

SPECIAL REPORT SERIES

A Longitudinal Assessment of Diversity in Indiana's Health Workforce



Indiana Physicians



SCHOOL OF MEDICINE
BOWEN CENTER FOR HEALTH
WORKFORCE RESEARCH & POLICY

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	3
DIVERSITY IN INDIANA'S PHYSICIAN WORKFORCE.....	4
Physicians	4
Longitudinal Trends	4
Policy Context.....	5
Primary Care.....	7
Longitudinal Trends	7
Policy Context.....	7
Psychiatrist.....	9
Longitudinal Trends	9
Policy Context.....	9
APPENDIX	11
Total Physician Workforce	11
Primary Care Physicians	13
Psychiatrists	15
Endnotes.....	16
Acknowledgements.....	17

EXECUTIVE SUMMARY

Diversity in the physician workforce has been demonstrated to increase quality and access to health care in underserved communities.^{1,2} Racially and ethnically diverse physicians are more likely to practice in underserved communities, and in some cases gender diversity has been associated with better health outcomes for certain populations.^{3,4} However, the best outcomes are observed when the health workforce reflects the community they serve.⁵

This is the first report of the Indiana Health Workforce Diversity Brief Series and includes a longitudinal assessment of the Indiana physician workforce demographics. Physician workforce data presented in this report were captured directly from health professionals at the time of license application or renewal during the span of 1997-2021. In addition, a review of historical policy and programmatic initiatives related to physician workforce diversity has been synthesized to provide context to reported.

Indiana's physician workforce has become increasingly diverse over the last several decades. The proportion of actively practicing Indiana physicians who identify as a racial minority increased significantly from 1997 (17.8%) to 2021 (32.0%). During this same time frame, the proportion of Indiana physicians who are female has also steadily increased, from 17% in 1997 to 30% in 2021. The level of diversity in the physician workforce varies by medical specialty. Primary care physicians consistently report the greatest representation of women, with just under half being female as of 2021. Psychiatrists, including child psychiatrists, consistently report greater racial diversity than any other specialty, and nearly 40% identified as a racial minority in 2021.

Several policy initiatives have and are supporting the advancement of representation and diversity within Indiana's physician workforce and its training pipeline. These programs set a tone which emphasizes the importance of diversity as a core value to the profession. Pipeline programs, scholarships, and loan repayment programs support recruitment of diverse physicians through mentoring and financial incentives. Although future research is needed to explore the specific impact of these policies and programs on workforce diversity, together policy initiatives may cultivate a physician workforce which reflects the Indiana communities that are served.

How is Underrepresented Minority Defined

According to the Bureau of Health Workforce - HRSA, an underrepresented minority is defined as, **“someone from a racial or ethnic group considered inadequately represented in a specific profession relative to the representation of that racial or ethnic group in the general population.”**

DIVERSITY IN INDIANA'S PHYSICIAN WORKFORCE

PHYSICIANS

LONGITUDINAL TRENDS

The total number of physicians reported as actively practicing in Indiana has more than doubled over the last two decades, increasing from 7,962 in 1997 to 18,519 in 2021. Figure 1 depicts the total counts of actively practicing physicians reported during this time period (1997 – 2021). Over the years, the strategy used to identify actively practicing physicians in Indiana has been modified to align with changes in medical care delivery, such as the adoption of telehealth. More information on these changes can be found in the Diversity Report: Methodology and Introduction⁶.

In addition to overall growth, the demographic characteristics of the physician workforce have also changed significantly during the last two decades. The proportion of females in Indiana's physician workforce has nearly doubled since 1997, increasing from 17.4% to 31.9% in 2021. Similarly, the proportion of physicians that identify as a racial minority increased from 17.8% in 1997 to 32% in 2021. The largest growth rate occurred among physicians identifying as Asian, increasing in representation of 12.2% in 1997 to 16.9% in 2021. Black or African American physicians have increased during this time, but at a significantly lower rate; 2.9% of physicians identified as Black or African American in 1997 and this increased to 4.9% in 2021. Despite growth of Black or African Americans in the physician workforce, representation still falls behind the representation in Indiana's population as of 2021. Additionally, while the overall number of Indiana physicians identifying as Hispanic or Latino/a increased by 452 between 1997 and 2021, representation of Hispanic or Latino/a in Indiana's physician's workforce falls far behind representation within Indiana's population.

