AAMC: Altering the Course of Black Males

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Disclosures

- None
Objectives:

• To understand the concept of a pipeline
• Identify the barriers to students as they progress
• Identify the leaks
• Challenges of admissions
• Demography of Medical faculty
• Cause and Effect
Pathways to Health Professional Programs

Robert Woods Johnson AAMC HRSA- HCOP
Barriers to Attainment

• More AA males are graduating from high school, 17 states have dropped algebra criteria
• More AA males are graduating from colleges (2 and 4 year)
• “The subtle bigotry of low expectation.” (Dr. Marc Nivet AAMC)
• The race of life

• Educational barriers - the role of public education and the preparation of students for college and beyond
• Social barriers - the lack of role models, portrayal in media, stigma of educational success
• Counseling barriers - self fulfilling prophecy
• Admissions practices
Drop Out Rates and College Enrollment

Figure 2
High School Dropout Rates Among 18- to 24-Year-Olds, by Race and Ethnicity

Figure 1
College Enrollment Rates among 18- to 24-Year-Old High School Completers, by Race and Ethnicity

Notes: The high school dropout rate is the share of 18- to 24-year-olds who had not completed high school and were not enrolled in school. "White" includes only non-Hispanic whites. Starting in 2003, respondents could identify more than one race. The figures for 2003 onward refer to the white-, black-, and Asian-alone populations. The data shown prior to 2003 consists of those identifying themselves as "Asian or Pacific Islanders."


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Black Men in White Coats

2012 there were approx. 2.3 M young black men, ages 18-24, living in the United States.

In 2012 there were 24,725,000 (35% US Population) single parent households; est. 70% AA live in single parent households.

52% AA males high school graduation rate (2012) Schott Foundation Report

36% college enrollment rate for AA males (2012)

In 2012 Approx. 66% of AA male undergraduates received Pell Grant

National college graduation rates for black males is 33.1%

1,320 black males med school applicants (2859 –MCAT-46%)

500 black males med school matriculants (37.8%); 276 AA

Prison Incarceration Rate
Hispanic: 1,258 per 100,000
White: 459 per 100,000

College Enrollment
Hispanic: 37%
White: 42%

Medical School Applicants
Hispanic: 1,387; (3920-MCAT-35%)
White: 13,289; (18,086-MCAT-73%)

Medical School Matriculants
Hispanic: 667 (48% of applicants)
White: 5,729 (43% of applicants)

While 1 in 8 Americans are African American; 1 in 15 doctors are; 1 in 6 Americans identify as Hispanic/Latino compared to 1 in 20 doctors

#s based on 2010 US Census and AAMC Diversity in the Physician Workforce Data Report

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Sources: National Center for Education; Schott Foundation for Public Education Report, 2012 US Census Bureau Population Survey, AAMC 2012 Facts Table
Challenges to identifying and training providers for diverse communities

- The medical school admissions process works against attracting diverse learners:
  - Relatively homogeneous Admissions Committees (i.e. mostly majority, male)
  - Narrow/inadequate focus of secondary applications to medical school
  - Late entry of URM and disadvantaged students to the preparation for competitiveness for med/grad school in science
  - Variable or lack of appropriate pre-med advising for URMs
  - Lack of pipeline programs at earliest stages of educational development to foster competitive academic skills for science/math
Challenges to identifying and training providers for diverse communities

- The medical admissions process works against attracting diverse learners:
- Over-emphasis on MCAT scores as predictors for success in graduate and professional school
- Failure to define, identify and value humanism in the admissions process
- Cumulative effects of racially and culturally driven mis-education in science
- Lack of institutional review of potential applicants by diverse faculty, i.e. inadequate representation of multiple advocacies on the Admissions Committee
- The issue of Favorites
Mean debt at medical school graduation is highest for Black/African American physicians under 50 than others (2006)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total Debt</th>
<th>Non-IMGs Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Pacific Islander (NH)</td>
<td>* $35,824</td>
<td>$62,091</td>
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<tr>
<td>Black/African American (NH)</td>
<td>$83,089</td>
<td>$94,850</td>
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<tr>
<td>White (NH)</td>
<td>$67,692</td>
<td>$70,879</td>
</tr>
<tr>
<td>Hispanic</td>
<td>* $53,001</td>
<td>$70,389</td>
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</tbody>
</table>

Notes: 1) * p<0.05 with white, non-Hispanic as reference group; 2) NH = non-Hispanic/Latino; 3) Physicians are active, patient care only; 4) Native American, Multiple Races & others excluded due to small numbers; 5) Item not included on survey for physicians over 50 years of age.
U.S. Medical School Faculty by Race and Ethnicity, 2013

- White: 84,350 (57.0%)
- Unknown: 33,421 (22.6%)
- Asian: 17,574 (11.9%)
- Black: 3,945 (2.7%)
- Hispanic or Latino: 8,008 (5.4%)
- Native Hawaiian or Other Pacific Islander: 186 (0.1%)
- Native American or Alaska Native: 190 (0.1%)
- Other: 410 (0.3%)

Source: AAMC Faculty Roster, as of 12/31/2013
The “Ripple Effect” from IOM and Sullivan Commission Reports

- Who will be the providers?
- Who is the community to whom we are accountable and what are their needs with respect to the recruitment, admission and training of providers?
- What skill sets are necessary for scientific mastery, culturally competent care and productive contributions to the community? Are these skill sets mutually exclusive?
- Why diversity and why now? Is diversity at odds with the goals above—scientific mastery, culturally competent care, productive contributions to and with the community to whom we are accountable?
Physician Race & Ethnicity: Financial Status

- Black/African American physicians consistently report not doing as well financially as other physicians.
- Mean student debt level at graduation varies tremendously by race and ethnicity, and it is highest for Black/African American physicians.
- Controlling for other factors, such as IMG status, sex, practice setting and specialty, Black/African American physicians are only about half as likely as White physicians to report a financial status that is very good or excellent.