023	Civil and Human Rights	H-65.943	Redressing the Harms of Misusing Race in Medicine	•		•		•
2023	Civil and Human Rights	H-65.954	Policing Reform		•	•		
2023	Disability	D-90.990	Evaluate Barriers to Medical Education for Trainees with Disabilities		•	•		
2023	Drug Abuse	H-95.924	Cannabis Legalization for Adult Use (commonly referred to as recreational use)			•		
2023	Environmental Health	D-135.997	Environmental Contributors to Disease and Advocating for Environmental Justice			•		
2023	Environmental Health	H-135.911	Environmental Health Equity in Federally Subsidized Housing			•		
2023	Governance	G-605.009	Establishing A Task Force to Preserve the Patient-Physician Relationship When Evidence-Based, Appropriate Care Is Banned or Restricted	•				
2023	Health Care	H-165.823	Options to Maximize Coverage under the AMA Proposal for Reform			•		
2023	Health Insurance	H-180.944	Plan for Continued Progress Toward Health Equity	•				
2023	Health Workforce	D-200.985	Strategies for Enhancing Diversity in the Physician Workforce		•	•		
2023	Health Workforce	H-200.954	US Physician Shortage		•	•		
2023	Incarceration	D-430.993	Study of Best Practices for Acute Care of Patients in the Custody of Law Enforcement or Corrections		•	•		
2023	Incarceration	H-430.976	Opposing the Use of Vulnerable Incarcerated People in Response to Public Health Emergencies			•		
2023	Incarceration	H-430.986	Health Care While Incarcerated			•		
2023	Legislation and Regulation	H-270.950	Indian Health Service Licensing Exemptions		•	•		
2023	Long-Term Care	H-280.991	Policy Directions for the Financing of Long-Term Care			•	•	
2023	Medical Education	D-295.963	Continued Support for Diversity in Medical Education	•		•		
2023	Medical Education	H-295.844	Ensuring Equity in Interview Processes for Entry to Undergraduate and Graduate Medical Education	•	•			
2023	Medical Education	H-295.865	Discrimination Against Patients by Medical Students	•				

Year last modified	Topic	Policy	Title	Embedding equity	Build alliances and share power	Push upstream	Ensure equity in innovation	Foster pathways
2023	Medical Records and Patient Privacy	H-315.961	Exclusion of Race, Preferred Spoken Language, and Ethnicity in the First Sentence of Case Reports	•				
2023	Medicare	D-330.895	Redesigning the Medicare Hospice Benefit			•	•	
2023	Minorities	D-350.987	Strong Opposition to Cuts in Federal Funding for the Indian Health Service		•	•		
2023	Minorities	H-350.946	Indian Health Service Improvements			•		
2023	Minorities	H-350.948	Purchased and Referred Care Expansion			•		
2023	Minorities	H-350.950	Tribal Public Health Authority	•	•			
2023	Minorities	H-350.977	Indian Health Service			•		
2023	Minorities	H-350.979	Increase the Representation of Minority and Economically Disadvantaged Populations in the Medical Profession					
2023	Physicians	D-405.970	Racism - A Threat to Public Health				•	
2023	Public Health	H-440.798	Prediabetes as a Major Health Concern for Chronic Disease Prevention			•		
2023	Rural Health	H-465.978	Recognizing and Remediating Payment System Bias As a Factor in Rural Health Disparities			•		
2023	Technology - Medical	H-480.936	Telemedicine Services and Health Equity			•	•	
2023	Technology - Medical	H-480.937	Addressing Equity in Telehealth			•	•	
2023	Violence and Abuse	H-515.955	Research the Effects of Physical or Verbal Violence Between Law Enforcement Officers and Public Citizens on Public Health Outcomes			•		
2023	Violence and Abuse	H-515.957	Preventing Violent Acts Against Health Care Providers		•			



Supplements: Educational Primers on (1) International Medical Graduates and (2) Ableism in Health Care

As health professionals, we demonstrate our commitment to lifelong learning by continuing to seek new knowledge and approach our colleagues, trainees, and patients with empathy and humility. In this spirit, each volume of the strategic plan adds facets to our knowledge base and strategic approaches, bringing additional marginalized perspectives to the center of our learning and doing. These primers cover some of the perspectives that have demanded our attention over the last few years and will help guide our work in the coming years. We have produced two educational primers to supplement this strategic plan: [International Medical Graduates](#) and [Ableism in Health Care](#).

Acknowledgements

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Reviewers

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Winston Wong, MD, MS	National Council of Asian Pacific Islander Physicians

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