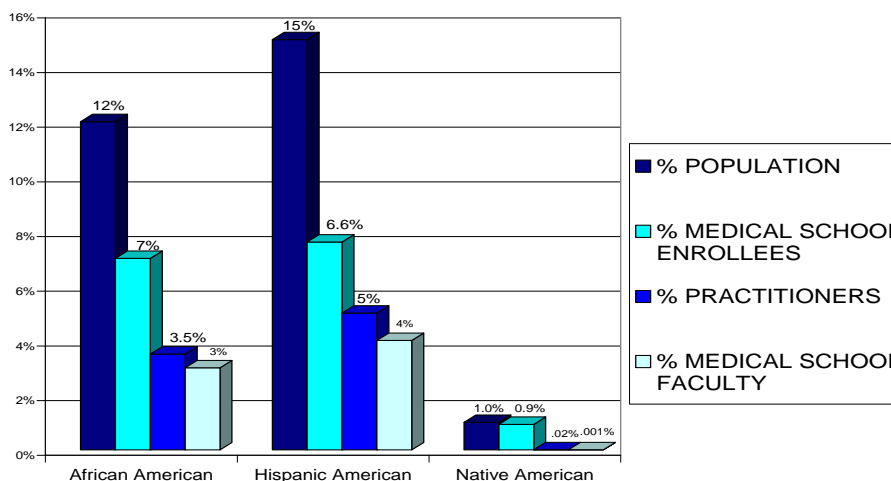


Underrepresented Minorities in Medicine: The Need for a Diverse Physician Workforce

The Problem

Significant disparities exist in access to health care for racial and ethnic minorities and also in their representation in the U.S. physician workforce. African Americans, Hispanic Americans and Native Americans comprise more than 25% of the U.S. population, yet they account for less than 10% of the physician workforce¹. (Figure 1) The Census Bureau projects that African Americans, Hispanic Americans, American Indians and Alaska Natives will represent 28% of the U.S. population by 2010 and 39% by 2050, yet the annual enrollment of underrepresented minority (URM) medical students has not increased since 2000 when it reached 7,553 (12% of all medical students)². Federal support (Title VII) has been cut so severely in recent years that these programs are at the point of elimination. Given the increasing diversity of the U.S. population and the poor representation of minorities among health professionals, this problem is ever growing.

Figure 1: Percentage of U.S. Medical School Enrollees, Practitioners, and Medical School Faculty Compared to Representation in U.S. Population by Race/Ethnicity, 2004



Source: U.S. Census Bureau, American Medical Association MAC, Association of American Medical Colleges

URMs and Career Choice, Practice Location, Patient Population and Influence on the Profession

Diversity in the physician workforce is critical to adequate, accessible, and culturally responsive care. Physicians from racial and ethnic minority groups are more likely to enter primary care, practice in health profession shortage areas, and care for minority, poor, underinsured, and uninsured individuals than their white counterparts³. One national survey reported that while African American physicians comprise only 4% of the workforce, they serve more than 20% of African American patients in the U.S.⁴ Another found that African American physicians practice in high density African American communities, and Hispanic physicians practice in high density Hispanic communities⁵. Finally, diversity among physicians may help with efforts to improve cross-cultural training and competencies throughout the profession by broadening physician perspectives regarding racial, ethnic and cultural differences⁶.

Strategies and Recommendations

Historically Black Colleges and Universities and Hispanic Serving Institutions have played a major role in the pre-medical and medical education of minority physicians. These institutions, along with many others, have received crucial governmental assistance largely through Title VII of the Public Health Service Act. Pipeline funding, minority student loans and scholarships, and faculty development programs have been key Title VII programs since the mid 1970s. Run by HRSA's Bureau of Health Professions, two programs have been the principal government vehicles for promoting the growth of careers in medicine for URM:

- The Centers of Excellence Program is designed to support excellence in health professional education for underrepresented minorities and reduce disparities in the health care system⁷.
- The Health Careers Opportunity Program provides grants to increase the number of individuals from disadvantaged backgrounds in the health professions.

Additionally, the Hispanic Serving Institutions Program which was developed by the Department of Education provides funding to colleges and universities to help enhance and expand their capacity to serve Hispanic and low-income students⁸.

Private efforts have also been important:

- Project 3000 by 2000 launched by the Association of American Medical Colleges (AAMC) in 1990 aimed to increase annual enrollment of URM medical students to 3000 by the year 2000 (about 18% of enrollees.) Although enrollments increased, the Project fell short of its goal.
- Morehouse School of Medicine started a faculty development program in 1992 which successfully increased diversity in academic primary care⁹.
- The Health Professions Partnership Initiative called on U.S. medical schools to link with K-12 school systems, undergraduate colleges, and others to improve educational programs and better prepare and attract minority students to careers in health care¹⁰. It was a collaboration of the AAMC, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The initiative resulted in a contribution of approximately 2,000 minority students to the pool of health professions schools applicants¹¹.

The increasing numbers of minorities in the population compared to the relative scarcity of URMs in medicine today is a call to action for medical educators and policy makers. A national re-commitment must be made to enhance opportunities for URMs in medicine toward the goal of access to quality care for the nation's growing minority populations.

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