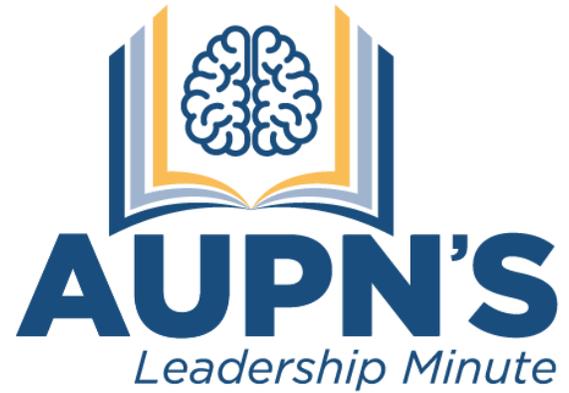




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*Patching the holes in the pipeline:
Strategies to enhance diversity,
equity and inclusion in Neurology*



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Patching the holes in the pipeline: Strategies to enhance diversity, equity and inclusion in Neurology

POPULATION AND WORKFORCE DEMOGRAPHICS (2012)

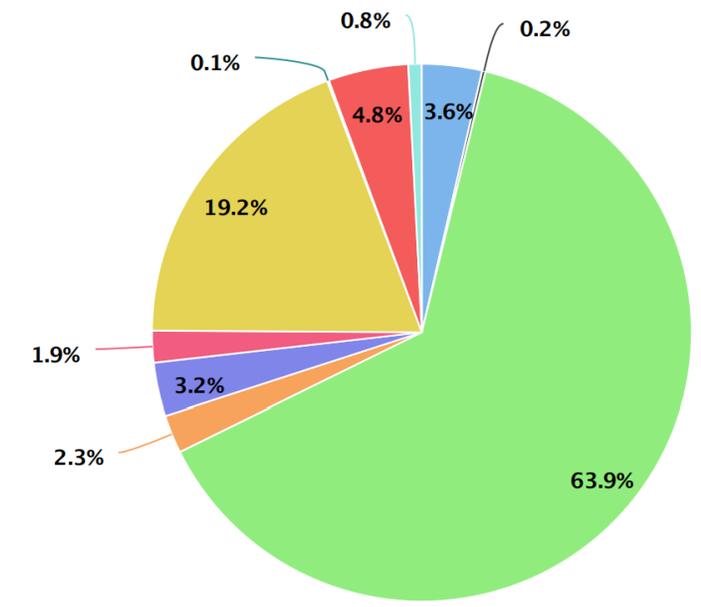
	US Population	Med School Graduates	US Physicians (2012)	Med School Faculty
White	63.0%	61.4%	55.0%	59.2%
Black	12.3%	6.7%	4.0%	2.8%
Asian	5.0%	21.5%	12.6%	13.2%
Hispanic	16.9%	7.5%	5.4%	3.8%
NA/PI*	0.9%	1.1%	0.2%	0.3%
Multiple	1.9%			1.8%
Other/Unknown			20.5%	20.0%

Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2012 Source: U.S. Census Bureau, Population Division Release Date: June 2013.

Medical School Graduation Questionnaire, 2015 All Schools Summary Report, July 2015. <https://www.aamc.org/download/440552/data/2015gqallschoolssummaryreport.pdf> Accessed on August 2017. US Physicians Data from Physician Characteristics and Distribution in the US, 2014 Edition, table 1.20 page 45. Faculty data from AAMC Faculty Roster System, 2012 Reports, Table 8. As of 12/31/2012.

Patching the Holes in the Pipeline: Strategies to enhance diversity, equity and inclusion in Neurology

Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018.



Click on legend item below to add or remove a section from the report.

- American Indian or Alaska Native (274)
- Asian (34,015)
- Black or African American (6,288)
- Hispanic, Latino, or of Spanish Origin (5,734)
- Multiple Race - Hispanic (3,978)
- Multiple Race - Non-Hispanic (3,441)
- Native Hawaiian or Other Pacific Islander (141)
- Other (1,456)
- White (112,894)
- Unknown (8,511)

Neurologists, Medical School Enrollment and US Population 2019-2020

	NEUROLOGISTS	MED SCHOOL ENROLLMENT	US POPULATION
White	*57%	50%	57.8%
Black	*2%	7%	12.4%
Asian	*15%	22%	6%
Hispanic, Latinx, or Spanish Origin	*5%	7%	18.7%

Updated data based on most recent census

*Denotes percentage men from AAMC Data in 2019

Source: AAMC

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MENTORS!!!

