



SPOTLIGHT ON HEALTH EQUITY: GRADUATE MEDICAL EDUCATION AND THE PHYSICIAN PIPELINE

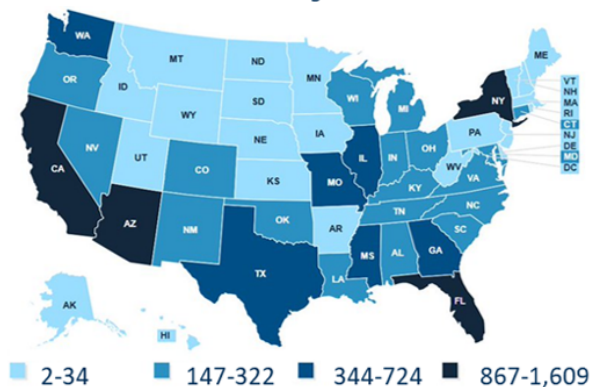
Problem Statement:

Despite an increasingly diverse U.S. population, most people of color are underrepresented in the current physician workforce. Given that research clearly shows health outcomes improve when the race and ethnicity of the patient and physician are the same, efforts to increase the diversity in the physician workforce are essential to improving quality care delivery and achieving culturally competent care.

Workforce Shortages

About 65 million people live in regions without adequate primary care, designated as Primary Care Health Professional Shortage Areas (HPSAs).

Number of Additional Primary Care Physicians Needed to End HPSA Designation:



Between 2018 and 2033:

The U.S. population is projected to grow by 10.4 percent, from about 327 million to 361 million

- Increases will be much greater for the Latino (31.4 percent) and Black (13.3 percent) populations compared to White population (-0.3 percent)

The projected physician shortage based on current health care usage is:

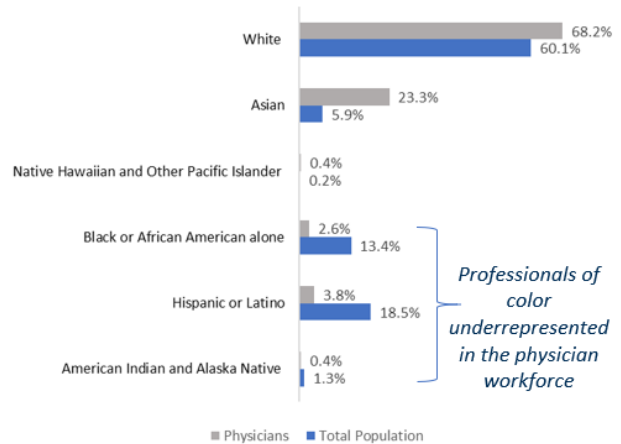
- Primary care physician shortage of 21,400 to 55,200
- Non-primary care specialty physician shortage of 33,700 and 86,700

Physicians of color are more likely to work in underserved areas: Black, American Indian, and Latino primary care physicians are more likely to work in HPSAs than White physicians. In 2018-2019, 60.5 percent of Black students planned to work in an underserved area vs. 26.6 percent of White students.

Physicians of Color in the Physician Workforce

Black, Latino, and American Indian Alaskan Natives are underrepresented in the physician workforce.

Total Population vs. Physician Population by Race/Ethnicity, 2019



Future Workforce: Applications to medical school among people of color are not increasing.

This problem is particularly pronounced among Black males, who have seen a 30 percent decline in applications from 1986-2017. In 2018-2019, **only 39.2 percent of Black matriculants to medical school were male** compared to White matriculants, who were 50.5 percent male.

Out of 20,387 graduates in 2019-2020:

1,344 were Black	10,789 were White
1,199 were Latino	4,543 were Asian

44 were American Indian, Alaska Native, Native Hawaiian or other Pacific Islander



Racial Concordance & Health

Only 23 percent of Black, 26 percent of Latino, and 39 percent of Asian Americans have a physician that shares their race or ethnicity, compared to 82 percent of White Americans.

Racial concordance – meaning being treated by a physician of the same race – has been shown to increase patient satisfaction, improving health care perception, experiences, and, subsequently, health outcomes. This, in part, may be due to the [demonstrated presence of racial bias in American physicians](#), such as the inaccurate assumptions that White patients are more responsible at managing their health care and that Black patients experience less pain.

Research indicates that [Latinos are more likely to be very satisfied with their health care overall when seen by Latino physicians](#) and [Black patients have better outcomes when seen by Black physicians](#), driven by better communication and more trust. For example:

- Infant Mortality: Mortality rates for Black infants were lower for those cared for by Black physicians compared to White physicians.
- Preventative Care: Black men seen by Black doctors agreed to more preventive services (e.g., screenings for diabetes and cholesterol); if this holds, black doctors could reduce the Black-White male gap in cardiovascular mortality by 19 percent.

“You really have to start thinking about how to change the pathway or the pipeline. Our results suggest that physician racial/ethnic representation will become even more disparate, if changes are not made immediately.”

—Ronnie Sebro, MD, PhD

The Leaky Pipeline to Medical School for Students of Color

Barriers Before Medical School

Students of color face academic, financial, and social barriers to entering and completing college, including discrimination on campus and lack of support services.

They are also less likely to receive proper guidance and advising when deciding whether to apply to medical school.

“As a girl growing up in Brooklyn, it was difficult to find doctors willing to mentor [individuals] who looked like me. I felt as if my goals were unattainable.”

—Deashia McAlpine, 2021 Medical Student

Applying to Medical School: Financial Barriers

Even before acceptance, there are significant financial and opportunity costs to apply:

- Applicants are recommended to budget \$5,000 to 15,000 for application process
- Average Tuition is \$53,185
- Median debt averages \$200,000

Thus, it is no surprise that over 75 percent of medical students come from households in the top 40 percent percent of family income.

Debt affects Black students more than White and other students of color: In 2010-2011, 65 percent of White students anticipated debts over \$150,000, compared to 50.2 percent of Asian students, 57.2 percent of Latino students and 77.3 percent of Black students

During Medical School

Medical students of color face many barriers during schooling, including:

- Lack of exposure to similarly underrepresented faculty mentors
- Feelings of isolation and imposter syndrome
- Racially charged climates within institutions
- Financial concerns

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