



Representation of Racial/ Ethnic Minority Individuals in the Leadership of Major Medical Journals

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Representation of Racial/ Ethnic Minority Individuals in the Leadership of Major Medical Journals

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Abstract

Medical journals play an important role in achieving health equity by diversifying their leadership, but there is a dearth of published data on how they are faring. The objective of this study was to assess the proportions of the underrepresented in medicine (UIM) racial/ ethnic minorities in medical journal leadership. We pre-selected 6 prominent general medicine journals, 9 prominent specialty journals, and 5 “control” journals (covering public health, health equity, and bench research), assembled names of all editors/ editorial board members listed on the website-based journal mastheads and used major public internet search engines to obtain information about sex, race, and ethnicity. We searched the journal databases for all articles published on racial/ethnic disparities or health equity by each journal between January 2015 to October 2020. Among general medicine journals, there were no UIM Editors-in-Chief or Deputy Editors; 1 (2%) Black and 3 (5%) Hispanic among Associate Editors (n=65); and 8 (6%) Black, and 2 (2%) Hispanic among Editorial Board Members (n=136). Among specialty journals, there were no UIM Editors-in-Chief; 3 (7%) Black and 0 (0%) Hispanic Deputy or Associate Editors (n=43); 6 (6%) Black and 5 (5%) Hispanic Editorial Board Members (n=105). Among “control” journals, there were Black Editors-in-Chief, but no Hispanic Editors-in-chief; 7 (8%) Black and 1 (1%) Hispanic Deputy and Associate editors (n=86); 43 (47%) Black and 3 (3%) Hispanic Editorial Board Members (n=92). There is considerable room for improvement to enhance the involvement of UIM racial/ethnic minority individuals in leadership of prominent general and specialty medical journals.

Keywords

underrepresented in medicine; health equity; racial/ ethnic disparities

Cover Page Footnote

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ABSTRACT

Medical journals play an important role in achieving health equity by diversifying their leadership, but there is a dearth of published data on how they are faring. The objective of this study was to assess the proportions of the underrepresented in medicine (UIM) racial/ ethnic minorities in medical journal leadership. We pre-selected 6 prominent general medicine journals, 9 prominent specialty journals, and 5 “control” journals (covering public health, health equity, and bench research), assembled names of all editors/ editorial board members listed on the website-based journal mastheads and used major public internet search engines to obtain information about sex, race, and ethnicity. We searched the journal databases for all articles published on racial/ethnic disparities or health equity by each journal between January 2015 to October 2020. Among general medicine journals, there were no UIM Editors-in-Chief or Deputy Editors; 1 (2%) Black and 3 (5%) Hispanic among Associate Editors (n=65); and 8 (6%) Black, and 2 (2%) Hispanic among Editorial Board Members (n=136). Among specialty journals, there were no UIM Editors-in-Chief; 3 (7%) Black and 0 (0%) Hispanic Deputy or Associate Editors (n=43); 6 (6%) Black and 5 (5%) Hispanic Editorial Board Members (n=105). Among “control” journals, there were Black Editors-in-Chief, but no Hispanic Editors-in-chief; 7 (8%) Black and 1(1%) Hispanic Deputy and Associate editors (n=86); 43 (47%) Black and 3 (3%) Hispanic Editorial Board Members (n=92). There is considerable room for improvement to enhance the involvement of UIM racial/ethnic minority individuals in leadership of prominent general and specialty medical journals.

Keywords: underrepresented in medicine; health equity; racial/ ethnic disparities

