

# More Work, Less Reward: The Minority Tax on U.S. Medical Students

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## Background

“Minority Tax” = additional burden of



placed on minoritized persons to



for their communities

## Aim

1. Assess for existence of minority tax in medical students
2. Quantify and qualify effects of minority tax

## Methods

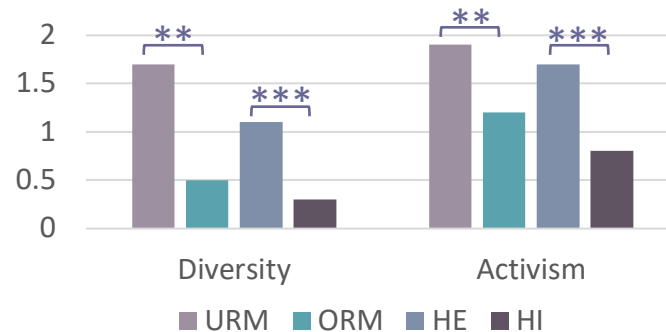
Cross-sectional survey of medical students

5 U.S. schools, n = 282 students



## Results

### Hours Worked Weekly



### Qualitative Experiences

“[There is] always an expectation that [we] do [DEI initiatives] instead of being asked if [we] have the space for that.”

“sometimes during med school, I [spend] more time on diversity efforts than I [do] on studying for class.”

“While it’s nice to have schools who are receptive to feedback, it would be better if they act more proactively” because students “shouldn’t have to tell [schools] how to make their school more inclusive.”

## Limitations

- Small sample size
- Aggregation of URM, ORM, HE and HI – not ideal metrics for identity and experience

## Conclusions

1. Minoritized students **feel obligated** to do DEI work
2. A minority tax is **experienced**
3. The minority tax **negatively affects mental health**
4. Changes to **learning environment** can mitigate its effects
5. There is a **demand for increased representation** and improved DEI education to address minority tax
6. Increased **money budgeted for DEI work** would reduce minority tax

## Future Direction

- **Call for action to medical school leaders** serious about improving diversity, equity, and inclusion
- Ideal response is to **hire qualified staff & faculty to do the DEI work** instead of relying on unpaid labor of students
- **Compensate students & distribute work** beyond URM/HE individuals