

September 8, 2023

EXHIBIT B

Protecting the Health of All Arkansans Responsibly

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Objective

- 1 National Medical Association History & Policy
- 2 Challenges for Black Physicians
- 3 Black and Minority Health
- 4 Health Disparities
- 5 Diversification of the healthcare Workforce

National Medical Association History

National Medical Association History

1869

Black Physicians were denied membership into AMA. The battle moved to Congress and at the AMA Annual meeting in 1870. The Black MDs were denied and exclusionary policies continued for another 80 years

1895

After a 26-year struggle to integrate the white medical societies a group of 12 African American physicians met in Atlanta, Georgia during the Cotton States and International Exposition and founded the National Association of Colored Physicians, Dentists, and Pharmacists at the First Congregational church. The name was later changed The National Medical Association.

The organization's mission was to combat racism and segregation in the medical field both for medical professionals and their patients.

1905

400 Black medical professionals in the US in 1895. Approximately 1500, only fifty of which joined the NMA. By 1910 the NMA had 500 members.

1909

The first Journal of the National Medical Association was published to encourage enrollment and by 1928, 2,000 of the 4,000 black doctors in the US were NMA members.

1938

Official NMA representatives speak at the AMA HOD and BOT to discuss issues of race discrimination in medicine.

National Medical Association History

1939

AMA discontinues listing AA physicians as “colored “ in its American Medical Directory, and rejects proposal that membership should not be denied solely on the basis of race, color or creed.

1945

NMA included in the protest to segregate VA facilities

1949

The NMA petitions the AAMC to publicly oppose race discrimination in medical schools

1960

12 of the 26 medical schools in the South are closed to AA students

1961

Eight NMA members register for AMA meeting and after attempting to be seated are arrested due to whites-only dining room.

1963

AMA opposes pending Medicare legislation while the NMA supports it

National Medical Association History

1965

Civil Rights Acts Medicare & Medicaid legislation mandates hospital integration as it eventually outlawed discrimination in government-funded health programs and represented hope that AA would have improved health status

1968

The first mention of the AMA to seek ways to increase the presence of AA in medicine

2008

AMA president Ron Davis MD offers a public apology to the NMA at the National Convention for more than a century of AMA policies that excluded AA from the AMA and policies that barred them from some state and local medical societies

2021

Bust of Nathan Davis who removed and placed in the archives due to his explicit role in excluding women and Blacks from membership into the NMA

National Medical Association History

- ▶ The NMA fought for African American access to quality hospitals
- ▶ Lobbied in support of the Civil Rights Act of 1964 and the Voting Rights Act of 1965
- ▶ Contributions in support of Medicare legislation
- ▶ Fought to remove racial restrictions for admission to the American College of Surgeons and other specialty boards
- ▶ Fought to desegregate nursing and medical schools
- ▶ Pushed for hospital integration
- ▶ Remains active in the fight for medical civil rights and the elimination of health disparities

National Medical Association Policy

National Medical
Association Policy
Regional
State
Local

- ▶ Health Equity & Disparities- Covid-19, ACA, Medicaid Expansion, Clinical Trial, SDOH and Vaccines
- ▶ Public Health & Wellness- Women's Health (Reproductive Justice, Maternal Mortality, Intimate Partner Violence), Tobacco/Vaping, Opioid Abuse, Environmental Health (Climate Change, Clean Water Initiatives)
- ▶ Physician Viability
- ▶ Physician Workforce Diversity
- ▶ Social Justice - Gun Violence, Implicit Bias and Racism and Police Brutality
- ▶ Educational content that is culturally relevant for minority populations and providers that deliver care to these populations

Challenges for Black Physicians

Challenges for Black Physicians

- ▶ Structural internal barriers
- ▶ Limited advancement opportunities
- ▶ Black women account for 2.6% of US doctors/37% of doctors are women of any race but estimate 60% of physicians under 35 are female
- ▶ Black physicians make up 5% of the 877,000 + active physician workforce (July 2019 AAMC)
- ▶ Black physicians academia*****

Black and Minority Health

Volume I:
Executive Summary

Report of the Secretary's Task Force on

Black & Minority Health

Margaret M. Heckler
Secretary

U.S. Department of Health and
Human Services

Black and Minority Health

- ▶ Report of the Secretary's Task Force on Black & Minority health report Secretary Margaret Heckler
- ▶ Health 1983 sent to US Congress documented significant progress, Americans living longer, infant mortality continual decline and the overall American health shown almost uniform improvement.
- ▶ “But there was a continuing disparity in the death and illness experienced by Blacks and other minority populations as compared with our nation's population as a whole.”
- ▶ This disparity has existed ever since accurate federal record-keeping began

Black and Minority Health

- ▶ The task force identified 6 causes of death that accounted for 80% of mortality observed for Blacks and other minorities
- ▶ Cancer
- ▶ Cardiovascular Disease and Stroke
- ▶ Chemical Dependency measured by deaths due to cirrhosis
- ▶ Diabetes
- ▶ Infant Mortality
- ▶ Homicide and accidents (unintentional injuries)

Status of Health Disparities

Black Health Disparities

HEALTH AND WELLNESS

These 5 health conditions affect the Black community at higher rates—here are early signs to look out for and preventative measures

Published Fri, Feb 17 2023 10:15 AM EST

Randa Orsini
@RANDEORSONI

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Ljubaphoto | E+ | Getty Images

Health conditions like colon cancer and cardiovascular diseases impact people within the Black community at much higher rates than most other racial backgrounds, according to the Centers for Disease Control and Prevention.

MAGAZINE

RACE IN AMERICA

Racist Doctors and Organ Thieves: Why So Many Black People Distrust the Health Care System

It's more than just Tuskegee. Racism still poisons American health care.



Photograph of Participants in the Tuskegee Syphilis Study

yahoo/news

Black people are more likely to die from certain cancers, new study finds

2.1k



Chanelle Chandler • Reporter

January 20, 2023 • 10 min read



Black women are more likely than those in other ethnic groups to die from breast and uterine cancer. (Getty Images)

A new study by the American Cancer Society reveals that Black people are significantly more likely to die from certain types of cancer, owing to structural inequities in access to both health care and information.

As part of the organization's yearly cancer statistics, published in the peer-reviewed medical journal "CA: A Cancer Journal for Clinicians," the study found



Black Lawmakers Cite Racism as Missouri House OKs Crime Bill

Black lawmakers in Missouri are accusing House Republican leaders of racism after shutting down debate and passing a bill that could strip power from the Black woman elected as the St. Louis prosecutor

By Associated Press Feb. 9, 2023, at 5:20 p.m.

