

Ellen Kelsay:

Dr. Bailey, welcome. Thank you so much for joining us today. It's our pleasure and we're excited for the conversation. Let's start with some recent news out of your organization. Beginning in 2019, the AMA took some public action to confront systemic racism and to solidify your commitment to embed health equity into the DNA of your organization and your work. Can you tell us why 2019 was a turning point for action within the AMA?

Dr. Susan Bailey:

It really wasn't a turning point. Our commitment to confronting systemic racism is something that has really built up over time, but it was a great moment of reckoning for the AMA. The economic inequality in the country, as we all know, had reached all-time highs. A century ago the AMA only allowed white members, but in 2008, the AMA took the important step in confronting that past mistake and our president in 2008, the late Dr. Ronald Davis, unequivocally apologized for the AMA's past behavior. He pledged on behalf of the entire organization to do everything in our power to right the wrongs that were done by our organization to African-American physicians and their families and patients. After that came companion editorials in JAMA and our Journal. The idea for the AMA Center for Health Equity really began to emerge. We had a taskforce on inequities and medicine that the AMA had and we really came up with the idea that we needed a permanent center within the AMA to address health equity. The idea for our center really started to emerge in early 2019. This work has included advocating for access to high quality health care for all Americans regardless of race, ethnicity, gender, sexual orientation, or any other characteristic, and training for in cultural competency for all medical students, residents, fellows, and practicing physicians.

Ellen Kelsay:

That's wonderful and thank you so much for sharing that history. It does date back quite a number of years, so that's impressive and glad to see really the increased focus on it over the past year or more. In addition to that Center for Health Equity, I know that you also in 2019 brought on as an organization, the first chief health equity officer, which is also equally impressive. Can you tell us a little bit more about that role in that position and what it is responsible for?

Dr. Susan Bailey:

In May of 2019, the AMA hired Dr. Aletha Maybank as our first ever chief health equity officer. She joined us after serving as the deputy commissioner and founding director for the Center for Health Equity within New York City's public health department. Our goals for the Center are to champion health equity, expand access to care and promote greater diversity within the medical workforce. The basic goals we want to encourage the development of evidence-based performance measures to really better identify socioeconomic and racial, ethnic disparities. That's the best way to improve the consistency and equity of health care delivery. We're going to be working at the state and federal levels to help expand access to care for all, for adequate funding of safety net programs, and we're also working on strategic partnerships and investments within the Chicago area where AMA is headquartered.

Ellen Kelsay:

That's terrific. I imagine this Center for Health Equity is still relatively nascent; it's in its early days. All those things that you just mentioned - training, advocacy, access, evidence-based, partnerships - you are trying to tackle a lot early on, which is so impressive. I know we will begin to see some of those fruits born, probably already and certainly in the months and years ahead. That's really terrific and exciting to see. I know that one area, when you and I were speaking previously, you talked about an initiative called *Release the Pressure*. If you could share a bit more about that initiative with our audience, as an example of perhaps some of the work that might come out of this Center.

Dr. Susan Bailey:

About eight years ago, the AMA established improving chronic health conditions as one of our three key strategic pillars and improving the control of already diagnosed hypertension was one of those programs. We, of course, realized very soon that there were great disparities in the impact and the control of blood pressure in minority communities, especially in the African-American community. As our work has gone on to improve blood pressure control, the Center for Health Equity we developed with our chronic disease management team and the health equity team working together. That's one of the things about our Center for Health Equity is that we're trying to embed it and include it in everything we do. We realized that improving the heart health of black Americans, and especially black women, was an incredibly important part of this. We developed this *Release the Pressure* initiative. Basically it is to recognize the long-standing inequities for health care in general, but hypertension care specifically. Our Center for Health Equity partnered with *Esence* magazine to launch this campaign, *Release the Pressure*, to work with thousands of black women, to share resources that are important to understand their blood pressure numbers and take action to manage their blood pressure. The goal is to provide black women with resources to identify and track their blood pressure numbers, as well as develop a wellness plan with existing, personal support systems of family and friends to manage their heart health virtually. We're asking women in this program to actually take a pledge, to set a blood pressure goal with your health care professional, to monitor your blood pressure numbers at home, to activate a personalized wellness plan, whether it's for exercise or healthy eating, or connecting with family and friends to help form your own posse and keep yourself on track and make regular check-ins with your group to stay accountable.

