Summary to address Reviewers’ comments

Help Wanted: Racial and Ethnic Minorities in the U.S. Global Health Workforce

*Part I. Introduction*

**Reviewer 1**

**Comments:**  Although the topic is noteworthy, the introduction as presented seemed to convey that the lack of minorities is related to discrimination in some way shape or form.

**Response:** I appreciate the reviewer’s point of view, but I disagree. I do not believe that I characterized the problem in this way nor did I ever suggest that discrimination is the primary reason for the lack of minority participation in the U.S. global public health workforce. In fact, the word discrimination is not used or implied at all. This section describes the need to train as many health workers as possible because of the global shortage and to think about new strategies to increase our human resources. I pull together various federal and organizational documents and summarize findings from their reports and other reliable secondary sources. The narrative describes the observations, the opinions, policies, and current profiles, demographics and statistics published by these organizations to summarize what is known about minority participation in the U.S. Global Public Health workforce. It is does not assign blame but is a factual account based on the reports from these organizations.

**Comment:** There were a lot of platitudes based on subjective opinion, but little “meat as to reasons why minorities are not in foreign health services.

**Response**: Again, the summary of my findings in the introduction is a narrative summary of agency reports and field perspectives. I used government documents, reports, and publicly recorded statements from federal officials as evidence to support the narrative.

**Comment:** It could be more of minorities choosing not to go this vocationally.

**Response:** Yes, I agree. I have added a sentence in Paragraph 4 to stress this point more explicitly, however it begs the question of why they are not choosing this vocation. Other influencing factors are outlined on pages 12- 14. I also believe that this is an area where further research is needed.

**Comment**: Or there are not enough qualified minorities for field positions.

**Response:** Yes, I agree completely. Please note the last sentence in the introduction. “Finally, we issue a call for targeted efforts to recruit…teach…train, mentor….to prepare them to work as competent team members.

**Comment**: I find no proof that any racism is a factor.

**Response:** The purpose of this paper is not to prove that there is institutional racism which is hindering minority participation, although there is evidence from documents retrieved from the Department of State website of early practices which failed to recruit Black candidates (see reference - Postwar Foreign Policy and African American Civil Rights) during the 60s and 70s.

Rather, the paper is a commentary describing reports from the various agencies involved in US global health activities and to describe the current state of minority participation in the global public health workforce and strategies to improve participation. There is no call to end racism in the paper, even though that would not be a bad thing to do. This paper does describe the forces which may have a potential effect on minority participation, addressing barriers at the individual, family, community, and levels (pages 12-14).

 **Comments**: It would have been helpful for the authors to explore why minorities are suffering here in the U.S.

**Response:** This is an excellent observation, but it is outside of the scope of the analysis of this paper which is a presentation of findings from secondary sources to describe minority representation as U.S. global public health workers.

**Comments:** Jason Riley (Af Am editor for the WSJ) wrote an excellent book on how government programs have held back minorities in the U.S.

**Response:** Thank you for this reference, but this paper does not recommend developing new federal government programs to help minorities achieve the credentials and gain the technical expertise to work globally. Rather what is suggested is a multilevel strategic approach to address the multitude of familial, community and institutional barriers. This paper describes the situation, and urges global leaders to begin an important conversation to further understand and begin to address barriers to their participation. Federal programs have their place, as evidenced by the initiatives outlined by the Centers for Disease Control and Prevention, NIH, USAID and the Peace Corps among others. But there are many other areas to explore as presented in the Discussion section.

 **Comments**: The breakdown of the Black family, the devaluing of education with the culture, over dependence of the Black family, the devaluing of education with the culture, over dependence on the welfare state are all greater issues that underlie the problem presented in this paper.

**Response:**  Again these are interesting observations, but seem politically controversial and outside the scope and focus of this description of the state of minority participation as global public health. The findings of this paper are based on a content analysis of secondary sources from federal government records, documents and reports and as such, do not promote a particular ideology.

**Comments:** Hence, I though the paper’s introduction was lacking sufficient inquiry as to the real issues underlying minority struggles and thus came off more as a vocalization of leftist ideology.

**Response**: Again these are interesting observations, but fall outside the purpose of this paper. This paper is based on secondary sources and is a commentary on the state of minority participation as members of the U.S. global health workforce. It serves to bring together all of these reports in one paper to permit further analysis of the scope of the problem. Interestingly, this is also a theme of the annual meeting of the Society of Public Health Education annual meeting in 2015.

**Reviewer 2**

**Comments**: The two most evident strong points of the article are the thorough documentation of the problem (content analysis), and the practical proposals to affect the concern. The only weakness noted, and it is a minor one, is that in a few instances, wording was a bit awkward and sentences fragmentary. The author may want to review a few areas where complex sentence structure was used and simply those paragraphs to clarify things a bit.

**Response:** Thank you for these observations. I reviewed the entire paper for areas to trim awkward wording and sentence structure. Please note the following revisions: Paragraph 2, sentence 2; Paragraph 3, sentence 1, 2, 3, and 4; Paragraph 4, sentence 1, 2, and 4. Paragraph 5, Sentence 2,3, and 4.

