**2019-C-13**

Amend policy HP-3200.6.3, the policy paper entitled Affirmative Action in PA Education.

**Affirmative Action in PA Education**

(Adopted 2004, reaffirmed 2009, 2014)

**Executive Summary of Policy Contained in this Paper**

Summaries will lack rationale and background information and may lose nuance of policy.

You are highly encouraged to read the entire paper.

* AAPA believes that PAs should reflect the culture and ethnicity of the patient populations they serve in order to improve the quality and accessibility of health care.
* The PA profession still has work to do in creating a more diverse workforce.
* AAPA supports affirmative action programs and other diversity enhancement initiatives in PA education with the goal of increasing the diversity and cultural competence of PAs entering the profession.

**Introduction**

~~In 2003, the Supreme Court issued decisions in two University of Michigan cases that addressed affirmative action in admissions policies in higher education. Both cases were filed by the Center for Individual Rights on behalf of white students who were denied admission to the University of Michigan.~~ *~~Gratz v Bollinger, et al~~* ~~addressed the undergraduate school admission policy while~~ *~~Grutter v Bollinger, et al~~* ~~considered the law school’s policies.~~

~~The Court found diversity to be a compelling state interest and upheld the law school’s admissions program, but struck down the undergraduate admission. The court found that the undergraduate admissions policy, which awarded points to underrepresented minority applicants solely because of race, was insufficiently “narrowly tailored to achieve the interest in educational diversity that respondents claim justifies their program.” Justice O’Connor explained that race can be considered a “plus” factor in admissions if that factor is considered in the context of a “highly individualized, holistic review of each applicant’s file, giving serious consideration to all the ways an applicant might contribute to a diverse educational environment.” What is considered to be tailored narrowly enough is still a matter of debate.~~

~~The Court also accepted the University of Michigan’s argument that enrolling a “critical mass” of minority students was necessary in order to achieve the educational benefits of diversity. Critical mass was seen as a permissible goal, but a quota was not.~~

~~In the two rulings, the Court upheld educational diversity as a justification for affirmative action programs but also recognized the need to defer to educators to determine the best environment at their universities. The Court also made clear that the decisions apply to every institution that accepts any federal money thus affecting virtually every higher education institution.~~

Most colleges and universities believe that enrolling a diverse student body benefits all students and the entire academic community. To that end many universities have developed policies and procedures to enhance diversity, and level the playing field to compensate for years of racial discrimination in their admission policies. These “Affirmative Action” policies have been legally challenged several times in the last four decades.

The Civil Rights Act of 1964 prohibits discrimination based on race and gender. In 1978 in the University of California Regents v. Bakke case, a white medical school applicant claimed “reverse discrimination” in the admissions policies of the UC Davis Medical School. In that case the Supreme Court upheld the use of race as “one of many factors” that could be considered in admissions decisions. It did place limits in specific policies by ruling that “quotas” could not be used. In the 1996 Hopwood v. Texas case the Fifth Circuit barred racial preferences in admissions decisions in the states covered by the circuit. The US Supreme Court declined to hear the case.

2003 saw two landmark affirmative action cases, both involving the University of Michigan. In Gratz v. Bollinger the court ruled that the point system used by the university to increase diversity in undergraduate admissions was unconstitutional. In the 2003 Grutter v. Bollinger case the Court in a 5 to 4 decision upheld the University of Michigan’s Law School’s admissions policies used to increase diversity. Justice O’Connor explained that race can be considered a “plus” factor in admissions if that factor is considered in the context of a “highly individualized, holistic review of each applicant’s file, giving serious consideration to all the ways an applicant might contribute to a diverse educational environment.”

The 2013 Fisher v. University of Texas at Austin case (Fisher 1) overturned the lower court ruling which was in favor of the University admission policies, stating that they did not adequately use the standards laid down in the previous Bakke and Bollinger cases. In 2016 the Fisher v. University of Texas at Austin case (Fisher 2) subsequently upheld the University’s Affirmative Action admissions policies as constitutional. Thus far the Supreme Court has upheld admissions policies designed to increase diversity as long as they are narrowly defined and don’t involve quotas. The state legislatures have weighed in on these issues with ten states limiting the use of affirmative action-based admissions policies.

