

POLICY BRIEF

Data Disaggregation of Asian-American Family Physicians

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The singular label of “Asian” obscures socioeconomic differences between Asian ethnic groups that affect matriculation into the field of medicine. Using data from American Board of Family Medicine Examination candidates in 2023, we found that compared to the US population, among Asian-American family physicians, Indians were present at higher rates, while Chinese and Filipinos were underrepresented, suggesting the importance of continued disaggregation of Asian ethnicities in medicine. (J Am Board Fam Med 2024;37:349–350.)

Keywords: Asian-Americans, Ethnicity, Family Medicine, Family Physicians, Primary Health Care, Socioeconomic Factors, Workforce, Workforce Diversity

The US Census Bureau¹ defines the category Asian as individuals “having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.” Although the term “Asian” encompasses many different countries, Asian-Americans are often grouped into a singular category. This can mask disparities in income and education between different Asian ethnicities² and fails to acknowledge the unique backgrounds of different Asian ethnicities, such as forced immigration from war.³ Assessing representation in medicine among different ethnicities can only be done by disaggregating information regarding Asian-Americans. Our objective is to examine the differences in representation among Asian-American family physicians as a sample for the general physician workforce.

We obtained data from the 2023 American Board of Family Medicine (ABFM) Initial and Continuing Certification Questionnaires. Both Initial Certification, graduating residents, and Continuing Certification, mid-to-late career physicians, candidates complete the questionnaire as part of the examination registration process. In 2023, the race and ethnicity options were changed to a single “select all that apply” option with those selecting Asian asked to select 1 of 6 specific Asian ethnicities with the ability to chose “other” Asian. We obtained comparative data on the US population from the US Census’s 2021 demographic information.⁴ We used descriptive statistics to study the percentage of respondents in each category. This study was approved by the American Academy of Family Physician Institutional Review Board.

Our sample included 4,384 initial certification candidates and 11,964 continuous certification candidates. Compared with the 2021 US Census⁴ estimate of 5.6% Asian, both the initial certification candidates (25.6%) and continuous certification candidates (17.1%) had a higher proportion of individuals identifying as Asian. Disaggregation by ethnicity can be seen in the Table 1. Notably, among both the initial and continuous certification groups, Indians were present at higher rates, while Chinese and Filipinos were underrepresented. There was a lower percentage of Indian, Filipino, and Japanese in the initial certification cohort than the continuous certification cohort.

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See Related Commentary on Page 346.

Table 1. Disaggregation of Asian Ethnicity of Family Physicians Registering for the American Board of Family Medicine Certification Examination in 2023 Compared to the 2021 United States Census

	Graduating Residents (n = 4,384)	Mid-to-Later Career Physicians (n = 11,964)	2021 US Census
Total Asian	25.6% (n = 1,122)	17.1% (n = 2,051)	5.8%
Disaggregation - Percentage of Asian Category			
Chinese	19.5%	17.1%	22.8%
Filipino	9.4%	14.1%	15.4%
Indian	34.3%	41.1%	23.0%
Japanese	2.6%	5.5%	3.9%
Korean	8.6%	6.7%	7.5%
Other	20.2%	16.3%	17.4%
Vietnamese	10.3%	9.4%	9.9%

Using race and ethnicity data newly collected by the ABFM, we found a higher proportion of family physicians identify as Asian compared with the US population. Traditionally, the American Association of Medical Colleges has not included Asians in their definition of underrepresented in medicine.⁵ Though Asians may seem at higher rates in the field of medicine, disaggregation reveals that this only applies to certain ethnicities. Such differences seem early in the physician training pipeline as about 19% of all medical school applicants are Asian.⁶ However, when disaggregated, Southeast Asians only made up 5% of medical school applicants.⁶ Other Asian ethnicities, such as Indian, Pakistani, Korean, and Taiwanese-Americans have a higher percentage of medical school applicants than their percentage in the general population.⁷ Our results demonstrate that these disparities exist in Family Medicine and highlights the importance of disaggregating data on Asian-Americans. For example Indians were present at higher rates, while Chinese and Filipinos were underrepresented. Socioeconomic factors can impact the representation of certain Asian ethnicities. Thus, research should continue disaggregating data on Asian-Americans, including other medical specialties, to highlight the disparities between different ethnicities and ways to assist those facing socioeconomic barriers enter the physician workforce.

To see this article online, please go to: <http://jabfm.org/content/37/2/349.full>.

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