

1 **2019-C-13-RSI** **Affirmative Action in PA Education**

2

3 2019-C-13 Resolved

4

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

7

8 **Rationale/Justification**

9 Affirmative action policies have been legally challenged several times since this *Affirmative*  
10 *Action in PA Education* policy paper was last reaffirmed in 2014. This proposed amendment  
11 brings the introduction of the policy paper up-to-date with acknowledgement of recent court  
12 rulings. Additionally, this amendment emphasizes that the PA profession still has work to do in  
13 creating a more diverse workforce given the current racial and ethnic makeup of the profession  
14 as reported in the 2017 NCCPA Statistical Profile. Finally, this amendment extends AAPA  
15 support to other diversity enhancement initiatives in addition to affirmative action programs.

16

17 **Related AAPA Policy**

18 HP-3200.6.1

19 In order to ensure the age, gender, racial, cultural and economic diversity of the profession;  
20 AAPA strongly endorses the efforts of PA educational programs to develop partnerships aimed  
21 at broadening diversity among qualified applicants for PA program admission. Furthermore, the  
22 Academy supports ongoing, systematic and focused efforts to attract and retain students, faculty,  
23 staff and others from demographically diverse backgrounds.

24 *[Adopted 1982, amended 2005, 2010, reaffirmed 1990, 1995, 2000, 2015]*

25

26 **Possible Negative Implications**

27 None

28

29 **Financial Impact**

30 None

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32 **Signature/Contact for the Resolution**

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1 **Affirmative Action in PA Education**  
2 (Adopted 2004, reaffirmed 2009, 2014)

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

5 Summaries will lack rationale and background information and may lose nuance of policy.  
6 You are highly encouraged to read the entire paper.  
7

- 8 • AAPA BELIEVES THAT PAS SHOULD REFLECT THE CULTURE AND  
9 ETHNICITY OF THE PATIENT POPULATIONS THEY SERVE IN ORDER TO  
10 IMPROVE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE.
- 11 • THE PA PROFESSION STILL HAS WORK TO DO IN CREATING A MORE  
12 DIVERSE WORKFORCE.
- 13 • AAPA SUPPORTS AFFIRMATIVE ACTION PROGRAMS AND OTHER  
14 DIVERSITY ENHANCEMENT INITIATIVES IN PA EDUCATION WITH THE  
15 GOAL OF INCREASING THE DIVERSITY AND CULTURAL COMPETENCE OF  
16 PAS ENTERING THE PROFESSION.

17  
18 **Introduction**

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

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

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

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

41 MOST COLLEGES AND UNIVERSITIES BELIEVE THAT ENROLLING A  
42 DIVERSE STUDENT BODY BENEFITS ALL STUDENTS AND THE ENTIRE ACADEMIC  
43 COMMUNITY. TO THAT END MANY UNIVERSITIES HAVE DEVELOPED POLICIES  
44 AND PROCEDURES TO ENHANCE DIVERSITY, AND LEVEL THE PLAYING FIELD TO  
45 COMPENSATE FOR YEARS OF RACIAL DISCRIMINATION IN THEIR ADMISSION  
46 POLICIES. THESE “AFFIRMATIVE ACTION” POLICIES HAVE BEEN LEGALLY  
47 CHALLENGED SEVERAL TIMES IN THE LAST FOUR DECADES.

48 THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION BASED ON  
49 RACE AND GENDER. IN 1978 IN THE UNIVERSITY OF CALIFORNIA REGENTS V.  
50 BAKKE CASE, A WHITE MEDICAL SCHOOL APPLICANT CLAIMED “REVERSE  
51 DISCRIMINATION” IN THE ADMISSIONS POLICIES OF THE UC DAVIS MEDICAL  
52 SCHOOL. IN THAT CASE THE SUPREME COURT UPHELD THE USE OF RACE AS  
53 “ONE OF MANY FACTORS” THAT COULD BE CONSIDERED IN ADMISSIONS  
54 DECISIONS. IT DID PLACE LIMITS IN SPECIFIC POLICIES BY RULING THAT  
55 “QUOTAS” COULD NOT BE USED. IN THE 1996 HOPWOOD V. TEXAS CASE THE  
56 FIFTH CIRCUIT BARRED RACIAL PREFERENCES IN ADMISSIONS DECISIONS IN  
57 THE STATES COVERED BY THE CIRCUIT. THE US SUPREME COURT DECLINED TO  
58 HEAR THE CASE.

