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Racial Justice and *Academic Pediatrics*: A Call for Editorial Action and Our Plan to Move Forward

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SUPPORTED BY AN undeniable evidence base and highly publicized atrocities documenting the alarming and pervasive impacts of racism on communities of color, policy makers and public health officials are increasingly declaring racism a public health crisis—albeit one that has unfolded over more than 400 years.^{1,2} These designations are intended to ignite seismic changes across all sectors of government, health care, and education in order to eliminate the permeating effects of racism—internalized, interpersonal, and institutional—throughout society.³ Racism has historically served as an undercurrent behind many of the social determinants of health such as education, housing, employment, and the built environment that, in turn, drive inequities in health and health care.⁴ During the global pandemic, these inequities have been exacerbated and amplified as communities of color are disproportionately decimated by COVID-19.^{5,6} Brutal and reprehensible killings of African-Americans as well as stigmatization of immigrants under discriminatory immigration policies have further illustrated the scope of racial inequities.^{7,8} Within epidemiologic and health services research, evidence is emerging to document the deplorable and cumulative effects of racism on children over the life course.^{9–11} These experiences produce

intergenerational transfer of trauma and compound adverse consequences of social determinants of health. Indeed, racism permeates nearly every aspect of American life, beginning with the lives of children.

The professional world of pediatrics and the world of academic medicine are not immune to internalized, interpersonal, and institutional racism as they mirror broader society.¹² While the 1910 Flexner Report is sometimes credited with establishing the biomedical model as the gold standard for medical training, it substantially eroded diversity in medicine as it recommended the closure of 5 out of 7 predominantly black medical schools.^{13,14} One legacy of the Flexner Report is that people of color are still vastly underrepresented among medical students, physicians, and medical school faculty. Progress in workforce diversity and inclusion has been marginal at best, demonstrating that promotion of diversity as a key strategy to mitigate against racism is, by itself, insufficient.¹⁵ In 2019, only 3.6% of full-time faculty were Black or African-American, 5.6% were Hispanic, and 0.3% were Native American, Alaskan, Hawaiian, or Pacific Islander.¹⁶ Most medical schools and pediatric residencies have far fewer underrepresented in medicine (UIM) trainees than they should. The number of African-American

males in medical school is currently lower than it was in 1978.¹⁷ Further, UIMs continue to bear the disproportionate burden of achieving diversity and inclusion while simultaneously combatting racism and microaggressions on a regular basis.¹⁸

As many sectors and industries increasingly deem racism a public health crisis, scientific journals must also reflect on their mission, structure, and content in order to reshape the discourse on racism and hold themselves accountable as leaders in the scientific community.¹⁹ Historically, scientific journals have functioned to further the progress of science by publishing and disseminating new research, allowing investigators to keep up to date with developments in their fields and direct new scientific inquiry. The mission of *Academic Pediatrics* is to strengthen the research and educational base of academic general pediatrics through scholarship in pediatric education, health services, patient care, and advocacy. Our journal's content areas include pediatric education, child health services, holistic medicine, health policy, and the social, family, community, and physical environment among many others. In light of our longstanding commitment to vulnerable children and families, diversity, and our desire to be effective stewards of scientific inquiry, we have re-examined our journal structure, policies, and procedures as they relate to accelerating diversity, inclusion, and equity.

In determining a new standard for publishing, we have reviewed our journal's internal structure and the content of articles we publish. While our commitment to diversity and inclusion is strong, the composition of our Editorial Board and Editors has not aligned with our strategic values. Of the 24 members of our Editorial Board, only 2 are UIM. Of our 15 Editors, only 2 are UIM. While these findings are partly attributable to low turnover, they fundamentally bring into question how members are recruited and selected for such positions. In addition, in examining the content of our publications, we find that although *Academic Pediatrics* serves as a welcoming journal for articles on diversity, inclusion, and equity, our journal has not systematically invested in initiatives to advance the science in these critical fields.

With the responsibility to be a leader in the scientific community, *Academic Pediatrics* has developed a set of comprehensive strategies to improve our internal policies, procedures, and composition and establish a more intentional approach for our publications. *Academic Pediatrics* will take a number of steps to address the diversity of our Editorial Board and Editors. First, we will utilize forthcoming turnover in our Editorial Board to increase the Board's diversity. We will be substantially more proactive in recruiting from a very highly qualified and talented pool of UIM that clearly already exists. Recognizing the need to develop and nurture future Editors from diverse backgrounds, the journal will also establish a mentoring program to foster the development of junior UIM faculty interested in journal leadership. The journal will partner with the Academic Pediatric Association to develop a competitive application process for those interested. The

intended benefit of this program for participants is that it will position UIM junior faculty for future roles as Editors, both with *Academic Pediatrics* and other journals, and provide them with networking and mentoring opportunities with senior leaders in the field of academic pediatrics. For *Academic Pediatrics*, this program will bring diversity to our leadership and impactful perspectives to our strategic vision and operation as a journal. Our ultimate goal is that our leadership reflects the diversity of the children our readership serves.

