Statement on Diversity and Equity

Student National Medical Association
Health Policy and Legislative Affairs Committee
Statement on Diversity and Equity

Third Revision

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INTRODUCTION

Since the inception of the Student National Medical Association (SNMA) in 1964, the mission of the non-profit organization has been to address the concerns of medical students of color, as well as attempt to resolve health care issues of minority and underrepresented populations. A rising need in our community is to increase the diversity of the healthcare workforce. This includes every employee from social work to nurses to physicians and physician assistants, also nurses and nurse practitioners. This change is essential to accommodate the increasingly diverse populations of the United States (US) and provide adequate service for these communities. The biggest impacts of this change will include having more accessibility to high-quality healthcare in underserved areas, increasing cultural competency in practice, and strengthening the medical research agenda to include people of all backgrounds. There is a lot of work to be done in this area and the first step is addressing the issue.

BACKGROUND

According to 2018 US Census data, the total population of the US grew by 5.9% between 2010 and 2017. In absolute terms, the population increased by 18.2 million people, from 308.8 million in 2010 to 327 million in 2017.1 Of this growth, the Hispanic/Latinx population accounted for over half of the increase (8.5 million) while the Black/African American and American Indian/Alaska Native populations combined grew at a faster rate than the total population (9% and 12%, respectively).2 By 2045, it is projected that over half of the population will be a member of a non-White racial/ethnic group.3

This colossal shift in racial/ethnic demographic will impact many aspects of the health care system, including the doctor-patient relationship and access to health care. Though the Patient Protection and Affordable Care Act (ACA) of 2010 dramatically improved the gaps in health care access for the population at large by providing the means with which to utilize care when needed,4 health disparities still persist, highlighting the impact of factors beyond access that prevent communities of color from achieving improved health outcomes.4–5 As the population of US evolves, so should the medical workforce tasked to provide care for the population. The numbers medical professionals of color must mirror this shift in demographics in order to provide optimal care to our citizens. As it stands, 5.7% and 4.6% of medical school graduates are Black/African
American and Hispanic/Latinx, respectively, despite making up 14.4%, and 18.1% of the US population. Research has shown that patient-provider concordance in race/ethnicity, gender, language, etc., improves health outcomes, yet the medical workforce lacks the representation to provide such an opportunity for patients of color. This policy statement will reiterate the importance, if not absolute necessity, of diversity in medicine, argue for an evolution in approach that will incorporate strategies from the past, and outline chronic and contemporary challenges that must be overcome if we are to achieve true equity in the medical landscape.

**SCOPE OF THE PROBLEM**

A diverse health care workforce is necessary to improve patient care in the 21st century because it promotes cultural competency, improves health care access, bolsters the medical research agenda and ensures the establishment of health care management protocols that are optimal, given the contemporary climate.

1. Patients come with practices, attitudes and beliefs that affect their health both positively and negatively. Increasing ethnic and cultural diversity in health professional schools will create an environment of learning through exposure, forcing students to understand the influences of race, gender, sexual orientation and socioeconomic status.

2. Underrepresented minorities in the health care field are more likely to return to neighborhoods and environments from which they came. In this way, the underserved will be able to access high quality health care from familiar professionals.

3. It logically follows that the medical research conducted by the increased numbers of minority professionals will pertain to conditions affecting minorities. Therefore, the field of research will be more rigorous with results that, when applied, will likely improve health outcomes.

4. Executive and public policy makers that have been medically trained will enter the workforce with unique experiences, contributing to a management team that will be sensitive and responsive to the increasingly diverse system. Up until this point, affirmative action and the collective efforts of the Association of American Medical Colleges (AAMC) and medical schools across the country have made headway towards the goal of diversifying the medical field. In 1964, less than 2% of medical school matriculants were minorities. By 1971, with affirmative action firmly in place, this number had swelled to
more than 8%. While these increases were impressive, rapid growth in the minority population through the following decades outpaced any gains in matriculation, leading to stagnation in growth. This prompted the much-needed AAMC initiative “Project 3000 by 2000.”