INTRODUCTION

Achieving health equity will require intensified efforts from policymakers at all levels in the practice of medicine, pursuit of social justice in healthcare, and conduct of science.(Christens et al., 2019) However, when it comes to the conduct of science, there remains substantial challenges in prioritizing initiatives aimed at eliminating health disparities. (Carnethon et al., 2020) In particular, overcoming these disparities will probably take a more diverse biomedical workforce to help.(Carnethon et al., 2020) This is because individuals traditionally underrepresented in medicine (UIM),(*Diversity and Inclusion: Underrepresented in Medicine Definition*, 2020) African-Americans, Latinx, Native Americans (i.e. American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans, are more likely to engage in translation of research discoveries to underserved areas and vulnerable populations as they may be adversely impacted.(Carnethon et al., 2020) However, there is a persistent paucity of these individuals in academic medicine, (Castillo-Page., 2010; Diaz et al., 2020; Guevara et al., 2013; Koenig, 2009) primarily because they are less likely to receive research grants, (Fleming et al., 2013; Ginther et al., 2011) are less likely to be promoted,(Nivet et al., 2008) (Anderson. & Lang., 2008) report lower career satisfaction, and have higher attrition than academics who are not under-represented.(Mahoney et al., 2008; Peterson et al., 2004) Proffered explanations for this lingering racial/ethnic underrepresentation has been attributed to structural racism, implicit bias, promotion disparities, lack of mentorship, and lack of UIMs in leadership positions.(Cerdena et al., 2020; Dixon et al., 2019; Johnson et al., 2017; Price et al., 2009; Rodriguez et al., 2014)

As key avenues for disseminating advances in clinical sciences and health care, as well as facilitating career advancement in academic medicine, medical journals could play a key role in addressing diversity in healthcare and promoting health equity.(Ogedegbe, 2020) Broader representation on editorial boards might raise the spotlight on health equity and foster career advancement for UIMs.(Ogedegbe, 2020) Additionally, many prominent academic journals lack transparency in their diversity as they do not publish statistics regarding representation of editors or publications addressing these issues. ²⁵ In this study, we assessed proportions of UIM in prominent medical journal leadership and recently published articles on health equity and workforce diversity in these journals.

METHODS

Selection of Journals

Six major medical academic journals covering multiple disciplines and with high 2019 impact factors (impact factor > 10 per the International Scientific Indexing - <http://isi-impactfactor.com>) were selected: New England Journal of Medicine (NEJM), Annals Internal Medicine, PLOS Medicine, JAMA, JAMA Network Open, and JAMA Internal Medicine. Next, a network of prestigious specialty journals was identified. Nine JAMA specialty Journals were selected. Finally, five “control” journals were selected to reflect the areas of disparities, public health, and basic/translational sciences. These journals were the Journal of Racial and Ethnic Health Disparities, American Journal of Public Health, Journal of Health Care for the Poor and Underserved, Proceedings of the National Academy of Sciences, Journal of Clinical Investigation.

Search for Demographic Data. We identified the websites of all included journals. Journal databases and listed mastheads were searched for the editor-in-chief, deputy editor(s), associate

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editor(s), and the editorial board members. Each editor's bio, picture, languages spoken, and place of education were searched using multiple internet search engines (Google, Bing, Yahoo) to identify race and ethnicity. When unable to identify the specific race of researchers, they were counted in a broad People of Color (POC) category which was created to mitigate errors.

Search for Health Equity and Workforce Diversity Articles. Articles in racial/ ethnic disparities, health equity, and academic/ workforce diversity were identified through searches of each journal's database. Key terms included "racial disparities", "health equity" and "workforce diversity". The search was limited to publications from the last five years (January 1, 2015 to October 20, 2020). The article searches included in this study operated under the assumption that journals with more UIM editors, will have more publications on these topics in comparison.

RESULTS

Editors-in-Chief

Altogether, there were twenty medical, specialty, and "control" journals evaluated (Tables 1-3). Among the twenty journals, 9 (45%) had female editors-in-chief in comparison to the 11 (55%) male editor-in-chiefs. None of the Chief Editors of the six leading general medical journals were UIMs. None of the nine Chief Editors of the JAMA specialty journals were UIMs. The chief editor for the Journal of Racial and Ethnic Health Disparities was Black, as was the current acting Chief Editor for the Journal of Clinical Investigation. Overall, seventeen of the twenty journals examined (85%) had non-Hispanic White Chief Editors.

Deputy and Associate Editors

There were eighty-four (n=84) deputy and associate editors among the six general medical journals, 1 (1%) was Black, 10 (12%) were Asian, 5 (6%) were POC, and 3 (4%) were Hispanic (Tables 1-2). There were forty-three (n=43) deputy and associate editors among the JAMA specialty journals, 3 (7%) were Black, 10 (23%) were Asian, and 1 (2%) was a POC. There were eighty-six (n=86) deputy and associate editors among the five control journals, 7 (8%) were Black, 7 (8%) were Asian, 5 (6%) were POC, and 1 (1%) was Hispanic (Table 3).