Ellen Kelsay:

That's such a great example and important work. Again, targeting such an important chronic disease that is upon many of us in society. It's really great to see you all focused on that as an example of some very good work already coming out of your Center for Health Equity. It certainly wouldn't be a conversation in the year 2020, or certainly in early in 2021, without talking about the pandemic. Let's pivot a little bit in that direction and talk about the pandemic and how it has influenced your organization's thinking and how you're confronting specifically health disparities and really working hard to advance health equity within the lens of pandemic impact.

Dr. Susan Bailey:

Health inequities existed long before COVID-19, but the pandemic has really revealed the extent of the damage that these inequities have caused. When we saw very early on that black and Latino communities were being especially hard hit by COVID-19, that their death rate was so much higher, we realized that much of this was based in long-standing inequities and health care. The stakes are so high for communities of color. There have been decades of mistrust, there have been structural inequities, and even outright racism in and outside our health system. Minorities have higher rates of heart disease, higher rates of diabetes, obesity, and other chronic conditions. And, hello, all of these are conditions that make you more susceptible to severe COVID-19. A recent *Washington Post* analysis found that majority black communities have three times the infection rates of COVID-19 than whites, and almost six times the death rate as minority white communities. It's all about access to care, which is why the AMA is working to help remove the most common barriers that keep people, especially those in marginalized and minority communities, from getting the care that they need, everything from cost of care to the availability of broadband internet, so that you can get telemedicine.

Ellen Kelsay:

You and I were chatting earlier and you personally have been on the airwaves lately, as recently as earlier this week on some nightly news programs, talking about the vaccine and how especially important it is for minority communities and populations to be vaccinated for COVID. Any particular efforts there that you and the AMA are focused on relative to vaccination rates for minority communities?

Dr. Susan Bailey:

The first order of business was to address vaccine hesitancy, in general, head-on. Vaccine hesitancy was at an all-time high before the pandemic began. Unfortunately, with the pandemic happening in an election year, it became somewhat politicized. We understand from years of mistrust, that vaccine hesitancy is much higher in African-American communities, because of the history of things like the Tuskegee experiments and other areas where blacks have not been included in vaccine trials. Gosh, the history is just littered with events like that. We have worked very hard along with our colleagues in the National Medical Association, which is the medical association for black physicians that was founded 125 years ago when sadly the AMA was not allowing black physicians to join, and we've worked with them and other groups across the country to help make sure that number one, that there was special outreach to make sure that communities of color were included in the trials for the vaccines and to have black and minority physicians speak out about the importance of participating in these trials. The first two that have come out, the Pfizer vaccine and the Moderna vaccine, have really done a pretty good job recruiting minority participants in their trials. In both Pfizer and Moderna, we're just under 10 percent African-American, which is less than in the population, but it's a heck of a lot better than they've had in previous studies. So now that those groups have been included, our job is now to get the message out to minority communities about the importance of actually getting the vaccine, about vaccine safety, and it is an all-hands-on-deck effort to make sure, because if we don't get at least 70 percent of our population immunized, we won't achieve herd immunity to keep everyone well. We have to realize that we're all part of the human family and every single one of us needs to have the same access to vaccines.

