

# HRA and Anti-DEI Legislation

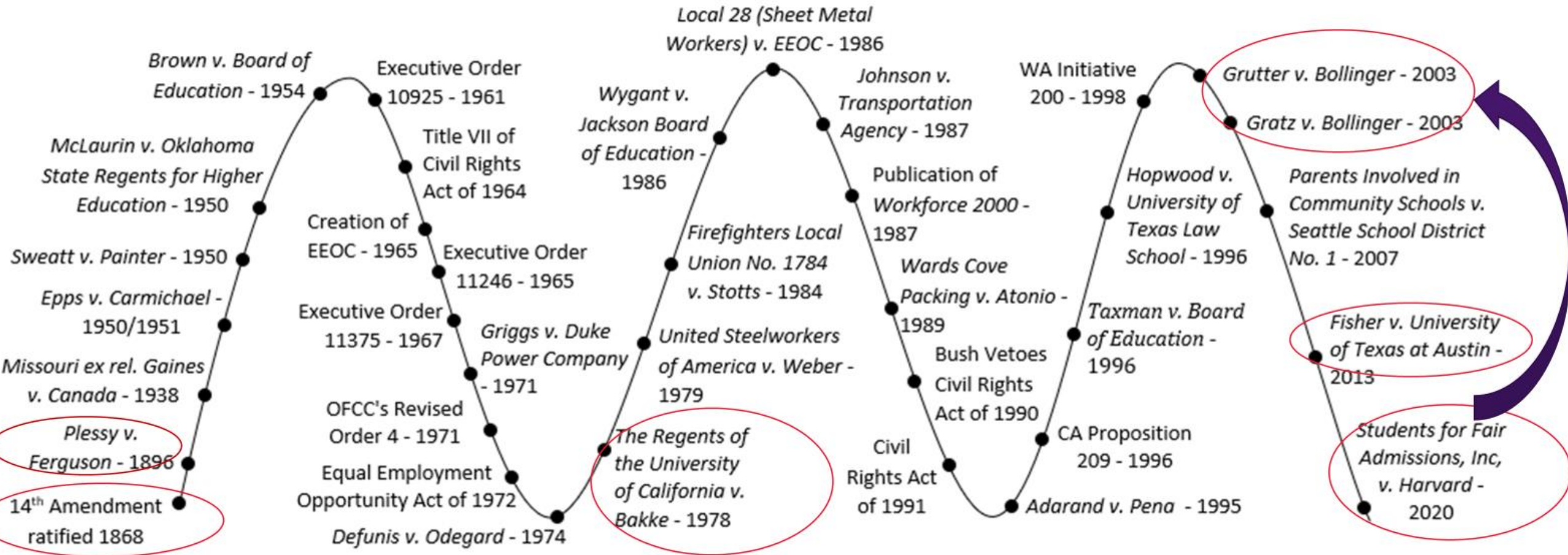
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# Timeline of legal and governmental influences on Affirmative Action in medical education