Editorial Boards

There were one hundred and thirty-six (n=136) editorial board members among the six general medical journals, 8 (6%) were Black, 25 (18%) were Asian, 1 (<1%) were POC, and 2 (2%) were Hispanic (Table 1-2). There were one hundred and five (n=105) editorial board members among the JAMA specialty journals, 6 (6%) were Black, 19 (18%) were Asian, 3 (3%) were POC, and 5 (5%) were Hispanic (Table 2). Finally, there were ninety-two (n=92) editorial board members among the "control" journals, 43 (47%) were Black, 7 (8%) were Asian, 2 (2%) were Native American, 2 (2%) were POC, and 3 (3%) were Hispanic (Table 3).

Racial/ Ethnic Disparities, Health Equity, and Workforce Diversity Publications

The "control" journals had the highest number of racial/ ethnic disparities and health equity publications, while the JAMA journals had the lowest number of publications (Tables 1-3). Several specialty journals had no publications whatsoever on workforce diversity during the >5-year study period.

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Table 1. Representation among Journals (n=3)

Journal	Editor in Chief and/or Executive Editor	Deputy Editor(s)	Associate Editor(s)	Editorial Board	Other Editor Positions	Articles published on racial/ethnic disparities or racial health equity in last 5 years	Articles published on academic workforce diversity in last 5 years
NEJM	Number: 2 Male 1 (50%) Female 1 (50%) Race: White 2 (100%) Hispanic Ethnicity: 0	Number: 7 Male: 3 (43%) Female: 4 (57%) Race: Black 0; White 7 (100%) Hispanic Ethnicity: 0	Number: 8 Male 5 (62.5%) Female 3 (37.5%) Race: White 6 (75%); Asian 2 (25%) Hispanic Ethnicity: 1 (12%)	Number: 16 Male 12 (75%) Female 4 (25%) Race: Black 2 (12.5%); White 14 (87.5%) Hispanic Ethnicity: 0	Number: 3 (Editorial Fellows) Male: 1 (33%) Female: 2 (67%) Race: White 1 (33%); Other POC 2 (67%) Hispanic Ethnicity: 0	Racial/Ethnic disparities: 67 results Perspective articles- 39 Research- 9 Commentary- 8 Review- 3 Other 8- Health Equity: 86 results Perspective articles- 62 Commentary- 13 Research-4 Review-2 Clinical Cases-1 Other- 4	Workforce Diversity: 15 results Perspective- 9 Commentary- 4 Research- 1 Other- 1
Ann Int. Med	Number: 1 Female 1 (100%) Race: White 1 (100%) Hispanic Ethnicity: 0	Number: 6 Male 3 (50%) Female 3 (50%) Race: White 4 (67%); Asian 2 (33%) Hispanic Ethnicity: 0	Number: 18 Male 13 (72%) Female 5 (28%) Race: White 14 (78%); Asian 1 (5%); Other POC 3 (17%) Hispanic Ethnicity: 1 (possibly)	Number: 15 Male 8 (53%) Female 7 (47%) Race: Black 2 (13%); White 11 (73%); Asian 2 (13%) Hispanic Ethnicity: 0	Not Applicable	Racial/Ethnic disparities: 127 results Research article- 42 Other- 31 Article Commentary- 22 Letter- 15 Editorial- 12 Review Article- 5 Health Equity: 87 results Other- 36 Editorial- 16 Article Commentary- 10 Letter- 10 Research article- 8 Review article- 7	Workforce Diversity: 16 results Other- 7 Editorial- 4 Letter- 2 Article commentary- 1 Research article- 1 Review article- 1

