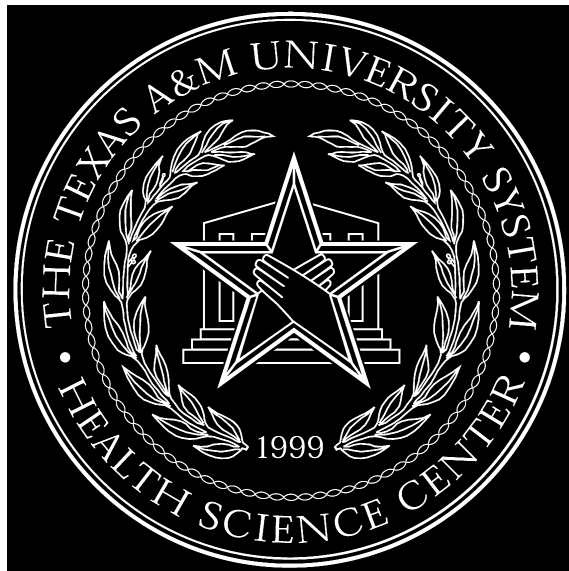


Case Statement

Use of Race and Ethnicity in Admissions Decisions



**The Texas A&M University System
Health Science Center
Academic Programs**

Approved by Board of Regents May 28, 2004

Case Statement
Use of Race and Ethnicity in Admissions Decisions
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I. Executive Summary

In June of 2003, the U. S. Supreme Court held in *Grutter v. Bollinger* that a public institution of higher education could consider race and ethnicity in its admissions process if it is done for the purpose of achieving a diverse student body. For the first time, the Court declared in a majority opinion that achieving diversity in a professional school student body is an interest of such public importance that race may be considered as one of many factors in making admissions decisions. However, the program was subjected to strict judicial scrutiny in order to ensure it was a legitimate means to accomplish this end and not a pretext for illegal discrimination. In light of the state of the law as shaped by the *Grutter* decision, The Texas A&M University System Health Science Center (HSC) has decided to utilize race and ethnicity in admissions decisions to its academic programs in a process which meets the legal standard as expressed by the Court.

The HSC has determined that increasing the diversity of its student body is a compelling interest because:

- (A) Diversity enhances the educational environment.
- (B) Cultural competence prepares students to address society's problems.
- (C) Health disparities between minority and non-minority population exist in Texas.
- (D) Practice type and location are influenced by the race and ethnicity of graduates.

The Health Science Center has found that, despite extensive efforts, race-neutral admissions criteria have failed to achieve a "critical mass" of ethnically and racially diverse students, and as a result the Health Science Center and the State of Texas have failed to realize the benefits of a diverse student body.

The HSC plan to utilize race and ethnicity in admissions decisions meets the legal standard of being "narrowly tailored" in that students are considered individually. Race and ethnicity are components of a large pool of non-cognitive factors evaluated in HSC admissions decisions. No specific numerical points are awarded to applicants on the basis of race or ethnicity. Rather, race and ethnicity become plus factors in the larger set of non-cognitive attributes and characteristics deemed desirable in enrollees.

The HSC will periodically review the use of race and ethnicity in admissions decisions to determine if its continued use is necessary and justified. These reviews will occur on two levels. Each HSC college/school will review admissions criteria on at least an annual basis. Overall review will occur within the HSC Uniform Recruitment and Retention Steering Committee (URRSC) and within the HSC Executive Committee.

State law specifies that all factors utilized in admissions decisions be published one year prior to the date of their intended use. Thus, race and ethnicity will become one

element of the large pool of non-cognitive factors utilized in HSC admissions decisions for applicants desiring entry in Fall 2005.

II. Background

Legal Context

The Texas A&M University System Health Science Center has long endeavored to increase the diversity of its entering classes. In *Regents of the University of California vs. Bakke*, 438 U.S. 265, 98 S.Ct. 2773 (1979), the U.S. Supreme Court ruled that race and ethnicity could be used as a “plus” along with numerous other factors in selecting students for admission to medical school. For many years following *Bakke*, the A&M System HSC, and all other Texas Health Related Institutions (HRI’s), utilized race and ethnicity to some degree in considering applicants for health professions programs. However, in *Hopwood vs. Texas*, 78 F.3d 932 (C.A. 5 1996), the Fifth Circuit Court of Appeals held that diversity was not a compelling state interest sufficient to support the use of race and ethnicity in admissions decisions. In 2003, however, the Supreme Court in *Grutter v. Bollinger*, 539 U.S. 306, 123 S.Ct. 2325 (2003), the Court held that achieving diversity in the student body of a public law school was a compelling state interest, and that the school’s use of race as a “plus factor” in making admissions decisions was a proper means to achieve it.

