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Family Medicine

EDITORIAL

A Workforce to Care for All

Octavia Amaechi, MD[a]; Yohualli B. Anaya, MD, MPH[b]

AUTHOR AFFILIATIONS:

[a] Spartanburg Regional Healthcare System, Spartanburg, SC

[b] Department of Family Medicine and Community Health, School of Medicine and Public Health, University of Wisconsin, Madison, WI

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According to the US Census Bureau, the United States is home to 331 million people, representing a tapestry of ages, abilities, languages, races, ethnicities, genders, and lived experiences.[1] Family medicine, with its mission to offer continuing and holistic care for all people, is uniquely positioned to address the challenges of meeting the diversity of patient needs and also the complexity of providing comprehensive health care in an equitable and culturally sensitive manner.[2,3] By leading interprofessional teams, promoting preventive care, guiding patients through the intricacies of the health care system, and leveraging data to manage population-level outcomes, family physicians provide care for all people and serve as vital connectors between clinical care and community well-being. Embedded in the community as partners, family physicians optimize health by developing and implementing evidence-based practices to achieve greater health for all. These actions that define family medicine's identity were affirmed and reaffirmed by the American Academy of Family Physicians in 2024.[4] However, to truly meet the needs of such a diverse population, the health care workforce itself must embody this diversity—bringing varied perspectives, cultural sensitivity, and lived experiences to the forefront of care delivery.

Health care workforce diversity is recognized to improve health outcomes particularly for patients facing layered drivers of health that family physicians are called to address.[4-6] Yet, achieving a diverse health care workforce is not without obstacles. The COVID-19 pandemic, coupled with heightened awareness of structural biases and racism, ignited critical conversations in medicine with an overarching aim toward health equity, including actions to build, support, and retain a diverse workforce. Family physicians, whose work is deeply rooted in the principles of advocacy, justice, and community partnership, may then find themselves at a crossroads. External pressures, such as the model minority myth, can create "identity dissonance," where learners and physicians struggle to reconcile their professional identity with societal expectations and institutional limitations.[7] As with an iceberg, much of this struggle remains beneath the surface, seen in quiet moments of reflection and professional identity formation.[8] It is crucial for us to reconnect with our foundational mission: to honor humanity in every patient, advocate for systemic change, and remain resilient in our commitment to care for all people. By grounding ourselves in this purpose, we not only preserve our own well-being but also advance the vision of a health care system that truly serves all.

Thwarting this vision are disparities across socioeconomic conditions from early childhood through higher education creating barriers for students from underrepresented backgrounds aspiring to enter the medical field. Pathway and early outreach programs have shown great promise in offering these students exposure and mentorship. Academic preparation and mission-based programing further attracts students to primary care and underserved communities.[9] Yet the fullest potential of these programs is subject to being undermined by inconsistent funding, policy changes, and variable institutional support.

Educational institutions including universities, medical schools, and hospital systems play a critical role in shaping our health care workforce. However, many institutions struggle with recruitment and retention practices that genuinely support learners and physicians from underrepresented backgrounds. Approaches such as holistic admissions, unbiased evaluations, and cultivating inclusive environments are essential but not universally implemented. Furthermore, without concrete benchmarks, active community engagement, and strong accountability structures, institutional initiatives often fall short of producing meaningful and sustainable change.

While the push for health equity fosters reflection and innovation, challenges abound. Efforts are increasingly politicized, with legislative actions casting doubt on the legitimacy of inclusion and imposing restrictions that stifle progress.[10] This climate of fear and uncertainty has led institutions and health care professionals to withdraw from critical advocacy and structural reform initiatives. Combined with enduring challenges such as identity dissonance, microaggressions, limited or tokenistic leadership opportunities, scholarship delay, and inequitable workload expectations, these pressures disproportionately affect health care professionals from underrepresented backgrounds.[11–15] Without dedicated retention initiatives, the health care sector risks losing dedicated physicians whose perspectives and experiences are vital for advancing equitable and effective patient care.

Yet encountering crises is a standard part of the life of leaders and institutions, and as leaders in health care delivery we are not immune. Whatever its source or subject matter, in crises we face the unfamiliar and unexpected; we face disruption and uncertainty. As a result, crises tend to distract us from the fundamentals, resulting in further turmoil and negative impact.[16] Though by nature challenging our core, it is particularly in times of crisis that it is advantageous to firstly reground in vision and mission. Organizational and personal vision and purpose, as understood in times of calm and clarity, provide objective reminders of our *raison d'être*—our philosophy, who we are, and what we care about. Thus, it is not only critical, but fortifying, steadying, and restorative to return to this foundation. When in search of strength, comfort, safety, and coherence, reflecting on our purpose will hold us together and offer direction on how to proceed.

As a discipline, family medicine is committed to our role as clinicians, leaders, and advocates for the unique needs of all patients and communities. As family medicine educators, we are committed to producing a workforce that meets the health needs of underserved areas. What mission and values are our institutions committed to, and how can we support them in carrying these out both in calm and storm?

If our commitment is to health, innovation, quality, and lower expenditures, we need a workforce that is associated with these outcomes.[17,18] Staying on course will demand creativity, steadfastness, and the examples and lessons described in this issue and the existing literature. Acquire strength to advance solutions and identify feasible steps in moments of reflection by honing in on your own values. As for our profession? We are family physicians, and our mission is to care for all people.

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