

Not for consideration

Resolutions not for consideration

601 Sexual Orientation and Gender Identity Demographic Collection by the AMA and Other Medical Organizations

605* Study of Models of Childcare Provided at Healthcare Institutions

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 601
(I-16)

Introduced by: Medical Student Section

Subject: Sexual Orientation and Gender Identity Demographic Collection by AMA and Other Medical Organizations

Referred to: Reference Committee F
(Gary R. Katz, MD, Chair)

1 Whereas, An estimated 5.2 to 9.5 million adults (2.2% to 4.4% of the adult population) in the
2 United States identify as lesbian, gay, bisexual, and/or transgender (LGBT);¹ and
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4 Whereas, Physician diversity that is reflective of patient demographics has been positively
5 associated with improved patient health outcomes, reduced stigmatization of the LGBT
6 demographic, and enhanced workforce development;^{2,3,4,5} and
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8 Whereas, Medical organizations (e.g. Association of American Medical Colleges), public-policy
9 research groups (e.g. The Williams Institute), and healthcare providers (e.g. The Fenway
10 Institute) collect sexual orientation and gender identity demographics in population-based
11 surveys and in the clinical setting;^{6,7,8} and
12

13 Whereas, Pursuant to AMA Policy G-635.125, the AMA gathers stratified demographics of its
14 AMA membership, the nature of which includes age, gender, race/ethnicity, education, life
15 stage, present employment, and self-designated specialty; and
16

17 Whereas, The AMA does not have existing policy to collect sexual orientation and gender
18 identity within the AMA Physician Masterfile;^{9,10} and
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20 Whereas, Expanding the collection of demographic data to include a member's sexual
21 orientation and gender identity will allow the AMA to identify and address professional
22 satisfaction needs of a formerly unidentified population of both existing and potential new
23 members;⁸ therefore be it

¹ Gates, GA. LGBT Demographics: Population-based surveys. The Williams Institute. Available from: URL: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/lgbt-demogs-sep-2014.pdf>. Published September 2014.

² Cooper, L. et al. Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race. *Annals of Internal Medicine*. 2003;139(11):907. doi:10.7326/0003-4819-139-11-200312020-00009.

³ Paez, K. et al. Physician Cultural Competence and Patient Ratings of the Patient-Physician Relationship. *J GEN INTERN MED*. 2009;24(4):495-498. doi:10.1007/s11606-009-0919-7.

⁴ Department of Health and Human Services (US), Health Resources and Services Administration, Bureau of Health Professions. The rationale for diversity in the health professions: a review of the evidence. Available from: URL: <http://bhpr.hrsa.gov/healthworkforce/reports/diversityreviewevidence.pdf>. Published October 2006.

⁵ Mansh M. et al. From Patients to Providers. *Academic Medicine*. 2015;90(5):574-580. doi:10.1097/acm.0000000000000656.

⁶ Association of American Medical Colleges (AAMC). Matriculating Student Questionnaire 2015 All Schools Summary Report.; 2015. Available at: <https://www.aamc.org/download/450608/data/msq2015report.pdf>. Accessed March 1, 2016.

⁷ Gender Identity in U.S. Surveillance (GenIUSS) Group. Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. The Williams Institute. 2014. Available from: URL: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf>.

⁸ Do Ask, Do Tell: A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings. The Fenway Institute and Center for American Progress. 2016. Available from: URL: <http://doaskdotell.org>. Accessed February 29, 2016.

⁹ Confirmed by email with J. Mori Johnson, MA, AMA Director of Large Practice Engagement, December 2015.

1 RESOLVED, That our American Medical Association develop a plan with input from the LGBT
2 Advisory Committee to expand the demographics we collect about our members to include both
3 sexual orientation and gender identity information, which will be given voluntarily by members
4 and handled in a confidential manner. (Directive to Take Action)

Fiscal Note: Minimal - less than \$1,000.

Received: 09/29/16

RELEVANT AMA POLICY

AMA Membership Demographics G-635.125 - 1. Stratified demographics of our AMA membership will be reported annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. 2. Our AMA will immediately release to each state medical and specialty society, on request, the names, category and demographics of all AMA members of that state and specialty.
BOT Rep. 26, A-10 Reaffirmed: CCB/CLRPD Rep. 3, A-12

