Title:	**Addressing Health Inequities and Disparities through Communication**
Introduced by:	**Michael Clery for the Medical Student Section**
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Referred to:	**Reference Committee E**
House Action:	

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Whereas, the Agency for Healthcare Research and Quality reports that despite the increasing attention surrounding disparities in access and quality of healthcare, the gaps between racial or income groups are not improving; furthermore, an estimated 40 percent of access to care measures showed increasing disparities[1], and

Whereas, the mission statement of the AMA's Commission to End Health Care Disparities recognizes that health care disparities exist due to multiple factors, including race and ethnicity[2], and

Whereas, in the January, 2011 American Journal of Public Health, a Health Disparities Index was published that ranked the State of Michigan as 31st of 33 states included in a measure of racial health disparities from 1999 to 2005, meaning that Michigan ranks as the third worst of the cohorts in providing equitable care to patients of minority racial identity[3], and

Whereas, in Opinion 9.121 on racial and ethnic health care disparities, the AMA Code of Medical Ethics states that physicians should help increase awareness of health care disparities by engaging in open and broad discussions about the issue in medical school curricula, in medical journals, at professional conferences, and as part of professional peer review activities[4], and

Whereas, the strategies of the AMA Commission to End Health Care Disparities published in August 2007 include policies encouraging collaboration among multiple stakeholders, especially between providers, business, government, industry and community-based organizations as well as policies to improve diversity and competence within the health professional system and its workforce[5], and

Whereas, future generations of physician leaders who are active in the effort to end inequities in health care would be nurtured by a mechanism of mentored guidance by current practitioners; therefore be it

49 **RESOLVED: That MSMS facilitate communication among stakeholders**
50 **statewide who seek to develop practical applications for community-based**
51 **efforts to address health care access challenges and health inequities and**
52 **disparities in their communities including a means to search for colleagues so**
53 **that physicians and medical students can communicate and collaborate with**
54 **other medical professionals, interested researchers, and community groups**
55 **working on similar issues in the same region or community.**
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58 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

[1] *Health Care Quality Still Improving Slowly, but Disparities and Gaps in Access to Care Persist*. Press Release, February 28, 2011. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/news/press/pr2011/qrdr10pr.htm

[2] American Medical Association, AMA. (n.d.).*Commission to end health disparities mission statement*. Retrieved from http://www.ama-assn.org/ama/pub/physician-resources/public-health/eliminating-health-disparities/commission-end-health-care-disparities.shtml

[3] Webb, BC. (2011). From politics to parity: using a health disparities index to guide legislative efforts for health equity. *American Journal of Public Health*, *101*(3), 554-560.

[4] American Medical Association, AMA. (2010). AMA code of medical ethics' opinion on disparities in health care. *Virtual Mentor*, *12*(10).

[5] American Medical Association Commission to End Health Care Disparities, AMA CEHCD. (2007). *Addressing health care disparities: recommended goal, guiding principles and key strategies for comprehensive policies*. Retrieved from http://www.ama-assn.org/ama1/pub/upload/mm/433/cehcd-goals-principles-strategies.pdf