Save Comment



Missouri state Rep. Kevin Windham speaks to reporters during a press conference Thursday, Feb. 9, 2023, in the House Lounge of the state Capitol in Jefferson City, Mo. Missouri Legislative Black Caucus members accused the state's House Republican leaders of racism for cutting off a House floor speech by Windham and halting debate on crime legislation that passed Thursday. (AP Photo/David A. Lieb) as DAVID A. LIEB

JEFFERSON CITY, Mo. (AP) — Racial tensions in Mississippi echoed in Missouri Thursday, as Black Democratic lawmakers accused the state's House Republican leadership of racism for shutting down a Black lawmaker's speech and passing a bill that could strip power from the Black woman elected as prosecutor in St. Louis.

ESSENCE

The Opioid Epidemic Is Surging among Black People because of Unequal Access to Treatment

Clinics and the most effective types of therapy are harder to find in communities where people of color live

By Milba Newsome, Giancarlo Valentine on December 1, 2022



"I had never seen death the way I've seen death when it comes to opioid addiction," says Thomas Conch, a recovery counselor in Nashville, Tenn. (Revolt)

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Black women die during childbirth "because we are not important enough," healthcare advocate says

425

Ashlee Banks

Mon, February 13, 2023, 5:47 AM CST • 4 min read



Pregnant black woman

"REVOLT Black News Weekly" aired on Friday (Feb. 10) to discuss racial disparities in health, and why people are not

TRANSFORMING HEALTH CARE THURSDAY, FEBRUARY 2, 2023

Health disparities in preventive screenings for African Americans

TOPICS IN THIS POST

Hot Topics Transforming Health Care Family Medicine



CALIFORNIA

'Profoundly disappointing': Health inequities continue to hit Black Californians hardest



People receive the COVID-19 vaccine at Lincoln Memorial Congregational Church UCC in Leimert Park in 2021. (Francine Or/Los Angeles Times)

BY MARISSA EVANS | STAFF WRITER
FEB. 16, 2023 10:25 AM PT

More than half of Black Californians said there was a time in the last few years when they thought they would have received better healthcare if they had belonged to a different racial or ethnic group, according to a report released Thursday.

By comparison, 27% of Latinos, 12% of Asian people and 4% of white people responded the same way, the report said.

The report from the California Health Care Foundation, a nonprofit organization

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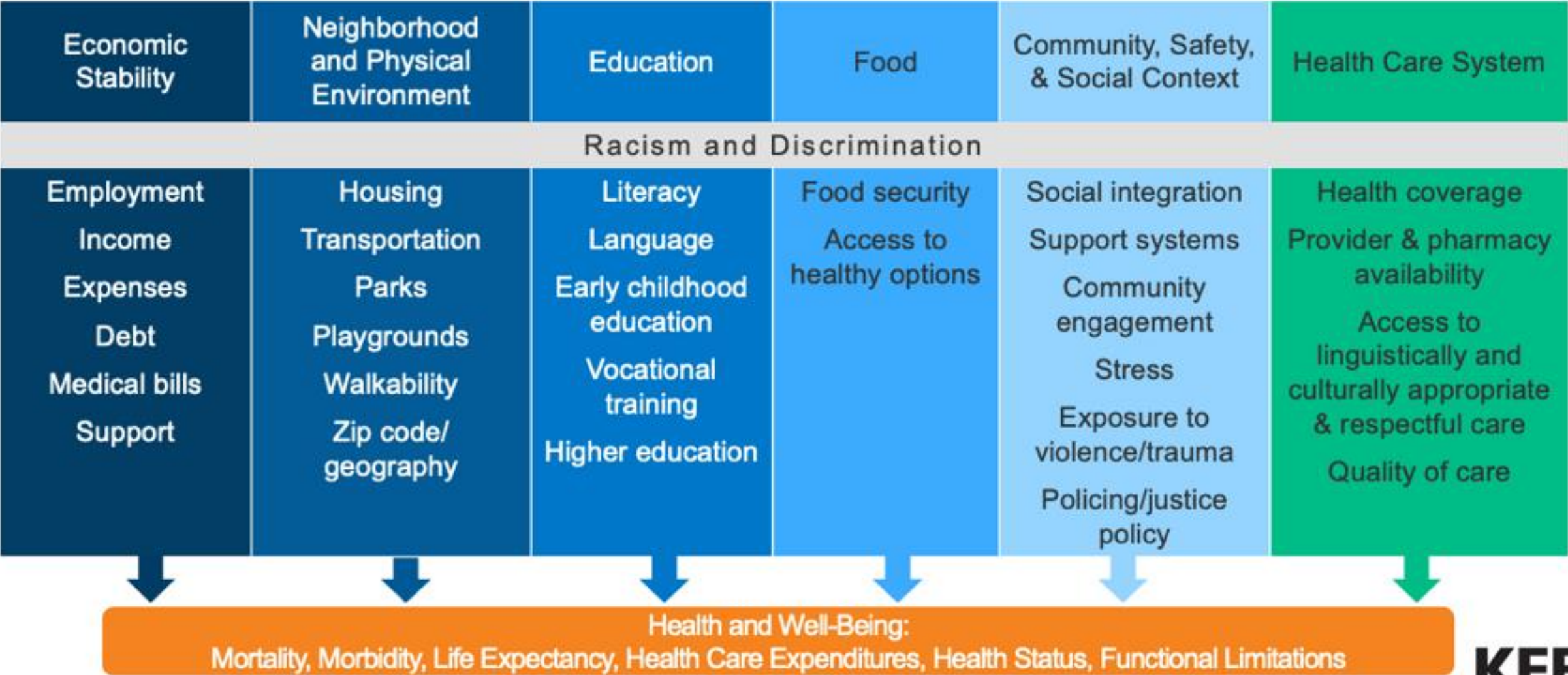
LATEST CALIFORNIA

CALIFORNIA
Suspect arrested in Seal Beach hit-and-run that injured 5

CALIFORNIA
California AG's wife recuses herself from overseeing his department's

Figure 1

Health Disparities are Driven by Social and Economic Inequities



Health Disparities

- ▶ The Flexner Report of 1910- Abraham Flexner was commissioned by the Carnegie Foundation and AMA Council on Medical Education to survey the quality of medical schools in America and Canada
- ▶ The report revamped medical education , higher admission and graduation standards, adhere to strictly to protocols of mainstream science in their teaching and research
- ▶ **Chapter 14 Medical Education of the Negro** speaks to rationale to train Black physicians to care for the Black population
- ▶ Medical Schools impact in 1904 160 MD granting institutions with >28,000 students, 1920 only 85 MD granting institutions educating 13,800 students and by 1935 66 medical schools operating in the US

