# Perceptions of the Minority Tax Experienced by Faculty and Students Underrepresented in Medicine at the University of Wisconsin

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## ABSTRACT

**Introduction:** The minority tax in academic medicine can be defined as the additional responsibilities placed on underrepresented in medicine (URiM) faculty, staff, and students in the name of diversity. Often this looks like participating in additional diversity committees, recruitment efforts, and mentorship activities. These extra responsibilities often are not recognized, not included in promotions, and take time from other clinical, research, and traditional scholarly responsibilities.

**Objectives:** There is a significant gap in the literature examining the experiences of URiM-identifying faculty and students in relation to the minority tax. Our goal was to do a quality improvement project to explore this gap through interviewing URiM-identifying faculty and conducting focus groups with URiM-identifying students, with the goal of making recommendations to help reduce the minority tax burdens to this community.

**Methods:** A scoping literature review on the minority tax burden in academic medicine was used to inform the development of questions to use in focus groups of URiM University of Wisconsin School of Medicine and Public Health (UWSMPH) students and interviews of URiM UWSMPH faculty members. After development of a facilitation guide, we conducted three 1-hour focus groups with 14 students who identified as URiM and did eight 30-minute interviews with faculty who identified as URiM. A codebook was generated using inductive analysis after reviewing transcripts. Coding was performed independently with 2 separate coders in order to ensure intercoder reliability.

**Results:** Ninety-one percent of students and 62.5% of faculty endorsed experiencing the minority tax at UWSMPH. Faculty also reported increasing feelings of support due to UWSMPH programs that support URiM faculty. Students reported the minority tax being central to their role as URiM students. Both students and faculty reported that the additional burdens of the minority tax took time away from traditional scholarly activities that were essential for promotion (faculty) or residency (students).

**Conclusions:** The minority tax burden experienced by URiM faculty and students may negatively affect their careers, as they note spending more time on activities that may not be valued for promotion. It is essential to address these burdens in order to achieve equity within the medical institution.

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## INTRODUCTION

The minority tax in academic medicine—or the additional responsibilities placed on individuals from racial and/or ethnic groups that are underrepresented in medicine (URiM)—is an often-overlooked source of inequity.[1] To advance antiracist missions, institutions seek URiM students, faculty, and staff participation across multiple domains. However, disproportionate overtime participation in service-oriented committees (eg, diversity taskforces, recruitment efforts) takes away from scholarship that is often valued for promotion and tenure[2] – which may place those with a minority tax burden at a career disadvantage. The 2019 Association of American Medical Colleges (AAMC) Diversity Report[3] notes that of full-time academic faculty, 0.2% identify as Alaska Native/American Indian, 3.6% as Black/African American, and 5.5% as Hispanic/Latino/Spanish origin. These low percentages are striking given the demonstrated need to diversify the health care workforce to achieve health equity and improve health outcomes across underserved communities.[4] The minority tax affects diversification efforts by increasing URiM faculty fatigue and frustration and is an important factor in URiM faculty leaving academic medicine.[2] In addition to supporting the recruitment of URiM individuals, reducing minority tax burdens could bolster retention of URiM individuals and help diversify academic medicine.

Diversity, equity, and inclusion (DEI) programs have been established in medical schools to help address diversity among faculty, staff, and students.[5] There are several initiatives at the University of Wisconsin School of Medicine and Public Health (UWSMPH) to increase recruitment and retention of URiM faculty and students, including second look programs for admissions, the Building Equitable Access to Mentorship (BEAM) program to support self-identified URiM students with trained URiM faculty mentors, the Centennial Scholars/Clinicians program to support the recruitment and career development of URiM faculty members, and Office of Multicultural Affairs (OMA) programs for URiM students and faculty. The development and success of these programs that build community and provide support to the school's URiM population often depend heavily on time and committed service investments of faculty and students who are URiM. As such, these programs increase participation expectations of URiM individuals and may increase the minority tax burden for those involved.

