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DISPARITIES IN PHYSICIAN DEMOGRAPHICS LINKED TO PATIENT DISPARITIES

Few Kidney Specialists are African American

Washington, DC (January 24, 2011) — Significant disparities exist between the race of kidney disease patients and that of the physicians who will care for them, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology* (CJASN). The results suggest that efforts are needed to increase minority recruitment into kidney specialty programs to more closely balance the racial background of physicians and patients.

Kidney disease disproportionately affects African Americans: 32% of dialysis patients are African Americans, who make up only 13% of the US population. Because having a physician who is the same race as the patient may help boost patient trust and improve care, increasing the number of African-American kidney specialists who practice in the United States (US) might reduce or eliminate this health disparity.

To assess the racial concordance of physicians and patients, Mark Rosenberg, MD, Chavon Onumah, MD (Minneapolis Veterans Affairs Health Care System), and Paul Kimmel, MD (National Institute of Diabetes and Digestive and Kidney Diseases) examined recent trends in the racial background of US medical school graduates, internal medicine residents, physicians in training to become kidney specialists, and patients with kidney failure or end-stage renal disease (ESRD).

The investigators found that while African Americans make up 32% of ESRD patients, they comprise only 6.5% to 7.1% of US medical school graduates, 5.5% of internal medicine residents, and a mere 3.8% of all kidney specialist fellows. Also, only 3.3% of kidney specialists practicing in academic medical centers are African American. Importantly, patient disparities may worsen in the coming years because the number of ESRD patients is on the rise.

According to the authors, recruiting more African Americans into nephrology training programs may foster improved trust between ESRD caregivers and patients, increase access to care, alleviate ESRD health care disparities, and improve patient care.

Disclosures: Mark Rosenberg is an Education Director for the American Society of Nephrology and receives a stipend for this work. Both Mark Rosenberg and Paul Kimmel

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are federal employees. The views expressed in this article do not necessarily represent the views of the VA or Department of Health and Human Services, the National Institutes of Health, the National Institute of Diabetes and Digestive and Kidney Diseases, or the United States Government.

The article, entitled “Race Disparities in U.S. Nephrology Fellowship Training,” will appear online at <http://cjasn.asnjournals.org/> on January 27, 2011, doi 10.2215/CJN.04450510.

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