

SBM statement on the critical importance of diversity in the health care and behavioral medicine workforce

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Greater inclusion of individuals from diverse backgrounds within the behavioral and biomedical health and scientific workforce improves the impact of science (1) and may help accelerate closing racial/ethnic inequities we see in chronic disease, cancer, and mental health outcomes. Further, racial concordance between patients and providers has been shown to be significantly associated with patient satisfaction with care (2). With more than half (63.9%) of the active physician workforce identifying as White (3), educational and career pipeline efforts to increase the diversity of the health care workforce are enormously important. The perspectives and lived experiences of people from multiple different backgrounds within our field shape the progress of research, practice, and policy that help our society realize the fundamental principle of equity for all.

The decision by the U.S. Supreme Court in *Students for Fair Admissions v. President and Fellows of Harvard College* and *Students for Fair Admissions v. University of North Carolina* takes away one tool within the toolbox (consideration of race/ethnicity among other factors in college admissions) to help correct the historical injustices that have led to underrepresentation of individuals from minoritized backgrounds in behavioral and biomedical sciences. In fact, the evidence has shown that the decision of the Supreme Court that removes holistic approaches to higher education admissions ultimately leads to less diversity within the student body, not more (4, 5).

The Society of Behavioral Medicine (SBM) remains committed to the principle that many of the inequities in health and well-being that we see across several conditions require innovative and critical input that only a diverse workforce can provide. We are unwavering in our stance that building diversity and advancing inclusiveness of our workforce are necessary, though not sufficient, to addressing the inequities perpetuated by racism, both historical and present-day, that we see now and in the future. SBM does and will continue to support and sponsor a myriad of efforts that are directionally aligned with building diversity and advance inclusiveness of the health care and behavioral medicine workforce.

1. AlShebli, B.K., Rahwan, T. & Woon, W.L. The preeminence of ethnic diversity in scientific collaboration. *Nat Commun* 9, 513 (2018). <https://doi.org/10.1038/s41467-018-07634-8>
2. Takeshita, J., Wang, S., Loren, A.W., Mitra, N., Shults, J., Shin, D.B., & Sawinski, D.L. Association of Racial/Ethnic and Gender Concordance Between Patients and Physicians With Patient Experience Ratings. *JAMA Network Open*, 3(11), 2020. doi:10.1001/jamanetworkopen.2020.24583
3. American Medical Association. AMA Physician Masterfile (Dec. 31, 2021).
4. Zachary Bleemer, Affirmative Action, Mismatch, and Economic Mobility after California's Proposition 209, *The Quarterly Journal of Economics*, Volume 137, Issue 1, February 2022, Pages 115–160, <https://doi.org/10.1093/qje/qjab027>
5. Lynch, T.G., Elwood, J.P., Kobersy, M.A, Wirth Arnold, S.K., and Scholer, K. Nos.20-1199 & 21-707. Brief for the University of Michigan As Amicus Curiae in Support of Respondents.

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