5 ways to expand racial and ethnic data collection in medicine

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In the U.S., racial and ethnic identity is often very complicated. And for the continuum from medical student to practicing physician, how race and ethnicity are captured varies widely. It also falls short of capturing the complexity of the situation for many in medicine.

But without that consistent data collection and reporting, it is difficult to determine where medical students, residents and fellows, or practicing physicians from historically excluded racial and ethnic groups are experiencing career difficulties.

During an educational session at the 2022 AMA Annual Meeting, five AMA members shared how racial and ethnic identity data collection in medicine can improve.

Value racial, ethnic, cultural identity
AMA member Alec Calac, an MD-PhD student at the University of California, San Diego School of Medicine and Herbert Wertheim School of Public Health and Human Longevity Science.

“I don’t really focus too much on what it means for an institution to be diverse because it often is used as a point of pride,” said Alec Calac, a member of the Pauma Band of Luiseño Indians in North County, San Diego. Instead, he focuses on “how we are serving each individual student and making them feel like their identity is one that is not just tolerated or welcome but is respected and valued because those are two different distinctions.”

Calac is an MD-PhD student at the University of California, San Diego (UCSD) School of Medicine and Herbert Wertheim School of Public Health and Human Longevity Science. He also chairs the AMA Medical Student Section Committee on American Indian Affairs and serves as an AMA Ambassador.

“As a trainee, it can be incredibly isolating to be a Native American in medicine where you feel like your representation is difficult,” he said. “But you feel like you have to do it because it’ll make it that much easier for the person coming after you.”

Focus on communities to serve

“My mother is Filipino, but her grandmother came from Spain and my father is south Asian Indian,” said Tripti Kataria, MD, an anesthesiologist in Chicago and a member of the AMA Council on Legislation. “What’s important that isn’t reflected in the data is many of us want to go back to our communities.”

“As we identify ourselves and we look at the data, the one thing that’s missing is who do we want to serve as well because that’s part of us,” said Dr. Kataria.

Look at the source of data

“If you ask a first-year medical student what’s their likelihood to practice in an underserved community, it varies as a function of race,” said William McDade, MD, PhD, chief diversity and inclusion officer at the Accreditation Council for Graduate Medical Education in Chicago. “It’s about 65% for African Americans, about 55% for Native Americans, around 50% for Latinx individuals and around 20% for whites and Asians.”

And “if you ask four years, the numbers don’t change. People know going into medical education that this is who they’re going to serve. This is what they want to do,” Dr. McDade said. “That’s why it’s very important for us to ensure that we get the right people in medical school who are going to serve those
It comes down to the pipeline

“It really comes down to the pipeline. It’s the only way that we are truly going to see an improvement in disparities,” said Erick Eiting, MD, an emergency physician and a member of the AMA Council on Medical Service. “And the only way that we really are going to reverse some of the inequities that we see is making sure that we are fixing the issues of the pipeline.

“We have to make sure that we are giving people the opportunity that they need to provide the care that is needed in some of the most challenged communities,” said Dr. Eiting. “We have to get this right.”

You must be counted for who you are

“If you aren’t counted for who you are, you aren’t counted and there’s a tension,” said Siobhan Wescott, MD, MPH, an associate professor in the department of health promotion at the University of Nebraska Medical Center College of Public Health in Omaha and the Association of American Indian Physicians Representative for the AMA Minority Affairs Section Governing Council.

“Racial identity is very complicated, and ethnicity is a whole new layer,” said Dr. Wescott.

“We’re just starting to grapple with that, but we need to keep pushing to try and find solutions to this very difficult problem.”

Call for better data collection

Inconsistent data-collection and reporting policies on race and ethnicity throughout the continuum of medicine can hamper effort efforts to improve medical student and physician diversity, according to a resolution proposed by the AMA Minority Affairs Section and the National Medical Association at the Annual Meeting.

To address the problem, the House of Delegates directed the AMA to:

- Adopt racial and ethnic demographic data-collection practices that allow self-identification of designation of one or more racial categories.
- Report demographic physician workforce data in categories of race and ethnicity whereby Latino, Hispanic and other identified ethnicities are categories, irrespective of race.
- Adopt racial and ethnic physician workforce demographic data-reporting practices that permit disaggregation of individuals who have chosen multiple categories of race so as to distinguish each category of individuals' demographics as alone or in combination with any other racial and ethnic category.
- Collaborate with Association of American Medical Colleges, Accreditation Council for Graduate Medical Education, American Association of Colleges of Osteopathic Medicine, American Osteopathic Association, National Board of Medical Examiners, National Board of Osteopathic Medical Examiners, National Resident Matching Program, Federation of State Medical Boards, Council Medical Specialty Societies, American Board of Medical Specialties, Health Resources and Services Administration, Offices of Management and Budget, National Institutes of Health, Educational Commission for Foreign Medical Graduates, and all other appropriate stakeholders—including minority physician organizations and relevant federal agencies—to develop standardized processes and identify strategies to improve the accurate collection, disclosure and reporting of racial and ethnic data across the medical education continuum and physician workforce.