Understanding how the minority tax burden might be perceived and experienced by individuals is important when considering the development of DEI programs to alleviate unintended negative outcomes to participating URiM individuals. The aims of this quality improvement initiative were to explore the experiences of URiM faculty and students at our institution, to identify their perceptions of minority tax burdens, and to elucidate ways to reduce the minority tax and improve the environment for individuals who are URiM.

## METHODS

### Quality Improvement Project Design

In July-August 2022, semistructured interviews and focus groups were used to explore experiences and perceptions of UWSMPH faculty and medical students from racial and ethnic groups that are URiM to understand how minority tax burdens impact the learning and working environment for URiM faculty and learners. Based on the UW–Madison Quality Improvement (QI)/Program Evaluation Self-Certification tool, this project was identified as a QI project that did not meet the federal definition of research pursuant to 45 CFR 46 and did not require Institutional Review Board review (certification on February 28, 2022).

The QI project team created an open-ended question guide for both the semistructured faculty interviews and student focus groups. It consisted of 6 questions with branching logic and prompts to elicit and fully explore responses. Five questions were asked of each participant, with the sixth question asked depending on whether a participant endorsed experiencing a minority tax. The guide also included an introductory script that reiterated the goals of the study, voluntary nature of participation, and consent for recording.

### Participant Recruitment

Recruitment for faculty interviews was done through emails to 23 faculty who were current or former mentors in the BEAM Program from 2019 through 2022, as the faculty in the program self-identify as URiM. Of the 15 faculty respondents, all 8 who were able to participate in interviews during the 4-week interview timeframe were chosen to participate. Faculty did not receive compensation for participation. The semistructured 30-minute one-on-one virtual interviews were conducted by the same QI team member (EFC) via Zoom.

Students were recruited through email to all medical students inviting participation from those who identified as URiM. Nineteen responding students were randomly assigned to 3 focus groups. Five students were unable to attend their focus group, resulting in three 1-hour long virtual (Zoom) focus groups that ranged in size from 3 to 7 participants. Students received a $15 item from the university bookstore for their participation. After receiving coaching on good facilitation practices, EFC facilitated focus groups using the facilitators guide, which included the same semistructured questions as the faculty interviews described above.

Due to the number of participants and desire to maximize their comfort and sense of psychological safety to encourage candid responses, specific demographic data were not collected. In addition, the facilitator (EFC)–along with 4 of 5 study team members–self-identify as being a member of a racial and/or ethnic group that is URiM.

### Data Analysis

Transcripts were generated from interview and focus group recordings and checked for accuracy by the QI team member who conducted them (EFC). Transcripts were reviewed multiple times using an open inductive process to identify emerging codes. The QI team (EFC, EAF, JS, EMP) met multiple times to review transcript content to clarify codes, identify emerging themes (see Table), and create an initial codebook. Proposed codes guided development of an analytic thematic framework of primary and secondary codes in the final codebook. This codebook was used to analyze both faculty interviews and student focus groups. Two authors (EFC, S-RN), including one not involved in creating the codebook (S-RN), independently coded transcripts and identified comments. After independently coding the transcripts, coders met to resolve 21 discrepancies out of the 132 codes through consensus agreement.

## RESULTS

### Faculty

The majority of URiM faculty reported experiencing some degree of the minority tax (62.5%), noting institutional pressure to represent URiM groups and participate in DEI work (37.5%). (See Figure.) One participant said:

**Table.** Quotes Illustrating Emergent Themes Identified During Qualitative Analysis

| Theme | Illustrative Quote |
|---|---|
| Increased feeling of the minority tax | "We're always regarded as possible volunteers for activities regarding improvements in representative, more representative mentoring, or ways or activities to foster diversity and inclusion. Of course, I get very excited about those and I would love to… I love to participate on those and sometimes they can be distractors over my main research goals that maybe other non-URM [URiM] faculty do not have to face." |
| Increased feeling of isolation | "Being underrepresented in medicine, a lot of us are also … maybe first gen[eration] or first in medicine and it seems like a lot of our other … counterparts have a lot more of a foothold in the medical field already and … a lot of us have to try and …figure things out …as we go, and that can be pretty alienating." |
| Increased feeling of support | "I've had opportunity related to being an underrepresented minority in medicine. I've had grant funding that was targeted at increasing research opportunities for URMs [URiMs], and I personally have come to know many people through the BEAM mentoring program and through the Centennial Scholars program who have been tremendous mentors, colleagues, and friends, so I do feel community." |
| Increased feeling of challenge | " …challenging because both the breadth and depth of work that I'm responsible for. Challenging because … figuring out how I fit in at SMPH in terms of my skill set and my areas of expertise." |
| Feeling of uneven playing field/hidden curriculum | "Being able to ask a sibling or a physician parent for help on one of the materials we're learning like some parent… or some classmates had parents who are surgeons and cardiologists and family med[icine] doctors, so having that connection also created a huge difference, in my opinion, for me, at least." |
| Perceived lack of representation | "I think another thing that I've really struggled with being here is the fact that like none of our mentors or people that we can possibly look up to look like us, so it's kind of hard to find your footing with that. And then also … whenever we do see a person of color, it is in that DEI kind of … position, so that it's kind of like… not that they're like forcing us to do DEI work – it's not at all how I feel – but it's like whenever we do see someone that possibly resembles us, it's in a position of advocacy instead of just like a regular physician to look up to in a field that's not necessarily doing just the DEI work." |
| Increased feeling of emotional toll | "I feel like the difference would be the things that you have to go through as a URM [URiM] student, like figuring out how to navigate rotations and having to worry about … microaggressions – how to address microaggressions without feeling like it could affect your evaluations – or how your reputation is in medical school." |
| Decreased value of DEI work | "There seems to be – and not across the board – … a lack of understanding or appreciation of the types of scholarship and practice expertise that people who have expertise in health equity or racial equity bring, or community engagement, and a perception that there may not necessarily be a need for training or expertise – that anyone can just all of a sudden become someone who does that. That doesn't apply to any other type of work, like nobody just all of a sudden becomes a surgeon." |
| No perceived difference from non-URiM faculty | "I would say my experiences don't really differ from other faculty mainly … because of the perception that I'm not underrepresented essentially. I think I have internal differences … especially not growing up… near professionals at all. There was initially some hesitancy on my end and some … how should I put it… unease being in that… sphere, but I think the other perceptions towards me are, you know, as opposed to any other faculty member… non-existent." |
| Mentorship gaps | "Overall finding mentorship has been interesting I guess, to say the least, because it's like you don't really know how to start, where to go, who to look to, what to do, and stuff like that." |
| Mentorship assets | "One of the things that I enjoyed the most here is the mentoring, both the opportunity of being mentored by other diverse faculty and also the opportunity to get trained to be a better mentor for students who may represent as part of one URM [URiM] group. So, for example, I'm part of the BEAM program at SMPH and I think I would get together with my chair every week, just to share how amazing the training was and the great resource that it is." |
| Increased additional opportunities (career advancement) | "I think I'm in a unique position. I did receive the Centennial scholarship so that's given me access to things that I don't think I otherwise would have. So that's provided money for some of the conferences that I'm going to." |
| Unaware of DEI efforts | "Honestly, I don't know what DEI initiatives SMPH has going on … if someone names them and I do, then cool, but … I guess I don't know off the top my head any DEI initiatives." |
| Inadequate leadership/administrative response | "I am part of certain committees, or not committees but … groups or organizations on campus, and just by how I've been working with them and interacting with … the administrators and stuff, I do feel sometimes that … the things that we do are kind of done in vain, because we don't see a lot of movement in terms of … our projects and things or the asks that we have for them." |
| Increased desire to support URiM community | "I think I look for opportunities where I can help my colleagues that are underrepresented more so because of what we're seeing in medicine at this time, which we're not … represented, so I kind of want to do things where I know I can help other faculty along in the same boat that I'm in." |
| Decreased time due to minority tax | "I think it's just simply taken more time of mine away from other things, which … from my perspective, is not inherently a negative thing. [Be]cause I think even when you're serving the minority tax, in theory, it's at least doing something good. So even if I'm …participating in an event where you're talking to undergraduates trying to recruit more students …that is a great thing, and I guess [the] downside is simply that I just lose time from doing other things, and so I think a lot of times it's just that I have to spend more time focusing on the identity of being URM [URiM] in a space … or trying to create more of a URiM diversity population in this space, but I think it just always negatively affects my time. And you could argue that that negatively impacts …career advancement and …grades and …all these other things." |
| Perceived obligation, sense of responsibility to drive change | "Sometimes when I see certain committees that are… there is no student of color there, I almost feel obligated to go and …be a part of that committee just because I feel like our experiences wouldn't [sic] be represented. And so in that regard, it is kind of like …the obligation that was mentioned before … it's more work on you, but also, you know this is something that needs to be represented." |

