Dear BNGAP Family

February is observed as Black History Month in the United States and Canada. This month is an opportunity to: 1) reflect on the rich legacy of African American contributions to academic medicine; 2) look forward to a more just future under the promise of health equity; and 3) live out TODAY in a manner that rises to the great responsibility we all have to our current trainees, patients, and communities.

One of our most impactful responsibilities is in “shoring up” the leaky pipeline for the next generation of African American (and other URiM groups) who wished to enter medicine and academic careers. Relatedly on October 31, 2022, the Supreme Court of the United States (SCOTUS) heard oral arguments for two contentious affirmative action cases against Harvard University and the University of North Carolina (UNC). Early indications suggest there is a credible threat to such transformative practices as implementing “holistic review” of our trainee applicants, which considers race among other factors.

It cannot be overstated that in the midst of the SCOTUS re-visiting issues around affirmative action, disparities persist in the US medical workforce. While Black / African American-identifying individuals constitute ~13.4% of the US Population (per the 2019 US census), the AAMC recently published that in 2021, only 5.7% of all practicing physicians identified as Black or African American. The 2021 AAMC Faculty Roster further reports ~3.8% of US medical school faculty (full time) identify as Black or African American.

As we celebrate this month, let us also recommit to the mission of BNGAP while honoring the legacy of medical research trailblazers and social justice advocates who have fought similar battles in the past! Continue all that you’re doing in your individual spheres to make a difference and please keep supporting the work of BNGAP!

Yours in Service,

DENNIS SPENCER, MD, PHD
FOUNDING TREASURER AND EXECUTIVE BOARD MEMBER
BNGAP INC.
What it means to be a woman of color in academic medicine:

To be a woman on color in academic medicine is the courage to persist in our roles as physicians in delivering the story of medicine. It is overcoming obstacles like imposter syndrome, self doubt and the doubt of some you may work with, to play a role in advancing medicine from different angles. As a woman of color, being in academic medicine means success in scholarship in pursuit of scientific innovation and improved patient care.
The UAHS PRIDE Health Equity Alliance serves our five Health Sciences Colleges (Colleges of Medicine, College of Pharmacy, College of Nursing and College of Public Health) with campuses in Tucson and Phoenix. We strive to create and maintain a safe, inclusive, and equitable environment for LGBTQIA+ students, staff, faculty, residents, fellows, and patients. Our group aims to sustain visibility and foster a sense of community across our campuses and to provide programming and education on LGBTQIA+ issues that promotes a deeper understanding of the adversities and inequities faced by those who are marginalized. We are committed to building workplace equity, promoting student & staff leadership, and providing high-quality, culturally-congruent care to our patients. We take an interprofessional approach to our work and believe that we have a shared role in addressing and overcoming prejudice, bias and discrimination. We are committed to promoting equity and respect for all people and strive to build a community of inclusivity at the University of Arizona.

Founded in 2016, and recently renamed in 2022, the UAHS PRIDE Health Equity Alliance hosts multiple events to engage and educate our community about the health issues surrounding LGBTQIA+ people.

We invite you to partner with us in making the University of Arizona Health Sciences Campus a safer, inclusive, and affirming space for all. We look forward to the opportunity of continued engagement and partnership with campus and community colleagues. Please feel free to contact us for any questions or concerns.
This year, in partnership with the Center for Measurement Justice (CMJ), the National Board of Medical Examiners (NBME) will fund up to two outstanding advanced doctoral candidates so that they can devote themselves full-time to the completion of their dissertation.

The purpose of the CMJ-NBME Dissertation Fellowship is to promote antiracist assessment and measurement practices. Our goal is to inspire, prepare, and support a critical mass of measurement professionals and partners as they work towards a socially just assessment and measurement system in the medical and health fields.

The CMJ-NBME Fellowship Program is targeted for members of racial and ethnic groups historically underrepresented in measurement. This fellowship will provide opportunities for students to expand their networks, build research and career skills, and garner support in transitioning into professional roles.

Completed applications must be submitted electronically no later than 11:59PM EST on March 1st, 2023.

Decisions will be made no later than April 1, 2023. Fellowships may begin no earlier than June 1, 2023.

