Diversity in Dermatology: 
A Call to Action
Amit G. Pandya, MD
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
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
Which Racial/Ethnic Groups are Growing the Fastest?

- From 2000 to 2010, the population growth in the United States was driven almost exclusively by racial and ethnic minorities, particularly Hispanics.
- Racial and ethnic minorities accounted for 91.7% of the nation’s population growth over these 10 years.

| U.S. Population, by Race and Ethnicity, 2010 and 2000 (thousands) |
|---------------------------------|----------|----------|
| Hispanic                        | 50,478   | 35,306   |
| White                           | 196,818  | 194,553  |
| Black                           | 37,686   | 33,948   |
| Asian                           | 14,465   | 10,123   |
| American Indian and Alaska Native | 2,247   | 2,069    |
| Native Hawaiian and Pacific Islander | 482     | 354      |
| Some other race                 | 604      | 468      |
| Two or more races               | 5,966    | 4,602    |

Notes: Racial groups include only non-Hispanics. Hispanics are of any race. Source: Pew Hispanic Center tabulations of U.S. Census Bureau Redistricting_Files-PL_94-171 for states.
“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)
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 health care

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

- The AAMC definition of underrepresented 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
How Can Health Care Disparities be Addressed?

- Increase UIMs among health care professionals
- Increase UIMs among staff
- Support interpretation services
- Integrate cross-cultural education into training
- Increase healthcare providers’ awareness of disparities
- Support the use of community health workers (“promotoras de salud”)

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

Based on U.S. Census 2012 and AAMC’s Diversity in Medical Education: Facts and Figures 2012.
Racial/Ethnic background of dermatology residents- 2004

<table>
<thead>
<tr>
<th></th>
<th>Dermatology Residents (%)</th>
<th>U.S. population (%)</th>
<th>Dermatology residents/U.S. population</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>69</td>
<td>69</td>
<td>100%</td>
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<tr>
<td>Black</td>
<td>3.6</td>
<td>12.1</td>
<td>30%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.8</td>
<td>12.6</td>
<td>38%</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.6</td>
<td>0.74</td>
<td>81%</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>3.6</td>
<td>472%</td>
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Racial/Ethnic background of graduating dermatology residents- 2011

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<thead>
<tr>
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<th>Dermatology Residents (%)</th>
<th>U.S. population (%)</th>
<th>Dermatology residents/U.S. population</th>
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</thead>
<tbody>
<tr>
<td>White</td>
<td>73</td>
<td>78</td>
<td>94%</td>
</tr>
<tr>
<td>Black</td>
<td>4.9</td>
<td>13</td>
<td>38%</td>
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<tr>
<td>Hispanic</td>
<td>5.2</td>
<td>17</td>
<td>31%</td>
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<tr>
<td>American Indian/Alaskan Native</td>
<td>0</td>
<td>1.2</td>
<td>0%</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>5.1</td>
<td>333%</td>
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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
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.

Fig 2. Hispanic representation among dermatology residents, medical students, college students, and US population, 2002-2013.
Racial and Ethnic Diversity in Dermatology

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

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

Language discordance

Figure 5. Patients who need an interpreter report less understanding of their disease and treatment.

Percent of patients agreeing
- Interpreter needed
- Interpreter used
- Interpreter not needed

UIMs in Workforce

- 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
<table>
<thead>
<tr>
<th>Author, year</th>
<th>Study population</th>
<th>Main Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith, 1985</td>
<td>UCLA medical school class of 1975</td>
<td>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</td>
</tr>
<tr>
<td>Moy &amp; Bartman, 1995</td>
<td>Nationally representative sample of 15,000 U.S. adults</td>
<td>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</td>
</tr>
<tr>
<td>Komaromy et al., 1996</td>
<td>Communities in California, 718 primary care physicians in California</td>
<td>Communities with high proportions of minority residents more likely to have shortage of physicians. Black and Hispanic physicians 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</td>
</tr>
<tr>
<td>Cantor et al., 1996</td>
<td>Physicians from several states</td>
<td>Minority and women physicians are more likely to serve the following patient populations: minorities, the poor, Medicaid recipients</td>
</tr>
<tr>
<td>Xu et al., 1997</td>
<td>1581 generalist physicians from class of 1983 or 1984</td>
<td>Generalist physicians from underrepresented minorities (URMs) more likely to serve medically underserved populations</td>
</tr>
<tr>
<td>Brotherton et al., 1996</td>
<td>1044 pediatricians</td>
<td>URM pediatricians more likely to care for: minority patients, Medicaid-insured patients, uninsured patients</td>
</tr>
</tbody>
</table>

