

# Caring for Diverse Patient Populations

A report from the 2025 AAPA Salary & Student Surveys

**AAPA Research**

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American Academy of  
Physician Associates

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## Abstract

Significant racial, ethnic, and cultural barriers within society can lead to disparities in population health and quality of care. Interventions aimed at creating a more culturally responsive healthcare workforce have been integrated within continuing medical education and PA education as tools to address these disparities. In this report, we provide a brief overview of PA and PA-student perceptions on their comfort/preparedness to treat patients from diverse populations.

## Methodology

Data were collected from PAs and PA students in the United States (U.S.) who had not opted out of AAPA research surveys for which AAPA had a valid email address. A series of questions related to providing care to diverse patient populations were included in AAPA's 2025 Salary and Student surveys. The overall margin of error for the 2025 Salary Survey was +/- 0.96% at a 95% confidence level and the survey was fielded from January 14 to February 28, 2025. The overall margin of error for the 2025 Student Survey was +/- 1.84% at a 95% confidence level and the survey was fielded from January 28 to February 28, 2025. Response rates and margins of error vary by section and breakout. "N" refers to the number of respondents and is generally the first column in the data tables. Totals may not equal 100% due to rounding and question type.

This research was deemed exempt by Sterling IRB (project ID: 12991, 13002) as a Category 2 exemption in accordance with US Department of Health and Human Service's Policy for Protection of Human Research Subjects listed at 45 C.F.R. §46.104(d). The author has no conflicts to report.

## Acknowledgements

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## About PAs

PAs (physician associates) are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. A PA's specific duties depend on the settings in which they work, their level of experience, and state law. There are approximately 190,000 PAs in the United States, who engage in more than 500 million patient interactions each year. To learn more about PAs, visit [aapa.org](https://aapa.org).

## About AAPA

Founded in 1968, AAPA is the national professional society for physician associates/assistants (PAs). It represents a profession of approximately 190,000 PAs across all medical and surgical specialties in all 50 states, the District of Columbia, U.S. territories, and the uniformed services.

PAs are licensed clinicians who practice medicine in every specialty and setting. Trusted, rigorously educated and trained healthcare professionals, PAs are dedicated to expanding access to care and transforming health and wellness through patient-centered, team-based medical practice. In 2025, [U.S. News & World Report](https://www.foxnews.com/health/2025/01/28/aapa-best-job-2025) named PA the #3 Best Job across all occupations, the #2 Best Health Care Job, and the #3 Best STEM Job. Learn more about the profession at [aapa.org](https://aapa.org) and engage through [Facebook](https://www.facebook.com/aapa), [LinkedIn](https://www.linkedin.com/company/aapa), [Instagram](https://www.instagram.com/aapa), and [X](https://twitter.com/aapa) (formerly known as Twitter).

## How to Cite

Caring for diverse patient populations: A report from the 2025 AAPA Salary & Student surveys. 2025. American Academy of Physician Associates. Alexandria, VA. DOI 10.5281/zenodo.17123019.

## Executive Summary

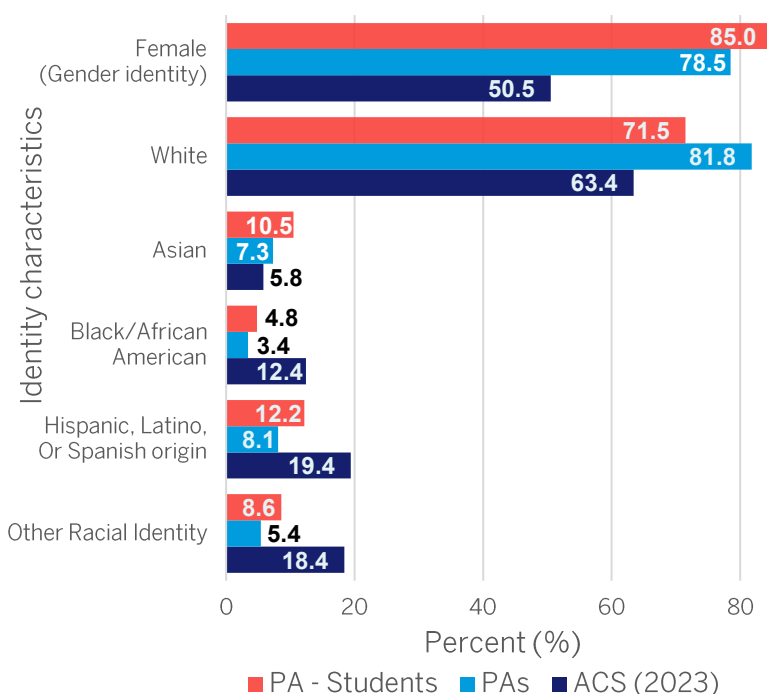
Improving cultural competency, or the ability of healthcare professionals to communicate with and effectively provide high-quality care to patients from diverse backgrounds,<sup>1</sup> is often a focus of medical education; however, previous research has documented difficulties in integrating cultural responsiveness within provider education.<sup>2-3</sup> Fostering cultural competence within the health professions has been found to lead to more equitable and effective care delivery for patients from culturally and linguistically diverse backgrounds.<sup>4</sup> Moreover, PA education programs have been taking steps to provide students with opportunities for engaging with diverse patients – which can lead to future practitioners seeking opportunities to engage with underserved populations.<sup>5</sup>

Figure 1. Diversity of PA/PA Students Compared to U.S. Population

However, there is limited understanding regarding the level of comfort and preparedness practicing PAs and PA students have in providing care to specific patient populations with diverse backgrounds. Prior research has illustrated there may be key deficiencies in areas of cultural knowledge, skills, and encounters within PA student education.<sup>6</sup>

Additionally, existing publications have highlighted the importance of improving PA education to better address the specific health needs of the

LGBTQ+ population. Moreover, there has been a push among PA programs to recruit a more diverse student population to better address the needs of patients from all backgrounds.<sup>7-8</sup> To better understand how practicing PAs and PA students approach their encounters with diverse patients, an optional module was included within the 2025 AAPA Salary and Student surveys. The data presented within this brief report reflects the responses of approximately 2,500 PAs and PA students from a variety of specialties, settings, backgrounds, and career stages.