Actively Practicing Indiana Physicians, 1997 - 2021

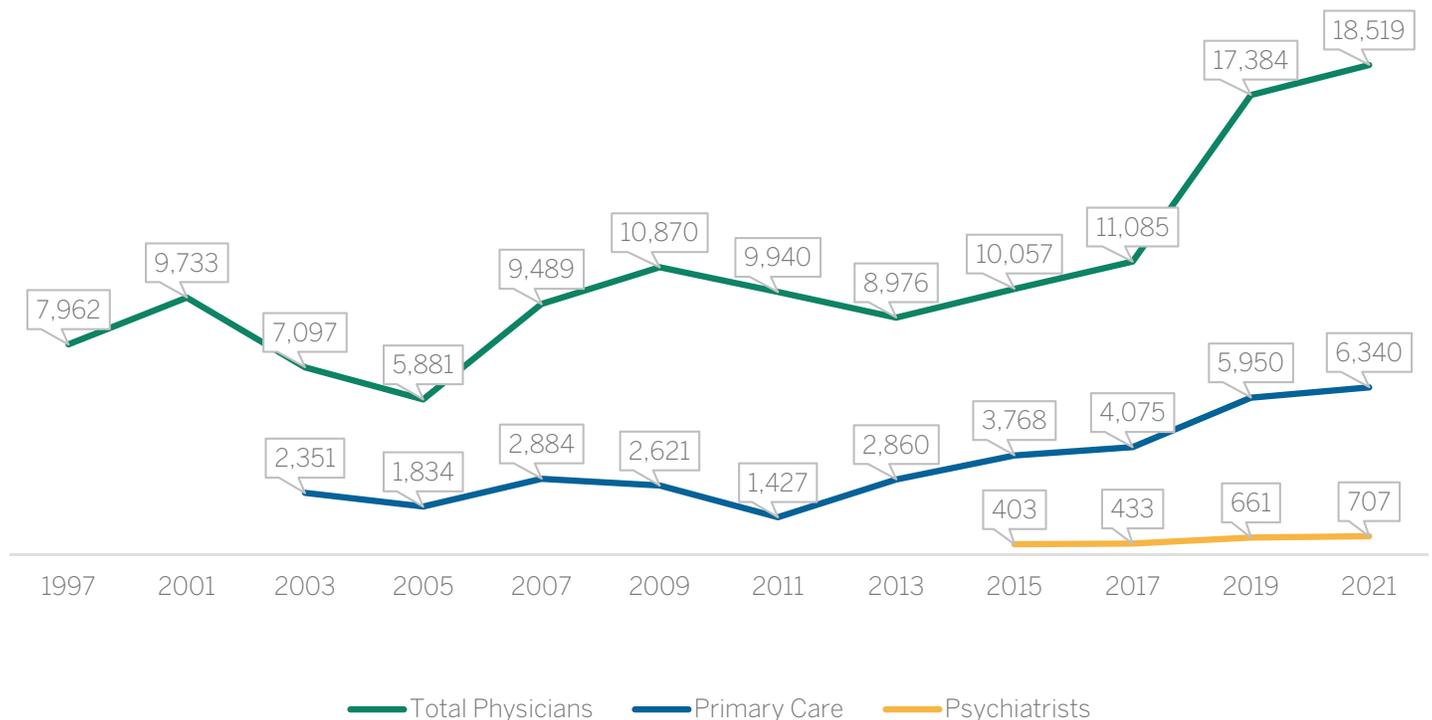


Figure 1. Count of Actively Practicing Indiana Physicians, 1997 - 2021

POLICY CONTEXT

To some extent, increased diversity in the physician workforce is likely attributable to increased diversity in the U.S. population overall, but there have been intentional investments and targeted programming in recent decades aimed to increase physician workforce diversity.

A national initiative from the American Medical Association (AMA), Doctors Back to School Program, has been in existence since 2002 and is aimed at bringing minority doctors into communities to inspire all children to see medicine as an accessible profession. The AMA website provides materials which support local physicians interested in serving as physician role models within communities.⁷ Most recently, the AMA has established a policy as a part of its 2021-2023 strategic plan to advance equity and justice in medicine. This policy calls for pipeline initiatives to support and mentor under-represented K12 and undergraduate students and advocacy for funding opportunities among medical schools affiliated with diversity-centric educational institutions.^{8,9}

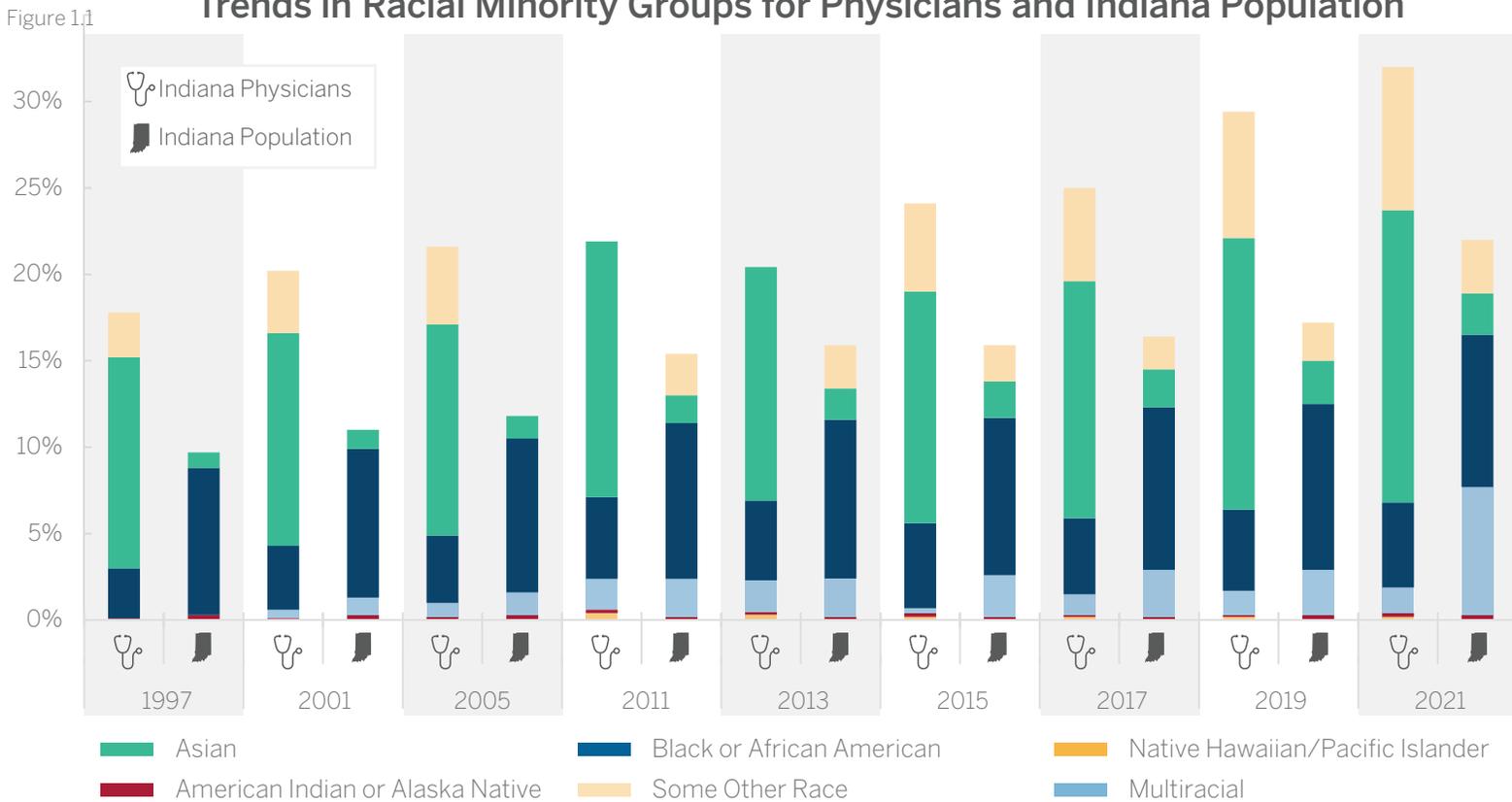
**As of 2018,
30.1% of the U.S.
physician workforce
identified as a racial
minority group.¹⁴**

