
UT HEALTH INSTITUTIONS' PROGRESS TOWARD PREPARING DIVERSE HEALTH PROFESSIONALS

The University of Texas System Strategic Plan 2006-2015 calls on its health institutions to “prepare a diverse group of high-quality health professionals to adequately service the needs of Texas.” Also, given the current shortages of health professionals in Texas, rapid increases in the Texas population, and relatively high rates of retirement of certain groups of health providers, the health institutions have been asked to significantly increase the number of future health professionals enrolled and graduated.

Over the five-year period from fall 2003 to fall 2007, student enrollment at the University of Texas health-related institutions (UTHRIs) has increased by 15 percent (1,510 additional students). Overall, the level of student diversity at these institutions has increased, but it is not as diverse as the general college-going population or baccalaureate level recipients in Texas. Also, the degree of diversity depends on the program level and the institution.

Depending on the field of study, challenges remain about the ability to expand programs. Beyond the issue of space, competition for faculty and clinical opportunities for students to train will influence the ability to increase enrollment.

A key to student diversity efforts will include not only retaining more of the best underrepresented minorities in Texas but also increasing the universe of historically underrepresented students interested in health careers. Each UTHRI is involved in such pipeline efforts so that the diversity effort is not merely a competition between institutions but an increase in the finite number of qualified students.

The majority of the student increase has occurred at the graduate level, where enrollment has increased by 932 (62% of the total increase and a 24% increase in graduate students). Student enrollment in professional programs (medicine and dentistry) increased by 295 students (20% of the total increase and a 7% increase in professional students). A shift in some undergraduate programs to graduate level programs led to significant declines in undergraduate enrollment for the first few years of this decade. The more recent increase indicated for undergraduate students (283 student increase since 2003) is a result of an enrollment increase in new certificate programs, particularly in public health, which have been classified as undergraduate students in the UT System Accountability Report.

Table II-3 indicates a slight increase in the number of Hispanic students enrolled but a relative decline in their percentage of total student enrollment. This relative decline is attributable to Hispanic undergraduate enrollment declining by 100 students (an 18% decrease). Hispanic enrollment at the graduate level increased by 86 (a 17% increase), but the overall increase in graduate student enrollment resulted in the proportion of Hispanic enrollment declining slightly (from 12.9% in 2003 to 12.2% in 2007). Hispanic enrollment in professional programs increased by 56 students (a 10% increase in Hispanic professional students), enough to increase Hispanic enrollment from 14.4 percent of professional programs in 2003 to 14.7 percent in 2007.

Table II-3 TOTAL STUDENT ENROLLMENT, UT HEALTH INSTITUTIONS

	2003		2007	
White	5,593	55.7%	5,621	48.7%
African-American	550	5.5%	771	6.7%
Hispanic	1,628	16.2%	1,670	14.5%
Asian American	1,217	12.1%	1,581	13.7%
Native American	58	0.6%	66	0.6%
International	685	6.8%	1,402	12.1%
Unknown	311	3.1%	441	3.8%
Total	10,042		11,552	

Also, Table II-3 indicates a 221 student increase (40 percent) for African-American students. Undergraduate African-American students increased by 78 (46% increase) and African-American graduate students increased by 83 (41%). The number of African-American professional students increased by 60 (34% increase). As a percentage of all graduate students, African-Americans went from 5.2 percent in 2003 to 5.9 percent in 2007. Similarly, as a percentage of all professional students, African-Americans went from 4.4 percent in 2003 to 5.5 percent in 2007.

This analysis will focus on the graduate and professional programs and the programs aimed at increasing student diversity.

GRADUATE ENROLLMENT

As noted earlier, a significant amount of growth has occurred at the graduate level (62% of all growth). While a portion of this growth is a reflection of some programs transitioning from the undergraduate to the graduate level, it is also a reflection of health institutions consciously expanding graduate programs.

A closer look at graduate student enrollments from fall 2003 to fall 2007 shows that the largest increase (absolute number and percentage) occurred in the Biomedical Science programs, followed by Allied Health programs. Graduate Nursing programs experienced the third largest increase in students.

Of the 932 additional graduate students, UT Southwestern led the way with an increase of 597 graduate students—nearly doubling its graduate enrollment in five years. UTMB and UTHSCSA increased by 290 and 222 graduate students, respectively—increases of 45 percent and 34 percent. The 9 percent decrease for UTHSCH may largely be attributed to a technical/classification issue. The institution experienced a significant enrollment increase in certificate programs. Prior to fall 2007 the institution reported these students at the level of course work they were taking—usually master’s level. Starting in the fall 2007 the institution began reporting these certificate students as “post baccalaureate” students, which are classified as “undergraduate” students in the UT System Accountability Report. Even with this decrease, UT HSC-Houston continues to enroll the most graduate students (1,742 in fall 2007) of all UT health institutions.

