

MISSION OF
NNLAMS:

To unify all Latino
medical students into
one organization.

To provide a voice for
underrepresented
medical students.

To actively promote
recruitment and reten-
tion of Latino students
at all levels.

To educate medical
students on Latino
health issues.

To advocate for the
rights of Latinos in
health care.

To provide leadership
opportunities for Lati-
nos.

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TOMORROW'S DOCTORS

Underrepresentation of Latinos in U.S. Medical Schools

Since the 1970s, the population of Latinos in the United States has grown dramatically. In 1970, the US Census Bureau estimated that the Hispanic population was 4.7% of the total population. Since 1990, the Latino population has doubled in size. The majority of Latinos in the U.S. are actually born in the United States; only 40% are foreign born. As of July 2007, the US Hispanic population had reached 45.5 million and this number did not include the 3.9 million people in Puerto Rico, which is a U.S. territory. In the United States, Latinos now make up over 15% of the population and their numbers are estimated to reach 25% of the nation's residents by 2050. These numbers illustrate that Latinos are the fastest growing minority group.

And yet, at most only 5% of practicing physicians in the country are Latino. The AMA Minority Affairs Consortium reported that in 2006 Latino physicians made up only 5.0% of the total physician population, although 22% of the physicians surveyed declined to report their race/ethnicity. The Sullivan Commission on Diversity in the Healthcare Workforce found that the percentages of Latino, African American, and American Indian physicians combine to only 6% of the total physician workforce.

Without some residency training in a Graduate Medical Education program, a physician cannot be licensed to practice in the US. Each year, around 19,000 new residents enter ACGME accredited programs training after matching through the National Residency Matching Program. The 2007-2008 training year had 106,012 "active residents in Accreditation Council of Graduate Medical Education - accredited programs". Latino residents in ACGME accredited residency programs totaled 7,440 in the 2007-2008 academic year or 7% of the total U.S. physician resident population in ACGME accredited programs. Of the 7,740 Latino residents, 2.2% from U.S. osteopathic medical schools and 53.6% graduated from U.S. or Canadian allopathic medical schools. These statistics demonstrate that the remaining 44.2% of the Latino residents graduated from medical schools outside of the U.S., probably Latin American medical schools.

In 2007-2008, the trend continued of Latinos commonly specializing in primary care. In descending order of total number of Latino residents per specialty, the specialties with the highest actual number of Latinos were Internal Medicine (1714), Family Medicine (777), Pediatrics (699), Psychiatry (401), and Ob/Gyne (351).

The specialties with the lowest percentage of residents with Latino heritage were Orthopedic Surgery (3.8%), Otolaryngology (4.5%), Ophthalmology (4.8%), and Dermatology (5.1%). Thus Latino residents were more likely to be found in primary care specialties and were severely underrepresented in many of the non-primary care fields.

Entering medical school almost guarantees becoming a physician as medical schools have an extremely high graduation rate. Close to 81% of medical students in the U.S. graduate within 4 years of starting medical school, within 5 years the graduation rate jumps to 91%, within 7 years 94% graduate, and by 10 years 96% of those who began medical school in the U.S. graduated. Compared to other graduate education this is a very high graduation rate, for example only 62% of “doctorate, master’s, or first-professional degree program” students graduate after 10 years.

The latest graduating classes of medical students are not demonstrating a level of diversity that matches the nation’s population demographics. Medical school efforts are not sufficiently meeting the need for a higher percentage of Latino physicians. While over 15% of the U.S. is now Latino, only 6.4% of the graduating medical students in 2007 were Latino. The 2008 incoming class of U.S. allopathic medical schools was composed of 18,036 students. Of those, 1416 students (or 7.9%) were Latino. This is an increase in Latinos in the matriculating class by more than 10%. It is not that Latinos are not trying to get into medical school and the profession of medicine. Latinos are and have been applying to medical schools in large numbers. However, they constituted only 7.3% of all applicants in 2008. The acceptance rates were similar in that 47.6% Latino applicants vs. 47.3% of Caucasian applicants were accepted to medical school. Thus either more applicants will be needed, if the acceptance rate can remain steady while increasing applicants, or a higher percentage of the Latino applicants will need to be accepted, in order to meet the nation’s increasing demand for more U.S. Latino physicians.

