

Editors' Picks: Top 10 Diversity, Equity, Inclusion, and Antiracism Papers in Family Medicine Journals

José E. Rodríguez, MD^a; Octavia Amaechi, MD^b; Renee Crichlow, MD^{c,d}; Valerie J. Flattes, PhD^e; Sumi Sexton, MD^f

AUTHOR AFFILIATIONS:

^a Family and Preventive Medicine, University of Utah Health, Salt Lake City, UT

^b Spartanburg Regional Healthcare System, Spartanburg, SC

^c Codman Square Health Center, Boston, MA

^d Department of Family Medicine, School of Medicine, Boston University, Boston, MA

^e College of Nursing, University of Utah Salt Lake City, Salt Lake City, UT

^f Georgetown University School of Medicine, Washington, DC

CORRESPONDING AUTHOR:

José E. Rodríguez, Family and Preventive Medicine, University of Utah Health, Salt Lake City, UT,

Jose.rodriquez@hsc.utah.edu

HOW TO CITE: Rodríguez JE, Amaechi O, Crichlow R, Flattes VJ, Sexton S. Editors' Picks: Top 10 Diversity, Equity, Inclusion, and Antiracism Papers in Family Medicine Journals. *Fam Med.* 2024;56(10):623–630. doi: [10.22454/FamMed.2024.211985](https://doi.org/10.22454/FamMed.2024.211985)

PUBLISHED: 9 October 2024

KEYWORDS: health services research

© Society of Teachers of Family Medicine

INTRODUCTION

Family medicine is the undisputed leader in race/ethnicity and gender diversity among practicing physicians, faculty, and academic medicine in the United States.^{1–5} Multiple factors have led to this success, yet the profession still lags the general population of the United States in racial and ethnic diversity. Because identity concordance matters in care delivery and is associated with better outcomes and lower costs,^{6–8} more work is necessary to ensure that the workforce is sufficiently diverse. While the demographics of the family medicine specialty are well established, less is known about the research and scholarly papers surrounding diversity, equity, inclusion, and antiracism (DEIA) in family medicine.

METHODS

In a 2021 joint editorial, the editors of *American Family Physician*, *Annals of Family Medicine*, *FPM* (formerly *Family Practice Management*), *Family Medicine*, *Journal of the American Board of Family Medicine* (JABFM), *Journal of Family Prac-*

ABSTRACT

Physicians within the family medicine workforce are the most diverse compared to other medical specialties in both primarily clinical and academic settings. Family physicians also provide care to the most diverse patients and communities across the United States. As such, research and scholarly work from family physicians on diversity, equity, inclusion, and antiracism (DEIA) can be incredibly impactful. Yet many practicing and teaching physicians are unaware of their colleagues' scholarly DEIA work, which aims to elucidate inequities and barriers to optimal care and, importantly, to educate on ways physicians and learners can recognize and address specific needs of patients and communities marginalized by health care policies and practices. In collaboration with editors from several family medicine journals, the authors move beyond the traditional editorial space to share recent practice-changing and innovative articles, adding voice and momentum to improve DEIA efforts in all spaces where the practice and teaching of family medicine exists.

tice, *Evidence-Based Practice*, *Family Practice Essentials*, *PRiMER* (*Peer-Reviewed Reports in Medical Education Research*), and *Canadian Family Physician* published the following: “As an intellectual home for our profession, we have a unique responsibility and opportunity to educate and continue the conversation about institutional racism, health inequities, and antiracism in medicine.”^{9,10}

Nominating the Articles

To this end, the same group of editors examined their recent publications and nominated representative papers addressing racism, antiracism, health inequities, diversity, equity, and inclusion in medicine. Each editor or editorial team nominated up to five articles from their journal for consideration.

Selecting the Articles

Once nominated, two editors from each journal rated each article on a scale of 1 to 5, with 1 being the least relevant and 5 being the most relevant. Raters determined relevance using

the following five criteria:

- Practice changing
- Innovative
- Evidence-based
- Critical for teaching
- Impact on family medicine

Where only one paper was nominated, it became the representative piece from its journal. Only the paper with the highest overall ranking was selected in journals with multiple nominations. Where a tie existed, both papers were selected.

