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Enhancing the Benefit of Family Medicine to Equity in Health

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1. Letter to editor

The paper by Jacobs et al. titled "Diversity, Inclusion, and Health Equity in Academic Family Medicine" was enjoyable to read and provides an overview of the DIHE infrastructure of academic family medicine departments. [1]. It is good to see that family medicine is leading the way in addressing DIHE in academia, especially in light of the racial disparities in health care. According to a 2020 assessment, family medicine has the greatest percentage of underrepresented minority (URM) department chairmen (16.7%) among all disciplines [2]. This demonstrates our dedication to being leaders in diversity in family medicine. Consequently, there have been initiatives to put policies and tools in place that deal with microaggressions 3 and raise URM in academic medicine.[4] While the poll does contain some encouraging answers, we would want to draw attention to the fact that the study is constrained because the department chairs who participated in it did not provide demographic data. The lack of department chair racial/ethnic data restricts the interpretation of the findings, even if it is mentioned that demographic data may be gathered in the future.

We are unsure if the responses of URM chairpersons for family medicine are adequately represented in the group without knowing the respondents' race and ethnicity. Additionally, understanding the demographics of the DIHE officers (for the programs that employ them) may affect how the survey results are interpreted. How we view diversity efforts is influenced by our life experiences. Chairpersons who do not encounter racism, sexism, or other forms of oppression might have a positive perception of their DIHE efforts, but chairs who do—particularly URM chairs—might have a different perspective. Without understanding the demographics of the sample, it is difficult to determine how to evaluate or analyze the survey data.Because it reveals where we are in our DIHE journey and how far we still have to go within our own specialty, the survey's data is particularly helpful. Family medicine has a unique opportunity to lead the way in recruiting and training URM physicians to serve the growing minority population in our society. In order to solve our shortcomings in DIHE within academic family medicine, we urge every department and organization to do an assessment, set up the necessary infrastructure, and implement a strategic plan. 1. Only then will we be able to set a better example and have a greater impact on the medical community as a whole.

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