

# Diversity Across the Physician Education Continuum

## 2008 AAMC Annual Meeting Focus Session

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# Introduction and Objectives

To identify the breadth of diversity seen in academic health centers

To introduce models of diversity being implemented in AHCs

To describe challenges of appropriately resourcing diverse patient and personnel needs

To note available resources for understanding and managing issues of diversity



*“In order to cultivate a set of leaders with legitimacy in the eyes of the citizenry, it is necessary that the path to leadership be visibly open to talented and qualified individuals of every race and ethnicity. All members of our heterogeneous society must have confidence in the openness and integrity of the educational institutions that provide this training.”*

– Justice Sandra Day O’Connor (2003)

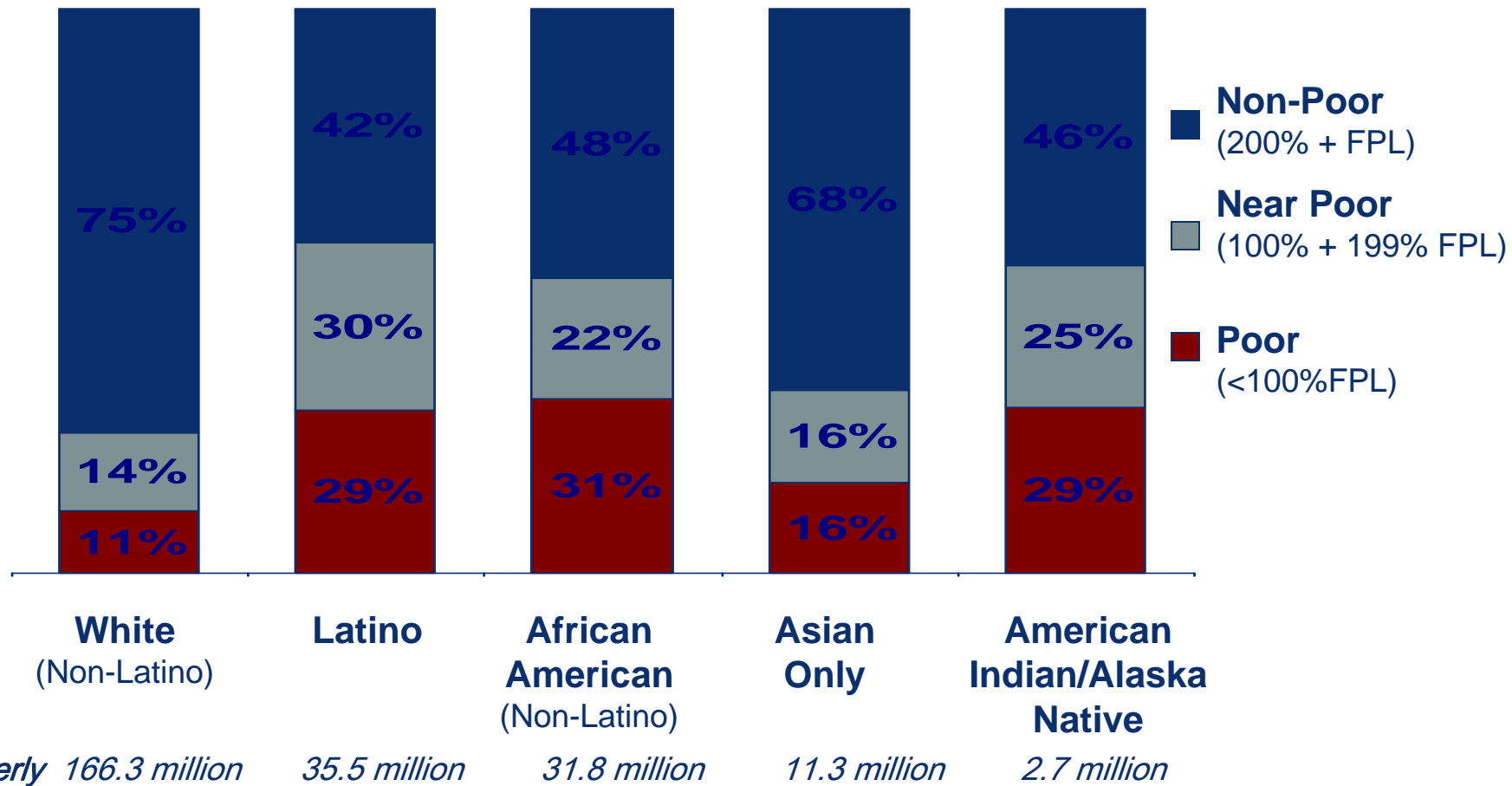


# Shifting Paradigms in Medical Practice

The individual	→	The community
Cure of disease	→	Preservation of health
Episodic care	→	Continuous care
Physician provider	→	Teams of providers
Paternalism	→	Partnership with patients
Provider-centered	→	Patient/family-centered
Anecdotal care	→	Evidence-based medicine
Inpatient-focused	→	Ambulatory/home-centered
Individual accountability	→	System accountability



# Poverty Status of the Nonelderly Population by Race/Ethnicity, 2001



NOTE: Nonelderly includes all individuals under age 65. FPL = Federal Poverty Level.

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of March 2002 Current Population Survey.



# Religious Identity

A new study found that three in four physicians believe in God and 59% believe in an afterlife. Physicians' religious characteristics are diverse and differ in many ways from the general population, according to the study.

AFFILIATION	PHYSICIANS	POPULATION
Protestant	38.8%	54.7%
Catholic	21.7%	26.7%
Jewish	14.1%	1.9%
None	10.6%	13.3%
Hindu	5.3%	0.2%
Muslim	2.7%	0.5%
Orthodox	2.2%	0.5%
Mormon	1.7%	0.4%
Buddhist	1.2%	0.2%
Other	1.8%	1.6%

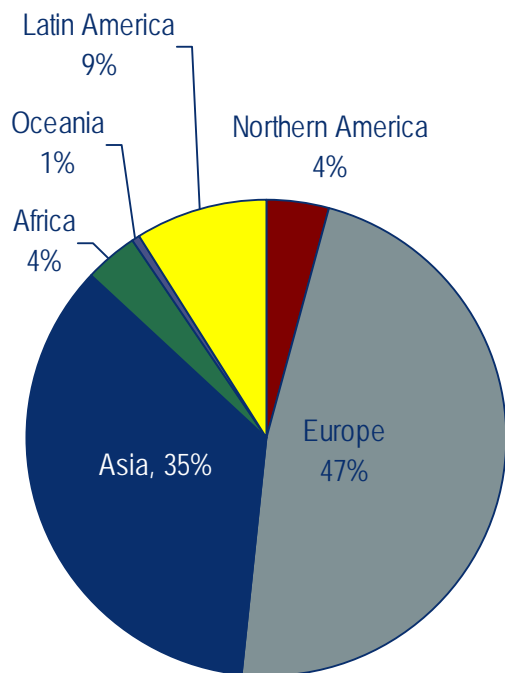
Note: Percentages do not add up to 100 due to rounding.

