

## FROM THE SOCIETY: PART II

## The Minorities in Medicine Interest Group: Helping to Promote and Sustain the Diversity of Academic Internists

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The Minorities in Medicine Interest Group (MIM) was formed in part to address the challenges that minority faculty commonly encounter and offer opportunities to network regarding matters of diversity in academic medicine. For members early in their career, it is an avenue to find peers and mentors to help navigate an often-challenging academic landscape. For senior faculty members, MIM provides an opportunity to help strengthen and support potential future academic leaders of color in addition to allowing for networking opportunities to collaborate across institutions with other members engaged in similar work.

Diversity is a core value of MIM and the Society of General Internal Medicine (SGIM), yet the pursuit and sustainability of diversity can be complicated. Under-represented minorities (URM), as defined by the Association of American Medical College before June 2003, include blacks, Mexican-Americans, and Native Americans (including American Indians, Alaska Natives, and Native Hawaiians and mainland Puerto Ricans)<sup>1</sup>—these groups make up approximately 6% of the physician workforce yet represent 25% of the US population.<sup>2</sup> For URM minorities who have reached the status of student, trainee, or faculty in academic medicine, unique challenges can await. For instance, a study by Ginther et al. in 2011 investigated the association between race/ethnicity of National Institute of Health (NIH) R01 applicants and the probability of receiving an award. They found that Asian and African-American applicants were less likely than whites to receive funding after controlling for various applicant char-

acteristics (e.g. educational background, training, previous research awards, publication record, etc.).<sup>3</sup>

Other studies have shown that some URM faculty perceive their respective institutions as having little commitment to sustaining diversity. In 2009, Price et al. looked at faculty at a large academic medical center in Baltimore, MD. They found that URM faculty perception of institutional diversity climate was especially poor compared to majority faculty and concluded that there was a need to improve efforts to increase and sustain diversity among faculty.<sup>4</sup> In 2010, Mahoney et al. published a study of 36 URM interviews with faculty at a medical school in San Francisco, CA, and identified four challenges for minority faculty: 1) institutional pressure to participate in diversity-related activities, 2) inadequate institutional efforts to increase diversity, 3) perception of discrimination, and 4) a need for more mentorship.<sup>5</sup> In August 2014, the Institute of Medicine released a discussion paper on diversity written by Cato T. Laurencin, MD, PhD, professor of orthopedic surgery at the University of Connecticut and elected member of the Institute of Medicine's National Academy of Sciences.<sup>6</sup> In this paper, it was recommended that promotion of diversity should be accompanied by efforts to understand the underlying causes that may pose barriers to diversity. MIM actively seeks to generate ideas and strategies to support diversity at both the individual-faculty and institutional levels.

MIM's overarching goal is to promote: 1) diversity at all levels of medical education, 2) minority faculty development, 3) minority health research and policy, 4) cross-cultural

care training and minority health, and 5) advocacy for improved health of communities of color. MIM formally meets at the SGIM annual meeting. In the interim, MIM remains active through the GIM Connect site. Also, many MIM members participate in the SGIM Disparities Task Force, which offers multiple early career development opportunities through group conference calls on issues regarding mentorship, faculty development, academic leadership, and health disparities advocacy, in addition to opportunities to participate in scholarly projects related to disparities research. All SGIM members who are interested and/or committed to minority health issues or minority faculty development are invited to join.

Many MIM members' research interests are related to—but not restricted to—minority health. Below is a selection of recent articles published by members of our group:

1. Bussey-Jones J. Memories of race and place in the USA. *The Lancet* 2014; 383 (9911):19.
2. Clay MA, Sikon AL, Lypson ML, et al. Teaching while learning while practicing: reframing faculty development for the patient-centered medical home. *Acad Med* 2013; 88(9):1215-9.
3. Duru OK, Ettner SL, Turk N, et al. Potential savings associated with drug substitution in Medicare part D: the translating research into action for diabetes (TRIAD) study. *J Gen Intern Med* 2014; 29(1):230-6.
4. Gonzalez CM, Kim MY, Marantz PR. Implicit bias and its relation to health disparities: a teaching

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- program and survey of medical students. *Teach Learn Med* 2014; 26(1):64-71.
5. Patel MS, Lypson ML, Miller DD, Davis MM. A framework for evaluating student perceptions of health policy training in medical school. *Acad Med* 2014; 89(10):1375-9.
  6. Perlman RL, Ross PT, Lypson ML. Understanding the medical marriage: physicians and their partners share strategies for success. *Acad Med* 2014 [epub ahead of print].
  7. Saunders MR, Chin MH. Variation in dialysis quality measures by facility, neighborhood, and region. *Med Care* 2013; 51(5):413-7.
  8. Saunders MR, Lee H, Maene C, Schuble T, Cagney KA. Proximity does not equal access: racial disparities in access to high quality dialysis facilities. *J Racial Ethnic Health Disparities* 2014; 1:291-9.
  9. Seagull FJ, Bailey JE, Trout A, Cohan RH, Lypson ML. Residents' ability to interpret radiology images: development and improvement of an assessment tool. *Acad Radiol* 2014; 21(7):909-15.
  10. Williams J, Steers WN, Ettner SL, Mangione CM, Duru OK. Cost-related nonadherence by medication type among Medicare part D beneficiaries with diabetes. *Med Care* 2013; 51(2):193-198.
  3. Ginther DK, Schaffer WT, Schnell J, et al. Race, ethnicity, and NIH research awards. *Science* 2011; 333(6045):1015-9.
  4. Price EG, Powe NR, Kern DE, Golden SH, Wand GS, Cooper LA. Improving the diversity climate in academic medicine: faculty perceptions as a catalyst for institutional change. *Acad Med* 2009; 84(1):95-105.
  5. Mahoney MR, Wilson E, Odom KL, Flowers L, Adler SR. Minority faculty voices on diversity in academic medicine: perspectives from one school. *Acad Med* 2008; 83(8):781-6.
  6. Laurencin CT. Discussion paper. Diversity 5.0: a way forward. Washington, DC: Institute of Medicine, 2014. <http://www.iom.edu/aWayForward>

### References

1. Association of American Medical Colleges. Underrepresented in medicine definition. <https://www.aamc.org/initiatives/urm/> (accessed on September 17, 2014).
2. Association of American Medical Colleges. America needs a more diverse physician workforce. <https://www.aamc.org/download/87306/data/physiciandiversityfacts.pdf> (accessed on September 17, 2014).

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