It is established law in the U.S. that all racial classifications imposed by government must be analyzed by a reviewing court under “strict scrutiny.” Such classifications are constitutional only if they are “narrowly tailored” to further “compelling governmental interests.” See *Grutter v. Bollinger*, 123 S.Ct. 2325, 2328. The Supreme Court reviewed the law school’s program to determine if it was narrowly tailored to achieve the interest of diversity. In finding that the program was narrowly tailored, the Court noted that there is a legal tradition of “giving a degree of deference to a university’s academic decisions, within constitutionally prescribed limits.” *Grutter* at 2339.

One of the most important factors supporting the law school’s case was that it had “determined, based on its experience and expertise, that a “critical mass” of underrepresented minorities is necessary to further its compelling interest in securing educational benefits of a diverse student body.” *Grutter*, at 2341. The critical mass concept was defined by reference to the educational benefits of diversity. The court noted the benefits of diversity and quoted with approval Justice Powell’s opinion in *Bakke*, saying that the university, by claiming the “right to select those students who will contribute the most to the ‘robust exchange of ideas . . . seek[s] to achieve a goal that is of paramount importance in the fulfillment of its mission.” *Grutter* at 2339. The Court agreed that the compelling state interest of diversity was well-supported by numerous studies showing that it promotes learning outcomes, and “better prepares students for an increasingly diverse workforce and society, and better prepares them as professionals.” *Grutter* at 2340, quoting Brief for American Educational Research Association et al. The law school’s program was narrowly tailored because it used race

and ethnicity as a 'plus' in an applicant's file but did not insulate the individual from comparison with all other candidates. It did not use a quota system or race-balancing.

The Court specifically stated that universities may legally establish permissible goals for enrollment of minorities and that these are distinct from quotas. In describing what it considers to be a legally sound race-conscious admissions program, the court stated that admissions programs must be "flexible enough to ensure that each applicant is evaluated as an individual and not in a way that makes an applicant's race or ethnicity the defining feature of his or her application. The importance of this individualized consideration in the context of a race-conscious admissions program is paramount." *Grutter* at 2343.

In determining if the program was narrowly tailored, the Court noted that the law school was required to consider race-neutral alternatives before it resorted to using race as a factor. However, it was not required to exhaust every conceivable race-neutral alternative, and, most importantly, it was not required to "choose between maintaining a reputation for excellence or fulfilling a commitment to provide educational opportunities to members of all racial groups." *Grutter* at 2324. It also noted that narrow tailoring requires that any race-conscious admissions program not unduly harm members of any racial group. The law school's plan accomplished this by considering numerous elements of diversity, i.e., far more than just race or ethnicity, and by its individualized assessment of applicants.

Finally, the Court emphasized that any race-based program must be limited in time. In the words of the Court, "This requirement reflects that racial classifications, however compelling their goals, are potentially so dangerous that they may be employed no more broadly than the interest demands." *Grutter* at 2346. The court noted that durational requirements can be met by sunset provisions in the policies and periodic review to determine if such programs are still necessary to achieve a diverse student body.

Health Professions Educational Context

The use of race and ethnicity in admissions decisions is of such crucial importance to the future of health professions education and the elimination of health disparities in the United States, that the Association of American Medical Colleges (AAMC) submitted an *amicus curiae* brief in support of the law school's position in *Grutter*. The AAMC was joined in the brief by the major professional organizations representing the academic and professional programs within the A&M System Health Science Center. These included the American Dental Education Association, the Association of Academic Health Centers, Association of Schools of Public Health, and the American Public Health Association.