While graduate student enrollment became more diverse between 2003 and 2007, the most dramatic change was seen in the enrollment of International students.

Enrollment of International graduate students grew by 94 percent, from 15.7 percent in fall 2003 to 24.6 percent in fall 2007. While the first years of the decade saw small but steady increases in International students, between fall 2003 and fall 2004 there was a 76 percent enrollment increase, from 613 to 1,077 students. Of this 464 student increase, 432 are attributable to two institutions. UT Southwestern increased International graduate students by 331—a 222 percent increase (a significant portion of this increase is attributable to International postdoctoral fellows enrolled in academic programs in the Biomedical Sciences), and UT HSC-Houston increased International graduate students by 101—a 36 percent increase.

Of the 579 increase in International graduate students between fall 2003 and fall 2007, nearly 84 percent of the increase was in Biomedical Science programs. The Public Health program at UTHSCH accounted for another 15 percent of the increase in International student enrollment.

While the graduate programs in Allied Health and Public Health enrolled the highest combined percentage of African-American and Hispanic students (29.2% and 24.6%, respectively in fall 2003), in fall 2007 Nursing programs surpassed them both to enroll 27.6 percent African-American and Hispanic graduate students (see Table II-5).

Table II-4 GRADUATE STUDENT ENROLLMENT, UT HEALTH INSTITUTIONS

	2003		2007	
White	2,093	53.5%	2,143	44.2%
African-American	203	5.2%	286	5.9%
Hispanic	504	12.9%	590	12.2%
Asian American	346	8.8%	412	8.5%
Native American	23	0.6%	31	0.6%
International	613	15.7%	1,192	24.6%
Unknown	131	3.3%	191	3.9%
Total	3,913		4,845	

Table II-5 NURSING STUDENT ENROLLMENT (MASTERS AND DOCTORAL) UT HEALTH INSTITUTIONS

	2003		2007	
White	511	73.1%	530	60.4%
African-American	48	6.9%	103	11.7%
Hispanic	73	10.4%	139	15.8%
Asian American	45	6.4%	62	7.1%
Native American	6	0.9%	5	0.6%
International	4	0.6%	12	1.4%
Unknown	12	1.7%	27	3.1%
Total	699		878	

PROFESSIONAL (MEDICAL AND DENTAL) ENROLLMENT

The early years of the decade saw minor fluctuations in total enrollment in professional programs. However, a concerted effort to expand medical and dental school enrollment resulted in a 96 student increase in fall 2005, a 151 student increase in the fall 2006, and an additional 66 students in the fall 2007. Of the 295 increase in professional students between fall 2003 and fall 2007, 74 percent (217 students) was in medical schools.

Along with this 7.3 percent increase in enrollment in the professional programs, small strides have been made in increasing the representation of African-American and, to lesser extent, Hispanic students. While the totals remain relatively small for African-American students, the 60 student increase between fall 2003 and fall 2007 represents 33.5 percent growth. The increase of 56 Hispanic students represents a 9.7 percent increase over 2003. Overall, the percentage of African-American and Hispanic students is higher in the four medical schools (20.8% in 2007) than the two dental schools (17.3% in 2007). It is unclear what the significance is of the increase in the number of students self-identified as “Unknown” — 100 of the 295 additional students.

While the increase in Hispanic medical students between 2003 and 2007 was modest, all four University of Texas medical schools were included in HispanicBusiness.com’s “Top Ten Medical Schools for Hispanics.” A closer look at medical school data show that UT Southwestern Medical School had the most significant increase in Hispanic students—27 students, increasing the percentage in its Medical School from 11.1 percent in 2003 to 13.5 percent in 2007. UTMB Medical School had the most significant increase in the number of African-American students—21 students, increasing the percentage from 7.6 percent in 2003 to 9.4 percent in 2007. UTMB Medical School still has the highest combined percentage of African-American and Hispanic students (24.9%). UTHSCSA Medical School has the second highest percentage of African-American and Hispanic students (21.7%).

A closer look at dental school data show that UT HSC-Houston had a significant increase in the number of Hispanic students (from 40 in 2003 to 51 in 2007), which increased the proportion enrolled from 12.3 percent in 2003 to 14.0 percent in 2007. The number of

African-American students remained at 12 and their proportion within the Dental School declined to 3.3 percent. The number of Hispanic students at UTHSCSA remained at 63 (declining to 14.8% of dental students), while the relatively small number of African-American students increased from 2 to 11 between 2003 and 2007 (increasing to 2.6% of dental students).

