



Report from the

COMMITTEE ON DIVERSITY ISSUES

by Juan C. Cendan, MD, FACS, Gainesville, FL

The American College of Surgeons Committee on Diversity Issues (CDI) was created in 2002 to study the educational and professional needs of underrepresented surgeons and surgical trainees and the impact that its work may have on the elimination of health disparities among diverse population groups. The CDI has sponsored a number of symposia at the annual Clinical Congress and in October 2006 in Chicago, IL, cosponsored (with the Committee on Surgical Research) a session entitled Understanding and Reducing Disparities in Surgical Care.

The CDI identified the need to understand the membership of the ACS from the standpoint of diversity. We considered several possible methods of evaluation and concluded that the most efficient initial mechanism would be through an electronic mail questionnaire. Fellows of the ACS who are within our listserv were invited to participate. The questionnaire was developed in two parts. The initial questionnaire was presented in a manner that mirrors the data maintained by the American Medical Association. A second questionnaire was then developed, given the findings of the initial survey.

Initial questionnaire results

We received 421 responses to the first questionnaire. The data demonstrate that a majority of respon-

dents were male (73%); most were non-Hispanic (87%), and specifically 67.7 percent were white. The figure on this page provides a more detailed breakdown of the race of survey respondents.

The final question on the initial questionnaire investigated whether respondents believed that their race or gender had negatively affected their training in or practice of surgery; in that survey, the majority (69%) did not believe that race or gender had a negative impact, but 31 percent agreed. Based on this initial survey, we constructed a second questionnaire to try to further delineate this issue.

Second survey

Those responding to the initial questionnaire were asked if they would respond to the second survey. Among respondents, 51 percent had been in practice more than 20 years; 28.5 percent had been in practice between 11 to 20 years, and 20.5 percent had been in practice less than 10 years.

1. *Race and gender in career choice.* The second survey data demonstrate that race did not affect the choice of surgery as a specialty as often as did gender. Respondents noted that race

either “pulled me toward surgery” or “pulled me away from surgery” equally (9.5% and 8%, respectively). However, gender had a larger impact, with 51 percent responding that “gender pulled me toward surgery” and 40 percent responding that “gender pushed me away from surgery.”

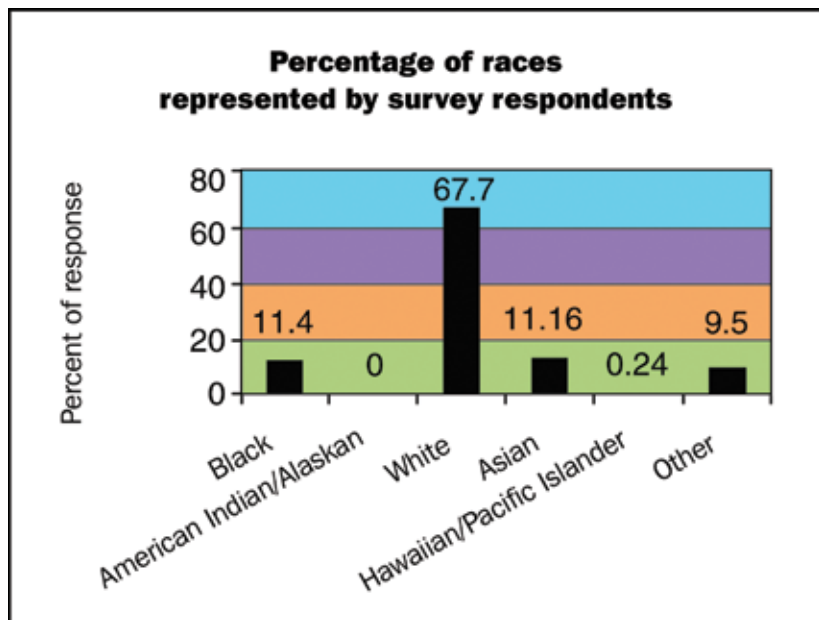
2. *Race and gender in training.* The majority (68%) believed that race did not affect their training either positively or negatively. A smaller number reported a negative effect (9.3%), and fewer noted a positive effect of race during training (4.6%). Gender had more apparent implications, with 13.3 percent reporting a positive effect on training and 23.2 percent reporting a negative effect on training. Approximately half (52%) reported no impact on training due to gender.

3. *The practice environment.* Approximately half of respondents are in a private practice environment, and one-quarter practice in an academic environment. The remaining quartile did not specify work environment. Once in practice, the majority identified no effect in their ability to develop a clinical clientele because of their gender (56.6%) or their race (62.8%). Race did not appear to have a perceived negative effect in either a positive (13.8%) or negative dimension (10.3%). Gender was frequently considered to be a positive factor in the building of clientele (27.6%) and not frequently a detractor (12.4%).

4. *Academic practice promotion.* Race and gender were seen to have no effect on promotion and tenure by 60.8 percent and 62.75 percent of responders, respectively. In this case, few believed that race (2%) or gender (10%) had a positive effect. A negative effect was reported for race in 21.6 percent and gender for 19.6 percent.