Jordan J. Cohen, M.D., President of the Association of American Medical Colleges spoke for all of American medical education, including the A&M System Health Science

Center, when he stated:

The facts are clear. In the near term, there is simply no alternative to the use of race-conscious decision making in medical school admission if our society is to have the benefit of a reasonably diverse physician workforce. No amount of rhetoric can avoid the demographic reality of a burgeoning, underrepresented minority population that, for a variety of reasons, has, on average, significantly lower levels of academic achievement. If we are precluded from using race-conscious decision making in medical school admission, then the nation must accept the reality of still more decades in which the physician workforce is incapable of providing an otherwise achievable quality healthcare for large segments of the American people.

Dr. Cohen's article "The Consequence of Premature Abandonment of Affirmative Action in American Medical School Admissions," was published in the March 2003 issue of the *Journal of the American Medical Association (JAMA)* and quoted in the brief filed with the Court. While Dr. Cohen spoke specifically of medical education, the inclusion of the academic associations representing dentistry, public health and specialty organizations as signatories on the brief makes clear that he spoke for all health profession disciplines.

In recognition of the severity of the problem which underrepresentation of minorities in higher education, including health professions, presents for Texas, and of the vital importance to Texas of achieving an ethnic and racially diverse workforce, the Texas Higher Education Coordinating Board (THECB) formulated the *Closing the Gaps* initiative to increase the number of underrepresented minorities in Texas higher education. In support of this goal, then-THECB Commissioner Don Brown, recommended the Texas Legislature fund an additional \$31.1 million for Health Related Institutions in Texas. These funds will be allocated specifically to those Health Related Institutions which demonstrate "participation and success of Hispanic and African American students." This represents a tangible commitment on the part of the THECB to recognizing and rewarding the efforts of HRI's in accomplishing this goal.

For a health professions class to achieve cultural competence, there must a "critical mass" of diverse students. "Critical mass" is that number of students necessary to assure broad and complete discussion and consideration of racial and ethnic differences in health care. While it is difficult to quantify, it is obvious that it is not achieved when no or scarcely any racial or ethnic minority students are present in the educational environment. The Health Science Center's determination of the "critical mass" for any of its components will be made based on institutional and professional experience and expertise. As stated by the court in the *Grutter* case:

The Law School does not premise its need for critical mass on "any belief that minority students always (or even consistently) express some characteristic minority viewpoint

on any issue." Brief for Respondent Bollinger et al. 30. To the contrary, diminishing the force of such stereotypes is both a crucial part of the Law School's mission, and one that it cannot accomplish with only token numbers of minority students. Just as growing up in a particular region or having particular professional experiences is likely to affect an individual's views, so too is one's own, unique experience of being a racial minority in a society, like our own, in which race unfortunately still matters. The Law School has determined, based on its experience and expertise, that a "critical mass" of underrepresented minorities is necessary to further its compelling state interest in securing the educational benefits of a diverse student body. *Grutter* at 2341.

III. Mission Statement

The Texas A&M University System Health Science Center is committed to preparing a health workforce to meet the needs of Texas. Graduates of Health Science Center programs should possess the competencies vital to understanding the health care needs of the increasingly diverse population of Texas, and they should be qualified and prepared to design, and staff, programs to meet those needs. In support of this mission, the Health Science Center utilizes Goals supporting the Mission Statement. (Appendix I)

“Recruit and retain faculty, staff and students from diverse cultural backgrounds and underserved areas to better serve the population of Texas.”

The Goal is supported with eight objectives or strategies.

It is the intent of the Health Science Center to establish and implement the objectives and strategies within the parameters of federal and state law.

This goal and supporting objectives are based upon the following findings.

A. *Diversity enhances the educational environment.*

The benefits occurring to students in class environments which are ethnically and racially diverse have been articulated and summarized by Dr. Patricia Gurin in her expert testimony in the *Grutter* case. Dr. Gurin's testimony includes an extensive bibliography of the most pertinent and relevant findings which support the conclusion that diversity of a student body results in recognizable and substantial benefits. Such benefits include informed and lively discussion which is critical to mastery of content in formal course presentations. Complete discussion and comprehension of the different approaches to health and disease by ethnically diverse populations is critical to understanding their health care needs. Diversity serves to break down ethnic and racial stereotypes which is important to understanding both patients and the disease process. Participation of students from racial and ethnically diverse backgrounds in the educational process is of prime importance in ensuring that every student, minority or

