1. Is a diverse student body central to the program’s mission?

   a. **Explain why having a diverse student population is a compelling interest for the Program.**

   The Dental School is committed to recruiting and admitting students who reflect multiple perspectives and experiences. The Dental School feels a responsibility to maintain a vigorous recruitment effort to ensure that the best qualified student matriculate, and that each incoming class is diverse in many ways, including racially, culturally, and socially.

   Dental education at UTHSCSA Dental School is based in close interactions between faculty and students, and small group learning. To facilitate the teaching of compassionate health care delivery, students need to learn about situations, customs and cultures that are diverse. Therefore, racial/ethnic diversity in the student population is essential to achieving the educational goals of cultural competence. The perspectives of students of various backgrounds, cultures, and ethnicities are needed to assure that all graduates can provide sound oral health care in any community.

   b. **Identify and discuss any studies or findings indicating that a diverse student population is a pedagogical necessity or of value in successfully practicing the profession.**

   The HHS publication *Oral Health in America: A Report of the Surgeon General* in 2000, provided evidence that: (1) oral health problems disproportionately affect disadvantaged populations among underrepresented minority groups and low income populations, and, (2) an extreme shortage of underrepresented racial and ethnic minority dentists existed in the U.S. Since that report, HHS has made enhancement of racial and ethnic diversity in dental education and in the oral health workforce a top priority.

   In 1999, the American Association of Dental Schools reported: “the production of underrepresented minority [URM] dentists is totally out of synch with projected U.S. demographics. Strategic measures are needed to increase the number of URM dental graduates that will improve access to care for minorities throughout the nation.”

   For more than a decade, the U.S. Department of Health and Human Services (HHS) has advocated that one of the most effective strategies to increase access to health care for underrepresented minority (URM) and low income populations, and improve the health of these populations, including oral health, is to increase the number of health care professionals, including dentists, who are from URM and economically challenged backgrounds. HHS and the Institute of Medicine (IOM) have reported evidence from a variety of sources indicating that enhancement of the number of health care providers who are URM and/or from low-income backgrounds improve access to care for challenged and vulnerable populations.
For example, the following excerpt is from the recent (April, 2011) IOM report titled: *Advancing Oral Health in America*: “Evidence shows that a diverse health professions workforce (including race and ethnicity, gender and geographic distribution) leads to improved access for underserved populations, greater patient satisfaction and better communication.” (Chapter 3: Oral Health Care System; Page 81)

HHS made enhancement of oral health workforce diversity a strategic priority in 2003 in the report titled: *National Call to Action to Promote Oral Health*. The following excerpt is from this report.

**Action 4. Increase Oral Health Workforce Diversity, Capacity, and Flexibility**

The patient pool of any health care provider tends to mirror the provider’s own racial and ethnic background. As such, the provider can play a catalytic role as a community spokesperson, addressing key health problems and service needs. While the number of women engaged in the health professions is increasing, the number of underrepresented racial and ethnic minorities is decreasing and remains limited. Specific racial and ethnic groups are underrepresented in the active dental profession compared to their representation in the general population: African Americans comprise 2.2 percent of active dentists versus 12 percent of the population; Hispanics comprise 2.8 percent of active dentists versus 10.7 percent of the population; Native Americans comprise 0.2 percent of active dentists versus 0.7 percent of the population. The reasons are complex but certainly include the high cost of dental school education (upwards of $100,000 indebtedness for dentist graduates). Efforts to address these problems at all levels - from improving K-12 education in science and math to providing scholarships and loan forgiveness programs for college and pre-doctoral programs - are essential if a truly representative health workforce is to be achieved.”

Numerous techniques have been proposed and implemented by various dental schools to increase enrollment of URM and low-income students into dental school. Brunson, et al recently summarized best practices associated with effective outreach and recruitment for URM and low-income dental students.

Most dental and medical schools in the United States strive to create diversity within their student population, working under the assumption/theory that diversity exposes students to a broad array of ideas, experiences, and perspectives, and prepares them to meet the health care needs of a multicultural American population. There have been numerous advocacy papers and some research reports related to the educational benefits of diversity among the student population in health professions education and other areas of higher education, including a comprehensive review of the literature in the *Harvard Education Review* (reference 16) 

For example, a study by Saha at the University of Oregon Health and Science University concluded: “White medical students who attend schools with greater racial and ethnic diversity among the student body are more likely to rate themselves as highly prepared to care for minority populations”. A Web-based survey was administered by the Association of American Medical Colleges to 20,000 graduating medical students (64 percent of all graduating students in 2003 and 2004) from 118 U.S. allopathic medical schools. Historically black and Puerto Rican medical schools were excluded. White students at the 20% of medical schools with the most ethnically diverse student population, measured by the proportion of underrepresented minority (URM) students, were 33 percent more likely to rate themselves as highly prepared to care for minority patients than students at schools with the lowest
extent of ethnic diversity. This outcome was the strongest at schools in which students perceived a positive climate for interracial communication, collegiality and social interaction.