Check out CMJ's website to apply here: https://lnkd.in/eBc7-PjF
The US physician workforce does not reflect the racial and ethnic makeup of the country’s population, despite efforts to promote diversity. Becoming a physician requires significant time and financial investment, and populations that are underrepresented in medicine have also been excluded from building wealth. Understanding the differential burden of debt by race and ethnicity may inform strategies to improve workforce diversity. We used 2014–19 data on postgraduate resident trainees from the Association of American Medical Colleges to examine the association between race and ethnicity and debt independent of other demographics and residency characteristics. Black trainees were significantly more likely to have every type of debt than the overall sample and all other racial and ethnic groups (96 percent of Black trainees had any debt versus 83 percent overall; 60 percent had premedical education loans versus 35 percent overall, and 50 percent had consumer debt versus 25 percent overall). American Indian/Alaska Native, Hispanic, and Native Hawaiian/Pacific Islander trainees were more likely to have debt compared with White and Asian trainees. Overall, debt prevalence decreased over time and varied by specialty; however, for Black trainees, debt decreased minimally over time and was stable across specialties. Scholarships, debt relief, and financial guidance should be explored to improve diversity and inclusion in medicine across specialties.

Link to article: [HERE](#)
NEW OPPORTUNITY! NOMINATE YOURSELF OR A COLLEAGUE FOR AN AAMC AWARD

ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC)

The AAMC annually recognizes and celebrates members of the academic medicine community who make significant advances in medical education, patient care, research, community engagement, and diversity in health care. You are encouraged to submit nominations for the AAMC Award for Excellence in Medical Education, the Award for Distinguished Research in the Biomedical Sciences, the Louis W. Sullivan, MD, Award, and the Robert Wood Johnson Foundation David E. Rogers Award, as the deadline for these awards is Jan. 27 at 11:59 p.m. ET. These tips and a recent webinar offer guidance on preparing a compelling nomination. You can also learn more about past recipients of the awards and hear how their contributions to academic medicine align with those of you, your colleagues, and institutions. In addition to these opportunities, the AAMC has other award categories that might be of interest to you. Please note that the AAMC continually strives to attract a diverse pool of nominees for its awards. Diversity as a core value embodies inclusiveness, mutual respect, and multiple perspectives. It also serves as a catalyst for change resulting in health equity. In this context, the AAMC is mindful of all aspects of human differences such as socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography, disability, and age.

Feel free to contact me, or Krystle McCloney at the AAMC at kmccloney@aamc.org if you have any questions. We’re already looking forward to reading your submissions!
HONOLULU - The American Medical Association will urge medical schools and physician training programs to remove discriminatory questioning regarding American Indian and Alaska Native blood quantum from the medical education application process, according to new policy adopted today by the nation’s physicians and medical students at the Interim Meeting of the AMA House of Delegates.

The mathematical blood quantum—the amount of “native blood” in a person’s ancestry—was implemented by the federal government requiring the Bureau of Indian Affairs (BIA) to issue a Certificate Degree of Indian Blood (CDIB) as evidence of Native American ancestry. Blood quantum has been a topic of controversy as a relic of government policy that continues to marginalize these populations.

“Questioning American Indian and Alaskan Natives about their blood quantum is a barrier for applicants pursuing medical education, further exacerbating the shortage of American Indian medical trainees,” says AMA Board Member, Madelyn E. Butler, M.D. “Our AMA supports the creation of culturally safe interview environments to reduce racial biases and advocates for the inclusion of American Indians and Alaskan Natives in established medical training programs.”

In the two years, the AMA House of Delegates has adopted numerous policies that explicitly acknowledge racism’s role in perpetuating health inequities and inciting harm against historically marginalized communities. These AMA policies include acknowledging racism as a public health threat, removing race as a proxy for biology and eliminating racial essentialism in medicine.

Through research, collaborations, advocacy, and leadership, the AMA is working to advance a strategic plan to drive racial justice and health equity to achieve optimal health for all.
The LGBT Health Workforce Conference is the largest and most well known national LGBT health workforce conference in the United States held annually in New York City. The conference provides an overview of up-to-date practices (climate, educational, research, and clinical) in preparing the health care workforce to address the health concerns and disparities of lesbian, gay, bisexual, and transgender (LGBT) communities. This conference is designed for health professionals (M.D., D.O., P.A.-C., R.N., N.P., D.D., social workers, psychologists, etc.), educators, and students (pre-health professions, professional schools, and graduate), but all interested are invited to attend. CME credit will be available.

For more information: [http://bngap.org/lgbthwfconf/](http://bngap.org/lgbthwfconf/)
Abstract Submission Site: [Abstracts due January 1, 2023](http://bngap.org/lgbthwfconf/)
**Why is it important to promote diversity and inclusion in the academic medicine workforce?**

“Diversity and inclusion in academic medicine are **essential for building up the next generation** of culturally competent physicians. The support from a diverse academic medicine community leads to **culturally competent physicians** who can work to improve health disparities within our country.”

**Katlynn Kenon**  
Nova Southeastern University  
Dr. Kiran C. Patel College of Allopathic Medicine