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PLOS Med	<p>Number: 1</p> <p>Female 1 (100%)</p> <p>Race: White 1 (100%)</p> <p>Hispanic Ethnicity: 0</p>	<p>Number: 3</p> <p>Male 2 (67%)</p> <p>Female 1 (33%)</p> <p>Race: White 1 (33%); Other POC: 2 (67%)</p>	<p>Number: 3</p> <p>Male 1 (33%)</p> <p>Female 2 (67%)</p> <p>Race: White 3 (100%)</p> <p>Hispanic Ethnicity: 0</p>	<p>Number: 63</p> <p>Male 41(65%)</p> <p>Female 22 (35%)</p> <p>Race:</p> <p>Black 1 (2%)</p> <p>White 45 (71%)</p> <p>Asian 17 (27%)</p> <p>Hispanic Ethnicity: 1</p>	Not Applicable	<p>Racial/Ethnic disparities: 282 results</p> <p>Research article- 211</p> <p>Perspectives- 25</p> <p>Policy Forum- 16</p> <p>Essay- 12</p> <p>Editorial- 10</p> <p>Collection Review- 4</p> <p>Guidelines and Guidance- 3</p> <p>Health in Action- 1</p> <p>Health Equity: 168 results</p> <p>Research article- 103</p> <p>Perspective- 17</p> <p>Collection review- 11</p> <p>Editorial- 8</p> <p>Other- 31</p>	<p>Workforce Diversity:</p> <p>28 results for academic workforce diversity</p> <p>Research article- 22</p> <p>Other- 6</p>
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Table 2. Representation among JAMA Journals (n=3)

Journal	Editor in Chief and/or Executive Editor	Deputy Editor(s)	Associate Editor(s)	Editorial Board	Other Editor Positions	Articles published on racial/ethnic disparities or racial health equity in last 5 years	Articles published on academic workforce diversity in last 5 years
JAMA	Number: 1 Male: 1 (100%) Race: White 1 (100%) Hispanic Ethnicity: 0	Number: 6 Male 4 Female 2 White 6 (100%) Hispanic Ethnicity: 0	Number: 21 Male: 15 (71%) Female: 6 (29%) Race: White 18 (86%); Asian 2 (10%) Hispanic: 1 (4%)	Number: 17 Male: 12 (71%) Female: 5 (29%) Black: 2 (12%) White: 12 (71%) Asian 2 (12%) Hispanic: 1 (5%)	Not Applicable	Racial/Ethnic disparities: 52 results Opinion- 24 Research- 11 News- 7 Letter- 5 Humanities- 1 Review-1 Health Equity: 61 results Opinion- 37 News- 12 Letter- 5 Research 5	Workforce Diversity: 5 Opinion- 3 News-1 Research-1
JAMA Network Open	Number: 1 Male 1 (100%) Race: White 1 (100%) Hispanic Ethnicity: 0	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 11 Male 5 (45%) Female 6 (55%) Race: Black 1 (9%); White 8 (73%) ; Asian 2 (18%) Hispanic Ethnicity: 0	Number: 9 Male 5 (56%) Female 4 (44%) Race: Black 1 (11%); White 5 (56%); Asian 3 (33%) Hispanic Ethnicity: 0	Not Applicable	Racial/Ethnic disparities: 50 results Research- 43 Opinion- 6 Figure-1 Health Equity: 37 results Research- 22 Opinion- 11	Workforce Diversity: 5 Article- 5
JAMA Int Med	Number: 1 Female 1 (100%) White 1 (100%) Hispanic Ethnicity: 0	Number: 2 Male 1 (50%) Female 1 (50%) Race: White 2 (100%) Hispanic Ethnicity: 0	Number: 4 Male 3 (75%) Female 1 (25%) Race: White 3 (75%); Asian 1 (25%) Hispanic Ethnicity: 0	Number: 16 Male 6 (37%) Female 10 (63%) Race: White 14 (88%); Asian 1 (6%); Other POC 1 (6%)	Number: 2 (Statistical Editors) Male 2 (100%) Race: White 2 (100%) Hispanic Ethnicity: 0	Racial/Ethnic disparities: 21 results Research- 11 Letter- 5 Opinion- 4 Figure- 1 Health Equity:	Workforce Diversity: 2 Article- 2