References:


c. Identify all publications, documents, or public statements that evidence the Program's commitment to creating a diverse student body that includes a critical mass of under-represented racial or ethnic minorities.

Admission Office/Student Affairs

1. American Dental Education Association (ADEA) hosted a workshop to Increase Diversity of Dental Students on August 9th, 2010 at the dental school. Specific topics that the ADEA Admissions Committee Workshop addressed include:

   • the importance of diversity in the education of dental students
   • how grades and test scores do not tell us about many of the qualities we seek in applicants
   • how race and ethnicity can and cannot be used in making admissions decisions
   • the benefits of summer enrichment programs for students from disadvantaged and low socioeconomic backgrounds
   • best practices in implementing holistic review of applicants
   • how to assess non-cognitive characteristics

2. 2011: The American Dental Education Association-Center for Equity and Diversity had a program titled “ADEA Growing Our Own/Future Dental Faculty. The program was aimed at

1. Applying an evaluation tool (grid) for diversity and leadership programming. 2. Appraise the use of portfolios.
Faculty Activities

1. Faculty Retreat 2009: Title Presentation: A Dental School Admissions OSCE: Feasibility- Acceptability- Reliability. Dr. Marilyn Lantz University of Michigan Dental School.


Student Activities

In 2009 and 2010 two student were selected to participate in a National Program conducted by the ADA “Collaboration of National Dental School Program’s for a Common Goal: Increasing Diversity in the Dental Profession. The program focused on how to partnership with admission officers and to highlight models that collaborate with pre-health advisors to further increase strategies to achieve higher levels of Diversity.

Dental School Applicants

All interested applicants, pre-health advisors and admission officer have access to National Publication; American Dental Education Association Opportunities for Minority Students in United States Dental School 2009-2011. The publication has a comprehensive review of opportunities for Minorities in Dentistry, Dental School initiatives to enhance Diversity, and individual school listings.

d. Identify the program or institution's commitment or need for diversity within its mission statement and admission policy.

The mission of The University of Texas Health Science Center at San Antonio is to serve the needs of the citizens of Texas, the nation, and the world through programs committed to excellence and designed to:

- educate a diverse student body to become excellent health care providers and scientists
- engage in biomedical research focused on seeking information fundamental to the prevention, diagnosis and treatment of disease
- provide compassionate and culturally competent state of the art clinical care
- enhance community health awareness, education and practices thereby improving the wellness of the citizenry.

The Dental School Mission is the acquisition, dissemination and use of knowledge toward the enhancement of oral health. This mission is addressed through six interrelated action components: education, research, patient care, community, faculty and staff, and infrastructure.
2. Identify any and all requirements or guidelines from accrediting agencies or other organizations that have an impact on the Program's recruitment and admission of a diverse student population.

The Commission on Dental Accreditation has operated under the administrative aegis of the American Dental Association (ADA) since 1975. The Commission’s independent and autonomous duties, are to include formulation and adoption of accreditation standards for predoctoral, advanced dental and allied dental education programs. The mission of the Commission on Dental Accreditation is to serve the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry.

There is a specific standard that we have to meet in order to be accredited in regards admission policies.

The statement reads “2-2 Admissions policies and procedures must be designed to include recruitment and admission of a diverse student population.”

“Intent 2-1, 2-2:
The dental education curriculum is a scientifically-oriented program which is rigorous and intensive. Admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program.”

2. Does your admission policy advance your goal of having a diverse student body?

a. Describe in detail the current admission policy and practices of the Program, giving particular attention to how race is used in making admission decisions.

The admissions committee formalized a non-weighted mechanism to incorporate into the admissions process an evaluation of applicants for subjective criteria like work experience, leadership roles, shadowing and volunteer opportunities, campus involvements, bilingual abilities, socioeconomic history, and many others.

