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соммент Engaging pediatricians to address workforce diversity

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In the United States, there is a growing recognition of the importance of diversity, equity, and inclusion and a renewed commitment to social justice. Within the medical profession, a key element of promoting equity is a workforce that reflects the diversity of the population. The proportion of racial/ethnic minorities in the US has increased substantially since the 1960s, yet the ethnic diversity of medical students and physicians has increased only modestly, particularly for African Americans, Latinos, and Native Americans.¹ In 2012, the racial/ethnic distribution of primary care physicians was 11.2% Asian, 6.8% Black, 5.9% Latino, and 72.5% White; the distribution among pediatricians was very similar.²

To achieve greater representation, the physician workforce must diversify in an unprecedented fashion, which will require intentional, longitudinal commitments at multiple levels, from individual physicians to the entire profession. We believe that pediatrics is well positioned to drive change because we care for the most diverse segment of our society, our training prepares us to understand how individual, family, and community factors shape children's life experiences, and we have a long, successful history of advocating to improve child health and wellbeing. Our intent is to outline strategies and ideas to engage all pediatricians to promote workforce diversity.

While many initiatives rely on the efforts and leadership of individuals from underrepresented backgrounds, we strongly believe they should not carry the burden to address or correct institutional racism and inequity; rather, all members of the community share this responsibility. Supervisors and leaders must ensure that the "minority tax" of disproportionate responsibility which some underrepresented individuals experience does not negatively impact their career development. Academic institutions and departments should support the time of faculty members who lead diversity, equity, and inclusion (DEI) efforts and provide sufficient resources to support programs that address DEI efforts. These efforts should be valued enough to count towards promotions across academic ranks.

Pediatricians have led the development of the science underlying a life course approach to child and youth development and we believe that success in building a more diverse physician workforce requires sustained efforts throughout childhood and adolescence. Children who are healthy and safe will achieve more educational success. Children who live in unsafe neighborhoods, attend low-performing schools, live in poverty, or experience homelessness have much lower rates of success.³ Since the founding of our profession, pediatricians have successfully advocated for policies that impact children, such as Medicaid expansion, poverty reduction, HeadStart funding, and ensuring safe housing.⁴ Continued advocacy in support of policies that support families will improve the likelihood of children's educational success, optimal growth and development, and long-term wellbeing.

For school-aged children, we encourage pediatricians to evaluate educational wellbeing during preventive care visits. In addition to assessment of children's physical health, emotional health, and social needs, we recommend that pediatricians discuss educational progress. Pediatricians, as trusted members of their communities, can support parents and families as they navigate the school system and strive to ensure their child's academic success. For middle and high school students, we recommend that pediatricians proactively encourage their patients to consider a career in the health professions; the impact of such efforts could be incorporated into a practice's quality improvement efforts.

Within schools and community organizations, there are many opportunities for pediatricians to mentor pre-teens and adolescents and serve as role models. Across the United States, there are many mentoring programs for youth⁵ and we urge pediatricians to engage with these programs or initiate partnerships to create such programs. Given our institutions' and training programs' emphasis on community engagement, we encourage pediatric trainees to become integral members of community-based mentoring programs as an important component of their educational experience.

Within institutions of higher education, we encourage pediatricians to serve as mentors to pre-medical groups and postbaccalaureate programs. Colleges that educate significant numbers of underrepresented minorities and first-generation students may have limited services to support pre-medical students and students can benefit from physicians' guidance related to effective preparation for medical school and from shadowing opportunities to which they may not otherwise have ready access. Pediatricians can also advocate for policy reform to enhance educational resources, including scholarships, and address the financial barriers that limit the feasibility of attending college and medical school, such as debt forgiveness.

For pediatricians affiliated with medical schools, we encourage engagement in the admissions process and advocacy for strategies that promote diversity. Although many admissions committees have adopted holistic evaluation, pediatricians can

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bring their unique perspective on the impact of formative experiences during childhood. Pediatricians should serve on important committees, such as Resident Recruitment and Faculty Promotions Committees, and promote the implementation of intentional approaches to advance diversity and ensure adequate mentoring of residents and fellows. In addition to representational diversity, strengthening institutional commitments to equity and inclusion and creating a welcoming and supportive environment for students, trainees, faculty, and staff who are underrepresented in medicine requires culture change. Some pediatricians may choose to focus their efforts on departmental or divisional programs, such as ensuring that clinical services are structured and implemented in a way that demonstrates a commitment to equity and inclusion in interprofessional relationships and clinical care. Pediatricians have the opportunity to ensure that medical students have a robust, engaging clinical experience that introduces them to peers and faculty who inspire them and serve as role models. Although all specialties compete in a current zerosum game to recruit underrepresented medical students into their specialty, we anticipate that efforts to enhance the diversity of medical students will have a positive impact on all specialties.

As a profession, we will provide better and more comprehensive care when we have a more diverse, representative workforce. Thus, all pediatricians should embrace this goal of diversity and commit to a lifelong process of change, become allies and partners, and apply their power and privilege to advance these goals.

We believe that every pediatrician can contribute to the goal of physician workforce diversity. The first step is to choose one point along the path to a career in pediatrics and embrace the need for a long-term commitment. The road to a career in medicine is long and there are no "quick fixes" to achieve a more diverse workforce. We challenge every pediatrician to engage and join forces with others, within the medical sector and beyond, to amplify their individual efforts. We envision a near-term future in which pediatricians demonstrate widespread leadership to promote physician workforce diversity and inclusion as an important strategy to achieve health and health care equity for all. Whether as pediatric providers, academic leaders, public health professionals, researchers, or any other type of pediatrician, it is essential that we leverage our unique pediatric perspective and invest our time, effort, and societal capital to make a difference.

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E.F.-A., S.A.S., B.D., J.M.P., and G.L.F. conceptualized the manuscript, reviewed, and revised all versions of the manuscript. All authors approved the final manuscript and agree to be accountable for all aspects of the work.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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