

## EXECUTIVE SUMMARY

**BACKGROUND:** Policy D-440.922, “Full Commitment by our AMA to the Betterment and Strengthening of Public Health Systems,” adopted by House of Delegates at I-21 directed our American Medical Association (AMA) to develop an organization-wide strategy on public health including ways in which the AMA can strengthen the health and public health system infrastructure and report back regularly on progress. Policy D-145.992, “Further Action to Respond to the Gun Violence Public Health Crisis” has called for the AMA to report annually to the House of Delegates on our AMA’s efforts relating to legislation, regulation, and litigation at the federal, state, and local levels to prevent gun violence. This informational report is an effort to provide regular updates on the status of the AMA’s mission critical public health work to the HOD. Note that updates on the AMA’s work on climate change, firearm violence, and the mental health crisis were provided at I-23.

## DISCUSSION

The AMA’s current priorities around public health are as follows:

1. Promote evidence-based clinical and community preventive services.
2. Respond to public health crises impacting physicians, patients, and the public. This includes addressing the threat of climate change, preventing firearm injuries and deaths, being prepared for emerging and remerging infectious disease threats, and ending the nation’s drug overdose epidemic.
3. Strengthen the health system through improved collaboration between medicine and public health.
4. Combat the spread of misinformation and disinformation.

## CONCLUSION

The AMA continues to advance its mission, to promote the art and science of medicine and the betterment of public health. The highlighted accomplishments in this report capture a fraction of the work accomplished from March of 2023 – March of 2024 related to the AMA’s public health strategy.

REPORT OF THE BOARD OF TRUSTEES

B of T Report 22-A-24

Subject: AMA Public Health Strategy: Update

Presented by: Willie Underwood III, MD, MSc, MPH, Chair

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1 BACKGROUND

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4 Health Systems” adopted by House of Delegates (HOD) at I-21 directed our American Medical  
5 Association (AMA) to:

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7       develop an organization-wide strategy on public health including ways in which the AMA can  
8       strengthen the health and public health system infrastructure and report back regularly on  
9       progress.

10  
11 Policy D-145.992, “Further Action to Respond to the Gun Violence Public Health Crisis” has also  
12 called for the AMA to report annually to the House of Delegates on our AMA’s efforts relating to  
13 legislation, regulation, and litigation at the federal, state, and local levels to prevent gun violence.  
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16 critical public health work to the HOD. Note that updates on the AMA’s work on climate change,  
17 firearm violence, and the mental health crisis were provided at I-23.  
18

19 DISCUSSION

20  
21 *What is Public Health?*

22  
23 Since its founding in 1847, the AMA’s mission has been “to promote the art and science of  
24 medicine and the betterment of public health.” According to the Centers for Disease Control and  
25 Prevention (CDC), public health is “the science and art of preventing disease, prolonging life, and  
26 promoting health through the organized efforts and informed choices of society, organizations,  
27 public and private communities, and individuals.”<sup>1</sup> Public health promotes and protects the health  
28 of people and the communities where they live, learn, work and play.<sup>2</sup> Public health practice is a  
29 different field than clinical medicine with different motivating values, responsibilities, and goals.<sup>3</sup>  
30 While a doctor treats people who are sick, those working in public health try to prevent people  
31 from getting sick or injured in the first place. A public health professional’s duty is to the  
32 community rather than an individual patient.  
33

34 *Connection with Health Equity*

35  
36 It is important to acknowledge that health equity is a central concept in public health and is  
37 essential to improving the health of populations. The AMA’s health equity strategy recognizes that  
38 structural and social drivers of health inequities shape a person’s and community’s capacity to  
39 make healthy choices, noting that downstream opportunities provided by the health care system

1 and individual-level factors are estimated to only contribute 20 percent to an individual’s overall  
2 health and well-being, while upstream opportunities of public health and its structural and social  
3 drivers account for 80 percent of impact on health outcomes.<sup>4</sup> The AMA develops an annual report  
4 on health equity activities. Progress towards the health equity strategy is reported in the BOT’s  
5 annual health equity report. (See BOT Report 10, “Center for Health Equity Annual Report.”)  
6

## 7 AMA PUBLIC HEALTH AND PREVENTION ACTIVITIES

### 8 9 **1. Promote evidence-based clinical and community preventive services.**

10  
11 *A. Serve as a liaison to the U.S. Preventive Services Task Force (USPSTF), the Advisory*  
12 *Committee on Immunization Practices (ACIP), and the Community Preventive Services Task Force*  
13 *(CPSTF) and support the dissemination of recommendations to physicians.*  
14

15 In addition to representing the AMA at meetings of these committees and task forces over the last  
16 year, the AMA continues to disseminate information on evidence-based preventive services.