***continued on page 116***

**Table.** Quotes Illustrating Emergent Themes Identified During Qualitative Analysis *(continued from page 115)*

| Theme | Illustrative Quote |
|---|---|
| Outside pressure from community or medical institution | "So, when they couldn't find people to fill the spots in, the old coordinators took it upon themselves to kind of like scout for people and sent out an email to ... LMSA email server... just because we have this one skill of speaking Spanish and we should want to use it, but we shouldn't be expected to – especially if that means sacrificing school time with volunteering and this leadership role that we should want, and it doesn't seem like other students would have ...experienced the same kind of pressure to apply. And if we didn't apply, then okay, now these patients don't have a Spanish-speaking volunteer helping them and that creates ... another domino effect, and then you start feeling guilty about that, and if they can't have a Spanish speaker with them, are they really receiving quality health care that they deserve." |
| No experience of minority tax | "I haven't experienced that to be honest. And I think that there is ... a responsibility from us. I mean also to ... just help people and share our experiences." |
| Need stronger administrative leadership and support | "But a lot of times I feel like our administration doesn't do a good job of laying out the resources that are available. Like they say 'oh ... we have all these things,' but ... what are they? ... please lay them out to me." |
| Increased value of DEI work | "We use ... all this [sic] economic words around it, but I mean, reduce the burdens for medical school for us in the most stressful way ... I totally agree with Speaker 6 ... additional scholarships, would be really, really helpful for student leaders for ... stepping up to the plate and, you know, putting in this extra time that's taking away from other pursuits." |
| Increasing diversity | "Hire more URM [URiM] faculty, both not just to serve on committees, but to bring their scholarly and practice expertise into all of these requests for team science or ... collaboration, which would both lower the burden, but ... also increase the quality of scholarship and practice because we wouldn't have people who are potentially saying that they're doing health equity or community engagement work that actually don't have any training or skill in it but are very good grant writers." |
| Increased resources to combat uneven playing field/hidden curriculum | "I don't even know about ... mentor[s] for sure ... but also someone who will introduce you to different people, as well like, 'hey, here's so and so, and I know [interviewee name] is great at x, so why don't you talk with her?' So that also introduction aspect." |
| Increased support from outside of UWSMPH | "I think, for example, providing more resources to help social integration for the family as a whole –for example, the faculty are coming abroad providing more orientations ... or where to bring your kids, what schools, could be useful. Probably help the partner get a job, even if it is not like actually ... an offer but providing some information of where can you find a job in the US, ... what are the websites that you could look at to get a job, what kind of work permits do you need. Or ... orientation for the partner might be also very useful." |
| Increased efforts on community outside of UWSMPH | "I mean UWSMPH is kind of a microcosm within a bigger... And we're only here for so long, within the bounds of this area. I think outside of UWSMPH is where addressing needs to be done. I talk to people and they say UW's fine or the medical school's fine, it's out side of that is not fine. So somehow that's like a bigger thing that's... somehow that needs to be addressed." |

Abbreviations: BEAM, Building Equitable Access to Mentorship; URiM, underrepresented in medicine; UWSMPH, University of Wisconsin School of Medicine and Public Health; LSMA, Latino Medical Student Association.