Source: "Religious Characteristics Of U.S. Physicians," *Journal Of General Internal Medicine*, July 2005

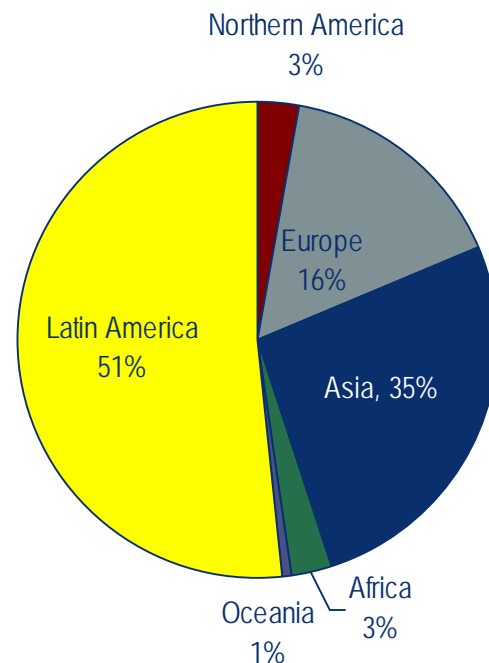


# Nativity of Foreign Born Population – 2000, Pittsburgh vs. United States

## Pittsburgh MSA



## United States

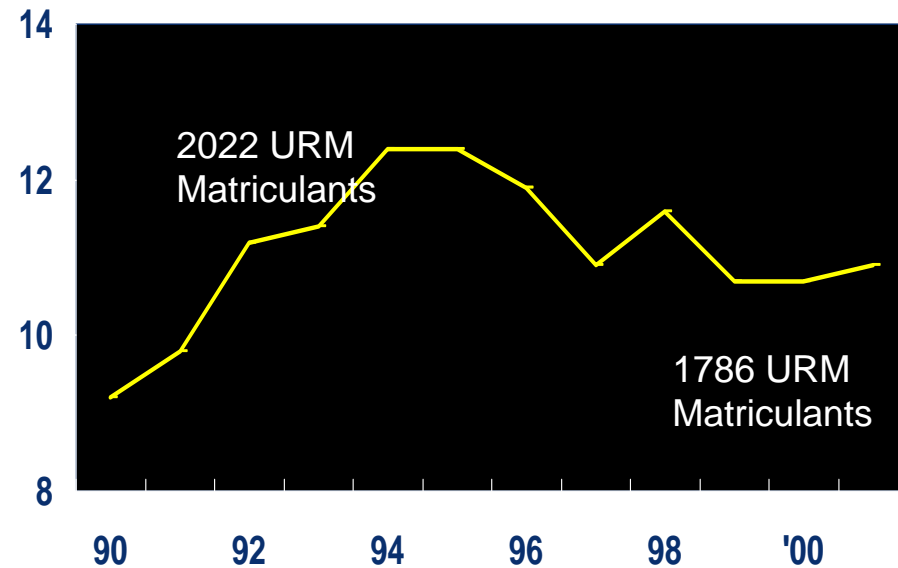
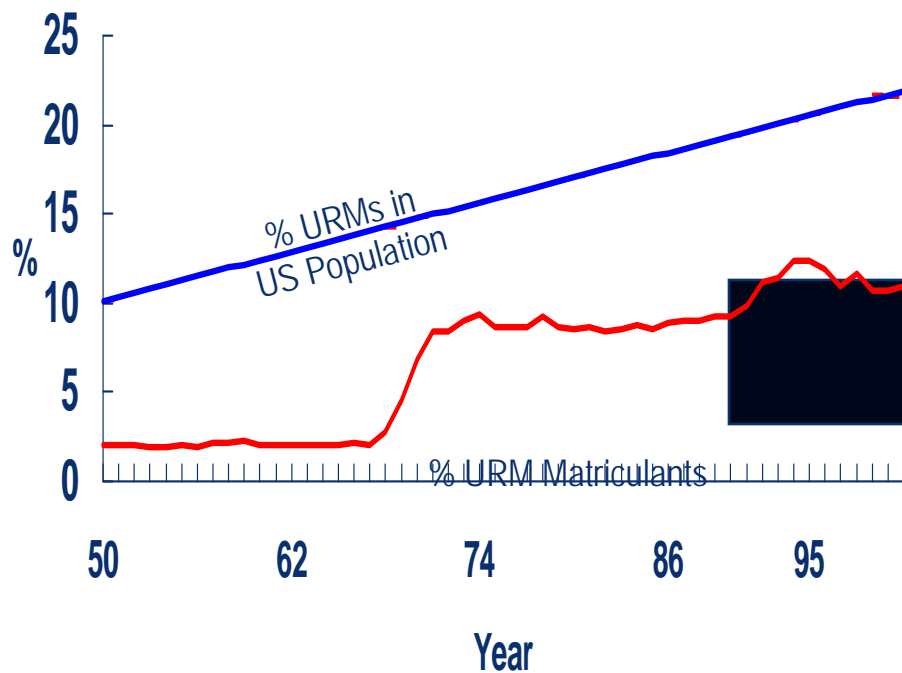


# Percent of People With Disabilities, Age 5 and Older, 2000

<b>Place</b>	<b>Disabled Men</b>	<b>Disabled Women</b>
United States	19.6	19.1
Pennsylvania	18.5	18.7
Southwestern Pennsylvania	18.4	18.8
Pittsburgh	20.2	22.2



# A Sagging Bridge to Diversity in Academic Medicine



Jordan Cohen, AAMC



2008 Annual Meeting  
Creating a Better Tomorrow



# Preserving Diversity in Medical Schools is Important -

Student and faculty diversity is indispensable for quality medical education

Diversity of the physician workforce improves access to care for underserved populations

Diversity of the research workforce can accelerate advances in medical and public health research

Diversity among managers of health care is good business sense

Cohen JJ. JAMA 2003;289:1143-1149



# Changes in College Entrance – Race/Ethnicity

<b>College Entrance within 1 yr HS Graduation</b>	<b>1972</b>	<b>1980</b>	<b>2001</b>
<b>White, non-Hisp</b>	<b>49.7</b>	<b>49.8</b>	<b>64.2</b>
<b>Af-Am</b>	<b>44.8</b>	<b>42.7</b>	<b>54.8</b>
<b>Hispanic</b>	<b>45.0</b>	<b>52.3</b>	<b>51.7</b>
<b>Max Difference (%)</b>	<b>4.9</b>	<b>9.6</b>	<b>12.5</b>

US Dept of Education (2002). Digest of Education Statistics, 2002. Washington, DC