59 2003 SAW TWO LANDMARK AFFIRMATIVE ACTION CASES, BOTH  
60 INVOLVING THE UNIVERSITY OF MICHIGAN. IN GRATZ V. BOLLINGER THE  
61 COURT RULED THAT THE POINT SYSTEM USED BY THE UNIVERSITY TO  
62 INCREASE DIVERSITY IN UNDERGRADUATE ADMISSIONS WAS  
63 UNCONSTITUTIONAL. IN THE 2003 GRUTTER V. BOLLINGER CASE THE COURT IN

64 A 5 TO 4 DECISION UPHELD THE UNIVERSITY OF MICHIGAN'S LAW SCHOOL'S  
65 ADMISSIONS POLICIES USED TO INCREASE DIVERSITY. JUSTICE O'CONNOR  
66 EXPLAINED THAT RACE CAN BE CONSIDERED A "PLUS" FACTOR IN ADMISSIONS  
67 IF THAT FACTOR IS CONSIDERED IN THE CONTEXT OF A "HIGHLY  
68 INDIVIDUALIZED, HOLISTIC REVIEW OF EACH APPLICANT'S FILE, GIVING  
69 SERIOUS CONSIDERATION TO ALL THE WAYS AN APPLICANT MIGHT  
70 CONTRIBUTE TO A DIVERSE EDUCATIONAL ENVIRONMENT."

71 THE 2013 FISHER V. UNIVERSITY OF TEXAS AT AUSTIN CASE (FISHER 1)  
72 OVERTURNED THE LOWER COURT RULING WHICH WAS IN FAVOR OF THE  
73 UNIVERSITY ADMISSION POLICIES, STATING THAT THEY DID NOT ADEQUATELY  
74 USE THE STANDARDS LAID DOWN IN THE PREVIOUS BAKKE AND BOLLINGER  
75 CASES. IN 2016 THE FISHER V. UNIVERSITY OF TEXAS AT AUSTIN CASE (FISHER 2)  
76 SUBSEQUENTLY UPHELD THE UNIVERSITY'S AFFIRMATIVE ACTION ADMISSIONS  
77 POLICIES AS CONSTITUTIONAL. THUS FAR THE SUPREME COURT HAS UPHELD  
78 ADMISSIONS POLICIES DESIGNED TO INCREASE DIVERSITY AS LONG AS THEY  
79 ARE NARROWLY DEFINED AND DON'T INVOLVE QUOTAS. THE STATE  
80 LEGISLATURES HAVE WEIGHED IN ON THESE ISSUES WITH TEN STATES LIMITING  
81 THE USE OF AFFIRMATIVE ACTION-BASED ADMISSIONS POLICIES.

82 IN 2018-2019 TWO CASES CHALLENGING AFFIRMATIVE ACTION-BASED  
83 ADMISSIONS POLICIES ARE WORKING THEIR WAY THROUGH THE LOWER  
84 COURTS. THE MOST HIGH-PROFILE CASE INVOLVES ALLEGATIONS THAT THE  
85 AFFIRMATIVE ACTION-BASED ADMISSIONS POLICIES AT HARVARD UNIVERSITY  
86 DISCRIMINATES AGAINST ASIAN AMERICANS. THE US JUSTICE DEPARTMENT OF  
87 THE TRUMP ADMINISTRATION HAS SIDED WITH THE PLAINTIFF AGAINST  
88 HARVARD. A SIMILAR CASE INVOLVING UNIVERSITY OF NORTH CAROLINA  
89 CHAPEL HILL IS ALSO IN LITIGATION.

