school applicants are URiM despite being 34.1% of the population.[4,5] To increase the number of URiM Family Medicine physicians we should support or create pathway programs that support and recruit URiM individuals into medical school.

Keeping in mind that education is not equitable in the United States, longitudinal pathway programs can close the gaps and increase opportunities for URiM students to learn about health care careers.[6] Pathway programs allow schools to target barriers that are otherwise not addressed by the educational system. Having a combination of URiM faculty and pathway programs increases the prospect that we will see an increase in URiM individuals in Family Medicine and have a workforce that reflects the communities we serve.

Kerwyn Flowers, DO
Julie Navarro, DO
and Stacy A. Ogbeide, PsyD
From the Florida State University College of Medicine Tallahassee, FL (KF); Emanate Health–Family Medicine Residency, West Covina, CA (JN); UT Health San Antonio, San Antonio, TX (SAO); stacy.ogbeide@gmail.com

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Re: Local Economic Inequality and the Primary Care Physician Workforce in North Carolina

To the Editor: We were pleased to read the article entitled "Local Economic Inequality and the Primary Care Physician Workforce in North Carolina" by Nenow et al, which describes the association between county-level economic inequality and the primary care physician (PCP) workforce in North Carolina.[1] We appreciate the relationship between socioeconomic factors and access to primary care. We found it particularly useful to learn that where there was more economic inequality, there were fewer PCPs, specifically family physicians. We suggest a more drastic measure, which is to prepare more underrepresented in medicine (URiM) family physicians to work in areas of greater income inequality.

The article recognizes that the high-income inequality in black, indigenous and people of color (BIPOC) households is a result of the historic racism in North Carolina. This effect is not limited to North Carolina, and it is notable to mention that there are states and territories that have high income inequality, with the top being Puerto Rico, District of Columbia, and New York.

According to the American Medical Association, BIPOC patients who receive care from URiM providers have better outcomes.[2] Although there has been an increase in the number of URiM applicants who are being accepted into medical school, the same increase is not being noted in URiM who practice primary care.[3] Although there are efforts being made to increase primary care physicians with repayment of student loans, the programs would have a greater impact if there were tracks specifically for URiM physicians. The programming should include incentives that attract high quality URiM physicians including guaranteed initial salary, secured employment position for the partner of the URiM physician, reimbursement for primary and secondary education for dependent children, as well as recognition of the difficulties that URiM physicians can have in communities that have a history of historic racism.

Adora Otiji, MD
Adwoa Adu, MD
and Stacy A. Ogbeide, PsyD
From the Ross University School of Medicine, Miramar FL (AO); Prisma Health, Greenville, SC (AA); UT Health San Antonio, MC, San Antonio, TX (SAO) stacy.ogbeide@gmail.com

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