non-minority, receives the maximum benefit of class presentations. HSC learning environments include not only standard classroom lectures, to an entire class, but also small group study sessions and small group clinical teams. The presence of ethnically and racially diverse students becomes even more important when the entire class is divided into much smaller sections, often containing not more than four or five students. If the number of racial and ethnically diverse students in a class is small, there are few or no minorities in many of the small discussion groups or clinical teams. The result is that students are denied the benefits of the viewpoint, experiences, and personal dynamics of a diverse group of fellow students (Note: the accrediting agencies for HSC programs, the Liaison Committee on Medical Education, (LCME) and the Council on Dental Accreditation (CODA) mandate small group discussions as an essential element of accreditation. The Association of Schools of Public Health strongly encourage small discussion groups and field based experience in their guidelines for curriculum).

Recognizing the importance of cultural competence to practice in the health professions, the American Medical Association published a *Cultural Competence Compendium*, in 1999. This work stresses the importance of the cultural milieu and special needs of patients as women, men, children, seniors, African Americans, Hispanics, Asians, Whites, people with disabilities, and those facing chronic illness, and socioeconomic constraints.

Increasing racial and ethnic diversity of HSC classes will improve the educational environment.

B. *Cultural competence prepares graduates to address society's problems.*

Cultural competence is the ability to understand, and to make decisions based on, ethnic, racial, and cultural differences in risk factors, in presentation of symptoms, patient understanding of instruction and in patient compliance. (Cohen and Goode; 1999) Cultural competence is obtained from personal experience and interaction and cannot be obtained solely from textbooks or other traditional didactic sources. Cultural competence will prepare graduates of the Medical and Dental curricula to meet the needs of a diverse patient base. Cultural competence is equally important for students in the Public Health and Graduate School of Biomedical Sciences programs. Public health focuses on populations. The recommendations of public health officials depend critically on an understanding of the public's attitude toward and understanding of the problem, and their willingness to participate in its solutions. Classroom discussions of various public health problems benefit significantly from participation of students who can express the views of various ethnic constituencies of a population, including their roles in and attitudes toward public health matters. Students in the graduate programs ultimately gravitate to careers in health related research. Research in Texas into health disparities has been neglected for sometime and significant disparities persist. The existence of an ethnically diverse student body participating in the many formal and informal exchanges among students and between students and faculty is likely to result

in increased numbers of graduate students electing to choose careers in research in health disparities or in diseases which evidence a higher prevalence among minority populations. (Cohen; 2003)

Increasing racial and ethnic diversity of HSC classes will promote attainment of cultural competence by all students.

C. *Health disparities between minority and non-minority populations exist in Texas.*

That disease prevalence, access to care, and clinical outcomes differ significantly among racial and ethnic groups is not debatable. Increasing the diversity of health professions classes as a strategy to address health disparities in the increasingly diverse population in the U.S. was suggested as early as 1910 in the “Flexner Report on Medical Education in the United States and Canada.” Neighborhoods composed predominately of ethnic minorities experience shortages in physicians, and are confronted with reduced access to care when compared to non-minority neighborhoods. Increasing the supply of minority physicians is one means to help ameliorate these disparities. HSC President Dr. Nancy W. Dickey, former president of the American Medical Association, has discussed some of the factors underlying the existence of health disparities. (Dickey; 2003) In minority populations poverty, vestiges of past unequal treatment, distrust of non-minority providers, and failure to master cultural competence on the part of providers are all contributing factors. (Kingston, Tisnado and Carlisle; 2001) Failure to seek prenatal or preventive care, or to comply with medical direction due to mistrust or misunderstanding, coupled with poor understanding of public and personal health information, contribute to a societal financial burden of significant proportions. Because of lack of providers in whom minority patients have confidence, care is often delayed until a visit to the emergency room (the most expensive form of treatment) is the only remaining option. And, lacking health insurance, the cost of emergency room treatment is often transferred to state and local government.

Increasing the racial and ethnic composition of HSC programs will contribute to the elimination of health disparities in minority and non-minority populations.

