Challenges in Achieving Diversity in Dermatology

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How Diverse is the United States of America?

- By the year 2030, 46% of the population in the United States will be Hispanic, African American, or Asian

U.S. Census Bureau

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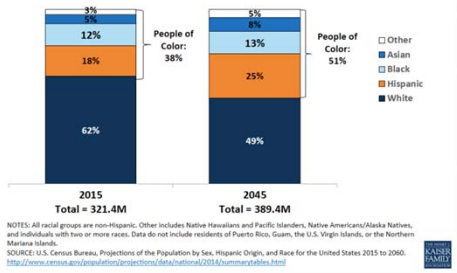
Figure 1

Distribution of U.S. Population by Race/Ethnicity, 2015 and 2045



NOTES: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, Native Americans/Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
SOURCE: U.S. Census Bureau, Projections of the Population by Sex, Hispanic Origin, and Race for the United States 2015 to 2060. http://www.census.gov/population/projections/data/national/2014/summarytables.html

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"Majority-minority" States

- Between 2000 and 2010, Texas joined California, the District of Columbia, Hawaii and New Mexico in having a "majority-minority" population (> 50 % of the population is part of a minority group)

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Which Racial/Ethnic Groups Have the Greatest Healthcare Disparities?

- Compared to Whites, Hispanics and African Americans
  - Comprise >50% of uninsured
  - Have poorer health outcomes
  - Have higher infant mortality
  - Are more likely to go without a doctor visit in the last year
  - Experience more bias, stereotyping, prejudice and clinical uncertainty on the part of healthcare providers
  - Have lower quality care
  - Are under-represented in medicine

Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, 2002

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Causes of Health Care Disparities

- Barriers to routine access to preventive care
- Lack of insurance coverage
- Under-insured
- Inability to afford co-pays
- **Linguistic barriers**
- **Low levels of cultural competence among health professionals**
- **Physicians with culturally/ethnically unfamiliar patients take a more conservative course of action**
- **Patient mistrust**
- **Lack of proportional representation of minorities in the health professions**

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Two Major Goals to Address Increasing Diversity and Healthcare Disparities

1. Improve cultural education of all medical students, residents and practicing physicians
   - Cultural competence training
   - Cultural experiences
   - Language acquisition
2. Increase diversity of physician workforce
   - Pipeline programs
   - Recruit qualified candidates
   - Representation from all parts of society

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What is Diversity?

- A workforce made up of individuals with a wide range of characteristics and experiences
- Includes race, ethnicity, gender, age, religion, physical ability, socioeconomic background and sexual orientation
- Increases productivity, creativity, language skills, cultural competence and reputation of a specialty

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Increasing UIMs in Medicine

- AAMC definition of under-represented in medicine (UIM):
  - "... Racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population."
- Historically, the AAMC used the term "underrepresented minority (URM)" to include Blacks, Hispanics, Native Americans (American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans.

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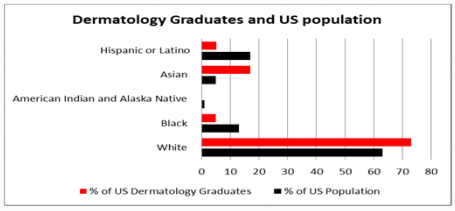
UIMs in Dermatology



Based on U.S. Census 2012 and AAMC's Diversity in Medical Education: Facts and Figures 2012.

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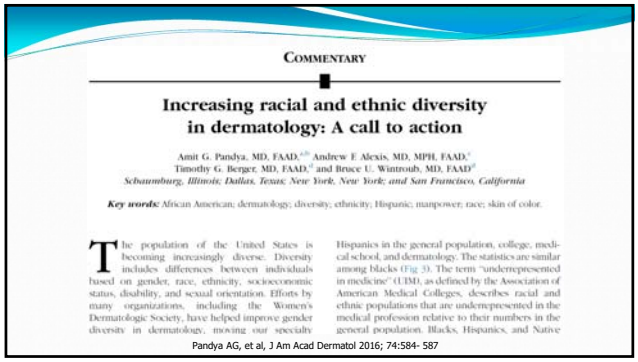

COMMENTARY

Increasing racial and ethnic diversity in dermatology: A call to action

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Key words: African American; dermatology; diversity; ethnicity; Hispanic; manpower; race; skin of color.