Indiana has implemented local diversity initiatives to support the physician workforce, including Indiana University's iDREAM (Incentivizing Diverse Resident Recruitment for Equity in Academic Medicine) program. The iDREAM program provides scholarships for residents and fellows from diverse backgrounds as a means to encourage careers in academic medicine.¹⁰ There are also broader health workforce pipeline initiatives that impact multiple professions, such as the Area Health Education Centers (AHEC) program, and support increased diversity among health professionals through the development and enhancement of education and training networks.¹¹ There are also state-supported physician workforce incentive programs in Indiana, such as the Indiana State Loan Repayment Program and the Primary Care Shortage Area Scholarship, both of which support physician workforce development in underserved areas or communities.^{12,13}



Indiana Physician Demographics Trends

Figure 1.1 Trends in Racial Minority Groups for Physicians and Indiana Population



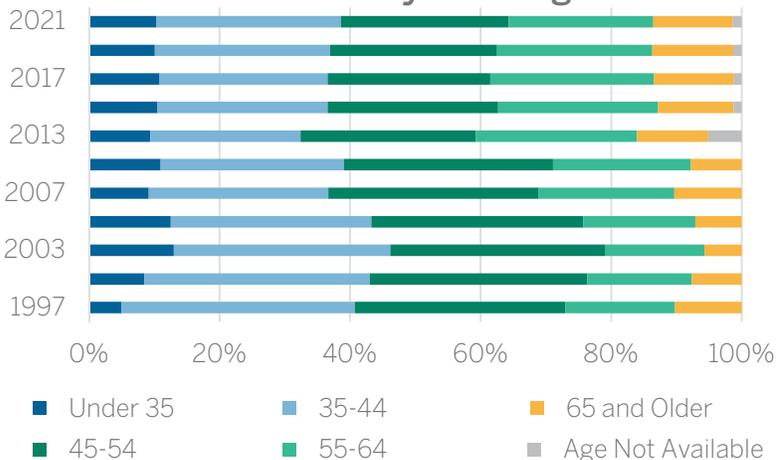
Years excluded include 1999, 2003, 2007, & 2009 due to insufficient data collected. For years 2005, 2001 & 1997 Native Hawaiian/Pacific Islanders were combined with Asian population; Some Other Race was not reported before 2010 for Indiana Population Data collected from the U.S. Census Bureau.

A breakdown of all racial demographic characteristics are located in the appendix of A Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana Physicians

Figure 1.2 Trends in Ethnicity for Physicians and Indiana Population

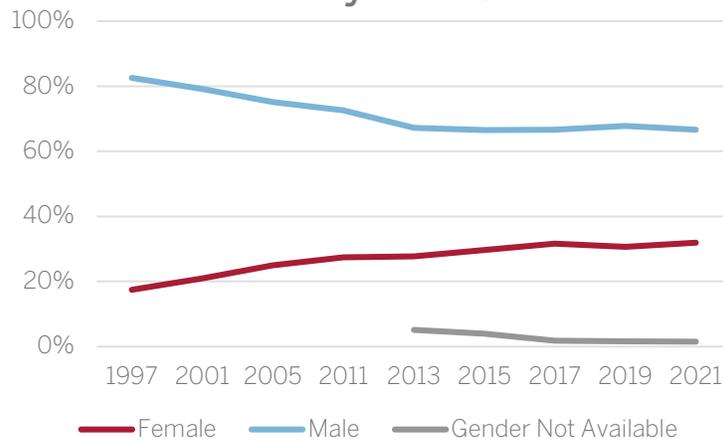


Figure 1.3 Trends in Physician Age



Years excluded include 1999, 2011 due to insufficient data collected.

Figure 1.4 Trends in Physician Gender



Years excluded include 1999, 2003, 2007, & 2009 due to insufficient data collected.

PRIMARY CARE

LONGITUDINAL TRENDS

As of 2021, the number of Indiana physicians who reported a specialty in primary care in 2021 has more than doubled since 2013 (2,860 in 2013 and 6,340 in 2021). Primary care specialties include family medicine, obstetrics and gynecology (OBGYN), general internal medicine, and general pediatrics.¹⁵

The proportion of physicians identifying as Hispanic, Latino/a or Spanish origin increased from 2.9% to 3.8% between 2013 and 2021. This increase represents over 150 more primary care physicians in Indiana who identify as being a part of this group. Similarly, Indiana's overall population has seen a 54.4% increase since 2013 in those who identify as a Hispanic or Latino/a. Additionally, the primary care physicians who identify as a racial minority group, has increased from 20.4% in 2013 to 32.6% in 2021, with the greatest growth occurring in those who identify as multiracial or some other race (respectively a 1.7% and 5% increase). Female representation in the primary care physician workforce has also increased over the last decade, from 39.5% in 2013 to 44.2% in 2021.

POLICY CONTEXT

Primary care physicians are the foundation of health care delivery in every community throughout the country. As such, representation similar to that of the community served is critical to foster trust and improve overall quality of health care services provided by primary care physicians. The American Academy of Family Physicians (AAFP) acknowledges the importance of workforce diversity. As a means of encouraging members of underrepresented communities to pursue medical careers and practice in underserved communities, both pipeline and outreach programs exist, such as the AAFP Ladder Program in Minneapolis and the Tour for Diversity in Medicine, both of which could serve as a model for local programming in Indiana.¹⁶

Primary care physicians who identify as a racial minority group, has increased from 20.4% in 2013 to 32.6% in 2021.