# Changes in College Entrance – Social Class

<b>College Entrance within 2.5 y of HS Graduation</b>	<b>1972</b>	<b>1992</b>
<b>Top ¼ SES</b>	<b>78.0</b>	<b>88.3</b>
<b>Middle ½ SES</b>	<b>43.1</b>	<b>63.0</b>
<b>Bottom ¼ SES</b>	<b>26.7</b>	<b>36.0</b>
<b>Max Diff (%)</b>	<b>51.3</b>	<b>52.3</b>



# Changes in Access to Four-Year vs Two-Year Colleges, By Percentage

<b>Rac/Ethnicity</b>	<b>1972</b>	<b>1992</b>	<b>Diff</b>
White	69.2	59.3	-9.9
Afr Am	73.7	55.1	-18.6
Hispanic	46.5	41.4	-5.1
Asian	N/A	61.7	
<b>Social Class</b>	<b>1972</b>	<b>1992</b>	<b>Diff</b>
Top ¼ SES	76.4	73.7	-2.7
Middle ½ SES	63.5	50.7	-12.8
Bottom ¼ SES	60.5	36.8	-23.7

US Dept of Education (1981) College attainment 4 years after high school. Raleigh, NC. Research Triangle Institute. US Dept of Education (1996) National Education longitudinal survey, 1988-1994, descriptive summary report. NCES 96-175. Wash, DC.

# Changes in Access to Highly Selective Four-Year Colleges, By Percentage

<b>Social Class</b>	<b>1981</b>	<b>1998</b>	<b>Diff</b>
<b>Richest (&gt;\$200K)</b>	20.5	27.9	7.4
<b>Upper (\$100-200K)</b>	14.8	17.3	2.5
<b>Upper Middle (\$60-100K)</b>	8.1	8.8	0.7
<b>Middle (\$30-60K)</b>	4.8	5.1	0.3
<b>Lower Middle (\$20-30K)</b>	3.7	4.5	0.8
<b>Lower (&lt;\$20K)</b>	3.0	4.7	1.7

MacPherson MS and Schapiro MO.(1999). Reinforcing stratification in American Higher Education. Stanford, CA, Stanford University, National Center for Postsecondary Improvement



# Characteristics of Effective Higher Education Diversity Programs

**Educational Capital** = Programs and activities that enhance curricula for all students, as well as specific programs to enhance science, math and engineering for women and minorities (inclusiveness of curricula)

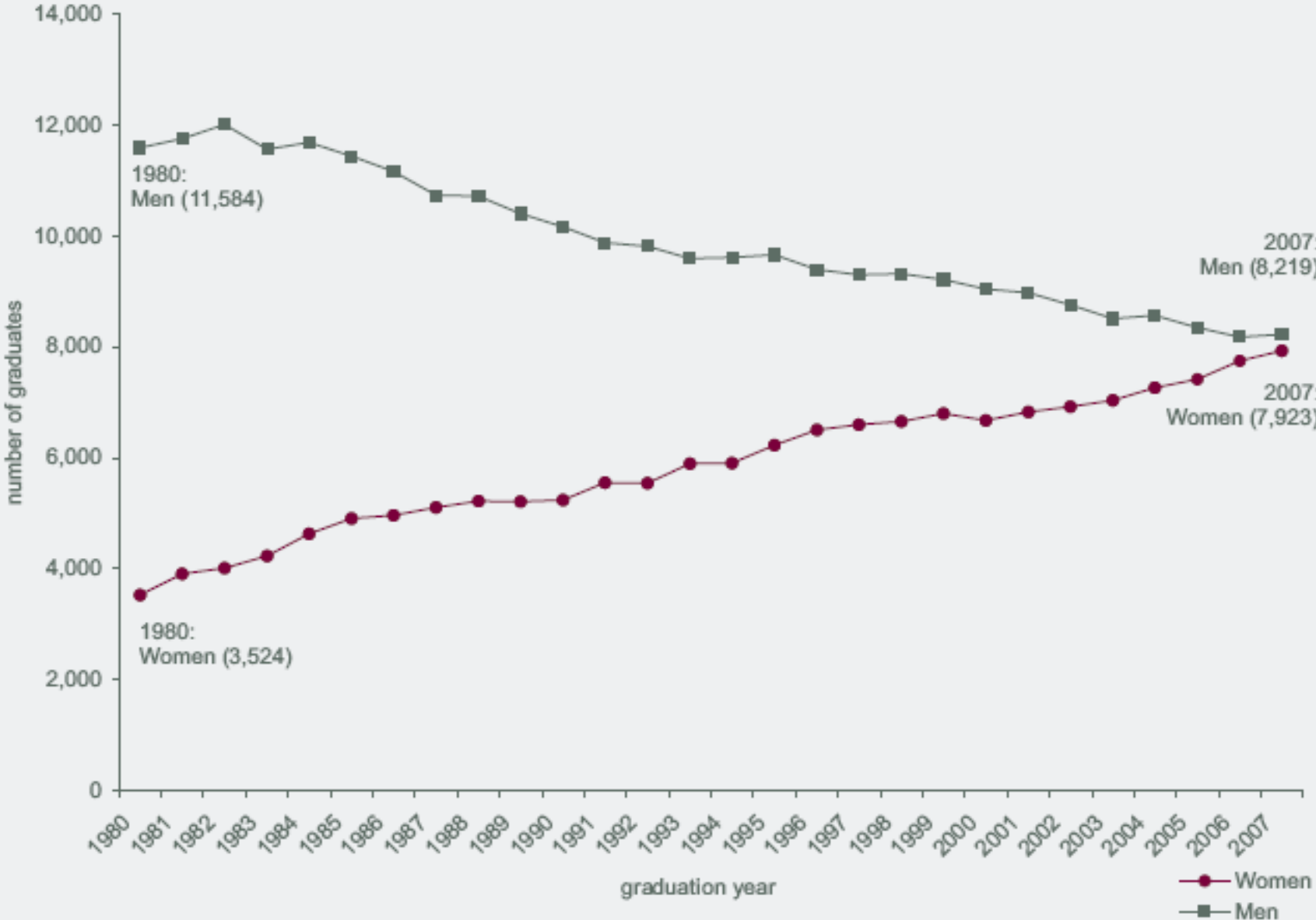
**Institutional Capital** = Programs influenced by the organizational behavior of a school with respect to promoting diversity (related to institution leaders)

**Human Capital** = Programs aimed at increasing the structural diversity of a school and direct efforts to recruit, admit, and retain minority students, faculty, and staff (faculty and directors of student and diversity programs)

Whitla et al in Orfield et al .*Higher Education and the Color Line*. 2005. Harvard Education Press, Cambridge, MA