# 14%

of PAs identified as being a member of a racial/ethnic background historically underrepresented in medicine.

## PA/PA-Student Diversity

The PA workforce, like many health professions, is not fully representative of the U.S. population. Among all survey respondents, almost four in five (79%) were white while approximately 8% identified as Asian and 4% were Black/African American. Due to low responses, anyone who selected "American Indian or Alaskan Native", "Native Hawaiian or Other Pacific Islander", "Two or more races", or "Other" was included within the "Other" category – which accounted for about 7% of the sample.

Proportionally, the PA-student respondent segment identified themselves as more racially diverse than practicing PAs. While a majority of each segment identifies as white (72% students vs. 82% PAs), the proportion of students identifying as Black/African American (5% vs. 3%), Asian (11% vs. 7%), or any other racial identity (9% vs 5%) was greater (Figure 1, Table 1). This difference is also reflected in the proportion of students who identified as being from a group historically underrepresented in medicine (URM; 20% vs. 14%; Table 2).

The proportion of the PAs workforce and PA-student population identifying as female is also greater than the general population. About one in five (21%) PAs indicated they were male compared to only 14% of students. According to 2023 data from the [American Community Survey](#), the ratio of men to women in the U.S. is 49.5 to 50.5.

Survey participants were also asked to disclose elements of their sociocultural background. Overall, more than half of the respondents in our sample (59%) indicated they did not come from a disadvantaged background, have a disability, or identify as a sexual/gender identity minority. Being the first generation in a family to attend college (18%); coming from a family that received/receives public assistance (11%); and identifying as lesbian, gay, or bisexual (8%) were among the top three disclosed characteristics (Table 4).

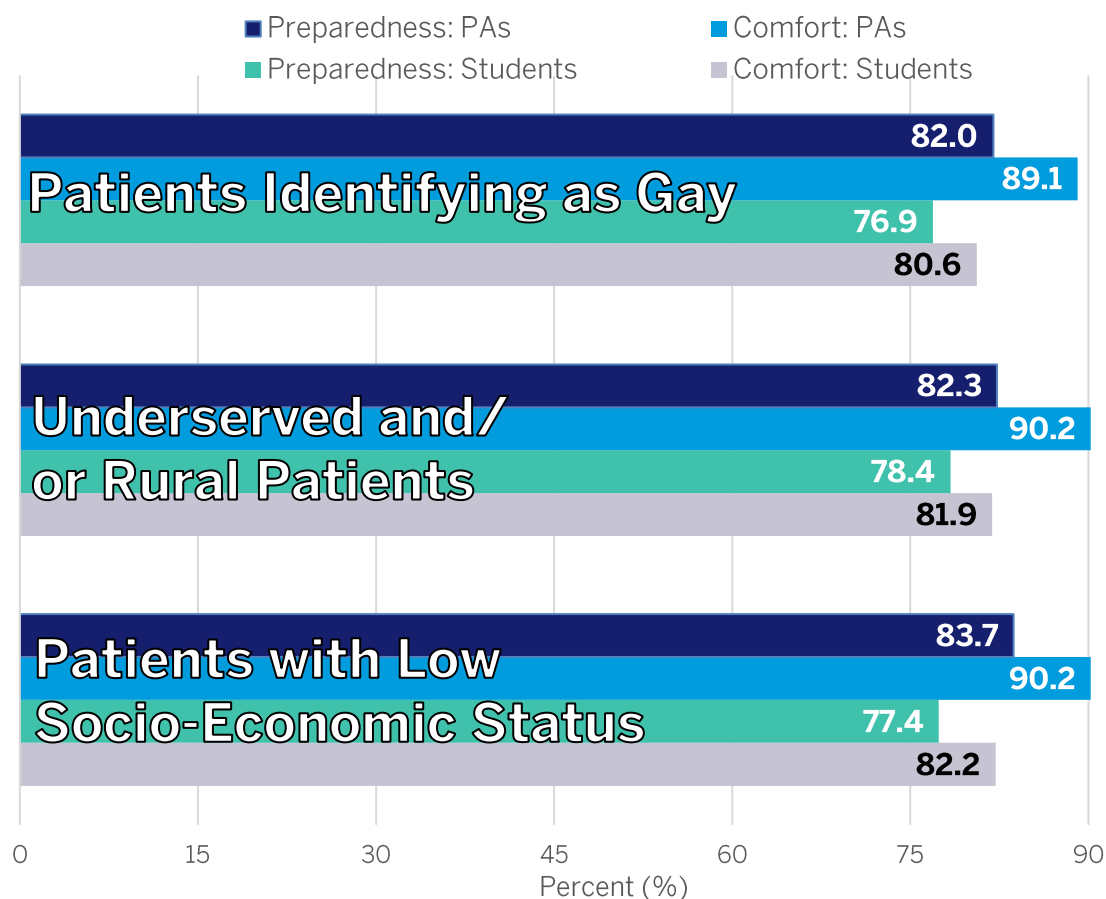
## Perceived Comfort and Preparedness Treating Diverse Patient Populations

Within the survey, we asked PAs and PA students to identify their comfort treating diverse patient populations. More than three quarters of respondents reported feeling "comfortable" or "somewhat comfortable" treating patients from any of these populations; however, there were some communities where perceptions of comfort approached 90%. The highest proportions of comfort were found in working with populations with low socio-economic status (88%), those from underserved and/or rural areas (88%), and patients identifying as gay (86%). While PAs and PA students were less comfortable in their clinical interactions with patients with developmental disabilities (78%), transgender patients (77%), and patients with physical disabilities. a vast majority indicated they were at least "somewhat comfortable" when ensuring these populations received quality care. PAs and students had

similar rankings in their levels of comfort by patient population, but there were some differences between groups. Across the board, practicing PAs felt more comfortable than students. In some cases, such as patients who are gay and those with behavioral disabilities, this difference in confidence was almost 10% (Table 5, Figure 2).