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<tr>
<td>Murray-Garcia et al, 2001</td>
<td>Patients of pediatric residents</td>
<td>Minority physicians more likely to serve patients of their own ethnicity regardless of language proficiencies</td>
</tr>
<tr>
<td>Rabinowitz, 2000</td>
<td>2955 generalist physicians who graduated in 1983 or 1984</td>
<td>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</td>
</tr>
</tbody>
</table>
Regents of the University of California vs. Allan Bakke, 438 U.S. 265 (1978)

- Supreme Court ruled that specific quotas, such as the 16 out of 100 seats set aside for minority students by the University of California, Davis School of Medicine, were impermissible.
- Upheld affirmative action, allowing race to be one of several factors in college admission policy.
Diversity is more than Race and Ethnicity

- The concept of diversity as it is associated with achieving educational goals cannot relate solely to race or ethnicity, nor can it be just about “the numbers.” Otherwise, the concept will likely reflect more of an interest in racial balancing—a forbidden focus under prevailing federal case law.

- As used by medical schools in establishing student-related goals and objectives, the term “diversity” should be defined in a broadly inclusive manner, which may include personal attributes, experiential factors, demographics, and other considerations. It may also include a focus on race and ethnicity, to be sure, but it must do so in the context of broader, diversity-related educational interests and goals that the school clearly explains in its policies.


Diversity is Means to an End, Not the End Itself

Recommendations for improvement

- AAMC’s amicus brief in *Fisher vs. University of Texas*
  - “Holistic review precludes any single criterion becoming the deciding factor for interviewing and selecting candidates for admission.... To the extent that race is considered, it is never considered in isolation. Instead, it is considered flexibly as just one of the many characteristics and pertinent elements of each individual’s background.” Using a holistic review process enables medical schools to be “better able to appreciate the individual merits of each candidate to be a successful student and, ultimately, physician.”
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

Advancing Holistic Review
Benefits of a Diverse Class of Students

- The University of Michigan Law School successfully asserted that a diverse class of students (including a racially and ethnically diverse class of students) would yield specific mission-driven benefits including the following:
  - Improved teaching and learning through promoting cross-racial understanding, breaking down racial stereotypes, and helping students better understand others of different races—all promoting a “more enlightening and interesting” classroom discussion and better learning outcomes
  - Enhanced civic values and furtherance of a thriving American democracy through providing a training ground for our nation’s leaders and in its student body composition, reflecting full participation of all segments of society
  - Preparation of students for the 21st-century workforce and global economy through exposing students to “widely diverse people, cultures, ideas, and viewpoints” necessary in the increasingly global marketplace
- The extent to which these recognize interests may apply to any medical school depends on the unique circumstances associated with the particular school

Importance of a Critical Mass

- American Educational Research Association’s Grutter amicus brief
  - Critical mass focuses on the need for students to feel **safe and comfortable** and serves as a counter to the lack of safety or comfort felt when one finds oneself a solo, or minority of one. In other words, critical mass implies: enough students to overcome the silencing effect of being isolated in the classroom by ethnicity/race/gender. Enough students to provide safety for expressing views.

- American Educational Research Association’s Fisher amicus brief
  - **Isolation, subordination, and negative stereotyping** are common problems that arise in a wide range of settings when minority numbers are especially low and the norms and behaviors of majority groups dominate.

Recommendations for improvement

- Make the achievement of diversity an institutional goal for the department, and then work toward that goal
  - Anecdotal evidence from Johns Hopkins, Harvard, and the Hospital for Special Surgery suggests that a commitment to diversity can increase minority representation in orthopedic residency programs without compromising quality.

- Dermatology residency selection committees can give strong positive value to a wider range of accomplishments and talents, such as
  - Cultural competence
  - Likelihood to care for the underserved
  - Interpersonal intelligence

“High board scores predict future high board scores, but they do not necessarily predict superior clinical skills or professional achievements”

Goal: improve the role of the college admissions process in promoting and assessing ethical and intellectual engagement

Today’s culture emphasizes personal success over concern for others

Redefines achievement
  • Community service
    • Develops emotional and ethical capacities
    • Deepens appreciation for diversity and contributions of generations before them
    • Prioritizes quality, not quantity of activities

Endorsed by > 80 stakeholders
Recommendations for improvement

- Federally funded programs for scholarship and loan repayment should be expanded and institutional resources should be made available to URM candidates.
- Pipeline programs to elementary, middle, high school, and college students.
- Early exposure to dermatology in medical school.
- Further research into the reasons why UIM groups do not choose dermatology as a specialty, followed by evidence-based programs focused on these barriers.
- Dermatologists should encourage and support programs within their own medical schools that increase the number of UIM students.

