



Operationalizing Racial Justice and Advancing Health Equity

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Land and Labor Acknowledgement

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.



“We will be really misled if we think we can change society without changing ourselves.”



Alice Walker

2018 National Women’s Studies Association

Blacks, Latinx, and Native Americans are more likely to have and die from ‘underlying conditions’

Higher rates of

- Diabetes
- Obesity
- Hypertension
- Heart Disease

Not a sufficient explanation...

**“Race is not a risk factor... Racism is.”
@DrJoiaCrearPerry**



higher poverty
higher household crowding
higher racialized economic segregation

Dominant narratives, embedded in our institutions and culture, represent voices reinforcing social relations that generate social, political, and economic inequality and racial injustice marginalizing or silencing the voices of social groups with limited power. These narratives shape consciousness, meaning, and explanations of events.

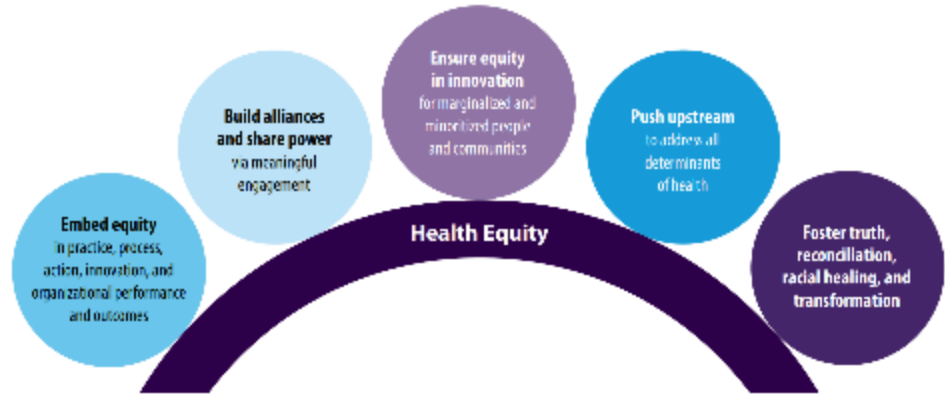
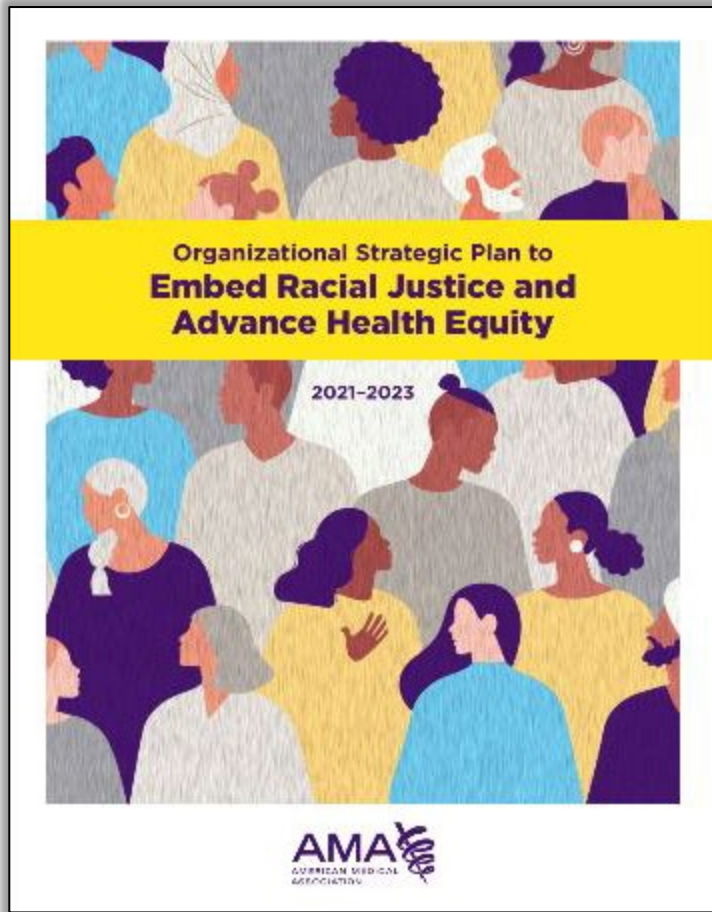
Narrative

Their effect is to obscure power (and responsibility), divide populations with common concerns, enforce compliance, and ensure that opposing visions of society's future do not become reality.

