

# Students' Views on Access Associated With Diversity

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White students attending more racially diverse medical schools consider themselves better prepared to care for patients of racial and ethnic minority groups than are students at less diverse medical schools, according to a study of more than 20,000 graduates.

Attitudes about providing equivalent access to health care for everyone also were stronger among students at more diverse schools. These students' responses were 50% more favorable toward equitable access to care, compared with their counterparts at the least diverse schools.

The associations were particularly strong at medical schools that foster positive interactions and sharing of opinions among students from different backgrounds, Dr. Somnath Saha and colleagues reported in a recent issue of *JAMA* (2008;300:1135-45).

The investigators also found a "threshold effect" regarding minority student enrollment. Specifically, diversity outcomes were positive among the 118 medical schools in the study if the proportion of underrepresented minority graduates (URMs) exceeded 10%, or the total nonwhite student population was more than 36%. The authors had no disclosures.

Policies and programs devised to achieve racial diversity in medical schools and to increase the numbers of underrepresented black, Hispanic, and Native American students "have come under increasing scrutiny as being unnecessary and discriminatory," the authors wrote. Dr. Saha is an internist at the Portland VA Medical Center and Oregon Health and Science University.

Affirmative action and addressing prior injustices are the justification for most programs to increase URM student diversity. However, Dr. Olveen Carrasquillo and Dr. Elizabeth T. Lee-Rey wrote in an editorial in the same issue of *JAMA*, "the well-documented history of widespread racism within organized medicine and the American Medical Association's apology is a reminder of how pervasive and tolerated such practices were only a few decades ago" (2008;300:1203-4).

In the current study, Dr. Saha and colleagues assessed results of the online graduation questionnaires administered by the Association of American Medical Colleges in 2003 and 2004. They assessed anonymous responses from 20,112 individuals, representing 64% of all graduates during those 2 years.

Race and ethnicity were self-reported. The 9% of URM respondents included black, American Indian, Alaska Native, Mexican American/Chicano, mainland Puerto Rican, and Native Hawaiian students. Minorities not considered to be un-

derrepresented in the physician workforce, primarily Asians and non-URM Hispanic or Latino students, comprised the 23% nonwhite/non-URM group. The remaining 68% were white students.

A total of 21% of the 13,764 graduates in 2003 and 22% of the 7,472 graduates in 2004 strongly agreed that "everyone is entitled to adequate care." Also, 42% of the 2003 graduates and 44% of the 2004 graduates strongly agreed that "access to care is a major problem."

A total of 59% of the 2003 cohort and 60% of the 2004 cohort indicated they felt prepared to serve diverse populations.

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Interestingly, white students at more diverse medical schools did not indicate they were more likely to care for underserved populations. "This may reflect confounding by the urban versus rural location of schools," the authors wrote. "Rural schools are likely to have both fewer nonwhite students and more students who plan to practice in rural, underserved locations."

In contrast, a total of 49% of URMs planned to work

with underserved patient populations, significantly more than both white (19%) and nonwhite/non-URM students (16%).

"The finding by Saha and colleagues in this issue of *JAMA* that...increased medical school diversity is associated with white students feeling better prepared to care for diverse patients is an important contribution to the medical literature," Dr. Carrasquillo and Dr. Lee-Rey wrote. "Findings from this methodologically rigorous study can inform efforts to elicit continued support by the Supreme Court for admissions policies favorable to URM diversity."

"As with all cross-sectional studies, there are important limitations, the most important of which is the inability to address causality," Dr. Carrasquillo and Dr. Lee-Rey wrote.

Dr. Saha and colleagues noted that they had no measures of student attitude, experience, or plans to practice medicine prior to entering medical school. In addition, schools that actively recruit a diverse student body might be more committed to improving diversity-related outcomes, another possible confounder of the study.

"Acknowledging these limitations, we believe our findings have potential policy implications," they wrote. "A diverse student body is likely to be necessary but not sufficient. Medical schools may need to actively foster positive interaction among individuals from different backgrounds to derive the benefits of diversity."