RESULTS

Nominated Papers

The papers that were nominated and voted upon are shown in Tables 1A–1I.

Interesting to note is that many of the nominated papers had authors or author teams in common. For example, at least one author (J.R.) was on nominated papers in *PRiMER*, *Family Medicine*, *JABFM*, *American Family Physician*, and *Annals of Family Medicine*. Few authors produce high-quality work in DEIA in family medicine. In addition, few of the nominated papers are original research; the majority are special articles, commentary, or editorials. While scholarly works have increased over recent years, this finding may signal that more original research in DEIA is necessary for family medicine.

Selected Papers

When the voting was finished and tallied up, all journals, except for *American Family Physician* and *Annals of Family Medicine*, had one representative article, as presented in Table 2 along with a summary.

The summaries presented in Table 2 differ from the abstracts in identifying action points for people practicing family medicine.

DISCUSSION

The articles that received the highest number of votes all centered around race/ethnicity/gender diversity. They address anti-Blackness in medicine and point out solutions for individuals and institutions to overcome these practices. The sole leading paper not focusing on race in the intervention to increase diversity was Stoesser et al's "Increasing URiM Family Medicine Residents at University of Utah Health," published in *PRiMER*.⁴⁰ Although the intervention did not consider race, the authors reported the outcomes regarding race and ethnicity.

LIMITATIONS

The most important limitation is that the nominators and the selectors all were associate editors, DEIA associate editors, or editors in chief of family medicine journals, which could have biased the sample of papers. While not explicitly defined in the call for nominations, the DEIA papers nominated all dealt with race/ethnicity, gender, or sexual orientation/gender identity. The authors and editors recognize that diversity discussions must move beyond race, ethnicity, gender, sexual orientation, and gender identity. Diversity of socioeconomic

status, geography, veteran status, and indigeneity categories can be criteria for the next iteration of this project. An essential pursuit may be a separate article on the history and harms of race-based medicine, providing steps to a race-conscious approach to care and recognizing the impact of bias and racism in the health and well-being of those we serve. Even in today's complex political environment, these topics interest our specialty.

Next Steps

Recognizing challenges, heeding calls to action, and working to improve the lives of our patients are causes that define family medicine. We hope that by sharing these articles, we can continue researching, identifying, discussing, and implementing the solutions necessary to achieve health equity and eliminate systemic racism in medicine. For example, family medicine can perform more research on patient preferences, that is, What defines a good doctor? Is it different for those who identify as Black? Latinx? Lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual, and others? Women? An upcoming special issue of *Family Medicine* will feature papers on the theme "Recruit, Mentor, and Promote a Diverse Family Medicine Workforce." Family medicine researchers can draw correlations between health outcomes and teaching diversity. Another idea is to issue concurrent calls for papers addressing DEIA in medical education (*PRiMER* and *Family Medicine*), in primary care research (*Annals of Family Medicine*), and in delivery of care (*JABFM* and *American Family Physician*) to encourage our family medicine academic community to continue to produce scholarship that supports DEIA practices.

We continue to collaborate on producing more content to disseminate in various ways so that the family medicine community can witness the evolution of addressing inequities in the scholarly literature and apply lessons learned to teaching and practice. The principal methods used to integrate DEIA in the publishing realm and beyond include biannual cross-journal meetings to discuss each journal's progress and confirm our commitment, smaller committee meetings throughout the year to work on projects, collaborative presentations at national conferences and joint publications to share progress publicly, and participation in DEIA committees with other scientific journals outside of family medicine (Council of Science Editors) to stay abreast of updates in this evolving field. A recent article by Schragger et al entitled "Family Medicine Editors Collaborate towards Antiracist Publishing" gives an example of how the journals track progress. It includes a table outlining initiatives such as recruiting a diverse editing team, recruiting and mentoring authors from URM groups, and implementing demographic surveys.⁴⁶