Similar trends were observed in the level of preparedness in helping to treat patients from vulnerable populations. Most respondents were at least “somewhat prepared to treat patients from all listed populations, but there were some groups where people felt more prepared. Approximately four in five PAs and PA-students indicated they were prepared to treat patients with low socio-economic status (82%), those who lived in underserved and/or rural areas (81%), patients who are gay (80%), and patients who are lesbian (79%). A smaller proportion indicated they felt prepared to treat transgender patients (65%), patients with sensory disabilities (65%), patients with developmental disabilities (64%), or patients with physical disabilities (62%; Table 6, Figure 2).

**Figure 2. Comfort/ Preparedness of PA/PA Students when Treating Diverse Populations**



## Preparedness: Health Concerns within LGBT+ Patient Populations

In the 2025 Salary and Student surveys, we focused on two specific patient populations to gain additional insights on how prepared PAs are to provide specific forms of patient care to LGBT+ patients and patients with disabilities. Respondents indicated their preparedness on a 0-4 scale ranging from “Not at all prepared” (0) to Extremely well prepared (4). Although PAs and PA students had the option to choose “Don’t know” or “I prefer not to answer,” this summary reports only responses within the “0-4” scale to ensure standardization of values.

For LGBT+ patients specifically, we asked respondents about 13 aspects of care – such as discussing mental health with LGBT+ patients, educating on sexually transmitted diseases, and feeling prepared to provide information related to coming out. Across all items and respondents, the average score was 2.0 – indicating PAs and PA students generally felt prepared to address key LGBT+ health concerns (Table 8). About two in five respondents (41%) scored into the “at least prepared” category”, but this proportion was not equal between PAs (35%) and PA students (56%; Table 7).

**56%**  
of PA students indicated they were prepared to provide care for LGBT+ patients.

Across the aspects of LGBT+ care, the average PA (2.5) or PA student (2.7) felt the most prepared in their ability to address concerns related to sexually transmitted infections (excluding HIV); however, PAs (2.0) and PA students (2.4) also generally felt prepared to address HIV within their LGBT+ patients. Areas where PA and PA students felt less prepared included care related to gender transition, gender affirming surgery, and disorders of sex development or intersex patients (Table 8).

## Preparedness: Health Concerns of Patients with Disabilities

The survey also asked all participants to rate their preparedness on six aspects of care related to caring for patients with disabilities. While there was some overlap between these aspects of care and measures assessing care for LGBT+ patients – such as issues related to mental health and body image – population specific questions about aspects of care related to challenges often faced by patients with disabilities (e.g., social and community support, food insecurity, and treatment adherence related to care affordability) were also included. Similar to perceived preparedness in treating LGBT+ patients, the average score across this question set was 2.0 (Table 9). However, a greater proportion of the survey participants felt prepared to care for patients with disabilities (50%; Table 7). Approximately two in three PA students (65%) felt prepared to care for this population while 45% of PAs indicated feeling at “least prepared” (Table 7).

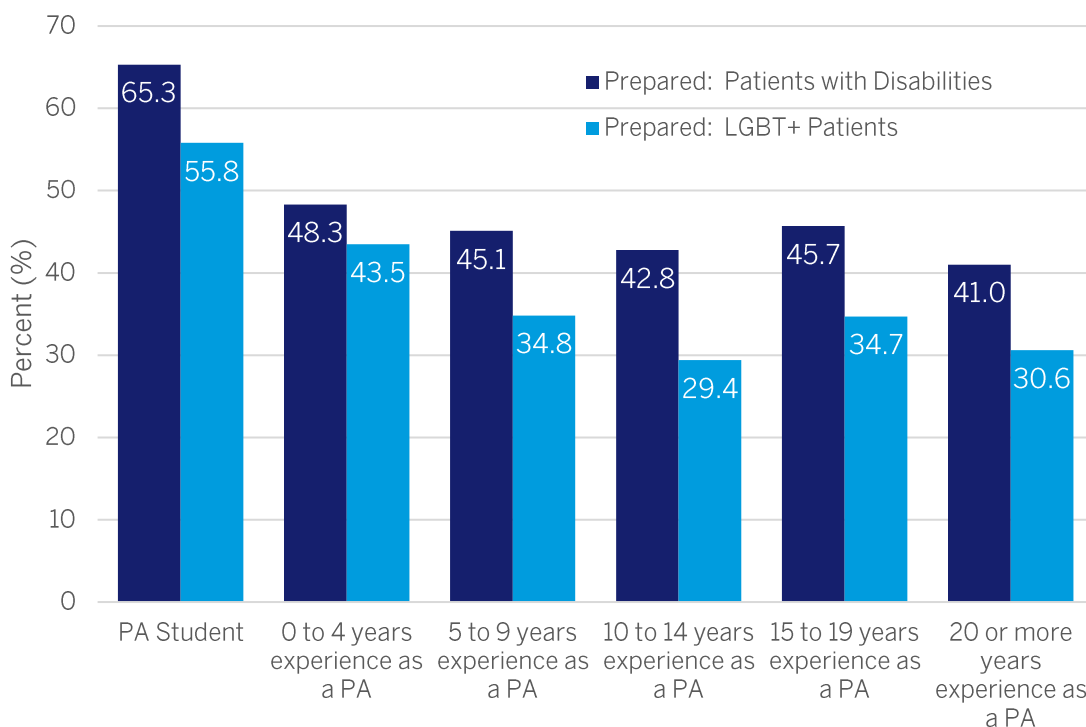
Among the aspects of care for patients with disabilities, PAs (2.2) and PA students (2.5) felt the most prepared to assist this population with care related to their mental health. All respondents also felt prepared to deal with treatment adherence related to care affordability (2.1) and issues tied to social and community support for patients with disabilities (2.1). However, both PAs and PA students felt less prepared to assist with food

insecurity and/or concerns surrounding unhealthy relationships – such as intimate partner violence – for this population (Table 9).