In 2018-2019 two cases challenging affirmative action-based admissions policies are working their way through the lower courts. The most high-profile case involves allegations that the affirmative action-based admissions policies at Harvard University discriminates against Asian Americans. The US Justice Department of the Trump Administration has sided with the plaintiff against Harvard. A similar case involving University of North Carolina Chapel Hill is also in litigation.

The challenge remains for all institutions to determine the type of plan that will consider race in such a way as to achieve that critical mass but does not utilize a point or quota system. The controversy over and challenge to affirmative action is not likely to end with the Court’s rulings in these two cases. Institutions of higher education, including medical schools and PA programs, are now faced with the challenge of promoting diversity through affirmative action programs that are within the legal standard set by the court. (1)

**Affirmative Action in Medical Education**

Supporters of affirmative action in medical education believe that such programs are necessary to meet the social mandate to address the future health care needs of the increasingly multicultural population by training physicians who reflect the diversity of that population. Until medical school applications from all backgrounds emerge from the educational pipeline with comparable academic credentials, affirmative action programs are proposed as the solution to ensuring that an equally diverse population of providers enters the health care workforce. (2)

A more diverse health care force may also improve both access to health care as well as the health status of minority populations. Research has shown that minority physicians are more likely to practice in medically underserved areas. Patients also express strong preference for racial/ethnic concordance with their health care provider. (2) One study of the effect of race and gender on the physician-patient partnership showed that patients who saw physicians of their own race rated the decision making style of the provider as more participatory and involved. (3) As members of the healthcare team, PAs who are ethnically and culturally diverse are equally important to improving access and quality of care.

**Educational Benefits of Diversity**

The educational benefit of diversity among students for both minority and majority students is well established. In a meta-analysis of diversity research, Smith et al concluded that diversity initiatives positively impact institutional satisfaction, involvement, and academic growth for both minority and majority students. Students who interact with other students from varied backgrounds show greater growth in critical thinking skills and tend to be more engaged in learning. Student surveys reveal that those students who are educated in diversified environments rate their own academic, social and interpersonal skills higher than those from homogeneous programs. These students who interact with peers from diverse backgrounds are more likely to engage in community service and demonstrate greater awareness and acceptance of people from other cultures. (4)

Similar results were found by Whitla et al in a 2000 survey of medical students about the relevance of diversity among students in their medical education. A telephone survey was conducted of 639 medical students enrolled in all four years of the Harvard and University of California San Francisco medical schools. A majority of students reported that diversity enhanced discussion and was more likely to foster serious discussions of alternative viewpoints. Understanding of medical conditions and treatments was also reported to be enhanced by diversity in the classroom. Concerns about the equity of the health care system, access to medical care for the underserved, and concerns about cultural competence were also thought to be increased by interactions with diverse peers as well as faculty. The majority of students agreed with published reports of many investigators that the medical profession should represent the country’s racial and ethnic composition to a larger degree. (5)

In January 2004, the Institute of Medicine released a report entitled *In the Nation’s Compelling Interest: Ensuring Diversity in the Health Care Workforce*. The report reinforces the importance of increasing racial and ethnic diversity among health professionals. Greater diversity among health care professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training. The report goes on to make recommendations to policy makers, accreditation agencies and health professions educators on strategies to increase the diversity of the health care workforce. (6) The PA profession still has work to do in creating a more diverse workforce. The 2017 Statistical Profile of Certified Physician Assistants from the National Commission on Certification of Physician Assistants reports that 86.9% of certified PAs were white, 3.7% Black/African American, and 6.2% Hispanic/Latino. (7)

**Diversity and Competence**

Professional competence has been defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.” (7) The therapeutic relationship and affective/moral dimensions of competence depend, in part, upon cultural rather than scientific competence. Cultural competence can be defined as a set of academic and personal skills that allow individuals to gain increased understanding and appreciation of cultural differences among groups. (8) Cultural competence is not achieved solely from reading textbooks or attending lectures. Recruitment and retention of diverse student populations allows individuals to educate each other about cultural differences in health beliefs and experience of illness, to confront prejudice and prior assumptions, and to experience dealing with racial conflict in a sensitive manner. PAs must strive to develop cultural competence as one aspect of professional competence.

**Recommendations**

AAPA believes that PAs should reflect the culture and ethnicity of the patient populations they serve in order to improve the quality and accessibility of health care. Therefore, AAPA supports affirmative action programs and other diversity enhancement initiatives in PA education with the goal of increasing the diversity and cultural competence of PAs entering the profession.

**References**

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