

The Bridge to Diversity: The Role of the National Medical Association and the African-American Physician

Eric M. Schlueter, MD

Winnsboro, South Carolina

Three major reports confirming the presence of health disparities have made significant recommendations toward their elimination. One of the major recommendations is to increase the number of African-American and minority physicians. These recommendations come at a time when some communities are experiencing a physician shortage and some are forecasting a nationwide physician shortage. The National Medical Association and members of the African-American and minority physician community are in the best position to bring the necessary parties together to address this issue on local and national levels. Are we ready to respond to the call to action?

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INTRODUCTION

Entering the 21st century, a growing body of research showed that millions of Americans were without health insurance. The lack of health insurance often forces men, women and children to rely on poorly coordinated healthcare resources. This research also revealed that when all social and economic characteristics are considered, African-American and other ethnic minority men, women and children experience poorer health outcomes compared to the Caucasian population. These health outcomes translate into a higher level of disease, pain, suffering and death.

A tremendous amount of time, money and research was devoted to find out why these disparities exist. The findings are documented in the Institute of Medicine's 2002 report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care"; the W.K. Kellogg Foundation's 2002 report, "The Color of Medicine: Strategies for Increasing Diversity in the U.S. Physician Workforce"; and the Sullivan Commission's 2004

report, "Mission Persons: Minorities in the Health Professions." Of these reports, one of the overwhelming conclusions for health disparities is America's lack of an adequate minority physician supply.

According to the Association of American Medical Colleges (AAMC), in the year 2000, there were only 31,390 African-American physicians. This represented only 4.4% of the total physician supply. To reach a 12.3% ratio, which equals the percentage of African Americans in the general population, there need to be $\geq 87,749$ African-American physicians.

A Call to Action: The Role of the African-American Physician

There are many issues facing the African-American and minority physician: family life, patient care, practice management, scientific and clinical research, and continuing education. Our efforts to advance our profession will go to waste if we do not invest the necessary time and money in our next generation of African-American and minority premedical students.

With the national focus on health disparities, an institutional call for change, current and future physician shortages, and a slow movement toward a national healthcare system, we have the momentum on our side. This is the time for the African-American and minority physician community to unite and bring the necessary parties together to address this issue on local and national levels.

Recommendations toward Achieving Diversity

The reports by the Institute of Medicine, W.K. Kellogg Foundation and the Sullivan Commission issued many recommendations. Some of the recommendations related to premedical education include:

1. Obtain nationwide endorsement and support for workforce diversity.
2. Increase cultural competence training at all levels of the educational and healthcare delivery systems.

3. Develop partnerships among medical schools, colleges, technical schools, local public schools, businesses and community organizations.
4. Expand and strengthen academic enrichment and pipeline programs.
5. Conduct public awareness campaigns to encourage minority students to pursue careers in health professions.
6. Increase funding for diversity and scholarship programs.
7. Develop leadership training programs.
8. Improve high-school, college and medical school student guidance, support and retention programs.
9. Eliminate the Medical College Admissions Test (MCAT).

Based upon my own recent premedical experience and continuing interaction with premedical students at all levels, there are additional critical areas we need to address.

Overcoming Barriers: Additional Recommendations

The creation of a physician is a long and extensive process. The road from kindergarten to residency graduate consists of ≥ 23 years of school. This education spans ≥ 6 different school settings: elementary school, middle school, high school, college, medical school and residency training. This educational system is fragmented, and each setting works independently and often provides inconsistent advice, guidance and support. Poor decisions are made by minority premedical students, and the goal of becoming a physician disappears from the horizon.

A Mentoring Program

As 31,000 physicians strong and living in communities throughout the country, we are in the greatest position to provide consistency in our educational system. With the guidance of our national and local medical associations, we need to establish community-based mentoring programs. We carry the knowledge and experience that most counselors and premedical advisors do not have.

Individual minority physicians can adopt local elementary, middle and high schools. These physician mentors can work with guidance counselors and science teachers to support African-American and minority students who are already interested in medicine and stir up the passion for medicine in those students who have not made a career choice but show excellent potential.

Most mentoring and inspirational programs focus on the student. One key component is missing. Mentoring programs have to involve parents and extended family members. It is critical that these individuals have a strong vision for what their children can achieve and

what it will take to achieve it. A career counselor/teacher-physician mentor-parent-student team will produce overwhelming success.

Local physicians can get involved at the college level by fostering the development and support of minority-based premedical clubs or Student National Medical Association Minority Association of Premedical Students (MAPS) chapters. College premedical advisors are a wonderful resource to help students navigate the college premedical curriculum. However, without actual personal premedical or medical experience, they often are not able to provide the full mentoring capability of a physician.

In order for a physician-based, minority, premedical student mentorship program to work, all of us have to support the program. We have to provide the same accurate guidance and instruction. Becoming a premedical student physician mentor can be intimidating. Having been removed from the premedical experience for many years, we often forget what allowed us to achieve and the details of the premedical program. To break down this barrier, resources can be developed to help familiarize physicians with the premedical experience and provide guidance on issues the students of today often experience.

Centers of Excellence

Considering all stages of the medical education, medical schools have taken the greatest steps toward creating diversity in the field of medicine. Medical schools with a commitment toward diversity have developed programs and initiatives to recruit minority premedical students, and support their minority medical students and faculty members. The federal government has supported this effort by providing grants and giving some of these schools a "center of excellence" designation. A minority medical school applicant can be assured that they will have the greatest chance of success by attending a school with this designation.

Minority student applicants to college with premedical aspirations do not have the benefit of a "center of excellence" premedical program designation to guide their college selection. Currently, our students have to rely on word of mouth and guidance from high-school counselors to determine the best college program. The wrong decision can all but eliminate a student from achieving admission to medical school.

As a means to help African-American and minority premedical students, we should develop criteria and program characteristics to designate a college as a "premedical center of excellence." This designation would mean that an African-American or minority college applicant could be assured that the school has the necessary support services in place that will allow them to have the highest chance of achieving success. Funding can be made available to colleges and universities who

desire to develop such a program. Minority high-school students with premedical aspirations can be encouraged to attend a school with this designation.

MCAT Exam

There has been controversy about the validity of the MCAT exam as a basis for medical school admissions. We know the exam does not predict who will become a good physician. However, despite what we know, the MCAT is here to stay. The MCAT does gauge how a student performs on standardized exams. Standardized exams are a part of medical education with the USMLE parts 1 and 2, and clinical physicians take licensing and board certification exams throughout their medical career.

There is no doubt that participation in a well-organized review program leads to higher exam scores. College students who complete an MCAT review program through Kaplan, or physicians who complete a board certification review program on average receive better scores.

To reduce the barrier that the MCAT currently imposes on many minority students, funding should be made available for minority students to attend established MCAT review programs. In addition, funding can be made available to create a standardized MCAT review program. The curriculum and testing resources for this review program can be made available to historically black colleges and universities (HBCUs) and summer programs. Interested HBCUs can offer the review program as a standard premedical course for credit toward graduation. Minority-student-based MCAT review summer programs can utilize the curriculum and testing resources to provide a summer academic enrichment experience.

CONCLUSION

The most effective leader in eliminating health disparities is the NMA, with the full participation of and support of African-American physicians throughout this country. Our premedical educational system is fragmented and broken. To have numerical growth in the African-American, premedical student body, we need to get involved and become more visible—make medicine more appealing and a realistic achievable career goal. Through participation in mentoring programs, premedical chapters and summer programs, we can make a difference. Lastly, we need to

secure long-term funding for scholarship and program implementation. The time is now. Are we ready for the call to action?

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