5. *Private practice partnership.* The effect of race and gender on advancement to partnership was reported as not significant by 74.3 percent and 76.3 percent, respectively. Race and gender were more

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Addressing disparities in surgical care

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The Surgical Research and Diversity Issues Committees cosponsored a provocative general session (GS110) on disparities in surgical care during the 2006 Clinical Congress in Chicago, IL. At this session—Understanding and Reducing Disparities in Surgical Care, which was comoderated by Juan C. Cendan, MD, FACS, and John D. Birkmeyer, MD, FACS—five national leaders in the field addressed the reasons underlying such disparities and strategies for reducing them.

Harold Freeman, MD, FACS—medical director of The Ralph Lauren Center for Cancer Care and Prevention in New York, NY, and associate director of the National Cancer Institute (NCI) and director of the NCI Center to Reduce Cancer Health Disparities—presented data documenting relationships between race, poverty, and diminished life expectancy in the U.S. Potential mechanisms underlying such disparities include substandard housing; inadequate information and knowledge; risk-promoting lifestyles, attitudes, and behaviors; and diminished access to high-quality health care. He presented data from Bach and colleagues revealing that 80 percent of black patients receive care from one-fifth of all physicians, that black patients were less likely to have access to board-certified specialists, and that blacks faced obstacles in accessing tertiary treatment centers. He then presented a comprehensive plan for reducing racial disparities in health care, suggesting that this problem should receive the same orchestrated response as would a natural catastrophe. Selwyn Rogers, Jr., MD, FACS, director of the Brigham and Women's Center for Surgery and Public Health, presented further evidence about the scope of racial disparities in surgical care. For example, angioplasty, coronary artery bypass grafting, and mammography are systematically underused in black patients relative to whites.

Brian Smedley, PhD, who was instrumental in the seminal Institute of Medicine report *Unequal Treatment*, emphasized the importance of separating patient and health care system factors underlying disparities. Relative to the health care system factors, he pointed to problems with cultural and linguistic barriers between patients and

their physicians, the lack of stable relationships with primary caregivers, geographic inequalities, and fragmentation of the U.S. health care financing system. Dr. Smedley proposed that health care workers' awareness of disparities should be increased and that cross-cultural education should be incorporated into

health care professional training. Furthermore, he argued for implementation of evidence-based guidelines for reducing disparities resulting from physician bias.

Arden Morris, MD, MPH, assistant professor at the University of Michigan in Ann Arbor, presented evidence that minority patients have poorer outcomes because they are treated in lower-quality hospitals. As an example, she pointed to data demonstrating higher operative mortality rates among black patients undergoing cardiovascular and cancer surgery. Blacks tend to receive their care at centers with lower volume and hospitals with higher overall mortality rates, independent of race, she said.

In closing, John Ayanian, MD, MPH, associate professor of Medicine and Health Care Policy at Harvard Medical School, presented research and policy strategies for reducing disparities in surgical care. He proposed that future research should focus on the reasons for unequal outcomes by race and ethnicity: Delayed referrals, communications issues between surgeons and patients, technical quality of operations, perioperative care, and care-team coordination. He also stressed the need for a broad system for monitoring hospital performance by race and ethnicity.

This session will be available in its entirety via Web cast in the near future, at www.acs-resource.org.



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surgical training more often than race. Once in training, the gender issue persists with negative implications. However, noteworthy is the fact that once in practice, gender may be seen positively and reportedly has a positive effect on ascension to partnership and building of clientele more often than a negative effect. However, all too frequently gender and race appear to affect the relationship that surgeons enjoy with their patients (between 20% and 30%, according to the survey), and gender appears to have a role in the eventual career changes.

The members of the CDI realize that this was a biased series of surveys because absolute responses were low. Of the nearly 36,000 e-mails that were sent, only 421 responses were received. Those who have not already filled out the questionnaire are encouraged to do so by going to http://www.facs.org/surveys/diversity_survey.html. It is with this kind of information that the CDI can develop sessions and formulate programs to assist members of the College. 

often viewed positively (7.2% and 11.3%, respectively) than as negatively (4.1% and 8.3%, respectively).

6. *Acceptance of surgeon by the patient.* The majority did not believe that their race or gender had created a problem of acceptance by the patient according to, respectively, 61.8 percent and 62.5 percent of respondents. Gender appeared to have a negative impact more frequently (31.6%) than race (21.7%) in this particular topic.

7. *Career changes.* When asked if race and gender had possibly influenced the surgeon to change career paths, the majority responded that gender (85.2%) and race (81.9%) did not influence a career change. In those responding positively, however, gender was more frequently cited (9.4%) than race (2.7%) as a direct career change precipitant.

Conclusions

The ACS, through the CDI, is attempting to identify problems faced by our Fellows during training and in practice. These initial data reveal that gender is perceived as a barrier to

Dr. Cendan is assistant professor of surgery, University of Florida. He was the 2004–2006 Chair of the ACS Committee on Diversity Issues.