Elizabeth Homan-Sandoval, the author, is a NNLAMS board member and MS IV at the University of Illinois at Chicago. She is a M.D.-M.P.H student and wrote this paper as a final for her International Health Course in the School of Public Health at the University of Iowa. This article is only excerpts of the original paper. For the original paper with references, please see the supplement to this newsletter at our website <http://nnlams.org>

The need for more Latinos in medicine is well documented in evidence based literature. The Sullivan Commission found that not only will doing so improve health for Latinos, but for the entire population and thus “increased diversity will improve the overall health of the nation”. Increasing

Latinos in medicine will decrease health disparities in the US. Increased diversity is linked “with improved access and quality of health care for the growing numbers of racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences and benefits for all medical school students.” Access to care for underserved Latinos is improved because Latino physicians are more likely to go back and work in underserved communities. Latino medical students are more likely to have the desire and intention to practice in underserved minority communities in their future practice. All patients, including Latinos, are more likely to choose a physician from a similar background and Latinos report higher patient satisfaction when treated by Latino physicians. Medical students from all backgrounds that go to schools with high diversity of minorities receive better preparation to treat patients with backgrounds different from their own.

The Latino population in the U.S. is growing. Not only are there not enough practicing Latino physicians to meet the need currently, there are not even enough new Latino physicians being produced at an adequate rate to meet the current need, let alone the projected short term future population. The methods utilized in the 1990s that increased the rate of Latino physician production – Affirmative Action, Title VII programs such as Hispanic Centers of Excellence and scholarship programs such as the federal program to pay for students who work in underserved areas – have all been severely attenuated or completely ended in the last few years by conservative lawmakers and politicians. Without these methods, it will be even more difficult to meet the growing need for Latino physicians in the US. It is vital that the new Administration and Congress revisit this issue in 2009 as delaying only hurts the health of the United States of America.

**Elizabeth Homan-Sandoval MS IV
Midwest Region, UIC-COM
NNLAMS, Fundraising Chair**



SPOTLIGHT . . .

David E. Hayes-Bautista, Ph.D.



David E. Hayes-Bautista Ph.D. is a Professor of Medicine and Director of the Center for the Study of Latino Health and Culture (CESLAC) at the David Geffen School of Medicine, UCLA. He graduated from UC Berkeley and completed his MA and PhD in Medical Sociology at the University of California Medical Center, San Francisco. Dr. Hayes-Bautista is known nationwide for his cutting-edge research as it relates to the Latino population and Latino health. He is an accredited author and his works have been greatly published, including his books *La Nueva California: Latinos in the Golden State*, *Healing Latinos: Realidad y Fastasia*, and *No Longer a Minority: Latinos and Social Policy in California*. His publications appear in *Family Medicine*, the *American Journal of Public Health*, *Family Practice*, *Medical Care*, *Salud Pública de México*. Beyond being the “go-to” center for Latino research, CESLAC has also been on the forefront of addressing the Latino physician shortage. MedPEP, a CESLAC program, was created with the goal to dramatically increase the number of underrepresented students in health profession programs. Their efforts are focused at guiding community college students to health professions and programs currently exist at four colleges in South and Central California. I have personally known Dr. Hayes-

Bautista or “Professor”, as so many call him, since I was an undergraduate at UCLA and had the honor of working at CESLAC for several years. I spoke with Dr. Hayes-Bautista on the issue of underrepresentation of Latinos in U.S. medical schools and this is what he had to say

Q: With the removal of funds from HCOE programs and changes in admission in California and Michigan due to court case findings against affirmative action, what can students do today to counteract the massive losses to the efforts to increase representation of underrepresented minorities in medicine?

A: I think that the important thing is linking people to student groups and staying connected and united.

Q: The last few years, NNLAMS has been working to unify the voices of the local and regional Latino medical student organizations into one group. What do you see as the positives and negatives of this?

A: This is not a new issue. This is something that has been occurring for over 40 years among Latino national and regional groups. The plus side is having a louder voice at the national level. However, regional and state groups are more effective at a local level because they can focus efforts and apply pressure locally. Medical schools belong to a national network but operate locally and, as such, reply to local pressure. There are losses and gains in either direction. Ideally you want strong local groups that can coordinate nationally but be careful not to sacrifice local autonomy.

Q: What would be your advice in facing others that do not believe that the lack of equality in healthcare access and underrepresentation in medicine is a problem?

A: My advice is to answer from your knowledge of the data. It has a lot to do with demographics. In 2006, more than one million United States citizens were born to Latina mothers in the nation. When these US citizens turn 18 years of age, in time for the elections of 2024, they will have the potential to add one million new Latino voters to the nation’s electorate in that one year alone. This exemplifies the presence of Latinos in the future. You should raise the question, why is it important to have physicians that match the demographics and speak the language? It is an issue of the quality of care and of the type of practice—this is something to which most, including medical schools, respond well.