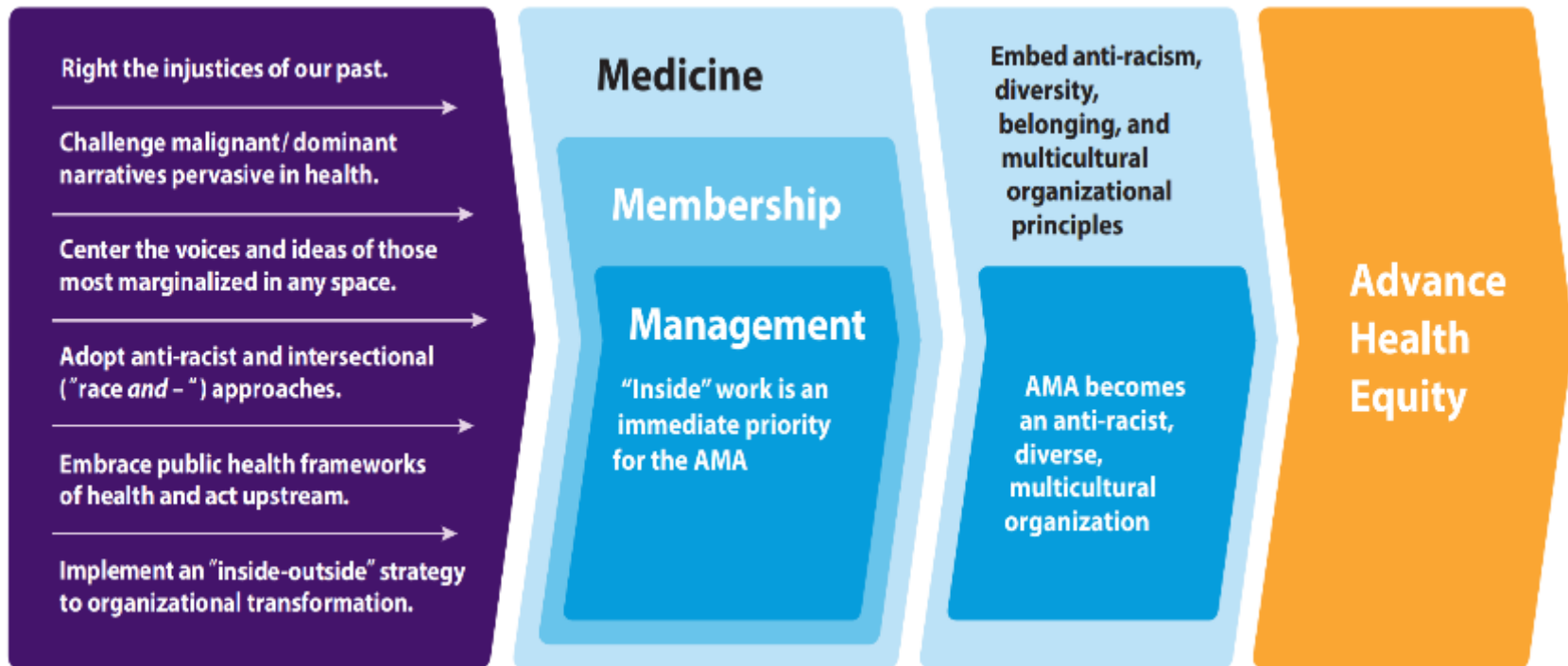
Narrative shapes beliefs and actions

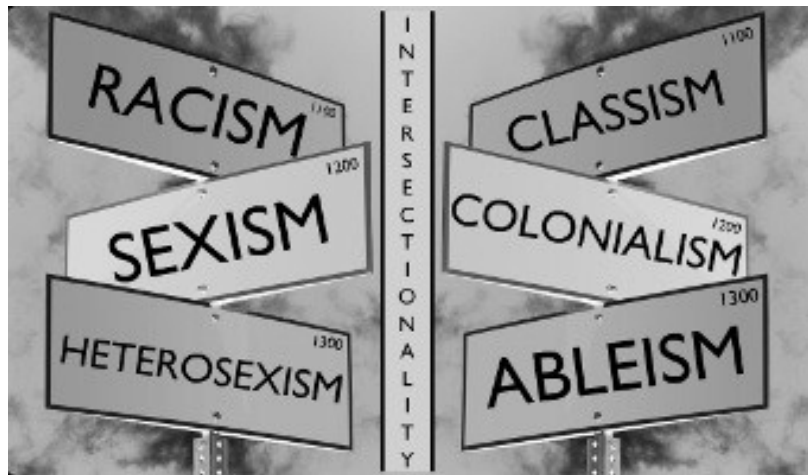
...dominant/malignant narratives (myths) undermine health equity

- Racial and class inequities are “unfortunate, but not necessarily unjust”
- Self-determining individuals make right or wrong “lifestyle” choice - rendering political, structural, and social determinants of health inequities invisible (individualism)
- Cultures of oppressed and marginalized racial and ethnic groups are responsible for and blamed their own poorer health outcomes (“Othering”)
- Pick ourselves by our bootstraps (meritocracy)
- American exceptionalism
- “If you gain, I lose” (zero-sum game)
- Hierarchy of human value based on skin color (white supremacy)



"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; where everyone has the power, conditions, resources and opportunities to achieve optimal health; and 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, as well as embed racial justice and advance equity within and across all aspects of health systems."





“When we identify where **our privilege intersects with somebody else’s oppression**, we’ll find our opportunities to make real **change.**”

Ijeoma Oluo, *So You Want to Talk About Race*

Embed racial and social justice throughout the AMA

Enterprise culture, systems, policies, and practices

- Build the AMA's capacity to understand and operationalize anti-racism equity strategies via training and tool development
- Ensure equitable structures, processes and accountability in the AMA's workforce, contracts and budgeting, communications and publishing
- Integrate trauma – informed lens and approaches
- Assess organizational change (culture, policy, process) over time

Build alliances and share power with historically marginalized and minoritized physicians and other stakeholders

- 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

Foster pathways for truth, racial healing, reconciliation, and transformation for the AMA's past