To address journal content, *Academic Pediatrics* will implement both short-term and long-term strategies. In the next year, the journal will utilize at least 6 article types—Commentaries, Perspectives, Policy Commentaries, Narrative Reviews, In the Moment, and traditional research articles—to provide a broad lens on how the social construct of race and racism affect children, families, the health care workforce who serve them, and academic medicine. Long term, the journal will implement a bolder approach to advance the science on racism, unconscious bias, and diversity. We will continue to publish descriptive studies because it is essential to continue to monitor and highlight disparities, but we will prioritize evidence-based interventions and educational programs to address diversity and inclusion, equity, and racism. Although necessary to elucidate inequities, descriptive and exploratory studies alone are insufficient to dismantle ingrained structural forces that perpetuate societal inequities which ultimately impact health. These studies may foster incrementalism, but paradigm shifting, multidisciplinary, multisector science is needed.

Academic Pediatrics will push the boundaries toward solutions-oriented scholarship. This will include a Call for Papers on these topics encouraging prospective authors to submit manuscripts of all journal article types. We will also explore publishing a Supplement on Racism or part of an issue on Racism that will include our standard articles plus methodology pieces examining how to apply varying definitions of race/ethnicity, disparities, and equity to studies of racism and its effect on children and the lifespan. We will endeavor to amplify the impact of such articles by disseminating them through our social media channels. The Editorial Board and Editors will also partake in continuing education on the most advanced theoretical frameworks, methodologies, and statistical approaches informing high-quality research and scholarship on race and racism. We will consider modifications to editorial, publication, and reviewer guidelines to advance the rigor and impact of studies addressing these topics.

As our society grapples with the implications of what it means to declare racism a public health crisis, scientific journals have the opportunity to join a growing number of industries taking leadership in translating an aspirational agenda into meaningful action. For scientific journals, it starts with recognizing there is a corresponding scientific gap that merits attention and investment to foster more impactful studies on racism. At its core, *Academic Pediatrics* is committed to improving the health and well-being

of children and developing the futures of academic pediatricians and leaders through rigorous and innovative research. With these foundational principles, *Academic Pediatrics* will elevate our accountability as a journal to bolster our intellectual investment in the science and scholars with the potential to bring forth a more just and equitable society for all children and families. While we have no illusion that we hold all the right answers, our reflection is empowering us to start asking the right questions.

REFERENCES

1. Devakumar D, Selvarajah S, Shannon G, et al. Racism, the public health crisis we can no longer ignore. *Lancet*. 2020;395:e112–e113.
2. Dreyer BP. The Hate U Give: protecting children and families from racism, bias, discrimination, and hatred. *Acad Pediatr*. 2020;20:145–151.
3. Jones CP. Levels of racism: a theoretic framework and a gardener's tale. *Am J Public Health*. 2000;90:1212–1215.
4. Krieger N, Van Wye G, Huynh M, et al. Structural racism, historical redlining, and risk of preterm birth in New York City, 2013–2017. *Am J Public Health*. 2020;110:1046–1053.
5. Kullar R, Marcelin JR, Swartz TH, et al. Racial disparity of coronavirus disease 2019 (COVID-19) in African American Communities. *J Infect Dis*. 2020;222:890–893.
6. Webb Hooper M, Napoles AM, Perez-Stable EJ. COVID-19 and racial/ethnic disparities. *JAMA*. 2020;323:2466–2467.
7. Boyd RW. Police violence and the built harm of structural racism. *Lancet*. 2018;392:258–259.
8. Raphael JL, Beers LS, Perrin JM, et al. Public charge: an expanding challenge to child health care policy. *Acad Pediatr*. 2020;20:6–8.
9. Anderson AT, Luartz L, Heard-Garris N, et al. The detrimental influence of racial discrimination on child health in the United States. *J Natl Med Assoc*. 2020. In press.
10. Cave L, Cooper MN, Zubrick SR, et al. Racial discrimination and child and adolescent health in longitudinal studies: a systematic review. *Soc Sci Med*. 2020;250:112864.
11. Johnson TJ. Racial bias and its impact on children and adolescents. *Pediatr Clin North Am*. 2020;67:425–436.
12. Dixon G, Kind T, Wright J, et al. Factors that influence the choice of academic pediatrics by underrepresented minorities. *Pediatrics*. 2019;144:e20182759. <https://doi.org/10.1542/peds.2018-2759>.
13. Steinecke A, Terrell C. Progress for whose future? The impact of the Flexner Report on medical education for racial and ethnic minority physicians in the United States. *Acad Med*. 2010;85:236–245.
14. Sullivan LW, Suez Mittman I. The state of diversity in the health professions a century after Flexner. *Acad Med*. 2010;85:246–253.
15. Guevara JP, Adanga E, Avakame E, et al. Minority faculty development programs and underrepresented minority faculty representation at US medical schools. *JAMA*. 2013;310:2297–2304.
16. AAMC Faculty Roster, 2019. Available at: <https://www.aamc.org/data-reports/faculty-institutions/interactive-data/2019-us-medical-school-faculty>. Accessed July 1, 2020.
17. Association of American Medical Colleges. Altering the course: blackmales in medicine. 2015. Available at: <https://store.aamc.org/altering-the-course-black-males-in-medicine.html>. Accessed July 20, 2020.
18. Ackerman-Barger K, Boatright D, Gonzalez-Colaso R, et al. Seeking inclusion excellence: understanding racial microaggressions as experienced by underrepresented medical and nursing students. *Acad Med*. 2020;95:758–763.
19. Boyd RW, Lindo EG, Weeks LD, et al. On racism: a new standard for publishing on racial health inequities. *Health Aff Blog*. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>. Accessed September 15, 2020.