Diversity in Dermatology Residency Programs

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Given the change in our population to one that is more racially and ethnically diverse, the topic of diversity in dermatology residency programs has gained attention. In a field that has become highly competitive, diversity is lagging behind. What are the reasons for this? The existing diversity among medical school matriculants is reflective of the applicant pool, and although modest, there has been an increase in applications and acceptances from minority populations. However, these proportions do not carry through to the population applying to dermatology residency. Making sense of this and planning how to recruit a more diverse applicant pool will improve the quality and cultural competency of future dermatologists.

Journal of Investigative Dermatology Symposium Proceedings (2017) **18,** S46–S49; doi:10.1016/j.jisp.2017.07.001

INTRODUCTION

The US population has changed. No longer are we a society that is monomorphic, and truly we never really were. Between immigrants, native peoples, and the institution of slavery, we have always been a mosaic of skin tones in this country, and we continue to become ever more diverse. The percentage of Americans who identify as people of color has been rapidly increasing. If current projected trends continue, more than one half of all Americans will belong to a minority group by 2050 (US Census Bureau, 2015a). Is this of importance in health care (Buster et al., 2012)? A good doctor is a good doctor, right? The significance of our country's evolving ethnic makeup is worth noting, especially because a disproportionate percentage of these fast-growing groups lack health insurance. According to the US Census report in 2013, those of Hispanic or Latino background had a higher rate of being uninsured compared with the non-Hispanic white population (24.3% vs. 9.8%) (Smith and Medalia, 2013). This was also true of those of Asian descent (14.5%) and African Americans (15.9%). These unmet health-related needs have not gone unnoticed by the US government and have resulted in initiatives aimed at eliminating health disparities. Consider, for example, that the US Department of Health and Human Services laid out the Action Plan to Reduce Racial and Ethnic Health Disparities in 2011 (US Department of Health and Human Services, Office of Minority Health, 2015) and that the Affordable Care Act, which in addition to aiming at increasing coverage options for low- and moderate-income populations, sought to also improve health disparities, with emphasis on medical homes, accountable care organizations, and increasing cultural sensitivity(Adepoju et al., 2015). But are these approaches the right way to go?

DIVERSITY IN MEDICINE

Despite efforts, disparities persist, and truly this is a problem that will take years to mend (Office of Disease Prevention and Health Promotion, 2017). Let us consider that in the United States, diversity among physicians is significantly less than that of the population. Only 4.4% of physicians identify as being of Hispanic or Latino ancestry, and 4.1% are of African American ancestry (Association of American Medical Colleges, 2014). Could this be part of the problem? When patients of color do access the health care system, they have a tendency to seek out a physician of their own race because of personal and primary language preferences, regardless of location (Moy and Bartman, 1995; Saha et al., 2000; Street et al., 2008). Without undermining the importance of access, the future of how these populations are served could depend, in part, on who the physician is and where he/she comes from.

So who are we? The typical US medical student class does not look like it did 50 years ago. We see a greater percentage of women medical students; however, the numbers for students of color still do not reflect our population (Association of American Medical Colleges [AAMC], 2012). Among the applicant pool from 2015 AAMC data (AAMC, 2016a), the black/African American and Hispanic/Latino groups continue to be underrepresented compared with the population in the United States (Figure 1a, c). Matriculation to medical school for these two groups is in proportion to the percentage of applications (AAMC, 2016b). These two populations had the greatest percentage increase in applications from 2013 to 2015, suggesting that recruitment and efforts to attract these students may be working (Figure 1d). However, the Asian population has seen the greatest increase in acceptance to medical school during that same time period (Figure 1d), in addition to being the second largest represented group (Figure 1a and b). When one considers that the total number of matriculants increased by only 2.85% from 2013 to 2015, it is clear that the gains to develop a more diversified physician workforce have been modest thus far.

DIVERSITY IN DERMATOLOGY

How does this affect dermatology? In our field we often can have the "pick of the medical school litter," but the number of trainees entering our field from underrepresented backgrounds is very small. Of the nearly 36,000 applicants seeking residency seats in 2015, those applying to dermatology programs made up slightly less than 2% (AAMC, 2016c). This dilutional effect of students matriculating and applying to residency seems to further negatively affect dermatology applicants identifying as

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Publication of this article was supported by the National Institutes of Health.