17 Examples include:

- 18
- 19 • The Journal of the American Medical Association (JAMA) publishes the recommendations
- 20 of the U.S. Preventive Services Task Force. These recommendations are also featured in
- 21 the AMA Morning Rounds newsletter.
- 22 • On March 6, 2024, Michael Barry, MD, Chair of the USPSTF, joined AMA Update to talk
- 23 about the most impactful final recommendations (new topic to the portfolio, a change in
- 24 grade, or topics that address the prevention of leading causes of death, and garnered
- 25 significant attention) and published between January 1, 2023, and December 31, 2023.
- 26 • Sandra Fryhofer, MD, the AMA’s ACIP Liaison joined the AMA Update podcast
- 27 throughout the year to provide updates to physicians.
  - 28 ○ On June 27, 2023, she shared what physicians need to know about the new
  - 29 recommendations from CDC’s ACIP for RSV vaccines for adults 60 years of age
  - 30 or older.
  - 31 ○ On August 10, 2023, she discussed the details of the new monoclonal antibody
  - 32 immunization recommended to protect babies from RSV. She discussed the details
  - 33 of the immunization including who should get it and what the side effects are.
  - 34 ○ On September 18, 2023, she discussed the ACIP’s recommendation that everyone
  - 35 six months and older receive a dose of the new updated COVID vaccine, the
  - 36 XBB.1.5 monovalent version is the 2023-2024 COVID vaccine.
  - 37 ○ On September 28, 2023, she reviewed the ACIP’s recommendation on RSV
  - 38 vaccine for pregnant people that would protect infants against the respiratory virus.
  - 39 The vaccine is recommended for use in weeks 32 through 36 of pregnancy, using
  - 40 seasonal administration during September through January.
  - 41 ○ On January 16, 2024, she reviewed the new adult vaccine schedule for 2024.
  - 42 ○ On March 8, 2024, she discussed ACIP’s new recommendation in favor of an
  - 43 additional dose of the updated COVID vaccine for all adults 65 and older.
- 44 • On November 6, 2023, Jesse Ehrenfeld, MD, MPH participated in a media event with CDC
- 45 Director, Mandy Cohen, MD, MPH in Chicago to speak with the media about the
- 46 upcoming respiratory virus season and the immunizations available this year to protect
- 47 people from COVID, RSV and flu.
- 48 • The AMA has also submitted amicus briefs in the case of *Braidwood Management v.*
- 49 *Becerra*, a case that challenges the Affordable Care Act’s requirement for private health
- 50 plans to provide people access to free preventive services. Our AMA advocates for (1)

1 health care reform that includes evidence-based prevention insurance coverage for all; (2)  
2 evidence-based prevention in all appropriate venues, such as primary care practices,  
3 specialty practices, workplaces, and the community.  
4

5 *B. Help prevent chronic diseases, with a focus on cardiovascular disease, by addressing major risk*  
6 *factors (AMA Strategic Priority led by the Improving Health Outcomes Group)*  
7

8 The AMA is committed to improving the health of the nation and reducing the burden of chronic  
9 diseases. Our primary focus is preventing cardiovascular disease (CVD), the leading cause of death  
10 in the U.S., accounting for 1 in 4 deaths among adults.<sup>5-7</sup> Two major risk factors for CVD are  
11 hypertension and type 2 diabetes. An estimated 122 million adults have hypertension; 98 million  
12 have prediabetes and are at increased risk for developing type 2 diabetes.<sup>7,8</sup>  
13

14 CVD risk factors and associated morbidity and mortality inequitably impact Black,  
15 Hispanic/Latinx, Indigenous, Asian/Pacific Islanders, and other people of color. Black adults are  
16 more than twice as likely to die of CVD relative to white adults.<sup>9</sup> Black adults have higher  
17 prevalence rates for diabetes compared to Hispanic (22 percent compared to 19 percent).<sup>10</sup> While  
18 specific causes of the inequities vary by each respective group; structural and societal barriers are  
19 attributed as primary reasons.  
20

21 To prevent CVD and address related health inequities, the AMA is developing and disseminating  
22 CVD prevention solutions in collaboration with health care and public health leaders. These  
23 solutions educate clinical care teams and patients, guide health care organizations (HCOs) in  
24 clinical quality improvement and promote policy changes to remove barriers to care. The AMA  
25 disseminates these solutions through strategic alliances with various organizations including the  
26 CDC, the American Heart Association (AHA), and West Side United in Chicago.  
27

28 The AMA MAP™ Hypertension clinical quality improvement program was designed to improve  
29 hypertension management and control. The program has been provided to 46 HCOs across 20  
30 states since 2019. Among those HCOs, 38 percent were in systems that provide free or low-cost  
31 care to historically marginalized populations. The AMA MAP™ set of solutions is expanding to  
32 include management for other cardiovascular disease risk factors, including cholesterol,  
33 prediabetes, and post-partum hypertension.  
34

35 Additionally, in response to the high prevalence of uncontrolled blood pressure and to support  
36 physicians in managing their patients' high blood pressure, the AMA, in collaboration with AHA,  
37 developed Target: BP™, a national initiative offering a series of online resources, using the latest  
38 evidence-based information. Target: BP™ recognizes organizations that have achieved milestones  
39 in their commitments to improving blood pressure control. In 2023, Target: BP™ 1,709 HCOs  
40 participated in the Target: BP™ Achievement Awards including 868 HCOs that reported control  
41 rates greater than or equal to 70 percent and/or 1,493 HCOs that attested to evidence-based blood  
42 pressure measurement practices, like using the US Validated Blood Pressure Device Listing  
43 (VDL™). Participants came from 47 states or U.S. territories and served about 33 million patients,  
44 including 8.6 million people with hypertension.  
45