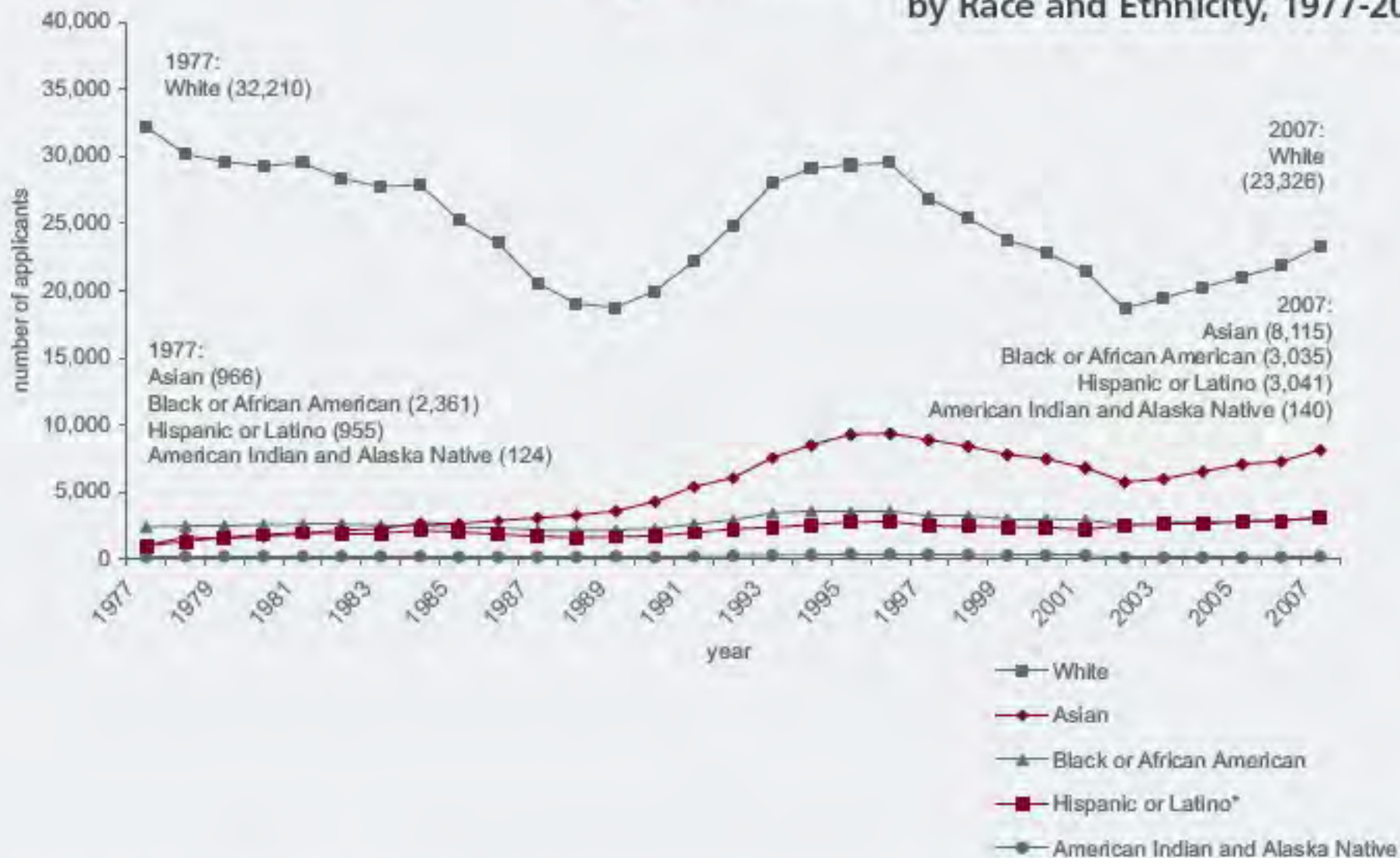


**Figure 14:** Number of U.S. Medical School Graduates by Gender, 1980-2007



Source: AAMC Data Warehouse: Student\_JND, as of 11/14/2008.

