

Increasing Diversity in California's Medical Schools

A racially and ethnically diverse physician workforce is widely seen as a key component in the effort to address health disparities related to race, ethnicity, and socioeconomic status. Program directors, faculty, and medical students all share the perception that a diverse student body significantly enhances the experience of medical school and advances the effort to develop a culturally competent physician workforce. However, neither the current make-up of California's physician workforce nor those enrolling in its medical schools come near to reflecting the state's racial and ethnic diversity. This brief presents background information on the lack of diversity in California medical schools and discusses steps being taken to address the disparities.

Little Growth in Medical School Student Numbers Since 1990

Despite California's population growth, the number of medical schools in the state has remained constant and the number of students they enroll has increased only slightly in more than 15 years.

Since 1990, California's population has grown more than 20 percent, from 29.8 million in 1990 to 36.5 million in 2006, with significant changes in the racial and ethnic make-up of the state.

However, the number of medical schools in California has not changed, and the number of slots for first-year students in allopathic medical schools has increased only 6.5 percent, from roughly 1,000 students in 1990 to 1,065 in 2006. The chances of gaining entrance to medical school are slim: in 2006, more than 41,000 students competed for the available places in California.

Plans Underway to Increase Medical School Spaces

Recognizing the need for more physicians in the state, the largest medical school provider plans to increase the number of students entering its medical schools.

The University of California is the largest provider of medical school education in California, hosting five of the state's eight allopathic medical degree programs at its campuses around the state. After reviewing the growing demand for physicians in California, the UC Regents recently announced that they are increasing medical school enrollment at existing schools and plan to open two new medical schools in the next five years.

Opportunities to Increase Diversity

Expansion presents one opportunity to increase the diversity of the medical school student body to be more reflective of the state's population as a whole.

The medical school student body in California has long been dominated by White and Asian students disproportionate to their representation in the population (see table). Laudably, first-year students are as likely to be female as male, but the increasing gender parity has been almost entirely derived from greater numbers of Asian and White women enrollees. The number of women enrolled in California's MD programs has grown from roughly 415 in 1990 to a peak of 540 in 2004 and

California Population and First-Year Medical Students, 2006, by Race/Ethnicity

RACE/ETHNICITY	% of California population	% of total 1st-year medical school enrollment
White	42.8	47.8
Asian	12.1	29.3
Latino/a	35.9	13.3
African American	6.0	4.3
Native American, Native Hawaiian, Pacific Islander	0.8	0.6
Mixed race	2.0	4.6
Unknown	0.4	0.1

Note: Enrollment data exclude foreign students.

Sources: American Community Survey; Association of American Medical Colleges

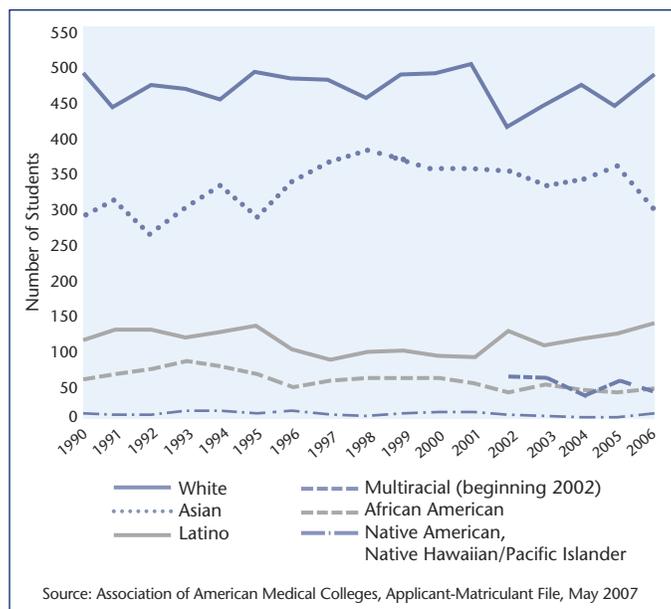
520 in 2006. Enrollment by Asian women increased by about 50 percent between 1990 and 2005. The number of Latinas enrolling in California's MD programs cycled between 45 and 60 per year throughout the 1990s.

Two key policy decisions in the mid-1990s are widely held to have precipitated the decline in Latino and African American enrollments: SP-1 of the Regents of the University of California, which forbade consideration of sex, race, or ethnicity in admissions, and California Proposition 209, which prohibited preferential treatment to any group on the basis of sex, race, or ethnicity. The recent increase in Latino applicants has followed the University rescinding SP-1 in 2001.

Other underrepresented groups have not joined medical school ranks in proportion to their population in the state. Although in the last five years there has been a more sustained upward trend in enrollment of Latino men and women, enrollment by African Americans of both genders declined steadily between 1993 and 2002 and has shown no real sign of change since then. The number of Native Americans (including Native Hawaiians and Pacific Islanders) entering California's medical schools over this period has remained extremely small (see figure).

In absolute terms, the number of non-Asian and non-White students enrolling in California's allopathic medical schools in 2006 was no greater than it was in 1990; in the state's two osteopathic medical schools, non-Asian and non-White students represent less than 10 percent of total enrollment of about 350 students each year.

First-Year Total Enrollment at California's Medical Schools, by Race/Ethnicity: 1990-2006



More attention must be paid to pipeline programs that prepare underrepresented students to develop interest in, qualify, and apply for medical school.

There have been significant efforts in the past few decades to address the lack of racial and ethnic diversity in the healthcare workforce, including among physicians. Scholarship awards, loan repayment programs, targeted recruitment of underrepresented and disadvantaged students, and financial support of institutions committed to increasing diversity have all been implemented.

Much will depend, however, on also encouraging students to pursue education in science and mathematics at the K-12 level. In addition, post-baccalaureate programs oriented toward helping underrepresented students gain admission to medical school have been shown to be successful.

Unfortunately, federal support for these types of educational pipeline programs in the health professions has recently been substantially reduced. Programs that reach out to underrepresented populations and encourage their interest in a medical career need continuity in funding, long-term sustainability, and ongoing evaluation.

It will be important to monitor and track the progress of efforts to diversify the medical school student body to ensure their success.

There are promising developments as existing and new medical schools seek to attract students from diverse communities. It will be important to monitor the implementation of these efforts over time to see how well their goals are being met so that adjustments can be made to ensure their success.

Acknowledgments

This brief is based on the paper, *Diversity in California's Health Professions: Physicians*, by Timothy Bates and Susan Chapman, May 2008, UCSF Center for the Health Professions. Funding provided by The California Endowment, The California Wellness Foundation, and the California HealthCare Foundation.

For the full report, references, and related briefs, see <http://futurehealth.ucsf.edu/hwtc/diversity.html>



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