Table II-6 PROFESSIONAL STUDENT ENROLLMENT (MEDICAL AND DENTAL) UT HEALTH INSTITUTIONS

	2003		2007	
White	2,443	60.6%	2,403	55.5%
African-American	179	4.4%	239	5.5%
Hispanic	579	14.4%	635	14.7%
Asian American	705	17.5%	802	18.5%
Native American	16	0.4%	18	0.4%
International	29	0.7%	49	1.1%
Unknown	81	2.0%	181	4.2%
Total	4,032		4,327	

Table II-7 UT HEALTH INSTITUTIONS, TEXAS POPULATION, AND TEXAS HIGH SCHOOL GRADUATES

	UT HRI Enrollment		All Public Academic Institutions			
	2003	2007	Total Enrollment Fall 2007	Baccalaureate	Est. 2006 TX pop.*	High School Grads, 2006**
				Degrees Awarded 2006-07		
White	55.7%	48.7%	51.4%	58.2%	48.3%	47.0%
African-American	5.5%	6.7%	11.4%	8.7%	11.4%	13.4%
Hispanic	16.2%	14.5%	23.7%	22.5%	35.7%	35.5%
Other	22.6%	30.2%	13.4%	10.6%	4.6%	4.1%

* Texas State Data Center **Texas Education Agency Graduate Reports

OUTREACH AND RECRUITMENT EFFORTS

An institution’s public commitment to student diversity, as demonstrated not only by outreach programs but what a student experiences once enrolled, is critical to future success in increasing diversity. Enrolled students can be the greatest ambassadors for an institution when they return to their undergraduate institutions to recruit or

meet with prospective students on campus. At the same time, a bad experience by current students could hamper recruitment efforts at an undergraduate institution for years to come. Financial support for highly sought after students is another way to retain some of the best students in Texas.

As indicated in Table II-7, the progress in student diversity still pales in comparison to the diversity of the general population in Texas and Texas high school graduates. However, the gap is smaller when compared to the diversity of Baccalaureate level graduates and total enrollment at public academic institutions in the state.

It is critically important that outreach and recruitment efforts not merely shift the enrollment of historically underrepresented students from one institution to another, but increase the number of these students enrolled in all programs. Each of the University of Texas health institutions has an array of “pipeline” programs which work with students at the beginning of their college career, and programs which reach into the public schools at the high school (and even elementary school) level. The intent is to increase the number of historically underrepresented students attending and graduating from colleges, particularly in health and science fields, and pursuing health careers.

Two examples of programs targeted at undergraduate students are the state-funded Joint Admissions Medical Program (JAMP) and the early acceptance (medical and dental) program. All eight medical schools in Texas participate in JAMP, which works with qualified economically disadvantaged college students. Participating students receive a scholarship beginning with the spring semester of their sophomore year in college, a stipend to attend summer internships at one of the medical schools, and mentoring and personal assistance while attending college. A student who successfully completes the program is admitted to medical school. A number of medical and dental schools have early acceptance programs where students from a partnering undergraduate institution can apply. If accepted to an early acceptance program, the student is required to take certain undergraduate courses (and maintain a certain grade point average), receive academic advising and mentoring, and achieve a certain score on the Medical College/Dental Admission Test.

UT HSC-San Antonio’s MedEd Program is just one example of a structured program that targets high school students with activities designed to “motivate, educate, and prepare students” for health careers. Students apply at the end of 8th grade. Year-round activities are offered to participate in community service, volunteer programs in local hospitals and healthcare facilities, academic enrichment classes and field trips to UTHSCSA and other institutions.

UTHRIs will continue to review the successes and failures of their outreach and recruitment efforts in the post-Hopwood environment. Early admissions programs, whereby a health science center partners with an undergraduate institution and offers early admission to promising students, have been viewed as successful at diversifying student enrollment.¹

¹ UTMB’s Early Medical School Acceptance Program partners with six institutions: UT Brownsville, UT El Paso, UT Pan American, Prairie View A&M, Texas A&M International, and Texas Southern University. UT HSC-San Antonio’s Facilitated Admissions Program for South Texas Scholars partners with UT Pan American, Texas A&M International, and St. Mary’s University. UT HSC-Houston’s Dental Early Acceptance Programs partners with eight institutions: UT Brownsville, UT El Paso, UT Pan American, Prairie View A&M, Texas A&M Kingsville, Texas A&M Corpus Christi, Texas A&M International, and University of Houston-Downtown. UT HSC-San Antonio’s Dental Early Acceptance Program partners with 19 undergraduate institutions, including UT San Antonio, UT Brownsville, UT Pan American, and Texas State University.