

# Underrepresented Minorities and Jefferson Medical System Healthcare: What Can We Do to Diversify the Physician Workforce?

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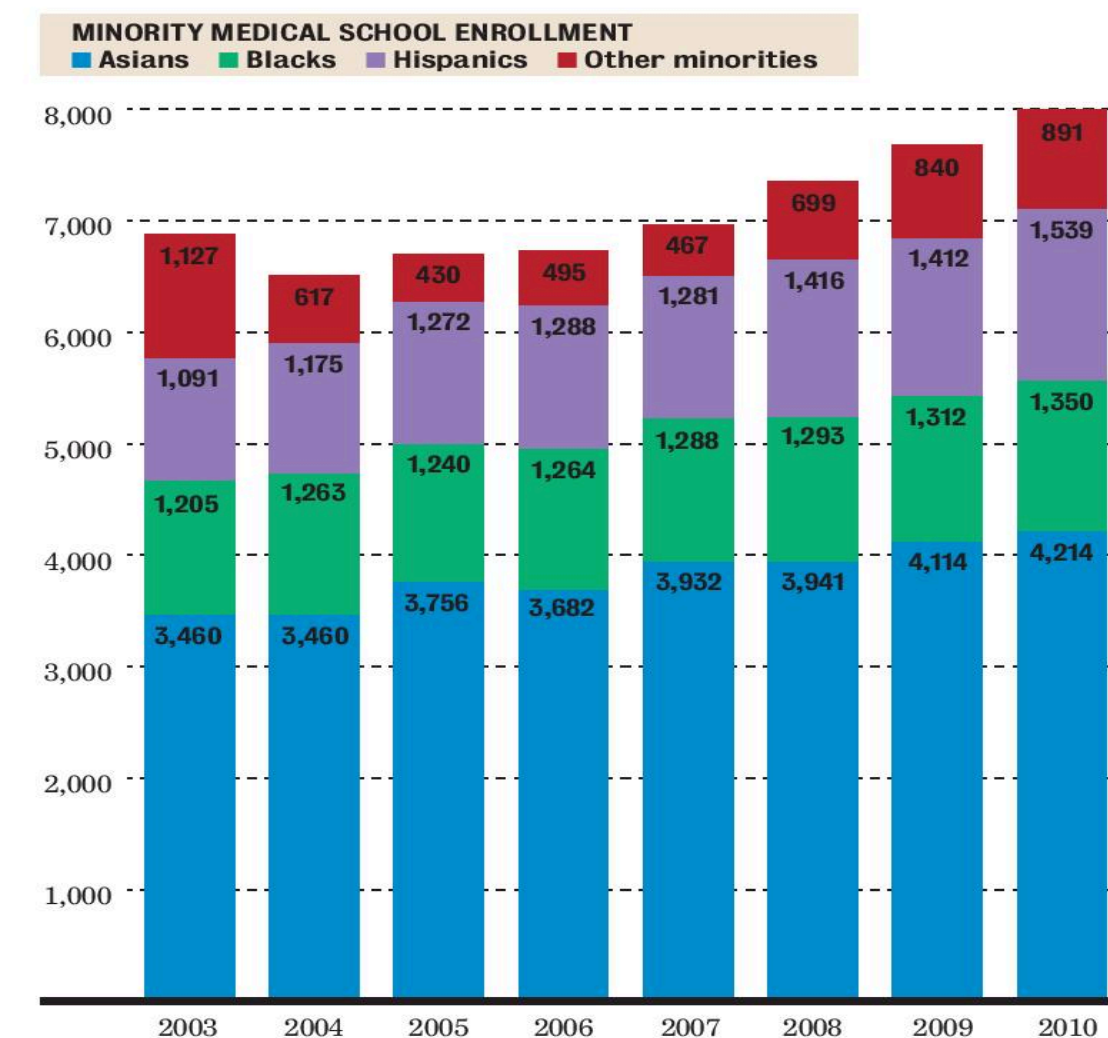
The information presented is the product of two months of research and literature review on: Diversity in the Physician Workplace. The goal of the research was to gain an understanding of why there is a need to have a diverse health workforce, what the barriers are to creating this workforce, and to identify potential practices that could be utilized by the Jefferson Hospital System and University to increase diversity in their workforce.

## Why Diversity?

- An increasingly diverse workforce leads to better levels of care.<sup>1</sup>
- Underserved areas need better care and this is currently not being provided by Physicians from non URM backgrounds.<sup>2</sup>
- Research shows that physicians from diverse backgrounds are more likely to return to service the communities of underrepresented minorities (URMs).<sup>3</sup>
- There will be a decrease in overall healthcare disparities between different groups.<sup>4</sup>

### MORE MINORITIES IN MED SCHOOL

The number of minorities attending U.S. allopathic medical schools went up this fall over last year, according to enrollment figures released Oct. 13 by the Assn. of American Medical Colleges. The most significant jump was among Hispanic male medical students, who increased 17.1% over last year. Here are first-year minority medical school enrollment trends in recent years:



SOURCE: ASSN. OF AMERICAN MEDICAL COLLEGES DATA WAREHOUSE, APPLICANT MATRICULANT FILE AS OF OCT. 4 (HTTP://WWW.AAMC.ORG/NEWSROOM/PRESSREL/2010/ENROLLMENTDATA2010.PDF)

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## Barriers to Increased URM Engagement in Medicine

- Lack of educational opportunities in low SES areas.<sup>5</sup>
- Chemistry coursework in college found to be the most challenging on average.<sup>6</sup>
- Decrease in interest in sciences while in college, often due to financial concerns.<sup>7</sup>
- Social mobility hampered by low expectations, fear of dominant groups, sense of difference, bad networking with successful URM students, and feelings of inadequacy due to social isolation.<sup>8</sup>
- Lack of proper advising systems to push URM students towards medical fields.<sup>9</sup>



## Potential Study Limitations:

Literature review of 30 articles on diversity initiatives and their progress, success, and failure, as well as analysis of the current issues in diversifying medicine. Almost all studies used were from Academic Medicine, but that is where most of the data was found. All articles cited found significant differences in their research.

## What We Can Do About It

- Academic Assistance: Pipeline programs, school supplementation (after school and summer), and tutoring.<sup>10</sup>
- Mentoring, Counseling, and Guidance, academically and clinically.<sup>11</sup>
- Post-Baccalaureate Programs.<sup>12</sup>
- Social mobility enhanced by socialization from similar group members and the sensitization of other students.<sup>1</sup>
- Financial Assistance.<sup>5</sup>
- Partnerships between different schools at different levels of education to move URM students seamlessly through the pipeline.<sup>13</sup>
- General communal and familial support.<sup>14</sup>
- Admissions criteria moving away from standardized test scores and allowing for early admissions.<sup>15</sup>
- Good institutional leadership in favor of supporting initiatives.<sup>14</sup>
- Using accreditation as a method for incentivizing universities.<sup>10</sup>



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