The Demographics of the House of Delegates G-600.035 - 1. A report on the demographics of our AMA House of Delegates will be issued annually and include information regarding age, gender, race/ethnicity, education, life stage, present employment, and self-designated specialty. 2. As one means of encouraging greater awareness and responsiveness to diversity, our AMA will prepare and distribute a state-by-state demographic analysis of the House of Delegates, with comparisons to the physician population and to our AMA physician membership every other year. 3. Future reports on the demographic characteristics of the House of Delegates will identify and include information on successful initiatives and best practices to promote diversity, particularly by age, of state and specialty society delegations. 4. Our AMA will convene a group of stakeholders at a forum in conjunction with the 2016 Annual Meeting to identify viable solutions with which to promote diversity, particularly by age, of state and specialty society delegations, with a summary of the findings to be included in the next CLRPD report on the demographic characteristics of the House of Delegates.
CCB/CLRPD Rep. 3, A-12 Appended: Res. 616, A-14 Appended: CLRPD Rep. 1, I-15

Strategies for Enhancing Diversity in the Physician Workforce H-200.951 - Our AMA supports increased diversity across all specialties in the physician workforce in the categories of race, ethnicity, gender, sexual orientation/gender identity, socioeconomic origin and persons with disabilities.
CME Rep. 1, I-06 Reaffirmed: CME Rep. 7, A-08 Reaffirmed: CCB/CLRPD Rep. 4, A-13
Modified: CME Rep. 01, A-16 Reaffirmation A-16

Revisions to AMA Policy on the Physician Workforce H-200.955 - It is AMA policy that: (1) any workforce planning efforts, done by the AMA or others, should utilize data on all aspects of the health care system, including projected demographics of both providers and patients, the number and roles of other health professionals in providing care, and practice environment changes. Planning should have as a goal appropriate physician numbers, specialty mix, and geographic distribution. (2) Our AMA encourages and collaborates in the collection of the data needed for workforce planning and in the conduct of national and regional research on physician supply and distribution. The AMA will independently and in collaboration with state and specialty societies, national medical organizations, and other public and private sector groups, compile and disseminate the results of the research. (3) The medical profession must be integrally involved in any workforce planning efforts sponsored by federal or state governments, or by the private sector. (4) In order to enhance access to care, our AMA

collaborates with the public and private sectors to ensure an adequate supply of physicians in all specialties and to develop strategies to mitigate the current geographic maldistribution of physicians. (5) There is a need to enhance underrepresented minority representation in medical schools and in the physician workforce, as a means to ultimately improve access to care for minority and underserved groups. (6) There should be no decrease in the number of funded graduate medical education (GME) positions. Any increase in the number of funded GME positions, overall or in a given specialty, and in the number of US medical students should be based on a demonstrated regional or national need. (7) Our AMA will collect and disseminate information on market demands and workforce needs, so as to assist medical students and resident physicians in selecting a specialty and choosing a career.

CME Rep. 2, I-03 Reaffirmation I-06 Reaffirmation I-07 Reaffirmed: CME Rep. 15, A-10

Reaffirmation: I-12 Reaffirmation A-13

Increasing Demographically Diverse Representation in Liaison Committee on Medical Education Accredited Medical Schools D-295.322 - Our AMA will continue to study medical school implementation of the Liaison Committee on Medical Education (LCME) Standard IS-16 and share the results with appropriate accreditation organizations and all state medical associations for action on demographic diversity.

Res. 313, A-09 Modified: CME Rep. 6, A-11

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 605
(I-16)

Introduced by: American Medical Women's Association

Subject: Study of Models of Childcare Provided at Healthcare Institutions

Referred to: Reference Committee F
(Gary R. Katz, MD, Chair)

- 1 Whereas, Physicians with pre-school age children face significant difficulties finding childcare
2 that is easily accessible to their work place, is affordable, and accommodates the unpredictable
3 work hours faced by physicians; and
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5 Whereas, This lack of childcare can place additional stress on already stressful careers,
6 especially for younger physicians; and
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8 Whereas, Some businesses are starting to provide childcare services, utilizing a variety of
9 funding models; and
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11 Whereas, Some healthcare institutions are also starting to provide these services; and
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13 Whereas, Provision of these services could help with retention of physicians, especially those
14 earlier in their careers; and
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16 Whereas, The number and size of institutions offering this and the models that they use to do so
17 are unknown; therefore be it
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19 RESOLVED, That our American Medical Association study which healthcare institutions
20 currently provide accessible, affordable childcare services, the size of the institutions (in terms
21 of number of physicians) providing these services, the impact of these services on residents and
22 faculty (especially in terms of decreasing stress and increasing retention), and the various
23 funding models used for these (Directive to Take Action); and be it further
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25 RESOLVED, That our AMA report back to the House of Delegates with this information at the
26 Annual Meeting in 2017. (Directive to Take Action)

Fiscal Note: Modest - between \$1,000 - \$5,000.

Received: 11/12/16