

Making America's doctors look more like America

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When Dr. Luis Castellanos was a resident at UC San Diego School of

Medicine, he noticed there weren't many Spanish-speaking physicians on staff, even though Latinos comprise about a third of the city's population. Occasionally, the Mexican-American cardiologist found himself translating for his colleagues—a task that continued when he returned to join the staff in 2010.

"I was keenly aware of the lack of diversity issue and knew it was a problem we needed to address," said Castellanos.

Last year, he was selected to be the department of medicine's first director of diversity in medicine and faculty outreach, a position focused on increasing the number of Latino, African-American and Native American residents and faculty at the hospital and [medical school](#).

UC San Diego is not the only medical school that knows it needs to do more.

According to the Association of American Medical Colleges, in 2013, the most recent year for which statistics are available, 4.1 percent of physicians in the U.S. identified as black or African-American, 4.4 percent as Hispanic or Latino, 0.4 percent as American Indian or Alaska Native, 11.7 percent as Asian and 48.9 percent as white. Among cardiologists, only 4 percent identify as Hispanic or Latino and about 5 percent identify as African-American.

Monday marks the United Nations' World Day for Cultural Diversity for Dialogue and Development, and experts say increasing [cultural diversity](#) in the medical profession in general, and in cardiology in particular, could help reduce the higher rates of cardiovascular disease—and its risk factors—seen in many minority populations.

African-Americans are nearly twice as likely to have a stroke and more likely to die from one than whites, while Latinos have a higher rate of

diabetes—a risk factor for heart disease—than whites. High blood pressure is also more common among African-Americans, Latinos and other minority adults than it is among white adults.

Research shows patients are more likely to choose a physician who shares their ethnicity when given a choice. In addition, Castellanos noted that doctors who share their patients' background will be better able to understand any cultural traditions that might affect health outcomes.

For example, he said that as a Latino, he knows that it is especially important for his Latino patients to get their entire families involved in improving their health regimen. He also is aware that if his patient has a traditional Latino diet, it is likely to be high in fat and salt.

"I can get to the crux of the matter," he said.

In 2002, the Medical University of South Carolina in Charleston began implementing multiple initiatives aimed at increasing the diversity of its students and staff. These programs ranged from a mentoring program for high school and college African-American males with an interest in the health profession to an intense tutoring effort to help undergraduate students score higher on the medical college admission test. By 2011, 21 percent of the university's medical school students were from under-represented communities, up from 11 percent in 2002, according to a 2012 study in *Academic Medicine*. The number of minority faculty has also risen.

"There are lots of different programs to address the varying issues that prevent enrollment," said Michael de Arellano, senior associate dean for diversity at Medical University of South Carolina. He said a one-size-fits-all approach won't work in the face of the many barriers standing in the way of increasing [diversity](#).

Last year, the American College of Cardiology started a Task Force on Diversity. The group is still refining its plans but hopes to implement programs that will bring more medical students from under-represented groups into the cardiology field, said former ACC president Dr. Mary Norine Walsh, medical director of the heart failure and cardiac transplantation program at St. Vincent Indianapolis Hospital in Indiana.

"We realized that our specialty is less diverse than others," said Walsh, who serves on the task force. "We have to make some efforts to change that."

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