



### Highlights

- New York's active physicians continue to be less diverse than the state's population.
- Compared to all other physicians, active underrepresented minority physicians (URMs) are more likely to:
  - Be female and younger;
  - Report a principal specialty in primary care;
  - Practice in federally designated primary care shortage areas; and
  - Serve a higher percentage of Medicaid patients in their practices.

### Background

Health workforce diversity is recognized as an important strategy to improve cultural competence in health care and ultimately to reduce health disparities. However, some racial and ethnic groups are substantially underrepresented in health professions compared to their presence in the general population. Underrepresented minorities (URMs) in medicine include Blacks/African Americans, Hispanics/Latinos, and American Indians/Alaska Natives.

This research brief examines the demographic and practice characteristics of URM physicians and compares them with all other physicians in New York. Only active patient care physicians practicing in New York were included in the analysis. Data on the physician workforce were drawn from the New York physician re-registration survey (1995-2010).

### Key Findings

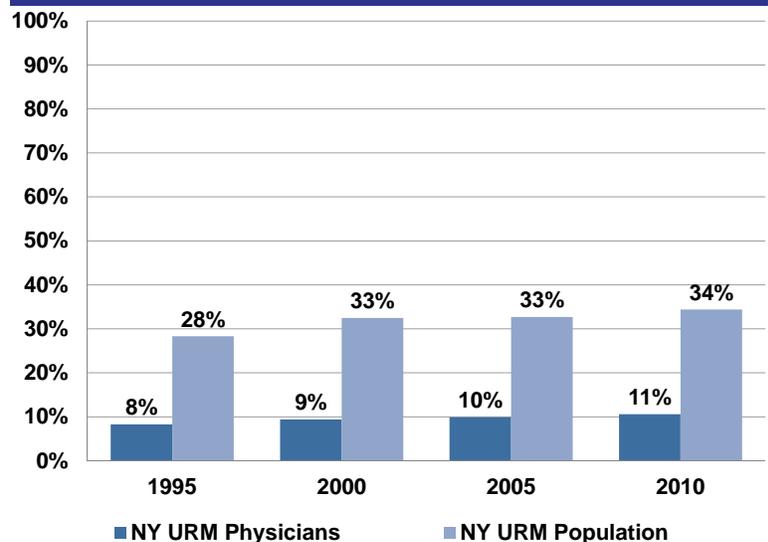
**New York's active physicians continue to be less diverse than the state's population.**

The percent of URM physicians has increased slightly in New York since 1995, but it is still substantially smaller than the corresponding percent of the state's general population.

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

URM physicians had a lower median age than all other physicians (50 versus 52) and were more likely to be female (40% versus 31%).

**Comparison of URM Physicians and Population  
in New York, 1995-2010**



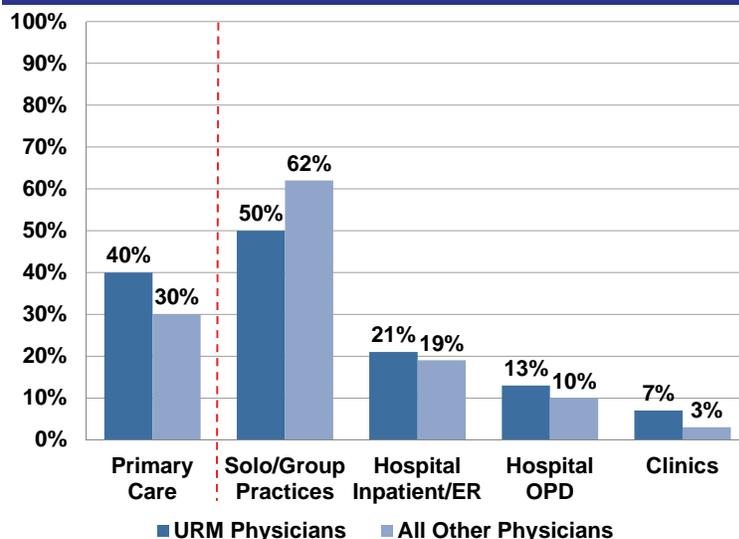
### URM physicians are more likely to report a principal specialty in primary care.

Forty percent of active URM physicians in New York reported a principal specialty in primary care (family medicine, general practice, general internal medicine, and general pediatrics) compared to 30% of all other physicians.

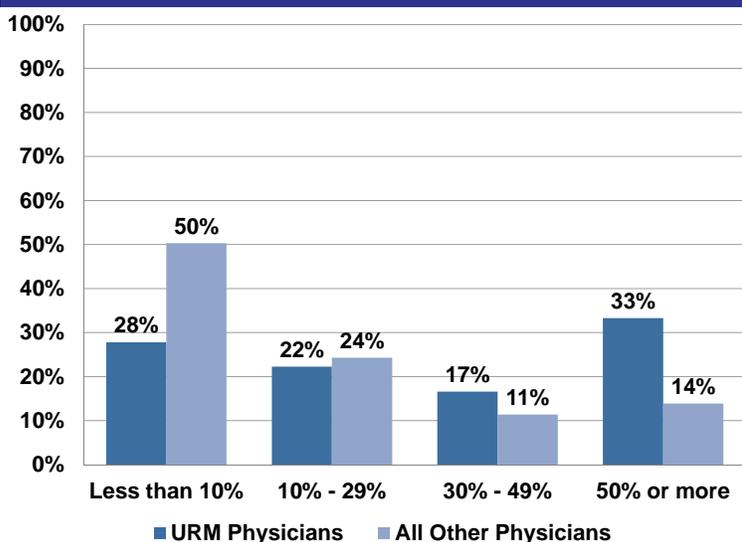
### URM physicians are more likely to practice in hospitals and clinics, compared to all other physicians.

Forty-one percent of active URM physicians in the state reported practicing in either hospitals (inpatient units, emergency departments, or outpatient departments) or clinics compared to 32% of all other physicians.

### Physician Specialty and Setting, 2010



### Percent of Patients with Medicaid as their Primary Source of Payment, 2010



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

In 2009, a higher percentage of URM physicians in primary care specialties practiced in primary care health professional shortage areas (47%) compared to all other physicians in the same specialties (23%).

### URM physicians in New York are more likely to serve a higher percent of Medicaid patients in their practices compared to all other physicians.

Thirty-three percent of URM physicians in New York reported case loads of at least 50% Medicaid patients compared to 14% of all other physicians.

## Conclusion

This research was designed to inform state policy makers, planners, and other stakeholders about active 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 presence in the state's population.

URM physicians are more likely to practice in a primary care specialty, serve Medicaid patients, and work in areas of the state that are federally designated as primary care shortage areas. Increasing the number of URM physicians in New York can potentially increase access to and improve quality of health 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. Center staff who worked on this brief included David Armstrong, Gaetano Forte, and Jean Moore. The New York physician re-registration survey is part of the Center's New York Health Workforce Data System, which is designed to support ongoing monitoring of the state's health workforce. Web site: <http://chws.albany.edu>