- Amplify and integrate often “invisible-ized” narratives of historically marginalized physicians and patients in all that we do
- Quantify the effects of AMA's policy and process decisions that excluded, discriminated, and harmed
- Repair and cultivate a healing journey for those harms

Repairing those wrongs is also a vital part of healing

- *Address material and personal losses inflicted on the people experiencing prejudice and injustice*
- *Focus on ways for all of us to heal from the wounds of the past, to build mutually respectful relationships and trust*
- *Send a strong signal that the organization is committed to righting historical wrongs*

“ We share this document with humility. We recognize that language evolves, and we are mindful that context always matters. This Guide is not and cannot be a check list of correct answers. Instead, we hope that this Guide will stimulate critical thinking about language, narrative, and concepts – helping readers to identify harmful phrasing in their own work and providing alternatives that move us toward racial justice and health equity.

In Part 1, we offer a guidance on language for promoting health equity, contrasting traditional/outdated terms with equity-focused alternatives. In Part 2, we explore how narratives (the power behind words) matter. Lastly, in Part 3, we provide a glossary of key terms, defining key concepts, and whenever possible acknowledging debates over definitions and usage.”

*Draft Language from Upcoming Communication and Narrative Guide from
AMA*

Narrative Power

A presence that forces changes in decision making and the status quo in value added ways.

Provides meaningful direction to learn different truths, expose what has been made invisible, and add a sense of humanity to the existing scientific evidence base.

- How can we disrupt the narratives that perpetuate racism and other forms of oppression?
- What counternarratives and stories need to be told to shift cultural consciousness?



Physicians' powerful ally in patient care