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Family Medicine

LETTER TO THE EDITOR

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

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TO THE EDITOR:

We were pleased to read the article entitled "Diversity, Inclusion, and Health Equity in Academic Family Medicine," by Jacobs et al, which describes the diversity, inclusion, and health equity (DIHE) infrastructure of academic family medicine departments.[1] Considering the racial inequities in health care, it is encouraging to see that family medicine is playing a prominent role in addressing DIHE in academia. In a 2020 report, when compared with all other specialties, family medicine had the highest proportion of underrepresented minority (URM) department chairs (16.7%).[2] This shows our commitment in family medicine to be leaders in diversity. As a result, there have been efforts to implement strategies and resources that address microaggressions[3] and increase URM in academic medicine.[4] Although there are some reassuring responses in this survey, we note that this study survey is limited by the absence of demographic information of the department chairs who filled out the survey. Even though there is mention that demographic information can be collected in the future, the absence of race/ethnicity data of department chairs limits the interpretation of the results. Without the race/ethnicity data of the respondents, we are not sure if the responses of URM chairpersons for family medicine are sufficiently represented in the group. Also, knowing the demographics of the DIHE officers (for those programs that have them) may influence the interpretation of the responses of the survey. Our life experiences color how we see diversity efforts. Chairpersons who do not experience racism, sexism or other forms of oppression may favorably view their DIHE efforts, while those who do, specifically URM chairs, may see the same efforts in a different light. It is hard to know how to analyze or weigh the data in this survey without knowing the demographics.

The data from this survey is especially useful, namely because it shows where we are in our DIHE journey and indicates how far we still must go within our own specialty. As the numbers of minorities increase in our society as a whole,[5] family medicine can lead the way, recruiting and training URM physicians to serve these populations. We encourage every department and institution to do an assessment, provide the infrastructure, and institute a strategic plan to address our deficiencies in DIHE within academic family medicine.[1] Then, and only then, will we be able to be a stronger influence in the medical community at large and lead by example.

REFERENCES

1. Jacobs CK, Douglas M, Ravenna P. Diversity, inclusion, and health equity in academic family medicine. *Fam Med.* 2022;54(4):259-263.
2. Xierali IM, Nivet MA, Rayburn WF. Diversity of department chairs in family medicine at US medical schools. *J Am Board Fam Med.* 2022;35(1):152-157.
3. Sandoval RS, Dunleavy S, Afolabi T. Equity in medical education: addressing microaggressions and discrimination on the wards. *Med Teach.* 2022;44(5):551-558.
4. Coe C, Piggott C, Davis A. Leadership pathways in academic family medicine: focus on underrepresented minorities and women. *Fam Med.* 2020;52(2):104-111.
5. Roman Y. The United States 2020 Census data: implications for precision medicine and the research landscape. *Per Med.* 2022;19(1):5-8.