

Publishing on Diversity, Equity, and Inclusion Can Advance the Work

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TO THE EDITOR:

We thank Waseem Jerjes for his thoughtful comments on the article we coauthored, “Perceptions of the Leadership Through Scholarship Fellowship Graduates: An Exploratory Qualitative Study of Leadership,”¹ which was published recently in *Family Medicine*. We were impressed with his observations and wholeheartedly agree with most of the points in his letter to the editor. We were thrilled when we noticed all five of his citations were articles written by the Leadership Through Scholarship Fellowship fellows and faculty! Having him cite our work is a great honor, and his work on synthesizing the knowledge in these articles will advance the science of faculty development and diversity, equity, and inclusion (DEI) in academic medicine.

We recognize the politically complex argument surrounding DEI in the United States. More than half the authors of Flowers et al’s paper reside in states where DEI offices have been closed, DEI leaders have been terminated, or the terms *diversity*, *equity*, and *inclusion* have been made illegal. Most of them work in public institutions where, as underrepresented faculty, they may no longer have the support of DEI offices. Your suggestions for including community engagement, collaborative work, and mentorship in leadership metrics are essential in this environment.²

Family medicine faculty in public institutions in 14 states are not able to work in DEI in 2024. Any DEI work associated with a publication continues to be valued (and legally allowed) even in the same 14 states. Therefore, we respectfully disagree that reducing the influence of publications in promotion will

benefit those who want to continue working for DEI in their programs. For faculty in those 14 states, publication might be the only way they can continue DEI activities. Writing about the personal and collective effects of the anti-DEI legislation can also be a wellness activity for those affected.³

We are delighted the author suggested changing the infrastructure to facilitate collaboration and mentorship, because underrepresented in medicine (URiM) faculty and students have less mentorship and less network reach than their non-URiM peers.^{4,5} Because these activities are not tied to individual identities, an infrastructure intervention is possible even in geographic areas with anti-DEI laws. Collaboration across state lines will allow new work to emerge, focusing solely on patient needs and fixing the maldistribution of health care providers.

We appreciate the thoughtful letter and look forward to working with the author to continue to move the needle for URiM patients and faculty.

REFERENCES

1. Flowers K, Hogans-Mathews S, Adu A. Perceptions of the leadership through scholarship fellowship graduates: an exploratory qualitative study of leadership. *Fam Med.* 2024;56(8):492–496.
2. Nair S, Rodríguez JE, Elwood S. Departmental metrics to guide equity, diversity, and inclusion for academic family medicine departments. *Fam Med.* 2024;56(6):362–366.
3. Rodríguez JE, Locke A, Campbell KM. Writing for personal and professional wellness. *PRiMER.* 2024;8(8).

4. Warner ET, Carapinha R, Weber GM, Hill EV, Reede JY. Faculty promotion and attrition: the importance of coauthor network reach at an academic medical center. *J Gen Intern Med.* 2016;31(1):60-67.
5. Betancourt RM, Baluchi D, Dortche K, Campbell KM, Rodríguez JE. Minority tax on medical students: a review of the literature and mitigation recommendations. *Fam Med.* 2024;56(3):169-175.