

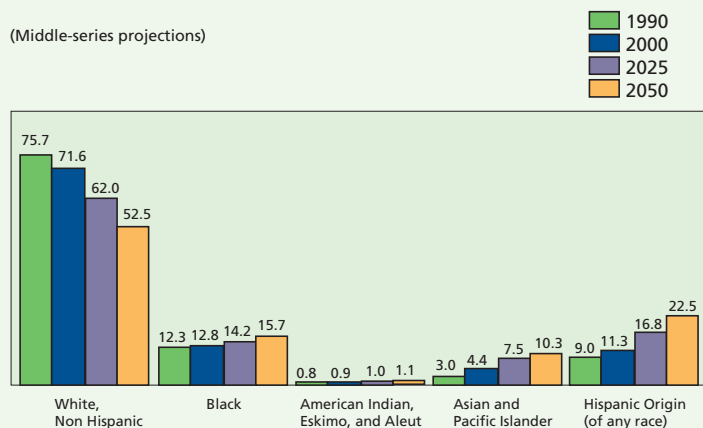
America Needs a More Diverse Physician Workforce

One of the most pressing health care challenges facing the nation is the critical need for more minority physicians. In the next 15 years, the nation is projected to confront an overall shortage of physicians, but the need is, and will continue to be, particularly great for minority physicians.

By 2050, racial and ethnic minorities are projected to account for half of the U.S. population.

Percent of Population, by Race and Hispanic Origin: 1990, 2000, 2025, and 2050

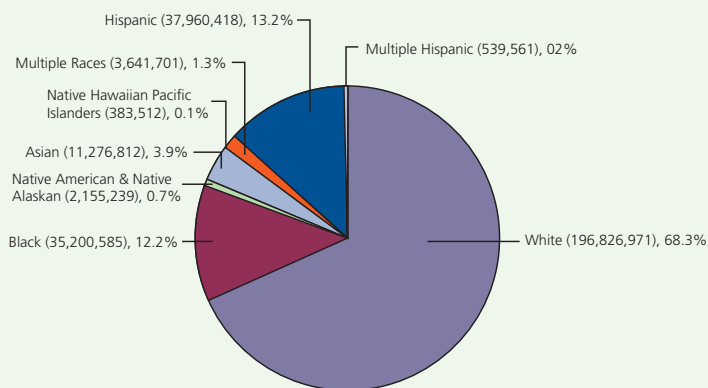
(Middle-series projections)



Source: U.S. Census Bureau, Population Division and Housing and Household Economic Statistics Division. <http://www.census.gov/population/www/pop-profile/natproj.html>

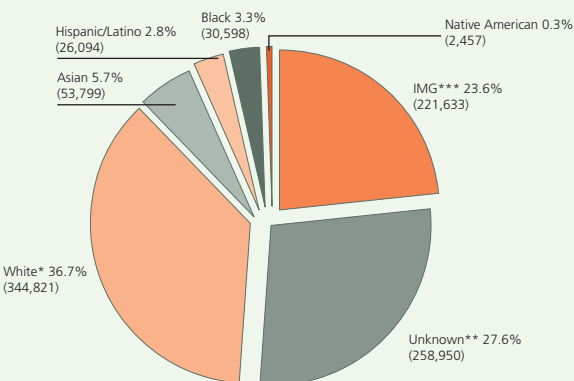
While African Americans and Hispanics are among the fastest growing segments of the population, they are also the most severely underrepresented minorities in medicine. Today, African Americans, Hispanics, and Native Americans together make up 25 percent of the U.S. population. However, only 6 percent of practicing doctors come from these groups.

Estimated Population by Race/Ethnicity, 2002



Data Source: Population Division, U.S. Census Bureau: Table 3: Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for the United States: April 1, 2000 to July 1, 2005 (NCEST2005-03). Release Date: May 10, 2006.