46 AMA Prevent Diabetes houses a suite of tools and resources designed to help organizations build  
47 and integrate diabetes prevention strategies into their organizations. AMA has worked with more  
48 than 80 health care organizations across the country to increase identification and management of  
49 patients with prediabetes. This suite of tools and resources and AMA's related expertise served as  
50 the basis for the Bright Spot Model, which provided structure for local initiatives in Philadelphia  
51 and North Carolina to advance diabetes prevention. AMA has since transitioned the Bright Spot

1 model to the CDC who is now expanding the reach of the model by funding four organizations  
2 with \$10 million for implementation. As part of this implementation, CDC is requiring funded  
3 organizations to work with HCOs to implement the AMA Prediabetes Quality Measures. AMA  
4 will continue to make our suite of tools and resources available to support this effort.

5  
6 In 2023, the AMA in its partnership with the AHA, closed Medicaid coverage gaps to ensure that  
7 beneficiaries could receive home blood pressure devices and have their condition monitored by  
8 physician-led care teams. The AMA was also successful in closing a Medicare coverage gap;  
9 hemoglobin A1c lab tests are now a covered screening test which could result in more high-risk  
10 individuals getting screened, diagnosed, and referred to a preventive intervention.

11  
12 Another CVD risk is obesity which is associated with cardiovascular disease mortality independent  
13 of other cardiovascular risk factors.<sup>11</sup> The AMA is working with Federation members including the  
14 American College of Physicians and Obesity Medicine Association to identify opportunities to  
15 improve access to evidence-based obesity treatments.

16  
17 *C. Collaborate with CDC to improve the implementation of routine screening for HIV, STI, Viral  
18 Hepatitis and latent tuberculosis (LTBI).*

19  
20 Through funding from the CDC, the AMA has been engaged in a project entitled, “Promoting HIV,  
21 Viral Hepatitis, STDs and LTBI Screening in Hospitals, Health Systems and Other Healthcare  
22 Settings.” The scope of this project includes developing, piloting and launching a toolkit that  
23 outlines ways to increase routine screening for HIV, STIs, viral hepatitis and LTBI. The toolkit  
24 consists of a series of webpages on the AMA’s website. Information and strategies are organized  
25 along the screening and testing continuum and offer helpful resources and best practices from the  
26 AMA, CDC and other organizations. The toolkit contains two different sets of strategies – one  
27 targeted to community health centers and a second to emergency departments.

28  
29 On October 1, 2023, the AMA launched a pilot with four emergency departments, after completing  
30 a community health center pilot earlier in the year. The emergency department pilot cohort  
31 includes: Harris Health Ben Taub Hospital (staffed by Baylor College of Medicine physicians and  
32 residents), Mayo Clinic, University of Colorado and Valleywise Health. Each pilot site selected 2-3  
33 quality improvement strategies outlined in the routine screening toolkit to implement in their  
34 emergency department. Sites also provided tangible feedback to the AMA on the effectiveness of  
35 these strategies and ease of implementation in addition to providing input on the overall toolkit  
36 itself. The AMA held a series of telementoring sessions for the pilot sites, which were moderated  
37 by Megan Srinivas, MD, MPH and Marc Mendelsohn, MD. The pilot sites will conclude their  
38 implementation work and post-pilot assessment activities by the end of April 2024.

39  
40 Upon addressing critical feedback we received on the toolkit during a mid-point usability study  
41 with the emergency department pilot sites, we launched the toolkit to the public with a press release  
42 on March 6, 2024.<sup>12</sup> In conjunction with the launch of the toolkit, we are hosting a three-part  
43 webinar series that highlights key strategies to improve routine screening. The series will be hosted  
44 by AMA President Jesse Ehrenfeld, MD, MPH. The first episode in the series will feature Jonathon  
45 Mermin, MD, MPH, director, National Center for HIV, STIs, Viral Hepatitis and LTBI at the  
46 CDC.<sup>13</sup>

47  
48 *D. Promote evidence-based preventive services to the public in collaboration with the Ad Council  
49 and other health partners.*

1 While the AMA's primary audience is physicians, there are limited instances where the AMA has  
2 partnered on public information campaigns on select priority issues. This work has been made  
3 possible through partnerships with other health-related organizations and the Ad Council. The  
4 AMA will explore opportunities for future campaigns on an ongoing basis, with recognition that  
5 we must prioritize our efforts and engaging in these campaigns alone is not feasible due to cost.  
6