Tina Gamboa MSIII
Midwest Region, UIC-COM
NNLAMS, Publication Chair

NNLAM.S 4TH ANNUAL CONFERENCE

**We cordially invite you to the>NNLAM.S
4th Annual Conference held in
conjunction with NHMA’s 13th Annual
Conference.**

**** Date: Friday March 19th– 22nd ****

**Location: NY Marriott at the Brooklyn Bridge,
333 Adams St, Brooklyn NY 11201**

What to look forward to at the conference

- Guest speakers:
 - Antonio Beltran M.D. Chief Resident, Department of Medicine, University of Southern California
 - Monica Vela M.D. Assistant Professor & Associate Vice Chair of Diversity, University of Chicago Pritzker School of Medicine—“The Modern Role of Latino Physicians in Medicine”
- Residency and Medical School Tour of NYU College of Medicine
- >NNLAM.S workshops including suturing instructions and application to residency programs
- >NNLAM.S Residency Guide
- >NNLAM.S Officer Elections
- NHMA Plenary on current issues in Latino Health
- Receptions
- NHMA Expo with residency programs and businesses
- Networking with medical students and physician from across the country

WE LOOK FORWARD TO SEEING YOU THERE!

For more information on this year’s conference, please review our website at <http://nnlams.org> and the NHMA website at www.nhmamd.org. For further questions, you can contact our conference chair, Chrissy Chavez at: Chrissychavez@gmail.com



STUDENT TO STUDENT

Preparing for USMLE Step 1

As we continue to venture closer to that ever-present goal of Medical Doctor we continue to take surreal steps. Each year we grow so much, our brains filling so close to capacity. We repeatedly reach what we believe to be our limit only to push past it into a new dimension of knowledge, ambition and potential. As you prepare for your Board exams, especially that very Step 1, you will experience even more of those moments. And just as you have done so many times before, you will use the information you have gathered from those before you as well as the experience and foundation you have set for yourself to reach yet another goal: Passing the Boards! Just as I have collected counsel from my predecessors so will I attempt to bestow mine upon you.

Some key advice to pass down the channels:

Some key advice to pass down the channels:

- **Set a date and stick to it.** This is not to say that you can't change it, but as we all know, when we have a timetable, we work more efficiently.
- **Set an appropriate goal.** Everyone wants a 280 but less than 1% get it. Use your practice tests to gauge where you are starting and how your are progressing. Make short-term and long term goals that are appropriate for your level.
- **Learn it well the first time.** The better the foundation you start with, the higher your potential. It's always been true and never more so than now. Take

- **Take study breaks.** No brainer by now but very important. If you aren't in the mindset to learn, then your 13-hour days will be fruitless. Quality not quantity.



- **Map out your test day.** Know where the test site is and take a practice test if you can, bring snacks and all testing materials required for the day...don't let a stupid Testing permit, proper ID or a growling stomach distract you.

- **Breaks on test day.** Try to take a 10-15 minute break between each section rather than taking a big lunch break. This technique will break up sessions and keep you fresh and energized at the beginning of each section!

- **Step One is not the end all be all.** Residency programs look at more than your board exam scores. When you get your test result, it will only determine what you must do next to attain your goal.

Please remember to take all advice with a grain of salt. Try to listen to multiple recommendations, evaluate them and create a regimen and guidelines tailored to your specifications.

Believe in yourself and set yourself up for the most success!

Julia Bregand-White MS III
Midwest Region, UIC-COM

NNLAM.S National Coordinator Elect

USMLE STEP 1 BASICS

USMLE Step 1 is a computer-based 8 hour exam organized into 7 blocks with 48 questions in each block. The passing score is 187 with a national yearly average of approximately 215, standard deviation of 20.

National Board of Medical Examiners (NBME) website: <http://www.nbme.org/index.html>. This is the place to register for the exam, purchase practice exams, content description and question format.

