

## Mission Possible: Leveraging Mission Statements to Drive URM Success

Latasha S. Perkins, MD<sup>a</sup>; Christopher L. Smyre, MD, MA<sup>b</sup>; Lizzeth N. Alarcon, MD<sup>c</sup>

### AUTHOR AFFILIATIONS:

<sup>a</sup>Department of Family Medicine,  
Georgetown University School of  
Medicine, Washington, DC

<sup>b</sup>Department of Family and Community  
Medicine, Southern Illinois University  
School of Medicine, Springfield, IL

<sup>c</sup>Department of Medical Education, Florida  
International University Herbert  
Wertheim College of Medicine, Miami, FL

**HOW TO CITE:** Perkins LS, Smyre CL,  
Alarcon LN. Mission Possible: Leveraging  
Mission Statements to Drive URM Success.  
*Fam Med.* 2024;56(1):64-65.  
doi: [10.22454/FamMed.2023.624403](https://doi.org/10.22454/FamMed.2023.624403)

**PUBLISHED:** 12 December 2023

© Society of Teachers of Family Medicine

We were pleased to read Campbell et al.'s study which assessed the impact of including language related to diversity, equity, and inclusion in medical school mission statements on enrollment of underrepresented in medicine (URM) students; they found a 0.4% per year increase in URM enrollment among those institutions that modified their mission statements to include diversity and equity content.<sup>1</sup> The increase was not noted among institutions that made another type of change in their mission statement or no change at all. We commend the authors for highlighting the positive effects of this intentional change in mission statements and the larger role mission statements play in diversifying our physician workforce.

We know the importance of a diverse workforce to address health disparities.<sup>2</sup> However, mere matriculation to medical school does not guarantee a diverse workforce unless students are able to graduate and get into residency programs. A potential opportunity for further exploration is looking into how institutions are ensuring that their URM students are excelling and graduating by providing the appropriate resources to address barriers and challenges that URM medical students experience.<sup>3</sup> Further examination of the correlation between mission statements' inclusion of diversity and equity language to graduation and matriculation rates to residency of URM students is needed. Additionally, understanding how institutions leverage the diversity and equity content in the mission statement to allocate resources would further the literature in this area. Does the mission statement, once updated, lead to changes in resource allocation that allow faculty and staff in diversity, equity, and inclusion (DEI) roles to request and obtain necessary support? Or do changes in the

mission statement follow established commitments in DEI? Or is it simply performative?

While the authors noted social events that could influence the data, there have been recent important legislative changes that significantly impact institutions.<sup>4</sup> Namely the Supreme Court decision on Affirmative Action and anti-DEI legislation, in certain states, will have an impact on if institutions are willing to incorporate not only diversity and equity into their mission statements but also the resources and roles to ensure graduation of URM medical students. It is in the current social political climate that the willingness to have diversity and equity content in the mission statement may be all the more important for URM students in their selection criteria.

We are adapting to the changing policies that impact student body diversity in higher education which in turn affects medical education efforts to grow and sustain our diverse physician workforce. We must remember the potential power that a mission statement has to set institutional goals and values, be leveraged for resource allocation, and used to catalyze meaningful, measurable change. Change that creates increased recruitment, retention, and successful graduation of our URM trainees into a workforce that values and uplifts them.

### REFERENCES

1. Campbell KM, Tumin D, Linares J, Porterfield L, Kisel T. Changing missions of medical schools and trends in medical student diversity. *Fam Med.* 2023;55(7):481-484.
2. Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. *J Racial Ethn Health Disparities.* 2021;9(1):68-81.

3. Bliss C, Wood N, Martineau M, Hawes KB, López AM, Rodríguez JE. Exceeding expectations: students underrepresented in medicine at University of Utah Health. *Fam Med*. 2020;52(8):570–575.
4. Rubin R. How the SCOTUS affirmative action ruling could affect medical schools and health care. *JAMA*. 2023;330(6):492–494.