7 Get My Flu Shot. The Ad Council, AMA, CDC and the CDC Foundation have partnered since the  
8 2020-2021 flu season through an annual campaign to motivate more people to get vaccinated  
9 against seasonal influenza (flu) to protect themselves and their loved ones. During a severe season,  
10 flu has resulted in as many as 41 million illnesses and 710,000 hospitalizations among the U.S.  
11 population. The Get My Flu Shot campaign PSAs are launched nationwide to reach people with the  
12 message that a flu shot can help you stay healthy, reduce risk of severe outcomes, such as  
13 hospitalization and death, and avoid missing work, school, or special moments with family and  
14 friends. PSAs are available to run in English and Spanish across all platforms, in donated time and  
15 space throughout flu season. The campaign ads direct audiences to [GetMyFluShot.org](https://www.getmyflushot.org) for more  
16 information, including where to get a flu vaccine in their area. Some highlights from the 2023-24  
17 flu campaign are as follows:  
18

- 19 • The donated media value for the current Flu season reached nearly \$8.8M. The most  
20 support has come from out of home (OOH - \$4,500,471), closely followed by TV support  
21 (\$3,794,079).
- 22 • A media tour was held on September 19, 2023, in English and Spanish, featuring  
23 spokespeople from the AMA, including Willie Underwood, MD, MSc, MPH and Madelyn  
24 Butler, MD, and representatives from the CDC. Nearly 300 placements were secured  
25 across TV, radio, and digital, with a reach of 2 million viewers (18 years of age or older),  
26 53.8 million digital impressions, and 2.3 million broadcast impressions.
- 27 • A second media tour was held on December 12, 2023, in English and Spanish, with  
28 spokespeople from the AMA, including Willie Underwood, MD, MSc, MPH and the CDC.  
29 Nearly 100 placements across TV, radio, and digital were secured with a reach of 3.2  
30 million viewers (18 years of age or older), 191.1 million digital impressions, and 3.5  
31 million broadcast impressions.
- 32 • We partnered with Influential and Black Girl Digital for our trusted messenger activation  
33 on social media. There was a total of 11M impressions, an estimated reach of 2.5M, 65k  
34 engagements, and 9k link clicks. There was an overall positive sentiment (81 percent)  
35 towards the posts.
- 36 • PSA awareness is now 56 percent in Black and Hispanic respondents based off our most  
37 recent December 2023 tracking study.  
38

## 39 **2. Responding to public health crises impacting physicians, patients, and the public.**

40

41 The AMA's public health work has also been focused around responding to public health crises.  
42 These crises are often associated with significant health risk for patients, raising concerns among  
43 physicians. However, these crises are unlikely to be solved in a clinical setting alone. The AMA's  
44 response to public health crises are typically focused on (1) ensuring physicians and trainees have  
45 the data and resources needed; (2) identifying evidence-based policies and interventions; (3)  
46 elevating the voices of physician leaders through AMA channels and platforms; and (4) convening  
47 and collaborating with stakeholders to advance priority policies and interventions.  
48

49 *A. Address the public health crisis of climate change.*

1 At the 2022 Annual Meeting of the House of Delegates, policy was adopted declaring “climate  
2 change a public health crisis that threatens the health and well-being of all individuals.” Since the  
3 A-23 meeting, AMA has accomplished the following activities and is developing a formal strategy  
4 to address climate change and health (anticipated release is the AMA I-24 meeting):  
5

- 6 • The AMA has made climate change education available via the Ed Hub™ from a variety of  
7 sources including the AMA Journal of Ethics (JOE), the Journal of the American Medical  
8 Association (JAMA), and the American Public Health Association (APHA).
- 9 • AMA's Chief Health & Science Officer, Frederick Chen, MD, MPH, joined the August 24,  
10 2023, PermanenteDocs Chat podcast on heat waves and health, with a focus on how  
11 physicians can adjust to prepare to care for heat-related conditions brought on by climate  
12 change.
- 13 • JAMA announced the introduction of its new climate change and health series.<sup>14</sup> The new  
14 series is intended to inform readers about the associations between climate change and  
15 health and “to stimulate improved knowledge and understanding of the health effects of  
16 climate change to help foster commitment to timely action to prevent adverse health events  
17 from climate change.”
- 18 • The AMA is in the process of developing a new CME module for physicians and trainees  
19 on climate change and health which is anticipated to be available in summer 2024. The  
20 focus of the module is to bring awareness to physicians about the impact of climate change  
21 on the nation’s health and to empower physicians to begin conversations with their patients  
22 about how climate change is affecting their health and what they can do about it.
- 23 • The AMA created a new webpage on AMA’s website, *Advocacy in action: Combating*  
24 *health effects of climate change*, to highlight AMA’s position on this issue, how it is  
25 engaged, and resources for physicians.<sup>15</sup>
- 26 • On November 2, 2023, AMA Update featured Victor Dzau, MD, President of the National  
27 Academy of Medicine (NAM), to discuss how their Action Collaborative on  
28 Decarbonizing the U.S. Health Sector is bringing together organizations across health care  
29 to take action on climate change.<sup>16</sup>
- 30 • At the Interim 2023 meeting, the Health, Science, and Ethics business unit, in collaboration  
31 with NAM, hosted an educational session entitled *The Climate Crisis: Pathways to*  
32 *Decarbonizing the U.S. Health Sector*. The session featured four speakers who spoke to  
33 ways that health care professionals can lead meaningful and measurable changes in  
34 combating climate change, identified common barriers to decarbonization, and provided  
35 available resources to support action towards decarbonization. Although overall attendance  
36 was not counted, 48 individuals claimed CME credit for attending the event and the  
37 average quality rating was 4.8/5.0.
- 38 • In early spring 2024, the AMA STEPS Forward® Podcast featured Jerry Abraham, MD,  
39 MPH, who discussed the intersections between the social determinants of health and  
40 climate change impacts.
- 41 • The AMA submitted an abstract to the American Public Health Association (APHA)  
42 annual conference to be held in October 2024 to present on the findings from the listening  
43 sessions held with physicians in May 2023 on climate change and health.
- 44 • The AMA continues to engage in the Medical Society Consortium on Climate and Health  
45 (Consortium), which brings together associations representing over 600,000 clinical  
46 practitioners.<sup>17</sup> The AMA sits on the executive committee of this group, represented by Ilse  
47 Levin, DO, MPH & TM. Additionally, the AMA was a sponsor of the MSCCH Annual  
48 Meeting held in February 2024 in Washington, DC. Dr. Levin and AMA staff attended the  
49 meeting.

