

A PROFILE OF NEW YORK'S UNDERREPRESENTED MINORITY PHYSICIANS

Center for Health Workforce Studies, School of Public Health
 University at Albany, State University of New York

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. These underrepresented minorities (URMs) include Blacks/African-Americans, Hispanics/Latinos, and American Indians/Alaska Natives. Asian/Pacific Islander physicians are not considered underrepresented since they comprised approximately 7% of the state’s population in 2006 but represented 20% of the physician workforce in that same year.

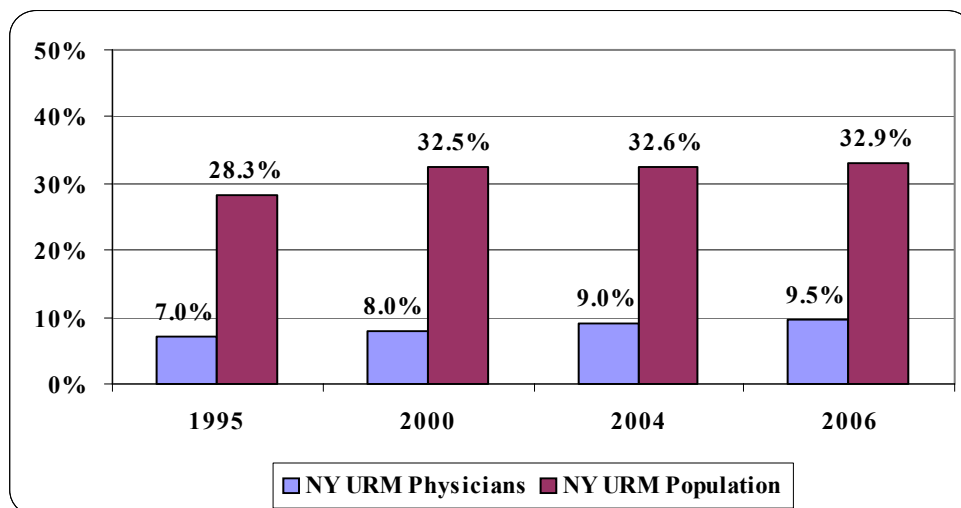
A more diverse health workforce has the potential to increase overall access to and quality of health care in a number of ways. First, in order to avert health workforce shortages, recruitment of underrepresented groups is critical to ensuring sufficient supply. Second, as the country’s population becomes increasingly diverse, there is growing emphasis on the need for a culturally competent health workforce who 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 summarizes findings of an analysis completed by the Center for Health Workforce Studies. Using data drawn from the New York Physician Re-registration Survey (2005-2006) and the 2007 New York Resident Exit Survey, the Center analyzed differences between URM physicians and all other physicians with respect to demographics and practice characteristics as well as practice location and educational debt levels of newly-trained physicians. 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 has increased slightly in New York since 1995, the percent of URMs in the physician workforce is still substantially less than their corresponding representation in the state’s general population.

Comparison of URM Physicians and Population in New York, 1995 - 2006



Source: NYS Education Department Physician Re-licensure Survey; U.S. Census Bureau

URM physicians were more likely to be female and younger compared to all other physicians. URM physicians had a lower median age than all other physicians (46 versus 49) and were more likely to be female (43% versus 29%). Similarly, a higher percent of newly-trained URM physicians were female (63%) compared to all other newly-trained physicians (45%).

URM physicians were more likely to report a principal specialty in primary care or obstetrics/gynecology (Ob/Gyn) compared to all other physicians. Thirty-nine percent of URM physicians reported practicing in primary care specialties compared to 27% of all other physicians.