Health Disparities

- ▶ 1900 6% of practicing physicians women nationwide and accepted into 91 of the 155 medical schools including the 3 exclusive female medical schools. By 1940 4% of physicians were women. Women did to begin to catch up until the 1960s and still lag behind their male peers in compensation, leadership positions and research publications.
- ▶ Proportion of women who graduated medical school decreased to an all time low shortly after the Flexner report to 2.9% and remained below 5% until the 1970s
- ▶ Flexner advocated for closing all but two of the historically black medical schools. Reduced from 7 to 2 institutions Meharry and Howard- currently today 4 AA Medical schools

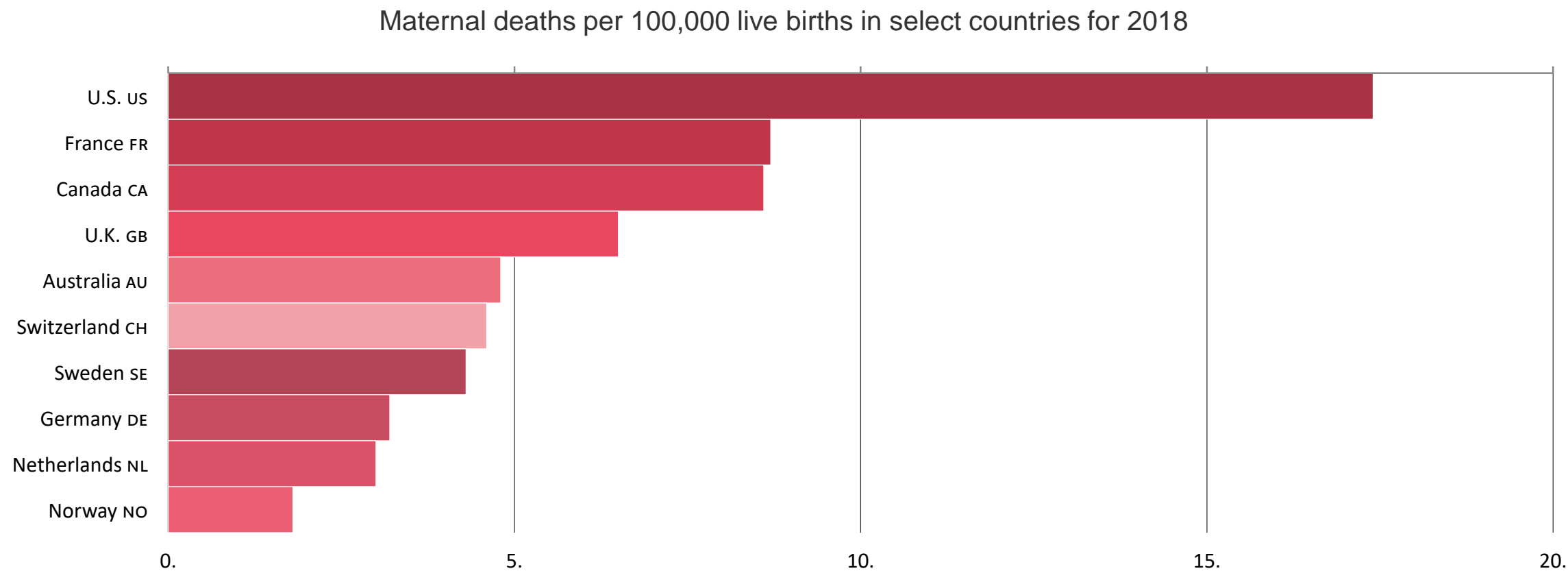
Health Disparities

- ▶ Trajectory of the limitations of Blacks pursuing a MD had not been disrupted and the implications of the health of the Black community
- ▶ The closures had and continue to have a disproportionate impact on the physician workforce.
- ▶ Just 5% of physicians Black , August 2020 study published in JAMA Network estimated that if all 7 medical schools that educated Black physicians in the early 20th century had remained open an additional 35, 313 Black physicians would have entered the workforce between the time the schools closed and 2019
- ▶ Flexner wrote that women “show a decreasing inclination to enter medical school and that those who did had “obvious limitations.”
- ▶ Black students should be trained as “sanitarians” and should protect Whites from disease. “A well taught negro sanitarian will be immensely useful: an essentially untrained negro wearing an M.D. degree is dangerous.” Flexner wrote
- ▶ The closure of schools that educated women and Black physicians has had a negative impact on the medical profession

Infant Mortality

- ▶ Infant Mortality is the death of an infant before his or her first birthday
- ▶ Important marker of the overall health of a society
- ▶ Blacks have 2.4X the infant mortality rate as Whites
- ▶ Black infants are almost 4X likely to die from complications related to low birthweight as compared to White infants
- ▶ Black infants had 2.9X the Sudden Infant Death Syndrome mortality rate as Whites in 2020

Health Disparities - High U.S. Maternal Mortality Rate



Data for Switzerland and U.K. from 2017, data for France from 2012 - Sources: OECD, Commonwealth Fund

Health Disparities

Maternal Mortality

- ▶ Black women are 3X more likely to die from pregnancy-related complications than white women
- ▶ Black women are more likely to have a preventable pregnancy-related death
- ▶ Black women are more likely to deliver at hospitals with higher rates of severe maternal morbidity
- ▶ Social determinants of health are key drivers of Black maternal death
- ▶ Education is not protective. Black women with a college degree are 5 X more likely to die from pregnancy related complications than white women

Health Disparities

Cancer

- ▶ Black Men have 6% higher cancer incidence than White men but 19% higher cancer mortality
- ▶ Black men are 73% more likely than White men to be diagnosed with prostate cancer and more than twice as likely to die
- ▶ Black women have 8% lower incidence but 12% higher mortality than White women
- ▶ Black women have 42% higher breast cancer mortality than White women despite lower breast cancer incidence
- ▶ Black women less likely than White women to be diagnosed with localized stage breast cancer (57% vs 67%)
- ▶ Lower survival for every stage of disease (20% vs 30% for distant stage)

Health Disparities

Cancer

- ▶ Black/African-Americans have the highest mortality rate of ANY racial and ethnic group for all cancers combined and most major cancer
- ▶ 2019 Breast cancer became the leading cause of cancer death among Black women
- ▶ Lung cancer continues to be the leading cause of cancer death among Black men
- ▶ Puerto Rico

Health Disparities

Cardiovascular

- ▶ Black people are more likely to die of heart disease than any other ethnic group
- ▶ Blacks have similar prevalence of heart disease than non-Hispanic Whites and Hispanic adults.
- ▶ Black people die of heart disease at higher rates
- ▶ Black women are nearly 60% more likely to have HBP as compared to White women

