American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

POLICY STATEMENT

Approved June 2023

Workforce Diversity in Health Care Settings

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The United States (US) population is becoming increasingly diverse, yet diversity within the health care workforce has lagged. In 2021, the US government census found that Hispanic and Black or African American US residents account for 18.9% and 13.6% of the US population, respectively. However, among active physicians in 2018, only 5.8% identified as Hispanic and 5% as Black or African American. Similar trends exist among physicians from other underrepresented minority (URM) groups and those of varying disability status, sexual orientation, gender identity, and socioeconomic origin. URM physicians also hold a disproportionately lower number of leadership positions, particularly in academia, compared to their non-minority colleagues.

In 2004, the Institute of Medicine, later renamed the National Academy of Medicine, identified ensuring diversity in health care settings as a compelling interest.[1] Physicians who belong to URM groups are much more likely to practice in environments where they treat minority patients and patients of lower socioeconomic strata.[2,3] Studies show that diversity among health professionals promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population.[3-5] Additionally, increasing diversity in the workforce has the potential to reduce existing health disparities and decrease their associated economic and social burdens.[4,5]

The value of diversity towards inclusive work environments and equitable patient care is not restricted to racial and ethnic groups; in fact, inclusion of clinicians who belong to other traditionally underrepresented subgroups including trans or gender-diverse individuals or those with differing appearances or abilities may similarly enrich the clinical space. Health disparities have been documented among historically disadvantaged populations, including lesbian, gay, bisexual, transgender and queer/ questioning (LGBTQ) individuals and likely tied to systemic bias and discrimination.[6] When surveyed, nurses who identify as LGBTQ have highlighted the importance of inclusive policies in creating a "welcoming and inclusive" environment for sexual and gender minorities.[7] Workplace hostility and discrimination prevent clinicians from being forthcoming about their LGBTQ status, furthering exclusion; the antidote is visibility and

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inclusion. Along these lines, in a survey of physicians that showed significant implicit and explicit weight bias against obese individuals, male sex and lower body mass index (BMI) were associated with increased weight bias, while having an increased BMI was associated with decreased weight bias.[8]

The American College of Emergency Physicians believes that:

- Hospitals and emergency physicians should work together to promote staffing of hospitals and their emergency departments with highly qualified individuals of diverse race, ethnicity, sex (including gender, gender identity, sexual orientation, pregnancy, marital status), nationality, religion, age, disability, or other characteristics that do not otherwise preclude an individual emergency physician from providing equitable, competent patient care.
- Attaining diversity with well qualified physicians in emergency medicine that reflects our multicultural society is a desirable goal.
- Health professionals, educators, and administrators must recognize and address institutional barriers and policies that may contribute to underrepresentation of certain groups in the workforce.
- To maintain and increase the supply of primary care physicians who care for vulnerable populations over the coming decades, educational and health care entities should establish and promote pipelines to develop and support future professionals.[4,5]
- A diverse workforce can display increased cultural competence across cultural practices, languages, and social issues.[1,4]
- Culturally congruent health care interactions can improve adherence, trust, and patient experience, thereby expanding quality of, and access to, care for traditionally hesitant or disengaged populations.

Recommendations:

- Entities involved in educating, recruiting, and hiring health professionals should engage in robust and ongoing collection of data that include representation of underrepresented minority (URM) groups.
- Strategies should be implemented to recruit and retain a diverse workforce, including mentorship programs, scholarships, and grants.[9]
- Increasing representation in leadership provides models for current and future generations of students and young professionals.
- At the system level, implicit and unconscious bias should be recognized and meaningfully addressed. Because bias may influence admissions and search committees, bias training and the implementation of structured interviews should be considered.[10,11]

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