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Abbreviation: AAMC, Association of American Medical Colleges

Received 10 October 2016; revised 17 January 2017; accepted 25 January 2017

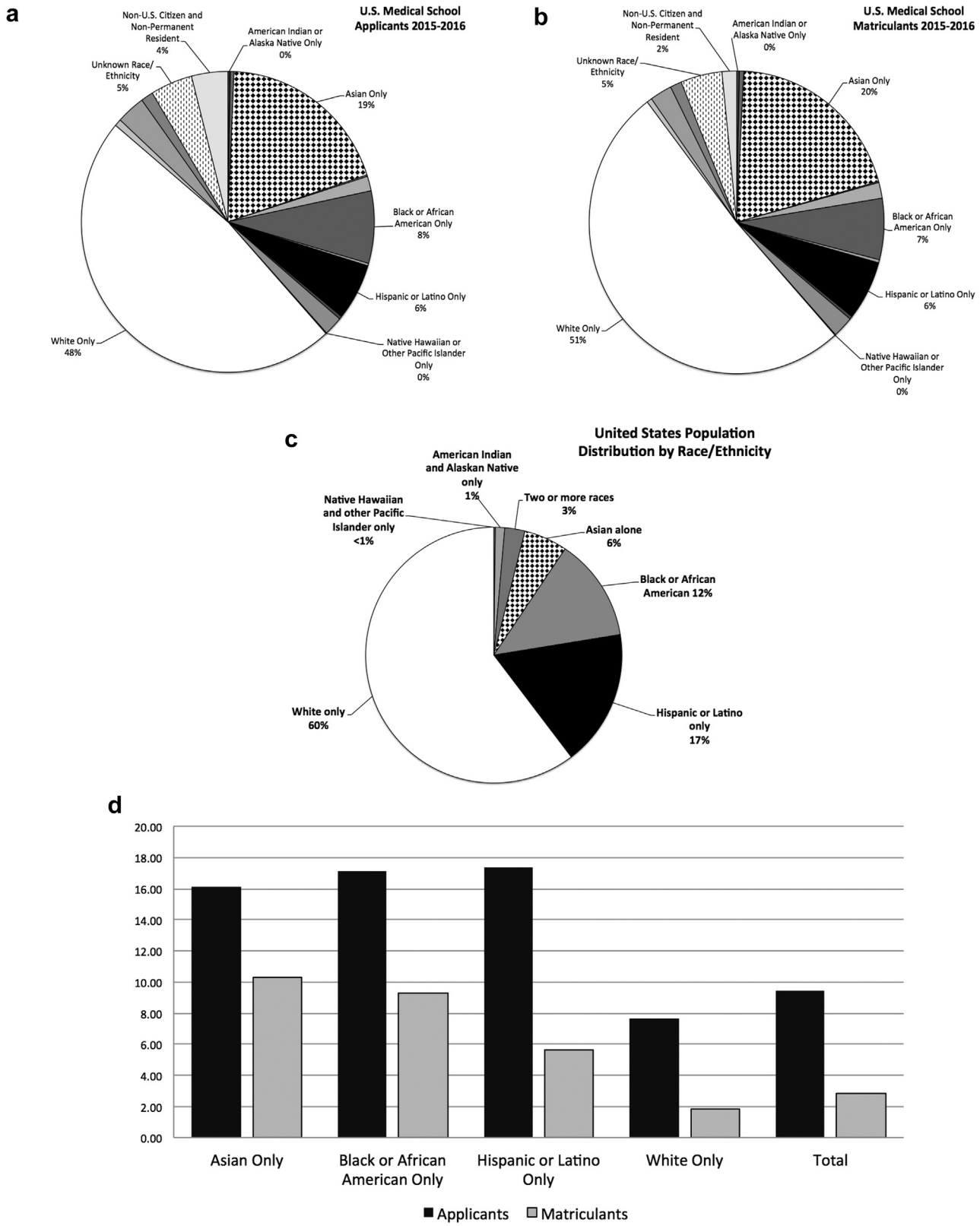

Figure 1. **Distribution of race and ethnicity among medical school applicants and matriculants.** (**a, b**) Distribution of race and ethnicity among (**a**) medical school applicants and (**b**) matriculants to MD degree-granting medical schools in the United States in 2015. Nonlabeled fractions included identifiers with multiple race/ethnicities: American Indian or Alaska Native, black or African American; American Indian or Alaska Native, white; Asian, black or African American; Asian, white; black or African American, white; Hispanic or Latino, black or African American; Hispanic or Latino, white; white, other; other; and multiple race/ethnicity not listed above. (**c**) Estimated distribution of race and ethnicity in the United States, 2015. (**d**) The percentage increase of medical applicants and matriculants from 2013 to 2015 to MD degree-granting medical schools in the United States.