> *"We are usually expected to represent those URM [URiM] groups in terms of our experiences so usually we could face tokenism. And we're always regarded as possible volunteers for activities regarding improvements in representative, more representative mentoring, or ways or activities to foster diversity and inclusion. Of course, I get very excited about those and I would love to… I love to participate on those and sometimes they can be distractors over my main research goals that maybe other non-URM [URiM] faculty do not have to face." (Faculty 3)*

Despite the minority tax, 37.5% of URiM faculty stated that they felt supported, and 50% believed they had additional non-service-oriented opportunities because they identified as URiM. Faculty 2 said:

> *"I've had grant funding that was targeted at increasing research opportunities for URMs [URiM] and I personally have come to know many people through the BEAM mentoring program and through the Centennial Scholars program who have been tremendous mentors, colleagues, and friends, so I do feel community."*

Suggested areas for improvement included increasing diversity within the UWSMPH community (25%), providing increased resources to combat the uneven playing field/hidden curriculum (12.5%), and providing increased social support for faculty and their family members (12.5%).

### Students

The majority of URiM medical students indicated feeling some degree of a minority tax burden (91%) (See Figure). Participant descriptions included *"emotionally taxing," "tokenizing,"* and *"obligated" (Focus Group 1, Speakers 2, 3, and 4)*. One stated, *"I'm often sent these 'hey look URM [URiM] opportunit[ies]'…it's kind of like OK, but what about my other stats?" (Focus Group 1, Student 5).* Over one-third (35.7%) reported that in comparison to their non-URiM peers, they took on additional responsibilities, including serving on committees and participating in recruitment, retention, and DEI efforts. One medical student recounted the cognitive and emotional toll of juggling these increased responsibilities:

> *"I think we're not yet at a place where people value DEI like they might value that kind of other work that medical students do, so I think that's frustrating because then sometimes I'm like, why am I doing this? I know why. It's just I hope that in the end it helps increase the diversity at UW or hope it opens up a door for something else, but it's definitely not valued the same*

*way. And it just feels like sometimes I'm doing it because I am a Black woman and I can't figure out why else." (Focus Group 3, Student 6)*

This unequal burden decreased time from other pursuits (14.3%) and was often catalyzed by a perceived obligation to drive change (28.6%).

*"You know, when my other classmates are just, I don't know, eating lunch or going to the gym or doing normal people things, but I felt like I needed to… Okay, this is my hour during the day, it's my break, but I need to do it to recruit or talk about the school and I think that's definitely something that differs." (Focus Group 3, Student 3)*

Students reported feelings of isolation (29%), mentorship gaps (21.4%), and an uneven playing field (21.4%), while others (14.2%) described the mentorship assets through the BEAM program. One stated, *"I loved…having access to particular mentors who also identified as an underrepresented individual in medicine (Focus Group 1, Student 2)*. Another said:

*"The school is putting in the effort to have these conversations and to celebrate diversity…it's good to have at least this avenue to help improve both the culture of this class as well as the make-up of the next couple of classes or next incoming classes of med students." (Focus Group 1, Student 4)*

