Q&A: Latinx endocrinologist works to make medicine more diverse

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Sara Berg, MS
Senior News Writer
Each physician serves as an inspiration to patients, colleagues, and the next generation of healers. But it’s not so often that this inspirational aspect of any individual doctor’s work is publicly proclaimed.

But this year, it’s happened for AMA member Ricardo Correa, MD, endocrinology fellowship program director and the director for diversity at the University of Arizona College of Medicine in Phoenix and the Phoenix Veterans Affairs Medical Center. He has been recognized as one of 100 most inspiring Hispanic/Latinx scientists.

The inaugural list of 100 inspiring Hispanic/Latinx scientists in America, from Cell Mentor, was selected based on scholarly achievements, mentoring excellence, and commitment to diversity, equity and inclusion. Those are all facets embodied by Dr. Correa, a member of the AMA International Medical Graduates Section (AMA-IMGS) Governing Council and the AMPAC board of directors.

Dr. Correa also is a member of the AMA Ambassador Program, which equips individuals with the skills and knowledge to confidently speak to the AMA’s initiatives and the value of membership. The program also increases overall awareness about what the AMA does for physicians and their patients.

In a recent interview, Dr. Correa discussed what being recognized as one of the 100 Hispanic/Latinx scientists in America means to him, and how he continues to address diversity and inclusion in medicine.

AMA: Let me start by congratulating you on this honor. What does it mean for you to be recognized in this way?

Dr. Correa: I was really surprised when I saw my name there because you do things not to expect anything—and then you receive something like this. So, for me, I was really surprised. I never expected something like this to happen. This just stimulated me to continue doing the things that I love and to continue helping our community.

AMA: Do you think this will help get more word out about how important it is to have a more diverse physician workforce?

Dr. Correa: Yes, and that is the objective of this group led by Christina Termini, PhD, because it is the same group that created something similar for Black/African American scientists and physicians. For diversity, it's important in the sense that you can see that there are contributors in science and medicine from different backgrounds.

More people can see that there are a lot of faces behind this, and that it's not just one type of scientist. With this list probably coming out every year, you will be able to see different people who are doing their work and then they're helping their own communities. Whether they are Black or Hispanic, they are helping their own communities as well.

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AMA: In your role as diversity director for graduate medical education (GME) at the University of Arizona, what are some of the things that you’re working on to continue to improve diversity in medicine?

Dr. Correa: What I am trying to do is make sure the population of patients who we see are similar to the doctors they are seeing.

In Phoenix, about 30% of the population are Hispanic, so we will have to have that proportion of trainees and faculty members to match. Right now, we only have 6% of Hispanic faculty members, residents and fellows.

To increase that diversity, there are certain things that the college has been doing in UME [undergraduate medical education]. On GME this year, we have been introducing the holistic review of the applications and the interviews. I’m trying to ensure that every program director from all the different programs are getting involved in this, so we started the diversity inclusion subcommittee.

All the programs participate in the subcommittee so that residents, fellows, program directors and coordinators, and staff can have a voice and then they can contribute. There is a collaboration among different institutions in Phoenix and in Tucson for the same goal of increasing diversity in medicine. We are just starting the process, but there are a lot of people buying into the process. The goal is that in the end, what you see in the hospital represents what you see in the streets.

AMA: With almost one-third of the population being Hispanic in Phoenix, is your end goal to match that number for physicians in practice?

Dr. Correa: It’s not to meet the exact percentage per se, but that at least it is very similar to what you see in the street and you see in the hospital. This is a long-term process because you have to start from the pipeline—like from elementary school—trying to stimulate the students that they can go into medicine.

In Phoenix, for example, it will be focusing more on the Hispanic population because that’s what the underrepresented minorities are here. This will change from place to place where the underrepresented minorities are more Blacks or more Native Americans. For example, we have probably about 5% Native Americans, and we only have about 0.5% faculty who are Native American. That's also a big problem.

For African Americans, we have about a population of 10%, but we have only 2% faculty members. There’s a very disproportionate amount who are outside of medicine compared to those in medicine that you’ve seen at the hospital. All this year, with all of the events happening, patients began to complain that they could not find someone who looks like them. If you cannot find someone like you in the program, you are not going to apply to the program. That’s the cycle.
So, you have to break this cycle. First, you need to increase diversity—in my role from a GME standpoint. Then in a higher level for the hospital, you need to start hiring more diverse candidates. It is happening, but it will take probably an entire generation until we can see all the changes.

**AMA:** As you continue this work to improve diversity and inclusion, does being part of organized medicine and an AMA ambassador help you extend your reach outside of your university?

**Dr. Correa:** Yes. Being in organized medicine has helped me create leadership skills. With that, I have been able to apply what I have learned from the AMA in other areas. In this case, it was in diversity. That’s one part of the pie.

To try to achieve your goals is very important ... and organized medicine can help you on that. The AMA has been very strong in my life and that has helped me not just as a member, but in leadership positions in the organization as well. The other part is that with my contacts at the AMA, other people that are doing this routine and have the same passion about these things as me—I have been able to connect with them and see what they are doing and what worked for them. Then I've been able to apply those things to me and that helps a lot. The AMA, as organized medicine, is a source of networking that is very important. Because, if you are a silo then, No. 1, people don't know what you're doing; and No. 2, you don't know what the others are doing. Of the things that you need to do in your area, it is often the same thing that others are doing. You don't have to recreate the wheel. Many times, somebody already created it and it's less work for you. That's the good thing about an organization like the AMA, because you share things with others and others share things with you—and then everyone grows.

**AMA:** Tell us about your role on the AMA-IMGS Governing Council.

**Dr. Correa:** Sometimes IMGs have special needs that are different from U.S. medical graduates and other people. Not everyone understands what their needs are. Trying to explain their needs to everybody is very important to the program directors and communities so there's no discrimination against IMGs and there are more opportunities for IMGs. Being in the IMG Governing Council has helped me open people's eyes so they can see the entire IMG community as a whole, and then trying to expand that to all the programs and tell them what is happening in the different setup of IMGs. For example, when they start coming to the U.S., what are the main issues that are happening—how to deal with visas and how to understand what the status is of each one of them.

Then when they stay here, how they are doing with their problems? You need to find somebody who has gone through the same process to guide them on how to be successful. It has been a great experience, and I hope to continue helping on that.

**AMA:** What is your hope for the future, and what are some of the next steps you’re hoping to take in your career?
Dr. Correa: I would like to continue growing in this diversity-and-inclusion pathway. I would like to continue growing in academia and continue not just making a change in the life of patients, but also making a change to the new generation of physicians.