

## Author's Response to "Beyond the Mirage: Confronting Historic Inequities in Maternal Care Deserts"

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**HOW TO CITE:** Huffstetler AN. Author's  
Response to "Beyond the Mirage:  
Confronting Historic Inequities in  
Maternal Care Deserts". *Fam Med.*  
2024;56(9):608–608.  
doi: [10.22454/FamMed.2024.150895](https://doi.org/10.22454/FamMed.2024.150895)

**PUBLISHED:** 10 September 2024

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### TO THE EDITOR:

The historical context of medical training has undoubtedly influenced the geographic distribution of physicians and care teams today. The *Flexner Report* led to far fewer community-based training opportunities. It also had a negative impact on the number of trainees coming from smaller communities, rural communities, and Black communities—now resulting in a significant disparity in medical training and a lack of diversity of physicians. The stunning health inequities that resulted from Flexner have persisted for over 100 years.

Teaching health centers (THCs) offer a solution as they explicitly aim to increase physicians in community-based settings, improve health outcomes for underserved communities, and expand health care access to rural areas.<sup>1</sup> THC graduates are more likely to train close to their residency.<sup>2</sup> However, THCs are faced with cyclical and uncertain federal funding expirations and lack of necessary support structures to meet Accreditation Council for Graduate Medical Education requirements.<sup>3,4</sup>

The Social Mission Alliance (previously the Beyond Flexner Alliance), founded by Dr Fitz Mullan, promotes the philosophy of equity in medical education, research, service, policy, and practice.<sup>4</sup> The Alliance provides a social mission self-assessment for US medical schools to identify their strengths and weaknesses—including accountability to geographic inequities. Measurement may improve identification of areas that would benefit from focused resources. In my

original article, I outline monetary investment by systems, government, and schools.<sup>5</sup> This investment may be linked to metrics such as social accountability and community needs surveys.

The lack of training in communities, lack of exposure to rural communities, and secondary decreased workforce has led not only to maternal care deserts but also to care deserts writ large. I agree with the conclusions from this letter to the editor and extend Flexner's impact well beyond maternal care.

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