*Part 2. Literature Review*

**Reviewer 1**

**Comments:** Perlino’s article seems to drive this.

**Response:** We used numerous sources to document state and national trends that the U.S. has a critical domestic health workforce shortage. Although Perlino’s work is an important reference, the manuscript refers to federal sources including data from the US Department of Health and Human Services, the Centers for Disease Control and Prevention, the United States Equal Employment Opportunity Commission, and the National Institutes of Health to support the statements regarding the lack of diversity in the domestic health care workforce. The Sullivan Commission’s report “Missing Persons” also highlights the points made here.

**Reviewer 2**

**Comments**: Theoretical framework may be a bit weak, but the study is more a narrative and meta-analysis than addressing a research hypothesis.

**Response:** I agree with the reviewer’s description of this paper. It is not an hypothesis driven study, but presents an analysis of secondary sources to describe an important perspective related to national dialogue about the importance of diversity initiatives in global public health. This theme is an important one for the Society of Public Health Education, American Public Health Association, and the American Medical Association. It is also an important theme in this year’s SOPHE conference.

 GJHEP’s recent call for papers requested original research, practice perspectives and brief reports and this manuscript responds to this alternative paper submission format. I have revised the methods section to more clearly describe what was done as part of this research.

***Part 3. Results***

Reviewer 1

 **Comments**: No results presented.

**Response**: The findings from this literature review and meta-content analysis are presented under Findings with the following subtitles: The Slow pace of Diversity and Inclusion, Missing Persons in the U.S. Global Health workforce..

Reviewer 2

**Comments:** The research was primarily a literature review with relational observations.

**Response:** I concur with this assessment, and state it more explicitly in the methods section.

***Part 4. Discussion***

Reviewer1

**Comments**: The discussion of individual, community and institutional factors was good for an organization, but again no real substance was provided.

**Response**: The discussion highlighted 10 strategic approaches for resolving this situation and are outlined on pages 14-15. These ideas reflect new ideas and approaches in place by various organizations to increase minority representation. I suggest that more effort is needed to aggressively promote and intervene if we are to be successful in building capacity and increasing competencies in global health for minorities.

**Comments**: I found it very surprising that the author did not even address the family problems within minority communities as a possible predisposing factor for the problem they address.

**Response**: The role of familial relations as a possible barrier to participation is mentioned in Paragraph 2 page 12 under Factors Contributing to Underrepresentation.

**Comments:** Clearly from the paper, the Peace Corps, for example, [has] struggled to recruit and maintain minorities within their program. The question is why? It is not from a lack of trying, so it has to be something else: e.g. individual/personal/familial.

**Response:** I concur and outline other possible barriers in the section under Factors Contributing to Underrepresentation on pages 12-14. Again this is a review of the literature on this issue, and further research to explore factors affecting the lack of participation in global public health work has not been studied. This paper seeks to begin the conversation by first documenting the situation from a multitude of federal sources.

**Comments:**  I agree with the author that this is a missed opportunity, but for who, the minority or the Peace Corps? I think it mostly for the minority candidate.

**Response:** The argument that I am promoting is that this is a missed opportunity for us as a society, nation, and world committed to protecting health. I am also urging health leaders to tap into human resources that are currently being underutilized. I agree that we need to know more about why this is happening. The current situation unfolding in West Africa on Ebola and the global call for more health workers speaks to the need to increase the global health workforce. This paper argues for expanding the workforce to respond to these challenges.

**Comments**: Ultimately, isn’t it the individual that has to be motivated to do this work? I have had many highly qualified minorities do study abroad, or foreign health work, but they were motivated, and talented.

**Response:** Yes, based on the multiple social and behavioral theories, there are numerous factors which influence an individual’s behavior. A basic framework was provided, but more research is needed to explain these factors in depth, especially as they relate to work in global public health.

**Comments:**

Finally, having more foreign service workers who are minorities just because they are minorities is illogical and flies in the face of what the EOE policies are. We can not hire or give preference by race, gender, or sexual orientation, but this whole paper is making the argument that we should.

**Response:**

The discussion in this paper is based on the findings from the cited reports from various federal agencies. All of these reports point to the need to increase minority representation in the global health workforce. Furthermore, according to these documents, building a strong and diverse workforce is in the national interests of the United States of America. I further summarized data from multiple federal sources including the Centers for Disease Control and Prevention, DHHS, USAID and Peace Corps. I am familiar with EOP policies which is why I included the annual reports from the U.S. Equal Employment Commission (EEOC) on minority representation. These documents clearly point to significant gaps in the representation of racial minorities as a problem throughout these agencies, and highlight the need to reverse these trends with novel approaches to bring greater minority participation into this arena.

SOPHE’s initiatives to build global health competencies and build capacity in minority communities also speak to the importance of this topic in our field and is one of the themes at this year’s annual conference.

There were no other comments from Reviewer 2.