Practice Specialties of NY Physicians, 2006

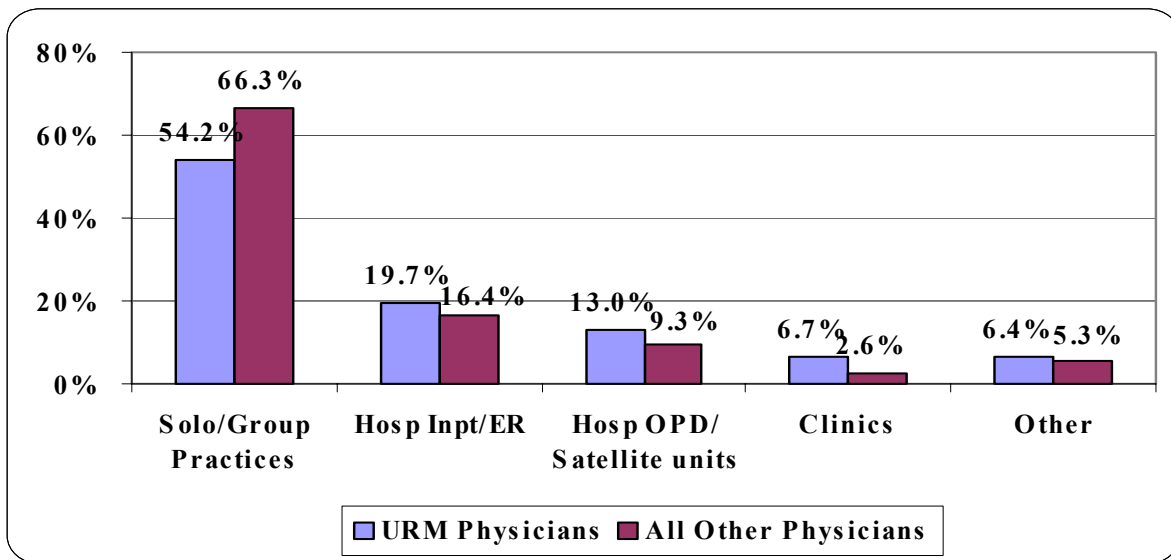
	URM Physicians	All Other Physicians
Primary Care ²	38.9%	27.0%
Ob/Gyn	9.7%	5.2%
IM Specialties	8.2%	14.9%
General Surgery	2.6%	2.3%
Surgical Specialties	8.2%	13.9%
Facility-Based ³	8.5%	11.5%
Psychiatry	9.7%	9.9%
Other	14.4%	15.4%

Source: NYS Education Department Physician Re-licensure Survey

This trend is likely to continue, with 46% of newly-trained URM physicians reporting a primary care or Ob/Gyn specialty compared to 29% of all other newly-trained physicians.

URM physicians were 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.

Practice Settings of NY Physicians, 2006



Source: NYS Education Department Physician Re-licensure Survey

² Primary care specialties includes general practice, family practice, general internal medicine, and general pediatrics.

³ Facility-based specialties include anesthesiology, radiology, and pathology.

In 2007, newly-trained URM physicians began 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 nearly \$116,000, 7% higher than the median educational debt of about \$108,000 for all other newly-trained physicians.

**Median Educational Debt by Specialty
Newly-Trained Physicians, 2007**

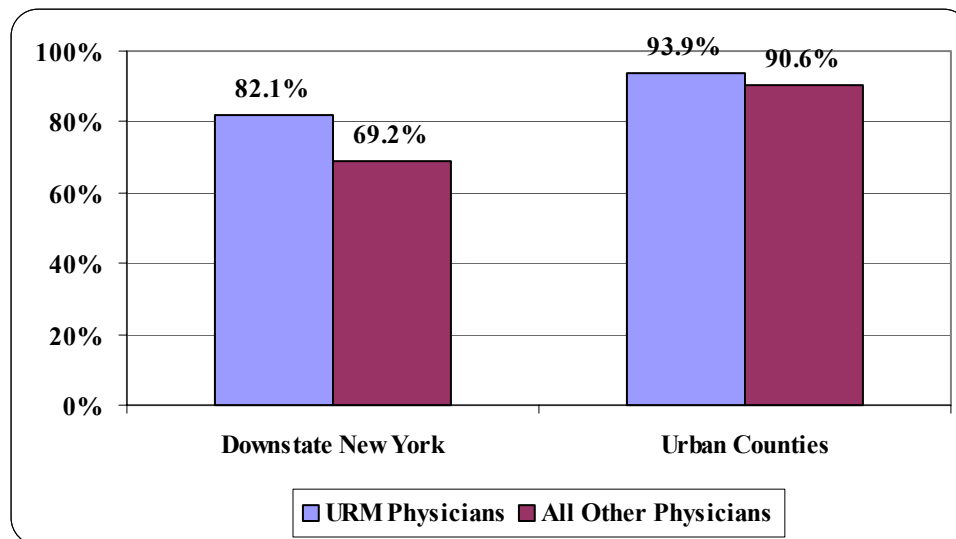
Specialty Groups	URM Physicians	All Other Physicians	Difference
Primary Care	\$131,650	\$119,300	9%
All Other Specialties	\$107,100	\$98,500	8%
Total	\$115,800	\$107,850	7%