D. *Practice type and location is influenced by the race and ethnicity of graduates.*

A social contract exists between the public and Health Related Institutions supported with public funds. The public, through government resources, provides funding for the institution and, in turn, rightfully expects the institution to confront the health related problems of society. Among the causes of health disparities, discussed in “C” above, are shortages of not only minority providers, but also non-minority providers in minority dense populations, urban inner cities, and rural areas. There is a strong correlation between minority population concentrations and designation as a medically underserved area. (Komoramy; 1996) Medical and dental schools have sought to

address the shortage of providers in medically underserved areas by attempting to select students who have a high probability of ultimately selecting a location for practice in those areas. One of the best predictors of practice location is hometown origin or hometown origin of spouse. The evidence is equally strong for the influence of race and ethnicity on selection of practice location. (Thurmond; 1999) Statistics demonstrate that racial and ethnic minority healthcare professionals select practice locations in minority, rural, and/or urban inner-city areas in a percentage greater than their non-minority counterparts. Dr. Eric Solomon, HSC Baylor College of Dentistry, has shown that this is equally true for dentists as for physicians by providing evidence of the relationship between race and ethnicity of the provider and the provider's choice of practice location in Texas. (Solomon; 2001) Additionally, research shows that minority patients tend to select minority healthcare providers in a percentage higher than their selection of non-minority providers. Evidence suggests that patient satisfaction is enhanced when there is a concordant relationship between the patient and the provider than when there is a non-concordant relationship between the patient and provider. (Saha; 1999)

Use of race and ethnicity in admission to HSC programs is intended to address the shortage of providers in medically underserved areas by graduation of health professionals who will choose to practice in medically underserved, minority-dense population areas.

IV. Past race-neutral admissions criteria

The extensive programs, plans, and incentives used by the HSC to increase the diversity of applicants and entering students in its academic programs are contained in the reports of the HSC to the THECB entitled "Institutional Strategic Enrollment Management Plan, Progress Report (2001, 2002, 2003, 2004)" and in the THECB position paper "Projecting the need for Medical Education in the Texas; addendum; a report on Efforts to Increase the Number of Underrepresented Students enrolled at the States Medical School." (THECB; 2002) Results have, however, fallen far short of expectations and have failed to even approach a critical mass, much less reach it. (Appendix II) In spite of intense analysis and innovation, the use of race-neutral criteria in the selection of students has resulted in the enrollment of only small numbers of ethnic minority students in each entering class. As a result, most small discussion groups or clinical teams have no minority students.

At the direction of the Texas Legislature and with the adoption of the "Closing the Gaps" plan by the THECB, intense efforts were not only undertaken, but new strategies were employed. However, these efforts and strategies were crafted and executed under the standard set forth in *Hopwood*. Mr. Filo Maldonado, HSC College of Medicine, presented a detailed discussion of the innovative HSC use of non-race base admission criteria and processes in the book, The Right Thing To Do: The Smart Thing To Do: Enhancing Diversity in Health Professions (2001), published by the Institute of Medicine. The book is a record of the Symposium on Diversity in Health Professions. While Mr. Maldonado's article was intended to show methods used to achieve diversity

in a race-neutral manner, it and other records and reports of the HSC show clearly that , even with exhaustive and expensive effort, a race-neutral admissions process fails to produce sufficient numbers of minority students. A compendium of HSC efforts to stimulate minority enrollment can be found in the annual reports to THECB, entitled “Institutional Strategic Enrollment Management Plan.” Data contained in the HSC document: “HSC Enrollment by Ethnic Status and Gender” provide compelling evidence that non-race-based admissions criteria simply cannot achieve the goals of the Health Science Center. These facts support a finding that the HSC has made a good-faith effort to consider and utilize workable race-neutral alternatives in its quest for diversity.

V. Plan to utilize race and ethnicity in admissions decisions

The Health Science Center will utilize race-based criteria to the extent minimally necessary to enroll a critical mass of ethnically diverse students in each class. For each college/school within the HSC, an academic threshold for consideration of acceptance is defined. These thresholds for admission are race-neutral and are based on academic achievement and competence as indicated by grade point average (GPA) and scores on the Medical College Admissions Test (MCAT), the Dental Admissions Test (DAT) or Graduate Record Exam (GRE), etc. The purpose of a threshold is to ensure that applicants possess the necessary academic competencies to succeed in the program. An applicant who achieves the academic threshold is considered for admission based on multiple “non-cognitive” factors, which will, in the future, include race and ethnicity. These non-cognitive factors reveal attributes and characteristics which are deemed important in selecting those qualified applicants who can excel in the practice of their health discipline and can best serve the needs of the State.