Applicants obtain information concerning program criteria, program goals, and procedures for admission through the Dental School Website under Admissions and Student Affairs, the Dental School Applicant Viewbook, through information disseminated at predental group meetings and recruiting fairs. A central application center processes applications to all medical and dental schools of The University of Texas System. Texas residents are required to apply through the
UT Application Service system. Information about application procedures for Texas residents is available on the website for the Texas Medical and Dental Schools Application Service where students can apply online. Application information for non-Texas residents is available through the American Association of Dental Schools Application Service (AADSAS) website. All applications are reviewed and considered for an invitation to interview. Applicants are considered for interview on a competitive basis, using the objective component of the Management Model Score derived from the overall GPA, the science GPA, and the academic average score from the DAT and also considering the following factors.

1. Academic and personal background, including high school, parents education, extenuating circumstances affecting academic qualifications.
2. Socioeconomic situation and barriers to achievement.
3. Work experience, campus/community involvements and personal accomplishments.
4. Geographic issues, including South Texas and home in rural or underserved area
5. Letters of evaluation / recommendation.
6. Personal essay in application and evidence of commitment to dentistry.
7. Breakdown scores on DAT, especially the science scores for Biology, Inorganic and Organic Chemistry sections.
8. Course loads and upper division science preparation, university/college attended and time frame.

The Management Model Score is (Science GPA x DAT-Academic Score/30 x 4 + Overall GPA) x 50 = Overall Score.

No single criteria carry a specific weight.

Selection Process

The Texas Medical and Dental Student Application Services start accepting application in May through October 1st of each year. Dental applicants are interviewed between August and January of each year. The Associate Dean for Student Affairs, Dr. Adriana Segura, grants applicant interviews. Interviews are held on Monday’s beginning at 9:30 am. Applicants are given a general presentation of campus life, curriculum overview and financial aid information. The day culminates with lunch and tour with DS2, DS3, and DS4 students. Faculty, junior and senior students conduct interviews. All applicants who are interviewed are reviewed by the Admissions Review Panel and are assigned a subjective point total from 0 to 400. The members of the Admissions Review Panel are: Dr. Adriana Segura, Associate Dean for Student Affairs, Dr. Joseph Berrong, Professor Comprehensive Dentistry, Dr. Juanita Pineda, Assistant Clinical Professor and Director of Predoctoral Community Outreach programs, Dr. Michael Huber, Associate Professor Comprehensive Dentistry, Dr. Vidal Balderas, Assistant Clinical Professor, Comprehensive Dentistry and Dr. John Gildersleeve, Professor of Comprehensive Dentistry. A rank order list is created. Prior to December 1st, the Admissions Committee reviews the list and determines how many first round acceptance letters will be sent and to whom. The Admission committee is made of 16-faculty members and 6 dental students. After the first of round of letter goes out, admission is a rolling process. In February, the Admissions Committee sets an alternate list. When the alternate list is set, rejection letters go out to those applicants who were not interviewed and those who did not make the alternate list.
Appendix 1 is the Admissions Review Panel scoring sheet.

b. If there have been any changes over the last five years in admission policy or practices, please state what those changes are and why they were made.

Administrators, faculty and students are represented on the Admissions Committee. This committee reviews the admissions criteria and procedures and is modified as needed. In May of 2010, at the annual faculty retreat, faculty reviewed the admission process, criteria for acceptance, applicant evaluation form and interviewer evaluation form. In order to obtain calibration amongst interviewers; a new form was developed utilizing standardized questions. Mock interviews were held at the retreat using the new interviewer evaluation form and the evaluating the use of some standardized question. Input was obtained on how to be objectively assessing the non-academic qualifications of applicants. The input was then incorporated into the 2 new forms: the Admission Review Panel application evaluation sheet and the interviewer evaluation form.

c. Describe how the program’s admission policy is consistent with the program’s mission statement.

The UTHSCSA Dental School developed a comprehensive applicant evaluation system in an effort to help matriculate a qualified and diverse student body. Paramount in our desire to achieve a diverse student body is the need to enhance the learning environment through the exchange of views and ideas of students from different backgrounds. Diversity takes many forms, and includes educational background, hometown environment, work experiences, racial/ethnic/cultural customs and background, and college surroundings. Students from all diverse backgrounds feel comfortable if there is a critical mass of others with similar backgrounds/cultures. Additionally, students learn a great deal from each other, and the appreciation of different cultures, ethnicities, circumstances, and backgrounds is an important part of the sensitive delivery of skilled and compassionate health care.