Health Disparities

Diabetes

- ▶ 2019 Blacks twice as likely as Whites to die from diabetes
- ▶ 2018 AA adults 60% more likely than White adults to be diagnosed with diabetes
- ▶ 2019 Blacks 2.5X likely to be hospitalized with diabetes and associated long term complications than Whites
- ▶ 2019 Blacks 3.2 times more likely to be diagnosed with end stage renal disease as compared to Whites

Health Disparities

Opioid Death

- ▶ Widening disparities in drug overdose
- ▶ Overdose death rates/100,000 people increased 44% in Blacks and 39% for American Indian and Alaska Natives
- ▶ Most had no evidence of substance use treatment before their deaths
- ▶ Lower proportion of ethnic minority groups received treatment
- ▶ Overdose death rates in older Black men were nearly 7X as high as those in older White men in 2020

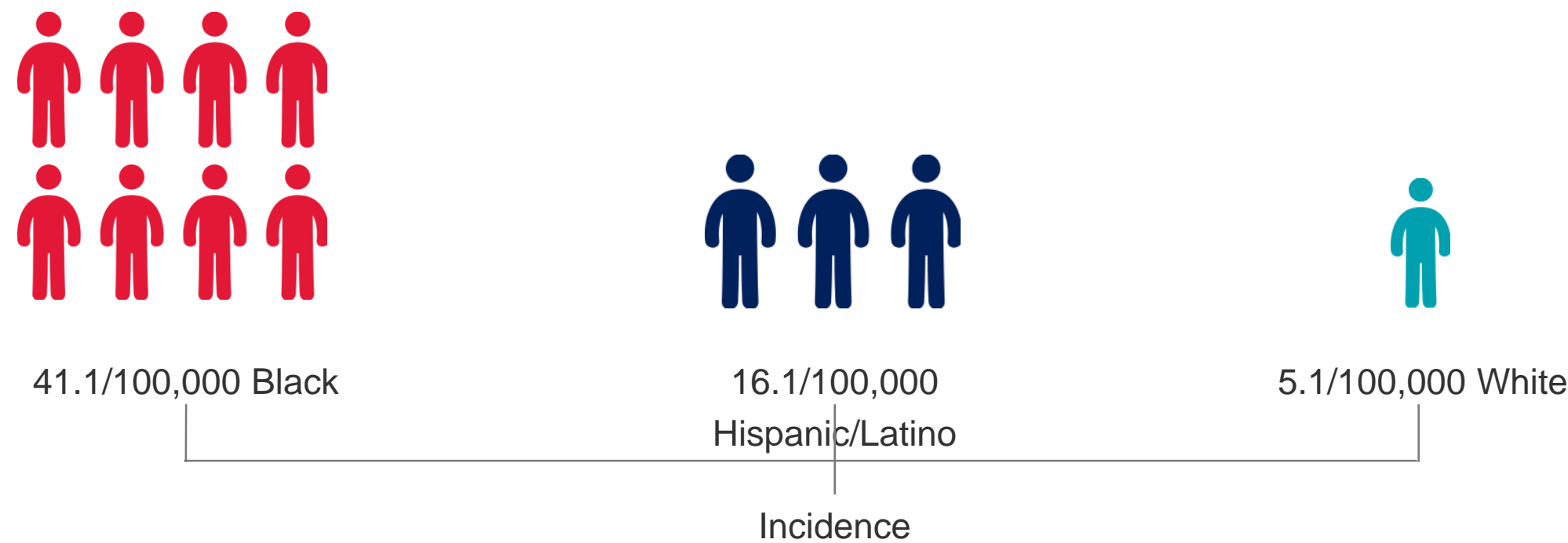
Health Disparities

Homicide/Violence

- ▶ 9 year study period (1999-2007) homicide rates consistently higher for Blacks but half for this demographic in the early 1990s
- ▶ Homicide and Cardiovascular disease leading drivers of premature mortality
- ▶ Disparity most significant in Black youth
- ▶ Homicide incidence 10X higher in Black vs White Adolescents (15-19 years)
- ▶ Homicide rate 4X higher in Black vs White young adults (20-24 years)