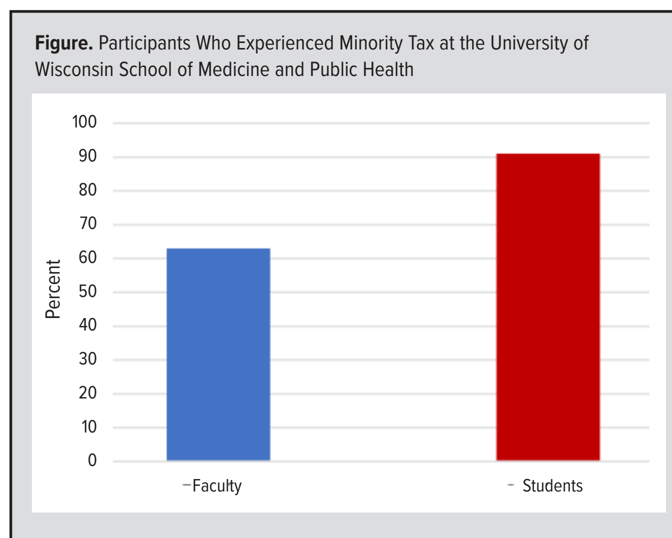
Despite some recognition of ongoing efforts and engagement in OMA activities, 42.9% of students stated they lacked awareness or had very limited knowledge of UWSMPH DEI efforts. Proposed improvements included stronger administrative leadership and support (14.3%), including regular updates on DEI work and modeling of a zero tolerance for discrimination policy. Others included increasing diversity within the student body (21.4%) and increasing the value of DEI work (14.2%).

## DISCUSSION

Faculty were passionate about DEI work but noted the work can feel unjust when it negatively affects scholarly productivity required for promotion, creating a vicious cycle that can limit advancement of URiM faculty in academic medicine. Existing literature highlights similar burdens in academic medicine.[2] To increase diversity and improve retention of URiM faculty, decreasing the minority tax and increasing the value of and time for DEI work is essential.

Recent threats to public health[6] stimulated widespread DEI and health equity initiatives.[7] Academic medicine leaders recognized the importance of multipronged approaches, including administrative-led initiatives and volunteer-run activities. Volunteer-run DEI committees may paradoxically undermine academic DEI goals given cost is directly proportional to perceived value in our society. Not only is this harmful for individuals who commit extra time to DEI work, but it may decrease institutional buy-in for DEI initiatives.

**Figure.** Participants Who Experienced Minority Tax at the University of Wisconsin School of Medicine and Public Health




Some faculty were very "*strategic in what [they were] getting involved in [because they didn't] want to be labeled only in a diversity, equity situation" (Faculty 2)*. This is not unique to UWSMPH; junior URiM faculty have been advised to avoid DEI roles until they are in senior positions with established careers.[1] While this allows them to engage in traditional scholarly pursuits, it removes critical voices from the DEI space. To affirm DEI support, institutions must value DEI work and invest in resources to support individuals doing this work. One faculty stated,

*"I think it's everybody's natural response to say, 'Hey I'm doing too much, and I need to take a break' or you're not getting all your tasks done and you know things suffer, and you want to put out quality products, but it suffers because you're feeling burdened to do things that you normally don't want to be doing." (Faculty 7)*

This raises critical questions about who is chosen and expected to participate in DEI work. Have they expressed interest in DEI work or is it simply because they are URiM? Are DEI opportunities presented to everyone or are a select few repeatedly "encouraged" to participate? While it is vitally important to include diverse voices in service-oriented committees and activities, if uncompensated, they must be truly optional. As one speaker noted, *"If there is a DEI committee, my chair will say 'how about you?' And I will say 'no, how about someone else?'" (Faculty 5)*.

While 62.5% of URiM faculty experienced or witnessed the minority tax, 50% noted increased opportunities because of their identity, and 37.5% noted increased support. Contrastingly, 91% of URiM students experienced the minority tax, and only 7% noted increased opportunities and 0% endorsed increased support. Faculty may feel more supported due to their older age and position within the medical institutional hierarchy. They also may feel more supported than students due to the Centennial Scholars/Clinicians Program, which encourages career development and provides departmental funding for faculty scholarship.

While participating faculty still experience minority tax burdens, such programs lessen the burden by supporting career advancement, building community, and increasing the number of URiM faculty, reducing the tax on any one individual. More departmental/institutional DEI programs valued by promotion committees that include compensation and protected time for involved URiM faculty could further reduce faculty minority tax burdens and support URiM faculty career advancement. To address this, institutions like UWSMPH are integrating DEI work into promotion guidelines, allowing faculty engaged in such work a solidified place in academic medicine[1] and making DEI an institutional priority that lessens minority tax burdens.