Diagnostic exam resources: Kaplan, Princeton Review, or University of Missouri at Kansas City

Popular Review Books: First Aid, Step Up to USMLE Step 1, Kaplan review series, Princeton review series Goljan Rapid Review Pathology, BRS Series, and more

Popular Question banks: Kaplan, USMLE World, WikiTest-

AMA Policy Update : SCHIP

The State's Children's Health Insurance Program (SCHIP), created in 1997, is federal government program that gives matching funds to states in order to provide health insurance to families with children. During the George W. Bush Administration, two attempts to expand the funding for this program failed after they were vetoed by President Bush. The attention has again turned to SCHIP, as President Obama recently signed a piece of legislation, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) that reauthorizes SCHIP through Fiscal Year 2013 and expands coverage to approximately 4 million children and pregnant women beyond the 7 million currently covered under the program.

Many applaud President Obama for his rapid action on this bill and for the revisions aimed to improve ease of enrollment, eligibility rules, citizenship verification, quality of services, and benefits to participants.

This bill is projected to cost approximately \$39 billion and will be offset primarily through increasing tobacco taxes, including the \$0.63 rise in the cigarette tax to \$1.01 per pack.

MINORITY SCHOLARS AWARD

Presented by the AMA Minority Affairs Consortium. They offer \$10,000 awards for students from groups that have been historically underrepresented in the medical profession. Two first or second-year medical students from each medical school may be nominated to receive one of 12 scholarships available. Eligible students of minority background include African Americans, American Indians, Native Hawaiian, Alaska Native, Hispanic/Latinos. For an application, contact your medical school dean or Dina Lindenberg at 312-464-4193. **DEADLINE FOR NOMINATIONS ARE APRIL 15TH!**

Health Tip . . .

National Colorectal Cancer Awareness Month

Colorectal cancer (CRC) is the second leading cancer killer in the United States. In most cases, colorectal cancer death can be prevented with early detection and regular screening.

FOR THE PATIENT

Most colorectal cancers begin as polyps but as a polyp gets larger, it can develop into a cancer that grows and spreads.

Red Flags:

- Bleeding from the rectum
- Blood in the stool or in the toilet after a bowel movement
- Change in the shape or consistency of your stool
- Cramping pain in the lower stomach
- A feeling of discomfort or an urge to have a bowel movement when there is no need to have one
- Weakness or fatigue
- Unintended weight loss

FOR THE PROVIDER

Available tests: Colonoscopy, sigmoidoscopy, fecal occult blood test (FOBT), double contrast barium enema, virtual colonoscopy and stool DNA test.

Screening recommendations:

- Average-risk (>50yo, no GI symptoms): yearly FOBT + flex sig every 5 years OR yearly FOBT + colonoscopy every 10 year
- Moderate-risk: Personal history of polyps or CRC—repeat at 3 years and if normal, colonoscopy every 5 years; Family history of CRC or adenomatous polyps in 1st degree relative—colonoscopy at 40 years or 10 years younger than youngest case. If normal, repeat in 3-5 years
- High-risk: Family with FAP—genetic testing at age 10, consider colectomy if genetic test is positive. If not, colonoscopy every 1-2 years starting at puberty; Family with HNPCC—genetic testing at age 21. If positive, colonoscopy every 2 years until age 40 and every year thereafter.

By Tina Gamboa, MS III

Regional Updates

NORTHEAST REGION

The National Boricua Latino Health Organization (NBLHO) held their Annual Conference on February 20-22, 2009 at the University of Pennsylvania School of Medicine (Philadelphia, PA).

SOUTHEAST REGION

The Southeast region recently held their 1st Annual Conference on February 27-28th at the University of South Florida College of Medicine (Tampa, FL). They would like to send a special thanks to all the speakers and participants for making the conference a success. The conference brought in eight schools including FSU COM, UF COM, UVA SOM, as well as undergraduates from several universities. Congratulations to the newly elected regional board!

MIDWEST REGION

The Midwest region held their Annual Regional Conference “The New Faces of Medicine” on January 17th at the Medical College of Wisconsin (Milwaukee, WI). They would like to give a special thanks to their guest speaker Dr. Monica Vela Assistant Professor & Associate Vice Chair of Diversity, University of Chicago Pritzker College of Medicine. Congratulations to the newly elected Midwest regional board!

UIC NNLAMS-LaRaMA recently hosted Med Day, a NNLAMS-SNMA Saturday program which invites local high school students to the College of Medicine and attend hands-on workshops related to medicine.

The University of Chicago NNLAMS co-sponsored a forum on the “The Future of Health Care Reform: Pres. Obama’s Plan vs. The PNHP National Health Insurance Plan, Where to immigrants fit in?” Dr. Quentin Young, co-founder of PNHP debated Dr. Harold Pollack, Chair for the Center for Health Administration Studies at University of Chicago.



SOUTHWEST REGION

Save the date!

