

Socioeconomic Diversity of Matriculating U.S. Medical Students by Race and Ethnicity, From 2017 to 2019



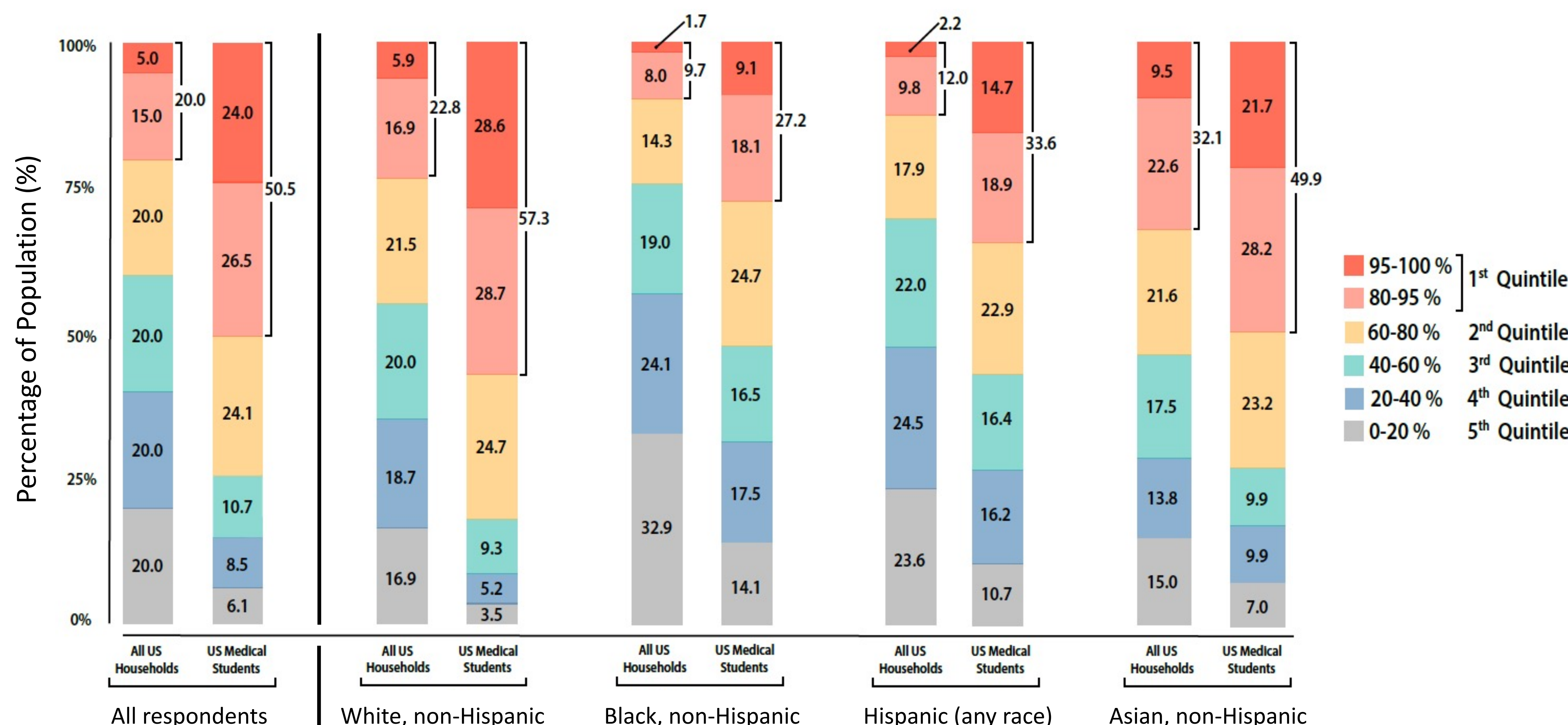
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Introduction

- Workforce diversity contributes to the quality of any healthcare system,¹ yet for decades, medical students have disproportionately hailed from high-income households.²
- In recent years, significant attention has been rightfully directed toward the racial and ethnic diversity of the national medical student body,³ with little mention of socioeconomic diversity.

Purpose

To describe the socioeconomic diversity of the U.S. allopathic medical student body, overall, and by four major racial/ethnic groups



Top 5% of US Households

Household income > \$248,728 (2018)

Race/Ethnicity	Size ⁴	% Group	RI*
All	16.4 M	100.0%	4.81
White	11.6 M	70.7%	4.85
Black	0.74 M	4.5%	5.29
Hispanic (any race)	1.3 M	7.9%	6.56
Asian	1.8 M	11.0%	2.30

Bottom Quintile of US Households

Household income < \$25,600 (2018)

Race/Ethnicity	Size ⁴	% Group	RI*
All	65.6 M	100.0%	0.30
White	33.3 M	50.7%	0.21
Black	14.5 M	22.1%	0.43
Hispanic (any race)	14.3 M	21.8%	0.46
Asian	2.9 M	4.4%	0.47

*RI – Representation Index (see Methods for definition)