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				Hispanic Ethnicity: 0		11 results Opinion- 5 Research- 5 Letter- 1	
JAMA Specialty Journals (n=9)							
JAMA Cardiology	Number: 1 Male 1 (100%) Race: White 1 (100%) Hispanic Ethnicity: 0	Number: 3 Male 3 (100%) Race: White 2 (67%) Black 1 (33%) Hispanic Ethnicity: 0	Number: 8 Male 6 (75%) Female 2 (25%) Race: White 5 (62.5%) Black 0 Asian 3 (37.5%)	Number: 10 Male 9 (90%) Female 1 (10%) Race: White 9 (90%) Black 1 (10%)	Not applicable	Racial/ Ethnic Disparities: 18 results Research- 12 Opinion- 5 Letter- 1 Health Equity: 4 results Article- 4	Workforce diversity: 1 result Research- 1
JAMA Dermatology	Number: 1 Female 1 (100%) Race: Asian 1 (100%) Hispanic Ethnicity 0	Number: 1 Female 1 (100%) Race: White 1 (100%) Hispanic Ethnicity: 0	Number: 4 Male 3 (75%) Female 1 (25%) Race: White 2 (50%) Black 1 (25%) Asian 1 (25%) Hispanic Ethnicity: 0	Number: 6 Male 4 (67%) Female 2 (33%) Race: White 3 (50%) Black 1 (17%) Asian 2 (33%)		Racial/ Ethnic Disparities: 4 results Article- 4 Health Equity: 1 result Article- 1	Workforce diversity: 4 results Research- 3 Opinion- 1
JAMA Health Forum- editors/ editorial board was not listed on website							
JAMA Neurology	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 1 Male 1 (100%) Race: POC 1 (100%)	Number: 5 Male 4 (80%) Female 1 (20%) Race: White 3 (60%) Asian 2 (40%)	Number: 13 Male 9 (70%) Female 4 (30%) Race: White 11 (85%) Asian 2 (15%) Hispanic Ethnicity: 1 (7%)		Racial/ Ethnic Disparities: 13 results Research- 9 Letter- 2 Opinion- 2 Health Equity: 1 result Research- 1	Academic workforce diversity/ workforce diversity: 0 results
JAMA Oncology	Number: 1 Female 1 (100%) Race: White 1 (100%)	Number: 2 Male 2 (100%) Race: White 1 (50%) Black 1 (50%)	Number: 3 Male 2 (67%) Female 1 (33%) Race: White 2 (67%) Asian 1 (33%)	Number: 11 Male 9 (82%) Female 2 (18%) Race: White 8 (73%) Asian 3 (27%)		Racial/ Ethnic Disparities: 25 results Research- 18 Letter- 3 Opinion- 3 Review- 1 Health Equity: 4 results Research- 2 Letter- 1	Workforce diversity: 1 result Article- 1

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						Review- 1	
JAMA Ophthalmology	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 2 Male 2 (100%) Race: White 2 (100%)	Not applicable	Number: 11 Male 5 (45%) Female 6 (55%) Race: White 8 (73%) Black 1 (9%) Asian 2 (18%) Hispanic Ethnicity: 1 (11%)		Racial/ Ethnic Disparities: 7 results Research- 5 Opinion- 2 Health Equity: 3 results Article- 3	Academic workforce diversity/ workforce diversity: 0 results
JAMA Otolaryngology Head & Neck Surgery	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 2 Male 1 (50%) Female 1 (50%) Race: White 1 (50%) Asian 1 (50%)	Number: 3 Male 1 (33%) Female 2 (67%) Race: White 3 (100%)	Number: 9 Male 8 (89%) Female 1 (11%) Race: White 6 (67%) Black 1 (11%) Asian 2 (22%) Hispanic Ethnicity: 1 (11%)		Racial/ Ethnic Disparities: 9 results Research- 8 Letter- 1 Health Equity: 2 results Article- 2	Academic workforce diversity/ workforce diversity: 0 results
JAMA Pediatrics	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 3 Female 3 (100%) Race: White 3 (100%)	Number: 14 Male 7 (50%) Female 7 (50%) Race: White 11 (79%) Black 1 (9%) Asian 2 (14%) Hispanic Ethnicity: 1 (7%)		Racial/ Ethnic Disparities: 24 results Research- 14 Opinion- 9 Review- 1 Health Equity: 16 results Opinion- 8 Research- 6 Letter- 2	Academic workforce diversity/ workforce diversity: 0 results
JAMA Psychiatry	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 1 Male 1 (100%) Race: White 1 (100%)	Number: 1 Female 1 (100%) Race: White 1 (100%)	Number: 16 Male 11 (69%) Female 5 (31%) Race: White 14 (87.5%) Black 1 (6.25%) Asian 1 (6.25%) Hispanic Ethnicity: 1 (6.25%)		Racial/ Ethnic Disparities: 5 results Opinion- 4 Research- 1 Health Equity: 4 results Opinion- 3 Research- 1	Academic workforce diversity/ workforce diversity: 0 results

