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A Comparison of Matched African American and White Jefferson Graduate

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A Comparison of Matched African American and White Jefferson Graduates

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The likelihood that all US citizens will obtain quality health care during the 21st century depends, greatly, on how well diversified the US physician workforce becomes in the future.[1] Minority physicians, now only 13.5% of our entire physician workforce, are strikingly underrepresented at present.[2] While African Americans, Hispanics, and Native Americans currently make up 13.1% of the US population, projections suggest that these groups will make up approximately 50% of the US population by 2050. What should be a concern is that the percentage of minority physicians in the US physician workforce is not keeping pace with the increasing population percentages of their minority groups. African Americans, for example, constitute 3.7% of our physician workforce, a percentage that has remained essentially frozen for 75 years. The likelihood that this country can increase its number of minority physicians would be much better if it can be shown that minority physicians perform in practice as well as majority physicians. The present benchmark against which the professional accomplishments of minority physicians must be compared in this country is the professional accomplishments of comparable White physicians. A Medline computer search from 1960-2001 failed to identify publication of such a comparative study.

John J. Gartland, MD, Mohammadreza Hojat, PhD, Edward B. Christian, PhD, Clara A. Callahan, MD, and Thomas J. Nasca, MD recently completed the first such study, entitled "African American and White Physicians: A Comparison of Satisfaction with Medical Education, Professional Careers and Research Activities."[3] These investigators identified 148 living African Americans who graduated from Jefferson between 1960 and 1995. Using the Longitudinal Study Database, a control group of 148 White graduates were identified and matched to the 148 African Americans by year of graduation, by gender, and by performances on Step 2 of the United States Medical Licensing Examinations (USMLE). An original 17-item questionnaire was designed and, after IRB approval, was sent to the study subjects with a cover letter explaining the purpose of the study. At study completion time, the overall response rate was 61% (Af-Am-59%, White-63%). The two groups were compared on their questionnaire answers. Statistical significance of differences for continuous measures (10-point Likert scale) were tested using the t test. For discrete variables, the chi square or z test for proportions were used to examine the group difference. Effect size estimates were calculated to examine the practical significance of the findings. An effect size of about 0.75 was considered significant.

Both groups were found to be comparable as to satisfaction with medical education, their medical careers, and with their professional and research activities. No differences were noted between the groups in their satisfaction with medical school financial support, with their preparation for a medical career, with their educational experience, with Jefferson's academic environment, and with their medical practice incomes. Board certification rates were similar in both groups. Fifteen percent of African Americans respondents were members of a medical school faculty (majority full-time) and three were department chairs. Thirty five percent of White respondents were members of a medical school faculty (majority volunteers), but none were department chairs. More African American respondents than White respondents practiced in economically deprived areas and cared for poor minority patients.

More African American respondents than White respondents reported greater and persistent dissatisfaction with interactions with medical school faculty, with medical school administrators, and with the social environment during their medical school years. As a consequence, they rarely recommend Jefferson to minority applicants, nor do they contribute to Alumni Annual Giving Campaigns. The authors believe their data support the recommendation that the proportion of African Americans in the US physician workforce should be at least 13% of the total, their present proportion in the general population. In addition, the medical school environment must welcome and embrace cultural diversity in order to better prepare students to meet the health care needs of the 21st century. Jefferson people must work harder to help this campus become more welcoming and supportive of students of all colors and ethnic backgrounds if we wish to contribute to the bettering of health care for all citizens in the 21st century.

References

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