Minority PAs


Stresses the importance of attaining and keeping cultural diversity in both PA education and practice.


A deficit of information exists on minority PAs and their roles in health care delivery. The Minority Affairs Committee of the AAPA conducted a survey to describe the degree to which members of minority populations participate in the PA profession and to identify factors that may interfere with them becoming active participants. A 2-item survey was mailed to 675 minority graduate PAs selected by systematic sampling from the AAPA national database. Data were collected according to demographic characteristics, participation in AAPA activities, and minority issues. Of those surveyed, 249 (37%) responded, representing 15% of the minority graduate PA population. Although not statistically significant, more survey respondents held graduate degrees and worked in inner-city settings than national averages for all PAs. More survey respondents were working in family practice settings than national averages for all PAs. Issues identified in the survey that may affect minority participation in the profession were perceptions of cultural insensitivity of policies and limited minority influence. Specific continuing educational and practice topics were recommended and more minority speakers at conferences were recommended.


Ms. Jasper observes that a few programs have assumed the recruitment of ethnic and racial minority students. Additionally, a high attrition rate reduces the minority students who continue to enter practice. Recommendations for change include a system to ensure successful matriculation; minority faculty recruitment programs; and funding to improve recruitment and retention of minority students.


Abstract: BACKGROUND: From 1980 through 1990, 16 Native Alaskan Community Health Aides and 21 non-Native Alaskans began physician assistant training at MEDEX Northwest at the University of Washington. This study was done to assess the outcome of training Native Alaskan health workers as physician assistants, specifically whether Native Alaskan graduates are working in settings that serve Alaska Natives. METHODS: The backgrounds, educational experiences and deployment locations of Native and non-Native Alaskans accepted for training were compared using MEDEX Northwest student records. The 1991 graduate survey was used to compare differences in practice setting, specialty, and salary between Native and non-Native graduates working in Alaska in 1991. RESULTS: All of the non-Natives and 81% of the Natives completed the program. Of those completing the program, 100% of the Natives returned to Alaska where 91% found work as primary care physician assistants in clinics serving predominantly Native communities. By comparison, 78% of the non-Native graduates returned to Alaska to work as physician assistants, 60% of them in primary care and 15% of them in predominantly Native communities. There were no significant differences in salary or benefits between Native and non-Native graduates. CONCLUSIONS: Physician assistant training for entry level health workers is a viable strategy for increasing the number of under-represented minorities in the health professions. The Native graduates of MEDEX Northwest are returning to communities where they serve Native people both as health care providers and as professional role models.