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JAMA Surgery	Number: 1 Female 1 (100%) Race: White 1 (100%)	Number: 3 Male 2 (67%) Female 1 (33%) Race: White 1 (33%) Asian 2 (67%)	Not applicable	Number: 15 Male 13 (87%) Female 2 (13%) Race: White 7 (47%) Asian 5 (33%) Other POC 3 (20%)		Racial/ Ethnic Disparities: 17 results Research- 10 Opinion-5 Letter- 1 Review- 1 Health Equity: 6 results Opinion- 4 Research- 2	Workforce diversity: 2 results Article- 2
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Table 3. “Control” Journals (n=5)

Journal	Editor in Chief	Deputy Editor(s) or Editorial Assistants	Associate Editor(s)	Editorial Board	Articles published on racial/ethnic disparities or racial health equity in last 5 years	Articles published on academic workforce diversity in last 5 years
Journal of Racial and Ethnic Health Disparities	Number: 1 Sex: Male 1 (100%) Race: 1 Black (100%) Hispanic Ethnicity: 0	Number: 2 Male: 2 (100%) Race: White 1 (50%) Asian 1 (50%) Hispanic Ethnicity: 0	Number: 3 Male: 2 (67%) Female: 1 (33%) Race: Black 2 (67%); White 1 (33%) Hispanic Ethnicity: 0	Number: 31 Male: 19 (61%) Female: 12 (39%) Black: 26 (84%) White: 5 (16%) Hispanic Ethnicity: 0	Racial/Ethnic disparities: 846 Articles Health Equity: 159 Articles	Academic Workforce Diversity: 23 Articles
American Journal of Public Health	Number: 1 Sex: Male 1 (100%) Race: White (100%) Hispanic Ethnicity: 0	Number: 3 Male: 1 (33%) Female: 2 (67%) Race: White 1 (33.3%); Asian 1 (33.3%); Other POC 1 (33.3%)	Number: 18 Male: 13 (72%) Female: 5 (28%) Race: Black 2 (11%); White 13 (72%) Asian 2 (11%) Hispanic Ethnicity: 1 (6%)	Number: 16 Male: 5 (31%) Female: 11 (69%) Race: Black 2 (13%); White 8 (50%); Asian 5 (31%); Other POC 1 (6%) Hispanic Ethnicity: 1 (6%)	Racial/Ethnic disparities: 794 Articles Original Article - 481 Editorial- 208 Review - 28 Commentary – 42 Others (letter, book review, other, correction chapter, discussion)- 35 Health Equity: 534 Articles Editorial- 227 Article- 194 Commentary- 47 Review Article- 19 Other- 47	Academic Workforce Diversity: 71 Articles Original Article- 30 Editorial- 19 Review - 5 Commentary – 16 Letter- 1

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Journal of Health Care for the Poor and Underserved	Number: 1 Sex: Female 1 (100%) Race: White 1 (100%)	Number: 3 Female: 3 (100%) Race: Black 2 (67%); White 1 (33%) Hispanic Ethnicity: 0	Not applicable	Number: 30 Male 20 (67%) Female 10 (33%) Race: Black 15 (50%) White 9 (30%) Asian 2 (6.7%) Native American 2 (6.7%) Hispanic Ethnicity: 2 (6.7%)	Racial/Ethnic disparities: 317 Articles Original article- 317 Health Equity: 181 Articles Original Article- 181	Academic Workforce Diversity: 24 Articles Original Article- 24
Proceedings of the National Academy of Sciences	Number: 1 Female: 1 (100%) White: 1 (100%) Hispanic Ethnicity: 0	Not applicable	Number: 13 Male: 5 (38%) Female: 8 (62%) Race: White 12 (92%); Other POC 1 (8%) Hispanic Ethnicity: 0	Not applicable	Racial/Ethnic disparities: 113 Original Articles- 112 Tables- 1 Health Equity: 290 results Original Articles- 280 Figures- 3 Tables- 3	Academic Workforce Diversity: 59 Articles
Journal of Clinical Investigation	Number: 1 Male 1 (100%) Race: Black 1 (100%) Hispanic Ethnicity: 0	Number: 3 Male 3 (100%) Race: White 3 (100%) Hispanic Ethnicity: 0	Number: 41 Male 30 (73%) Female 11 (27%) Race: Black 1 (2%); White 34 (83%); Asian 3 (7%); Other POC 3 (7%) Hispanic Ethnicity: 0	Number: 5 (Editorial Advisory Group Members) Male 3 (60%) Female 2 (40%) Race: White 5 (100%) Hispanic Ethnicity: 0	Racial/Ethnic disparities: 65 results Feature- 27 Research-30 Review-8 Health Equity: 2 results	Workforce Diversity: 2 results