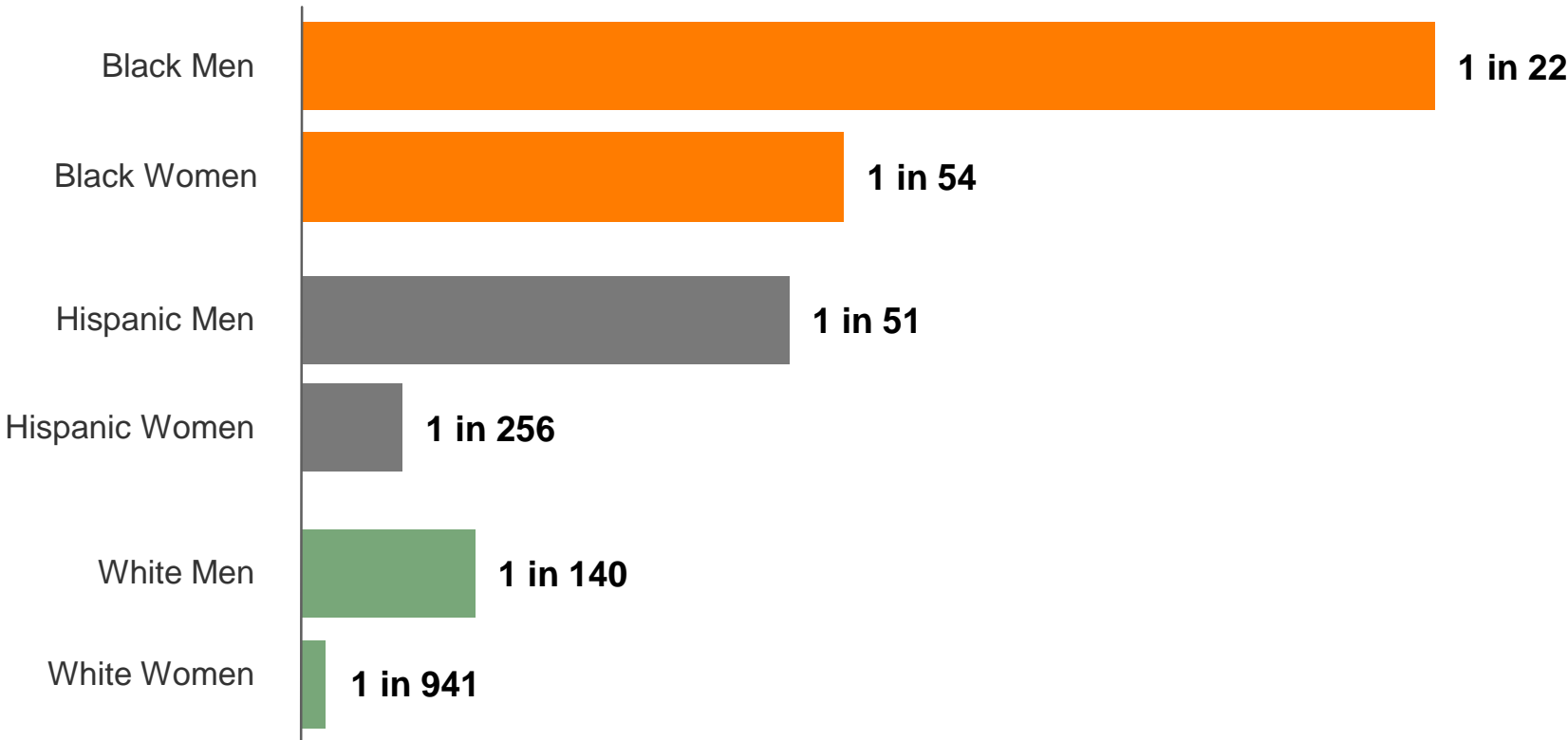
Health Disparities - HIV

HIV Disproportionately Affects Blacks vs White or Hispanic/Latino, 2017,
United States & 6 Dependent Areas



Health Disparities - Lifetime Risk of HIV Diagnosis by Ethnicity

Blacks are the most affected ethnic group with a lifetime HIV risk of 1 in 22 for men and 1 in 54 for women



Lifetime risk for men who have sex with men (MSM):

- 1 in 2 Black MSM
- 1 in 5 Hispanic MSM
- 1 in 11 White MSM

Health Disparities

Covid 19

- ▶ People of color experienced a disproportionate burden of cases and death
- ▶ Black, Hispanic, AIAN and Pacific Islanders experienced higher rate of Covid 19 cases and deaths compared to White
- ▶ Disparities widened and narrowed over the course of the pandemic widening with viral surges and narrowed when overall infection rates fell
- ▶ Age-adjusted data- White people have lower death rates than AIAN, Black, Hispanics and higher rates of death across all age groups among people of color compared to White people
- ▶ Blacks and Hispanics twice as likely to need to stay in the hospital due to Covid-19

CHALLENGES AHEAD

- ▶ End of Medicaid Continuous Enrollment
- ▶ Overturning of Roe v. Wade Impact on Maternal and Infant Health
- ▶ Mental Health and Substance Use
- ▶ Racism, Discrimination and Violence Contribute to Health Disparities
- ▶ Healthcare Misinformation and Disinformation
- ▶ Health Care Workforce

Diversification of the Workforce

Why Diversity Matters

- June 29, 2023 SCOTUS landmark ruling favoring Students for Fair Admissions
- Institutions of Higher Education Impacted
- Aging population
- Diversity promotes better outcomes
- Economic burden of Chronic Disease

JAMA article

Original Investigation | Equity, Diversity, and Inclusion

Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

John E. Snyder, MD, MS, MPH; Rachel D. Upton, PhD; Thomas C. Hassett, PhD; Hyunjung Lee, PhD, MS, MPP, MBA; Zakia Nouri, MA; Michael Dill, MAPP

Abstract

IMPORTANCE Studies have suggested that greater primary care physician (PCP) availability is associated with better population health and that a diverse health workforce can improve care experience measures. However, it is unclear whether greater Black representation within the PCP workforce is associated with improved health outcomes among Black individuals.

OBJECTIVE To assess county-level Black PCP workforce representation and its association with mortality-related outcomes in the US.

DESIGN, SETTING, AND PARTICIPANTS This cohort study evaluated the association of Black PCP workforce representation with survival outcomes at 3 time points (from January 1 to December 31 each in 2009, 2014, and 2019) for US counties. County-level representation was defined as the ratio of the proportion of PCPs who identified as Black divided by the proportion of the population who identified as Black. Analyses focused on between- and within-county influences of Black PCP representation and treated Black PCP representation as a time-varying covariate. Analysis of between-county influences examined whether, on average, counties with increased Black representation exhibited improved survival outcomes. Analysis of within-county influences assessed whether counties with higher-than-usual Black PCP representation exhibited enhanced survival outcomes during a given year of heightened workforce diversity. Data analyses were performed on June 23, 2022.

MAIN OUTCOMES AND MEASURES Using mixed-effects growth models, the impact of Black PCP representation on life expectancy and all-cause mortality for Black individuals and on mortality rate disparities between Black and White individuals was assessed.

RESULTS A combined sample of 1618 US counties was identified based on whether at least 1 Black PCP operated within a county during 1 or more time points (2009, 2014, and 2019). Black PCPs operated in 1198 counties in 2009, 1260 counties in 2014, and 1308 counties in 2019—less than half of all 3142 Census-defined US counties as of 2014. Between-county influence results indicated that greater Black workforce representation was associated with higher life expectancy and was inversely associated with all-cause Black mortality and mortality rate disparities between Black and White individuals. In adjusted mixed-effects growth models, a 10% increase in Black PCP representation was associated with a higher life expectancy of 30.61 days (95% CI, 19.13-42.44 days).

CONCLUSIONS AND RELEVANCE The findings of this cohort study suggest that greater Black PCP workforce representation is associated with better population health measures for Black individuals,

Key Points

Question Is Black representation in the US primary care physician (PCP) workforce associated with population health outcomes?

Findings In this cohort study of survival outcomes for 1618 US counties, Black PCPs operated in less than half of all counties during each of 3 time points assessed (2009, 2014, and 2019). On average, every 10-percent increase in county-level Black PCP representation was associated with 31-day higher age-standardized life expectancy among Black individuals. Higher Black PCP representation levels were also associated with lower all-cause mortality rates among Black individuals and with reduced mortality rate disparities between Black and White individuals.

Meaning These findings suggest that greater representation of Black PCPs in the PCP workforce is associated with improved survival-related outcomes for Black individuals.

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Author affiliations and article information are listed at the end of this article.

