OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 15 – 2025

Introduced by: Medical Student Section

Subject: Support for Diversity, Equity, and Inclusion in Ohio Medical Schools

Referred to: Resolutions Committee No. 1

WHEREAS, according to the Association of American Medical Colleges (AAMC), diversity includes "socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography (including rural and highly rural areas), disability, and age"[1]; and

WHEREAS, equity recognizes the specific circumstances and needs of individuals and groups and provides the resources needed to help them be successful, with the understanding that resources are unevenly distributed at baseline[2]; and

WHEREAS, inclusion provides an environment where everyone has a sense of belonging in medical school and recognizes the various lived experiences of a diversity of patients[2]; and

WHEREAS, although each institution may be unique, initiatives promoting diversity, equity, or inclusion (DEI) collectively represent the efforts of medical schools to help future physicians provide quality care to those from a diversity of backgrounds as well as make medicine and healthcare accessible for all individuals; and[2, 3, 4]; and

WHEREAS, the AAMC affirms that promoting DEI in medical education helps students understand a patient's unique life experiences and provide personalized care[5]; and

WHEREAS, according to the Health Professionals for Diversity Coalition, inclusion of diverse populations in educational and medical training settings improves learning outcomes for medical students by increasing active thinking and intellectual engagement skills in addition to increasing understanding of and empathy for diverse cultures[6]; and

WHEREAS, patient-provider racial/ethnic concordance is associated with increased likelihood of visiting a primary care provider and seeking preventative care, higher patient satisfaction scores, and greater life expectancy, especially for minority patients[7, 8, 9]; and

WHEREAS, initiatives promoting DEI help reduce mental distress and burnout among physicians of all backgrounds[10]; and

WHEREAS, initiatives promoting DEI increase enrollment of students underrepresented in medicine across marginalized communities, which helps create a workforce with more cultural humility that ensures the needs of all patients are met[11]; and

WHEREAS, in March and April 2024, the Embracing anti-Discrimination, Unbiased Curricular, and Advancing Truth in Education (EDUCATE) Act was introduced in Congress, which sought to cut federal funding for U.S. medical schools with DEI programs, prompting opposition from various medical associations such as the AMA, AAMC, ACP, ACOG, AAEM, SAEM, and CHEST, among others[12, 13, 14, 15, 16, 17, 18, 19]; and

WHEREAS, as of December 2024, 15 states have laws focused on restricting or banning DEI efforts in higher education, including medical education[20, 21, 22]; and

WHEREAS, Ohio S.B. 83, known as the Enact Ohio Higher Education Enhancement Act, was originally introduced in 2023 and sought to ban mandatory DEI training unless required to comply with state and federal law, professional licensure requirements, or receiving accreditation or grants before it died in session at the end of 2024[23]; and therefore be it

RESOLVED, that our OSMA recognizes the integral role diversity, equity, and inclusion (DEI) play in developing culturally competent physicians and protecting the health of our patients; and be it further

RESOLVED, that our OSMA oppose any effort to ban diversity, equity, or inclusion (DEI) in Ohio medical schools, especially any efforts to restrict state or federal funding for these schools based upon their promotion of DEI.

Fiscal Note: $ 500 (Sponsor)
$ 500 (Staff)

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RELEVANT OSMA POLICY

Policy 35-2021 – Integrating Anti-Racism Training in Medical School and graduate medical education curricula and admissions

1. The OSMA recognizes the benefit of anti-racism training in medical school and graduate medical education program curricula and admissions processes in increasing diversity of the medical field.
2. The OSMA recommends all Ohio medical schools and graduate medical education programs utilize credible resources to implement recurrent, interactive (in-person or virtual) anti-racism training for medical students and graduate medical trainees and for all admission/selection committee members.

Policy 36-2021 – LGBTQ Health and Medical Education in Ohio

1. The OSMA recognizes the unique health care needs of our LGBTQ patients, and encourages LGBTQ-specific health education in both medical school and graduate medical education curricula.

Policy 05 – 2019 – Advancing Gender Equity in Medicine

1. The OSMA adopts the following, which is adapted from American Medical Association policy/directives:
    a. That the OSMA supports gender and pay equity in medicine consistent with the American Medical Association Principles for Advancing Gender Equity in Medicine (see below AMA Policy H-65.961 as adopted at the 2019 AMA Annual Meeting);
    b. That the OSMA: (a) Promote institutional, departmental, and practice policies, consistent with federal and Ohio law, that offer transparent criteria for initial and subsequent physician compensation; (b) Continue to advocate for pay structures based on objective, gender-neutral criteria; (c) Encourages training to identify and mitigate implicit bias in compensation decision making for those in positions to determine physician salary and bonuses, with a focus on how subtle differences in the further evaluation of physicians of different genders may impede compensation and career advancement;
    c. That the OSMA recommends as immediate actions to reduce gender bias

to: (a) Inform physicians about their rights under the Lilly Ledbetter Fair Pay Act, which restores protection against pay discrimination; (b) Promote educational programs to help empower physicians of all genders to negotiate equitable compensation; and (c) Work with relevant stakeholders to advance women in medicine;

d. That the OSMA collaborate with the American Medical Association initiatives to advance gender and pay equity;
e. That the OSMA commit to the principles of pay equity across the organization and take steps aligned with this commitment.