**Figure 5: Number of U.S. Medical School Applicants by Race and Ethnicity, 1977-2007**

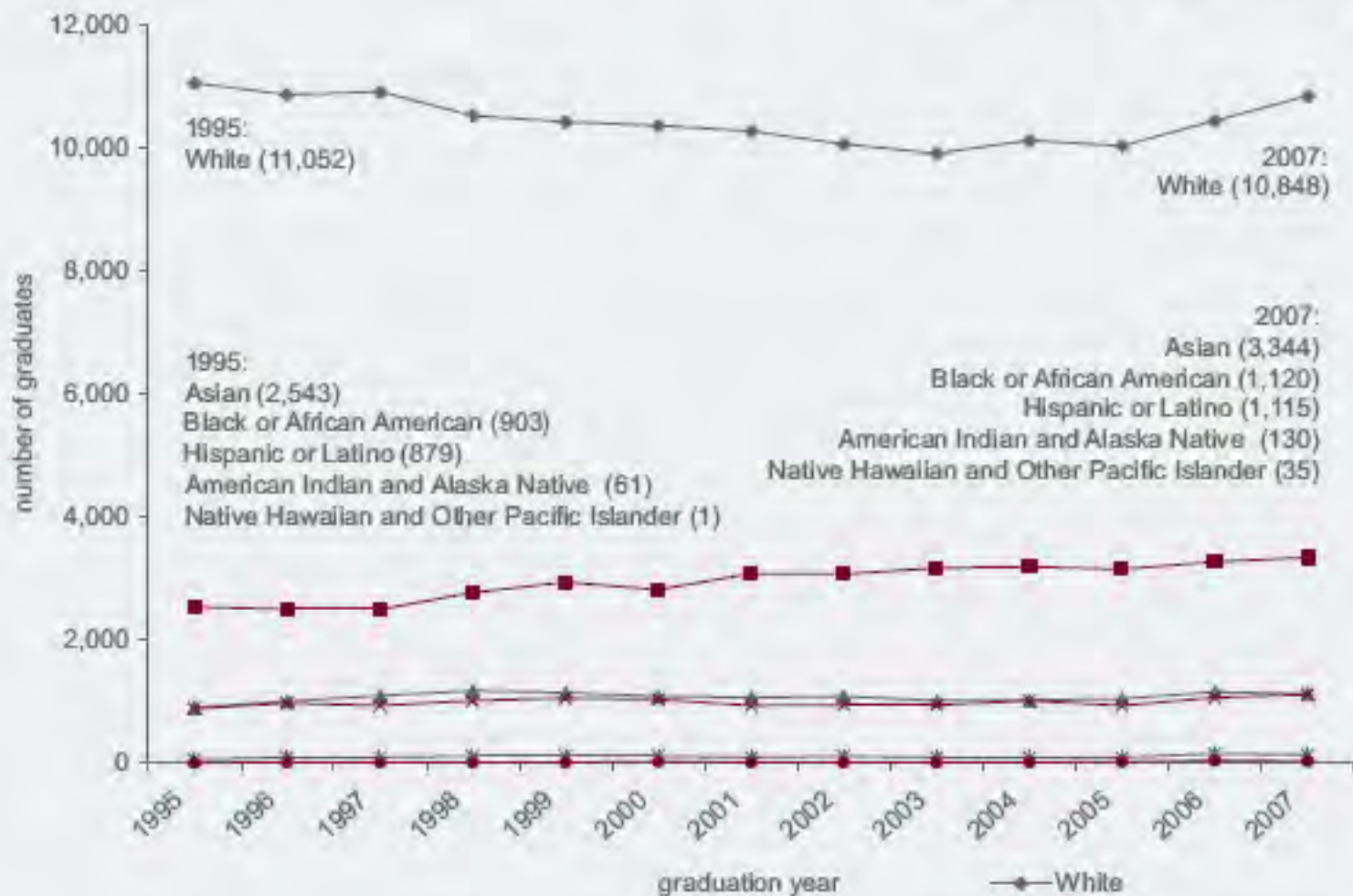


Note: White, Asian, Black, and Native American, are Non-Hispanic. Since 2002, individuals have the option of reporting both their race and ethnicity alone or in combination with some other race or ethnicity. In this figure numbers are reported for race alone.

\*From 1974-2001, includes Mexican American, Puerto Rican, and Other Hispanic. Since 2002, includes Cuban, Mexican American, Puerto Rican, Other Hispanic, and Multiple Hispanic.

Source: AAMC Data Warehouse: Applicant Matriculant File, as of 12/11/2007.

**Figure 15: Number of U.S. Medical School Graduates by Race and Ethnicity, 1995-2007**



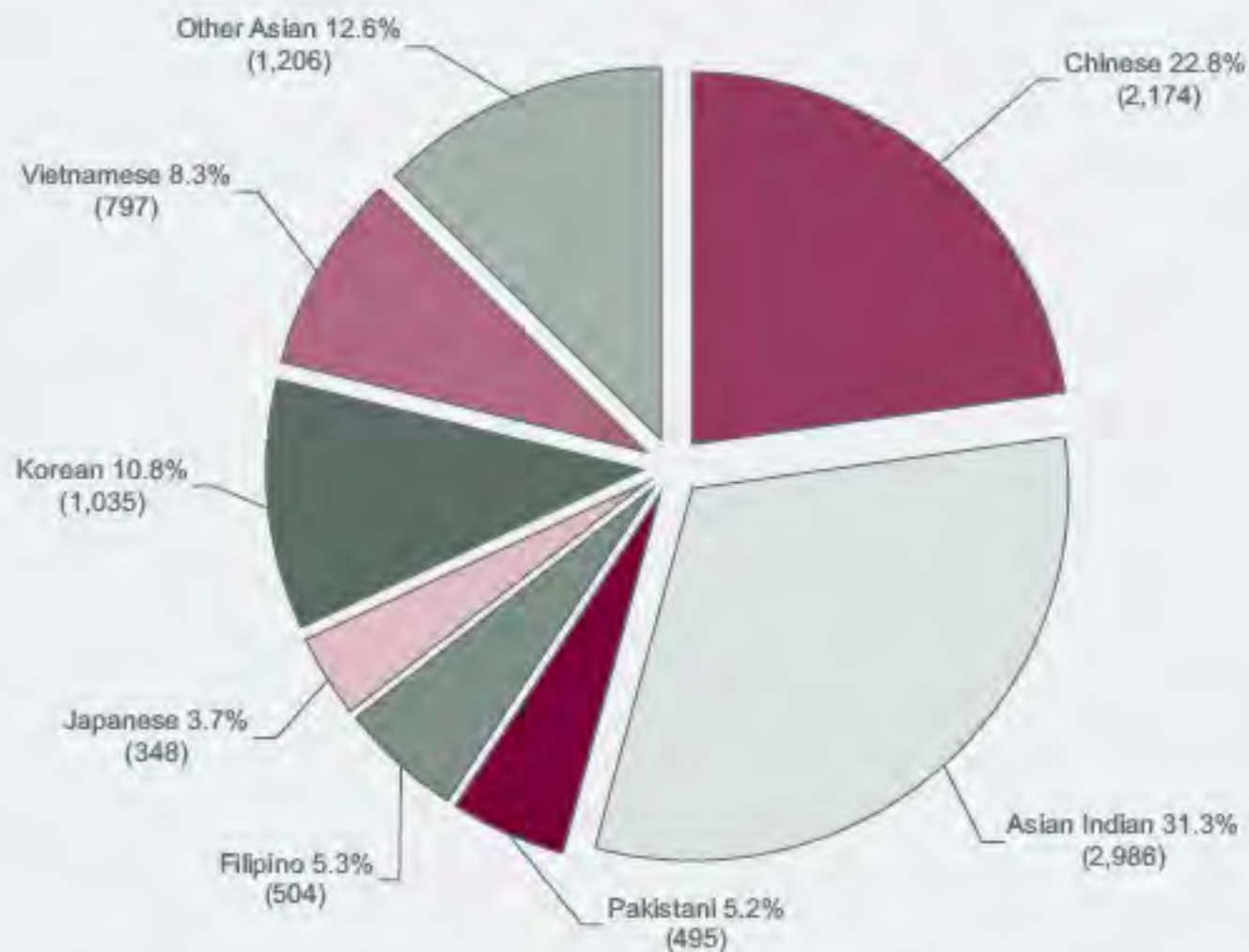
\*Hispanic or Latino includes Mexican American, Puerto Rican, and Other Hispanic or Latino.

\*\*Prior to 1995 data is not available for Native Hawaiian and Other Pacific Islander.

Source: AAMC Data Warehouse: Student\_JND, as of 1/08/2008.

- White
- Asian
- ▲— Black or African American
- ×— Hispanic or Latino\*
- \*— American Indian and Alaska Native
- Native Hawaiian and Other Pacific Islander\*\*