- K-12: Introduce young people to Neuroscience. Exposure makes it become real that they can pursue this field
- College: Shadowing experiences, mentorship, assistance with getting into medical school (\$\$\$)
- Medical School: Neurology, Neurosurgery and other neuroscience mentors. Encourage research. SIGN. Encourage to attend Neurology conferences-State and National. Challenges in getting to residency interviews (\$\$\$)
- Society of Black Neurologists (SBN)
- Residency: As URiM students get closer to being a neurologist, less and less of the people they are seeing in their work place will look like them. Need diverse mentors-Some will look like them (Race/Ethnicity/Gender) and some will not
- Junior Faculty: Senior Faculty Mentor. Senior Faculty SPONSOR.

Society of Black Neurologist: Excellent resource at all stages

Note: UriM=Underrepresented in Medicine

Racial disparities in neurologic health care access and utilization in the United States

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ABSTRACT

Objective: To evaluate racial and ethnic differences in the utilization of neurologic care across a wide range of neurologic conditions in the United States.

Methods: We analyzed nationally representative data from the 2006–2013 Medical Expenditure Panel Survey (MEPS), including information on demographics, patient-reported health conditions, neurology visit rates, and costs. Using diagnostic codes, we identified persons with any self-identified neurologic disorder except back pain, as well as 5 subgroups (Parkinson disease, multiple sclerosis, headache, cerebrovascular disease, and epilepsy). To assess disparities in neurologic care utilization, we performed logistic regression analyses of outpatient department neurologic care visit rates and expenditures for each racial ethnic group controlling for age, sex, health status, socioeconomic characteristics, and geographic region of care.

Results: Of the 279,103 MEPS respondents, 16,936 (6%) self-reported a neurologic condition; 5,890 (2%) received a total of 13,685 outpatient neurology visits. Black participants were nearly 30% less likely to see an outpatient neurologist (odds ratio [OR] 0.72, confidence interval [CI] 0.64–0.81) relative to their white counterparts, even after adjustment for demographic, insurance, and health status differences. Hispanic participants were 40% less likely to see an outpatient neurologist (OR 0.61, CI 0.54–0.69). Among participants with known neurologic conditions, blacks were more likely to be cared for in the emergency department, to have more hospital stays, and to have higher per capita inpatient expenditures than their white counterparts.

Conclusions: Our findings highlight racial and ethnic inequalities in the utilization of neurologic care in the United States. *Neurology*® 2017;88:2268–2275