In Indiana, the Indiana Primary Care Shortage Area Scholarship¹⁷ program supports workforce development among Marian University students interested in primary care specialties. Indiana University also offers an Indiana Primary Care Scholarship program to support Indiana residents who commit to practicing primary care in an underserved area.¹⁸ Local chapters of the Indiana primary care physician specialty associations, such as the Indiana Academy of Family Physicians, may have additional information on diversity-related initiatives within the primary care workforce in Indiana.¹⁹

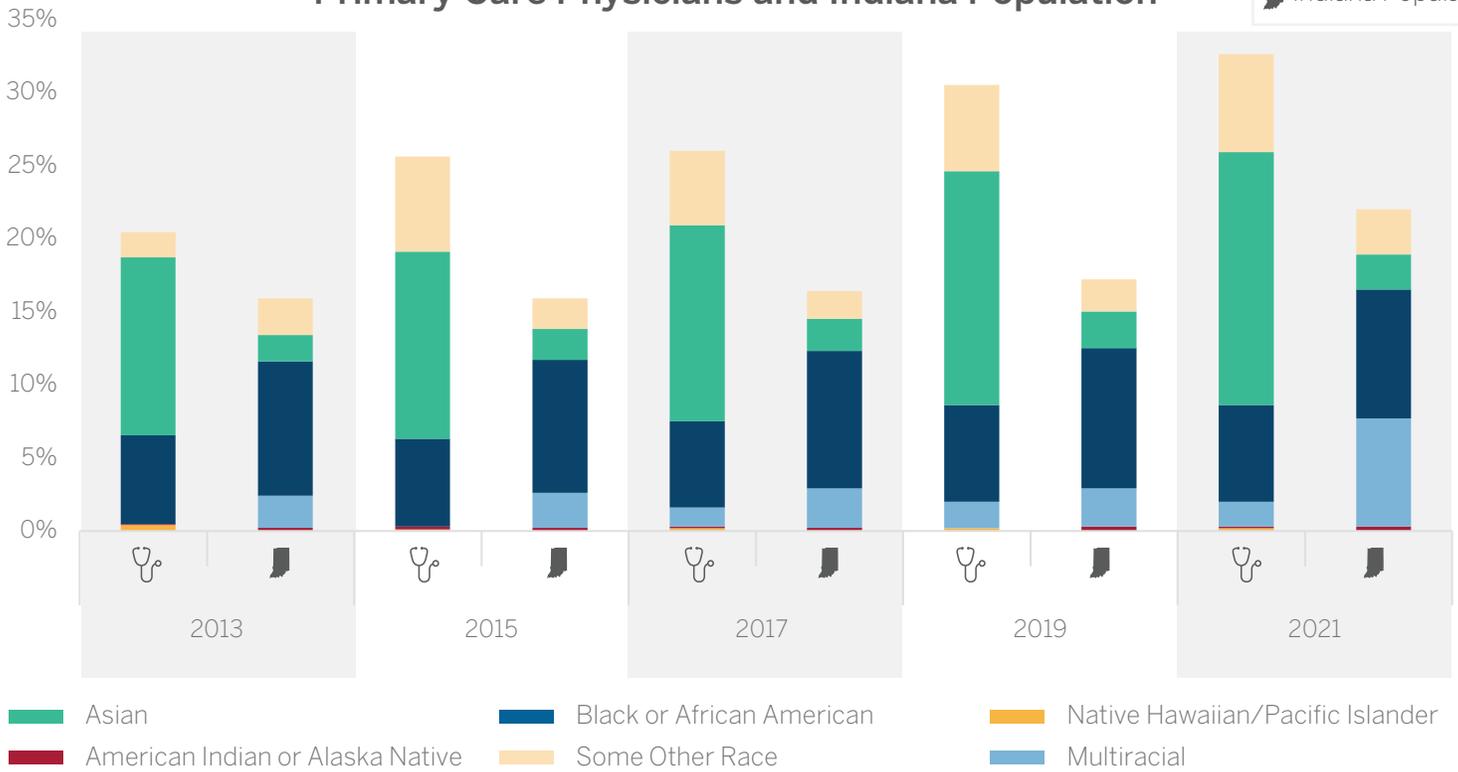


Indiana Primary Care Demographics Trends

Figure 2.1

Trends in Racial Minority Groups for Primary Care Physicians and Indiana Population

👨‍⚕️ Indiana Physicians
🇺🇸 Indiana Population



A breakdown of all racial demographic characteristics are located in the appendix of A Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana Physicians

Figure 2.2

Trends in Ethnicity for Primary Care Physicians and Indiana Population



Figure 2.3

Trends in Primary Care Physician Age

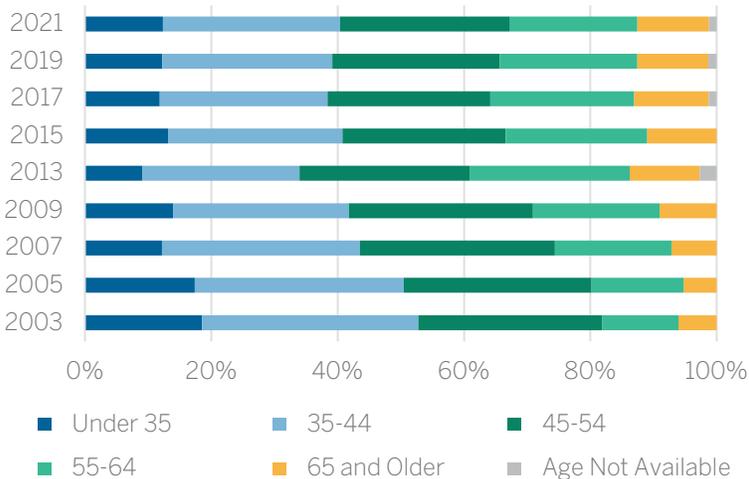
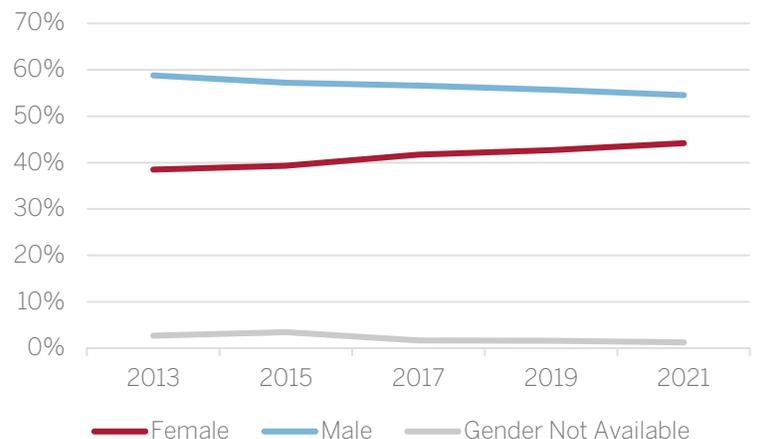


Figure 2.4

Trends in Primary Care Physician Gender



PSYCHIATRIST

LONGITUDINAL TRENDS

Since 2015, the number of Indiana physicians with a specialty in psychiatry or child psychiatry has increased substantially, from 403 in 2015 to 707 in 2021. Nearly all psychiatrists had complete information on demographics characteristics (389 in 2015 and 694 in 2021). However, demographic data for psychiatrists is limited prior to 2015.