### Preparedness: Career Stage and Specialty

Perceptions of preparedness were not universal across specialty or career stage. In many instances, less-experienced PAs and PA students rated their level of preparedness for aspects of LGBT+/patients with disabilities care as higher than PAs with more experience (Figure 3). PA students felt the most prepared to treat both patients with disabilities (65%) and LGBT+ patients (56%). When evaluating patients with disabilities, the next highest rankings were for PAs with zero to four years of experience (48%) and those with 15 to 19 years of experience (46%). PAs with 10 to 14 (43%) or 20+ years of experience (41%) had the lowest proportion of PAs who considered themselves prepared to care for this population (Table 10).

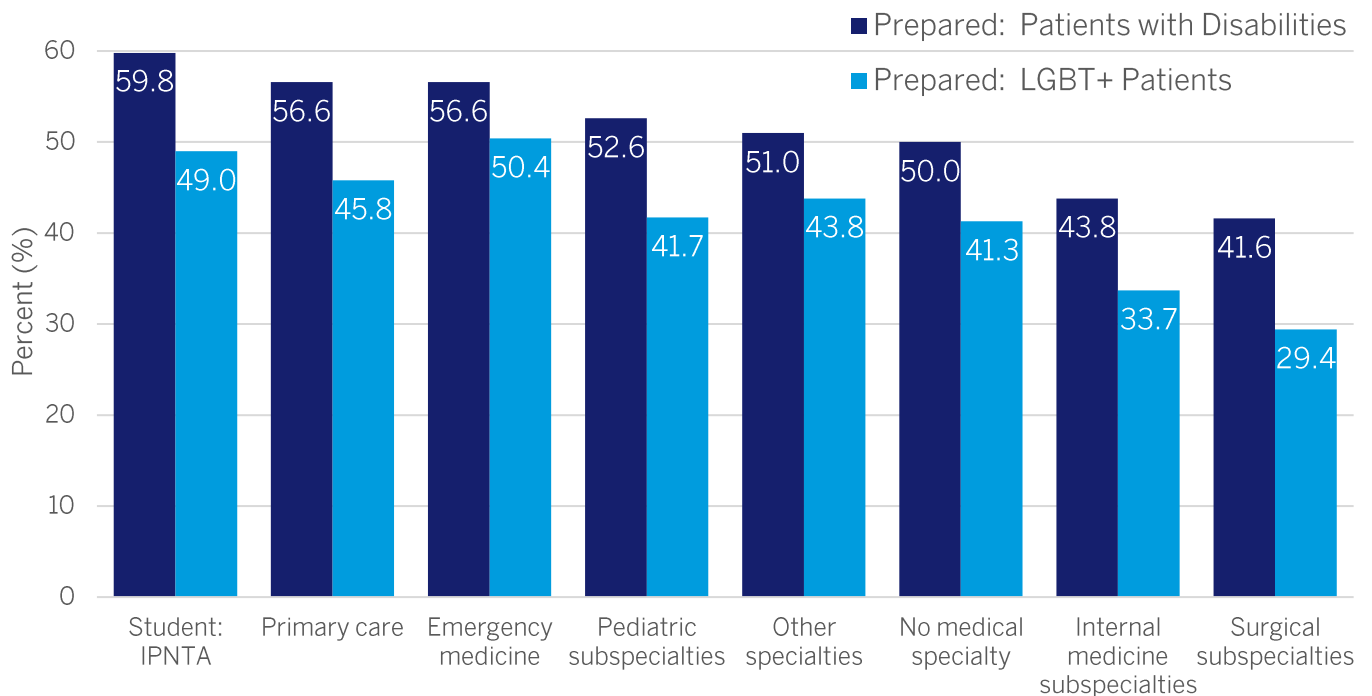
**Figure 3. Proportion of Respondents Who Perceived They Were Prepared to Treat Diverse Patients by Years of Experience.**



Similar trends were observed in feeling prepared to treat LGBT+ patients. Again, after PA students those with zero to four years of experience (44%) had the second-highest proportion of PAs who felt prepared to treat this population. However, those with five to nine (35%) and 15 to 19 (35%) had similar ratings of preparedness. PAs with 20+ (31%) or 10 to 14 (29%) years of experience had a smaller proportion of prepared PAs than the other response segments; however, it is also important to note perceived preparedness to treat LGBT+ patients was lower than perceived preparedness to treat patients with disabilities for both PAs and PA students (Table 10).

Differences were also observed in perceptions of preparedness by specialty for PAs and by anticipated specialty for PA students. Within the AAPA Student Survey, PA students were given an opportunity to indicate which specialty area they would like to practice in after graduation. For the preparedness analysis, anticipated specialties reported by PA Students were grouped with current specialty areas reported by practicing PAs. Unlike PAs, PA students could opt not to answer the question on anticipated specialty by indicating they had not yet decided on a specialty or were unsure what area they would want to practice post-graduation. These respondents are included in “Student: IPNTA”. Students in the “I prefer not to respond” group had the highest proportion of individuals who felt prepared to treat patients with disabilities (60%). This rating was followed by those practicing/interested in primary care (57%) and emergency medicine (57%). Emergency medicine PAs, and interested students, also felt the most prepared to assist LGBT+ patients (50%). Students without a specialty preference (49%) and respondents practicing/interested in primary care (46%) rounded out the specialty areas with the largest proportion who felt prepared to treat LGBT+ patients. PAs and PA students who selected specialties within internal medicine or surgical subspecialties has the lowest proportion of prepared PAs for both patients with disabilities (44%, 42%) and LGBT+ patients (34%, 29%; Table 10, Figure 4).

