Medical Education

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Where are the Black men in osteopathic medical schools?

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Abstract: Over the past decade, the American Association of Colleges of Osteopathic Medicine (AACOM) and the Association of American Medical Colleges (AAMC) have emphasized the need to enhance diversity within medical education. Despite concerted efforts, the representation of underrepresented populations in medicine (URiM), particularly Black men, remains alarmingly low. This commentary delves into the persisting challenges and potential solutions surrounding the lack of diversity of Black men in osteopathic schools. Black men, in particular, continue to be significantly underrepresented in osteopathic medical schools across the United States. Factors contributing to this disparity include limited access to resources, pervasive negative stereotypes, and biases within the medical community. Addressing these challenges necessitates multifaceted interventions such as mentorship programs, pipeline initiatives, and implicit bias training to enhance the recruitment and support for URiM applicants, particularly Black men. Institutions like Touro College of Osteopathic Medicine and A.T. Still University have underscored the importance of tailoring programs in fostering a sense of belonging and academic success among Black men aspiring to be osteopathic physicians. The creation of a supportive environment for Black men in osteopathic medical schools is not only crucial for promoting diversity but also crucial for improving patient health outcomes, because research consistently depicts enhanced patient outcomes and experiences with diverse healthcare teams. However, despite progress in some areas, Black men continue to face systemic barriers and biases that hinder the pursuit of a career in osteopathic medicine. Thus, increasing the representation of Black men in osteopathic medical schools requires a concerted effort from all stakeholders, including medical institutions, policymakers, and the broader medical community. By implementing targeted interventions, fostering a sense of belonging, and addressing systemic barriers, the medical community can work toward a more equitable and inclusive future in healthcare. Ultimately, promoting diversity is not only a matter of fairness but also essential for ensuring the delivery of high-quality, culturally competent care to all patients.

Over the past decade, the American Association of Colleges of Osteopathic Medicine (AACOM) has prioritized increasing diversity among medical school matriculants. The current accreditation guidelines from AACOM through the Commission on Osteopathic College Accreditation (COCA) have mandated that colleges partner with organizations to “achieve diversity among qualified applicants for medical school” and “have a strategic plan for the Office of Diversity, Equity, and Inclusion” [1]. In allopathic schools, the Licensing Committee on Medical Education (LCME) through the Association of American Medical Colleges (AAMC) has also required medical schools to “make admission to medical education more accessible to potential applicants of diverse backgrounds” [2]. Despite the implementation of diversity initiatives within the COCA continuing accreditation standards, there has been little to no improvement in the enrollment and applications from underrepresented populations in medicine (URiM) across allopathic (Doctor of Medicine [MD]) and osteopathic (Doctor of Osteopathic Medicine [DO]) medical schools [3–7]. According to the AAMC, URiM individuals are defined as racial/ethnic populations that are “underrepresented in the medical profession relative to their numbers in the general population” and identify as Black/African American, Hispanic/Latino, American Indian, Alaska Native, or Pacific Islander [8]. Diversity initiatives have broadened past these defined populations and have helped other underrepresented populations such as women contributing to the recent increase in women enrolling into medical schools. Data from the AACOM and the AAMC evaluating first-year enrollment, matriculation, gender, and race/ethnicity have been publicly available and utilized by the author to demonstrate the statistics in this commentary [9–14]. The percentage of women enrolling into medical schools exceeded men for the first time in 2019–2020 in DO schools (women, 50.3 %; men, 49.7 %) and in 2017–2018...

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Although this fantastic accomplishment demonstrates the results of diversity initiatives in increasing the representation of medicine, there remains significant work to do to rise in the enrollment of URiM populations, specifically Black men [14]. There has been a lack of representation of Black students in medical schools across the United States [15–17]. Despite slight increases in the enrollment of Black students in MD and DO schools (Figure 2), they only comprise 10.0 % and 4.9 % of first-year medical students, respectively (Figure 3). From 2015 to 2023, allopathic schools reported enrollment of first-year medical students of 7.2 % in 2015 vs. 10.0 % in 2023. In comparison, osteopathic schools report first-year medical student matriculating of 3.4 % in 2015 vs. 4.9 % in 2023. The enrollment into osteopathic and allopathic remains consistently similar among students, especially students from URiM backgrounds; however, Native Hawaiian or Other Pacific Islander students have an increasing enrollment in MD schools (Figure 2).