Within the scope of family medicine publication, we are entering a new era defined by a commitment to DEIA. The journals of family medicine are committed to working together to address this challenge. This initiative is not about adding superficial layers to our existing framework; it is about redefining the core of how we operate and what we represent. Our focus extends beyond the traditional boundaries of academic

publishing to ensure that our work genuinely reflects and serves the diverse community of physicians and patients. This deliberate and thoughtful shift acknowledges the complexities of the health care landscape, the health care and scientific workforce, and the multifaceted nature of the human condition. The pursuit of this goal is challenging, but it is a challenge we accept together, with a clear understanding of its importance. We are not under any illusions about the simplicity of this task; it is a continuous, evolving process that demands persistence and a willingness to learn and adapt. Our commitment is to more than just publishing research; it is to create positive change within our specialty. This change impacts the professionals in our field and, most importantly, the patients we serve. In our journey towards a more inclusive and equitable practice, we are listening to you and pushing each other to set new standards for what it means to be at the forefront of family medicine

REFERENCES

- Xierali IM, Nivet MA, Fair MA. Analyzing physician workforce racial and ethnic composition physician specialties (part 1). *Analysis In Brief*. 2014;14(8):1–2.
- Xierali IM, Nivet MA, Gaglioti AH, Liaw WR, Bazemore AW. Increasing family medicine faculty diversity still lags population trends. *J Am Board Fam Med*. 2017;30(1):100–103.
- Xierali IM, Nivet MA, Rayburn WF. Full-time faculty in clinical and basic science departments by sex and underrepresented in medicine status: a 40-year review. *Acad Med*. 2021;96(4):568–575.
- Xierali IM, Nivet MA, Syed ZA, Shakil A, Schneider FD. Recent trends in faculty promotion in U.S. medical schools: implications for recruitment, retention, and diversity and inclusion. *Acad Med*. 2021;96(10):441–442.
- 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.
- Brown TT, Hurley VB, Rodriguez HP. Shared decision-making lowers medical expenditures and the effect is amplified in racially-ethnically concordant relationships. *Med Care*. 2023;61(8):528–535.
- Guillaume G, Robles J, Rodríguez JE. Racial concordance, rather than cultural competency training, can change outcomes. *Fam Med*. 2022;54(9):745–746.
- Snyder JE, Upton RD, Hassett TC, Lee H, Nouri Z, Dill M. Black representation in the primary care physician workforce and its association with population life expectancy and mortality rates in the US. *JAMA Netw Open*. 2023;6(4):236687.
- Sexton SM, Richardson CR, Schrager SB. Systemic racism and health disparities: a statement from editors of family medicine journals. *Am Fam Physician*. 2021;103(1):10–11.
- Tang H, Tazkarji B. Is pre-exposure prophylaxis effective and feasible for preventing HIV transmission in adolescent males? *Evid Based Pract*. 2021;24:33–34.
- Frazier WT, Proddatur S, Swope K. Common dermatologic conditions in skin of color. *Am Fam Physician*. 2023;107(1):26–34.
- Reddick B. Reconsidering the use of race in spirometry interpretation. *Am Fam Physician*. 2023;107(3):222–223.
- Rodríguez JE, Campbell KM, Washington JC. Dismantling anti-Black racism in medicine. *Am Fam Physician*. 2021;104(6):555–556.
- Dierfeldt D, Knopf K, Jackson L. Racial disparities at the end of life. *Am Fam Physician*. 2021;104(4):346–347.
- Gordon M, Bartolo D, M I. Using race with caution in the ASCVD calculator. *Am Fam Physician*. 2021;104(3):292–294.
- Reddick B. Fallacies and dangers of practicing race-based medicine. *Am Fam Physician*. 2021;104(2):122–123.
- Lett E, Hyacinthe MF, Davis DA, Scott KA. Community support persons and mitigating obstetric racism during childbirth. *Ann Fam Med*. 2023;21(3):227–233.
- Zisman-Ilani Y, Khaikin S, Savoy ML. Disparities in shared decision-making research and practice: the case for Black American patients. *Ann Fam Med*. 2023;21(2):112–118.
- Lett E, Asabor E, Beltrán S, Cannon AM, Arah OA. Conceptualizing, contextualizing, and operationalizing race in quantitative health sciences research. *Ann Fam Med*. 2022;20(2):157–163.
- Eissa A, Rowe R, Pinto A. Implementing high-quality primary care through a health equity lens. *Ann Fam Med*. 2022;20(2):164–169.
- Cheng JE. How I learned to speak up about anti-Asian racism. *Ann Fam Med*. 2022;20(4):374–375.
- Lum ZK, Khoo ZR, Toh W. Efficacy and safety of use of the fasting algorithm for Singaporeans with type 2 diabetes (FAST) during Ramadan: a prospective, multicenter, randomized controlled trial. *Ann Fam Med*. 2020;18(2):139–147.
- Stroumsa D, Crissman HP, Dalton VK, Kolenic G, Richardson CR. Insurance coverage and use of hormones among transgender respondents to a national survey. *Ann Fam Med*. 2020;18(6):528–534.
- Henderson D. Toward a new epistemology for medical science. *Fam Med*. 2022;54(6):729–733.
- Foster KE, Robles J, Anim T. What do underrepresented in medicine junior family medicine faculty value from a faculty development experience. *Fam Med*. 2022;54(9):729–733.
- Geyman JP. Disparities and inequities in US health care: alive and sick. *Fam Med*. 2022;54(9):688–693.
- Livesey AC. Care of diverse families: LGBTQIA+ families. *FP Essent*. 2023;524:14–18.
- Egwuatu P, Concannon K, Reddy S. Does implicit racial bias training for health care providers increase awareness of racial bias in medicine? *Evid Based Pract*. 2022;25:2–3.
- Guo M, Meyr A, Sawicki A, Drallmeier T. Do racial disparities exist in the prescribing and monitoring of opioid medications for chronic noncancer pain? *Evid Based Pract*. 2022;25:23–24.
- Smith R, Piggott C. Does screening for social determinants of health improve patient outcomes? *Evid Based Pract*. 2021;24:1.
- Berkey FJ, Kamermans EM. Does the risk of ACE-I-induced angioedema differ between Black and non-Black patients. *Evid Based Pract*. 2021;24(10):13–14.
- Tuan WJ, Mellott M, Arndt BG, Jones J, Simpson AN. Disparities in use of patient portals among adults in family medicine. *J Am Board Fam Med*. 2022;35(3):559–569.
- Edgoose J, Carvajal DN, Reavis K, Yogendran L, Echiverri AT, Rodríguez JE. Addressing and dismantling the legacy of race and racism in academic medicine: a socioecological