Ellen Kelsay:

It's so important and I really do applaud your work and being out early and in front on it and partnering with the organizations you have. You can certainly understand some of the trepidation given, as you've mentioned, all the historical examples and literature that sites really the reason for some of the concern that may still exist within the population, but it's also really encouraging to see just over the past couple of days, you've got black physicians, black nurses among the very first getting vaccinated. So really good examples on the public stage of black physicians and practitioners themselves being vaccinated. Hopefully once the vaccine is more available on the broader scale publicly, we'll have more receptivity and comfort for minorities across the broader population to indeed get vaccinated. Great work early on, on behalf of your organization, in leading the way there. I wanted to shift gears a bit to some pledges that the AMA has made over the past year, and you've made some very public pledges and statements about racism as well as on health, as it relates to racism. For example, I'll start with the pledge that you made June, and that was a pledge to take action to confront racism, as well as police brutality. Why was this pledge important and thus far has it resulted in any action or impact?

Dr. Susan Bailey:

Our meetings this year, when the AMA makes policy it's a gathering of hundreds of physicians from all specialties, all parts of the country, to make health policy for the AMA. When you hear something about this and that is AMA policy, that's where it comes from. In June, obviously because of the pandemic, we weren't able to meet in-person and the online platforms were not quite as robust as they are now to be able to do that kind of debate online. The AMA board of trustees, the leadership of the organization that makes policy in between meetings of the twice a year house of delegates, we met, and this was right after the murder of George Floyd and so obviously this was in the news, it's on everybody's mind. Our president at that time, Dr. Patrice Harris from Atlanta, Georgia, was African-American. We have a number of African-American physicians on our board and they were very, very concerned about this. Even though we have had some policy about police brutality in the past, we really had no formal policy on racism. We had a policy about not discriminating against individuals, because of color, gender, sexual orientation, etc., but nothing about racism per se. We realized at that time that we needed to go ahead and make a statement recognizing the harm that racism does to health. Racism is, among many things, a public health issue and police brutality and events that are shown in the media of this, even if it doesn't affect someone personally, the emotional impact of those images and those horrible things that are

going on can have an impact on people's health. Of course, we all realize that racially, marginalized communities are disproportionately subject to police force. We are finding more and more that there's a correlation between types of policing and adverse health outcomes. An independent study found that black males are three times more likely to be killed during a police encounter than their white male counterparts. We know that minorities are arrested more often than whites. Studies have now shown that an increased prevalence of police encounters in a community is linked to elevated stress and anxiety levels, increased rates of high blood pressure, diabetes, asthma. Of course, all of these can have fatal complications and the trauma of violence in a person's life is associated with chronic stress, higher rates of comorbidities, and lower life expectancy. We felt that it was very important to make a pledge, to confront systemic racism and police brutality, and to explicitly recognize racism as a public health threat, and then talk about strategies and plans to try to mitigate its effects. Our new policy calls on us to recognize racism in all of its forms as a serious threat to public health, to support the development of policy to combat racism and its effects, to encourage governmental agencies and non-governmental organizations to increase funding for research into the epidemiology of the risks and damages related to racism and how to either prevent or repair them. Then encourage the development of and to teach all of this to medical students, to residents, young physicians as they come up in their careers, to help prevent the health effects of racism from the very beginning.

Ellen Kelsay:

It's just such a wonderful step in the right direction and so important symbolically, but in practice and to your many comments on really affecting the outcomes and lives of the individuals that have been harmed by racism and police brutality. Again, to be as bold as to state that racism is indeed a public health threat, so again, really wonderful to see you all taking such bold action and making very bold and direct statements. Many different areas where you're impacting and hoping to impact in the future related to, I just wrote down a few as you were talking, advocacy, research, funding, and notably this teaching the next generation of physicians and practitioners to really incorporate this into their practice and that the next generation can really mitigate this over time for the generations to come. It's really wonderful to see on so many different levels how you all are putting this into practice. It's a journey and it will take some time, but it's such an important start and really good to see the momentum that you've built already behind it. Let's talk about the future and what's on the horizon and your roadmap as you think about the next year or several years ahead.