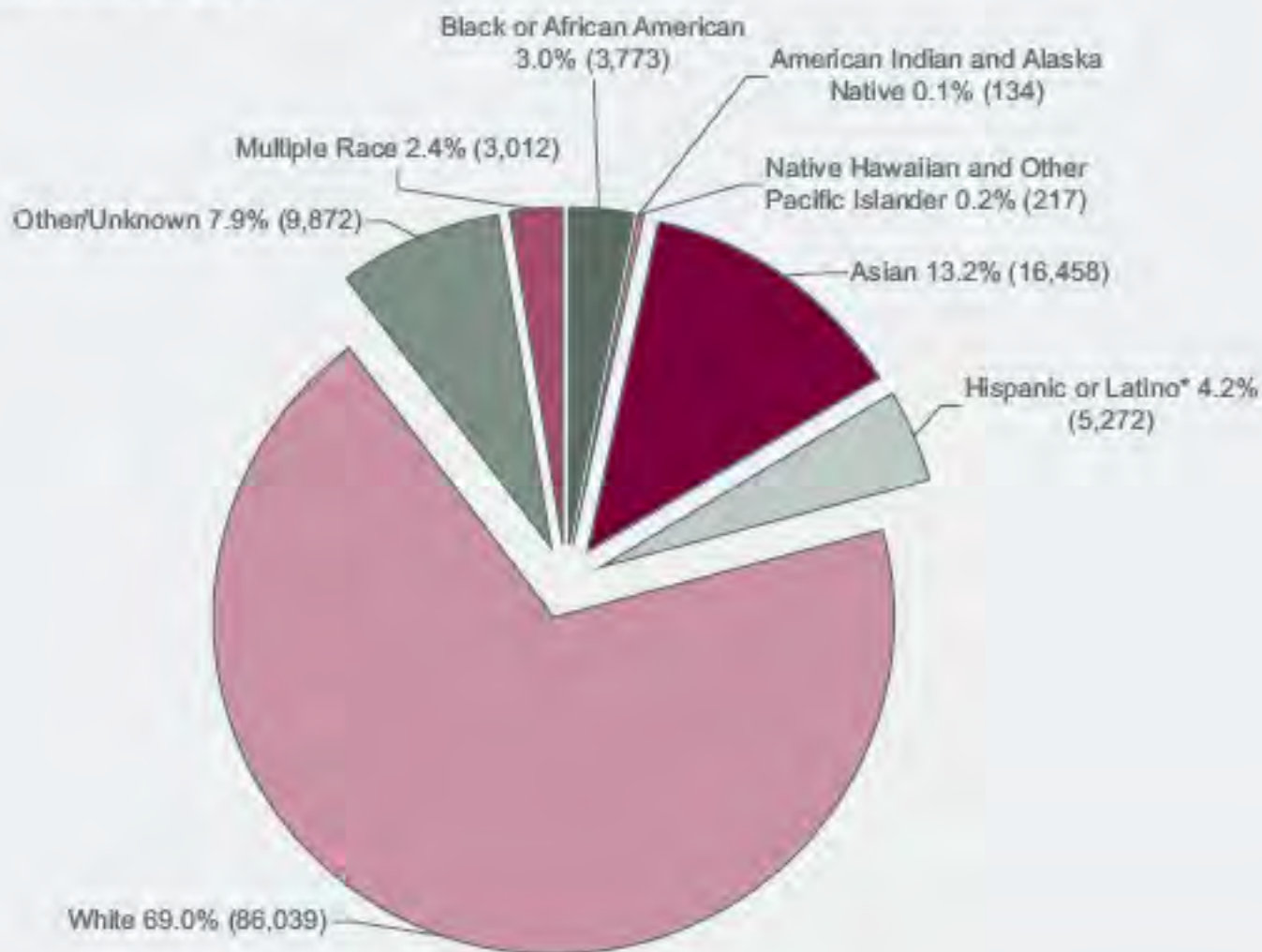
**Figure 7: Percentage of U.S. Medical School Applicants by Asian Subgroups, 2007**



Note: Since 2002, individuals have the option of reporting both their race and ethnicity alone or in combination with some other race or ethnicity. In this figure numbers are reported for race alone and race in combination.

Source: AAMC Data Warehouse: Applicant Matriculant File, as of 1/04/08.

**Figure 18: Percentage and Number of U.S. Medical School Faculty by Race and Ethnicity, 2007**

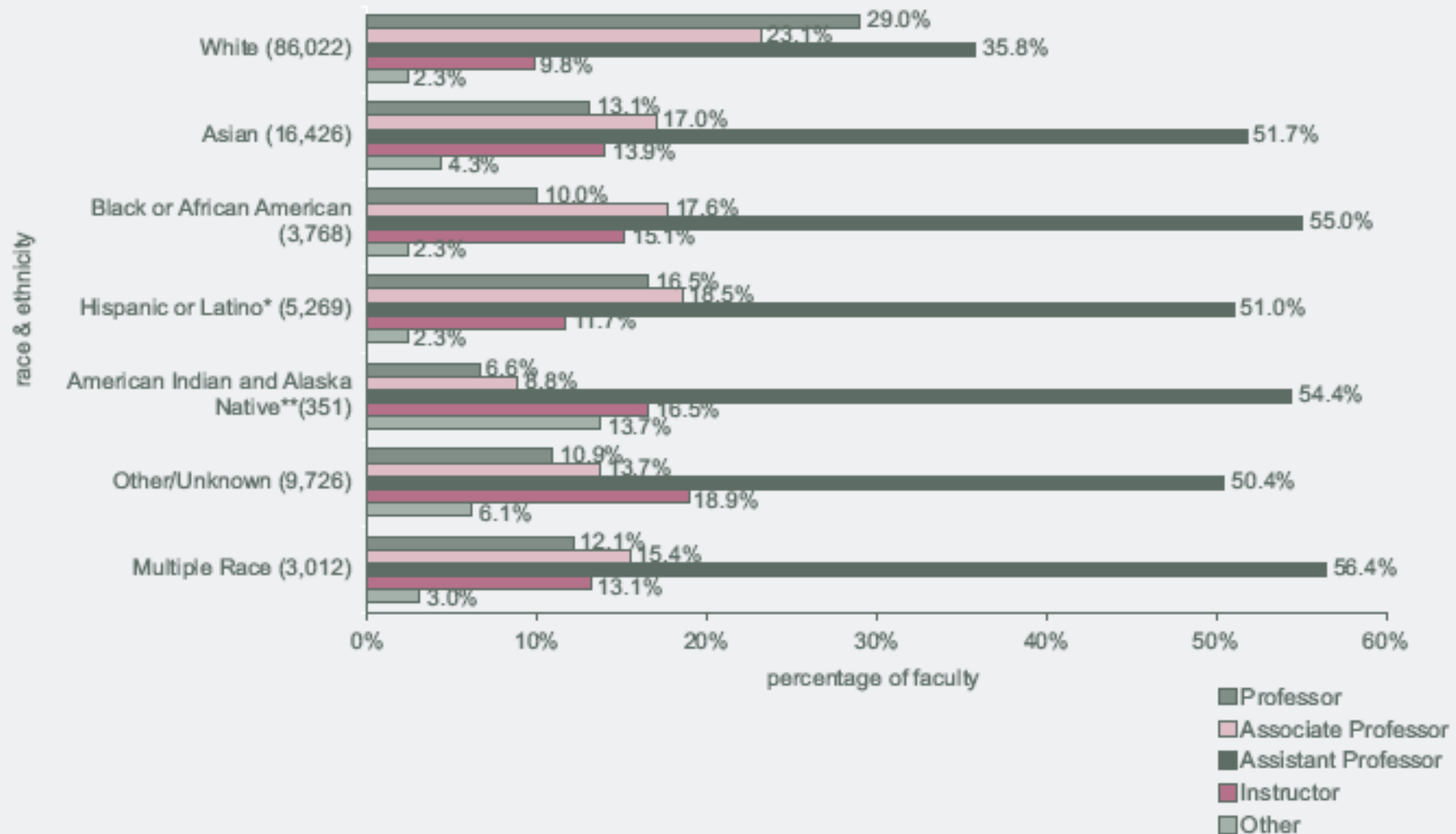


Note: The race and ethnicity categories in this figure reflect how the data has been collected since 2002. Individuals have the option of reporting both their race and ethnicity alone or in combination with some other race or ethnicity. In this figure numbers are reported for race alone; those that reported more than one race and ethnicity are included under Multiple Race.

