

POLICY BRIEF

Female Family Physicians Are More Racially Diverse Than Their Male Counterparts in Federal Sites

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Supporting a diverse family physician workforce is an integral component of achieving health equity. This study compared the racial/ethnic composition of Federal family physicians (Military, Veterans Administration/Department of Defense) to the entire cohort of family physicians and stratified by gender. Female family physicians serving at Federal sites were more diverse than the overall population of female family physicians and, also than their male Federal counterparts. This gendered trend among Federal physicians needs further exploration (J Am Board Fam Med 2023;36:188–189.)

Keywords: Diversity, Equity, Inclusiveness, Family Medicine, Family Physicians, United States Department of Veterans Affairs, Workforce

Introduction

Supporting a diverse family physician workforce is an integral component of achieving health equity.¹ Achieving representation in medicine requires a dual-pronged approach of recruiting and retaining physicians into the specialty. While many reasons exist for the lack of adequate representation, a factor that cannot be ignored is the economic burden and lack of educational opportunities for people of color who are disproportionately impacted by poverty and structural racism. Given the financial benefits of military training and the unique opportunities for entrance into the medical corps, some of the factors that serve as barriers to entrance into civilian medicine may not be as limiting for Federal (which, in this study, is defined as military, Veterans Admin-

istration/Department of Defense) physicians.^{2,3} No study has examined whether Federal family medicine is more racially diverse than family medicine writ large. The objective of this study was to examine the racial/ethnic composition of Federal family physicians (FPs) compared with the overall sample of FPs.

Methods

We analyzed data from the 2014 to 2019 American Board of Family Medicine Certification Examination application questionnaire to study the racial/ethnic composition of Federal FPs by gender. Examination applicants (FPs) were asked to select the best option that describes their primary practice site. We identified FPs reporting “Federal (Military, Veterans Administration/Department of Defense)” as their primary practice site and grouped respondents into self-reported gender (binary male, and female) and race categories (White, Black, Asian, American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander, ‘Other’ race, and Hispanic). We included both certifying and recertifying diplomates in the analysis sample. We summed racial and ethnic demographic data by gender and practice site and calculated the percentages for each category. We then compared the racial/ethnic composition of Federal FPs to the overall sample of FPs for the total analysis sample

This article was externally peer reviewed.
Submitted 13 May 2022; revised 1 August 2022; accepted 3 August 2022.

From the Robert Graham Center for Policy Studies in Family Medicine and Primary Care (AJ, YJ); Agency for Healthcare Research and Quality (ARE); Department of Family Medicine, Uniformed Services University, Bethesda, MD (DRN).

Funding: None.

Conflicts of interest: None.

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Table 1. Racial Composition of Federal Family Physicians in Comparison to the Overall Sample of Family Physicians by Gender

Race/ethnicity	All family physicians		Female family physicians				Male family physicians					
	Federal		All		Federal		All		Federal		All	
	n	%	n	%	n	%	n	%	n	%	n	%
Non-Hispanic, White	1504	65.8	47,705	67.5	510	54.9**	19,808	60.7	994	73.4	29,401	72.9
Non-Hispanic, Black	159	7.0	4048	5.7	98	10.5**	2675	8.2	61	4.5	1532	3.8
Non-Hispanic, Asian	379	16.6	11,494	16.3	219	23.6**	6549	20.1	160	11.8	5324	13.2
Non-Hispanic, American Indian, or Alaskan Native	17	0.7	510	0.7	9	1.0	253	0.8	8	0.6	274	0.7
Non-Hispanic, Native Hawaiian or Pacific Islander	13	0.6	345	0.5	10	1.1**	189	0.6	3	0.2	169	0.4
Non-Hispanic, Other	44	1.9	1690	2.4	25	2.7	869	2.7	19	1.4	865	2.1
Hispanic/Latinx	168	7.4	4873	6.9	58	6.2	2296	7.0	110	8.1	2745	6.8

Note: “Federal” includes military, Veterans Administration/Department of Defense. Source: Analyses of American Board of Family Medicine Certification Application Survey Data (2014–2019)

***P* < 0.01.

and by gender. We used χ^2 tests to assess significant differences across the groups.

Results

Of the total 72,949 FPs in the sample, 45% were female and 56% were males. About 3% of FPs reported the “Federal” site as the primary practice site. We found no significant difference in the racial composition of the Federal FPs compared with the overall sample of FPs. Analysis stratified by gender, however, showed greater racial diversity among Federal female FPs compared with FPs overall. Specifically, there was a greater proportion of Black, Asian, and Native Hawaiian female FPs in the Federal group. (Table 1). Federal male physicians did not significantly differ in racial-ethnic distribution as compared with the overall male FP population.

Discussion

Female FPs who work in Federal settings are more likely to be Black, Asian, or Native Hawaiian compared with female FPs overall, and compared with their male counterparts. It is unclear why these patterns may be emerging for females but not males in this setting, though 1 possibility is contemporary targeted efforts toward recruiting women and underrepresented minorities into a traditionally white male-dominated sector. The intersectionality of these efforts may be additive for women. In fact, previous research has shown that Black women enlist at higher rates than men and women of any other race.⁴ This study was unable to

separate physicians in the Military Health System from VA physicians, which may mask the racial differences between Military Health System FPs and all FPs given that VA employees are generally civilians and not active-duty military. In the future, disaggregated data collection will be essential to understanding the true makeup and practice patterns of military physicians and, given the unique environment military physicians work in, may provide some insights for improvement of civilian recruitment efforts and training.

To see this article online, please go to: <http://jabfm.org/content/36/1/188.full>.

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