Indiana psychiatrists have consistently been more racially and ethnically diverse than Indiana's overall physician workforce, with 31.3% identifying as a racial minority in 2015 and 39.3% identifying as a racial minority in 2021. Racial and ethnic diversity among Indiana psychiatrists is also comparable to national trends²⁰. Additionally, Indiana psychiatrists have consistently reported a greater number of individuals who identified as 'Black or African American' than the total physician workforce (6.9% of psychiatrists as compared to 4.9% of the overall workforce). This specialty has also experienced an increase in Hispanic, Latino/a population, with 3.5% reporting an ethnic minority group in 2015, compared to 4.1% reporting the same in 2021. However, when looking at Indiana's population as a whole, the proportion of Hispanic and Latino/a has increased slightly more during this time period. Lastly, the proportion of psychiatrists that are female has increased from 37.7% in 2015 to 43.3% in 2021.

POLICY CONTEXT

Workforce diversity has long been a top priority for the psychiatrist workforce. The American Psychiatric Association (APA) identifies one of the organization's top goals as "equipping culturally, linguistically, developmentally and structurally competent health professionals by advising on clinical best practices to benefit diverse, under-resourced communities."²¹ The APA has also released a "Diversity, Equity, & Inclusion Strategic Plan"²² which outlines specific workforce initiatives to enhance diversity of the psychiatric workforce. Locally, the Indiana Primary Care Shortage Area Scholarship²³ program supports workforce development among Marian University students interested in primary care specialties and psychiatry. Indiana's local chapter of APA, the Indiana Psychiatric Society, may have additional information on diversity-related initiatives within the psychiatrist workforce in Indiana.²⁴

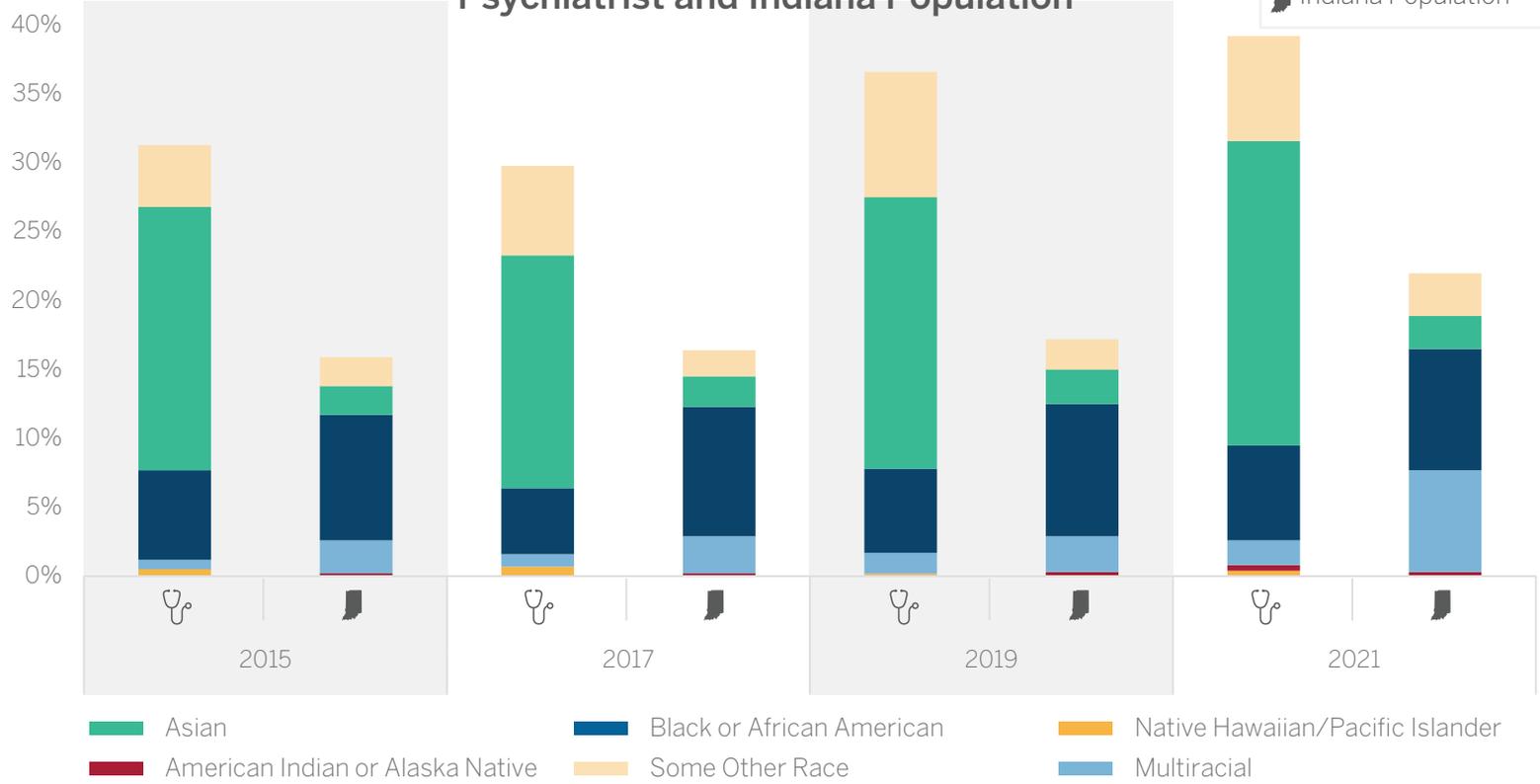


Indiana Psychiatrist Demographics Trends

Figure 3.1

Trends in Racial Minority Groups for Psychiatrist and Indiana Population

👨‍⚕️ Indiana Psychiatrists
🇺🇸 Indiana Population



A breakdown of all racial demographic characteristics are located in the appendix of A Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana Physicians