Recruiting and retaining a highly qualified, diverse faculty, student body and staff achieve the mission of the Dental School and UTHSCSA. UTHSCSA strives to achieve diversity by recruiting a student body and workforce that is representative of multiple socio-cultural and socioeconomic backgrounds, personal experience and achievements, as well as ethnic origin. We have data showing where the graduates are located in regards to the underserved areas. The map below attached indicates where the 2004 and 2006 graduates are currently located. This represents the location of graduates 4-6 years out of Dental School. This analysis was created in September 2010. We have continually seen a trend that has been an increase in the number of graduates located in the underserved areas of Texas. The shaded areas in green are Dental underserved areas and orange dots indicate location of UTHSCSA graduates. The map is indicative how are trying to meet the mission of the UTHSCSA: “Serve the needs of the citizens of Texas” and how we are building the public workforce in south Texas.
GREEN AREAS: Designated Underserved areas

ORANGE DOTS: Location of Dental Graduates

e. **Explain whether the Program has achieved a diverse student body over the past five years. In supporting your assessment, please identify and provide any documents, statistical data or other evidence that shows the diversity of enrollment levels, of current class levels and of individual courses. Include information related to all categories of diversity such as race, gender, age, geographic, socio-economic, etc.**

Appendix 2 demonstrates Race/ Ethnicity by academic year. As part of assessing and trying to increase the diversity student body, in 2010 we are now looking to the accepted numbers of underrepresented minorities to actual numbers of who accepted our offer. Appendix 3 demonstrates those numbers for URM that were recruited to the Dental School. Appendix 4 Data demonstrates national applicant’s statistics in comparison to UTHSCA enrollment numbers.

f. **Identify each minority group that is currently considered under-represented at the Program and explain how it was determined that each such minority group was under-represented. F. Explain whether the Program has achieved a critical mass of any group of under-represented racial or ethnic minorities. "Critical**
mass” means the presence of a sufficient number of under-represented minority students such that they are encouraged to participate in the classroom and do not feel isolated or like spokespersons for their race or ethnicity. Please identify and provide any documents, data or other evidence relevant to determining if critical mass has or has not been achieved. This should include faculty and student surveys and antidotal stories.

The American Dental Education Association uses the definition from the Health Resources and Services Administration.

Definition: “Underrepresented Minority”

“In this report “underrepresented minority” is defined as racial and ethnic group in the total population. This definition would include Black or African American, American Indian or Alaska Native Hawaiian or other Pacific Islander, Hispanic or Latino, and any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian, Thai or Vietnamese/Southwest Asian”

As part of assessing “critical mass” and whether the current class number representations are indicative of adequate numbers for URM a Focus Group was conducted with 6 students in 2009. These students were self-identified as being URM. The questions for the focus group targeted 2 issues. Appendix 5 provides the summary of the Task Force.

1. Why did you select UTHSCSA-Dental School
2. What is your impression of the environment from the Dental school for URM.

3. Has the consideration of race in admissions determinations been narrowly tailored?
   a. Describe training that is provided to admissions committees on how to use race as a factor in the admissions process.

In 2009 training was provided by the American Dental Education Association to the admissions committee.

Specific topics that the ADEA Admissions Committee Workshop addresses include:

• the importance of diversity in the education of dental students
• how grades and test scores do not tell us about many of the qualities we seek in applicants
• how race and ethnicity can and cannot be used in making admissions decisions
• the benefits of summer enrichment programs for students from disadvantaged and low socioeconomic backgrounds
• best practices in implementing holistic review of applicants
• how to assess non-cognitive characteristics

Presenters
b. Show evidence that white applicants with lower scores than under-represented minorities are admitted, i.e. that race isn't determinative in every case.

In 2010, 187 dental school applicants were offered an acceptance. 98 students were enrolled in 2010. The average GPA in 2009 was 3.56 and the average DAT score was an 19.

In 2010, 17 non-Hispanic Caucasians were offered an acceptance although they had a lower GPA and lower DAT score than the average. The holistic approach to full file review assesses more factors than just grades and race.

c. Verify that the admission policy and its application result in holistic, individualized full-file reviews.

The Associate Dean of Student Affairs and the Admission Review Panel use a full-file review when using the Holistic approach in reviewing candidates.

This full-file review accounts for:

1. Academic Background
2. Dental Admissions Testing
3. Impacting Factors Affecting Academic Performance
4. Recommendations
5. Motivation for a Career in Dentistry
6. Interview Assessment
7. Assessment of Professionalism
8. Evaluation of Written Essay

4. Are there any race-neutral alternatives that are effective in achieving a critical mass of under-represented racial or ethnic minorities?

a. Describe any efforts the Program has made over the past five years to identify race-neutral alternatives to use to in lieu of a race-sensitive admissions policy and discuss the viability of using such alternatives to achieve a critical mass of under-represented minorities.

