

Putting the Right People in the Right Places

Minority Health Professionals Serve Community Needs

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Closing the Gap, Putting the Right People in the Right Places • May/June 1999

Recruitment, retention, training, and promotion of racial and ethnic minorities within the Nation's health professions workforce will not only help eliminate disparities in the health care received by minorities, it will improve the health of *all* Americans. Racial and ethnic minority physicians are, in general, more willing to provide care to poor patients who find themselves with no insurance or public insurance such as Medicaid, according to a recent survey of U.S. medical school graduates. The survey also revealed that almost one-half of underrepresented minority graduates, compared to less than one-fifth of their non-underrepresented counterparts, indicated that they planned to practice in an underserved area. These professionals fill a great need. Underserved communities with high proportions of Black and Hispanic residents have been described as four times as likely as others to have a shortage of physicians.

Research also shows that minority physicians are more likely to practice in areas where a high percentage of residents come from racial and ethnic backgrounds which are similar to their own. A 1996 study I co-authored in the *New England Journal of Medicine* with colleagues from the University of California, San Francisco, titled, "The Role of Black and Hispanic Physicians in Providing Health Care for Underserved Populations," found that Black physicians practiced in areas where the proportion of Black residents was nearly five times as high as in areas where other physicians practiced. Similarly, Hispanic physicians worked in communities with twice the proportion of Hispanic residents when compared to their non-Hispanic colleagues.

This willingness to care for minority populations in underserved areas may stem from attitudes of social responsibility held by underrepresented minority medical students. The Association of American Medical Colleges (AAMC) reported that 67 percent of underrepresented minority medical school students strongly agreed that physicians are obligated to care for the poor, compared with 56 percent of others. These attitudes translate into voluntary placement of underrepresented minorities in underserved areas at the time of graduation. For example, 1993 AAMC data indicate that among graduates planning generalist careers, 60 percent of underrepresented minorities intended to practice in underserved areas, as opposed to 24 percent of others.

Minority physicians can also bridge linguistic, cultural, and historical barriers that hamper access to care. According to the 1990 census, 25.1 percent of Asian Americans, 23.8 percent of Hispanics, 4.5 percent of Pacific Islanders, 4 percent of American Indians/Alaska Natives and 0.9 percent of Blacks were linguistically isolated. The number of people with limited or no proficiency in English is grow-

ing, with the 1990 census indicating that 14 percent of people in the U.S. over age five spoke a language other than English at home, as opposed to 11 percent in 1980. For optimal communication, it is usually better if the patient and provider speak the same language; bilingual/ multilingual translators are only a second-best, and often unachievable alternative. This issue assumes importance when one considers the grave consequences of medical miscommunication, in that physicians could miss diagnoses or patients could become sicker because there has not been effective communication about problems or treatment regimens.

Other cultural barriers can be just as problematic. For example, many Vietnamese patients believe that Western medications are too strong—given the smaller size and weight of Asian patients—and in response may halve their doses, rendering treatment ineffective.

Finally, historical antagonisms between Blacks and Whites have often inhibited the formation of trustworthy relationships, jeopardizing the quality of care delivered. As long ago as 1973, our current Surgeon General David Satcher, MD, expressed concern in an editorial in the *Journal of the American Medical Association*, saying that traditional social relationships between Blacks and Whites had resulted in inhibited communication between the two. It was his observation that Black patients who are dissatisfied with their care resorted to non-compliance rather than questioning their White physician's authority.

These barriers to communication have deep historical roots, causing many Black patients to distrust the predominantly White medical profession. There is no reason to think that these dynamics are limited to Blacks and Whites. As Dr. Satcher concluded, the "community must develop trustworthy... personnel to help plan for better health care." One way to do so is to assure greater diversity in the workforce.

Minority physicians can play a valuable role in educating their colleagues. Having more minority physicians and other health care professionals would help eliminate racial and ethnic stereotypes that have existed for so long.

For all these reasons, it is important that we bring attention to the subject of health professions development. The articles in this issue of *Closing the Gap* give a renewed sense of the importance of this subject. It is my hope that with this information, we will press on with our efforts to ensure that our workforce represents and serves all Americans.

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