The population of the United States is becoming increasingly diverse. Diversity includes differences between individuals based on gender, race, ethnicity, socioeconomic status, disability, and sexual orientation. Efforts by many organizations, including the Women's Dermatologic Society, have helped improve gender diversity in dermatology, moving our specialty

Hispanics in the general population, college, medical school, and dermatology. The statistics are similar among blacks (Fig 3). The term "underrepresented in medicine" (UIM), as defined by the Association of American Medical Colleges, describes racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population. Blacks, Hispanics, and Native

Pandya AG, et al, J Am Acad Dermatol 2016; 74:584- 587

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Racial and Ethnic Diversity in Medical Specialties

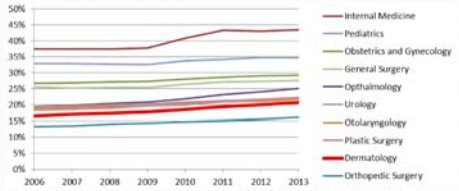

Fig 1. Total minority representation in dermatology versus other fields, 2006-2013, including Hispanics, African Americans, Asians, American Indians/Alaskan Natives, and Native Hawaiians/Pacific Islanders.

Pandya AG, et al, J Am Acad Dermatol 2016; 74:584- 587

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Racial and Ethnic Diversity in Dermatology

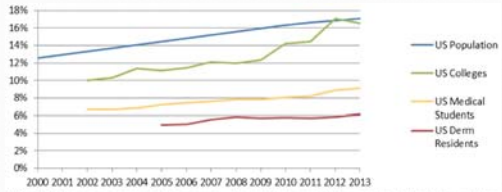

Fig 2. Hispanic representation among dermatology residents, medical students, college students, and US population, 2002-2013.

Pandya AG, et al, J Am Acad Dermatol 2016; 74:584- 587

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Racial and Ethnic Diversity in Dermatology

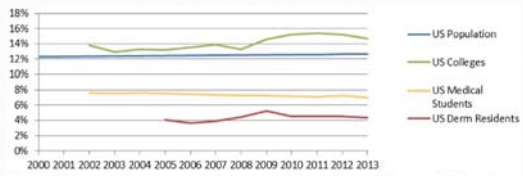

Fig 3. African American representation among dermatology residents, medical students, college students, and the US population, 2002-2013.

Pandya AG, et al, J Am Acad Dermatol 2016; 74:584- 587

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Diversity Improves Patient Care

- UIM physicians are more likely to
  - Care for patients of their own race or ethnic group
  - Practice in areas that are underserved or have health care manpower shortages
  - Care for poor patients, patients with Medicaid insurance, or no health insurance
  - Care for patients who report poor health status and use more acute medical services such as emergency rooms and hospital care
- Increasing UIM representation in the Physician Workforce has the potential to
  - Directly address disparities in access to care
  - Help address the growing discrepancy in geographic distribution of dermatologists.

Cooper LA, Powe NR. Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance. Commonwealth Fund; 2004

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Table 1. Ethnic Minority Physicians and Care of Underserved Populations: Selected Studies

Author, year	Study population	Main Findings
Keith, 1985	UCLA medical school class of 1975	Minority physicians are more likely to: choose primary care specialties serve patients of their own ethnic group serve Medicaid recipients work in health manpower shortage areas
Moy & Bartman, 1995	Nationally representative sample of 15,000 U.S. adults	Individuals receiving care from minority physicians were more likely to: be ethnic minorities be low income have Medicaid or no insurance report worse health status and more acute service use
Komaromy et al., 1996	Communities in California 718 primary care physicians in California	Communities with high proportions of minority residents more likely to have shortage of physicians Black and Hispanic physician care for more black and Hispanic patients and practice in areas where the percentage of black and Hispanic residents is higher than areas where majority physicians practice. Minority physicians care for more Medicaid and uninsured patients than other physicians
Cantor et al., 1996	Physicians from several states	Minority and women physicians are more likely to serve the following patient populations: minorities the poor Medicaid recipients
Xu et al., 1997	1581 generalist physicians from class of 1983 or 1984	Generalist physicians from underrepresented minorities (URMs) more likely to serve medically underserved populations
Brotherton et al., 1996	1044 pediatricians	URM pediatricians more likely to care for: minority patients Medicaid-insured patients uninsured patients

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Author, year	Study population	Main Findings
Murray-Garcia et al, 2001	Patients of pediatric residents	Minority physicians more likely to serve patients of their own ethnicity regardless of language proficiencies
Rabinowitz, 2000	2955 generalist physicians who graduated in 1983 or 1984	Predictors of providing care to underserved populations include: Being URM Having participated in National Health Services Corps Having a strong interest in serving underserved prior to medical school Growing up in an underserved area

Disparities in Patient Experiences, Health Care Processes, and Outcomes: The Role of Patient-Provider Racial, Ethnic, and Language Concordance. By Lisa A. Cooper and Neil R. Powe, Johns Hopkins University. (The Commonwealth Fund, New York, New York) July 2004. 29 p.

