

A Profile of New York's Underrepresented Minority Physicians

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Background

There is growing attention to the importance of diversity – especially racial/ethnic diversity – within the health workforce. However, some racial and ethnic minority groups are substantially underrepresented in the national physician workforce compared to their proportion in the general population. Underrepresented minorities (URMs) include Blacks/African Americans, Hispanics/Latinos, and American Indians/Alaska Natives. Physicians who are Asian/Pacific Islanders are not considered underrepresented since they comprised approximately 7% of the state's population in 2008 but represented 20% of the physician workforce in that same year.

A more diverse health workforce has the potential to increase overall access to and quality of health care in a number of ways. First, in order to avert health workforce shortages, recruitment of underrepresented groups is critical to ensuring sufficient supply. Second, as the country's population becomes increasingly diverse, there is growing emphasis on the need for a culturally competent health workforce that understands the health care needs of the population. Finally, studies have shown that URM practitioners are more likely to provide health care to underserved patients.

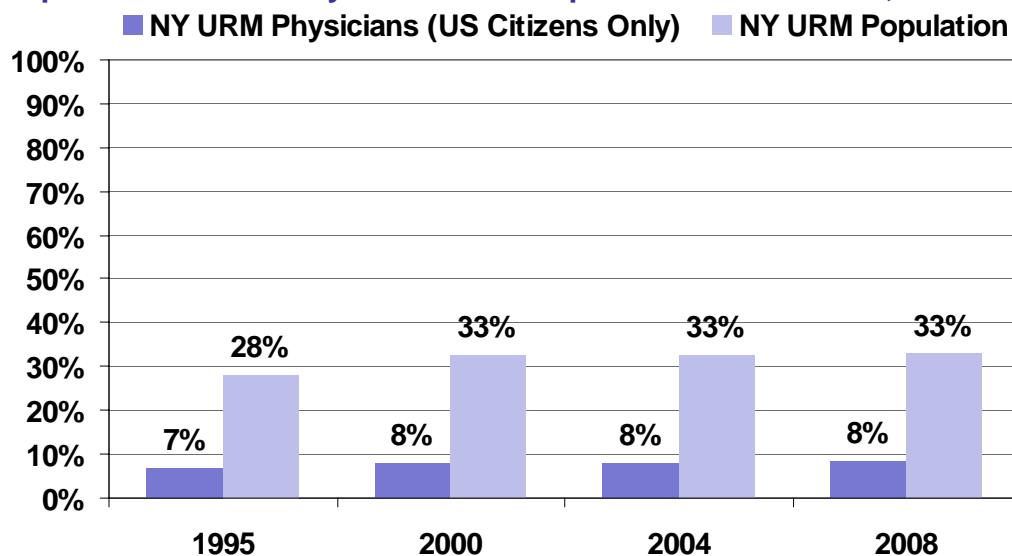
This research brief examines the differences in demographic and practice characteristics between URM physicians and all other physicians in New York. Data for the analysis were drawn from the New York Physician Re-registration Survey (2007-2008) and the Survey of Residents Completing Training in New York (2007-2008). The analysis excluded foreign-born international medical graduates, but included U.S.-born international medical graduates, i.e., U.S. citizens who attended medical schools in foreign countries.

Key Findings

New York's physicians continue to be less diverse than the state's population.

While the percent of URM physicians had increased slightly in New York since 1995, it was still substantially smaller than the corresponding percent represented in the state's general population.

Comparison of URM Physicians and Population in New York, 1995-2008



Source: New York Physician Re-registration Survey; U.S. Census Bureau

URM physicians are more likely to be female and younger compared to all other physicians.

URM physicians had a lower median age than all other physicians (47 versus 50) and were more likely to be female (45% versus 28%). Similarly, a higher percent of newly-trained URM physicians were female (55%) compared to all other newly-trained physicians (44%).

URM physicians are more likely to report a principal specialty in primary care or obstetrics/gynecology (ob/gyn) compared to all other physicians.

Thirty-eight percent of URM physicians reported practicing in primary care specialties compared to 27% of all other physicians. This trend is likely to continue, with 45% of newly-trained URM physicians reporting a primary care or ob/gyn specialty compared to 31% of all other newly-trained physicians.