Contrasting faculty, 91% of students experienced a minority tax burden. Unlike employed faculty, students described a sentiment that DEI work is core to their student status. For faculty, DEI work seemed to be an additional, rather than central, responsibility. One student said:

> *"...because there's that much pressure to… let the incoming students know or prospective students know that… we're here and that, …there's people that look like them, even though it is in Wisconsin. And it's, you know, recruitment event after recruitment event; it's… you know, it's like it feels like it's part of our role and, like, the reason why we're here." (Focus Group 3, Student 4)*

Students described an initial interest in DEI work that transformed into a stronger sense of responsibility to recruit URiM students and combat issues of equity in medical school. Previous studies cite this sentiment in faculty as the gratitude tax, "the feeling of obligation that URiM faculty have to the academic institution and to future generations of URiMs for being given the opportunity to be a physician. It is a feeling of indebtedness to the institution and others that can at times diminish one's sense of accomplishment and stimulate a desire to pay back the perceived debt."[8]

Similar to faculty, students described how the minority tax and participating in additional DEI efforts negatively affected time:

> *"I am not on the top of my class or anything like that. But… I wonder like what would have looked… differently for me from… a rotations and academic standpoint if I wasn't spending, you know, like X amount of hours every week or every month kind of to… DEI type initiatives." (Focus Group 3, Student 3)*

Students suggested additional time spent on DEI initiatives affected their thoughts on residency selection and applications, as it took away from time spent on traditional scholarly activities:

> *"I feel…if I wanted to do surgery… or…one of those specialties that …require, maybe not require, but there's a lot of pressure on …doing conferences and research, that would be very challenging to try and fit all of those things in while doing the, like, extracurricular organization stuff." (Student 8)*

Student DEI work could limit residency options if the minority tax negatively affects other scholarship that is more important to residency programs.

Both faculty and students discussed a hidden curriculum or uneven playing field in academic medicine for URiM individuals. Eric Margolis describes the hidden curriculum as "the norms, values, and belief systems embedded in the curriculum, the school, and classroom life, imparted to students through daily routines, curricular content, and social relationships."[9]

Those who experience the minority tax may be more likely to experience the uneven playing field and hidden curriculum of medicine. When participants were asked how their experiences were different from their non-URiM colleagues, 25% of faculty and 14% of students noted they lacked an understanding of the culture of medicine. When faculty were asked how to reduce the burdens of the minority tax, 25% requested resources to combat the hidden curriculum in medicine. Thus, the minority tax may be intimately intertwined with the hidden curriculum and uneven playing field spoken about by project participants.

### Limitations

Limitations of this QI-focused work include its small number of participants from a single institution where many were already engaged in DEI work. This limits generalizable conclusions. Additionally, specific demographic data (eg, race, ethnicity, gender) were not collected to ensure anonymity, even though such factors may impact minority tax experiences. Lastly, given interviews were performed by a medical student (EFC), participants may have given guarded responses due to hierarchical roles and/or desire to protect images and reputations.

### Future Directions

Additional studies with larger sample sizes are needed to understand the academic medicine minority tax in its totality. Studies could explore whether the minority tax differs by demographics and academic rank and address existing gaps in the literature about minority tax burdens of medical students. Future studies also could elucidate how to address equity without increasing burdens for URiM students and faculty.

## CONCLUSIONS

It is crucial to understand how individuals in academic medicine are experiencing the minority tax to reduce burdens on the URiM community. At UWSMPH, both faculty and students are experiencing this burden. Faculty had more mixed experiences, citing both positive and negative aspects. Student focus groups suggest a more negative experience, discussing both the emotional toll of explaining their experience to peers and an increased burden of participating in DEI initiatives. Exploring how individuals are experiencing the minority tax at their own institution may be a first and important step in ensuring a diverse academic medicine workforce, as well as equity within the medical institution.

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