



Diversity in Medical Practice

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Overview

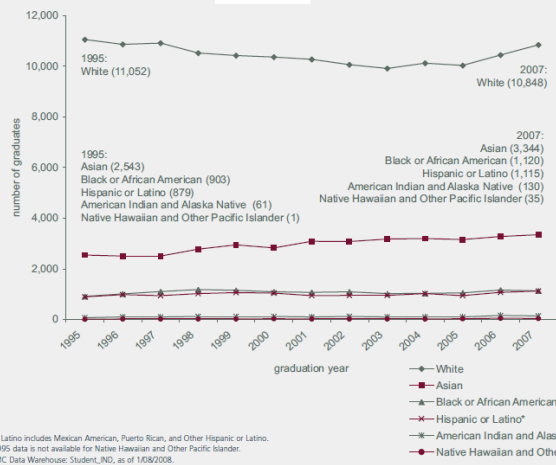
Black Americans currently comprise 13.4% of the U.S. population. However, Black physicians are only 2.3% of the entire physician workforce; and only 3.2% of all physicians are Latino. This is consistent with the definition of “underrepresented in medicine” as defined by the American Association of Medical Colleges. There is a clear demonstrated need for more minority physicians in medicine and diversification of the workforce has several benefits, all leading to the ultimate goal of better patient care. The barriers to minority physicians entering the workforce are numerous and have not improved much in the past decade, although there are several current initiatives directed at addressing the problem, with more work in the pipeline. We must stabilize and maximize existing initiatives, and

Why Diversity Works

The benefits of having a diverse workforce are well known both in the healthcare industry and in industry in general. There persists, however, a conspicuous lack of diversity both in the existing population of physicians and the future physicians being accepted to medical school and in training. A summary of the benefits of diversity are as follows:

- Several studies have proven that minority patients are more trusting & comfortable with minority physicians.⁴
- Increased trust between patients & physicians creates healthier outcomes through increased compliance and better healthcare utilization.
- Minority physicians are more likely to serve underserved communities, improving access of healthcare to the communities most desperately in need of these services.⁴
- Diversity in medical school student body has been shown to be associated with preparing all students to better treat the diverse population of the United States.³

Fig.1: Number of U.S. Medical School Graduates by Race and Ethnicity, 1995-2007



*Hispanic or Latino includes Mexican American, Puerto Rican, and Other Hispanic or Latino.
**Prior to 1995 data is not available for Native Hawaiian and Other Pacific Islander.
Source: AAMC Data Warehouse: Student, MD, as of 1/16/2008.

Barriers to Minority Physicians

Prospective minority physicians face several barriers both before and after matriculation into medical school. Efforts are being made to level the playing field, but disparities still persist in the path to a doctorate in medicine for minorities. An abbreviated list of these challenges includes:

- The gap in achievement of higher education has created a void of mentors in minority communities. The perception that minorities do not become physicians and the charged history between minorities, especially Blacks, and the medical establishment are important early obstacles.
- Disparities in graduation from high school, matriculation to college, and graduation from college persist for Black and Hispanic students as compared to their white counterparts. These disparities contribute to the continuing lack of diversity in medical practice.
- The vast majority of medical schools have a glaring lack of minority faculty members, leading to a lack of much needed mentorship opportunities.² The lack of minority faculty members on executive committees is of particular concern.²
- The financial challenges facing all medical students are more pronounced in minorities: Hispanic and Black students have a higher

percentage of undergraduate debt than their White and Asian counterparts, 43.7% and 59.1% versus 36.2% and 31.6%, respectively.²

- A higher percentage of Black medical students are dependent on scholarships to help pay for their medical education than White medical students: 26.4% versus 13.7%, respectively. In addition, Black medical students are less likely to depend on family support for financial support than their White counterparts: 15.2% versus 21.4%, respectively.²

What is Being Done Already

- Research
 - Dr. Somnath Saha presented findings to the AAMC, “There [is] strong evidence that minority physicians are more likely to care for underserved and poor populations.”
 - “...Although persons from minority groups continue to be underrepresented in the health professions, federal programs promoting their entry into the health care workforce are being defunded.”
- Preparation Programs
 - AAMC – Summer Medical & Dental Education Program (SMDEP)
 - National Institute of Health
 - Minority International Health Research Training Program (MHIRT)
 - University-Funded Summer Preparatory Programs for Minorities

Future Solutions

As previously stated, research states that federal programs targeted at underrepresented minority and disadvantaged youth are often the first to be eliminated due to a lack of continued funding. We are calling on Congress and the White House act upon these solutions, and write them into law:

- Create a bill that will amend the “Workforce” section of the new Patient Protection and Affordable Care Law to include investments insuring a greater amount of diversity in the medical workforce.
- Expand the number of government-run preparatory programs for underrepresented

minorities and students from disadvantaged backgrounds.

- Prioritize the maintenance of sufficient funding in said programs to prevent the phasing in and out of programs from year to year.
- Increase funding for national research on causes of health disparities, with emphasis on the state of diversity in the workforce.
- Invest in debt elimination for minority and disadvantaged students who matriculate through medical school and enter residency training.
- Increase incentive for medical schools to recruit and retain minority medical students.

Laws that implement these changes are crucial to achieving health equity. Providing better care for all patients will drastically reduce the amount of health care dollars being spent on preventable illnesses. We are here to candidly address and aggressively tackle barriers that prevent minorities in medicine from reflecting minorities in the general population of the United States. 2010 must be the year in which we strategically plan to diversify the physician workforce, so that both patients and physicians may benefit from the plethora of ideas, communications, and wellness that is fostered within a diverse environment.

References

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