Principal Specialties of New York Physicians

	URM Physicians	All Other Physicians
Primary Care ¹	38%	27%
Ob/Gyn	9%	5%
IM Specialties	9%	15%
General Surgery	2%	2%
Surgical Specialties	8%	14%
Facility Based ²	10%	12%
Psychiatry	10%	10%
Other	15%	16%

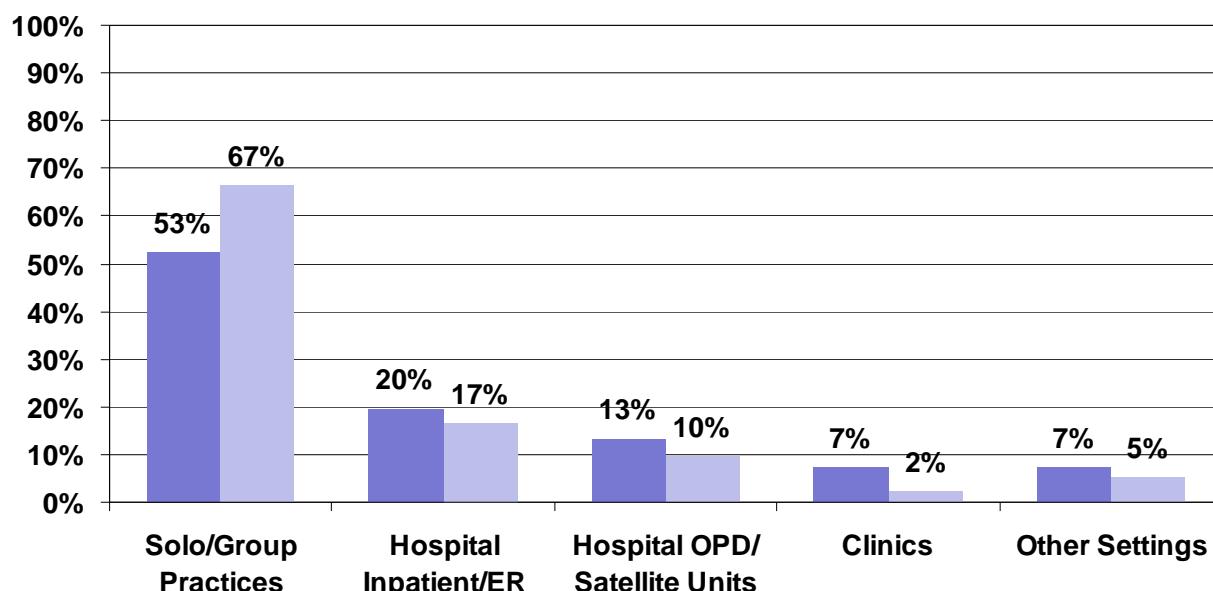
Source: NY Physician Registration Survey (2007-2008)

URM physicians are more likely to practice in hospitals and clinics compared to all other physicians.

Forty percent of URM physicians reported practicing in either hospitals (inpatient units, emergency departments, or outpatient settings) or clinics compared to 28% of all other physicians.

Principal Settings of New York Physicians

■ URM Physicians ■ All Other Physicians



Source: NY Physician Registration Survey (2007-2008)

¹ Primary care specialties include general practice, family medicine, general internal medicine, and general pediatrics

² Facility based specialties include anesthesiology, radiology, and pathology.

Newly-trained URM physicians begin their professional careers with higher levels of educational debt compared to all other newly-trained physicians.

Newly-trained URM physicians reported a median educational debt of \$114,650, 14% higher than the median educational debt of \$100,700 for all other newly-trained physicians.

In 2008, newly-trained URM and non-URM physicians stay to practice in New York at comparable rates and cite proximity to family as their main reason for leaving the state.

Slightly more than half of newly-trained URM physicians reported plans to stay in New York upon completion of their residencies or fellowships. The main reasons newly-trained URM physicians cited for leaving New York were proximity to family and cost of living in New York. Compared to all other physicians, URMs were substantially more likely to cite cost of living as a reason for leaving New York.

Reasons for Leaving New York After Completion of Residency/Fellowship

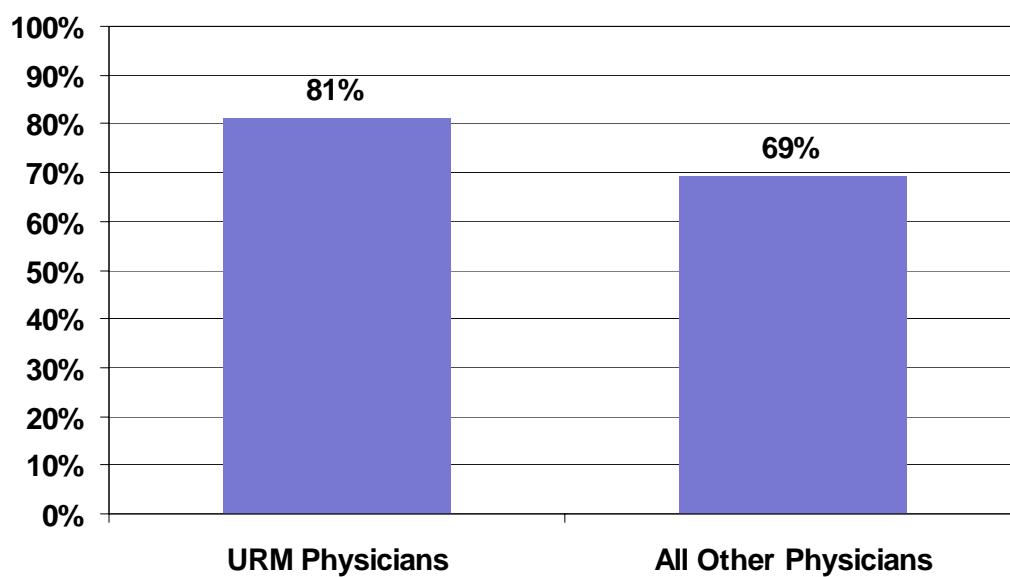
	URM Physicians	All Other Physicians
Proximity to Family	23%	27%
Cost of Living in NY	19%	7%
Overall Lack of Jobs in NY	12%	7%
Better Jobs in Desired Locations Outside NY	12%	18%
Better Jobs in Desired Practice Setting Outside NY	7%	6%
Better Salary Outside NY	5%	8%