In 2010, the admissions review panel sheet was modified to include race-neutral alternatives that can address the issue of critical mass of under-represented minorities. These factors are considered “Impacting Factors” and include the considerations listed below related to candidates’ personal and economic background:
**Personal/Economic History**

- Applicant economic history/exceptional financial/need guidelines
- Employment while attending college
- Residence in Lowest 10% per capita income county
- Residence in county designated underserved by health professionals
- Parents never attended college
- Applicant is first college attendee in his immediate family
- Overcame extreme hardship – Judgment from biographical sketch
- Applicant is Bi-lingual

b. Identify all recruiting efforts that have been used over the past five years to obtain a racially diverse class, as well as alternative efforts that were considered, but not implemented.

The Dental School promotes diversity throughout the educational process with the objective of reducing oral health disparities for persons living in South Texas. During the pre-matriculation phase, the Dental School seeks to recruit and enroll a diverse student population and develop several programs to target applicants from all backgrounds to pursue a dental career. Throughout the educational program, students provide dental services for a population with unmet dental needs, as part of their curriculum. Our long history of diversity in education has translated into serving the minority community in South Texas, where the majority of the faculty who supervise dental students on rotation at affiliated community–based clinics are UTHSCSCA Dental School graduates and are underrepresented minority dental providers. The Dental School has a legacy of supporting diversity in student recruitment, enrollment, education, research, graduate education, and faculty recruitment.

1. Recruitment: Collaboration with the Office of Recruitment and Science Outreach to promote opportunities in dentistry to high school, college, and pre-professional students. The Dental School is a collaborator in the Med Ed Program and the Prep-Course Scholarship Program.

2. Recruitment: Participates in health fairs and educational opportunities to high school and college students in minority-serving institutions and to minority health professions students attending larger universities.

3. Recruitment: Provides tours as requested for high school and university students interested in careers in dentistry. High school and college students are able to shadow our dental students, visit the school, and conduct ‘hands on’ experiences in the pre-clinical laboratories with an emphasis on minority students.
4. Recruitment: 3+4 Dental Early Admission Program. Establishes a mechanism to attract students from Hispanic-serving institutions or colleges that educate a large number of underrepresented minority students. Currently, the Dental School has agreements with 20 colleges and universities. This program permits eligible candidates to complete three years of college and then matriculate into our Dental School if certain academic criteria are attained.

5. Admission: Admits a diverse and academically excellent dental school class. The Dental School Admissions Review Panel seeks to enroll a diverse student body that expands the educational experience for all students.

6. Graduate Admission: Consider diversity in admissions to advanced dental education programs. Graduate programs recruit candidates from underrepresented minority groups. Recipients of grant from the Health Resources and Services Administration (HRSA), the AEGD and GPR Programs matriculate from 50% to 75% of residents who are from disadvantaged groups.

7. Education: Fosters diversity through an International Dental Education Program (IDEP). This program creates an opportunity for internationally trained dentists to practice in the U.S. Approximately 25% of these students come from Central/South America or Africa.

8. Extramural Programs: Provides students with experiences providing care for diverse population groups living in South Texas. Students provide preventive services to children in Head Start and in our school-based clinic in the Edgewood ISD. Students provide dental services to persons living on the west side of San Antonio (Salinas Clinic & Barrio Comprehensive Family Health Care Center), east side of San Antonio (Frank Bryant Clinic) and the inner city (San Antonio ISD program for underserved school children). Dental students participate in opportunities to provide treatment for the homeless (Heroes for the Homeless) as well as for indigent populations residing in communities located along the Texas/Mexico border (Del Rio, Eagle Pass, Laredo), using alternative dental care delivery systems (mobile dental van, portable equipment). Additionally, all senior dental students rotate to affiliate Community Health Centers in South Texas as part of their required curriculum (LRGV/Brownsville, Harlingen, Raymondville, Santa Rosa; MRGBA/Laredo; WGBA/Eagle Pass).

9. Graduate Education: Provides educational programs for graduate students in Prosthodontics, Periodontics, and Dental Public Health in Laredo. The objective is to provide dental health professional workforce training in Laredo as part of the Laredo Campus Extension.

10. Graduate Education: Established graduate programs in Advanced General Dentistry and Pediatric Dentistry based in Laredo. One objective of this initiative is to provide the anchor for the academic infrastructure required to pave the way for a cohort of dental students who will spend their senior year in Laredo as part of the long-term dental education plan for the LCE/Regional Dental Campus. Additionally, through this initiative a number of local Laredo residents have been hired (with more positions to be filled pending funding from the legislature) as clinic staff at the Laredo Health Department to support the graduate dental educational programs.