\*Includes Mexican American, Puerto Rican, Cuban, Other Hispanic or Latino, and Multiple Hispanic.

Source: AAMC Faculty Roster, as of 3/3/2008.

**Figure 19: Percentage of U.S. Medical School Faculty by Rank and Race and Ethnicity, 2007**



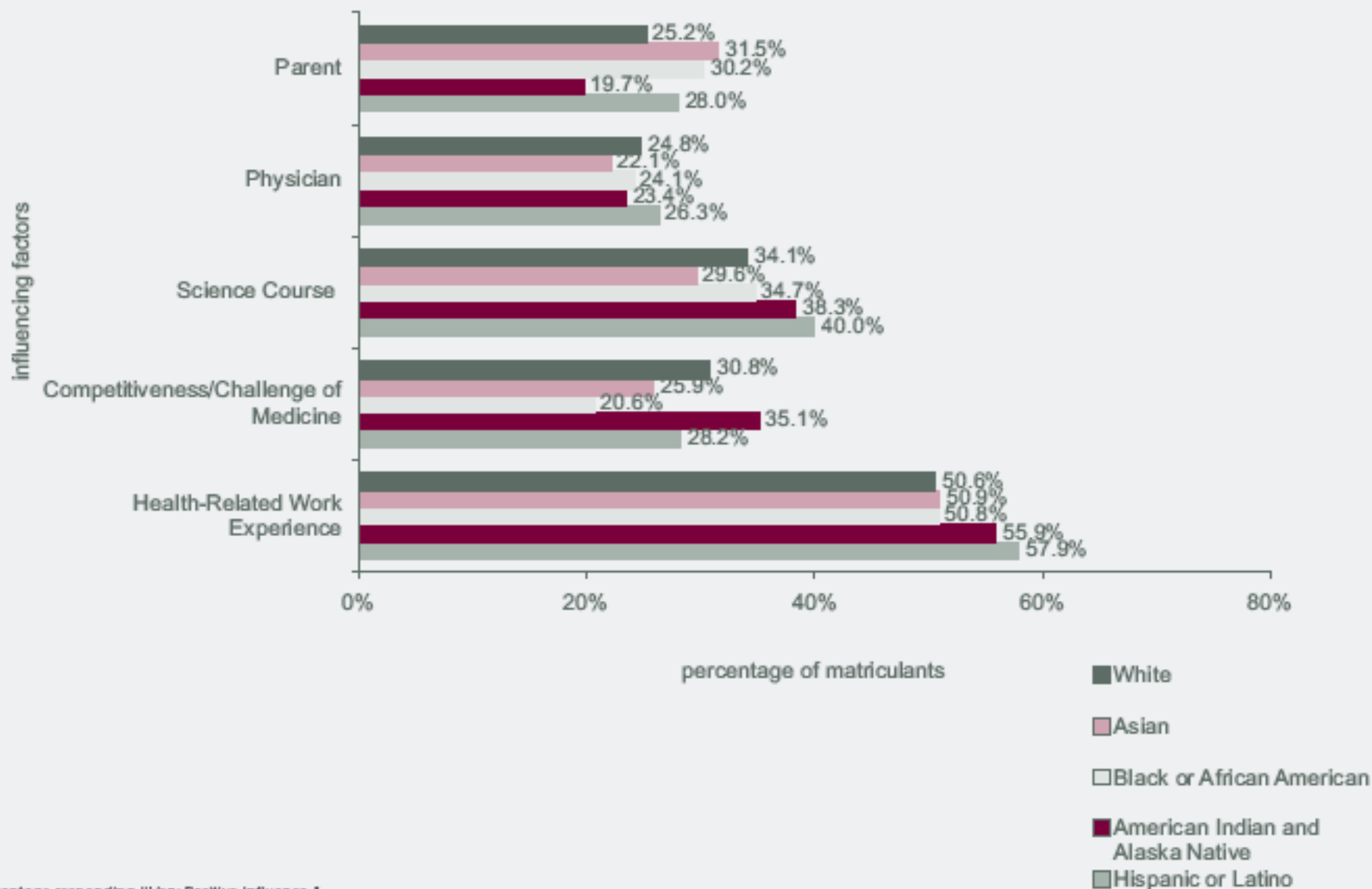
Note: The race and ethnicity categories in this figure reflect how the data were collected since 2002. Individuals have the option of reporting both their race and ethnicity alone or in combination with some other race or ethnicity. In this figure numbers are reported for race alone; those that reported more than one race and ethnicity are included under Multiple Race.

\*Includes Mexican American, Puerto Rican, Cuban, Other Hispanic, and Multiple Hispanic.

\*\*Includes American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander.

Source: AAMC Faculty Roster, as of 3/6/2008.