- 1 • The AMA is also a member of the NAM Action Collaborative on Decarbonizing the  
2 Health Sector as a member of the Steering Committee and co-lead of the Health Care  
3 Delivery Workgroup.
  - 4 ○ The first phase (2021-2023) of the Action Collaborative's work has been focused  
5 on identifying key opportunities and challenges to climate action, decarbonization,  
6 and building resiliency across the health sector and developing resources and tools  
7 to meet those needs. The collaborative, through the work of the members have  
8 completed over thirty resources to accelerate climate action across the health  
9 sector.
  - 10 ○ The second phase (2024-2025) will consist of accelerating a national climate and  
11 health movement, as well as advancing the successes of the existing working  
12 groups and launching an accelerator pilot program.
- 13 • The AMA is represented on the APHA Center for Climate, Health, and Equity Advisory  
14 Board. In February 2024, the Advisory Board organized a roundtable of public health  
15 experts to discuss the health, climate and equity priorities for consideration of the  
16 reauthorization of the federal transportation bill, which is scheduled to be renewed in 2025.
- 17 • The AMA was also represented at APHA's first Climate, Health and Equity Summit in late  
18 February 2024, which brought together professionals from across multiple disciplines to  
19 explore the intersectionality of climate, health and equity and strategize how professionals  
20 can advance public health and climate justice.

21

22 In terms of advocacy, the AMA participates in the American Lung Association's Healthy Air  
23 Partners campaign, which is a coalition of 40 national public health, medical, nursing and health  
24 care organizations engaged in healthy air advocacy efforts.<sup>18</sup> The Coalition is united in its calling  
25 for strong federal laws and policies to slash air pollution and address climate change, recognizing  
26 climate change can affect air quality, and certain air pollutants can affect climate change. Since  
27 June 2023, the AMA has joined partners on the following letters:

- 28 • A letter to Environmental Protection Agency (EPA) on their proposed ruling regarding  
29 Pollutant Emissions Standards for Model Years 2027 and Later Light- Duty and Medium-  
30 Duty Vehicles, urging them to pass the most stringent emission standards possible with  
31 existing technologies.
- 32 • A letter to EPA on their proposed ruling regarding National Emission Standards for  
33 Hazardous Air Pollutants: Coal- and Oil-Fired Electric Utility Steam Generating Units  
34 Review of the Residual Risk and Technology Review.
- 35 • A letter to EPA on their proposed ruling in the Reconsideration of the National Ambient  
36 Air Quality Standards for Particulate Matter, calling for the most protective standards to  
37 protect the health of the most vulnerable populations. To note, EPA finalized their  
38 particulate matter rule on February 7, 2024.<sup>19</sup> While the new rule did not set particulate  
39 matter at the more protective standard as advocated for by the Healthy Air Partners group,  
40 the revised rule did address several of our comments and the new standards will result in  
41 significantly reduced particular matter pollution in the future.
- 42 • A letter to EPA on their draft Revised Technical Guidance for Assessing Environmental  
43 Justice in Regulatory Analysis, which included the addition of climate change as a factor of  
44 vulnerability when conducting environmental justice analysis.

