Medical Xpress

Report highlights lack of medical worker diversity, proposes remedies

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Racial and ethnic diversity among medical workers is critical to Americans' health, but more needs to be done to recruit, train and support those professionals, a new report says.

The report, published Thursday in the American Heart Association journal *Circulation: Cardiovascular Quality and Outcomes*, describes barriers to a diverse workforce, highlights statistics on the problem and suggests ways for leaders to reshape the system to address it.

At its core, the issue is about caring for people, said first author Dr. Norissa Haynes, an assistant professor of medicine at Yale University in New Haven, Connecticut. "Having a diverse workforce, and having a physician who understands your lived experience, improves patient care and health outcomes." That's especially important in cardiology, she said, given that cardiovascular disease disproportionately affects underrepresented racial and ethnic groups.

The report, which grew from an expert roundtable held by the Association of Black Cardiologists in 2021, says that although Black and Hispanic people account for about 13% and 17% of the population, respectively, those groups comprise only about 5% and 6% of practicing physicians. Among cardiologists who treat adults, 5% are Hispanic, and 2.7% are Black.

It's "quite rare" to have a physician from an underrepresented group, especially a cardiologist, said Haynes, who is Black. "I can't tell you the number of times when I've been told by patients that they're so happy to see me. That they're proud of me. It's really an anomaly for them."

It's more than a matter of pride, said the report's senior author, Dr. Michelle A. Albert, president of the AHA and immediate past president of the Association of Black Cardiologists.

Albert pointed out that cardiovascular disease is the world's No. 1 killer. That makes cardiology workers "extremely important" to global health, said Albert, the Walter A. Haas endowed chair of cardiology and a professor of medicine at the University of California, San Francisco.

Many cardiovascular disease risk factors have socioeconomic roots. When treating a condition, Albert said, "a lot of times there are many other issues that are on the table," such as whether the patient can afford transportation to a medical center. Her own experiences growing up in Guyana and Brooklyn make her sympathetic, she said.

Having medical workers whose own lived experiences inform care will be vital to solving health disparities in a diversifying America, according to the report.

Dr. Gladys Velarde, a cardiologist and professor of medicine at the University of Florida College of Medicine-Jacksonville, said a physician who shares an understanding of a patient's cultural traditions around favorite foods, for example, could offer guidance on how to make them healthier.

Or it might help a doctor grasp that a patient who has been told to exercise more might not have a safe place to walk—but might know where they could go salsa dancing as an alternative, said Velarde, who consulted on the report.

"If you come from that culture, and know and understand that background, and know and understand those patterns from the population that you treat, you're more likely to relate to them, and they are more likely in turn to trust you," said Velarde, who also is program director of the cardiovascular fellowship at UF Health Jacksonville.

But despite such benefits, the report notes that while medical school applications in the U.S. increased by 47% between 1980 and 2016, Black and Hispanic applicants increased by only 1.2%. Alaska Native and American Indian applicants declined 18.5%. In 2020, only 7.5% of medical school students were Black, a statistic that had not changed for more than 40 years, the report says.

One bright spot, Albert said, is that during the COVID-19 pandemic, racial and ethnic diversity among medical school applicants increased. According to the Association of American Medical Colleges, in 2022, 10% of all medical school students were Black, and the number of Hispanic students rose to 12%.

Haynes said the pipeline for developing medical workers stretches back to elementary school, and the report calls for developing guidebooks for young children and increasing mentorship opportunities through high school.

At the university level, Albert called for a rethinking of how standardized tests are used as qualifications for admissions. "These are things that can really significantly keep persons who are from underrepresented backgrounds out of medicine," she said.

The report cites data showing that emphasizing top Medical College Admissions Test scores restricts diversity even though students with midrange scores do equally well in school once admitted.

The report also calls for significant improvements in universities' faculty and leadership. As of 2016, historically underrepresented ethnic and racial groups made up less than 10% of medical school faculty and only 3% of professors.

And while less than 12% of medical school graduates receiving advanced training in cardiology identified as being from an underrepresented racial or ethnic group in medicine, a recent survey showed 31% of the directors of fellowship programs in cardiology—which Albert called one of the most competitive specialties in medicine—didn't consider diversity important, the report says.

Velarde said diversity in academia is particularly important for medical

research. Historically, researchers focused research trials on white men. "There should be a higher effort to include patients of different backgrounds in those studies," she said. "But who does that usually? Diverse trialists."

Velarde cites changes in attitudes toward women, in terms of both employment and research, as a sign that progress is possible. But improvements related to race and ethnicity, she said, have been slower. "It has been a disappointment," she said.

The report says that "diversity efforts are often relegated to committees rather than wholly embraced by organizational leadership and shared by the entire institution." Change, Velarde said, needs to start coming from the top levels and be directed down. "Right now, I think that we are going the other way, from bottom to top."

Albert said solutions need to come from everyone—and not just the few people from diverse backgrounds who have managed to break barriers already. Even as a successful physician-scientist herself, she knows it "really is almost impossible" to meet the clinical, scientific, grant-seeking, committee and leadership demands of medical careers, while also mentoring and doing other extra work expected of faculty who are Black, Hispanic or from other underrepresented groups.

"Nobody else in these systems is asked to perform at those levels and be everything all at once, typically without appropriate remuneration," Albert said.

Creating a diverse medical field, Haynes said, "needs to be an issue that is important to everyone" and supported from kindergarten to the highest levels of academia. "And that's the only way to really push things forward, is if all of those efforts align."

More information: Norrisa A. Haynes et al, Nurturing Diverse Generations of the Medical Workforce for Success With Authenticity: An Association of Black Cardiologists' Roundtable, *Circulation: Cardiovascular Quality and Outcomes* (2023). DOI: 10.1161/CIRCOUTCOMES.122.009032

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