Figure 3.2

Trends in Ethnicity for Psychiatrist and Indiana Population



Figure 3.3

Trends in Psychiatrist Age

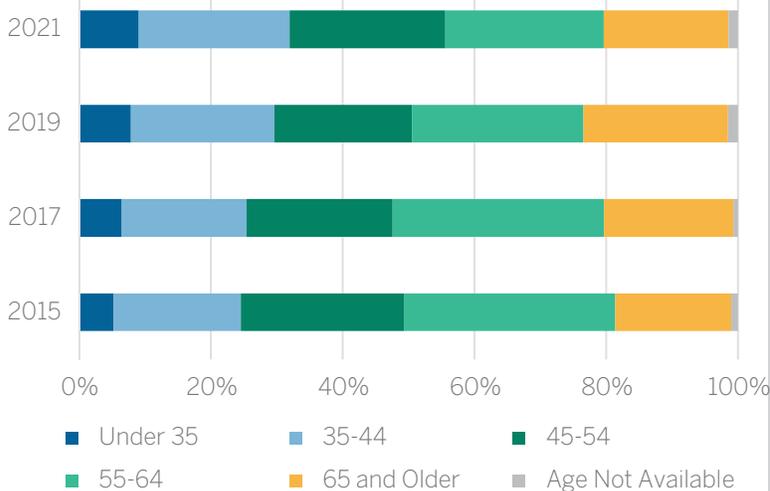
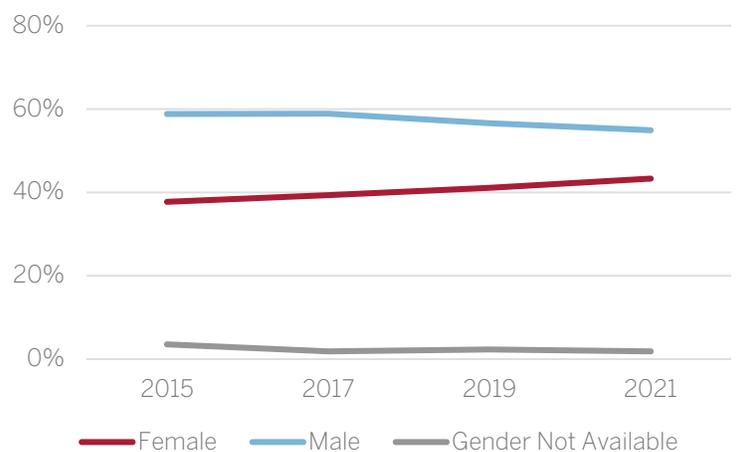


Figure 3.4

Trends in Psychiatrist Gender



APPENDIX

TOTAL PHYSICIAN WORKFORCE

Table 1.1 Physician Demographic Characteristics (A)

Physicians	1997		2001		2003		2005		2007		2009		2011	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total	7,962		9,733		7,097		5,881		9,489		10,870		9,940	
Sex														
Female	1,384	17.4	2,039	20.9	-	-	1,462	24.9	-	-	-	-	2,723	27.4
Male	6,578	82.6	7,694	79.1	-	-	4,419	75.1	-	-	-	-	7,217	72.6
Gender Not Available	-	-	-	-	-	-	-	-	-	-	-	-	349	-
Age														
Under 35	389	4.9	830	8.5	921	13	736	12.5	869	9.2	1,195	11	790	7.95
35-44	2,822	35.8	3,391	34.6	2,355	33.2	1,805	30.7	2,611	27.5	3,051	28.1	5,548*	55.81
45-54	2,544	32.2	3,269	33.3	2,333	32.9	1,906	32.4	3,060	32.2	3,479	32	-	-
55-64	1,325	16.8	1,573	16	1,082	15.2	1,009	17.3	1,969	20.8	2,300	21.2	2,478	24.93
65 and Older	806	10.2	749	7.6	406	5.7	419	7.1	980	10.3	845	7.8	1,020	10.26
Age Not Available	-	-	-	-	-	-	-	-	-	-	-	-	453	4.56
Ethnicity														
Hispanic, Latino/a, Spanish	166	2.3	232	2.5	-	-	124	2.1	-	-	-	-	228	2.3
Not Hispanic, Latino/a, Spanish	6,966	97.7	9,017	97.5	-	-	5,684	97.9	-	-	-	-	9,641	97.7
Non-Respondents	-	-	-	-	-	-	-	-	-	-	-	-	420	-
Race														
White	6,496	82.2	7,693	79.8	-	-	4,571	78.4	-	-	-	-	7,763	78.1
Asian	965*	12.2*	1,187*	12.3*	-	-	709*	12.2*	-	-	-	-	1,471	14.8
Black or African American	231	2.9	355	3.7	-	-	225	3.9	-	-	-	-	467	4.7
Native Hawaiian/Pacific Islander	-	-	-	-	-	-	-	-	-	-	-	-	43	0.4
American Indian or Alaska Native	5	0.1	6	0.1	-	-	12	0.2	-	-	-	-	16	0.2
Other	209	2.6	352	3.6	-	-	262	4.5	-	-	-	-	-	-
Multiracial	-	-	47	0.5	-	-	47	0.8	-	-	-	-	176	1.8
Non-Respondents	-	-	-	-	-	-	-	-	-	-	-	-	420	-

Note: * Pacific Islander and Asian demographics combined / 35-54 age groups combined in 2011

Source: Indiana Physician License Supplemental Data, 2021-1997

Removed the 1999 column since there were no data to display during that year. A note should be included which explains why this year is missing.