**Figure 4. Proportion of Respondents Who Perceived They Were Prepared to Treat Diverse Patients by Specialty Area.**



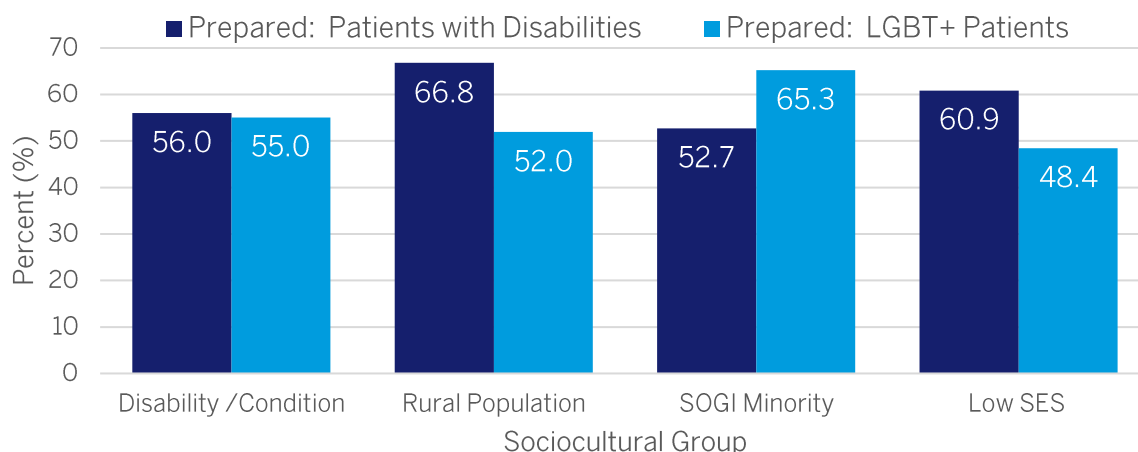
*Note: Specialty areas within this figure are inclusive of 1) PAs who indicated practicing a subspecialty and 2) PA students who were anticipating practicing in a subspecialty within these groups upon graduation. Students were allowed to select “prefer not to answer” and these responses are reflected in the “Student: IPNTA” category column.*

## Future Challenges: Provider Concordance and Addressing Diverse Health Needs

Provider concordance, or the alignment of demographic characteristics (e.g., background, race, ethnicity, gender) between patients and their healthcare providers, is an important part of improving communication between patients and practitioners, fostering trust in healthcare settings, and producing better health outcomes for patients.<sup>9-13</sup> While the demographic distributions of PAs are not currently concordant with age-adjusted census data (Figure 1), progress has been made to increase racial, ethnic, and gender diversity within the healthcare workforce.<sup>14-15</sup> In this data, we also identified trends in the proportion of PAs and PA students from various sociocultural groups who felt prepared to treat patients with backgrounds similar to their own.

Using self-identified background characteristics (Table 4), we created categories to reflect whether PAs or PA students had a learning disability, physical condition, and/or mental condition; were a sexual or gender identity (SOGI) minority – e.g., gay, lesbian, bisexual, transgender; and/or personally received public assistance or had a family that receive(d) public assistance. Geographic variables derived from the US Department of Agriculture’s Rural Urban Continuum codes were used to compute whether a respondent resided in or practiced in a rural area.<sup>16</sup> Overall, respondents who identified as a member of any of these sociocultural groups tended to have a higher degree of preparedness than PAs/PA students who did not. When specifically looking at provider concordance, PAs and PA students who identified as a SOGI minority indicated feeling more prepared to treat LGBT+ patients (65%; Table 12, Figure 5) than the general proportion among all respondents (41%; Table 7). This difference was not as pronounced between PAs/PA students with a disability or condition (56%; Table 12, Figure 5) and the percent who felt prepared to treat patients with disabilities (50%; Table 7). Interestingly, PAs and PA students in rural areas were more likely to indicate they were prepared to treat patients with disabilities than other sociocultural groups (67%; Table 12). Additional research should investigate how the knowledge, skills, and experience of these PAs/PA students relates to their perceptions of providing quality care to vulnerable patient populations.

**Figure 5. Proportion of Respondents Who Perceived They Were Prepared to Treat Diverse Patients by Sociocultural group.**



Additional research should also examine the overall focus of training aimed at enhancing the cultural awareness of the healthcare workforce. Previous research has argued in favor of adopting a process-oriented approach expanding the *cultural humility* of providers rather than trainings on cultural competence – which may lead to an increase in knowledge but have little impact on patient satisfaction of health outcomes.<sup>17</sup> An approach grounded in cultural humility is more interpersonal, allowing the provider to simultaneously recognize their own biases and limited experience while seeking more information by learning from their patients.<sup>18</sup> In this way, a provider admitting what they do not know while expressing a willingness to learn can improve the quality of their care while building a respect for their patients experiences. Future interventions looking to enhance PAs' ability to deliver care to diverse patient populations could also be enhanced by utilizing these communication frameworks.

## Conclusion

As the PA profession continues to grow, it will be essential to ensure the diverse experiences of PAs are effectively deployed to care for diverse patient populations with unique barriers to quality care. In this data, feelings of preparedness varied by experience and career stage. Those with less experience and current PA students often rated themselves more prepared than more seasoned PAs. Additional research is needed to identify if these trends are related to changes in the curriculum within PA education or alternative factors, such as established PAs experiencing a greater breadth of patient encounters within their career.