Policy 06 – 2019 – Increase Awareness of Disparities in Medical Access and Treatment in Ohio

1. The OSMA shall work with appropriate stakeholders to increase awareness of Ohio physicians, residents, and medical students of disparities in medical access and treatment in Ohio based on disability, race, ethnicity, geography, and other social and demographic factors through the utilization of existing resources.

RELEVANT AMA AND AMA-MSS POLICY

Continued Support for Diversity in Medical Education D-295.963

1. Our American Medical Association will publicly state and reaffirm its support for diversity in medical education and acknowledge the incorporation of DEI efforts as a vital aspect of medical training.
2. Our AMA will request that the Liaison Committee on Medical Education regularly share statistics related to compliance with accreditation standards IS-16 and MS-8 with medical schools and with other stakeholder groups.
3. Our AMA will work with appropriate stakeholders to commission and enact the recommendations of a forward-looking, cross-continuum, external study of 21st century medical education focused on reimagining the future of health equity and racial justice in medical education, improving the diversity of the health workforce, and ameliorating inequitable outcomes among minoritized and marginalized patient populations.
4. Our AMA will advocate for funding to support the creation and sustainability of Historically Black College and University (HBCU), Hispanic-Serving Institution (HSI), and Tribal College and University (TCU) affiliated medical schools and residency programs, with the goal of achieving a physician workforce that is proportional to the racial, ethnic, and gender composition of the United States population.
5. Our AMA will directly oppose any local, state, or federal actions that aim to limit diversity, equity, and inclusion initiatives, curriculum requirements, or funding in medical education.
6. Our AMA will advocate for resources to establish and maintain DEI offices at medical schools that are staff-managed and student- and physician-guided as well as committed to longitudinal community engagement.
7. Our AMA will investigate the impacts of state legislation regarding DEI-related efforts on the education and careers of students, trainees, and faculty.
8. Our AMA will recognize the disproportionate efforts by and additional

responsibilities placed on minoritized individuals to engage in diversity, equity, and inclusion efforts.

9. Our AMA will collaborate with the Association of American Medical Colleges, the Liaison Committee on Medical Education, and relevant stakeholders to encourage academic institutions to utilize Diversity, Equity, and Inclusion activities and community engagement as criteria for faculty and staff promotion and tenure.

Model Legislation to Protect the Future of Medicine D-295.301

Our American Medical Association will create model state legislation to protect the ability of medical schools and residency/fellowship training programs to have diversity, equity, and inclusion (DEI) and related initiatives for their students, employees, and faculty to ensure the education and implementation of optimized healthcare.

Racial and Ethnic Disparities in Health Care H-350.974

1. Our American Medical Association recognizes racial and ethnic health disparities as a major public health problem in the United States and as a barrier to effective medical diagnosis and treatment. The AMA maintains a position of zero tolerance toward racially or culturally based disparities in care; encourages individuals to report physicians to local medical societies where racial or ethnic discrimination is suspected; and will continue to support physician cultural awareness initiatives and related consumer education activities. The elimination of racial and ethnic disparities in health care an issue of highest priority for the American Medical Association.
2. Our AMA emphasizes three approaches that it believes should be given high priority:
    1. Greater access - the need for ensuring that black Americans without adequate health care insurance are given the means for access to necessary health care. In particular, it is urgent that Congress address the need for Medicaid reform.
    2. Greater awareness - racial disparities may be occurring despite the lack of any intent or purposeful efforts to treat patients differently on the basis of race. The AMA encourages physicians to examine their own practices to ensure that inappropriate considerations do not affect their clinical judgment. In addition, the profession should help increase the awareness of its members of racial disparities in medical treatment decisions by engaging in open and broad discussions about the issue. Such discussions should take place in medical school curriculum, in medical journals, at professional conferences, and as part of professional peer review activities.
    3. Practice parameters - the racial disparities in access to treatment indicate that inappropriate considerations may enter the decision making process. The efforts of the specialty societies, with the coordination and assistance of our AMA, to develop practice parameters, should include criteria that would preclude or diminish racial disparities
3. Our AMA encourages the development of evidence-based performance measures that adequately identify socioeconomic and racial/ethnic disparities in quality. Furthermore, our AMA supports the use of evidence-based guidelines to promote

the consistency and equity of care for all persons.

4. Our AMA
    1. actively supports the development and implementation of training regarding implicit bias, diversity and inclusion in all medical schools and residency programs.
    2. will identify and publicize effective strategies for educating residents in all specialties about disparities in their fields related to race, ethnicity, and all populations at increased risk, with particular regard to access to care and health outcomes, as well as effective strategies for educating residents about managing the implicit biases of patients and their caregivers.
    3. supports research to identify the most effective strategies for educating physicians on how to eliminate disparities in health outcomes in all at-risk populations.