- framework. *J Am Board Fam Med.* 2022;35(6):239–240.
34. Beltrán S, Arenas DJ, López-Hinojosa IJ, Tung EL, Cronholm PF. Associations of race, insurance, and ZIP code-level income with nonadherence diagnoses in primary and specialty diabetes care. *J Am Board Fam Med.* 2021;34(5):891–897.
 35. Größ I, Varga A, Brooks N, Gold R, Banegas MP. Patient interest in receiving assistance with self-reported social risks. *J Am Board Fam Med.* 2021;34(5):914–924.
 36. Bonnell LN, Crocker AM, Kemp K, Littenberg B. The relationship between social determinants of health and functional capacity in adult primary care patients with multiple chronic conditions. *J Am Board Fam Med.* 2021;34(4):688–697.
 37. Webb AR, Liaw W, Chung Y, Petterson S, Bazemore A. Accountable care organizations serving deprived communities are less likely to share in savings. *J Am Board Fam Med.* 2019;32(6):913–922.
 38. Negbenebor NA, Heath CR, Usatine RP, Melasma. *J Fam Pract.* 2023;72(3):133–137.
 39. Johnson MS. Systemic racism is a cause of health disparities. *J Fam Pract.* 2021;70(4):162–164.
 40. Stoesser K, Frame KA, Sanyer O. Increasing URiM family medicine residents at University of Utah Health. *PRiMER.* 2021;5:42.
 41. Cline M, Pagels P, Gimpel N, Day PG. Utilizing home visits to assess social determinants of health during family medicine residency. *PRiMER.* 2020;4:31–31.
 42. Acquah OO, Hoefler H, Zoller AM, et al. Improving identification of food-insecure patients in an outpatient clinic setting. *PRiMER.* 2020;4:3.
 43. Balls-Berry JE, Greene E, McCormick J. An academic medical center's learners' perceptions of health disparities. *PRiMER.* 2018;2:19.
 44. Chen FM, Overstreet F, Cole AM, Kost A, Brown Speights JS. Racial and ethnic health disparities curricula in US medical schools: a CERA study. *PRiMER.* 2017;1:6–6.
 45. Byrne M, Wheat S. How to spot and tactfully handle discrimination in the health care setting. *Fam Pract Manag.* 2021;28(5):21–24.
 46. Schragger S, Sexton S, Bowman M, Richardson C. Family medicine editors collaborate towards antiracist publishing. *Learn Publ.* 2023;36(1):68–72.

