The Impact of Minority Physician Representation on Minority Patient Health

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ABSTRACT

- Minorities disproportionately experience disease and negative health outcomes compared to their non-minority counterparts. In addition, Minority medical representation continues to be persistently low. Independently, these two issues pose a problem for the health of millions of minorities in the USA. Together, they contribute to a greater barrier of increasing the quality of life and health outcomes among Minority Americans. This poster affirms that representation is the first step to create positive health outcomes among Minorities. Through representation Community based participatory research can take place and center that communities and patients being served.

INTRODUCTION

- Before the COVID-19 pandemic, the medical profession underwent a physician burnout crisis. Post pandemic, physician burnout transformed into an epidemic that has contributed to the inability of physician supply to meet patient demand in the USA. Recent studies by the American Medical Association predict by 2034, a widespread physician shortage across both primary care and non-primary care specialties (AAMC, 2021). As a result, medical institutions have implemented programs to address this shortage. While this shortage is concerning and needs to be addressed, it isn't the only shortage at hand. Minorities are deeply underrepresented in the medical field with respect to their proportions in the overall USA population. The ongoing physician shortage further exacerbates the disproportionate number of minority physicians. Furthermore, minority underrepresentation isn't confined to the profession but is also observed among students in medical schools across the United States. Simultaneously, these same underrepresented minority groups disproportionately experience mortality and disability from disease at higher rates compared to their White counterparts (Smedley, 2001).
- This study analyzes the inverse relationship between the amount minority physicians present in a community and the prevalence of disease among these same minority populations. It also seeks to understand how representation impacts minority health outcomes.

MATERIAL AND METHODS

- A systematic literature review was conducted using PubMed, Scopus, and EBSCOhost databases using keywords [("MINORITY PHYSICIAN" OR "UNDERREPRESENTED MINORITY PHYSICIANS")] AND [("MINORITY PATIENTS" OR "MINORITY PATIENT HEALTH OUTCOMES") AND ("COMMUNITY-BASED PARTICIPATORY RESEARCH")]

Table 1: Common Definitions of "Health Disparity" Used in the U.S. (Amended from Carter-Pokras & Baquet, 2002)

Organization	Definition
Healthy People 2010 (2000)	". . . differences that occur by gender, race or ethnicity, education or income, disability, living in rural localities or sexual orientation.
National Institute of Health (2000)	". . . differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions in the United States. Research on health disparities related to socioeconomic status is also encompassed in the definition."
Health Resources and Services Administration (2000)	"a population-specific difference in the presence of disease, health outcomes, or access to care."
Institute of Medicine (2002)	". . . racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences and appropriateness of intervention."

Table from Babchuck et. al, detailing common definitions of the term health disparity.

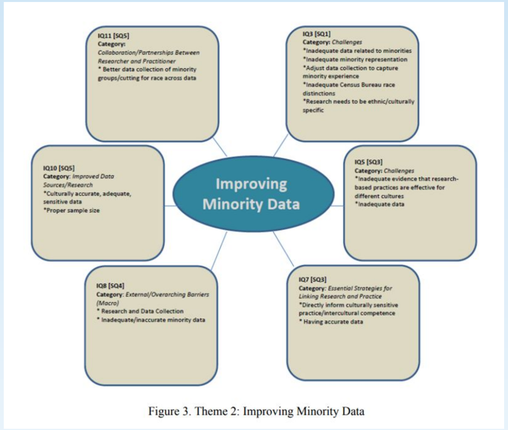

Figure 3. Theme 2: Improving Minority Data

Figure from Babchuk et. al, about improving the quality of minority data.

RESULTS

- The excess burden of illness in minority populations can be contributed to numerous complex factors, including but not limited to socioeconomic inequality, environmental and occupational exposures, discrimination, health risk factors, and less access to health insurance and healthcare. Practical, actionable strategies to address these disparities should include the engagement of families in leadership roles, provision of comprehensive healthcare, cross-sectoral institutional and community collaborations, and the use of community-based participatory research (CBPR) methods. CBPR has demonstrated promise in enhancing the effectiveness of interventions. However, the challenge remains to understand how and what type of partnerships and participation most effectively enhance the integration of science and practice to eliminate disparities.

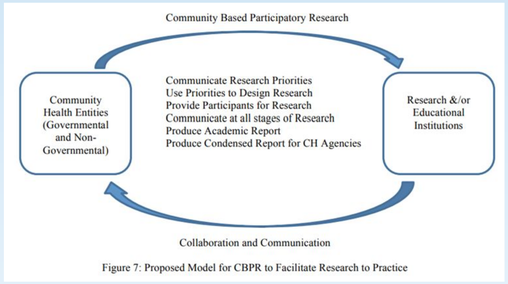

Figure 7: Proposed Model for CBPR to Facilitate Research to Practice

Figure from Babchuk et. al, about the suggested model of collaboration between institutions and community health entities.

CONCLUSION

Researchers, community leaders, and healthcare professionals are integral in delivering quality healthcare to minority communities. Researchers must be culturally competent enough to be able to go out into these communities and collect accurate data about these communities (Zambrana). The researcher also has to find effective ways to gain the trust of the minority community they are researching. Researchers should gear their research for the specific communities that they wish to impact and create a sustainable system for continual research. This can effectively be done by working with local community leaders and community organizations. Local community leaders have the responsibility of voicing the issues and barriers that the community has in accessing quality healthcare. Healthcare professionals have a responsibility to take the research data and work with community leaders to find effective ways to address disparities (Babchuk). In some cases they may even have to seek funding through government agencies to ensure long term solutions for community-based healthcare organizations. The effectiveness of community-based healthcare organizations are impacted by their ability to assertan funding and adequate resources from both state and federal sources (Zambrana).

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