# EDB Post-SCOTUS.....What Do We Know?

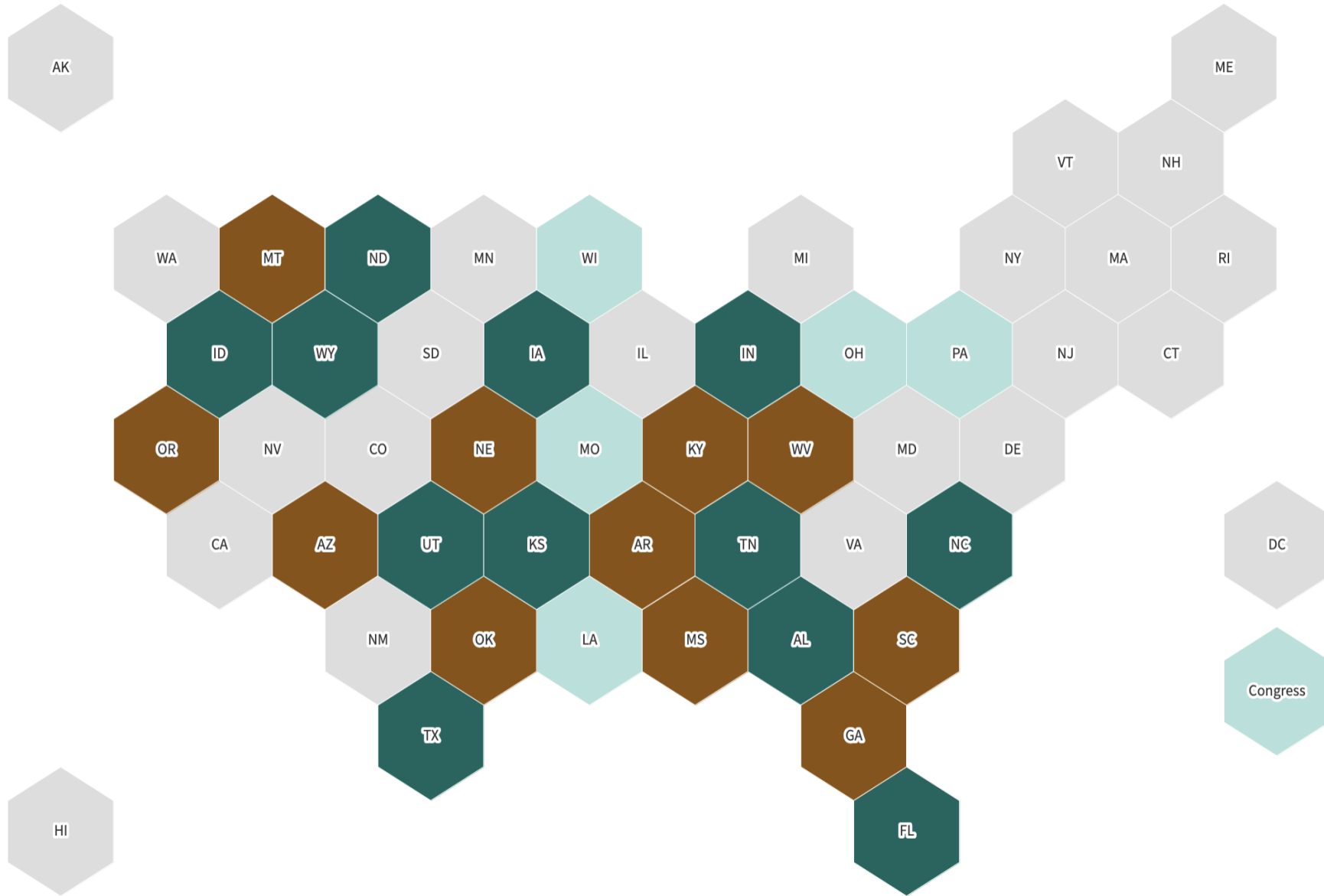
- **We Know** between 1980 and 2000 the number of women physicians increased by 300%.
- **We Know** the number of URiM students matriculating to medical school declined by 16% between 1997 and 2017.
- **We Know** that among medical schools that added DEI language to their mission statements between 2013 and 2022 the actual enrollment of URiM students increased by only 0.4% per year.
- **We know** that at the current rate of increase in diversity in graduate medical education, depending on the specialty, it will take between 35 and 93 years to reach parity with the general population of our nation.

# EDB Post-SCOTUS.....What Do We Know?

- **We Know** the zero-sum narrative of AA is false
- **We Know** in the 9 states with prior AA bans diversity in 21 public med schools declined an average of 32% over 5 yrs
- **We Know** that since 2023
  - 86 bills have anti-DEI bills have been proposed in 28 states
  - 14 have final legislative approval
  - 14 have become law.

# Where Anti-DEI Legislation Has Been Proposed

■ No bill ■ Introduced ■ Final legislative approval ■ Signed into law ■ Tabled, failed to pass, or vetoed



Note: Florida and North Carolina also have bills introduced, which their colors do not reflect.

# EDB Post-SCOTUS.....What Do We Know?

- **We Know** that after major reorganization of its DEI infrastructure UT Austin recently closed newly created offices and fired most of the faculty and staff previously involved in diversity-related work.
- Again, the terminations occurred after the reorganization in response to continued threats from legislators that funding was at risk.
- A line was drawn and they moon-walked back and the line advanced. That's how bullies operate.

# EDB Post-SCOTUS: How Do We Toe the Line?

- Reclaiming the narrative
  - Counter the zero-sum narrative of affirmative action with data. [What is good for everyone is also good for me!](#)
  - Shift the conversation to the goal of health equity for which diversity and educational equity are prerequisites, but not the goal itself.
- Finding new tools
  - Utilize unlikely tools, e.g. residential segregation in mission driven admission practices.
- Research
  - Identify competencies and attributes that define good physicians to debunk the myth of meritocracy (Precision Ed).
  - Embrace CBME and mitigate bias in assessment (e.g. FAIR Agent)
  - Outcomes-based research to support reimagining MedEd environments in ways that serve social justice and not individual aggrandizement. Is the nation receiving a reasonable return on its investment in MedEd?
  - Collaboration instead of Competition (AMA Consortium/Roundtable Discussion)

# References

- 1. Talamantes E, Henderson MC, Fancher TL, Mullan F. Closing the Gap - Making Medical School Admissions More Equitable. *N Engl J Med*. 2019 Feb 28;380(9):803-805. doi: 10.1056/NEJMp1808582. PMID: 30811906.
- 2. Campbell KM, Tumin D, Linares JL, Porterfield L, Kisel T. Changing Missions of Medical Schools and Trends in Medical Student Diversity. *Fam Med*. 2023;55(7):481-484. <https://doi.org/10.22454/FamMed.2023.928475>.
- 3. Bennett CL, Yiadom MYAB, Baker O, Marsh RH. Examining Parity among Black and Hispanic Resident Physicians. *J Gen Intern Med*. 2021 Jun;36(6):1722-1725. doi: 10.1007/s11606-021-06650-7. Epub 2021 Feb 24. PMID: 33629264; PMCID: PMC8175607.