Admissions committees within the HSC vote to adopt an acceptance score for each individual applicant.¹ However, each applicant is considered on an individual basis and no fixed quantitative score will be attached to race and ethnicity, nor to any other individual non-cognitive factor. Race and ethnicity may be considered a “plus” and evaluated alongside all other factors comprising the pool of characteristics considered in the admissions process. Each individual admissions committee member decides to what extent each applicant displays each attribute and characteristic, and decides on a overall score using their own professional judgment as to the appropriate weight to be assigned to any attribute or characteristic. It is not possible to determine the weight or scores assigned to any single attribute or characteristic comprising the pool of “non-cognitive factors.” And, scores assigned by individual admissions committee members may differ. It is the collective academic and professional judgment of the entire committee and the averaged score which determine the final successful applicants, in descending rank order of admission scores.

¹ The College of Medicine and of Dentistry have a single, college-wide admissions committee. The School of Rural Public Health and the Graduate School of Biomedical Sciences use department-based admissions committee and students are admitted by department.

VI. Regular review of use of race and ethnicity in admissions decisions

At least weekly during the admissions cycle, A&M System Health Science Center academic components compare the composition of projected entering classes to Health Science Center goals. Admissions committees utilize a pre-admissions cycle meeting to discuss the upcoming admission process. Also, one or more post-admission cycle meetings are held to review the process and the results. At these meetings, changes are considered for the next admissions cycle. At the end of each admissions cycle, HSC Admissions Committees review admissions policies and criteria versus the composition of the student body. When, and if, the ethnic and racial composition of a component approaches critical mass, as defined by goals established by the Health Science Center, review of the use of the race-based criteria will be instituted to determine if its continued use is necessary and justified.

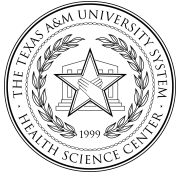
Additionally, as required by state law, the HSC Uniform Recruitment and Retention Steering Committee (URRSC) provides overall review and direction to achieving State and HSC goals in providing educational opportunities for all citizens of Texas and to support the goals of *Closing the Gaps*. The URRSC will annually review the use of race-based criteria in admissions processes to determine if their continued use is warranted. The HSC conducts an annual strategic planning process with broad faculty input. Review of overall HSC goals is an essential component of the process. Interaction among the admissions committees, curriculum committees, and faculty will determine if the advantages and attributes of a critical mass of ethnically diverse students are being achieved, and if continued use of race-based admissions criteria is necessary.

VII. Notice requirement per state law

State law requires that the criteria used in admissions decisions be published and made available to the public one year prior to their utilization in admissions decisions. Upon approval by the Board of Regents of the use of race-based criteria in admissions decisions, the HSC will post notification on the HSC website that race and ethnicity have been added to the list of multiple factors which are considered in admissions decisions in HSC programs. The first use of race-based criteria will occur in decisions concerning the admission of students for the classes beginning in Fall 2005.

Appendix I

Strategic Plan



The Texas A&M University System Health Science Center Strategic Plan 2002-2003 Final Update

MISSION

The Texas A&M University System Health Science Center is committed to improving health through excellence in: educating members of the health professions, engaging in basic and applied research, encouraging technology transfer, and developing public and community health programs. Our commitment includes a special emphasis on underserved and rural populations.

GOALS

The Texas A&M University System Health Science Center, with its unique statewide multidisciplinary components as well as public and private partnerships, fulfills its mission by committing to the following goals:

- Ensure quality educational programs that reflect the highest standards of excellence in the biomedical sciences, dental hygiene, dentistry, medicine, and public health
- Generate new knowledge and technology through research and scholarly activities
- Recruit and retain faculty, staff and students from diverse cultural backgrounds and underserved areas to better serve the population of Texas
- Provide opportunities for innovative, multi-disciplinary activities through integration and collaboration among the HSC components
- Improve public health through community-based partnerships
- Advance the academic mission through the improvement of health care
- Maintain an efficient and effective administrative structure

Goal 1: Ensure quality educational programs that reflect the highest standards of excellence in the biomedical sciences, dental hygiene, dentistry, medicine, and public health

Objective 1.1 (Binnie)

The Associate Deans for Academic Affairs (or other appropriate academic leaders) should meet on a regular basis to discuss joint academic programs and activities with the expressed purpose of developing plans for accomplishing these tasks. These meetings will also serve as a forum for discussing common problems and solutions, developing open communication, and fostering *esprit de corps*.