45

#### 46 *B. Prevent firearm injuries and deaths.*

47

48 In the 1980's the AMA recognized firearms as a serious threat to the public's health as weapons are  
49 one of the main causes of intentional and unintentional injuries and deaths. At the 2016 Annual  
50 Meeting, following the Pulse nightclub shooting, policy was adopted declaring that "gun violence



1 represents a public health crisis which requires a comprehensive public health response and  
2 solution." Since that time firearm injuries and deaths have increased and disparities have  
3 widened.<sup>20</sup>

- 4
- 5 • The AMA is participating in the Health Professional Education and Advocacy/Policy  
6 committees of the Healthcare Coalition for Firearm Injury Prevention, which is being led  
7 by American Academy of Pediatrics (AAP), American College of Emergency Physicians  
8 (ACEP), American College of Physicians (ACP), American College of Surgeons (ACS),  
9 and the Council of Medical Specialty Societies (CMSS).<sup>21</sup>
- 10 • On October 25–26, 2023, Alexander Ding, MD, MS, MBA, represented the AMA at the  
11 Milken Institute’s Innovation Forum on Preventing Gun Violence in San Francisco. This  
12 first-of-its-kind convening explored how technologies, expanded community collaboration,  
13 and innovative models could unlock real progress to prevent gun violence and address its  
14 societal repercussions.
- 15 • On December 14, 2023, the AMA convened the Firearm Injury Prevention task force for  
16 an in-person meeting held at AMA Headquarters in Chicago. Willie Underwood, MD,  
17 MSc, MPH, Chair of the AMA Board of Trustees and the task force led the meeting along  
18 with task force Co-Vice Chairs Toluwalasé (Lasé) Ajayi, MD, and Alexander Ding, MD,  
19 MS, MBA. Representatives to the task force discussed their organization priorities on  
20 firearm injury prevention, examined the possibility of creating a resource center on firearm  
21 injury prevention for physicians that would include information for patients and resources  
22 on evidence-based interventions, and discussed the development of a toolkit for physicians  
23 on extreme risk protection orders.
- 24 • On February 7, 2024, the AMA was represented by Willie Underwood, MD, MSc, MPH,  
25 at the Northwell Health’s Gun Violence Prevention Forum in New York City.
- 26 • On March 4, 2024, the AMA convened a virtual meeting of the Firearm Injury Prevention  
27 task force, where the members had the opportunity to hear from the Ad Council both about  
28 their ongoing gun violence work as well as their new campaign, funded by members of the  
29 National Health Care CEO Council on Gun Violence Prevention and Safety. The new  
30 campaign seeks to elevate the issue of gun violence in America and its impact on youth,  
31 shifting away from divisive, politically charged conversations to those focused on public  
32 health approaches that have proven effective in combating this epidemic.
- 33

34 In terms of advocacy, the AMA has advocated for Congress to appropriate increased funding for  
35 research to prevent firearm violence. The AMA is working with medical specialties, including the  
36 AAP, to support funding for the CDC and the National Institutes of Health (NIH), and the National  
37 Institute of Justice (NIJ) to conduct public health research on firearm morbidity and mortality  
38 prevention.

- 39 • On April 19, 2023, the AMA joined more than 400 national, state, and local medical,  
40 public health, and research organizations in a letter to the leadership of the House and  
41 Senate Committees on Appropriations asking that for Fiscal Year (FY) 2024 they  
42 appropriate \$35 million for the CDC, \$25 million for the NIH, and \$1 million for the NIJ to  
43 conduct public health research into firearm morbidity and mortality prevention.
- 44

45 On the state level, the AMA wrote a letter to the leadership of the Maine Health and Human  
46 Services and Judiciary Committees on March 4, 2024, expressing our support for legislation that  
47 will address the epidemic of firearm violence in Maine and across the country, this includes:

- 48 • Legislative Document (LD) 2237 - An Act to Strengthen Public Safety, Health and Well-  
49 being by Expanding Services and Coordinating Violence Prevention Resources. AMA  
50 policy supports many of the initiatives in this comprehensive legislation, and applauds the

1 investment in violence prevention strategies, access to behavior health services, suicide  
2 prevention, and crisis intervention programs. (Policies H-145.975, D-345.972, H-345.972,  
3 and H-60.937)

- 4 • LD 2086 - An Act to Amend the Law Governing the Disposition of Forfeited Firearms.  
5 The AMA supports removal of firearms from prohibited persons. (Policy H-145.972)
- 6 • LD 2224 - An Act to Strengthen Public Safety by Improving Maine's Firearm Laws and  
7 Mental Health System. AMA Policy advocates for a waiting period and background check  
8 for all firearm purchasers and policies that prevent transfer of firearms without adhering to  
9 background checks. The AMA also applauds efforts to expand access to mental health and  
10 substance use disorder treatment. (Policies H-145.996 and H-145.975)
- 11 • LD 2238 - An Act to Address Gun Violence in Maine by Requiring a Waiting Period for  
12 Certain Firearm Purchase. AMA Policy supports legislation that enforces a waiting period  
13 and background check for all firearm purchasers. (Policy H-145.996)

14  
15 Through the AMA's litigation center, we work to represent the interests of the medical profession  
16 on this issue in the courts by providing support or becoming actively involved in litigation of  
17 importance to physicians.

