

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

Baffour Kyerematen¹, Marija Kamceva², Sabina Spigner, MS, MPH³, Michael Gisondi, MD⁴

¹Oklahoma College of Medicine, ²Stanford School of Medicine, ³University of Pittsburgh School of Medicine,

⁴Stanford Department of Emergency Medicine



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

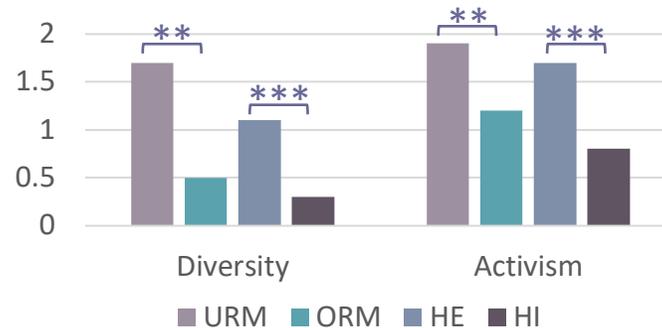
Cross-sectional survey of medical students

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