Communication from the ASGE Membership and Diversity Committee

SPECIAL ARTICLE

Diversity in gastroenterology in the United States: Where are we now? Where should we go?

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The term *diversity* has many definitions that have continued to evolve and expand over time. At its core, diversity is "a concept that encompasses acceptance and respect. It means the understanding that each individual is unique, and recognizing individual differences."[1] Nowhere is diversity more apparent today than in our changing healthcare system. Given improved access to healthcare provided through healthcare reform and the rapidly changing demographics of the U.S. population, it is expected that the U.S. healthcare system will continue to become more diverse in the future. However, the U.S. healthcare workforce does not mirror the population that it serves, a disparity that is most glaring in medical specialties including gastroenterology. It is well understood that promoting diversity among the healthcare workforce is essential to improving the quality of care for all patients.[2] For example, by developing a more diverse workforce we can enhance the healthcare we provide to our changing population in a number of important areas: (1) increasing care in underrepresented communities, (2) improving familiarity with the cultural customs, values, and behaviors of our patients, (3) promoting research in healthcare disparities, and (4) cultivating mentors for future healthcare providers.[3]

The following review critically examines healthcare disparities in medicine and gastroenterology and reviews a number of initiatives that the American Society for Gastrointestinal Endoscopy (ASGE) has undertaken to help address these gaps. This review also will highlight future directions that the ASGE is addressing and upon which the ASGE is embarking.

TRENDS IN DIVERSITY FOR MEDICINE AND GASTROENTEROLOGY

Diversity of race and ethnicity is woven into the fabric of the United States. The breadth of this diversity is due in large part to immigrants who have migrated from all over the world to the United States. Initially, large waves of European immigrants in the 18th through mid-20th centuries influenced every aspect of U.S. culture, from politics to art. However, there has been a recent shift in this influence because of changing immigration patterns. Over the last 3 decades there has been a rapid and steady inflow of immigrants from Latin America and Asia who have now made the United States an even more ethnically diverse society, which, in turn, has had important implications for healthcare.[4]

In light of its ethnic mélange, in the 1970s, the U.S. government began creating and executing policies directed toward providing equal and adequate healthcare for all. However, many of these policies have been unsuccessful at increasing the diversity of the healthcare workforce and ensuring equal care for all racial groups in the United States. For instance, members of racial and/or ethnic minority groups continue to be underrepresented in the healthcare workforce.[5] This lack of representation has a number of consequences for healthcare in underserved communities. For example, minority healthcare professionals are more likely to practice in minority and medically underserved areas[6,7] as well as understand behaviors and social norms of underrepresented groups, which, in turn, can aid in patient adherence and compliance with medical treatment. Furthermore, minority healthcare professionals can serve as role models for future healthcare workers.

In addition to there being a lack of diversity in the healthcare workforce, underrepresented minority patients do far worse on a number of healthcare quality measures. In particular, minority groups are more likely to experience difficult physician-patient communication, feel disrespected by the healthcare system, and are more likely to experience barriers in obtaining healthcare insurance.[8] Moreover, even when healthcare resources are geographically accessible, language and cultural barriers create additional problems and limitations for minority populations.[9]

As a major medical specialty society, the ASGE is aware of the role that gastroenterology and specifically gastrointestinal endoscopy play in the overall digestive health of the U.S. population. To bridge the gaps in healthcare that

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prevail for underrepresented minorities, the ASGE sought to better understand the impact of racial and sex diversity on GI healthcare disparities. Along these lines, the ASGE conducted a survey in 2012 to assess ASGE membership with regard to member self-identification. In examining these survey results, a number of concerning trends were observed. First, the percentage of underrepresented minorities in gastroenterology was incredibly low, with Hispanics, African Americans, and American Indians and/or Alaskan Natives comprising <10% of practicing gastroenterology providers (Fig. 1). Second, just 1 in 10 gastroenterologists in the United States are women. Similar data have been reported from other gastroenterology societies, with little change over the last decade.[10] These results highlight the large gap that continues to exist with respect to racial and sex diversity within the field of gastroenterology.

