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PROFESSION

Black men increasingly hard to find in medical schools

■ A dwindling share of students pursuing physician careers are African-American men. Experts warn that the trend could exacerbate racial health disparities and doctor shortages.

By **KEVIN B. O'REILLY** ([HTTP://WWW.AMEDNEWS.COM/APPS/PBCS.DLL/PERSONALIA?ID=KOREILLY](http://www.amednews.com/apps/pbcs.dll/personalia?id=koreilly)) — Posted Feb. 25, 2013

As a medical student, Frank A. Clark, MD, was one of the few African-American men in his class. It wasn't that he saw black men being rejected from medical school. The bigger problem was that he didn't see many on track to get there at all.

“Even during my collegiate career, I was a biology major with a minor in chemistry, and I didn't see many other African-American males on the premed route,” says Dr. Clark, now a psychiatry resident at Palmetto Richland Memorial Hospital in Columbia, S.C.

Black men are notable in that their numbers are lagging even as other minorities and women are continuing a long-term trend of gaining greater representation among medical school applicants and students, according to the most recent Assn. of American Medical Colleges report on medical education diversity.

The report said 2.5% of medical school applicants were black men in 2011, a drop from 2.6% in 2002. That compares with 9% and 11% increases in the share of Asian and Hispanic male applicants, respectively, during the same period. A 10% greater share of matriculating students were Asian men in 2011 than in 2002, and Hispanic men made up a 24% larger proportion of new medical students. The share of white male applicants and matriculants was stable.

Growth in the number of African-American women applying for — and attending — medical school has been comparatively weak as well, with their representation, as a percentage of all applicants and graduates, also in decline. However, their numbers are still enough to create, as they have for some time, the biggest gender gap among all racial or ethnic groups.

Twice as many African-American women as men applied to medical school, and black women accounted for nearly two-thirds of black students who were accepted and eventually matriculated. That disparity translates into graduation rates, with 63% of new black MDs in 2011 being women.

By comparison, the non-Hispanic white gender gap in favor of men is 55%-45%, and while most other racial and ethnic groups skew female, they don't come near the African-American gender gap. Overall, according to AAMC, the male-female gap in applicants and matriculants in 2011 was 53%-47% favoring men, a near-historic low ratio that has held steady for the past few years.

The AAMC report said the “persistent” problem of black male underrepresentation among medical school applicants speaks to a need for medical schools, which have stepped up minority recruitment efforts in recent years to try to get their student bodies to reflect the American population, “to institute

plans and initiatives aimed at strengthening the pipeline.” Efforts include attempts to interest more black male youth in medicine and hiring more faculty members “from racially and ethnically underrepresented groups.”

“We have a major, major problem in this country,” said Marc Nivet, EdD, the AAMC's chief diversity officer. “There is just simply an enormous amount of indisputable evidence that we're not intervening as effectively as we'd like as a society to increase the talent pool of African-Americans who are capable of taking advantage of the science curricula available up and down the pipeline.”

Despite a 3% rise in the total number of male African-American medical school graduates during the last decade, the proportion of new doctors who were black men fell from 2.6% in 2002 to 2.4% in 2011. African-Americans account for 13% of the U.S. population, but only 6% of 2011 matriculants were black, as are just 4% of practicing doctors. And while the Census Bureau reports that 10% of U.S. men 30 and older are African-American, less than 3% of practicing doctors are black men, according to American Medical Association data.

Multiple repercussions

The underrepresentation of black men in medicine is problematic for multiple reasons, experts say.

The shortage could worsen access to care in low-income communities, because black medical students are likelier than any other group to have a firm commitment to practicing in underserved areas, with 55% saying they plan to do so. Meanwhile, several studies have found that patients who are treated by physicians with whom they share racial or gender characteristics report greater satisfaction with their care and higher rates of medication compliance.

**DID YOU KNOW:
10% of U.S. men 30 and older are black, but less than 3% of practicing doctors are black men.**

With the U.S. Census Bureau projecting that nonwhites will account for a majority of the American population by 2050, a sputtering pipeline of black male doctors could worsen the physician supply problem. The AAMC projects that by 2025, the country will be short by 130,000 doctors of all racial and ethnic backgrounds.

“This has huge implications,” said Rahn K. Bailey, MD, president of the National Medical Assn., which promotes the interests of African-American physicians and patients.

“Society does better with balance all the way around,” he said. “And we don't have balance if we have disproportionately twice as many females as males applying to enter the profession, or twice as many from California as from New York, or twice as many people who want to go into surgery as into pediatrics. We need everybody. We need all hands on deck.”

Disparities begin early

The gap seen among African-American men in medicine does not start when students apply to medical school. About 3% of college graduates are black men, and women account for nearly two-thirds of black students to earn bachelor's degrees. Nearly three-quarters of African-Americans majoring in biology or biomedical sciences are women, according to 2009 U.S. Dept. of Education data.

Nationally, 52% of male African-Americans earn high school diplomas, compared with 58% of male Hispanics and 78% of male non-Hispanic whites, said a September 2012 report published by the nonprofit Schott Foundation for Public Education. For every black male physician, there are about 50

African-American men incarcerated at the federal, state or local levels, according to 2009 U.S. Justice Dept. data.