Objective 1.1: Developing joint academic programs and activities			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
1.1.1 Regular meetings of the academic leaders	The academic leaders' group will meet on a quarterly basis	Group has met on a quarterly basis	Begun to develop a planning process for academic issues
1.1.2 Development	The academic leaders'	Developed a joint MPH	Will continue to explore

of joint academic programs	group will develop at least 2 new joint academic programs by September 2004	with the Family Practice Residency program	the development of joint academic programs
1.1.3 Development of new academic programs e.g. nursing and other allied health areas	The academic leaders' group will investigate the development of new academic programs and report their findings to the President by 9/1/03	The development of new academic programs and joint teaching assignments are under discussion	Will continue discussions leading to the development of new academic programs and joint teaching assignments

Goal 2: Generate new knowledge and technology through research and scholarly activities

Objective 2.1 (Carlson)

The HSC Executive Committee for Research should meet on a regular basis to discuss research programs and activities, and develop a formal plan for accomplishing these tasks. These meetings will also serve as a forum for discussing common problems and solutions, developing open communication, and fostering *esprit de corps*.

Objective 2.1: Developing joint research programs and activities			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
2.1.1 Regular meetings of the Executive Committee for Research	The Executive Committee for Research will meet on a quarterly basis	Meetings on: 2/20/02; 6/10/02; 9/30/02; 11/25/02	With appointment of a VPR, the regularly scheduled quarterly meetings should resume in September 2003
2.1.2 Facilitate the development of joint research programs	The Executive Committee for Research will facilitate the development of at least 2 new joint research programs by September 2004	In progress.	With appointment of a VPR, this initiative is in progress.

Objective 2.2 (Carlson)

Improve the HSC's standing in research by increasing extramural funding and improving research facilities.

Objective 2.2: Improve the HSC's standing in research by increasing extramural funding and improving research facilities			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
2.2.1 Number of grants awarded in FY03	Increase the number of grants awarded in FY03 by 5%	FY 02 = 159 FY 03 = 182	14.5% increase, assessment criteria exceeded
2.2.2 Amount of research expenditures in FY03	Increase research expenditures in FY03 by 15%	FY 02 RF = \$21,802,287 FY 03 RF = \$26,961,998	23.7% increase, assessment criteria exceeded

Objective 2.3 (Carlson)

Address research compliance issues including an expanded understanding of compliance regulations and reporting.

Objective 2.3: Address research compliance issues			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
2.3.1 Establish an Office for Research Compliance	Hire a compliance officer and establish a Research Compliance Office by Spring 2002	Two Ads: Interviewed three candidates	Search postponed due to State budget cuts, Office of Finance and Administration appointed to draft compliance policies.
2.3.2 A plan for the improvement of research compliance issues	The completion of a plan for the improvement of research compliance issues by 9/1/03	Office of Finance and Administration appointed to draft compliance policies.	Drafts completed 8/03 -- Awaiting review by VPR and content experts

Goal 3: Recruit and retain faculty, staff and students from diverse cultural backgrounds and underserved areas to better serve the population of Texas

Objective 3.1 (Smith)

The HSC will develop a Uniform Recruitment and Retention Strategy which will encourage the HSC's educational components to increase the enrollment of students from diverse cultural backgrounds and underserved populations. The goal is to enroll and graduate a student body that is more representative of the population of Texas.

Objective 3.1: Develop a Uniform Recruitment and Retention Strategy by 1/1/03.			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
3.1.1 Appointment of a Steering Committee	The appointment of the Steering Committee	Steering Committee appointment on 2/15/01	Steering Committee oversees the development and implementation of Plan
3.1.2 Internal and External Analysis	Assembly of data and assessment of current processes	Environmental assessment and analysis completed by 10/1/01	The environmental analysis provides the background to the development of a marketing plan
3.1.3 Marketing Plan	Development of a Marketing Plan by 11/1/02	Marketing plans of each college/school combined into a central report to THECB	Component marketing plans are used to maximize the use of resources, material and visits by components
3.1.4 Recruitment/ Admissions Strategy	Enhancement of Recruitment/ Admissions strategies by 12/1/02	Development of a comprehensive coordinated HSC recruitment brochure	Encourage component school/college recruiters to utilize HSC brochure to market all HSC programs