Exploring the interaction between specialty, or anticipated specialty, and preparedness revealed those in primary care, emergency medicine, or students who did not yet have a clear specialty preference felt better equipped to care for diverse populations, while those in internal medicine or surgical subspecialties reported lower levels of preparedness. Similar to existing research, provider concordance also had an impact on perceived readiness. Across the data, respondents who identified as part of a diverse sociocultural group - including SOGI minorities, individuals with disabilities, and those from rural backgrounds - reported greater confidence in serving patients with similar backgrounds. These findings underscore the complex interplay between experience, specialty, personal identity, and the sense of preparedness needed to deliver inclusive, equitable healthcare.

The PA profession continues to work towards minimizing the demographic gaps between the PA workforce and the US population. This data helps illustrate that trend: the proportion of PA students who identified as a member of a group underrepresented in medicine was greater than the PAs included in this sample. Fostering diversity, promoting provider concordance, and continually assessing preparedness and comfort to treat diverse populations are essential aspects for advancing health equity. By embracing these strategies, the PA profession is poised to lead meaningful change - ensuring that every patient receives compassionate and culturally responsive care.

## Data Tables

Table 1. Racial/Ethnic Identity by Respondent Segment

Measure	All Respondents		PAs		Students	
	N=	Percent (%)	N=	Percent (%)	N=	Percent (%)
<b>Race</b>						
White	2,089	78.5	1,488	81.8	601	71.5
Black/African American	102	3.8	62	3.4	40	4.8
Asian	220	8.3	132	7.3	88	10.5
Other	172	6.5	99	5.4	73	8.6
Missing	78	2.9	39	2.1	39	4.6
<b>Ethnicity</b>						
Hispanic, Latino, or Spanish origin	250	9.4	147	8.1	103	12.2
Not Hispanic, Latino, or Spanish origin	2,363	88.8	1,643	90.3	720	85.6
Prefer not to answer	48	1.8	30	1.6	18	2.1

Source: Source: 2025 AAPA Salary Survey, 2025 Student Survey

Question: Which of the following races best describes you?; Are you of Hispanic, Latino, or Spanish origin?

Note: Not all selection options are displayed due to low responses. "Other" reflects the percent of respondents who selected "American Indian or Alaskan Native", "Native Hawaiian or Other Pacific Islander", "Two or more races", or "Other".

Table 2. Underrepresented Minority in Medicine (URM) Status by Respondent Segment

Measure	All Respondents		PAs		Students	
	N=	Percent (%)	N=	Percent (%)	N=	Percent (%)
URM	424	15.9	253	13.9	171	20.3
Not URM	2,153	80.9	1,522	83.6	631	75.0
Missing	84	3.2	45	2.5	39	4.6

Source: 2025 AAPA Salary Survey, 2025 Student Survey

Question: Which of the following races best describes you?, Are you of Hispanic, Latino, or Spanish origin?

Note: URM excludes respondents who indicated they are white or Asian, unless they also indicated they are Hispanic.

**Table 3. Gender and Sex Assigned at Birth by Respondent Segment**

Measure	All Respondents		PAs		Students	
	N= 2,661	Percent (%)	N= 1,820	Percent (%)	N= 841	Percent (%)
<b>Gender Identity</b>						
Male	501	18.8	386	21.2	115	13.7
Female	2,144	80.6	1,429	78.5	715	85.0
<i>Prefer to self-describe or not answer</i>	16	0.7	5	0.3	11	1.3
<b>Sex Assigned at Birth</b>						
Male	458	17.2	360	19.8	98	11.7
Female	1,933	72.6	1,332	73.2	601	71.5
<i>Missing or prefer not to answer</i>	270	10.1	128	7.0	142	16.9

Source: 2025 AAPA Salary Survey, 2025 Student Survey

Question: What is your gender?, What was your biological sex assigned at birth?

**Table 4. Self-Identified Characteristics by Respondent Segment**

Measure	All Respondents		PAs		Students	
	N= 2,661	Percent (%)	N= 1,820	Percent (%)	N= 841	Percent (%)
Family that receives/received public assistance	283	10.6	168	9.2	115	13.7
Currently receive public assistance	110	4.1	3	0.2	107	12.7
First generation to attend college	479	18.0	339	18.6	140	16.6
Diagnosed physical condition	81	3.0	55	3.0	26	3.1
Diagnosed mental health condition	117	4.4	62	3.4	55	6.5
Diagnosed learning disability	88	3.3	51	2.8	37	4.4
Lesbian, gay, or bisexual	217	8.2	121	6.6	96	11.4
Transgender, non-binary, or gender fluid	12	0.5	5	0.3	7	0.8
Two-Spirit, queer, or intersex	16	0.6	7	0.4	9	1.1
None of the above	1,494	56.1	1,011	55.5	483	57.4
<i>I prefer not to answer</i>	76	2.9	45	2.5	31	3.7

Source: 2025 AAPA Salary Survey; 2025 AAPA Student Survey

Question: Do any of the following apply to you? Select all that apply.

Note: Except for “none of the above” and “prefer not to answer”, respondents were able to select all that applied, totals do not add to 100%.

**Table 5. Somewhat Comfortable/Comfortable to Care for Patient Populations by Respondent Segment**

Measure	All Respondents		PAs		Students	
	N= 2,661	Percent (%)	N= 1,820	Percent (%)	N= 841	Percent (%)
Low socio-economic status	2,333	87.7	1,642	90.2	691	82.2
Underserved and/or rural	2,331	87.6	1,642	90.2	689	81.9
Gay	2,300	86.4	1,622	89.1	678	80.6
Lesbian	2,297	86.3	1,615	88.7	682	81.1
Bisexual	2,263	85.0	1,584	87.0	679	80.7
Patients with behavioral disabilities	2,230	83.8	1,580	86.8	650	77.3
Patients with sensory disabilities	2,169	81.5	1,545	84.9	624	74.2
Limited English-language capabilities	2,142	80.5	1,511	83.0	631	75.0
Nonbinary	2,122	79.7	1,483	81.5	639	76.0
Patients with developmental disabilities	2,067	77.7	1,453	79.8	614	73.0
Transgender	2,057	77.3	1,447	79.5	610	72.5
Patients with physical disabilities	2,047	76.9	1,441	79.2	606	72.1

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate your level of COMFORT in providing medical care for the following patient populations.