BLACKS, HISPANICS LESS LIKELY TO SEE NEUROLOGIST AS OUTPATIENT

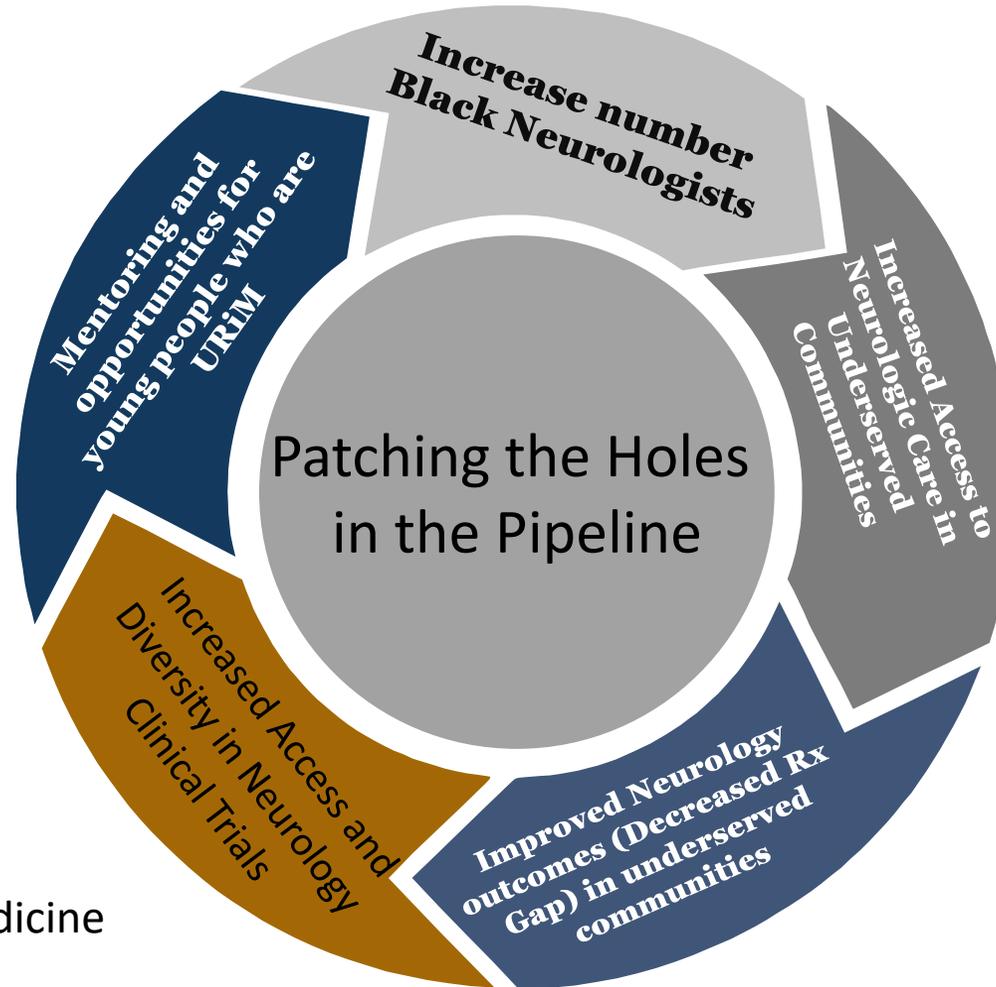
MINNEAPOLIS -

Black and Hispanic people are less likely to see a neurologist in the office or as an outpatient than white people in the United States, according to a study published in the May 17, 2017, online issue of *Neurology*®, the medical journal of the **American Academy of Neurology**. Black people with neurologic conditions such as Parkinson's disease and stroke were more likely to be cared for in the hospital emergency department and had more hospital stays than whites.

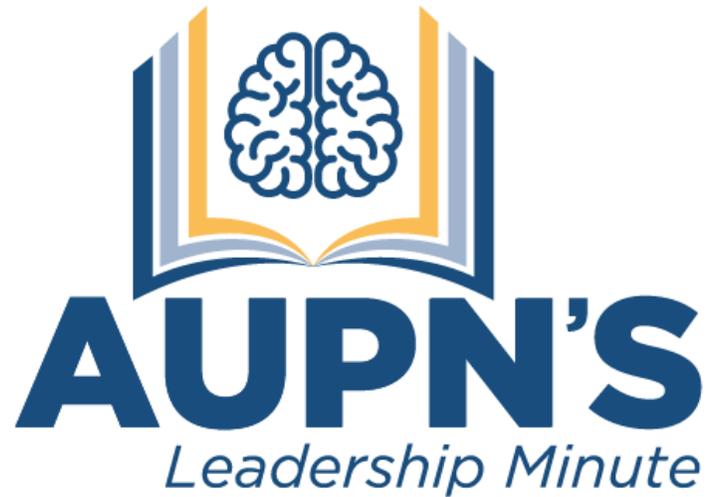
Black patients 30% less likely to see a neurologist as outpatient (when compared to White counterparts)

Hispanic patients 40% less likely to see outpatient neurologist (when compared to non-Hispanic counterpart)

LONG TERM IMPACT
PATCHING THE HOLES IN THE PIPELINE:
Strategies to Enhance Diversity, Equity, and Inclusion in Neurology



Note: UriM=Underrepresented in Medicine



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