

Racial and Ethnic Health Disparities Curricula in US Medical Schools: A CERA Study

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Abstract

Introduction: Health disparities among African Americans are an historic and pervasive problem in US health care. We examined the presence, requirements, and content of curricula in US medical schools dedicated to racial and ethnic health disparities.

Methods: We conducted a national CERA survey of Family Medicine department chairs. Chairs were asked about disparities curricula in their institutions.

Results: Ninety-two percent reported that their medical school curriculum included focus on racial and ethnic disparities. However, many were dissatisfied with the content and quality of their curricular offerings. There were no significant departmental predictors of the quality of health disparities curricula.

Conclusion: The majority of medical schools address health disparities in their curricula, but optimally covering this important content remains a persistent challenge in medical school education.

Introduction

Health disparities among African Americans are historic and pervasive.¹ Despite a narrowing of the gap for some conditions, African Americans continue to experience markedly higher death rates due to infant, maternal, and all-cause mortality compared to the US general population and other racial and ethnic minorities.¹ In part, these differences in health outcomes are due to unconscious racial bias, discrimination, and a shortage of diverse workforce that results in limited access to quality care.²⁻³

The Liaison *Committee* on Medical Education recommended inclusion of curricula addressing culturally competent health care, health care disparities, and developing solutions to related problems.⁴ Institutions offer varying degrees of training on these elements within the required curriculum.⁵⁻⁶ However, little is known about the presence, requirements, and content of curricula in US medical schools dedicated to racial and ethnic health disparities.

Methods

We conducted a national survey of family medicine department chairs. The survey was electronically administered through the Council on Academic Family Medicine Educational Research Alliance (CERA), a collaboration of four US academic family medicine organizations (the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the North American Primary Care Research Group, and the Society of Teachers of Family Medicine).⁷ The survey included 10 questions. Seven items measured the degree to which medical schools offer curricula on racial and ethnic health disparities. The full instrument is available from the CERA data clearinghouse.⁸ All 148 family medicine department chairs at

US medical schools were invited to complete the survey. Non-respondents were sent two follow-up emails encouraging participation. Using the chairs' responses, we calculated the proportion of full-time faculty who were African American. We used descriptive statistics and employed the chi-square test to compare proportions. CERA surveys are approved by the American Academy of Family Physicians IRB.

Results

The response rate of the survey was 59% (88/148) although not all respondents completed every item. Seventy-nine percent of chairs were men. Racial and ethnic characteristics of respondents were not collected.

Overall, 92% reported that their medical school curriculum included focus on racial and ethnic disparities. For the majority (80%), this was a required part of the curriculum. Seventy-seven percent reported having curricular content specific to African American disparities. 58% (34/59) reported elective content on racial disparities, and 66% (27/41) reported having electives specific to African-American disparities.

However, 65% (46/71) of department chairs felt there should be more curricular content on disparities, and 56% (40/72) felt the quality of African American disparities curricula was less than ideal.

The total number of African American faculty in departments ranged from 0 to 14. One-third of departments had fewer than 15% African American faculty members (24/67). Departments with more African American faculty were more likely to have chairs who had been in place less than 10 years (73% vs 43%, $P=.02$).

We examined the proportion of minority faculty, age of the department, and community size as potential predictors of health disparities curricula. There were no department or school characteristics that significantly predicted the presence or reported quality of health disparities curriculum.

A connection with African American community stakeholders was ranked by a majority of chairs (55%) as the most important factor that influenced the quantity and quality of disparities curricula. Faculty interest and knowledge were ranked as the next most important factors.

Discussion

Health disparities in African Americans are amongst the most pronounced and persistent health disparities in the United States. Our findings show that the vast majority of medical schools offer courses in racial and ethnic health disparities. However, only slightly more than half of family medicine department chairs felt the quality and quantity of these curricula were ideal.

This study was limited by the response rate of 59%. In addition, department chairs may not know all of the curricular offerings at their institutions.

Education of the next generations of physicians should include curriculum on health equity and racial and ethnic health disparities. Compared to an earlier study, there has been an increase in health disparities curricula, but questions remain about whether content is delivered in preclinical or clerkship settings.⁹ Our findings suggest the need for better training on health disparities in US medical schools. Because department chairs described the valuable influence of African American community stakeholders on health disparities curricula, future work might include developing processes of community engagement to improve health disparities curricular design and implementation.

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