



AAPA POSTER SESSION ABSTRACT

Policy effect on physician assistant education diversity

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PURPOSE

As the Patient Protection and Affordable Care Act (PPACA) continues to increase access to healthcare for millions of Americans, the demand for primary care providers also will climb. The resulting deficit in primary care providers is even more significant for the medically underserved, including rural and urban minorities. The importance of promoting diversity in our society is reflected in federal, state, and higher education diversity policy. These policies often contradict one another, which limits the ability of higher education institutions to recruit and retain a diverse student body. This problem is all the more salient in physician assistant (PA) education, where PA schools have historically struggled to increase minority matriculates. Strengthening the efforts for increased diversity within PA education will play a vital role in expanding the diversity of primary care providers and in improving healthcare outcomes. This study explored the effect of antiaffirmative action initiatives on the higher education system, and more specifically, one state-funded PA program.

METHODS

A literature review was conducted looking at the application, admissions, and minority persistence data for the University of Washington both before and after an antiaffirmative action initiative was passed. Comparable data also were obtained from the University of Washington's MEDEX Northwest PA program for further comparison. Additional review was conducted to examine the current federal, state, and university diversity initiatives available to support an increase in minorities.

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RESULTS

The University of Washington, its medical school, and its PA program experienced a decline in minority applicants in addition to a decrease in minority admissions in the years immediately following the passing of Washington state's I-200 affirmative action ban in 1997. Over the next 19 years, despite multiple federal, state, and university diversity initiatives, MEDEX and the school of medicine continued to fall behind in their minority recruitment and retention in comparison to the demographics of Washington state. The recorded demographics of the MEDEX PA program do not reflect those of its state, whose minority representation approaches 34%. In addition, the program falls short of the national average for all PA programs in diversity. The minority representation, adjusted for varying definitions of minority status, of all PA programs nationally is about 25% compared with MEDEX's minority representation of 22%. The minority attrition rates are double that of nonminority students at the PA program; 6% versus 3%. Evidence-based programs and support for minority precollege students, current students, faculty, alumni, and the community have been implemented at the federal, state, and university levels. Engagement with these opportunities is gradually increasing as the awareness of diversity numbers also increase.

CONCLUSIONS

Strengthening the efforts for increased diversity in PA education will play a vital role in expanding the diversity of primary care providers and in improving healthcare outcomes across the nation. Limited by the I-200 affirmative action ban, MEDEX is examining areas for improvement and exploring ways to change any disparity in its minority student recruitment and retention efforts. Funding for PA pipeline programs, student and faculty recruitment, and alumni and community relations continues to be limited. National research on the direct effect of diversity programs on PA education also remains limited. Eight

states have affirmative action bans: Washington, California, Arizona, Nebraska, Oklahoma, Michigan, Florida, and New Hampshire. Additionally, the University of Georgia has elected to remove consideration of race from its admissions process. Texas ended its ban in 2003. By identifying opportunities for improvement and engaging with current diversity initiatives, PA programs can better address diversity in the shadow of affirmative action bans and financial constraints. Accessing established higher education and state diversity programs has the potential

to help PA educators navigate this complex environment of contradicting diversity policy.

Additional research is needed to better understand the full scope of impact that diversity, policy, and initiatives have upon the PA profession, including PA education.

This further research will help to confirm that the less diverse the PA student body, the less PA diversity in the healthcare workforce and therefore the less equitable healthcare for the underserved. **JAAPA**