A critical mechanism to address GI healthcare disparities as well as improve the diversity among gastroenterologists is to enrich the diversity among gastroenterology trainees. Training a more diverse pool of well-qualified gastroenterologists, in terms of providing more culturally appropriate curriculum, providing a variety of diverse clinical experiences, and increasing the diversity in fellowship classes is integral to this enrichment. Small improvements have been noted in terms of increasing sex and racial diversity among gastroenterology fellowship programs in recent years, but more work is needed in this arena. A number of important benefits would be realized by creating a more diverse gastroenterology workforce; such benefits would include strengthening provider-patient communication and relationships, enhancing patient compliance with provider treatment recommendations, and improving healthcare outcomes among patients from different backgrounds.

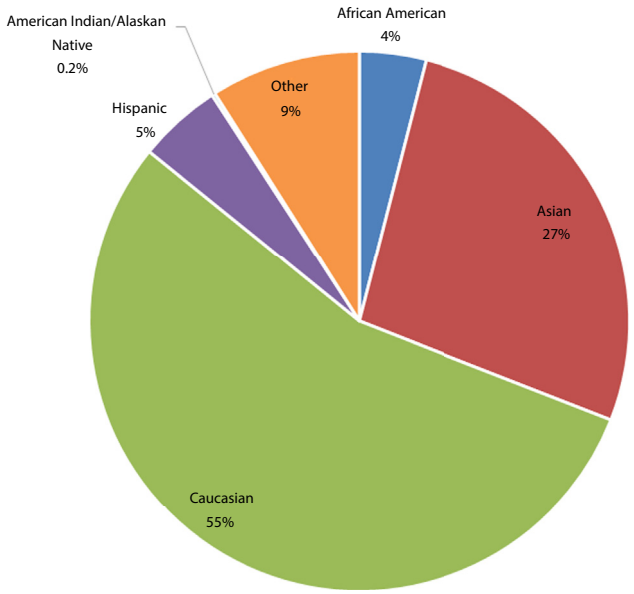

Figure 1. Racial distribution among ASGE members (self-identified).

ASGE DIVERSITY SURVEY RESULTS

After assessing the diversity of its membership, the ASGE then conducted a survey of its practicing gastroenterologists and trainee members in 2013 in order to gain a better understanding and awareness of current gastroenterologists' perceptions of diversity (Table 1). The survey was sent to 7408 ASGE members, of whom 169 responded (2.3% response rate). Among respondents, 85.5% were practicing members, and 14.5% were trainees, with the largest group of respondents between the ages of 34 and 44 (29.6%).

The survey clearly illustrated that many members were unaware of the ASGE's efforts at improving diversity in the field of gastroenterology. Among respondents, only 55.7% were aware that the ASGE had a Diversity Committee. Furthermore, respondents had little knowledge of initiatives led by the committee: only 14.0% were aware of the ASGE Diversity Initiatives Web page, 27.3% were aware of the Gastroenterology Women's Coalition, and 39.1% were aware of the annual Digestive Disease Week (DDW) diversity reception. When asked about knowledge of existing ASGE patient resources geared toward women and minorities, few respondents were aware of guidelines on racial and/or ethnic issues in endoscopy and pregnant and/or lactating women. Lastly, more than three-quarters of respondents were not aware that a quarter of ASGE's course directors and faculty are female or members of an underrepresented minority group.

Despite an overall lack of familiarity with the ASGE Diversity Committee functions and initiatives, when members were asked whether the ASGE does enough to increase diversity in the field of gastroenterology at this time, the majority agreed that the ASGE does do enough. When questioned about what efforts, programs, and initiatives related to minorities or sex they would like the ASGE to support in the future, their comments varied from promoting women in gastroenterology and increasing endoscopic screening programs in minority populations to increasing diversity within ASGE leadership positions.

WHY DIVERSITY MATTERS

Physician diversity benefits healthcare on multiple levels. First, studies have shown that medical students who attend allopathic medical schools with a racially and ethnically diverse student body gain greater exposure to racial and ethnic differences and feel more prepared to care for minority populations.[11] Second, minority physicians are more willing to practice in underserved communities where access to healthcare is limited.[7,12-15] Third, diversity among healthcare providers also impacts the physician-patient relationship. When given the option to choose, patients prefer to receive healthcare from an individual of similar racial or ethnic background and report greater satisfaction with their care.[6,16] Also, sex