

Growing the Hispanic physician workforce is key to better outcomes

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Andis Robeznieks

Senior News Writer

There are almost 54,000 physicians in the U.S. who identify as Hispanic, and pediatrician and disease-management specialist Judith Flores, MD, has been working very hard for them to get to know each other.

When she's not building and strengthening networks to support Hispanic physicians, Dr. Flores is working to promote population health and lower health inequities—especially those worsened by access, language and culture.

The National Hispanic Medical Association (NHMA) representative on the AMA Minority Affairs Section's governing council, Dr. Flores was a longtime member of the NHMA board, serving as is a past chairwoman of the executive Board of Directors. She now chairs the organization's New York City chapter.



Judith Flores, MD



Among other accomplishments, Dr. Flores initiated an asthma self-management program for Hispanic children in Brooklyn that won the C. Everett Koop National Health Award and the Asthma and Allergy Foundation Innovations in Care Award.

The National Library of Medicine's "Changing the Face of Medicine, Celebrating America's Women Physicians" online exhibit featured, a profile of Dr. Flores and it noted that she had always wanted to be a physician.

"I specifically wanted to be a pediatrician even before I could spell it," she said in the profile. "It combined both working with kids and their families to help them feel better with the challenge and excitement of science."

It wasn't an easy road to travel, and she says how, as a young Puerto Rican woman, she had to overcome "racial and political barriers."

In an exclusive Q&A, Dr. Flores spoke about her work to expand the Hispanic physician workforce, why that's important and her approach to population health.

AMA: Is your current work with the National Hispanic Medical Association focused on New York issues or is it more universal?

Dr. Flores: A lot of our work is focused on the local chapters, but there are always things that are universal. And with NHMA, the universality is always to build that network of Latino-focused physicians.

That means both people who are Hispanic and those who care for Hispanics and other historically underrepresented groups. We are very much in partnership with other organizations.

Our focus is to develop that network to support the physicians and support people getting into the medical profession.

We advocate making sure that our communities are served and to grow the number of Hispanics in the profession of medicine because our numbers are extremely low. We look for policies that are supportive of these two goals and we also look for opportunities to partner with others.

We are in partnership with the Black physicians in the National Medical Association, the Association of American Indian Alaskan Native Physicians, the National Council of Asian Pacific Islander Physicians, and we work very closely with the Department of Health and Human Services' Office of Minority Health.

AMA: Does this relate to your work with the AMA Minority Affairs Section?



Dr. Flores: I'm very new, but one thing I find impressive is how aligned we are on our goals, how we understand what the needs are across the board and how we must work together.

I'm learning a lot about groups that I'm not exposed to much in New York—even though in New York you're exposed to everything. But I'm learning more about rural America and Original, Indigenous populations.

AMA: Why is it important to have more Hispanic doctors?

Dr. Flores: Almost 19% of our population identifies as Hispanic, but there are less than or near 5% to 6% of physicians who identify as Hispanic.

It's just not equitable. It doesn't bring the services that we need to the communities because Hispanic doctors are more likely to practice in those communities. We absolutely need diversity in the groups that are developing the training of other physicians and developing the research and the new modalities and approaches to care for populations that are primarily Hispanic.

We also need to look at how we care for new migrants and new asylees to this country. This is extremely important to all of us. We need to work together to take care of populations in a way that's equitable and that addresses the need for equitable opportunity to health for all. I have always felt having access to good primary and preventive care is a great way to start.

To develop the workforce, we need more programs to support students throughout their educational pathway, there is a special need at the community-college level.

We support students in their medical school application process. And we also have medical specialty committees that are dedicated to supporting students and residents with their chosen career path.

We, along with Latino Medical Student Association and other student associations, support medical students and continue to support of their Journey after they graduate, through the Council of Residents. and Young Physicians.

Since we have a virtual platform, it's so easy to network across the country and beyond, especially in Latin America through webinars. They're able to meet very well virtually. The NHMA also has a longstanding association with the four US recognized Medical Schools in Puerto Rico.

John Paul Sánchez, MD, MPH, who chaired our Council of Residents and was the founding chair of our Council of Young Physicians, is going to be the new dean of the Universidad Central Del Caribe School of Medicine in Bayamón, Puerto Rico, starting in January.



We're going full circle: We're training people, supporting people, and they're coming back and bringing in more members.

It's important to remember that many students and residents remember often they have not interacted with any physician at their institutions who looks like them, sounds like them or cares about their issues—because our numbers are so small.

Organizations like the NHMA provide the opportunity to network with a Hispanic physician perhaps even in the specialty that they want to go into, this type of support and mentorship is really very important.

Mentoring is very important to us. We have people that we contact virtually, this reduces many barriers. As a New Yorker, I have mentored medical students from places such as Colorado mentored and a medical school applicant from South Dakota. It's a wonderful opportunity for both the student and for us as mentors.

AMA: Can you speak to the issue of representation and how some folks may go into adulthood without ever seeing a Latino doctor or one who speaks Spanish?

Dr. Flores: Representation is extremely important. It's been shown that patients who are cared for in their preferred language and with an understanding of their cultural beliefs generally have better health outcomes. Medical literature is full of these references.

And that's not just for Latinos. This doesn't mean that everyone who's a Latino must have a Latino physician, or that only a Latino physician can take care of them. As good doctors we all need to deliver high quality care in a safe and equitable manner.

Being cultural Humbly and promoting equitable access is key. Patients need to understand their conditions to partner in their care,

The bottom line is positively affected. We know that health outcomes are improved when taking care of populations whose physicians and health care team understand the patients' culture and their language, we stand to save a whole lot of money by avoiding emergency visits, hospitalizations and bad outcomes. So economically, it's a very wise thing to do.

I've learned from running disease-prevention programs and ambulatory care departments that you must have partnerships.

So, let's say you don't have enough Latino physicians, but you can have community health workers that work alongside your physicians in in my case, I've had community health workers that were Russian or Ukrainian and we valued partners in providing care.



You must have that translator—and it's not just a translator for language, it's a translator for culture.