Studies have observed improvements in matriculation rates among Black women and other minority groups in allopathic schools, but despite this, the matriculation progress of Black men into medical school continues to lag significantly [18, 19]. When comparing the different matriculation rates in
osteopathic schools among races/ethnicities, Black men only comprise 1.31% in 2018–2019 to 1.52% in 2022–2023 (Table 1). Compared to Black women, Black men enrolled in osteopathic medical schools at almost a 50% lower rate in 2023 (2.92 vs. 1.52%), further demonstrating the lack of Black men in osteopathic medical schools. Although the number of Black men applying to medical schools has increased in recent years, the number of Black men in osteopathic medical schools remains low [20]. Therefore, the lack of Black men in osteopathic medical schools is a pressing issue that

Figure 2: Enrollment of first-year medical students into allopathic (MD) and osteopathic (DO) schools by race/ethnicity. This figure demonstrates no significant increase in the enrollment of Black medical students in allopathic and osteopathic medical schools. In addition, enrollment into both osteopathic and allopathic courses remains consistent among students from other URiM backgrounds. However, native Hawaiian or other Pacific Islander students have an increasing enrollment in MD schools. All data have been compiled and adapted from publicly available data from the AACOM and the AAMC [9–14].

Figure 3: Enrollment of Black first-year medical students into osteopathic (DO) and allopathic (MD) schools. The figure shows small increases in the enrollment of Black first-year medical students in DO and MD institutions. All data have been compiled and adapted from publicly available data from the AACOM and the AAMC [9–14].
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Another factor is that young Black men are faced with negative stereotypes and biases resulting in the internalization of stereotypes, affecting education achievement and attainment; significant discrimination and bias against Black men in medicine still exist, and this can make it difficult for them to succeed in their studies and advance their careers [21]. It is crucial to provide more resources and support for Black men interested in pursuing a career in osteopathic medicine [20].

The research evaluating effective interventions to help mitigate the decline in Black men in osteopathic medical schools is nonexistent. However, many studies have shown effective strategies to address the need for URiM student representation in medicine. Interventions can include mentorship programs, pipeline programs, and scholarship programs that highlight the needs of Black men and provide physician role models within their communities and schools to increase career attractiveness [21–25]. At Touro College of Osteopathic Medicine-New York, a particular interest group called Creating Osteopathic Minority Physicians Who Achieve Scholastic Success (COMPASS) created a pipeline program that led to a successful recruitment of URiM applicants and matriculants [26]. At A.T. Still University, “Dreamline Pathways” is a community-based program that works with students from kindergarten to 12th grade and exposes them to different healthcare professions within medicine [27, 28]. Many institutions can also adopt implicit association testing (IAT) at medical schools, which measures the strength of associations between concepts (e.g., White people, Black people) and evaluations (e.g., good, inadequate) or stereotypes (e.g., lazy, hardworking) [29]. This can be implemented to help medical school admission committees reflect on implicit biases and other inherent biases that may hinder Black men’s enrollment and consequently decrease the disparities in medical education to admit a more racially diverse class into their medical schools [30]. In a research study, the admissions committee of the Ohio State University College of Medicine took a Black-White IAT before the 2012–2013 application cycle and reported a 26 % increase in URiM matriculation that accounted for the most diverse class ever enrolled into that medical school [30, 31].

Another critical component in addressing the lack of Black men in osteopathic medicine is a sense of belonging. Institutions must increase the percentage of URiM faculty, such as Black, Indigenous, and people of color, in leadership roles to support Black students through their academic careers [32]. In a study focusing on the sense of belonging, the authors found that students derive their sense of belonging from how closely their identity aligns with the stereotypes within the field and that gender and racial factors were associated with the stereotypes [33]. Another commentary highlighted the importance of belonging and how it shaped the author’s view of their specialty [34]. To ensure this diversity initiative is met, the AAMC and AACOM have

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<td>30.54 %</td>
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All data have been compiled and adapted from publicly available data from the AAMC and the AAMC [9–14].
ensured to increase diversity within their leadership and among the faculty. However, despite these efforts, there is still a lack of Black medical students, specifically Black men [3–7].

Ultimately, increasing the number of Black men in osteopathic medical schools is not just a matter of fairness and equality. It is also essential to ensure that all patients receive the best possible care. Research has shown that patient experiences and health outcomes improve when diversifying healthcare professionals; thus, by promoting diversity and inclusion in the medical field, we can help to ensure that all patients receive the care they need and deserve from culturally competent, concordant patient providers [35, 36]. When considering the first osteopathic tenant that a person is made up of body, mind, and spirit, osteopathic physicians frame their entire patient care by evaluating the patient’s pathology, in addition to the very circumstances that affect their overall health (e.g., social determinants of health, emotions, mental health, etc.). Likewise, as osteopathic physicians, leaders of medical institutions, and personnel on medical admission committees, we must recognize the importance of the mind, body, and spirit of Black men aspiring to be physicians by ensuring that we provide a sense of belonging (“mind”), provide resources to aid their pursuit in medicine (“body”) and implement consistent, intentional support regimens to encourage them to succeed (“spirit”). By doing this, we create a structure of culturally competent physicians that collectively interrelate and serve as one body of healers.

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References