In 1990, the AAMC initiative Project 3000 by 2000 aimed to increase the representation of minority students in American medical schools to 3000 students by the year 2000. Medical schools were to mobilize in order to find talented minority students who were interested in becoming physicians. Along with that, academic interventions would be in place by high school to ensure that minority students gained the skills necessary for success in the field. With these new efforts in place, between 1990 and 1993, there was a 27% increase in new entrants from underrepresented in medicine (URiM) groups – from 1470 to 1863. However, these modest gains were short-lived. The tide of anti-affirmative action measures, amongst other variables, hindered the actualization of their goal. Ten years later, the goal was finally reached, with over 3000 minority students matriculating, but the strides are not enough. Affirmative action has been met with renewed opposition, highlighted by the Fisher v. The University of Texas at Austin case of 2013 and 2016. Programs such as these help to ensure that diversity remains an important factor considered by schools. The SNMA supports affirmative action as a means to ensure that we adequately diversify the field of medicine.

Pre-college academic segregation by race and poverty has been consistently linked to poor educational outcomes and opportunities. In 2012, the UCLA Civil Rights Project reported that 80% of Hispanic/Latinx students and 74% of Black/African American students attended majority non-White schools. The Project also reported that correlation between a school’s percentage of Hispanic/Latinx and Black/African American students to its percentage of poor students was 0.85, compared to 0.07 for White students. Taken together, URIM students are many times more likely to not only attend a predominantly minority educational system, they are also more than 12 times more likely to attend a concentrated poverty school than their White counterparts. These trends are incredibly concerning and have prompted the members of the SNMA to use our collective voice to influence these troubling tides in education.

Although it took time for the goal of 3000 to be reached, there was an important lesson learned from the project: In order to affect change, it must take a concerted effort in which all
medical institutions actively participate. Deans and administrators at medical institutions must be educated on the importance of making diversity in medicine a priority. Moreover, an initiative for diversity should not just be implemented for students, but faculty and staff as well. A study conducted by Lee and colleagues examined diversity initiatives in the US from the 1960s to the 2000s. Their report discovered an overarching problem: past diversity initiatives were not comprehensive and consistent over space and time.\textsuperscript{17} Pipeline initiatives in high school and pre-high school to bolster interest in and exposure to healthcare are necessary.\textsuperscript{18} Along with these, however, each medical institution must use a mission-driven, multidimensional approach, including mission statement, outreach, admissions, retention, financial aid, cultural and structural competency, and professional standards that require the prioritization of diversity in order to effectively diversify their student, faculty, and administrative population. Only when there is a change in culture – when we all realize the beneficial impact that these strides will have on equitable health outcomes – will diversity truly be achieved and sustained.

**STATEMENT OF POSITION AND RECOMMENDATIONS**

We, the members of the SNMA, are dedicated to fortification of the social and political foundation upon which equitable educational and professional opportunities for underrepresented minorities can be established. Furthermore, we accept the challenge of not only attaining individual and collective successes in medicine, but also of ensuring enhanced opportunities for the next generation. Closing these disparities is imperative given the responsibility that we as health care professionals have accepted: to provide the best care to each and every patient. The SNMA therefore supports:

1. The redoubling of efforts to promote not only the inclusion, but also the active, calculated, and persuasive exposure of URIM students to science and medicine at an early age.
2. Equity and excellence in the education and professional preparation of URIM students from grades K-12.
3. The establishment of equitable access to the highest quality of educational opportunities for students of all ages, circumstances, and origins.
4. The efforts of the AAMC and individual medical school institutions that promote diversity and equity in medical education amongst the student, faculty, and administrative body.
5. The development, funding, and strengthening of programs that enroll, retain, support, and graduate increased numbers of minority medical students.
REFERENCES