Table 1.1 Physician Demographic Characteristics (B)

Physicians	2013		2015		2017		2019		2021	
	N	%	N	%	N	%	N	%	N	%
Total	9,460		10,057		11,085		17,384		18,519	
Sex										
Female	2,622	27.7	2,977	29.6	3,502	31.6	5,321	30.6	5,912	31.9
Male	6,354	67.2	6,686	66.5	7,386	66.6	11,789	67.8	12,333	66.6
Gender Not Available	484	5.1	394	3.9	197	1.8	274	1.6	274	1.5
Age										
Under 35	889	9.4	1,057	10.5	1,200	10.8	1,756	10.1	1,914	10.3
35-44	2,179	23.0	2,622	26.1	2,851	25.7	4,662	26.8	5,232	28.3
45-54	2,538	26.8	2,625	26.1	2,762	24.9	4,451	25.6	4,757	25.7
55-64	2,335	24.7	2,462	24.5	2,782	25.1	4,134	23.8	4,106	22.2
65 and Older	1,035	10.9	1,166	11.6	1,357	12.2	2,156	12.4	2,261	12.2
Age Not Available	484	5.1	125	1.2	133	1.2	225	1.3	249	1.3
Ethnicity										
Hispanic, Latino/a, Spanish	220	2.3	258	2.6	304	2.7	544	3.1	618	3.3
Not Hispanic, Latino/a, Spanish	8,541	90.3	9,657	96	10,554	95.2	16,840	96.9	17,901	96.7
Non-Respondents	699	7.4	142	1.4	227	2	-	-	-	-
Race										
White	6,697	70.8	7,420	73.8	8,061	72.7	12,279	70.6	12,589	68
Asian	1,278	13.5	1,352	13.4	1,524	13.7	2,722	15.7	3,138	16.9
Black or African American	436	4.6	493	4.9	488	4.4	816	4.7	910	4.9
Native Hawaiian/Pacific Islander	30	0.3	19	0.2	24	0.2	43	0.2	36	0.2
American Indian or Alaska Native	14	0.1	12	0.2	13	0.1	11	0.1	28	0.2
Other	-	-	514	5.1	600	5.4	1,262	7.3	1,536	8.3
Multiracial	174	1.8	129	0.3	137	1.2	251	1.4	282	1.5
Non-Respondents	831	8.8	118	1.2	238	2.1	-	-	-	-

Note: * means Pacific Islander and Asian demographics combined / 35-54 age groups combined in 2011

Source: Indiana Physician License Supplemental Data, 2021-1997

PRIMARY CARE PHYSICIANS

Table 1.2 Primary Care Physician Demographics (A)

Primary Care Physicians	2013		2015		2017		2019		2021	
	N	%	N	%	N	%	N	%	N	%
Total	2,939		3,768		4,075		5,950		6,340	
Sex										
Female	1,131	38.5	1,479	39.3	1,696	41.7	2,543	42.7	2,803	44.2
Male	1,729	58.8	2,156	57.2	2,308	56.6	3,313	55.7	3,458	54.5
Gender Not Available	79	2.7	133	3.5	71	1.7	94	1.6	79	1.3
Age										
Under 35	268	9.1	496	13.2	483	11.9	725	12.2	781	12.3
35-44	730	24.8	1,041	27.6	1,081	26.5	1,598	26.9	1,777	28
45-54	791	26.9	971	25.8	1,051	25.8	1,572	26.4	1,707	26.9
55-64	746	25.4	846	22.5	928	22.8	1,290	21.7	1,278	20.2
65 and Older	325	11.1	414	11	481	11.8	668	11.6	721	11.4
Age Not Available	79	2.7	-	-	51	1.3	77	1.3	76	1.2
Ethnicity										
Hispanic, Latino/a, Spanish	84	2.9	113	3	124	3	209	3.5	238	3.8
Not Hispanic, Latino/a, Spanish	2,756	93.8	3,625	96.2	3,920	96.2	5,741	96.5	6,102	96.2
Non-Respondents	99	3.4	30	0.8	31	0.8	-	-	-	-
Race										
White	2,187	74.4	2,775	73.6	2,963	72.7	4,131	69.4	4,276	67.4
Asian	358	12.2	482	12.8	548	13.4	954	16	1,097	17.3
Black or African American	178	6.1	227	6	241	5.9	391	6.6	416	6.6
Native Hawaiian/Pacific Islander	12	0.4	3	0.1	10	0.2	14	0.2	12	0.2
American Indian or Alaska Native	2	0.1	8	0.2	4	0.1	1	-	8	0.1
Other	50	1.7	245	6.5	207	5.1	354	5.9	423	6.7
Multiracial	-	-	-	-	55	1.3	105	1.8	108	1.7
Non-Respondents	152	5.2	28	0.7	47	1.2	-	-	-	-

Source: Indiana Physician License Supplemental Data, 2021-2003

Table 1.2 Primary Care Physician Demographic Characteristics (B)

Primary Care Physicians	2003		2005		2007		2009		2011	
	N	%	N	%	N	%	N	%	N	%
Total	2,351		1,834		2,884		2,621		1,427	
Age										
Under 35	436	18.5	319	17.4	352	12.2	366	14	307	21.5
35-44	804	34.2	606	33	903	31.3	729	27.8	-	-
45-54	686	29.2	546	29.8	891	30.9	763	29.1	-	-
55-64	283	12	267	14.6	531	18.4	527	20.1	762	53.4
65 and Older	142	6	96	5.2	207	7.2	236	9	321	22.5
Age Not Available	-	-	-	-	-	-	-	-	37	2.6

Source: Indiana Physician License Supplemental Data, 2021-2003

*Data regarding gender, race, and ethnicity were not available for PCP's during these years

PSYCHIATRISTS

Table 3. Psychiatrist Demographic Characteristics

Psychiatrists	2015		2017		2019		2021	
	N	%	N	%	N	%	N	%
Total	403		433		661		707	
Sex								
Female	152	37.7	170	39.3	272	41.1	306	43.3
Male	237	58.8	255	58.9	374	56.6	388	54.9
Gender Not Available	14	3.5	8	1.8	15	2.3	13	1.8
Age								
Under 35	21	5.2	28	6.5	52	7.9	64	9
35-44	78	19.4	82	18.9	144	21.8	162	22.2
45-54	100	24.8	96	22.2	138	20.9	167	23.6
55-64	129	32	139	32.1	172	26	170	24.1
65 and Older	71	17.6	85	19.6	145	21	134	19
Age Not Available	4	1	3	0.7	10	1.5	10	1.4
Ethnicity								
Hispanic, Latino/a, Spanish	14	3.5	12	2.8	28	4.2	29	4.1
Not Hispanic, Latino/a, Spanish	388	96.3	419	96.8	633	95.8	678	95.9
Non-Respondents	1	0.2	2	0.5	-	-	-	-
Race								
White	276	68.5	300	69.3	418	63.2	429	60.7
Asian	77	19.1	73	16.9	130	19.7	156	22.1
Black or African American	26	6.5	21	4.8	40	6.1	49	6.9
Native Hawaiian/Pacific Islander	2	0.5	3	0.7	1	0.2	3	0.4
American Indian or Alaska Native	-	-	-	-	-	-	3	0.4
Some Other Race	18	4.5	28	6.5	60	9.1	54	7.6
Multiracial	3	0.7	4	0.9	12	1.5	13	1.8
Non-Respondents	1	0.2	4	0.9	-	-	-	-