TABLE 1A. American Family Physician Nominated Papers

Authors	Title	Publication date	Publication type
Winfred Taylor Frazier, Sanketh Proddutur, Kayley Swope	“Common Dermatologic Conditions in Skin of Color” ¹¹	2023	Clinical review article
Bonzo Reddick	“Reconsidering the Use of Race in Spirometry Interpretation” ¹²	2023	Editorial
José E. Rodríguez, Kendall M. Campbell, Judy Washington	“Dismantling Anti-Black Racism in Medicine” ¹³	2021	Editorial
Daniel Dierfeldt, Kerstin Knopf, Linda Jackson	“Racial Disparities at the End of Life” ¹⁴	2021	Editorial
Mara Gordon, Isha Marina Di Bartolo	“Using Race With Caution in the ASCVD Calculator” ¹⁵	2021	Editorial
Bonzo Reddick	“Fallacies and Dangers of Practicing Race-Based Medicine” ¹⁶	2021	Editorial

Abbreviations:ASCVD, atherosclerotic cardiovascular disease

TABLE 1B. Annals of Family Medicine Nominated Papers

Authors	Title	Publication date	Publication type
Elle Lett, Marie-Fatima Hyacinthe, Dána-Ain Davis, Karen A. Scott	“Community Support Persons and Mitigating Obstetric Racism During Childbirth” ¹⁷	2023	Research article/original research
Yaara Zisman-Ilani, Shely Khaikin, Margot L. Savoy, Anuradha Paranjape, Daniel J. Rubin, Regina Jacob, Thomas H. Wieringa, John Suarez, Jin Liu, Heather Gardiner, Sarah Bauerle Bass, Victor M. Montori, Laura A. Siminoff	“Disparities in Shared Decision-Making Research and Practice: The Case for Black American Patients” ¹⁸	2023	Research article/original research
Elle Lett, Emmanuella Asabor, Sourik Beltrán, Ashley Michelle Cannon, Onyebuchi A. Arah	“Conceptualizing, Contextualizing, and Operationalizing Race in Quantitative Health Sciences Research” ¹⁹	2022	Research article/special report
Azza Eissa, Robyn Rowe, Andrew Pinto, George N. Okoli, Kendall M. Campbell, Judy C. Washington, José E. Rodríguez	“Implementing High-Quality Primary Care Through a Health Equity Lens” ²⁰	2022	Research article/special report
Jason Eric Cheng	“How I Learned to Speak Up About Anti-Asian Racism” ²¹	2022	Discussion/reflection
Zheng Kang Lum, Zi Rui Khoo, Wei Yann See Toh, Shaikh Abdul Kader Kamaldeen, Abdul Shakoor, Keith Yu Kei Tsou, Daniel Ek Kwang Chew, Rinkoo Dalan, Sing Cheer Kwek, Noorani Othman, Joyce Xia Lian, Raden Nurheryany Bte Sunari, Joyce Yu-Chia Lee	“Efficacy and Safety of Use of the Fasting Algorithm for Singaporeans With Type 2 Diabetes (FAST) During Ramadan: A Prospective, Multicenter, Randomized Controlled Trial” ²²	2020	Research article/original research
Daphna Stroumsa, Halley P. Crissman, Vanessa K. Dalton, Giselle Kolenic, Caroline R. Richardson	“Insurance Coverage and Use of Hormones Among Transgender Respondents to a National Survey” ²³	2020	Research article/original research