U.S. Physicians by Race and Ethnicity, 2004



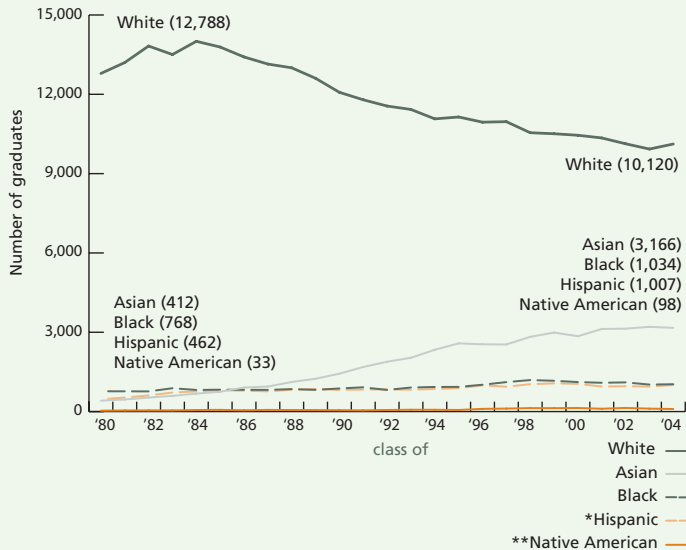
Note: Asian includes Chinese, Filipino, Korean, Japanese, Vietnamese, Indian/Pakistani, Other Asian; Hispanic/Latino includes Mexican American, C'wealth Puerto Rican, Mainland Puerto Rican, Other Hispanic; Native American includes American Indian/Alaska Native, and as of 1996, Native Hawaiians.
*These data mainly represent White physicians who graduated from U.S. allopathic medical schools from 1978-2004.
**Includes physicians who graduated from Canadian medical schools, doctors of osteopathic medicine, and most likely Whites who graduated prior to 1978.

Data Source: AAMC Data Warehouse: Minority Physician Database, Applicant-Matriculant File, and AMA Physician Masterfile, as of March 16, 2006.

***International Medical Graduates.

Although the number of minority students entering the medical school pipeline is increasing, it is not growing at a rate that will ensure the nation has the supply of minority physicians it needs. Currently, only 12 percent of students graduating from U. S. medical schools are African American, Hispanic, or Native American, and only 15 percent of medical school applicants are from these groups.

Medical School Graduates by Race and Ethnicity, 1980-2004



* Hispanic includes Mexican American, Puerto Rican, and Other Hispanic. ** From 1997 forward, includes Native American/Alaska Native and Native Hawaiian. Prior to 1997, includes only Native American and Alaska Native.
Data Source: AAMC Data Warehouse: Student_IND, as of 1/05/2005.

The nation’s changing demographics, the health care demands of an increasingly diverse population, and the growing evidence of persistent health care disparities faced by minority populations demonstrate that the need for more African American, Hispanic, and Native American doctors is real. Combined with an overall shortage of physicians that is projected by 2020, the need is urgent.

The Benefits of a Diverse Physician Workforce

Research indicates that physician diversity addresses health care disparities in at least three important ways:

• Improved access

Studies show that minority physicians are more likely to treat minority patients and indigent patients and to practice in underserved communities. For example, the AAMC annually surveys graduating medical students about their career plans. The 2004 results of that survey indicated that about one-fifth of all graduates planned to practice in underserved areas, including nearly 51 percent of African American, 41 percent of Native Americans, and 33 percent of Hispanic graduates. By comparison, only 18 percent of white graduates had similar intentions.

• Increased patient satisfaction

Studies also indicate that when minority patients can select a health care professional, they are more likely to choose someone of their own racial and ethnic background. Relationships between patients and physicians of the same race or ethnic background also are characterized by higher levels of trust, respect, and the increased likelihood that patients will recommend their physician to others.

• Ensuring culturally competent care

The nation needs a culturally competent health care workforce—that is, one with the knowledge, skills, attitudes, and behaviors required to provide the best care to a diverse population. Exposure to racial and ethnic diversity in medical school contributes importantly to the cultural competence of all of tomorrow’s doctors. A diverse student body brings an array of ideas to the learning environment; helps students challenge their assumptions; and broadens their perspectives regarding racial, ethnic, and cultural differences.

Diversity in the physician workforce ensures that the health care system is representative of the nation’s population and responsive to its health care needs. At the foundation of Healthy People 2010 is the premise that “the health of the individual is almost inseparable from the health of the larger community and . . . the health of every community in every State and territory determines the overall health status of the Nation.” The contribution made by a diverse physician workforce to strengthen the foundation of the nation’s health is essential.

Except where other sources are cited, these data are also available in two new AAMC publications: [Minorities in Medical Education: Facts & Figures, 2005](#) and [Diversity in the Physician Workforce: Facts & Figures, 2006](#).