Our Diversity is What Will Drive New Levels of Excellence

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Diversity has changed and the face of America has changed. As a nation, we have to come to grips with the reality that our melting pot has never had so many ingredients mixed in – and we are never going back to what it used to be.

In the 2010 U.S. census, the under-18 population was at parity between traditional minority and majority groups. By 2040, the projected percentage of non-Hispanic whites in the population will drop below 50 percent.

Florida is the fourth most diverse state in the nation and that diversity continues to grow rapidly. In Orange and Osceola counties, which are the two counties that our main UCF campus and College of Medicine are in, the minority populations are at 51.1 percent and 56.6 percent, respectively. There are more than 150 languages spoken in homes of students in the school districts.

These dramatic demographic shifts are unprecedented in our nation. And as with all change, it brings opportunities and challenges.

**Race is a social construct, not a genetic issue**

Diversity can be defined as human differences. There are many dimensions of difference that can be identified and are very important to address. However, most often, diversity brings to mind racial and ethnic differences. That is because these differences are visible and our nation’s history has been rooted in the notion that racial and ethnic differences matter.

As we have decoded the human genome and learn more about it, it is clear scientifically that the patterns of genetic expressions that groups of people have in common are more relevant than how they look on the outside.
Yet, multiple social dynamics such as discrimination, bias, institutionalized racism, unequal provision of resources, poverty, and unequal environmental challenges in communities and educational institutions continue to disproportionately affect the well-being of less advantaged racial and ethnic groups in the United States and in many other countries.

**Impact of diversity on health, health care**

Health care is a field that is most affected by the new diversity. There is a growing body of literature, most notably the Institute of Medicine’s 2002 “Unequal Treatment” report, that documents the negative impact of differences in health-care treatments and outcomes between racial groups, and the resulting economic burden to the entire health-care system.

Current “minority” populations suffer from less access, lower quality, and worse outcomes of health care. These differences are avoidable and termed health disparities. Much research shows that these health disparities exist even when you correct for factors such as income and insurance coverage.

There is a lot to learn about the causes of these health disparities. It has become clear that major factors contributing to health disparities are the social determinants of health. Social determinants are the factors in our societies that impact us where we live, learn, work and play. It has been determined that your ZIP code is a major predictor of your overall health.

As the nation’s demographics become increasingly comprised of populations that we currently refer to as “minority” and which have poorer health, the overall health profile of the nation will be negatively impacted. The science of health disparities is moving from looking at the types of differences in health to a concept called health equity, which studies how to influence the social factors that lead to differences among groups so that all people have a more equal playing ground to achieve good health.

The scientific and health-care workforce is being impacted by the new diversity as well. The current “minority” groups have been affected by unequal distribution of educational resources and achievement, leaving large gaps in the available workforce with the capability to fill highly technical and health-related jobs. As a nation, we are far behind many developed countries in our student performance in math and science in our K-12
educational system. These subjects are the building blocks necessary to pursue advanced medical and scientific careers.

In health care, several studies show that when people have doctors who look like them or speak their language, satisfaction and health outcomes improve. This means that the new reality must include ways to diminish educational gaps among groups and train everyone to be better at math and science and in communicating across differences.

**How to cope with the new reality**

Just as our previous melting-pot mixture allowed our nation to become great, the demographic shifts we are currently experiencing can work in our favor, as well. We need to foster cultures of inclusion, where the differences that make us unique are celebrated and harnessed to spur innovation and solutions.

Cultural competency, which can be defined as the ability to understand and respond effectively to cultural and language needs, can be a key tenet to managing the new diversity reality.

To me, it ultimately comes down to being willing to look at yourself and how your own perspectives affect your interaction with others, being open to different perspectives, and being willing to learn and gain new insights from others. These factors will allow diversity to be a factor that drives new levels of excellence.

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