Note: Items related to population comfort were measured on a 0-3 scale. N and Percent (%) reflects the valid number/proportion of respondents who indicated their feeling “comfortable” or “somewhat comfortable”.

**Table 6. Somewhat/Well Prepared to Care for Patient Populations by Respondent Segment**

Measure	All Respondents		PAs		Students	
	N= 2,661	Percent (%)	N= 1,820	Percent (%)	N= 841	Percent (%)
Lesbian	2,112	79.4	1,474	81.0	638	75.9
Gay	2,139	80.4	1,492	82.0	647	76.9
Bisexual	2,061	77.5	1,418	77.9	643	76.5
Transgender	1,723	64.8	1,182	64.9	541	64.3
Nonbinary	1,785	67.1	1,209	66.4	576	68.5
Patients with physical disabilities	1,640	61.6	1,159	63.7	481	57.2
Patients with behavioral disabilities	1,955	73.5	1,357	74.6	598	71.1
Patients with developmental disabilities	1,711	64.3	1,176	64.6	535	63.6
Patients with sensory disabilities	1,721	64.7	1,231	67.6	490	58.3
Low socio-economic status	2,174	81.7	1,523	83.7	651	77.4
Underserved and/or rural	2,156	81.0	1,497	82.3	659	78.4
Limited English-language capabilities	1,898	71.3	1,334	73.3	564	67.1

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate your level of PREPAREDNESS in providing medical care for the following patient populations.

Note: Items related to population comfort were measured on a 0-3 scale. N and Percent (%) reflects the valid number/proportion of respondents who indicated feeling “somewhat prepared” or “well prepared”.

**Table 7. Prepared to Care for Patient Populations by Respondent Segment**

Measure	Treating LGBT+ Patients				Treating Patients with Disabilities			
	Not prepared		Somewhat to extremely prepared		Not prepared		Somewhat to extremely prepared	
	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
PAs	1,133	65.5	598	34.5	942	55.5	754	44.5
Students	318	44.2	402	55.8	235	34.7	442	65.3
All Respondents	1,451	59.2	1,000	40.8	1,177	49.6	1,196	50.4

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate how PREPARED you feel to provide care to your LGBT+ patients/patients with disabilities with respect to the following content areas.

Note: Items related to preparedness were measured on a 0-4 scale. N reflects the valid number of respondents who indicated their preparedness on each item. Cut points are calculated by recoding composite averages based on the preparedness categories present in the initial survey question (e.g., 0 – Not at all prepared, 4 – Extremely well prepared).

**Table 8. Prepared to Care for LGBT Patients by Respondent Segment**

Measure	All Respondents N = 1,807		PAs N = 1,295		Students N = 512	
	M(SD)	Median (Min, Max)	M(SD)	Median (Min, Max)	M(SD)	Median (Min, Max)
Overall Average Score	2.0 (0.8)	1.9 (0,4)	1.9 (0.8)	1.8 (0,4)	2.3 (0.8)	2.2 (0,4)
<i>Aspects of LGBT+ care</i>						
Sexually transmitted infections (excluding HIV)	2.6 (1.0)	3 (0,4)	2.5 (1.0)	2 (0,4)	2.7 (1.0)	3 (0,4)
Chronic disease risk	2.4 (1.0)	2 (0,4)	2.4 (1.0)	2 (0,4)	2.6 (1.0)	3 (0,4)
Mental health	2.4 (1.0)	2 (0,4)	2.3 (1.0)	2 (0,4)	2.7 (1.0)	3 (0,4)
Sexual orientation	2.2 (1.1)	2 (0,4)	2.1 (1.1)	2 (0,4)	2.5 (1.0)	3 (0,4)
Adolescent health	2.1 (1.1)	2 (0,4)	2.0 (1.1)	2 (0,4)	2.5 (1.0)	2.5 (0,4)
HIV	2.1 (1.0)	2 (0,4)	2.0 (1.0)	2 (0,4)	2.4 (1.0)	2 (0,4)
Body image	2.1 (1.0)	2 (0,4)	2.0 (1.0)	2 (0,4)	2.4 (1.0)	2 (0,4)
Unhealthy relationships (i.e., intimate partner violence)	2.1 (1.0)	2 (0,4)	2.0 (1.0)	2 (0,4)	2.3 (1.0)	2 (0,4)
Coming out	1.9 (1.1)	2 (0,4)	1.7 (1.1)	2 (0,4)	2.2 (1.1)	2 (0,4)
Gender identity	1.9 (1.1)	2 (0,4)	1.8 (1.1)	2 (0,4)	2.3 (1.1)	2 (0,4)
Transitioning (male-to-female, female-to-male)	1.4 (1.1)	1 (0,4)	1.3 (1.1)	1 (0,4)	1.7 (1.1)	2 (0,4)
Gender-affirming surgery	1.3 (1.2)	1 (0,4)	1.2 (1.1)	1 (0,4)	1.7 (1.2)	2 (0,4)
Disorders of Sex Development (DSD)/intersex	1.3 (1.0)	1 (0,4)	1.2 (1.0)	1 (0,4)	1.7 (1.1)	2 (0,4)

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate how PREPARED you feel to provide care to your LGBT+ patients with respect to the following content areas.

Note: Items are measured on a 0-4 scale. N reflects the valid number of respondents who indicated their preparedness on each item. Composite averages are equal to the respondent's total scale score divided by the number of items within each scale.