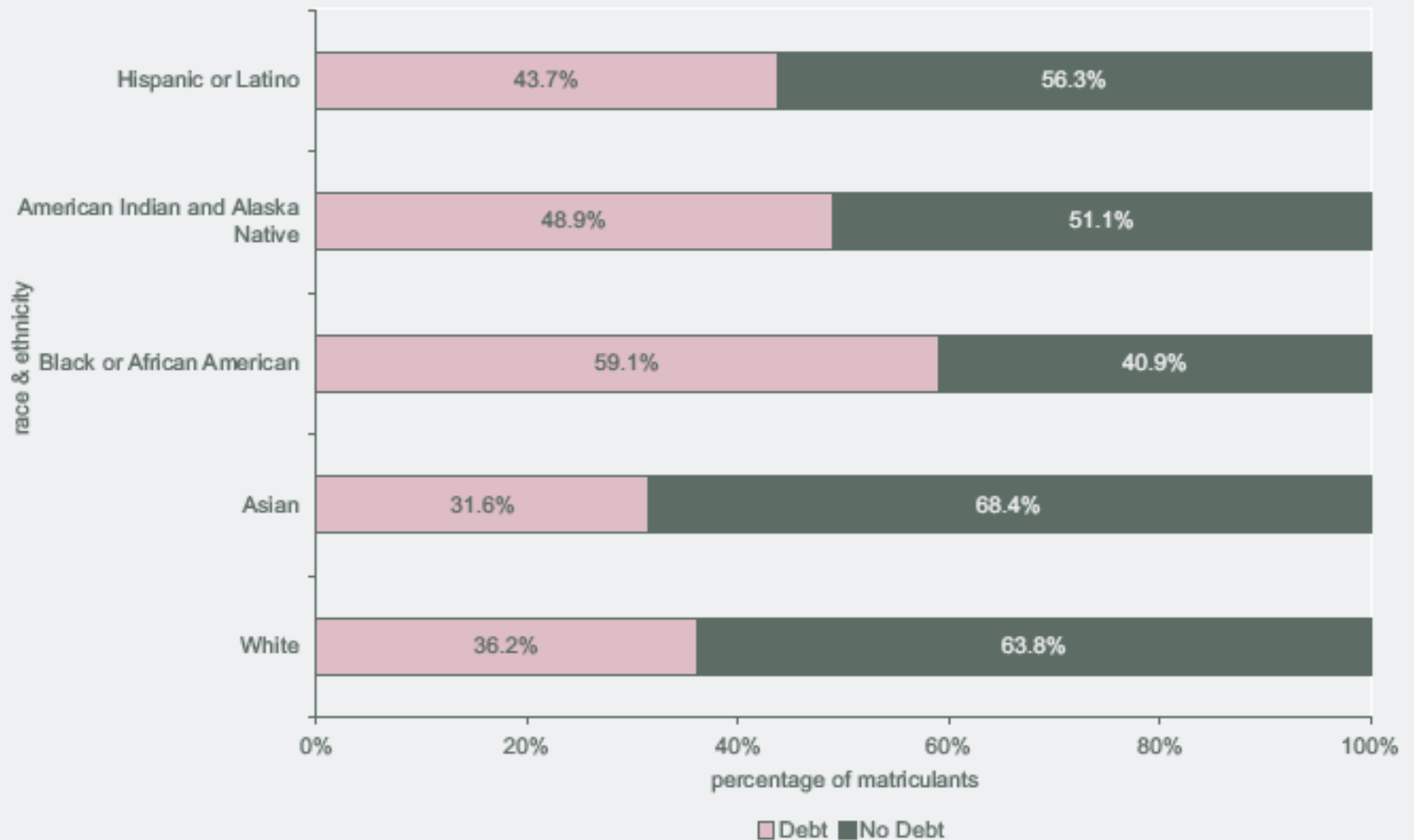
**Figure 22: Top Five Influencing Factors on Decision to Study Medicine by Race and Ethnicity, 2007 Matriculants\***



\*Percentage responding "Very Positive Influence."

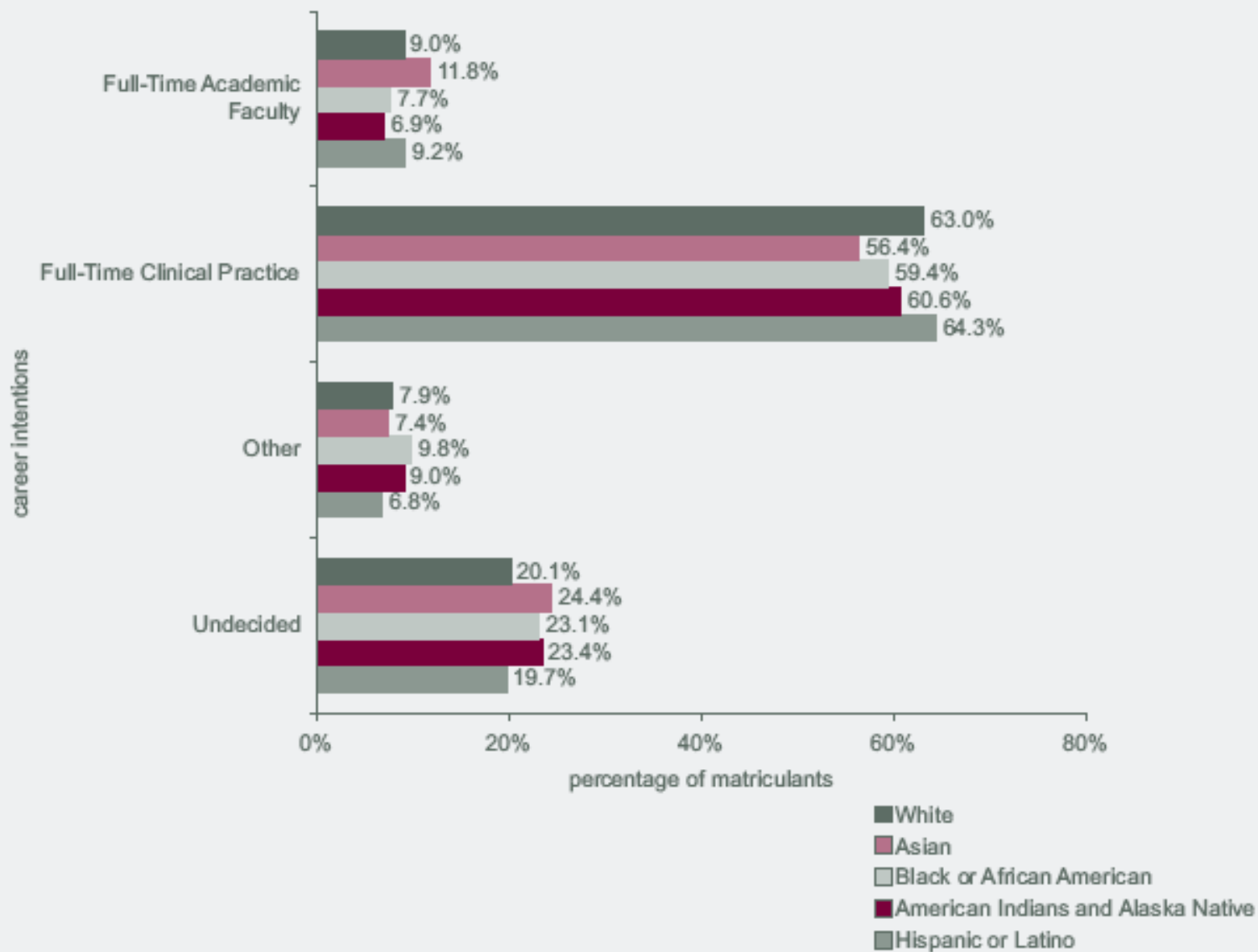
Source: AAMC Data Warehouse: 2007 Matriculating Student Questionnaire, as of April 23, 2008.

**Figure 24: Status of Pre-Medical School Debt by Race and Ethnicity, 2007 Matriculants**



Source: AAMC Data Warehouse: 2007 Matriculating Student Questionnaire, as of April 23, 2008.

**Figure 28: Career Intentions by Race and Ethnicity, 2007 Matriculants**



Source: AAMC Data Warehouse: 2007 Matriculating Student Questionnaire, as of April 23, 2008.

**Figure 30: Percentage of Medical School Graduates Planning to Practice in an Underserved Area by Race and Ethnicity, 2007**