Methods

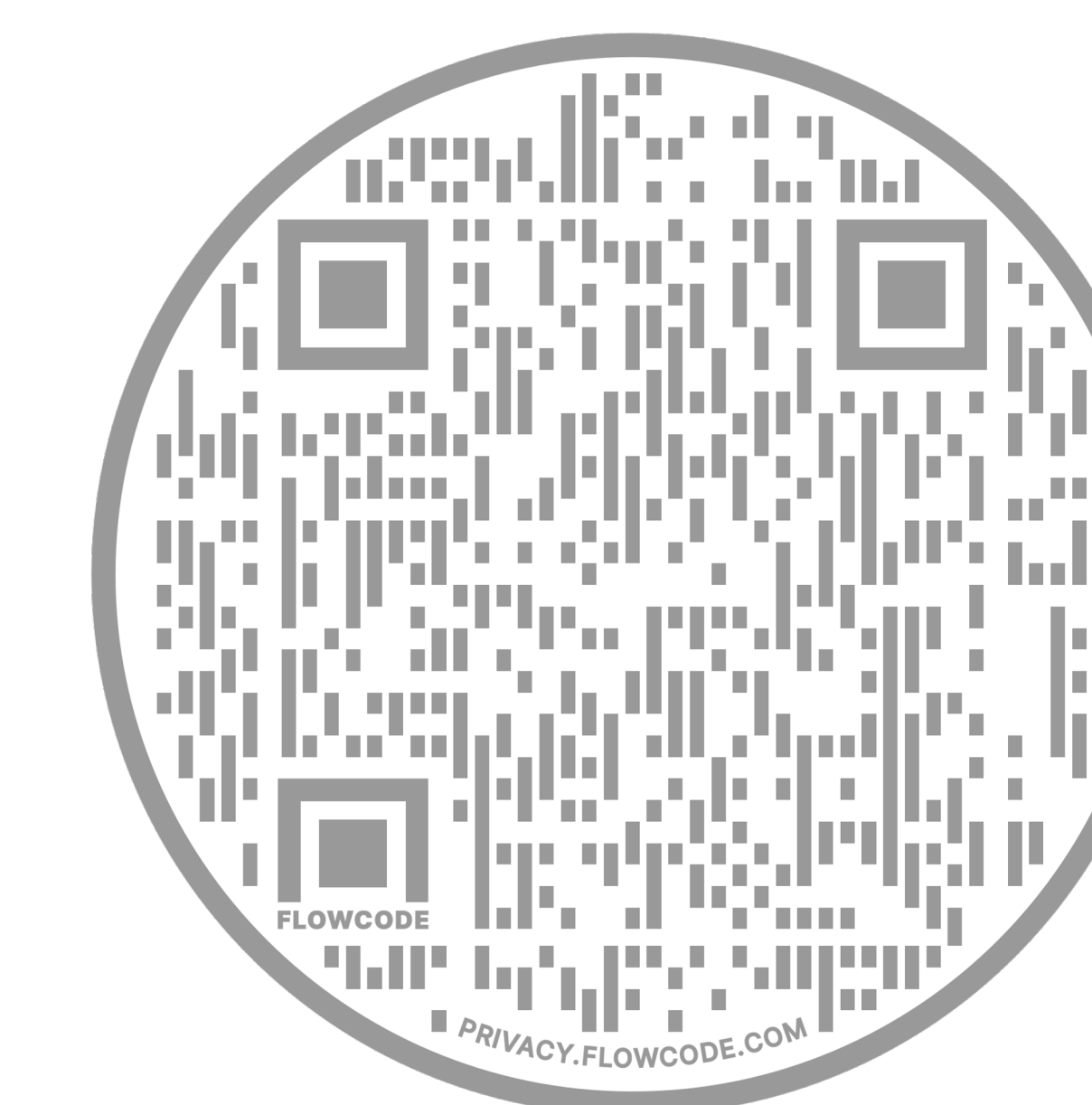
- **Study population:** 30,373/44,903 (67.6%) medical students who reported their parental income on the 2017-2019 AAMC Matriculating Student Questionnaire (AAMC-MSQ)
- **Comparison group:** nationally representative sample of households from the Census Bureau's Current Population Survey Annual Social and Economic Supplement (CPS-ASEC)
- Race/ethnicity was self reported on both surveys from investigator-defined categories.
- We report a representation index (RI) for each subgroup, defined as the ratio of proportions of that subgroup in the medical student body and in the general US population. Values above and below 1.0 indicate overrepresentation and underrepresentation in the medical student body, respectively.

Results and Significance

- ✓ A stark socioeconomic diversity gap persists across the axis of race/ethnicity
- ✓ These findings could help begin to explain why nearly two decades following the Institute of Medicine's landmark report *In the Nation's Compelling Interest*, which made the nationally-recognized case for racial and ethnic health care workforce diversity, there has been minimal progress.³

Future Work

- Examine temporal trends of socioeconomic diversity
- Explore racial socioeconomic disparity (rooted in structural racism) and socioeconomic exclusivity of the profession as a root cause of the persistent racial/ethnic diversity gap.



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