11. Graduate Education: Received a HRSA Title VII Training Grant to increase the number of pediatric dentists in the U.S., with a focus on building the oral health infrastructure in South Texas. This program has produced 18 pediatric dentists
serving underserved populations and 11 dentists practicing in medically underserved communities.

12. Graduate Education: Awarded a HRSA grant to increase the dental public health infrastructure in South Texas. Over a 12-year period, projects from this grant have improved access to preventive services along the border and have produced dentists who practice in Dental Health Professions Shortage Areas (D-HPSAs).

13. Student Organizations: Active Hispanic Student Dental Association (HSDA) that is a component of the San Antonio Greater Hispanic Dental Association. Both organizations are active in introducing high school and college students to dental careers and mentoring Hispanic dental students. A number of Dental School faculty are active members of the San Antonio Greater Hispanic Dental Association.

The Dental Hispanic Center of Excellence (D-HCOE) at the University of Texas Health Science Center at San Antonio was funded through HRSA from 2001-2007. The goals of this program were to increase the number of Hispanic applicants to Dental School, improve academic performance of Hispanic students, increase the recruitment and retention of Hispanic faculty, enhance the oral health infrastructure and ultimately reduce health disparities. To this end, the D-HCOE sought to:

1. Recruit candidates for Dental School at colleges and universities with a large Hispanic enrollment.
2. Mentor students to improve performance on the Dental Admission Test (DAT) and assist with preparation of the application essay and conduct mock interviews.
3. Tutor students enrolled in Dental School in both clinical and basic science courses.
4. Participate in research projects, guided by faculty, that addressed questions related to the science of oral health and dentistry.
5. Collaborate on professional development for junior Hispanic faculty providing opportunities to improve teaching and research skills.

Conclusion

The UTHSCSA Dental School has developed a holistic approach to a full file review in order to help matriculate a qualified diverse student body. The Dental school seeks to recruit and enroll a diverse student population and to continue developing programs to target applicants from all backgrounds to pursue a dental career.
## UTHSCSA
### ADMISSIONS REVIEW PANEL SHEET

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Interview Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary College/University</td>
<td>Degree</td>
</tr>
<tr>
<td>Awarded</td>
<td>Anticipated Date</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td>Re-applying</td>
</tr>
<tr>
<td>Hometown:</td>
<td>Residency:</td>
</tr>
</tbody>
</table>

### ACADEMIC BACKGROUND

- GPA: Over all Cumulative
- GPA: Post-Graduate

### IMPACTING FACTORS

- **Personal/Economic History:**
  - Applicant economic history – Exceptional financial/need guidelines.
  - Employment while attending college.
  - Residence in lowest 10% per capita income county.
  - Residence in county designated underserved by health professionals.
  - Parents never attended college.
  - Applicant is first college attendee in his immediate family.
  - Overcame extreme hardship – Judgment from biographical sketch.
  - Applicant is bi-lingual.

  - Excellent
  - Well Above Average
  - Above Average
  - Average
  - Below Average
  - Very Poor

### RECOMMENDATIONS

- **Health Professions**
- Advisor/Committee/Faculty
- Other Recommendations
- Familiarity of Evaluators

  - Excellent
  - Well Above Average
  - Above Average
  - Average
  - Below Average
  - Very Poor

### MOTIVATION

- Dental Knowledge/Dental Relatives
- Office Observation
- Membership in Pre-Dental Groups
Summer Pre-Dental Program

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

INTERVIEW ASSESSMENT
Interviewer 1
Poise, presentation
Verbal Proficiency
Clarity of thought/organization

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

Interviewer 2
Poise, presentation
Verbal Proficiency
Clarity of thought/organization

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

PROFESSIONALISM
Previous Employment Experience
Extracurricular Activities
Community Service
History of Leadership Positions in Societies
Organizations
Research Activities

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

RE-APPLICANT
Has applicant continued education with relevant courses
Compare present GPA and DAT to past performance
Has applicant made an effort to improve his/her overall application
WRITTEN ESSAY

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

FACTORS AFFECTING ACADEMIC HISTORY

DENTAL ADMISSION TEST
Academic Average (AA)
Perceptual Ability (PAT)
Quan Reasoning (QR)
Reading Comp (RC)
Biology (BIO)
General Chemistry (GC)
Organic Chemistry (OC)
Total Science (TS)

Areas of Interest/Concern:
Required Courses
Courses repeated/withdrawn
Course Semester Hours: FRESH. SOPH. JUNIOR SENIOR
Post Bac. Hours:

☐ Excellent  ☐ Well Above Average  ☐ Above Average  ☐ Average
☐ Below Average  ☐ Very Poor

COMMENTS

ARP Committee Name:

400 ☐  340 ☐  280 ☐  220 ☐  160 ☐  60 ☐  0 ☐
### Appendix 2

**UTHSCSA – Fall Enrollment by Ethnicity**  
**Fall 2006 – Fall 2010**

<table>
<thead>
<tr>
<th>Term</th>
<th>School</th>
<th>Total</th>
<th>% Am. Indian</th>
<th>% Asian</th>
<th>% Black</th>
<th>% Hispanic</th>
<th>% International</th>
<th>% Int'l</th>
<th>% Unk</th>
<th>% White</th>
<th>% White</th>
<th>Multi-Race</th>
<th>% Multi-Race</th>
<th>HT-Pac</th>
<th>% HT Pac</th>
</tr>
</thead>
<tbody>
<tr>
<td>FALL 2006</td>
<td>DS</td>
<td>407</td>
<td>0.0%</td>
<td>45</td>
<td>11.1%</td>
<td>9</td>
<td>2.2%</td>
<td>67</td>
<td>16.5%</td>
<td>7</td>
<td>1.7%</td>
<td>22</td>
<td>5.4%</td>
<td>257</td>
<td>63.1%</td>
</tr>
<tr>
<td>FALL 2007</td>
<td>DS</td>
<td>427</td>
<td>0.0%</td>
<td>49</td>
<td>11.5%</td>
<td>11</td>
<td>2.6%</td>
<td>63</td>
<td>14.8%</td>
<td>16</td>
<td>3.7%</td>
<td>23</td>
<td>5.4%</td>
<td>265</td>
<td>62.3%</td>
</tr>
<tr>
<td>FALL 2008</td>
<td>DS</td>
<td>472</td>
<td>0.2%</td>
<td>74</td>
<td>15.7%</td>
<td>9</td>
<td>1.9%</td>
<td>67</td>
<td>14.2%</td>
<td>16</td>
<td>3.4%</td>
<td>34</td>
<td>7.2%</td>
<td>271</td>
<td>57.4%</td>
</tr>
<tr>
<td>FALL 2009</td>
<td>DS</td>
<td>478</td>
<td>0.0%</td>
<td>95</td>
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## Year 2010

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## Dental School's applicants and enrollees by gender, race, and ethnicity

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<th>F</th>
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<th>Nat Amer</th>
<th>Asian Amer</th>
<th>Total</th>
<th>M</th>
<th>F</th>
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Date: March 15, 2009
Summary – March 11, 2009 Focus Group with URM Dental Students

Moderator: Bill Hendricson

Questions:

1.) What attracted you to the dental profession? Why dentistry versus other possible careers?

The students described several reasons for their attraction to dentistry:

- Recommendations of parents & other family members
- Parents are dentists – admired work / lifestyle and economics of dental practice
- Positive personal experiences with dentistry as an adolescent (i.e., orthodontics)
- Positive personal experiences from shadowing dentists in high school or college and during a health care mission to a South American nation
- Attracted to the working environment of dentistry: limited & predictable hours, own your own business, flexibility in work hours and schedule, seems like a stable field, respected
- Attracted to the sciences; dentistry more personally attractive than medicine or pharmacy

2.) What attracted you to the dental school in San Antonio versus other dental schools?

Students indicated that a key consideration was geography (i.e., location of the school near their family and in an area where they hoped to practice). A second consideration was the positive reputation of the school as being a “top ranked dental school.” The third reason was the “clinical facilities” at San Antonio which were perceived to be superior to Baylor or Houston. Students indicated that the environmental reputation of the San Antonio dental school was “laid-back but serious; students want to do well academically but are still friendly and supportive of each other.” Most of the students indicated that they knew little about the social environment of the school before they applied and this was not a major consideration in their decision to apply or enroll. One student mentioned that she was aware of San Antonio’s reputation for having a high percentage of Hispanic students and said that this was a consideration in the decision to enroll at San Antonio. One student said that “all three dental schools in Texas are great; I would have been happy to enroll in any but chose San Antonio because of geography.”

There was discussion of the perceived characteristics of the other dental schools in Texas. Baylor was described as having a more serious atmosphere than Houston or San Antonio (i.e., more intense academically, a higher percentage of hard core students who really want to get high grades). Houston was perceived to be the most laid-back and appeared somewhat disorganized during the time when several of the focus group students interviewed at that school. However, students noted that they interviewed after Hurricane Rita and in the midst of a major re-modeling at Houston which may have influenced their impressions.