Table 9. Prepared to Care for Patients with Disabilities by Respondent Segment

Measure	All Respondents N = 1,807		PAs N = 1,295		Students N = 512	
	M (SD)	Median (Min, Max)	M (SD)	Median (Min, Max)	M (SD)	Median (Min, Max)
Overall Average Score	2.0 (0.8)	1.9 (0,4)	1.9 (0.8)	1.8 (0,4)	2.3 (0.8)	2.2 (0,4)
<i>Aspects of care for patients with disabilities</i>						
Mental health	2.3 (0.9)	2 (0,4)	2.2 (0.9)	2 (0,4)	2.5 (0.9)	2 (0,4)
Social and community support	2.1 (0.9)	2 (0,4)	2.0 (0.9)	2 (0,4)	2.4 (0.9)	2 (0,4)
Treatment adherence related to affordability of treatment	2.1 (0.9)	2 (0,4)	2.0 (0.9)	2 (0,4)	2.2 (1.0)	2 (0,4)
Body image	2.0 (1.0)	2 (0,4)	1.8 (0.9)	2 (0,4)	2.3 (1.0)	2 (0,4)
Food insecurity	2.0 (0.9)	2 (0,4)	1.9 (0.9)	2 (0,4)	2.2 (0.9)	2 (0,4)
Unhealthy relationships (i.e., intimate partner violence)	1.9 (1.0)	2 (0,4)	1.8 (0.9)	2 (0,4)	2.2 (1.0)	2 (0,4)

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate how PREPARED you feel to provide care to your patients with disabilities with respect to the following content areas.

Note: Items are measured on a 0-4 scale. N reflects the valid number of respondents who indicated their preparedness on each item. Composite averages are equal to the respondent's total scale score divided by the number of items within each scale.

**Table 10. Prepared to Care for LGBT Patients and Patients with Disabilities by Career Stage**

Measure	Treating Patients with Disabilities				Treating LGBT+ Patients			
	Not prepared		Somewhat to extremely prepared		Not prepared		Somewhat to extremely prepared	
	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
PA Student	235	34.7	442	65.3	318	44.2	402	55.8
0 to 4 years' experience as a PA	170	51.7	159	48.3	190	56.5	146	43.5
5 to 9 years' experience as a PA	236	54.9	194	45.1	291	65.2	155	34.8
10 to 14 years' experience as a PA	170	57.2	127	42.8	214	70.6	89	29.4
15 to 19 years' experience as a PA	133	54.3	112	45.7	164	65.3	87	34.7
20 or more years' experience as a PA	233	59.0	162	41.0	274	69.4	121	30.6

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate how PREPARED you feel to provide care to your LGBT+ patients with respect to the following content areas; Please indicate how PREPARED you feel to provide care to your patients with disabilities with respect to the following content areas.

Note: Items related to preparedness were measured on a 0-4 scale. N reflects the valid number of respondents who indicated their preparedness on each item. Cut points are calculated by recoding composite averages based on the preparedness categories present in the initial survey question (e.g., 0 – Not at all prepared, 4 – Extremely well prepared).

**Table 11. Prepared to Care for LGBT Patients and Patients with Disabilities by Actual/Anticipated Specialty**

Measure	Treating Patients with Disabilities				Treating LGBT+ Patients			
	Not prepared		Somewhat to extremely prepared		Not prepared		Somewhat to extremely prepared	
	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
Primary care	262	43.4	341	56.6	338	54.2	286	45.8
Internal medicine subspecialties	155	56.2	121	43.8	185	66.3	94	33.7
Pediatric subspecialties	27	47.4	30	52.6	35	58.3	25	41.7
Surgical subspecialties	301	58.4	214	41.6	372	70.6	155	29.4
Emergency medicine	96	43.4	125	56.6	112	49.6	114	50.4
Other specialties	276	49.0	287	51.0	333	56.2	260	43.8
No medical specialty	23	50.0	23	50.0	27	58.7	19	41.3
<i>Student: Prefer not to answer</i>	37	40.2	55	59.8	49	51.0	47	49.0

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Question: Please indicate your **primary specialty** as a PA, What specialty would you prefer to practice after you complete your PA studies?

Note: Specialties were combined into macro-level major specialty areas. Students who indicated an anticipated specialty area were merged into the same classification as practicing PAs. Students could also “prefer not to answer” by indicating they were undecided or had no specialty preference. Items related to preparedness were measured on a 0-4 scale. N Reflects the valid N based on respondents who indicated their preparedness on each item. Cut points are calculated by recoding composite averages based on the preparedness categories present in the initial survey question (e.g., 0 – Not at all prepared, 4 – Extremely well prepared).

**Table 12. Prepared to Care for LGBT+ Patients/Patients with Disabilities by Practitioner Socio-Cultural Group Membership**

Measure	Treating LGBT+ Patients				Treating Patients with Disabilities			
	Not prepared		Somewhat to extremely prepared		Not prepared		Somewhat to extremely prepared	
	N	Percent (%)	N	Percent (%)	N	Percent (%)	N	Percent (%)
Disability /Condition	98	45.0	120	55.0	95	44.0	121	56.0
Rural Population	123	48.0	133	52.0	83	33.2	167	66.8
SOGI Minority	74	34.7	139	65.3	97	47.3	108	52.7
Low SES	162	51.6	152	48.4	119	39.1	185	60.9

Source: 2025 AAPA Salary Survey, 2025 AAPA Student Survey

Note: PAs/PA students in the “Disability/Condition” group indicated they had a learning disability, mental health condition, and/or physical health condition. Respondents were considered a Sexual or Gender Identity Minority if they indicated being lesbian, gay, bisexual, transexual, non-binary, gender fluid, queer, intersex, or two-spirit. Respondents were included in the Low SES group if they currently receive public assistance and/or their family receive(d) public assistance. Items related to preparedness were measured on a 0-4 scale. N Reflects the valid N based on respondents who indicated their preparedness on each item. Cut points are calculated by recoding composite averages based on the preparedness categories present in the initial survey question (e.g., 0 – Not at all prepared, 4 – Extremely well prepared).

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