How Can We Increase the Latino Physician Workforce? A Qualitative Study of Latino Adolescents

Roger Romero, BA; Jacob Garcia, BA; Anwar Jackson, BA; Rashmi Shetgiri, MD; Glenn Flores, MD

- 6 bilingual focus groups conducted in 2011 of 14-18 year-old Latino adolescents in Dallas, TX
- Focus groups stratified by immigration status (Latino immigrants and US-born Latinos) and enrichment-program participation (participants and non-participants)
- Participants recruited from community youth centers, local churches, and UTSW enrichment program
- 12 questions and 41 probes asked by trained moderator

Examples
- Do you want to become a doctor?
- If yes, why? If no, why not?
- What do you think doctors are like?
- Do you know any Latino doctors?
- What do you think medical students are like?
How Can We Increase the Latino Physician Workforce? A Qualitative Study of Latino Adolescents
Roger Romero, BA; Jacob Garcia, BA; Anwar Jackson, BA; Rashmi Shetgiri, MD; Glenn Flores, MD

- Perception of Higher Education
  - Expensive
  - Competitive
  - Required to be documented immigrant
  - Difficult to work and attend university

- Perception of Physicians and Medical Students
  - Non-Latino (White, Asian)
  - Stressed, busy
  - Come from rich families
  - Have family support

- Perception of Latino Physicians
  - Lack of Latino role models
  - Fewer resources or support
  - Has to work while in school
“When I think of doctors, I just think of white people. Sometimes I see them as superior.”
“If your parents have a good job, like if they were doctors, they’re more likely to have some kind of money saved up for you to go to college and medical school. If they’re immigrants, they usually don’t have a good job.”
“I have friends that had to drop out because they have to help out their family...more than half of their paycheck goes to their family.”
“When you're thinking about careers for Hispanics, a lot of them are looked down upon, and a lot of them say, ‘No. Hispanics are just gardeners, construction workers and they just clean the houses’...and so I guess they put a lot of people in that mentality about what Hispanics are, and a lot of Hispanics just give up.”
“If there were more Latino doctors, maybe future generations would look up to them and say, ‘Oh, they became a doctor, I can do it as well.”
How Can We Increase the Latino Physician Workforce? A Qualitative Study of Latino Adolescents
Roger Romero, BA; Jacob Garcia, BA; Anwar Jackson, BA; Rashmi Shetgiri, MD; Glenn Flores, MD

• What Can Be Done to Increase the Number of Latino Physicians
  • Pre-college exposure to medicine with emphasis early in high school
  • Greater information and more access to scholarships and financial aid
  • Enrichment programs implemented by medical professionals emphasizing hands-on experiences
  • Increased family, school, social, and peer support
  • Increased parental involvement in education
  • Increased mentorship and guidance in schools
Contributors to successful matriculation into medical school

- 14 African American men who matriculated/completed medical school were interviewed
- Four themes were found
- Psychosocial-cultural phenomena (collective individual experiences) played important role
- Each found to equally contribute to success
- Mentorship most important factor in obtaining exposure, education, support, etc.

“Diversity Champion” Initiative

- Develop a group of “Diversity Champions” among dermatology faculty at each medical school
- Goal is to increase interest in dermatology as a career among UIMs
- Champions engage with UIM medical students, college students, high school students
- Champions participate in admissions committee
- Champions help pipeline programs
Admissions Committee
“Gotcha Covered” Program
Dermatology Pizza Party for SNMA Medical and College Students
Dermatology Pizza Party for LMSA Medical and College Students
Dermatology Pizza Party for LMSA
Skin Cancer Screening at Mexican Consulate
Dermatology Research by SNMA President
Free Dermatology Clinic Volunteers
Free Dermatology Clinic Volunteers
Mentoring Latino Pre-Med Students in Joint Admission Program
Pizza Party for Minority Association of Pre-Medical Students
Dermatology Research by UIM College Students
Minority Association of Premedical Students Meeting
Dermatology Outreach- University of Texas Arlington
Mock Interviews- UT Arlington
Dermatology Booth at HPREP (Health Professions Recruitment and Exposure Program)
Dermatology Booth at HPREP (Health Professions Recruitment and Exposure Program)
Pipeline Program- High School
Pipeline Program- Elementary School
Pipeline Program- Elementary School
Making Leaders out of UIM Dermatology Residents
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 immediately
- Through active participation in pipeline programs, admission committees and mentorship, dermatologists can improve diversity in our specialty
“Almost always, the creative dedicated minority has made the world better.”

MARTIN LUTHER KING, JR.
“We have no hope of solving our problems without harnessing the diversity, the energy, and the creativity of all our people.”

-Roger Wilkins