TABLE 1C. Family Medicine Nominated Papers

Authors	Title	Publication date	Publication type
David Henderson	“Toward a New Epistemology for Medical Science” ²⁴	2022	Special article
Krys E. Foster, Juan Robles, Tanya Anim, Octavia Amaechi, Kari-Claudia Allen, Yury Parra, Maria Harsha Wusu, Donna Harp Ziegenfuss, Kendall M. Campbell, José E. Rodríguez, Judy C. Washington	“What Do Underrepresented in Medicine Junior Family Medicine Faculty Value From a Faculty Development Experience?” ²⁵	2022	Brief report
John P. Geyman	“Disparities and Inequities in US Health Care: Alive and Sick” ²⁶	2022	Special article

TABLE 1D. *Family Practice Essentials Nominated Paper*

Authors	Title	Publication date	Publication type
Audrey C. Livesey	“Care of Diverse Families: LGBTQIA+ Families” ²⁷	2023	Clinical monograph

Abbreviations: LGBTQIA+, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual, and others

TABLE 1E. *Evidence-Based Medicine Nominated Papers*

Authors	Title	Publication date	Publication type
Patricia Egwuatu, Kim Concannon, Saraga Reddy	“Does Implicit Racial Bias Training for Health Care Providers Increase Awareness of Racial Bias in Medicine?” ²⁸	2022	In-depth
Mindy Guo, Ashley Meyr, Alexandra Sawicki, Theresa Drallmeier	“Do Racial Disparities Exist in the Prescribing and Monitoring of Opioid Medications for Chronic Noncancer Pain?” ²⁹	2022	Help desk answer
Riley Smith, Cleveland Piggott	“Does Screening for Social Determinants of Health Improve Patient Outcomes?” ³⁰	2021	In-depth
Franklin J. Berkey, Elijah M. Kamermans	“Does the Risk of ACE-I-Induced Angioedema Differ Between Black and non-Black Patients?” ³¹	2021	Help desk answer
Herman Tang, Bachir Tazkarji	“Is Pre-Exposure Prophylaxis Effective and Feasible for Preventing HIV Transmission in Adolescent Males?” ¹⁰	2021	Help desk answer

Abbreviations: ACE-I, angiotensin-converting enzyme inhibitors; HIV, human immunodeficiency virus

TABLE 1F. *Journal of the American Board of Family Medicine Nominated Papers*

Authors	Title	Publication date	Publication type
Wen-Jan Tuan, Mark Mellott, Brian G. Arndt, Jami Jones, Annie N. Simpson	“Disparities in Use of Patient Portals Among Adults in Family Medicine” ³²	2022	Research article/original research
Jennifer Y. C. Edgoose, Diana N. Carvajal, Kristin M. P. Reavis, Lashika Yogendran, Angela T. Echiverri, José E. Rodríguez	“Addressing and Dismantling the Legacy of Race and Racism in Academic Medicine: A Socioecological Framework” ³³	2022	Research article/special communication
Sourik Beltrán, Daniel J. Arenas, Itzel J. López-Hinojosa, Elizabeth L. Tung, Peter F. Cronholm	“Associations of Race, Insurance, and ZIP Code-Level Income With Nonadherence Diagnoses in Primary and Specialty Diabetes Care” ³⁴	2021	Brief report
Inga Gruß, Alexandra Varga, Neon Brooks, Rachel Gold, Matthew P. Banegas	“Patient Interest in Receiving Assistance With Self-Reported Social Risks” ³⁵	2021	Research article/original research
Levi N. Bonnell, Abigail M. Crocker, Kathleen Kemp, Benjamin Littenberg	“The Relationship Between Social Determinants of Health and Functional Capacity in Adult Primary Care Patients With Multiple Chronic Conditions” ³⁶	2021	Research article/original research
Alex R. Webb, Winston Liaw, Yoon Kyung Chung, Stephen Petterson, Andrew Bazemore	“Accountable Care Organizations Serving Deprived Communities Are Less Likely to Share in Savings” ³⁷	2019	Research article/original research

