Fostering a Diverse Work Environment

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Lesbian, Gay, Bisexual, Transgendered, Questioning & Allied (LGBTQQA)
The Invisible Minority

- The US physician workforce in academic medicine reflects neither the diversity of US society at large nor the diversity of the medical student population.

- Little research available on LGBT physicians in training or physicians in the workforce.

- Without explicit teaching about LGBT issues, physicians and medical students will reflect the same extent of homophobia and heterosexism that exists in broader society.

- Health care professional training contributes to the stigma through the invisibility of sexual and gender identities in the curriculum.

- Need to build a diverse academic medicine workforce, especially an educator workforce to instill in future physicians the knowledge, mentorship, abilities, and socialization skills to facilitate the elimination of health disparities.

- The lack of culturally competent providers is a significant barrier to quality healthcare for many LGBT people.
Challenges faced by LGBT Residency Applicants

• Stress of decision making concerning coming out
  • fear of discrimination and harassment
  • fear of negative comments ranging from stereotyping, jokes, ridicule, and judgements
  • fear may affect rank order list

• Lack of mentors or role models to offer guidance in professional issues surrounding LGBT identity

• No federal laws that consistently protects LGBT people from employment discrimination based on sexual orientation and gender identity
  • Fear of matching in a program in a state where it remains legal to discriminate based on sexual orientation or gender identity
As of May 2014

• States that prohibit discrimination based on sexual orientation and gender identity (18 states and DC) California, Colorado, Connecticut, Delaware, DC, Hawaii, Illinois, Iowa, Massachusetts, Maine, Maryland, Minnesota, New Jersey, New Mexico, Nevada, Oregon, Rhode Island, Vermont, Washington

• States that prohibit discrimination based on sexual orientation only (3 states): New Hampshire, New York, Wisconsin

• LGBT protection in a non-discrimination policy is considered foundational to LGBT equity and inclusion, and sends a powerful positive message to LGBT faculty, residents, student
The good news

• According to the HRC’s annual HealthCare Equality Index (718 healthcare facilities rated by self report)

  • In 2010, 94% of healthcare facilities reported having Sexual Orientation in Nondiscrimination policies and 32% reported having Gender Identity in employee Nondiscrimination policies

  • In 2014, 96% reported having Sexual Orientation in Nondiscrimination policies and 85% had Gender Identity in employee non-discrimination policy
Benefits of LGBT Faculty as per the AAMC

- LGBT Faculty and leaders bring great benefits to a school of medicine including:
  - Serving as positive role models for LGBT students, residents, and staff
  - Creating a positive shift in institutional views of LGBT personnel and patients
  - Supporting research on LGBT health disparities
  - Adding to a sense of acceptance, respect, and equity of the institutional environment.

- Creating a welcoming, respectful climate for LGBT faculty and leaders will help retain them, help them be successful, and allows them to take a role among the champions for fair treatment for all diverse trainees, staff, and faculty
International Medical Graduates (IMGs)
Background

- 28% of physicians in the United States are international medical graduates (IMGs)

- States with the heaviest concentration of IMGs: New Jersey (45% of doctors); New York (42%); Florida (37%); and Illinois (34%)

- In 2014, 10% of matched applicants into categorical pediatrics were non-US IMGs

- In 2014, 17% of matched applicants into pediatric fellowship programs are non-US IMGs

- IMG physicians are more likely than USMGs to practice in an under-resourced area
Broad Acculturation Needs

1) IMG residents are socialized to their “home” culture
   - Can lead to difficulty in patient and team communication
   - Influence of gender and religion in health care

2) IMG residents may not have an understanding the US culture or US medical system
   - Affects rapport building, shared medical decision making model
   - Impact of social determinants of health and importance of prevention
Discrimination and Isolation

• Especially, non-native English speaking IMGs tend to feel social isolation

• Discrimination and insensitivity in the workplace by colleagues is common for IMGs

• Significant stress for IMGs on the transition in and out of residency or fellowship, especially for those J1 visa holders
Faculty Development Needs

• Necessary to have an understanding of acculturation needs of IMG residents

• Important to have an acculturation curriculum to address these needs

• ECFMG has online curriculum for residents: http://www.ecfmg.org/echo/kids-index.html which is a good starting place, but not sufficient
Underrepresented Minorities (URM) in Pediatrics
URM in Pediatrics

- American Association of Medical Colleges (AAMC)
- Evolves based on population demographics

As of 2013
- African American
- Mexican American
- American Indian
- Alaska Native
- Native Hawaiian
- Mainland Puerto Rican
The Disparity

- Ethnic make-up of US children is far more diverse than their pediatricians. *Stoddard*

- Ethnic make-up of US children is far more diverse than academic pediatricians. *Walker*

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Challenges & Solutions

Recruitment to pediatrics/primary care
Evidence base for recruitment and retention in pediatrics & academics
Financing
Perceived discrimination

Specific recruitment efforts
Mentoring
Rigorous faculty development programs
Financial support
MS & resident diversity
Visibility of diversity efforts
Small group discussion

• What challenges has your program faced around recruitment, retention, mentorship and enlisting institutional support of a diverse workforce?

• What strategies has your program developed to overcome these challenges?
References-LGBTQA


2. Snowdon S. (2013) Recommendations for Enhancing the Climate for LGBT Students and Employees in Health Professional Schools: A GLMA White Paper