Source: Survey of Residents Completing Training in New York (2008)

URM physicians are more likely to work in downstate New York compared to all other physicians.

Eighty-one percent of URM physicians worked in downstate New York (New York City and Nassau, Sullfok, and Westchester counties) compared to 69% of all other physicians.

Percent of URM and All Other Physicians Practicing in Downstate New York



Source: NY Physician Registration Survey (2007-2008)

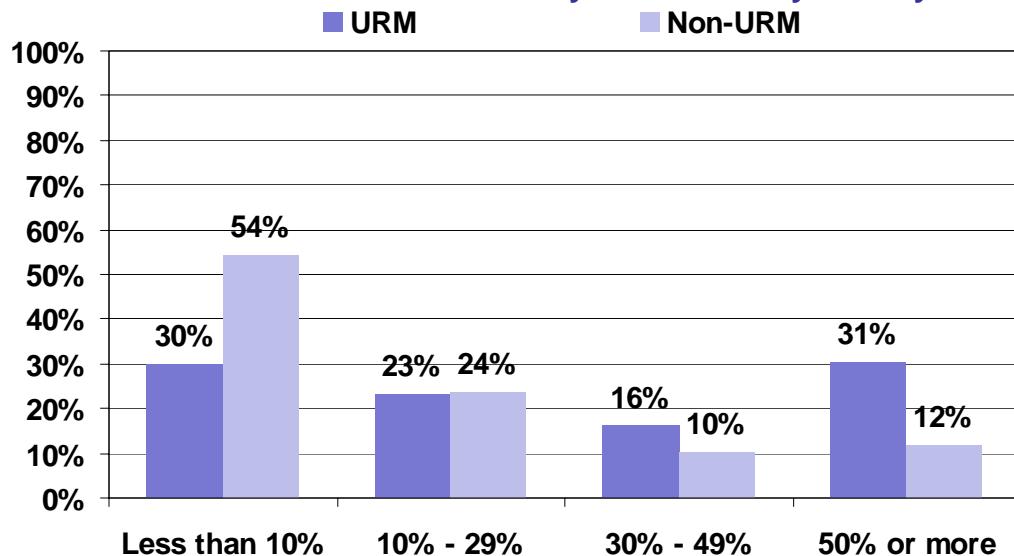
URM primary care physicians are more likely to practice in federally designated primary care shortage areas compared to other physicians.

In 2007, a higher percentage of URM physicians in primary care, ob/gyn, and geriatric specialties (52%) practiced in primary care health professional shortage areas compared to all other physicians in the same specialties (25%).

URM physicians are more likely to serve a higher percentage of Medicaid patients in their practices compared to all other physicians.

About one-third of URM physicians in the state reported patient case loads of at least 50% Medicaid patients compared to 12% for all other physicians.

Percent of Patients with Medicaid as Primary Source of Payment by URM Status



Source: NY Physician Registration Survey (2007-2008)

Conclusion

This research was designed to inform state policy makers, planners, and other stakeholders about URM physicians and their practice patterns compared to all other physicians in New York. The number of URM physicians has not increased substantially over the past decade and remains far less than their corresponding proportion in the state's population.

URM physicians are more likely to practice in a primary care specialty and work in hospitals and clinics. They are also more likely to serve patients covered by Medicaid, and work in areas of the state that are federally designated as primary care shortage areas. The findings of this analysis suggest that URM physicians, who improve the diversity and cultural competency of the physician workforce, can potentially increase access to care and quality of care for underserved populations in New York.

The Center for Health Workforce Studies

This brief was prepared by the Center for Health Workforce Studies at the School of Public Health, University at Albany, State University of New York. The Center's mission is to provide timely, accurate data and conduct policy-relevant research about the health workforce.

The New York Physician Re-registration Survey and the Survey of Residents Completing Training in New York are part of the Center's New York Health Workforce Data System which is designed to support ongoing monitoring of the state's health workforce. The components of the system include licensure re-registration surveys for physicians, dentists, dental hygienist, and registered nurses; annual surveys of residents completing training in the state and registered nursing education programs; and the annual state health workforce tracking report.