TABLE 1G. *Journal of Family Practice Nominated Papers*

Authors	Title	Publication date	Publication type
Nicole A. Negbenebor, Candrice R. Heath, Richard P. Usatine	“Melasma” ³⁸	2023	Narrative review
Mark S. Johnson	“Systemic Racism Is a Cause of Health Disparities” ³⁹	2021	Commentary

TABLE 1H. PRiMER (Peer-Reviewed Reports in Medical Education Research) Nominated Papers

Authors	Title	Publication date	Publication type
Kirsten Stoesser, Kara A. Frame, Osman Sanyer, Jennifer P. Leiser, Laura Elizabeth Moreno, Clarivette Bosch, Jessica L. Jones, Jessica J. Morales, Stephanie Rolón Rodríguez, Jenifer Wilson, Line Kemeyou, José E. Rodríguez	“Increasing URiM Family Medicine Residents at University of Utah Health” ⁴⁰	2021	Research brief
Matthew Cline, Patti Pagels, Nora Gimpel, Philip G. Day	“Utilizing Home Visits to Assess Social Determinants of Health During Family Medicine Residency” ⁴¹	2020	Learner research
Oluwaseun O. Acquah, Amanda M. Honsvall Hoefler, Isaac Zoller, Lynn P. Manning, Donald J. Pine, Richard F. Mitchell	“Improving Identification of Food-Insecure Patients in an Outpatient Clinic Setting” ⁴²	2020	Learner research
Joyce E. Balls-Berry, Eddie Greene, Jennifer McCormick, Onelis Quirindongo-Cedeno, Karen Weavers, Tabetha A. Brockman, Martha Bock, Miguel Valdez Soto, Katherine Cornelius, Christi A. Patten, Felicity T. Enders	“An Academic Medical Center’s Learners’ Perceptions of Health Disparities” ⁴³	2018	Research brief
Frederick M. Chen, Frederica Overstreet, Allison M. Cole, Amanda Kost, Joedrecka S. Brown Speights	“Racial and Ethnic Health Disparities Curricula in US Medical Schools: A CERA Study” ⁴⁴	2017	Research brief

Abbreviations: URiM, underrepresented in medicine; CERA, Council of Academic Family Medicine Educational Research Alliance

