

Correspondence

Re: Evaluating the Uptake of Antiracism Training, Policies, and Practices in Departments of Family Medicine

To the Editor: We were pleased to read the article entitled, “Evaluating the Uptake of Antiracism Training, Policies, and Practices in Departments of Family Medicine” by Sanders et al, which focuses on the use of Diffusion of Innovation Theory to evaluate antiracism trainings in departments of Family Medicine (FM).¹ We applaud this much needed evaluation of FM departments and their current practices with antiracism trainings, policies, and implementation uptake and efficacy. We also agreed with the need to promote equity in health and social justice with multiple interventions including antiracism training.¹

The promotion of equity and diversity are of utmost importance in medicine. A more recent proposal to the Quadruple Aim, coined the Quintuple Aim, adds a fifth aim: advancing health equity.² Health equity can be achieved by decreasing racism within our academic medical training institutions through concerted efforts such as sustained and effective antiracism endeavors. Creating environments that are accommodating, accepting, and equitable for all department members would help increase faculty/provider well-being, the fourth Quadruple aim.² Equitable environments will increase retention of underrepresented minorities in medicine (URiM), and promote equity in medical education and patient care.² It is imperative that “antiracist long haulers” are present so that we move beyond “performative allyship” to true action in creating environments of safety, equity, acceptance and diversity for URiMs and others.¹

The need for non-URiM allies in medicine to join the plight for antiracism and equity cannot be overstated. A review of the demographic makeup of FM department chairs was very revealing. It seems that 78% of the family medicine department chair survey respondents self-identified as White and 95% of all respondents were non-Hispanic.¹ Though, this sheds light on the need for continued work on increasing racial diversity in academic leadership positions such as FM department chair, this is also promising. Antiracism training was indicated by 92% of respondents.¹ This is encouraging in that work is still being done in the surveyed majority non-URiM FM departments to promote antiracism whether substantial or not.¹

Faculty diversity is *not* a prerequisite to establishing a diverse and antiracist FM department. As the number of URiM faculty is often sparse, the need for non-URiMs to step up and decrease the taxation of diverse faculty is essential. In the article, Minority Tax Reform by Williamson, Goodwin, and Ubel, several key suggestions were postulated. These recommendations include assigning and encouraging non-URiM faculty to assume

diversity initiative roles.³ As FM departments, the antiracism and diversity efforts perception can be ratified. Non-URiM faculty can be engaged if key changes such as emphasizing and supporting the importance of antiracism and diversity endeavors are a priority.³

This was seen recently at the University of Utah’s Physician Assistant Program (UPAP) where structural changes were implemented to increase student diversity.⁴ UPAP was able to triple the number of URiM matriculated students over the course of 5 admitted classes with a majority non-URiM UPAP faculty.⁴ UPAP’s 4 broad areas to improve student compositional diversity may be the model for other health professional training institutions to follow. In the case of antiracism, FM departments and chairs can use intentional antiracism messaging, recruitment of URiM faculty and staff members, URiM retention, and faculty development reform as areas to improve antiracism in their departments.⁴

We are grateful to Sanders et al. for your efforts in working toward health equity and social justice by this important study on effectiveness of antiracism training in FM departments. We hope that actionable training in antiracism can be implemented in FM departments and beyond.¹

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