

INCREASING ENROLLMENT OF UNDER-REPRESENTED MINORITY STUDENTS IN MEDICAL SCHOOL

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Abstract

The growing need for quality health care in underserved ethnic/minority populations is a major concern as the population becomes more diverse. An Agency for Health Research and Quality (AHRQ) report on racial disparities and access to quality care indicates there is a correlation between disparities in care and racial, cultural, and language barriers between minority consumers and health care providers. A 2000 *Health Affairs* survey indicated that patients would prefer physicians of their same race in part due to language concerns and because minority physicians are perceived to be more culturally sensitive to their populations. Research has shown that minority students tend to practice more often in underserved ethnic communities.

Over the past ten years the number of under represented minorities students in medical schools has decreased, but ethnic and minority populations have increased. In 1995, twenty-six percent of the population was made up of Black Americans, Hispanic Americans, Asian Pacific Americans and American Indians/Alaskan Natives. By 2010 these groups will compose one-competent healthcare third of the population, and by 2050, they will make up almost half of all Americans.

If underrepresented minority (URM) students are not recruited into medical school and encouraged to practice in underserved areas, access to culturally for ethnic and minority populations will continue to be compromised. In order to establish a physician workforce which mirrors the diversity of the population and which can provide culturally competent care to minority populations, we need to double the number of Blacks and Hispanics and triple the number of Native Americans gra



History and Background

Decline in minority enrollment in medical schools

In 1996 the Association of American Medical Colleges announced a decline in minority medical school student enrollment. The reasons for this decline were many, but appeared to focus around the following issues: rising tuition, limited scholarships, and legal and political issues surrounding anti-affirmative action lawsuits, including the University of Texas Appeals Court ruling that outlawed racial admission preferences. To add to the problem, fear of litigation against medical schools caused a decrease in recruitment of minority undergraduate students, aligned with cuts in federal funding which forced the elimination of outreach programs.

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In spite of the fact that minorities currently make up approximately 30% of the population, they comprise only 10 % of the healthcare

Race/Ethnicity	Percent of the population	Number in Millions	Percent of Healthcare Workforce
Latino	12.5	35.3	5
African American	12.1	33.9	4
Asian/Pacific Islander	3.7	10.5	.8
American Indian/Alaskan Native	.7	2.1	.1
Total	29	81.8	10

Figure 1: Percentage of racial/ethnic populations in the US and in the healthcare workforce (physicians).¹⁹

Stakeholders

Proponents

Association of American Medical Colleges (AAMC) strongly supports action to promote diversity in medical schools.

American Medical Association (AMA) states that consideration of race, ethnicity and other factors is essential in many cases to assure diversity in the student body in order to develop a healthcare workforce that reflects the diversity of society.

American Association of Colleges of Osteopathic Medicine (AACOM) has argued in strong support of a medical school's right to pursue diversity in admissions policies and enroll URM students into medical schools in order to foster quality medical education, improve access to healthcare to underserved populations, increase the diversity of research, and accelerate advances in medical research.

The American Osteopathic Association (AOA) during its August 2004 House of Delegates annual meeting adopted and supported the need to continue to recruit, support, and encourage URM's entry into the osteopathic profession

Opponents

President George W. Bush has criticized affirmative action 'quota' programs in which admission systems are based primarily on the color of an applicant's skin. The President also said he is committed to equal education opportunities for all America's children; however, the President has proposed budget cuts in this area.

Recommendations

I recommend implementation of a model to increase the number of *qualified* URM's into medical school to ensure that the medical needs of the URM populations are met:

- Create incentive pipeline programs that link and build partnerships with K-12 schools systems, colleges, medical schools, and communities.
- Provide grants and funding for programs that prove not only to enroll URM's, but also to graduate URM's.
- Provide guaranteed grants, re-payment programs, and loan forgiveness programs via increased funding to Title VII programs and the National Health Service Corps to URM medical graduates who provide health serves to URM communities or HPSAs.
- Involve private businesses and private sector organizations to help support