3.) What were the most important factors in your decision to enroll at this dental school?
See answers to question # 2. In addition to these responses, several students described very positive experiences during their interview visits to the school such as “everybody was nice and helpful” and “I really enjoyed the tour”. One student described the school environment as “chill” and laid-back which made it attractive. Another said that the school “atmosphere seemed to be real cool” when she visited which made it attractive. Two students described being involved in summer programs at the UTHSCSA before enrollment and said they had already formed positive impressions of the dental school environment as being laid-back and friendly. One student described the personal initiative of Dr. Thomas to reach out to her when she was still in college as a key reason for her enrollment.

4. What impressed you and did not impress you about the recruitment process at this dental school?

The students indicated that basically there was no recruitment effort by the school at their colleges (St. Mary’s, UTSA, Texas A & M and Prairie View). As noted in question # 3, one student described a personal effort by the Student Affairs Dean. Four students stated that they had to find information about dentistry as a career option and learn about options for dental school “on their own”. One student said “I had to do research myself – my knowledge of dental school was low.” Students indicated that information about medical and pharmacy schools was mailed to them regularly in college and informational programs about medicine, dentistry and other health careers were conducted frequently, but “you had to be proactive to seek out information about dentistry.”

The students described the pre-dent programs at their colleges as being either “very small” or “lacked faculty guidance”. Two students, however, said that pre-dent was “good at UTSA”. One student indicated that Karen Hudson at A & M was knowledgeable and helpful. Three students stated DEAP at their college had “very low visibility” and it was difficult to find anyone who knew details about DEAP. Awareness of dentistry or Texas dental schools among the faculty at their undergraduate colleges was described as “low”. One student said that other health careers were well represented but there was “no pushing for dentistry.” Several students said that more active dental careers programs for high school students such as UT Explorers would help build the pipeline of college students who are aware of dentistry as a career option.

5. Overall, what are your impressions of the environment at this dental school for URM (African-American and Hispanic) students?

In general, the students indicated that the environment at the dental school was accepting and they felt comfortable with classmates and faculty. One student indicated that she was aware that she “was not seeing faces” (of a similar ethnicity) but this was consistent with her expectations and not a surprise. Several students discussed concerns that classmates might perceive that “I was accepted into school because of ethnicity” or that “I would not be here” if not for scholarships reserved for minority students. Several students reported what they characterized as “teasing” from classmates about ethnic factors in admission decisions. However, none of the students indicated that these concerns were major issues. None of the students said that they have had negative experiences with classmates at this school that were related to ethnicity.

Two students described a perception that Baylor accepted more Hispanic students than San Antonio and had more scholarships available for students which made that school more attractive to
URM students. Two students felt an obligation to prove they were deserving of being admitted on their academic merits and perceived an obligation to help other Hispanic students succeed. There were comments about the number of “Utah students” at this school and some comments that the school should accept Texas residents first and not reserve spots for out of state students.

Most of the students indicated they were aware that the attrition rate at this school was higher for Hispanic students than Anglo students; one student said: “most of the people we have lost are Hispanic.” There was agreement that the “once you are here, they really take care of you” reputation of the school did not appear to be true. Several students commented that they perceived a lack of support for struggling students and said that some classmates had a sense that “they don’t have somebody to talk to”. However, there was also discussion that some students did not work hard and possibly deserved to be failing.

6.) What are your recommendations for improving the environment of this school for URM students?

As noted previously, the students did not perceive any significant problems with the dental school environment in regard to ethnicity. The students stated that the main problem starts “way before dental school.” Dental schools need to make much more effort at the high school level to make young students aware of dentistry. There are just not enough URM students with awareness of dentistry and interest in the profession which limits the number of applications. Students indicated that a more diverse faculty would be helpful in recruitment, especially for qualified students who had several options of where to enroll. However, none of the students reporting any difficulty with faculty members that they perceived was related to ethnicity.

Students agreed that the faculty advisor system for students was “poor” and not effective. However, the advisor system was ineffective for all students, not just URM students. Several students stated that enhancing the advisor system would be generally helpful for all students. Students reported that the student to student mentoring system was helpful. One student reported that he had considered how he would “fit in” with professional peers when in practice after graduation.

7. From your experiences, what are the primary barriers to admission for URM students?

The responses to this question were fundamentally re-statements of previous discussion:

- Lack of a proactive recruitment process by this school and other dental schools
- General lack of awareness of dentistry as an option to medicine or pharmacy
- Too few high school and college students who are interested in dentistry
- Ineffective pre-dental programs at colleges