Dr. Susan Bailey:

Well, of course, you know, the first item on the agenda is to get the pandemic behind us and that will happen in 2021. I am confident. We are all going to have to pull together, but I know that we can put this virus behind us and it will not defeat us. We will defeat it. I just worry about how many lives are going to be lost in the process. The pandemic has placed such great limitations on how much we're able to do. In many ways, it's kind of opened up our new found facility with virtual conversations and meetings and learning how to get together and meet in different ways. But there's nothing like having a face-to-face meeting with someone and being able to talk out your differences and come up with ideas and solutions. We are very hopeful that as 2021 and 2022 come together, we will be able to really do more getting out into communities, to work with other stakeholders. We've set a lot of lofty goals, but we need to roll our sleeves up and get to work to make some of these things happen. One thing that we're working on that I'm hoping we'll soon be able to see some benefits of, is earlier this year the AMA announced a \$2 million investment in a community collaborative, focused on improving the economic conditions for residents on the West side of Chicago. Health epidemiologists and researchers have known for a long time that you can predict someone's health and their life expectancy from where they live, even down to the zip code. There were dramatic health disparities in Chicago where the AMA is headquartered. In some places there are more than 15-year difference in life expectancy just because of where they lived. When individuals don't have access to affordable housing or healthy food and they have limited access to build wealth or get a quality education, they can't find safe transportation to get to a doctor's appointment, it all negatively impacts someone's health and their ability to navigate the

health system. There's been much conversation in recent years about the social determinants of health, risky health behaviors, your level of education, your lack of employment opportunities, food insecurity, job insecurity, housing insecurity. We know that all those things can make an effect. AMA is working with a number of institutions in Chicago to make a very deliberate investment on the West side of Chicago, where life expectancy was much lower. It's not necessarily investing in health-related things. It's building grocery stores. it's supporting small business loans, it's just trying to improve housing and transportation, and look at all of those social determinants of health and then study how much of a difference it actually makes. I am very excited in the next year or two, to see how this investment in Chicago's West side will improve the health of that community. We can then scale those efforts to other communities once we've documented which interventions really make a difference.

Ellen Kelsay:

That's so wonderful. I love that you shared that example and I'm sure that our listeners will as well, and really the investment that you're making in the community above and beyond just health-related aspects to your point, really extending yourselves as an organization and you're funding into all these very important factors that really do impact quite adversely health aspects for so many under-resourced communities. We will be very eager to hear and keep track of how that project is going and to see it expand into other communities as well. Congratulations, that's wonderful. I would ask, are there any other bright spots, because that's quite a bright spot, but any others that you'd like to share as well?

Dr. Susan Bailey:

There's so many that that are going on. One project that we've had for a number of years that has kind of been put on hold because of the inability to meet face-to-face, has been a project called Doctors Back to School. It is an effort and we tried to do it on a regular basis, but especially if we have a meeting in another city besides Chicago, we'll get groups of minority physicians together and go visit elementary schools in inner city areas, in marginalized communities, because many of these children have never seen a physician of color before. If we're going to make the medical community look more like our communities at large, you can't start at the college level, you can't even start at the high school level, you've got to start really at pre-K making sure that children are getting good education and be able to visualize that they too can do anything that they put their mind to and to see individuals that look like them that have achieved great things and gone on to medical school and become professors and leaders in their communities. We don't have formal data on that program, but it's a very rewarding program to help those kids learn at an early age that that they don't have limits that others may have put on them.

Ellen Kelsay:

That's such a great example and a wonderful one to close on as a bright spot. You've cited a couple of times throughout our conversation about building the future for the next generation of both physicians through some of the training that you're doing in concert with medical schools, but now also here through your Doctors Back to School program and the impact that it will have so positively on young children in generations to come. What a wonderful way to close our conversation. Dr. Bailey, I just want to thank you again so much for joining me and sharing your insights and all of the wonderful work that the AMA has underway. We look forward to keeping an eye on it and staying connected to the great work of your organization.

Dr. Susan Bailey:

Thank you so much. It's been fun talking to you and take care of yourself and stay safe.

Ellen Kelsay:

Thank you. You too.