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Diversity Improves Patient Care

- Race-concordant visits
  - Were longer and had higher ratings of patient positive affect than race-discordant visits
  - Patients were more satisfied, and rated their physicians as more participatory
- Higher patient ratings independent of patient-centered communication
- Patient and physician attitudes may mediate the relationship
- Recommendations
  - Increase ethnic diversity among physicians
  - Engender trust and comfort between patients and physicians of different race/ethnicity

Cooper LA, et al, Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race, Ann Int Med 2003 139:907–15

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Diversity is Means to an End, Not the End Itself

Roadmap to Diversity, 2nd Edition, AAMC 2016

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Recommendations for improvement

- AAMC Holistic Review Initiative
  - A flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to **experiences, attributes, and academic metrics** and, then considered in combination, how the individual might contribute value as a student and future health care provider

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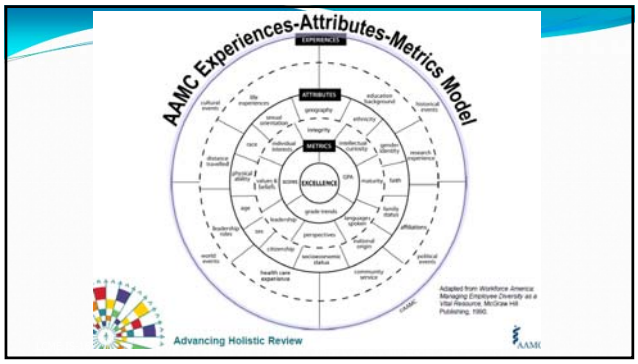

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Barriers to Achieving Diversity

- Limited personal resources to buy sample test questions, complete research year and away rotations
- Lack of UIM mentors and role models
- Fear of non-acceptance
- Microaggressions
- Fear among academicians that efforts to promote diversity will diminish the quality of the dermatology workforce
- Implicit or explicit bias against UIM students
- Too much focus on Step 1 and 2 grades
- Increasing difficulty of ABD board exam questions
- Lack of early exposure to dermatology for UIM students
- Impostor syndrome
- Narrow and stagnant pipeline

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"Diversity Champion" Initiative

- Began in 2015; inspired by Tim Berger, MD
- Supported by Henry Lim, MD and adopted by the AAD in 2017
- Goals
  - Develop a group of "Diversity Champions" among dermatology faculty at each medical school
  - Foster more interest in dermatology as a career among URMs
- Champions engage with URM medical students, college students, high school students in the community
- Incubator group of programs who developed programs and exchanged ideas

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Diversity Champion Activities

- Events for African American and Latino medical students and college students
- Membership in medical school admissions committee
- Membership in medical school diversity committee
- Involvement in under-represented minority resident committee
- College visits to speak to URM premedical student groups
- Involvement in high school premedical prep programs aimed at URMs
- Involvement by faculty in formal mentorship program for URM medical students
- Visits with URM medical students to local middle and elementary schools with high percentage of AA and Latino students
- Serve with URM medical students in a free dermatology clinic
- Attend regional or national meetings for MAPS, LMSA or SNMA
- Serve with URM medical students in free skin cancer screenings
- Serve with URM medical students in foreign medical service trips
- Extra communication and information for URM minority applicants to dermatology

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Diversity Champion Activities

- Training on implicit bias, microaggressions and similar topics for dermatology department
- Grand rounds lectures on diversity, implicit bias, etc.
- Diversity Search Advisor or similar in dermatology department to enhance diversity, including training and outreach requirements
- Program with stipend to recruit URM high school students to conduct summer research in dermatology
- Form a Diversity Committee in the dermatology department
- Program to recruit, train and develop URM faculty members to be leaders

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Summary

- Racial and ethnic disparities in healthcare are persistent and unacceptable
- Increasing diversity among healthcare workers is an essential step in closing healthcare disparities
- Lack of diversity in dermatology is worse than almost all other specialties
- Dermatologists must address this problem
- Through active participation in pipeline programs, admission committees and mentorship, dermatologists can improve diversity in our specialty

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"We have no hope of solving our problems without harnessing the diversity, the energy, and the creativity of all our people."
-Roger Wilkins

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