U.S. Medical School Matriculants, 2015-2022

Race/Ethnicity Self-Identification Percentage

With a Matriculant Able to Appear in More than One Race/Ethnicity Category

| Matriculants | Year | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| | 2015 | 2016* | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| American Indian or Alaska Native | 1.0% | 0.9% | 1.0% | 1.0% | 1.1% | 1.1% | 1.0% | 1.0% |
| Asian | 22.4% | 24.4% | 24.2% | 25.4% | 24.8% | 24.9% | 26.5% | 28.7% |
| Black or African American | 7.6% | 8.4% | 8.3% | 8.6% | 8.8% | 9.5% | 11.3% | 10.2% |
| Hispanic, Latino, or of Spanish Origin | 9.6% | 10.5% | 10.8% | 10.7% | 11.3% | 12.0% | 12.7% | 12.3% |
| Native Hawaiian or Other Pacific Islander | 0.3% | 0.3% | 0.3% | 0.3% | 0.4% | 0.4% | 0.4% | 0.4% |
| White | 57.0% | 58.8% | 56.9% | 57.7% | 55.1% | 53.4% | 51.5% | 52.0% |
| Other Race/Ethnicity | 3.5% | 3.4% | 3.3% | 3.4% | 3.3% | 3.8% | 3.9% | 4.1% |
| Unknown Race/Ethnicity | 4.5% | 1.6% | 3.6% | 1.8% | 4.9% | 4.9% | 3.5% | 2.8% |
| Non-U.S. Citizen or Non-Permanent Resident | 1.6% | 1.3% | 1.3% | 1.3% | 1.2% | 1.2% | 1.4% | 1.4% |
| Total Unduplicated Matriculant Count | 20,631 | 21,030 | 21,338 | 21,622 | 21,869 | 22,239 | 22,666 | 22,712 |

*During the 2016 application cycle, a technical malfunction in the collection of race/ethnicity data necessitated a request that applicants review and re-submit responses to the race/ethnicity question in their AMCAS applications. No applicants were asked to review this question prior to or after 2016.

Note: Data in each column may sum to more than 100%, as matriculants could select more than one response option.

Source: AAMC Applicant Matriculant Data File as of 10/17/2022

U.S. Medical School Enrollment, 2015-2022

Race/Ethnicity Self-Identification Percentage

With an Enrollee Able to Appear in More than One Race/Ethnicity Category

| Enrollment | Year | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|--------|--------|
| | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
| American Indian or Alaska Native | 0.8% | 0.8% | 0.8% | 0.9% | 0.9% | 1.0% | 1.0% | 1.1% |
| Asian | 24.4% | 24.8% | 25.2% | 25.7% | 26.2% | 26.5% | 27.0% | 27.8% |
| Black or African American | 7.2% | 7.6% | 7.9% | 8.3% | 8.5% | 8.9% | 9.6% | 10.0% |
| Hispanic, Latino, or of Spanish Origin | 9.2% | 9.5% | 9.9% | 10.2% | 10.7% | 11.2% | 11.7% | 12.1% |
| Native Hawaiian or Other Pacific Islander | 0.3% | 0.3% | 0.3% | 0.3% | 0.4% | 0.4% | 0.4% | 0.4% |
| White | 61.5% | 60.6% | 59.7% | 58.8% | 57.9% | 56.9% | 55.6% | 54.2% |
| Other Race/Ethnicity | 3.1% | 3.3% | 3.5% | 3.7% | 3.7% | 3.8% | 3.9% | 3.9% |
| Unknown Race/Ethnicity | 0.4% | 0.3% | 0.3% | 0.3% | 0.5% | 0.7% | 0.8% | 0.9% |
| Non-U.S. Citizen or Non-Permanent Resident | 1.6% | 1.5% | 1.5% | 1.5% | 1.4% | 1.4% | 1.4% | 1.4% |
| Total Unduplicated Enrollment Count | 86,586 | 88,180 | 89,732 | 91,224 | 92,634 | 94,085 | 95,380 | 96,520 |

Note: Data in each column may sum to more than 100%, as enrollees could select more than one response option.

Source: AAMC Student Records System as of 10/31/2022

Table A-1: U.S. MD-Granting Medical School Applications and Matriculants by School, State of Legal Residence, and Gender, 2023-2024



The table below displays the number of 2023-2024 applications and matriculants by U.S. MD-granting medical schools, showing the percent of in state, out of state, women, and men. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