DISCUSSION

The under-representation of certain demographic groups in healthcare and academic medicine is well known and long-standing.(Crockett, 2014; Estape-Garrastazu et al., 2014; Thakore et al., 2014) While there has been some welcome progress for women advancing in the biomedical sciences, this has not been the case for UIM racial/ethnic minorities.(Estrada et al., 2016; Layton et al., 2016) Medical journals could lead in this area by tracking and publishing racial representation on their websites to provide greater transparency, accountability, and motivation.

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Across twenty journals examined, there were only 10 Hispanic editors and only one journal had 2 Native American editors. Black editors were also grossly underrepresented, there were 68 Black editors among all twenty journals, however, 41 of those Black editors were at two journals (Journal of Racial and Ethnic Health Disparities and the Journal of Health Care for the Poor and Underserved). While there have been calls for such transparency, journals have failed to do so.²⁵ If journals are not closely monitoring their own racial statistics, they will be unable to identify opportunities to improve their workforce diversity and address the broader issue of bridging healthcare disparities.

In addition, several medical journals including the NEJM have Editorial Fellowships, which offer avenues for early-career individuals to gain perspectives into the peer review process by learning directly from experienced journal editors. During these programs, Editorial Fellows join all of a Journal's editorial processes, read assigned manuscripts, choose appropriate reviewers, assess the quality of the reviews, and assist in making decisions. These fellows are often later invited to join the Editorial Boards of these journals. If more medical journals could make a concerted effort to create channels for UIMs to understudy editorial processes, this could create a steady pipeline of editorially seasoned individuals to subsequently join editorial boards, and finally even senior editor teams. An additional advantage of such fellowships is that these individuals can potentially become better readers and, subsequently better writers of manuscripts and grants, thereby enhancing their own career advancement and expanding our pool of researchers seeking to address important healthcare questions.

As suggested by our analysis, the higher the UIM representation in editor positions, the more likely the journal will publish on topics pertaining to racial/ ethnic disparities and health equity. This is evident with journals such as the Journal of Racial and Ethnic Disparities where 84% of the editorial board is Black and this journal has the highest number of publications in racial and ethnic disparities. Similarly, the American Journal of Public Health has an editorial board that is 50% White Editors, and the other 50% is made up of UIM editors, they have the highest number of health equity publications. In contrast, the data shows that with journals like JAMA Internal Medicine, when there are no Black individuals in senior editor positions, there is a lower number of publications in topics regarding racial disparities, health equity, and workforce diversity. Other journals must actively work to reflect the demographics of society in both their editors and publications.

This study has limitations. First, the information was obtained from online sources and publicly accessible journal databases but not through a formal survey of the journals evaluated. We anticipated that given the topic and competing priorities for journals, full and timely responsiveness was unlikely, and may have made the results harder to interpret. Second, identifying race and ethnicity-based on extensive internet exploration could lead to a misclassification bias, but we suspect that if this happened it was small, and would not have meaningfully changed the results.

In conclusion, progress in addressing healthcare inequities will require the dedicated involvement of all major stakeholders in healthcare and academic medicine. In this descriptive analysis, based on internet-based searches, we observed that there is considerable room for

improvement to enhance the involvement of UIM racial/ethnic minority individuals in leadership of prominent general and key specialty medical journals.

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