- 18  
19 • On August 21, 2023, the AMA was joined by the AAP, the ACS, the AP HA and the Texas  
20 Medical Association in submitting an amicus brief in the case of *U.S. vs. Rahimi*, which  
21 was argued on November 7, 2023, before the U.S. Supreme Court. The case challenges a  
22 1994 law adopted by Congress to keep firearms out of the hands of people who are the  
23 subject of a domestic violence restraining order (DVRO). The brief shares firsthand  
24 accounts from 17 physicians who have witnessed the devastating injuries and deaths  
25 caused by domestic abusers with firearms, as well as the often-lifelong psychological terror  
26 inflicted upon victims, their children, and others.
- 27 • On December 26, 2023, the AMA was joined by the AAP, ACP, and ACS in submitting an  
28 amicus brief in the case of *Garland v. Cargill*. The case involves firearms, namely whether  
29 a bump stock device is a machinegun under federal law, as it allows users to convert a  
30 semiautomatic firearm into a weapon that fires continuously with a single trigger pull. The  
31 brief presents the firsthand experiences of physicians who treat victims of firearm violence  
32 and explains why semi-automatic weapons with bump stocks are a critical public health  
33 hazard, and prohibiting bump stocks saves lives.

34  
35 The AMA has created a website broadly outlining the organization's advocacy efforts on gun  
36 violence prevention.<sup>22</sup>

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38 *C. Respond to emerging and reemerging infectious disease threats and prepare for future*  
39 *pandemics.*

40  
41 Infectious diseases continue to evolve and advance throughout the U.S. Pathogens that were once  
42 geographically limited are now advancing beyond those traditional borders. Blastomycosis,  
43 Histoplasmosis and Coccidioidomycosis are all fungal infections that have pushed past expected  
44 boundaries. In addition to organisms known to be found in the U.S., tropical diseases like malaria,  
45 dengue and Leishmaniasis have all been found in the U.S. in nontravelers. Re-emerging pathogens  
46 like measles continue to find footholds across the country. While it's unclear what the next  
47 infectious diseases outbreak will bring, the U.S. health system must be ready. Because the AMA is  
48 relied upon as a source of information by physicians and patients, the AMA must maintain the  
49 ability to respond and share information and advocate for physicians, patients, and the public in  
50 line with AMA policies.

1 The AMA is a collaborator in Project Firstline, the CDC’s National Training Collaborative for  
2 Healthcare Infection Control. Project Firstline offers educational resources in a variety of formats  
3 to meet the diverse learning needs and preferences of the health care workforce.<sup>23</sup>

- 4 • Over the last year, AMA has developed 10 *Stories of Care* podcast episodes exploring  
5 inequalities in infection prevention and control (IPC). The podcast series is hosted by  
6 Megan Srinivas, MD, MPH, and has featured episodes on IPC Challenges in Rural Health  
7 Care; Race, Research, and Health Care Associated Infections; TB or Not TB: Caring for a  
8 Special Population; Fighting Ableism: What Do You Need?; The Hidden Inequities of  
9 Dialysis-Related Infections; and Partners in Care: Environmental Services on the Front  
10 Line.
- 11 • The AMA provided funding to 7 state and specialty medical societies to develop training  
12 and IPC content for the membership and disseminate Project Firstline content.
- 13 • The AMA has partnered with the CDC on webinars addressing re-emerging pathogens and  
14 the end of the COVID-19 public health emergency.
- 15 • On December 12, 2023, Sandra Fryhofer, MD, hosted a fireside chat to discuss  
16 vaccinations and other tools that can keep everyone safer against influenza, COVID-19,  
17 and respiratory syncytial virus (RSV) this respiratory virus season. Participants included  
18 CDC Director Mandy Cohen, MD, MPH and Demetre Daskalakis, MD, MPH.
- 19 • The AMA hosted a five-part webinar series with the CDC on its Hospital Sepsis Program  
20 Core Elements, which offer guidance to help clinicians, hospitals and health systems  
21 implement, monitor and optimize their sepsis programs and outcomes. The series included  
22 real-life examples, strategies and best practices and offers continuing education credit.
- 23 • A tele-mentoring series will kick off in April of 2024 that will explore the nuances of  
24 infection prevention in facility types outside of the acute care hospital. Settings will  
25 include acute rehabilitation hospitals, ambulatory surgery centers, behavioral health units,  
26 post-acute long-term care facilities, dialysis facilities, and pediatric units.
- 27 • A CME module is under development that will present patient cases outlining  
28 transmission-based precautions so that physicians and other health care professionals can  
29 recognize how to protect themselves in any situation.

30  
31 *D. End the nation’s drug overdose epidemic.*

32  
33 Ending the nation’s drug overdose epidemic will require increased physician leadership, a greater  
34 emphasis on overdose prevention and treatment, and better coordination and amplification of the  
35 efforts and best practices already occurring across the country.

36  
37 The AMA makes education available to physicians on this topic via the AMA Ed Hub™ to help  
38 physicians gain critical knowledge around acute and chronic pain management, substance use  
39 treatment, overdose prevention, and pain treatment to meet the regulatory requirements. Courses  
40 are developed by AMA as well as by other partners. The AMA is also a member of the Providers  
41 Clinical Support System (PCSS), which is made up of a coalition of major health care  
42 organizations all dedicated to addressing this health care crisis and is led by the American  
43 Academy of Addiction Psychiatry. PCSS provides evidence-based training and resources to give  
44 health care providers the skills and knowledge they need to treat patients with opioid use disorders  
45 and chronic pain.<sup>24</sup>

- 46  
47 • In 2023 the AMA worked to update content and resources for the physician education  
48 series of module *Practical Guidance or Pain Management*. This content was made  
49 available to help physicians meet the DEA’s MATE Act requirements.