Source: CHWS, 2007 Resident Exit Survey

In 2007, newly-trained URM and non-URM physicians stayed to practice in New York at comparable rates and cited similar reasons when deciding to leave New York. Slightly more than half of newly-trained URM physicians reported plans to stay in New York upon completion of their residencies or fellowships, and for those who were not going to practice in New York, proximity to family and inadequate salary/compensation were the primary reasons for leaving.

URM physicians were more likely to work in downstate New York and in urban areas compared to all other physicians. Eighty-two percent of URM physicians worked in downstate New York (New York City and Nassau, Suffolk, and Westchester counties) compared to 69% of all other physicians. Additionally, 94% of URM physicians worked in urban counties⁴ compared to 91% of all other physicians.

Percent of URM and All Other Physicians Practicing Downstate and in Urban Areas, 2006



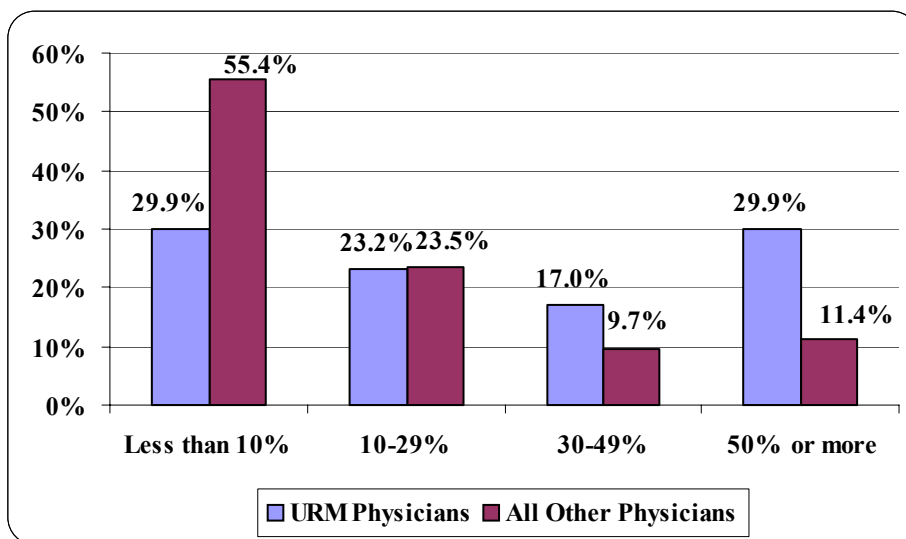
Source: NYS Education Department Physician Re-licensure Survey

⁴ Urban counties were defined using the state definition of urban based on Ebert's typology and include the counties of Albany, Bronx, Broome, Dutchess, Erie, Kings, Monroe, Nassau, New York, Niagara, Oneida, Onondaga, Orange, Queens, Richmond, Rockland, Saratoga, Suffolk, and Westchester.

URM primary care physicians were more likely to practice in federally designated primary care shortage areas compared to other physicians. A higher percentage of URM physicians in primary care and Ob/Gyn specialties (40%) practiced in primary care Health Professional Shortage Areas (HPSAs) compared to all other physicians in the same specialties (18%). This relationship is even more pronounced for newly-trained physicians, where 63% of newly-trained primary care and Ob/Gyn URM physicians reported plans to practice in primary care HPSAs compared to 31% of all other newly-trained physicians in the same specialties.

URM physicians were more likely to serve a higher percentage of Medicaid patients in their practices compared to all other physicians. About one-third of URM physicians reported patient case loads of at least 50% Medicaid patients compared to slightly more than 11% of all other physicians.

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



Source: NYS Education Department Physician Re-licensure Survey

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 report 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. Center staff who contributed to this report include Robert Martiniano, Patrick Mulvaney, Jean Moore, and David Armstrong.

*The Center for Health Workforce Studies
7 University Place, Suite B-334
Rensselaer, NY 12144-3458
<http://chws.albany.edu>*