Dr. Carrasquillo is the director of the Center for the Health of Urban Minorities at Columbia University Medical Center and Dr. Lee-Rey is the codirector of the Hispanic Center for Excellence, Albert Einstein College of Medicine, both in New York. ■

## POLICY & PRACTICE

### Chantix Has Most Adverse Events

Varenicline (Chantix) accounted for the largest number of adverse drug reactions reported to the Food and Drug Administration in the first quarter of this year, according to an analysis of agency data by the Institute for Safe Medicine Practices. There were 1,001 reports of injuries and 50 deaths potentially related to the drug; 226 of the reports were self-injury or suicide. The FDA has been "carefully evaluating" the varenicline reports, according to a statement. The agency also confirmed that it has received reports of accidents, including traffic accidents, after varenicline use. ISMP said that overall, there were a record number of serious injuries reported in the first quarter: 20,745 cases. The 4,824 deaths recorded was the highest total since 2004, according to the ISMP, which noted that a small number of drugs accounted for a large volume of reports. Rounding out the top 10 drugs associated with adverse reactions are heparin (specifically a tainted version tied to Chinese suppliers), fentanyl, interferon beta, infliximab, etanercept, clopidogrel, pregabalin, acetaminophen, and oxycodone.

### Midlife Whites Top Suicide Risk

The epidemiology of suicide has changed, with middle-aged whites now at highest risk, and hanging and suffocation on the rise, a new study from researchers at Johns Hopkins Bloomberg School of Public Health suggests. The researchers studied mortality data from the federal Web-based Injury Statistics Query and Reporting system. From 1999 to 2005, suicide rates increased for whites aged 40-64 years, but did not rise for any other age or racial group. The overall suicide rate increased 0.7% a year, driven by a 4.9% increase each year in hanging and suffocation, and a 1.8% increase annually in poisonings. Suicide by firearm decreased 1.1% a year, but it was still the dominant method, accounting for 52% of all suicides in 2005. The authors said that of four racial groups, only whites showed a significant increase in suicide, increasing 1.1% per year. The study will appear in the December issue of the *American Journal of Preventive Medicine*.

### Lilly: \$1.5 Billion Zyprexa Charge

Eli Lilly & Co. will take close to a \$1.5 billion charge against its earnings to account for the resolution of investigations of Zyprexa (olanzapine) by the U.S. Attorney for the Eastern District of Pennsylvania and by 32 states and the District of Columbia. Lilly already said it would pay \$62 million to the 32 states to resolve charges that it was engaged in illegal off-label marketing. But there has been no resolution with the U.S. Attorney, or with 11 other states that did not participate in that settlement. The \$1.33 per share charge was revealed in its third-quarter earnings report. As a result, Lilly recorded a net loss of \$466 million in the third quarter, compared with net income of \$926 million in the same quarter in 2007.

### Disparities in Mental Health

Three studies in the November issue of *Psychiatric Services* find persistent and deep disparities in mental health treatment of minorities. The lead study, by Margarita Alegria, Ph.D., and colleagues, found that 63% of Hispanics, 69% of Asians, and 59% of African Americans with depressive disorder in the past year did not access any mental health treatment, compared with 40% of non-Hispanic whites. The authors used pooled data from the National Institute of Mental Health Collaborative Psychiatric Epidemiology Surveys, which has a special emphasis on minorities. They focused on 1,082 respondents with current depression and 7,680 who did not meet criteria for past-year substance abuse or psychiatric disorder. Current depression was more common in whites than in minorities. But overall, all minorities were significantly less likely to receive mental health care than whites were. Some of the factors associated with disparities included a fear among low-income minorities of losing pay during treatment; stigma of mental illness in some racial and ethnic groups; minority distrust of health professionals; and lack of mental health service funding for the uninsured and Medicaid recipients.

### GAO: FDA Needed Broader Pool

FDA officials might have avoided some conflicts of interest on their scientific advisory committees by expanding recruitment efforts beyond word-of-mouth nominations, according to a report from the Government Accountability Office. The report analyzed the recruitment and screening of FDA advisory committee members before the agency changed those processes in 2007. The FDA could have reach out beyond its usual source of experts to retired professionals, university professors, and experts in epidemiology and statistics, the GAO concluded. The evaluation was requested by members of the Senate.

### Nationwide RAC Launched

The Centers for Medicare and Medicaid Services has launched its national recovery audit contractor program as part of its "aggressive new steps to find and prevent waste, fraud and abuse in Medicare." The new RACs, which will be paid on a contingent basis, soon will begin to contact providers about the program, the CMS said. The 3-year RAC demonstration program in California, Florida, New York, Massachusetts, South Carolina, and Arizona collected more than \$900 million in overpayments, according to the CMS. However, the program has drawn strong criticism from physician groups, who have maintained that RAC audits were overly burdensome. The CMS also said it would begin to work directly with beneficiaries to make certain they receive the durable medical equipment or home health services for which Medicare has been billed, and that the items or services were medically necessary.

—Alicia Ault