Southwest Annual Regional Conference in **May**. More details and registration to come., please visit

<http://www.nnlams.org/southwest/>.

Baylor NNLAMS, for its second year, is participating in a local Citizen School in Houston: Sharptown Middle

School. They are holding an apprenticeship called “Sharptown Med School” and are teaching students about the different body parts/systems.

TCOM NNLAMS participated in American Heart Associations Vestido Rojo Hispanic Women’s Health Fair in Fort Worth. In addition they have sponsored JP Eldder Middle School in Forth Worth, which as a 93% Hispanic student population, as part of the Adopt-a-School Program .

WEST REGION

Save the date!

25th Annual LMSA Conference, “The Power Of: The Healing Legacy Continues” at UCLA School of Medicine (Los Angeles, CA), **March 27th-28th**.

Several of the LMSA chapters have been busy fundraising money for their local chapters with bake sales, breakfast burrito sales, tamale sales, carne asada sales, tequila tasting and other very fun and creative activities.

In addition, majority of the chapters have already held or are planning health fairs in their local communities such as in Oakland, CA, Pomona, CA and Lennox, CA.



Dear NNLAMS Pre-Medical Student Member:

NNLAMS is proud to provide our Pre-Medical Student Members 10 scholarships to the Dr. Flowers MCAT online review course. The value of this 6 month personalized online review course is \$995. Two scholarships will be awarded in each of the five NNLAMS Regions.

For an application and more information, please refer to the NNLAMS website for guidelines and deadlines.

The National Network of Latin American Medical Students and **Hispanic Business** magazine have partnered to bring you an offer for a **complimentary** digital subscription to **Hispanic Business**. Subscribe here: <https://www.kable.com/pub/hpbs/controldigital.asp?src=VNLAMS>

For more than 30 years, **Hispanic Business** magazine has provided insightful news, opinion, and research on the Hispanic market. You get access to all digital issues, searchable issues, download options, links to additional content, product information, and HispanicBusiness.com. The digital edition arrives weeks before the printed edition. Don't miss the next issue – subscribe today!



Reserve a Space for your Advertisement in Our Newsletter Today!

NNLAMS represents 70% of all Latino medical students from coast to coast. Advertising in our NNLAMS newsletter can help you reach members in five US regional chapters: Northeast, Southeastern, Midwest, Southwest, and West regions. For more information email fundraising chair *Elizabeth*

***Homan-Sandoval* at fundraising@nnlams.com**

Ad Size and Prices:

Quarter page: \$150

Half page: \$300

Full page: \$600

NNLAM.S 2008-2009 NATIONAL OFFICERS AND BOARD MEMBERS

National Board

National Coordinator	Ruben Font Jr.	Univ. of Kansas SOM
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	David Alonzo	Baylor COM
(West) LMSA CEOs	Alvaro Galvis	UC Irvine
	Mario Teran	Univ. of Arizona

Dear Readers,

The focus of this Winter's newsletter was "Tomorrow's Doctors", which is also the theme of our upcoming 4th Annual Conference to take place in March in Brooklyn, NY (see page 4). I would like to thank our very own, Elizabeth Homan-Sandoval, for contributing the article "Underrepresentation of Latinos in U.S. Medical Schools." Likewise, a special thank you to Dr. David E. Hayes-Bautista for sharing his expert opinions and advice on this topic. Julia Bregand-White shared some very useful tips on preparing for USMLE Step 1 and we wish all the second year medical students the best of luck on Step 1. We look forward to seeing students from all five regions at the Annual Conference and to electing a new executive board.



Sincerely,

Tina Gamboa MS III

Publication Chair

WANT TO BE A>NNLAM.S NATIONAL OFFICER ?

Elections to be held on **Saturday March 21, 2009** at the 4th Annual>NNLAM.S Conference in NY.

The duties for all the available>NNLAM.S National Officer positions are listed at <http://nnlams.org/about/natlconference/elections/>

In addition to the listed duties, all officers are expected to attend monthly Executive Board Teleconferences. All nominees should be active members of an>NNLAM.S region and in good standing.

All nominees will be expected to give a 30 second brief summary outlining their interest in the position and any goals they may have for the office. If running for National Coordinator-Elect, speech is up to 2 minutes.

Submit nominations via email to conference@nnlams.org by March 16, 2009 5pm EST or on site no later than Saturday March 21, 2009 2:50pm EST. If you have any questions, please email the>NNLAM.S National Coordinator at nc@nnlams.org