

## VIEWPOINT

## AMERICAN PEDIATRIC SOCIETY

# Pediatric Faculty Diversity

## A New Landscape for Academic Pediatrics in the 21st Century

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**Academic pediatrics has not** kept pace with the changing demographics in the United States population and the children and families we serve. By 2020, the majority of children and adolescents in the United States will come from ethnic minority backgrounds. We will have a new "majority minority" population, with Latino and Asian ethnicities contributing the largest proportion.<sup>1,2</sup> This change in demographics is significant because health care disparities occur disproportionately in those who will soon make up the largest proportion of the US population. To date, pediatric organizations have not developed national strategies to respond specifically to the ethnic diversity in our pediatric population. Doing so is critical to ensuring excellence in our profession and our professional societies. Because the impact of the dramatic changes in US demographics is manifesting first in the pediatric population, we must lead the medical profession in creating a national strategy to address organizational change in the academic and practice workforce and thus ensure the best health outcomes in the 21st century.

Academic pediatricians in particular must address increased population diversity and the current workforce. We have an important role in educating all medical students as well as the future pediatric clinical and research workforce. We must all be ready to educate with diverse faculty and with culturally relevant evidence-based curricula. We are also at the forefront of pediatric research, defining the research agenda and developing and testing new treatments for the population.

The Association of American Medical Colleges definition of those underrepresented in medicine (URM) is evolving depending on changing demographics in the general population. In pediatrics, URM currently includes African American, Mexican American, American Indian, Alaska Native, Native Hawaiian, and mainland Puerto Rican individuals.<sup>3</sup> Although attention has been paid for decades to increasing underrepresented physicians in medicine, there has not been significant improvement.<sup>4,5</sup> For instance, in 1998, only 3% of all academic physicians were African American and 3.5% reported Hispanic ethnicity, while in 2012, African American academic physicians made up only 2.9% and those of Hispanic ethnicity 4%.<sup>4</sup> This is in stark contrast to the current US general population.

The immediate future for expanding the minority physician workforce is not promising. In 2012, only 16.1% of entering medical students were minorities compared with 14.7% in 2007, a less than 1.4% increase. Con-

trast these data with the overall population of the United States in 2011, when for the first time nonwhite babies made up a majority of the children born. The comparison of pediatricians with the current underrepresented population is shown in the **Table**. We are falling further behind in having an appropriate workforce in academic pediatrics.

Why is creating a diverse pediatric workforce important? Pediatricians from underrepresented minority backgrounds tend to deliver care to minority populations similar to their own.<sup>6</sup> Inclusiveness and attention to bringing the best minds together including solid representation from diverse URM backgrounds will serve us well in finding solutions to difficult unsolved problems of health disparities. A traditional approach has been to attempt to recruit more minority pediatricians to care for the minority population. Even if it were possible to have enough minority providers to care for the new majority, a numerical approach fails to address the core cultural issues of diversity and inclusiveness in academic pediatrics.

Not only do we need URM practitioners able to expertly care for youths from diverse backgrounds, but also the entire pediatric academic community must have the capacity to address the multicultural health challenges of our pediatric population. That capacity currently does not exist. The challenge of inequitable care and increasingly costly medical errors that can be predicted based on race, language, and unconscious bias needs an infusion of diverse, bright, new minds to guide us into a new era with more effective strategies.

Recently, several national efforts have increased attention on diversity in medicine. Under the direction of past president F. Bruder Stapleton, the Academic Pediatric Society developed a committee on diversity. During his inaugural speech "Mind the Gap," Dr Stapleton set the stage for why these efforts are important and tied to achieving excellence in a changing world.<sup>7</sup> The Academic Pediatric Society also adopted a new mission statement that is more inclusive. The Society for Adolescent Health and Medicine has prioritized diversity and inclusion as well.<sup>8</sup> In 2010, the Society for Adolescent Health and Medicine established an ongoing process to characterize membership demographics. The 2013 Society for Adolescent Health and Medicine conference "We Can All Be Healthy: Achieving Health Equity for Adolescents and Young Adults" was dedicated to understanding the barriers, challenges, and solutions to better care for diverse youths. In 2012, the Federation of

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Table. Comparison of Pediatricians With Current Underrepresented Population

Population	%						
	White	Asian	Black/African American	Other	Hispanic	American Indian/Alaska Native	Unknown
All US children	55.70	3.60	15.50	3.10	22.40		
Pediatricians in 2008	73.20	12.30	7.40		6.40	0.40	
Academic pediatricians in 2012 according to AAMC	63.00	11.00	3.30	2.70	4.70	0.15	14.00

Abbreviation: AAMC, Association of American Medical Colleges.

Pediatric Organizations developed a diversity and inclusion workgroup as a part of a larger initiative to address the future workforce of pediatrics. In 2013, this workgroup presented a topic symposium on the organizational challenges and successes of diversity and inclusion in research, private foundations, pediatric academic settings, and the Association of American Medical Colleges. The Federation of Pediatric Organizations is conducting a survey of academic pediatric organizations that will provide demographics for launching diversity initiatives. Given the urgent need to comprehensively respond to changes needed in the pediatric profession to properly care for the nation's youths, these collaborative efforts must move forward as a priority for all pediatric organizations.

At a minimum, national strategies and organizations must address these essential points:

- Organizational leadership must visibly and substantively commit to diversity and inclusiveness.
- Pediatric societies must include commitment to inclusiveness and resolving health inequities in their mission statement.
- A national plan for reducing health inequities in the pediatric population must be developed.
- All quality measures must incorporate diversity and inclusiveness and monitor long-term successes and challenges.

- Diversity and inclusiveness metrics must be standardized and used to measure national progress and success.
- Recruitment and retention of diverse and URM faculty must be increased using evidence-based models.
- Leadership training and mentorship must be provided for URM pediatricians, with opportunities to assume leadership positions.
- All pediatricians must be trained in cultural competence, with assessment for minimal skill attainment.
- There must be inclusion of URM physicians in all nominating and search committees.
- There must be an increase URM medical student applicants and acceptance.

We must move from considering diversity as an issue of social justice to understanding that inclusiveness is a key driver to success of our organizations and the nation's children. We will be much more effective if the nation's pediatric institutions and organizations work together, with a national strategy, to increase workforce diversity and inclusivity. Current national priorities of quality improvement, fiscal responsibility, and the need for medical advancement demand that we confront the needs of the new pediatric population and its workforce and use the brightest minds from all to succeed. Now is the time.

#### ARTICLE INFORMATION

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