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### **“The Efforts to Diversify Faculty Within Their Departments: A National Survey of Emergency Medicine Department Heads”**

**Background:** There has been a growing amount of evidence that clinician bias, racism, inequality, stereotyping, and discrimination has indeed contributed to health inequities. These variables have been proven to have negative effects on patient care and health outcomes. Countless studies have shown that diversifying the physician workforce can produce better patient outcomes and decrease the number of health disparities. Patients are more likely to communicate a higher level of care satisfaction when treated by health professionals who share the same racial, ethnic, or cultural background as them. Although many health centers, hospitals, and divisions are determined to promote diversity among their faculty and staff, minority representation has made very little progress. This study aims to determine how diverse are Emergency Medicine departments nationwide, how is diversity being promoted, and how effective are those methods.

**Methods:** This is a national convenience sampling of 263 Emergency Medicine department heads including medical directors, section chiefs, and department chairs. A REDCap based questionnaire was developed and distributed to the listserv. Participation was tracked and weekly follow-up reminders were sent to participants. Interim analysis was conducted on participants. All statistical analyses were carried out in SAS 9.4. Fisher's exact tests were used to assess the associations between variables.

**Results:** For the interim analysis we look at the first 24 responses which consisted of 17 males (70.8%) and 7 (29.2%) females with aligning gender identity. Participants were white (91.7%), black (8.3%), and Hispanic/Latino (4.2%). Looking at suburban vs urban programs where 3 to 5, 6 to 10, and > 10 physicians of color were hired, suburban (0, 0, 0) vs urban (4, 3, 3) respectively; ( $p \leq 0.0483$ ).

**Conclusion:** Upon assessing the first 24 respondents for this interim analysis, we can conclude that 66.7% of the participants classify as white males. While 66% of the leaders who were non-white hired 6 to 10 physicians of color, only 5% of white leaders hired 6 to 10 physicians of color. When asked how successful their efforts were to diversify their staff, 3 respondents reported that their efforts were very successful and 20 reported either partially or not very successful. There was an association between the type of location (suburban vs urban) and the number of physicians of color hired when looking at programs that hired 3 or more physicians of color.