Reaching male African-Americans at younger ages is critical, experts say. Twelve medical and dental schools now take part in the six-week, tuition-free Summer Medical and Dental Education Program, administered by the AAMC and the American Dental Education Assn. The program, launched in 1989, each year offers intensive preparation for dental or medical school, clinical experiences, and academic enrichment in math and science to about 1,000 college freshman and sophomores who are from underrepresented minority groups or low-income families.

Some medical schools are working to encourage math and science among elementary and secondary school students. The Duke University School of Medicine in Durham, N.C., works with the local public schools as early as the third grade, offering field trips to Duke health care facilities. Starting in the fifth grade, 25 students from underrepresented minority groups or low-income families are selected from each participating school to join Duke's BOOST program, which offers extra math and science instruction, overnight field trips and summer workshops. The outreach effort continues with high school students, said Brenda Armstrong, MD, dean of admissions at Duke's medical school. The school had more black graduates in 2011 — 20 total, 14 women — than all but four other medical schools.

“A lot of this has to do with giving [male African-Americans] the academic tools to work with at an early stage, and you have to reinforce those successes and keep them in the system,” said Dr. Armstrong, a professor of pediatrics.

Affirmative action's future in doubt

Experts' concern about the diminishing share of black men entering medicine is accentuated by uncertainty about the future of affirmative action. A case before the U.S. Supreme Court, *Fisher v. University of Texas at Austin*, could produce a ruling this year that restricts how publicly funded medical schools factor race, ethnicity and gender into admissions decisions. The AMA joined in a friend-of-the-court brief urging the Supreme Court to uphold the ability to use race as one part of the admissions process.

The AMA also co-founded the Commission to End Health Care Disparities in 2004 with the National Medical Assn. The commission studies gaps in care and convenes expert panels to provide practice and policy recommendations. In 2002, the AMA launched the Doctors Back to School program, which sends black, Hispanic and other physicians to visit schools to encourage minority students' interest in medicine.

Dr. Clark, the Columbia, S.C., psychiatry resident, has taken part in the back-to-school program and also made other trips to talk with area elementary and high school students. Role models are key to encouraging more male African-Americans to pursue math, science and medicine, said Dr. Clark, a member of the AMA Minority Affairs Section's governing council.

“As physicians, we have an obligation to not only serve our community in terms of providing good patient care, but also to be mentors, to reach out to those people who look up to us,” he said. “People do look up to us. We may not be Michael Jordan or Kobe Bryant. We may not have won championships, but we still have a role in the community to play, and a role that's vital to the community.”

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ADDITIONAL INFORMATION**The last decade reshaped medical school diversity**

The proportion of African-American men in medical schools has fallen since 2002, while a rising share of medical students come from Asian and Hispanic backgrounds.

Group	2002 applicants (%)	2011 applicants (%)	2002 matriculants (%)	2011 matriculants (%)
White men	10,483 (31.2%)	13,506 (30.8%)	5,355 (32.5%)	6,252 (32.5%)
White women	8,974 (26.7%)	10,451 (23.8%)	4,619 (28.0%)	4,808 (25.0%)
Asian men	2,965 (8.8%)	4,645 (10.6%)	1,474 (8.9%)	1,968 (10.2%)
Asian women	2,984 (8.9%)	4,296 (9.8%)	1,556 (9.4%)	1,891 (9.8%)
Hispanic men	1,167 (3.5%)	1,655 (3.8%)	549 (3.3%)	790 (4.1%)
Hispanic women	1,274 (3.8%)	1,804 (4.1%)	581 (3.5%)	843 (4.4%)
Black men	874 (2.6%)	1,107 (2.5%)	391 (2.4%)	445 (2.3%)
Black women	1,738 (5.2%)	2,108 (4.8%)	735 (4.5%)	737 (3.8%)
Total	33,625	43,919	16,488	19,230

Note: Individuals who did not mark a race or ethnicity, or who identified as multiracial, foreigners, Native Americans, Alaskans, Hawaiians or other Pacific Islanders are not included in this chart.

Source: “Diversity in Medical Education: Facts & Figures 2012,” Assn. of American Medical Colleges, November 2012; “Minorities in Medical Education: Facts & Figures 2005,” AAMC

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EXTERNAL LINKS

“The Urgency of Now: The Schott 50 State Report on Public Education and Black Males,” Schott Foundation for Public Education, September 2012 ([link: http://blackboysreport.org/urgency-of-now.pdf](http://blackboysreport.org/urgency-of-now.pdf))

“Adherence to Cardiovascular Disease Medications: Does Patient-Provider Race/Ethnicity and Language Concordance Matter?” *Journal of General Internal Medicine*, November 2010 ([link: http://www.ncbi.nlm.nih.gov/pubmed/20571929](http://www.ncbi.nlm.nih.gov/pubmed/20571929))

“Diversity in Medical Education: Facts & Figures 2012,” Assn. of American Medical Colleges, November 2012 ([link: https://www.aamc.org/initiatives/diversity/179816/facts_and_figures.html](https://www.aamc.org/initiatives/diversity/179816/facts_and_figures.html))

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