90 The challenge remains for all institutions to determine the type of plan that will consider  
91 race in such a way as to achieve that critical mass but does not utilize a point or quota system.  
92 The controversy over and challenge to affirmative action is not likely to end with the Court's  
93 rulings in these two cases. Institutions of higher education, including medical schools and PA

94 programs, are now faced with the challenge of promoting diversity through affirmative action  
95 programs that are within the legal standard set by the court. (1)

96 **Affirmative Action in Medical Education**

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

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

111 **Educational Benefits of Diversity**

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

122         Similar results were found by Whitla et al in a 2000 survey of medical students about the  
123 relevance of diversity among students in their medical education. A telephone survey was  
124 conducted of 639 medical students enrolled in all four years of the Harvard and University of

125 California San Francisco medical schools. A majority of students reported that diversity  
126 enhanced discussion and was more likely to foster serious discussions of alternative viewpoints.  
127 Understanding of medical conditions and treatments was also reported to be enhanced by  
128 diversity in the classroom. Concerns about the equity of the health care system, access to medical  
129 care for the underserved, and concerns about cultural competence were also thought to be  
130 increased by interactions with diverse peers as well as faculty. The majority of students agreed  
131 with published reports of many investigators that the medical profession should represent the  
132 country’s racial and ethnic composition to a larger degree. (5)

133 In January 2004, the Institute of Medicine released a report entitled *In the Nation’s*  
134 *Compelling Interest: Ensuring Diversity in the Health Care Workforce*. The report reinforces the  
135 importance of increasing racial and ethnic diversity among health professionals. Greater diversity  
136 among health care professionals is associated with improved access to care for racial and ethnic  
137 minority patients, greater patient choice and satisfaction, better patient-provider communication,  
138 and better educational experiences for all students while in training. The report goes on to make  
139 recommendations to policy makers, accreditation agencies and health professions educators on  
140 strategies to increase the diversity of the health care workforce. (6) **THE PA PROFESSION**  
141 **STILL HAS WORK TO DO IN CREATING A MORE DIVERSE WORKFORCE. THE 2017**  
142 **STATISTICAL PROFILE OF CERTIFIED PHYSICIAN ASSISTANTS FROM THE**  
143 **NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS**  
144 **REPORTS THAT 86.9% OF CERTIFIED PAS WERE WHITE, 3.7% BLACK/AFRICAN**  
145 **AMERICAN, AND 6.2% HISPANIC/LATINO. (7)**

146 **Diversity and Competence**

147 Professional competence has been defined as “the habitual and judicious use of  
148 communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection  
149 in daily practice for the benefit of the individual and community being served.” (7) The  
150 therapeutic relationship and affective/moral dimensions of competence depend, in part, upon  
151 cultural rather than scientific competence. Cultural competence can be defined as a set of  
152 academic and personal skills that allow individuals to gain increased understanding and  
153 appreciation of cultural differences among groups. (8) Cultural competence is not achieved  
154 solely from reading textbooks or attending lectures. Recruitment and retention of diverse student  
155 populations allows individuals to educate each other about cultural differences in health beliefs

156 and experience of illness, to confront prejudice and prior assumptions, and to experience dealing  
157 with racial conflict in a sensitive manner. PAs must strive to develop cultural competence as one  
158 aspect of professional competence.

### 159 **Recommendations**

160 AAPA believes that PAs should reflect the culture and ethnicity of the patient  
161 populations they serve in order to improve the quality and accessibility of health care. Therefore,  
162 AAPA supports affirmative action programs **AND OTHER DIVERSITY ENHANCEMENT**  
163 **INITIATIVES** in PA education with the goal of increasing the diversity and cultural competence  
164 of PAs entering the profession.

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