| Applications by School | | Applications ¹ | Applications | | | | Matriculants | Matriculants | | | |
|------------------------|--------------------------|---------------------------|--------------------|--------------|------------------------|-------|--------------|--------------------|--------------|------------------------|-------|
| | | | by In State Status | | by Gender ² | | | by In State Status | | by Gender ² | |
| | | | In State | Out of State | Men | Women | | In State | Out of State | Men | Women |
| State | Medical School | | % | % | % | % | | % | % | % | % |
| AL | Alabama-Heersink | 4,448 | 12.5 | 87.5 | 46.2 | 53.6 | 186 | 84.9 | 15.1 | 41.4 | 58.6 |
| | South Alabama-Whiddon | 1,586 | 30.5 | 69.5 | 47.5 | 52.4 | 78 | 92.3 | 7.7 | 42.3 | 57.7 |
| AR | Arkansas | 2,438 | 13.1 | 86.9 | 46.6 | 53.2 | 175 | 97.7 | 2.3 | 44.6 | 55.4 |
| AZ | Arizona | 7,023 | 10.0 | 90.0 | 45.6 | 54.1 | 118 | 75.4 | 24.6 | 36.4 | 63.6 |
| | Arizona Phoenix | 5,885 | 11.9 | 88.1 | 46.8 | 52.8 | 120 | 50.0 | 50.0 | 51.7 | 48.3 |
| CA | California | 4,818 | 72.5 | 27.5 | 43.5 | 55.8 | 129 | 97.7 | 2.3 | 48.8 | 51.2 |
| | California Northstate | 3,679 | 67.7 | 32.3 | 42.0 | 57.4 | 119 | 88.2 | 11.8 | 48.7 | 51.3 |
| | Drew | 974 | 39.7 | 60.3 | 34.3 | 65.3 | 61 | 72.1 | 27.9 | 39.3 | 60.7 |
| | Kaiser Permanente-Tyson | 7,731 | 50.1 | 49.9 | 43.3 | 55.9 | 50 | 54.0 | 46.0 | 50.0 | 48.0 |
| | Loma Linda | 5,137 | 45.8 | 54.2 | 46.1 | 53.4 | 176 | 48.9 | 51.1 | 50.6 | 49.4 |
| | Southern Cal-Keck | 8,664 | 50.3 | 49.7 | 45.1 | 54.2 | 186 | 79.6 | 20.4 | 43.5 | 55.9 |
| | Stanford | 8,837 | 32.5 | 67.5 | 48.1 | 51.1 | 89 | 32.6 | 67.4 | 47.2 | 50.6 |
| | UC Davis | 8,215 | 61.4 | 38.6 | 41.7 | 57.6 | 137 | 95.6 | 4.4 | 35.0 | 64.2 |
| | UC Irvine | 7,030 | 71.5 | 28.5 | 44.1 | 55.1 | 114 | 86.0 | 14.0 | 35.1 | 63.2 |
| | UC Riverside | 6,077 | 75.3 | 24.7 | 42.0 | 57.2 | 86 | 98.8 | 1.2 | 44.2 | 55.8 |
| | UC San Diego | 8,757 | 55.9 | 44.1 | 43.9 | 55.3 | 141 | 76.6 | 23.4 | 32.6 | 66.0 |
| | UC San Francisco | 8,847 | 47.4 | 52.6 | 44.5 | 54.4 | 173 | 69.9 | 30.1 | 37.0 | 59.5 |
| | UCLA-Geffen | 13,064 | 46.1 | 53.9 | 43.3 | 55.9 | 175 | 57.7 | 42.3 | 39.4 | 59.4 |
| CO | Colorado | 9,852 | 7.1 | 92.9 | 45.6 | 53.8 | 181 | 43.1 | 56.9 | 43.1 | 56.9 |
| CT | Connecticut | 4,335 | 10.9 | 89.1 | 41.1 | 58.4 | 112 | 75.9 | 24.1 | 42.9 | 57.1 |
| | Quinnipiac-Netter | 7,556 | 4.9 | 95.1 | 43.3 | 56.3 | 95 | 13.7 | 86.3 | 34.7 | 65.3 |
| | Yale | 6,388 | 3.6 | 96.4 | 48.6 | 50.8 | 105 | 6.7 | 93.3 | 51.4 | 47.6 |
| DC | George Washington | 16,062 | 0.4 | 99.6 | 41.2 | 58.3 | 179 | 2.2 | 97.8 | 48.0 | 51.4 |
| | Georgetown | 16,018 | 0.4 | 99.6 | 42.5 | 57.1 | 201 | 2.5 | 97.5 | 36.8 | 62.7 |
| | Howard | 8,465 | 0.5 | 99.5 | 37.5 | 62.2 | 127 | 2.4 | 97.6 | 46.5 | 53.5 |
| FL | FIU-Wertheim | 6,236 | 40.7 | 59.3 | 42.5 | 57.2 | 121 | 81.8 | 18.2 | 41.3 | 57.9 |
| | Florida | 5,316 | 46.0 | 54.0 | 45.5 | 54.2 | 135 | 84.4 | 15.6 | 45.9 | 54.1 |
| | Florida Atlantic-Schmidt | 4,619 | 48.0 | 52.0 | 44.0 | 55.7 | 76 | 65.8 | 34.2 | 59.2 | 40.8 |
| | Florida State | 6,702 | 39.7 | 60.3 | 43.3 | 56.5 | 120 | 98.3 | 1.7 | 33.3 | 66.7 |
| | Miami-Miller | 10,106 | 21.6 | 78.4 | 46.5 | 53.0 | 201 | 46.8 | 53.2 | 44.8 | 54.7 |
| | Nova Southeastern-Patel | 5,580 | 36.6 | 63.4 | 44.2 | 55.5 | 53 | 60.4 | 39.6 | 54.7 | 45.3 |
| | UCF | 4,952 | 48.3 | 51.7 | 47.1 | 52.7 | 120 | 62.5 | 37.5 | 55.0 | 45.0 |
| | USF-Morsani | 5,507 | 41.1 | 58.9 | 47.3 | 52.3 | 182 | 46.2 | 53.8 | 51.6 | 48.4 |

Table A-10: Applicants to U.S. MD-Granting Medical Schools by Race/Ethnicity (Alone) and State of Legal Residence, 2023-2024



The table below displays the self-identified racial and ethnic characteristics of applicants to U.S. medical schools in 2023-2024. The "Multiple Race/Ethnicity" category includes those who selected more than one race/ethnicity response. Please email datarequest@aamc.org if you need further assistance or have additional inquiries.