TABLE 2. Leading DEIA Articles in Each of the Family Medicine Journals

Journal	Article	Summary
<i>American Family Physician</i>	“Dismantling Anti-Black Racism in Medicine” ¹³ (honorable mention)	<ul style="list-style-type: none"> • Work in practices that serve uninsured patients and those enrolled in Medicaid. • Advocate for better reimbursements for these settings and ACA expansion. • Advocate for systemic change in society to address health disparities; acknowledge privilege advantages for some over others. • Support pathways to opportunity for Black students in medicine. • Influence hospital systems and professional societies to recruit and encourage Black physicians toward leadership. • Seek education on the roots of institutionalized racism.
	“Fallacies and Dangers of Practicing Race-Based Medicine” ¹⁶	<ul style="list-style-type: none"> • Race-based medicine uses race as a scientific variable rather than a social one. • Race-based approaches lead us to ignore the social determinants of health that are the valid drivers for racial disparities in health outcomes. • Implying that race causes poor medical outcomes contributes to and reinforces systemic racism and is not acceptable in medical publishing. • Using a nonmitigatable variable, such as race, as a proxy for a possibly mitigatable variable misses the opportunity to address the problem.
<i>Journal of Family Practice</i>	“Systemic Racism Is a Cause of Health Disparities” ³⁹	<ul style="list-style-type: none"> • Health disparities are differences in health outcomes between groups. • Disparities exist in seeking, providing, and accessing health care. • Biased and racist structures create racial differences in socioeconomic status and have historical and present policies that perpetuate the disparity. • A call to action to design interventions that dismantle racism as a mechanism to move toward health equity
<i>PRiMER</i>	“Increasing URiM Family Medicine Residents at University of Utah Health” ⁴⁰	<ul style="list-style-type: none"> • Five years with 0% underrepresented in medicine (URiM) residents • Over 5 years, changed interview rubric yearly • 30% of residents identify as URiM, and 36% as People of Color. • Admissions committees or hiring managers cannot consider race. Therefore, residency leaders used thoughtful proxies to increase the number of interviews with URiM medical students. • Result: Residency leaders discovered that interviewing eight people could fill one URiM or non-URiM seat.
<i>Family Medicine</i>	“What Do Underrepresented in Medicine Junior Family Medicine Faculty Value From a Faculty Development Experience?” ²⁵	<ul style="list-style-type: none"> • Qualitative study of responses to program evaluation of Leadership Through Scholarship Fellowship • Seven fellows responded to open-ended queries for comments on fellowship experience. • Identified the following themes: (1) personalizing learning, (2) impacting career trajectories, (3) clarifying the writing process, and (4) creating a safe place • URiM writing workshop addressed more than writing skills.
<i>Annals of Family Medicine</i>	“Conceptualizing, Contextualizing, and Operationalizing Race in Quantitative Health Sciences Research” ¹⁹	<ul style="list-style-type: none"> • Use theoretical frameworks that address sociocultural factors. • Train and elevate Black, Latine, and Indigenous scholars. • Cocreate and disseminate research within historically marginalized communities. • Measure elements of systemic racism in the analysis rather than attributing findings to race.
	“Community Support Persons and Mitigating Obstetric Racism During Childbirth” ¹⁷	<ul style="list-style-type: none"> • Measured effect of community support persons with Patient-Reported Experience Measure of Obstetric Racism • Measured three domains: humanity, kinship, anti-Black racism, and misogyny • 809 patients, 720 (89.3%) had a community support person (CSP). • CSP presence is associated with fewer reports of obstetric racism and may be protective for Black birthing people.
<i>Evidence-Based Practice</i>	“Do Racial Disparities Exist in the Prescribing and Monitoring of Opioid Medications for Chronic Noncancer Pain?” ²⁹	<ul style="list-style-type: none"> • Black and Hispanic patients are less likely than White patients to receive opioid prescriptions for nontraumatic and nonsurgical pain (SOR A). • Black patients experience (1) higher rates of opioid dose reduction and discontinuation, (2) increased substance abuse referrals, (3) reduced pain specialist referrals (SOR B). • Strength of recommendation
<i>FPM (formerly Family Practice Management)</i>	“How to Spot and Tactfully Handle Discrimination in the Health Care Setting” ⁴⁵	<ul style="list-style-type: none"> • Spot it. Don’t ignore it. • Call in (be curious) instead of calling out (embarrass the perpetrator). • Use your judgment—it’s messy work. • The only bad thing to do is to do nothing.
<i>Journal of the American Board of Family Medicine</i>	“Accountable Care Organizations Serving Deprived Communities Are Less Likely to Share in Savings” ³⁷	<ul style="list-style-type: none"> • ACOs serving deprived communities generate less savings. • High school completion rates and antipoverty measures can improve savings by improving the lives of those living in deprived communities.
<i>Family Practice Essentials</i>	“Care of Diverse Families: LGBTQIA+ Families” ²⁷	<ul style="list-style-type: none"> • About 29% of LGBTQIA+ adults are raising a child. • 2 to 3.7 million children have an LGBTQIA+ parent. • Challenges often faced: <ul style="list-style-type: none"> • Social exclusion and homophobic hostility • Unwelcoming health care environment • Navigating gender discordance • We must create welcoming and inclusive health care environments for LGBTQIA+ families.

Abbreviations: DEIA, diversity, equity, inclusion, and antiracism;; ACA, Affordable Care Act; URiM, underrepresented in medicine; CSP, community support person; ACO, accountable care organization; LGBTQIA+, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, asexual, or other; SOR, sensory overresponsiveness