

Editorials

Systemic Racism and Health Disparities: A Statement from Editors of Family Medicine Journals

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The year 2020 was marked by historic protests across the United States and the globe sparked by the deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, and so many other Black people. The protests heightened awareness of racism as a public health crisis and triggered an anti-racism movement. Racism is a pervasive and systemic issue that has profound adverse effects on health.^{1,2} Racism is associated with poorer mental and physical health outcomes and negative patient experiences in the health care system.^{3,4} As evidenced by the current coronavirus pandemic, race is a sociopolitical construct that continues to disadvantage Black, Latinx, Indigenous, and other People of Color.⁵⁻⁸ The association between racism and adverse health outcomes has been discussed for decades in the medical literature, including the family medicine literature. Today there is a renewed call to action for family medicine, a specialty that emerged as a counterculture to reform mainstream medicine,⁹ to both confront systemic racism and eliminate health disparities. This effort will require collaboration, commitment, education, and transformative conversations around

racism, health inequity, and advocacy so that we can better serve our patients and our communities.

The editors of several North American family medicine publications have come together to address this call to action and share resources on racism across our readerships. We acknowledge those members of the family medicine scholar community who have been fighting for equity consistent with the Black Lives Matter movement by writing about racism, health inequities, and personal experiences of practicing as Black family physicians. While we recognize that much more work is needed, we want to amplify these voices. We have compiled a bibliography of scholarship generated by the family medicine community on the topic of racism in medicine. The collection can be accessed here: <https://www.annfammed.org/content/shared-bibliography-systemic-racism-and-health-disparities>.

While this list is likely not complete, it does include over 250 published manuscripts and demonstrates expertise as well as a commitment to addressing these complex issues. For example, in 2016, Dr. J. Nwando Olayiwola, chair of the Department of Family Medicine at Ohio State University, wrote an essay on her experiences taking care of patients as a Black family physician.¹⁰ In January 2019, *Family Medicine* published an entire issue devoted to racism in education and training.¹¹ Dr. Eduardo Medina, a family physician and public health scholar, coauthored a call to action in 2016 for health professionals to dismantle structural racism and support Black lives to achieve health equity. His recent 2020 article builds on that theme and describes the disproportionate deaths of Black people due to racial injustice and the COVID-19 pandemic as converging public health emergencies.^{12,13} In the wake of these emergencies a fundamental transformation is warranted, and family physicians can play a key role.

We, the editors of family medicine journals, commit to actively examine the effects of racism on society and health and to take action to

eliminate structural racism in our editorial processes. As an intellectual home for our profession, we have a unique responsibility and opportunity to educate and continue the conversation about institutional racism, health inequities, and anti-racism in medicine. We will take immediate steps to enact tangible advances on these fronts. We will encourage and mentor authors from groups underrepresented in medicine. We will ensure that content includes an emphasis on cultural humility, diversity and inclusion, implicit bias, and the impact of racism on medicine and health. We will recruit editors and editorial board members from groups underrepresented in medicine. We will encourage collaboration and accountability within our specialty to confront systemic racism through content and processes in all of our individual publications. We recognize that these are small steps in an ongoing process of active antiracism, but we believe these steps are crucial. As editors in family medicine, we are committed to progress toward equity and justice.

Editor's Note: This statement from journals in family medicine was not only inspired by public awareness around systemic racism but also by the fundamental role of our specialty in caring for the whole person through all stages of life. How can we fulfill this role without understanding and addressing health disparities and the racism that often underlies them? To our knowledge, a similar antiracism collaboration of journals has not occurred in other specialties. *AFP* has outlined the journal's next steps at <https://www.aafp.org/journals/afp/content/diversity.html>. A critical step is to have the expertise of a medical editor for diversity, equity, and inclusion, and we welcome this input from Renee Crichlow, MD, Boston University Department of Family Medicine's vice chair of health equity. Our commitment to readers is to continue providing high-quality, evidence-based, peer-reviewed, clinical content. But to get this right, we will also examine our processes; strive to include content related to cultural competency, health equity, and systemic racism; and ensure that our authors, editors, and reviewers better reflect the populations we serve. All of the communities that we serve deserve the best of family medicine. Through the lens of health equity, we can focus on changes that fully engage the principles of our specialty: caring for all, caring with continuity, and caring comprehensively. We are family medicine, and this is what we do.—Sumi Sexton, MD, Editor-in-Chief, and Renee Crichlow, MD, Medical Editor for Diversity, Equity, and Inclusion

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