

Why black cardiologists are vital—and rare

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Dr. Rachel M. Bond has seen the difference black cardiologists can make.

She recalls the time she volunteered to give a brief talk at a predominantly black church in Brooklyn, New York. Many of the members, she said, had untreated heart problems—because they'd felt physicians didn't understand them or take them seriously.

"After that meeting, you would be surprised how many women and men came to my practice to learn more information. They felt that they could identify now with a doctor who wanted to take the time to teach their community," Bond said. They responded to someone who showed more compassion than what they were used to, could relate to how they lived and what they ate, and could help them make healthy lifestyle changes.

Research has shown minorities prefer physicians who look like them and can forge a connection, said Bond, now medical director of the Women's Heart Health Program at Dignity Health in Arizona.

Among African Americans, that connection is particularly important: They have higher rates of high blood pressure and are more likely to die from heart disease than their white peers. One recent study suggested the gap in deaths from cardiovascular causes between black men and white men could be cut by 19% if black men were seen by black physicians.

But few get that chance.

According to the American College of Cardiology, even though African Americans make up 13% of the population, fewer than 3% of cardiologists were African American as of 2015. That's lower than the overall rate of black physicians, which the Association of American Medical Colleges puts at 5%.

Dr. Icilma Fergus, director of cardiovascular disparities for Mount Sinai Heart in New York, also knows the power that comes from sharing a background with her patients. People want their doctor to be a partner,

someone they can trust, said Fergus, a past president of the Association of Black Cardiologists.

To build that trust, she talks about her own experiences and uses real-life experiences to get people to listen and understand their treatment.

But the path would-be cardiologists take is full of obstacles.

For starters, medical school is long and expensive. And medical schools haven't worked as hard in recruitment, so bright prospects might be lured to other fields.

Negative perceptions of cardiology may deter some prospects. Although cardiologists report being pleased with their jobs overall, a study found medical trainees associated cardiology with adverse job conditions, interference with family life and a lack of diversity.

An under-represented minority [medical student](#) considering cardiology also knows that because their numbers are small, they'll be called on to do more, Fergus said. "They're not just taking care of patients, but they're speakers and educators and reaching out and doing a myriad of things because they're the role models." Some hesitate to take on these additional responsibilities.

And, she and Bond pointed out, women and ethnic minorities often encounter bias, particularly as they try to climb the academic and leadership ladder. Bond said in places "where I have a lot of colleagues who don't look like me," some have inappropriately questioned her knowledge and authority, even when she was performing her leadership roles.

According to the ACC, less than 3% of medical school faculty are African American.

But Bond and Fergus also said mentors have guided their careers—and they see doing the same as part of a long-term solution.

Both say efforts to recruit future cardiologists need to start young, an idea backed by large health organizations and nonprofits.

Earlier this year, Fergus spoke to some young men taking part in a Jack and Jill of America Rockland Orange Chapter career fair for high school students.

"Some were even thinking they wanted to be nurses. But once I started talking to them, letting them know what I'm doing and how I got there and the rewards," she said, "then they were like, 'Wow, I didn't know that. I'd like to explore that.'"

Bond knew in preschool she wanted to be a doctor. She ended up attending the City University of New York's Sophie Davis School of Biomedical Education Program, which focuses on health in underserved communities. The program partnered students with physicians in different fields, including many cardiologists.

Still, she was the only person of color in her cardiology fellowship class. The field's lack of diversity became only more apparent as she advanced.

Now, she makes time to be involved in organizations that advocate for diversity. She mentors students. She also serves on committees that interview medical school applicants, because she understands that's one more way to make a difference.

"I think it's very important that when people are interviewing, either before [medical school](#) or residency, that they see somebody that looks different than what they think a [cardiologist](#) may look like," she said.

"Because that may entice them to say, 'Well, if they're doing it, I can do

it, too."

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