

Response to "Strengthening Family Medicine's Role in Diversity, Inclusion, and Health Equity"

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TO THE EDITOR:

Thank you for your thoughtful review of "Diversity, Inclusion, and Health Equity in Academic Family Medicine."¹ Our findings do indeed present some hope and encouragement regarding the engagement of academic family medicine departments in DEI efforts.

Our survey was focused on the state of departments of family medicine rather than the chairs themselves. You correctly note that we do not have the demographics for the survey respondents, although it is likely that most of our respondents were White. Our survey window of June 29 through September 2, 2020, aligned closely with the Council of Academic Family Medicine (CAFM) review of leadership conducted on September 30, 2020.² In the CAFM database of 161 family medicine department chairs, 116 chairs (72%) self-reported their race as White, 20 as Black, 9 as Asian, and 1 as American Indian or Alaska native, and 15 gave no response. Five

chairs reported their ethnicity as Hispanic or Latino, 119 as not Hispanic or Latino, and 37 gave no response. As you note, family medicine leads all specialties in underrepresented minority (URM) chairs, but we must strive for more representative family medicine leadership.

Our survey of family medicine department chairs was repeated in 2021. Those results await analysis, but it is hoped that subsequent years will show greater diversity, equity, and inclusion efforts and a narrowing of the disconnect between having a DEI structure and leaders and limited financial resources or career ladders for leaders in those roles.

REFERENCES

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