Rx For Better Minority Health Care: More Minority Doctors

One contributor to the health gap is the acute shortage of minority doctors. Increasing their numbers would improve health care for people of color because minority physicians are much more likely to practice medicine in underserved and poor communities. In a 1987 survey by the Association of American Medical Colleges, 52.7 percent of minority medical school graduates said they planned to practice in a socioeconomically deprived area compared to 12.7 percent of non-minorities.

A Rand Corporation survey of the medical class of 1975 ten years after graduation also revealed that:

• More than one-third more minority graduates than nonminorities chose primary care specialties, such as family/general practice, pediatrics, obstetrics/gynecology, or general/internal medicine;

• Black and Latino graduates care for a higher precentage of Medicaid patients than graduates of other ethnic groups.

How severe is the doctor shortage?

	Black	Latino	Native American
% of doctors	3.0	4.0	0.1
% of population	12.0	7.9	0.6

In the 1970s, affirmative action by medical schools boosted minority admissions to medical school. The percentage of Black students, for example, doubled from three to six percent.

But progress has stalled; in fact, the number of Black graduates dropped in 1984 and has not improved since.

Money is a major obstacle. The National Health Service Corps used to provide financial aid to medical students who agreed to work for at least two years after graduation in medically underserved areas. In 1980, when Reagan took office, $79.5 million in scholarships allowed more than 3,000 doctors to enter the program.

By 1988, there was only enough funding for 38 new doctors and this year the scholarships have been abolished entirely.

Sources:

Assessing the Outcome of Affirmative Action in Medical Schools: A Study of the Class of 1975, The Rand Corporation, August 1987.

Minority Students in Medical Education: Facts and Figures IV, The Association of American Medical Colleges, March 1988.

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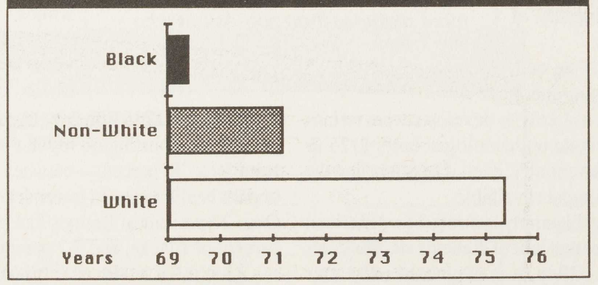
A 1985 study by the Department of Health and Human Services Task Force on Black and Minority Health related the health gap to the fact that people of color are concentrated in inner cities where they are exposed to more hazards, including pollution, substandard and overcrowded housing, and crime. Three out of every five Black and Latino Americans live near an uncontrolled toxic waste site.

Occupational risks also contribute to disparities in illness and death rates. Numerous studies indicate that a higher proportion of people of color are employed in positions that present the greatest risks, including physical and mental stress, and exposure to toxic substances.

Poverty produces poor nutrition, unhealthy habits, inferior education, and high levels of stress which all take a heavy toll on health. Recent research concluded, for instance, that poverty is the single most important risk factor for cancer. People of color in this country are disproportionately poor—and growing poorer.

Some experts say it is difficult to draw direct links between social or economic policies and life expectancy but others say the decline in Black life expectancy is no surprise given the increased poverty, hunger, and homelessness that eight years of Reaganomics produced. Even the increased homicides and accidents, drug and alcohol abuse, and other self-destructive behaviors are reflective of Reagan policies, according to Dr. Arthur H. Hoyte, former D.C. commissioner of public health and a professor at Georgetown University Medical Center. "It doesn't take much to believe that this is a response to hopelessness and despondency," he said.

Life expectancy at birth



Sources:

Report of the Secretary's Task Force on Black and Minority Health, US Dept. of HHS, Aug. 1985.

"Blacks' Life Expectancy Drops," *Washington Post*, Dec. 15, 1988.

"The Black White Health Gap," *Washington Post*, Apr. 5, 1988.

"Diabetes: An Equal Opportunity Disease," *Diabetes Forecast*, Sept. 1988.

"Mexican-Americans, other minorities face high risk of diabetes," *San Jose Mercury News*, Feb. 14, 1988.

"Study Suggests Racism May Affect Health Care," *Los Angeles Times*, Jan. 13, 1989.

"Race and Sex Are Found to Affect Access to Kidney Transplants," *New York Times*, Jan. 24, 1989.

Dear reader,

While CTWO is celebrating its 10th anniversary, *The Minority Trendsletter* is still a relative newcomer. But with our first five issues, we've established a unique vehicle for reporting and analyzing developments in communities of color.

Trendsletter articles have taken a hard look at the "model minority" myth, at the resegregation of public schools, at interracial violence, and at electoral strategies. Our articles have been reprinted in five languages in the United States, Europe, the Philippines, and the Asian Pacific Islands.

In upcoming issues, we'll report on the effects of biotechnology on communities of color, the growing abuse of child labor, and the prospects for multicultural organizing. We'll continue to track trends in immigration, education, quality of life, and politics.

But to continue, we need your help. Many of you have been receiving the *Trendsletter* for free. We hope you'll join us now as subscribers.

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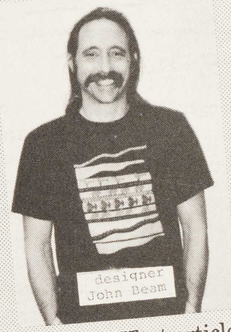

Sincerely,

Gary

Gary Delgado

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