Source: Indiana Physician License Supplemental Data, 2021-2015

ENDNOTES

- 1 Xierali IM, Nivet MA. The Racial and Ethnic Composition and Distribution of Primary Care Physicians. *J Health Care Poor Underserved*. 2018;29(1):556-570. doi: 10.1353/hpu.2018.0036.
- 2 Gomez LE, Bernet P. Diversity improves performance and outcomes. *J Natl Med Assoc*. 2019 Aug;111(4):383-392. doi: 10.1016/j.jnma.2019.01.006. Epub 2019 Feb 11. PMID: 30765101.
- 3 Sugawa Y, Jena AB, Figueroa JF, et al.. Comparison of hospital mortality and readmission rates for Medicare patients treated by male vs female physicians. *JAMA Intern Med*. 2017;177:206–213.
- 4 Garcia, Andrea N. MD, MS; Kuo, Tony MD, MSHS; Arangua, Lisa MPP; Pérez-Stable, Eliseo J. MD. Factors Associated With Medical School Graduates' Intention to Work With Underserved Populations: Policy Implications for Advancing Workforce Diversity. *Academic Medicine*: January 2018 - Volume 93 - Issue 1 - p 82-89 doi: 10.1097/ACM.0000000000001917
- 5 James N Laditka, Physician supply, physician diversity, and outcomes of primary health care for older persons in the United States, *Health & Place*, Volume 10, Issue 3, 2004, Pages 231-244.
- 6 A Longitudinal Assessment of Diversity in Indiana's Health Workforce: Introduction and Methodology. (2022). Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.
- 7 American Medical Association. The Doctors Back to School Program. Available at: <https://www.ama-assn.org/member-groups-sections/minority-affairs/doctors-back-school-program>
- 8 American Medical Association. The AMA's strategic plan to embed racial justice and advance health equity. Available at: <https://www.ama-assn.org/about/leadership/ama-s-strategic-plan-embed-racial-justice-and-advance-health-equity>
- 9 American Medical Association. AMA adopts new policy to increase diversity in physician workforce. 2021. Available at: <https://www.ama-assn.org/press-center/press-releases/ama-adopts-new-policy-increase-diversity-physician-workforce>
- 10 IDREAM: Incentivizing Diverse Resident Recruitment for Equity in Academic Medicine. iDREAM | Diversity | IU School of Medicine. <https://medicine.iu.edu/about/diversity/programs/recruitment-retention/idream>. Accessed September 25, 2022.
- 11 Area Health Education Centers Program. HRSA. (n.d.). Retrieved October 13, 2022, from <https://www.hrsa.gov/grants/find-funding/HRSA-22-053>
- 12 Scholarships. Marian University. (n.d.). Retrieved October 11, 2022, from <https://www.marian.edu/osteopathic-medical-school/financial-aid/Scholarships#:~:text=Primary%20Care%20Shortage%20Area%20Scholarship%20In%202013%2C%20the,in%20Indiana%20immediately%20after%20becoming%20a%20licensed%20physician>.
- 13 CDC. (2022, August 27). State Loan Repayment Program. IN.gov. Retrieved October 11, 2022, from <https://www.in.gov/health/cdpc/state-loan-repayment-program/>
- 14 <https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>
- 15 More information can be found at <https://bhw.hrsa.gov/shortage-designation/application-review-process>
- 16 <https://journals.stfm.org/familymedicine/2021/july-august/jabbarpour-2021-0208/>
- 17 IC 21-13-9. Available at: <http://iga.in.gov/legislative/laws/2020/ic/titles/021#21-13-9>
- 18 Indiana Primary Care Scholarship. Available at: <https://medicine.iu.edu/md/tuition/financial-aid/scholarships/primary-care>
- 19 Indiana Academy of Family Physicians. Available at: <https://www.in-afp.org/>
- 20 AAMC. Diversity in Medicine: Facts and Figures Table 13, 2018. <https://www.aamc.org/data-reports/workforce/data/table-13-practice-specialty-males-race/ethnicity-2018>
- 21 American Psychiatric Association. Board-Approved Recommendations on Strategic Planning. Available at: <https://psychiatry.org/about-apa/read-apa-organization-documents-and-policies/strategic-plan>
- 22 American Psychiatric Association. Diversity, Equity & Inclusion Strategic Plan. Available at: <https://psychiatry.org/getmedia/174552a4-fadf-43f0-b816-4abf3ff81ca2/APA-DEI-Strategic-Plan.pdf>
- 23 IC 21-13-9. Available at: <http://iga.in.gov/legislative/laws/2020/ic/titles/021#21-13-9>
- 24 Indiana Psychiatric Society. Available at: <http://www.indianapsychiatricsociety.org/>

ACKNOWLEDGEMENTS

The Bowen Center for Health Workforce Research and Policy would like to recognize the many individuals and organizations that contributed to making this report possible. Indiana University School of Medicine provides collaborative and technical support for data management. The Indiana Professional Licensing Agency has provided ongoing support in providing license and supplemental data on Indiana's licensed health professionals.

COPYRIGHT

© Bowen Center for Health Workforce Research and Policy
Department of Family Medicine
Indiana University School of Medicine
1110 W. Michigan Street, Suite 200
Indianapolis, IN 46202

RECOMMENDED CITATION

A Longitudinal Assessment of Diversity in Indiana's Health Workforce: Indiana Physician's. (2022). Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine.

AUTHORED BY

Chelsea Sparks, Graduate Research Assistant
Analise Dickinson, Research Analyst
Courtney Medlock, Assistant Director
Sierra Vaughn, Assistant Director
Hannah Maxey, Director

DESIGNED BY

Devan Gannon, Graphic Designer

Please address any correspondence regarding this document to the Bowen Center via email at bowenctr@iu.edu or by phone at 317.278.4818.