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- The AMA continues to convene the Substance Use and Pain Care Task Force, which supports and guides the development of the annual Overdose Epidemic Report on the overdose epidemic outlining current data, policy, updates, clinical accomplishments and what still needs to be done.<sup>25</sup>
  - In 2023, the AMA developed physician education podcast series on *The Opioid Overdose Epidemic*. Hosted by Bobby Mukkamala, MD, Chair of the Substance Use and Pain Care Task Force, episodes feature experts who shared relevant research, insights, and experience to help physicians of all specialties in addressing the opioid overdose epidemic. As of November 2023, the podcast episode course completions have shown a high interest in the topics, which include: *Opioid Prescribing and Appropriate Pain Management, Opioid Overdose Prevention, and Opioid Use Disorder Treatment*.
  - The AMA is planning additional episodes as a part of this series for 2024, which will consist of four episodes including: *Opioid Use Disorder and Pregnancy, Opioid Utilization in Hospice and Palliative Care, Disparities in Access to Medication for Opioid Use Disorder, and Opioid Use a Prevention Approach*.
  - The AMA continues to participate as a member of the NAM Action Collaborative on Countering the U.S. Opioid Epidemic. The Action Collaborative uses a systems approach to convene and catalyze public, private, and non-profit stakeholders to develop, curate, and disseminate multi-sector solutions designed to reduce opioid misuse, and improve outcomes for individuals, families, and communities affected by the opioid crisis.

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### **3. Strengthen the health system through improved collaboration between medicine and public health.**

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The AMA is collaborating with leading health care organizations to strengthen the interface between public health and health care.

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- In November 2023, AMA and health care partners announced the Common Health Coalition: Together for Public Health, a partnership between AMA and four other leading healthcare organizations, including: AHIP (formerly America’s Health Insurance Plans), Alliance of Community Health Plans (ACHP), American Hospital Association (AHA), and Kaiser Permanente (KP).<sup>26</sup> The Common Health Coalition is focused on translating the hard-won lessons and successes of the COVID-19 pandemic response into actionable strategies that will strengthen the partnership between our health care and public health systems.
  - On March 13, 2023, the Common Health Coalition announced a set of commitments that will better equip U.S. health care organizations to collaborate with public health systems in preparing for the next public health emergency. Dave Chokshi, MD, MPH, Chair of the Coalition announced the commitments at the Politico Health Summit. The Coalition's founding members, including the AMA, committed to action in four priority areas:
    - Coordination between health care and public health
    - Always-on emergency preparedness
    - Real-time disease detection
    - Exchange of actionable data, particularly to advance equity
  - The Coalition’s founding members have called on health care and public health organizations across the country to consider joining this effort. Interested organizations can learn more, connect with us, and take steps to join us by going to our website, <https://commonhealthcoalition.org/>.
  - On April 11, 2024, the AMA was represented on a panel at the KP Health Summit in Washington, D.C., focused on *Building a Strong Public Health Ecosystem*. This session

1 explained the commitments the Coalition has made and actions each organization will take  
2 to create a strong public health system and healthier future for all.  
3

4 **4. Combat the spread of misinformation and disinformation.**  
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6 The AMA remains engaged in external collaborations to address mis- and disinformation, such as  
7 the Coalition for Trust in Health & Science and the recently rebranded physician-focused coalition,  
8 Mitigating Medical Misinformation Workgroup.  
9

- 10 • The Coalition for Trust in Health & Science’s vision is for all people to have equitable  
11 access to accurate, understandable, and relevant information to make personally  
12 appropriate health choices and decisions. The AMA is an active member, engaging with  
13 leadership and participating in programming.
- 14 • The AMA is also an active participant in the Mitigating Medical Misinformation  
15 Workgroup and supported its recent research that found primary care physicians were  
16 viewed as the most trusted source for medical information. The AMA will work with this  
17 group to disseminate these findings to a broader audience in 2024 and will continue to  
18 coordinate efforts internally to ensure alignment.
- 19 • The AMA filed an amicus brief with the U.S. Supreme Court in the case of *Murthy v.*  
20 *Missouri*. The brief focuses on how disinformation diminished uptake of COVID-19  
21 vaccines, which then limited the vaccines’ ability to save lives by controlling the spread of  
22 disease—thereby creating a compelling interest for the government to act. The high court  
23 will hear oral arguments in the case on March 18, 2024.  
24

25 **CONCLUSION**  
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27 The AMA continues to advance its mission, to promote the art and science of medicine and the  
28 betterment of public health. The highlighted accomplishments in this report capture a fraction of  
29 the work accomplished from March of 2023 – March of 2024 related to the AMA’s public health  
30 strategy.

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