| Applicants by State of Legal Residence | | American Indian or Alaska Native | Asian | Black or African American | Hispanic, Latino, or of Spanish Origin | Native Hawaiian or Other Pacific Islander | White | Other | Multiple Race/Ethnicity | Unknown Race/Ethnicity | Non-U.S. Citizen and Non-Permanent Resident | Total |
|--|--------------------------|----------------------------------|-------|---------------------------|--|---|-------|-------|-------------------------|------------------------|---|--------|
| Region | State of Legal Residence | | | | | | | | | | | |
| Northeast | Connecticut | 0 | 105 | 36 | 24 | 0 | 274 | 10 | 59 | 20 | 14 | 542 |
| | Delaware | 0 | 32 | 19 | 2 | 0 | 35 | 0 | 8 | 6 | 3 | 105 |
| | District of Columbia | 0 | 4 | 26 | 3 | 0 | 42 | 2 | 14 | 2 | 3 | 96 |
| | Maine | 0 | 4 | 1 | 0 | 0 | 62 | 1 | 7 | 0 | 0 | 75 |
| | Maryland | 0 | 372 | 306 | 24 | 1 | 357 | 28 | 106 | 45 | 31 | 1,270 |
| | Massachusetts | 2 | 356 | 109 | 26 | 0 | 629 | 27 | 119 | 57 | 55 | 1,380 |
| | New Hampshire | 1 | 22 | 0 | 2 | 0 | 72 | 1 | 7 | 3 | 1 | 109 |
| | New Jersey | 0 | 721 | 180 | 76 | 0 | 555 | 59 | 194 | 101 | 25 | 1,911 |
| | New York | 3 | 926 | 425 | 201 | 1 | 1,247 | 130 | 372 | 149 | 67 | 3,521 |
| | Pennsylvania | 0 | 368 | 119 | 27 | 2 | 830 | 20 | 103 | 62 | 35 | 1,566 |
| | Rhode Island | 1 | 22 | 7 | 3 | 0 | 55 | 2 | 7 | 2 | 3 | 102 |
| | Vermont | 0 | 5 | 1 | 2 | 0 | 67 | 1 | 8 | 1 | 0 | 85 |
| | Total for the Region | 7 | 2,937 | 1,229 | 390 | 4 | 4,225 | 281 | 1,004 | 448 | 237 | 10,762 |
| Central | Illinois | 0 | 564 | 198 | 104 | 0 | 835 | 59 | 189 | 62 | 19 | 2,030 |
| | Indiana | 0 | 132 | 55 | 17 | 0 | 472 | 12 | 65 | 30 | 9 | 792 |
| | Iowa | 0 | 37 | 7 | 7 | 0 | 241 | 3 | 25 | 4 | 4 | 328 |
| | Kansas | 2 | 68 | 21 | 14 | 0 | 292 | 4 | 49 | 13 | 2 | 465 |
| | Michigan | 4 | 398 | 114 | 25 | 0 | 931 | 173 | 160 | 58 | 25 | 1,888 |
| | Minnesota | 3 | 139 | 87 | 9 | 0 | 634 | 9 | 71 | 16 | 7 | 975 |
| | Missouri | 0 | 145 | 62 | 10 | 0 | 420 | 6 | 57 | 27 | 13 | 740 |
| | Nebraska | 0 | 28 | 5 | 8 | 0 | 194 | 2 | 24 | 9 | 0 | 270 |
| | North Dakota | 2 | 6 | 3 | 1 | 0 | 92 | 0 | 7 | 4 | 1 | 116 |
| | Ohio | 2 | 346 | 122 | 14 | 0 | 874 | 35 | 126 | 47 | 15 | 1,581 |
| | South Dakota | 2 | 4 | 1 | 1 | 0 | 115 | 2 | 5 | 5 | 0 | 135 |
| | Wisconsin | 1 | 120 | 31 | 11 | 0 | 512 | 16 | 63 | 23 | 10 | 787 |
| | Total for the Region | 16 | 1,987 | 706 | 221 | 0 | 5,612 | 321 | 841 | 298 | 105 | 10,107 |
| South | Alabama | 1 | 82 | 102 | 16 | 0 | 344 | 6 | 61 | 15 | 7 | 634 |
| | Arkansas | 1 | 36 | 36 | 21 | 0 | 196 | 3 | 30 | 11 | 3 | 337 |
| | Florida | 3 | 550 | 403 | 600 | 1 | 1,076 | 63 | 667 | 104 | 41 | 3,508 |
| | Georgia | 0 | 420 | 447 | 50 | 1 | 647 | 18 | 156 | 54 | 32 | 1,825 |
| | Kentucky | 1 | 84 | 33 | 9 | 0 | 426 | 12 | 41 | 16 | 6 | 628 |
| | Louisiana | 1 | 83 | 108 | 23 | 1 | 491 | 10 | 75 | 18 | 6 | 816 |
| | Mississippi | 1 | 31 | 74 | 5 | 0 | 252 | 2 | 23 | 11 | 1 | 400 |
| | North Carolina | 2 | 258 | 191 | 61 | 0 | 641 | 17 | 131 | 59 | 17 | 1,377 |
| | Oklahoma | 11 | 78 | 19 | 12 | 0 | 168 | 5 | 60 | 9 | 2 | 364 |
| | Puerto Rico | 0 | 1 | 0 | 472 | 0 | 0 | 0 | 83 | 1 | 1 | 558 |
| | South Carolina | 0 | 72 | 72 | 26 | 1 | 391 | 9 | 48 | 9 | 5 | 633 |
| | Tennessee | 0 | 111 | 108 | 17 | 0 | 420 | 26 | 65 | 25 | 6 | 778 |
| | Texas | 1 | 1,585 | 485 | 300 | 3 | 1,638 | 35 | 838 | 112 | 42 | 5,039 |
| | Virginia | 1 | 469 | 163 | 49 | 1 | 567 | 44 | 160 | 66 | 16 | 1,536 |
| | West Virginia | 0 | 19 | 7 | 3 | 0 | 173 | 2 | 12 | 7 | 6 | 229 |
| | Total for the Region | 23 | 3,879 | 2,248 | 1,664 | 8 | 7,430 | 252 | 2,450 | 517 | 191 | 18,662 |

How Does Arkansas Compare

- Arkansas Black population comprises 16% of the state
- UAMS COM matriculants stagnant 3-4%
- Primary Care workforce - Black physician Workforce
- Residency
- Faculty



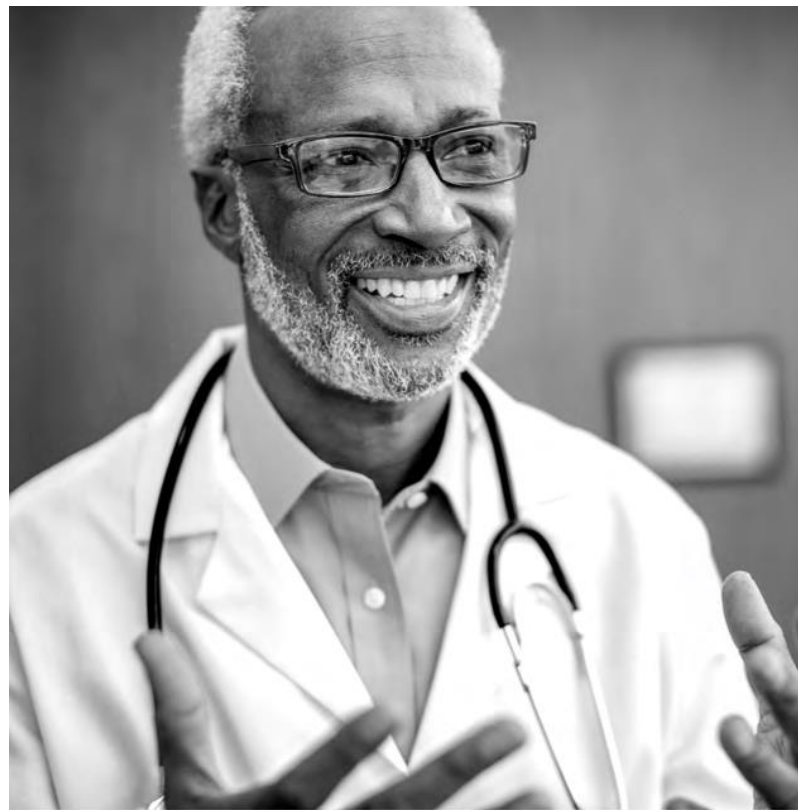
The History Behind America's Devastating Shortage of Black Doctors



Ongoing Work

- Action Collaborative - NMA and American Association of Medical Colleges
- Roundtable on Black Men and Black Women in Science, Engineering and Medicine for institutions and government to utilize in developing future approaches to increase diversification in the healthcare workforce.
- ACGME
- HBCU Medical Schools

NMA & AAMC



ACTION COLLABORATIVE
FOR **BLACK MEN**
IN **MEDICINE**

AN INITIATIVE OF THE AAMC AND NMA

STRATEGY SUMMIT PROCEEDINGS


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The National Medical Association

Join Us in increasing the representation, preservation, and contributions of persons of color in medicine.

Through education, outreach, and national health policy, the National Medical Association supports African American physicians and their patients.

Together, let's close the disparity gap and create equitable healthcare for a healthy America.

A man wearing a fedora hat and a denim jacket is looking down at his hands. He is wearing a watch and a bracelet. The background is a blurred crowd of people, suggesting a public event or gathering. The entire image has a dark, semi-transparent overlay.

Questions and Comments

THANK YOU