3.1.5 Retention/ Graduation Strategy	Enhancement of Retention/ Graduation Strategies by 1/1/03	Collected data and compiled a success record for graduation/retention	Success rates are required component of annual URRC report to THECB
3.1.6 Initiatives and Actions	Enhancement of Initiatives and Actions by 2/1/03		
3.1.7 Funding	Assessment of funding needs to implement all programs & initiatives by 3/1/03	Implemented survey of component colleges/schools and HSC central offices to compile total HSC funding for URRC efforts.	Expense data and budget for URRC efforts is required in annual reports to THECB.
3.1.8 Evaluation	Establishment of benchmarks that measure the success of the program by 4/1/03	Established goals for all ethnic categories for each college/school and the HSC as a whole for years 2005, 2010 and 2015	Use intermediate annual goals to assess progress toward attainment of bench marks and goals.

Objective 3.2 (Solomon)

The HSC will encourage an increase in the hiring of faculty and staff from diverse cultural backgrounds and underserved populations by developing new recruitment strategies and increasing the effectiveness of existing recruitment efforts. The goal is to have a faculty that is more representative of the population of Texas.

Objective 3.2: Develop a Recruitment and Retention Strategy for Faculty			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
3.2.1 Appointment of a Steering Committee	The appointment of the Steering Committee by 11/1/02	Steering Committee appointed 2/10/03	Begin development of Plan for recruitment and retention of faculty
3.2.2 Internal and External Analysis	Assembly of data and assessment of current processes by 1/1/03	Completed 3/14/03	Developed background material for goal setting
3.2.3 Goals	Development of Goals by 2/1/03	Completed 3/28/03	Established recruitment & retention goals
3.2.4 Recruitment Strategies	Enhancement of Recruitment Strategies by 3/1/03	Completed 4/21/03	Established recruitment strategies
3.2.5 Retention Strategies	Enhancement of Retention Strategies by 4/1/03	Completed 5/5/03	Established retention strategies
3.2.6 Initiatives and Actions	Enhancement of Initiatives and Actions by 5/1/03	Completed 5/12/03	Developed initiatives and actions
3.2.7 Evaluation	Establishment of benchmarks that measure the success of the program by 7/1/03	Completed 5/19/03	Completed evaluation criteria and assembled Committee's work into a Report to the President

Goal 4: Provide opportunities for innovative, multi-disciplinary activities through integration and collaboration among the HSC components

Objective 4.1 (Bosquez)

To foster academic and health care provider relationships in the development of recruitment programs

Objective 4.1.1: To recruit high school students from rural counties interested in attending professional school			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
4.1.1 Number of students contacted by HSC programs	4.1.1 The number of students contacted by HSC programs this year should increase by 7%	Previously reported 1,100 contacts. As of July, an increase of 11% new additional contacts (125 students).	Department of Community Relations has been discontinued
Objective 4.1.2: Increase the public knowledge of careers in healthcare, strengthen academic preparation and recruitment initiatives			
4.1.2 Number of cross disciplinary HCOP programs	4.1.2 Develop and implement at least 1 cross disciplinary HCOP program by 9/1/03	Continue to develop 2 programs: (1) CASE – Community Alliance for Science Education, (2) HCOP project awaiting approval 8/1/03 grant \$1.5 million.	CASE project is now being led by Dr. Larry Gamm (SRPH)

Objective 4.2 (Bedard)

To encourage the development and expansion of programs that share resources across the HSC.

Objective 4.2.1: To develop a library network (the Alliance) to support the academic needs of healthcare professionals and students			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
4.2.1 Inclusion of all HSC components in the Alliance	4.2.1 All HSC components included in the Alliance by 9/1/03	Alliance of Libraries has met twice and discussed: 1. Membership	
4.2.2 Formation of a governance structure for the Alliance	4.2.2 Governance structure for the Alliance completed by 9/1/03	2. Governance 3. Faculty input into collections	

Objective 4.3 (Dickey)

To encourage the establishment and development of specialized centers and institutes

Objective 4.3.1: Encourage the development of specialized centers and institutes			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
4.3.1 Number of specialized centers and institutes	4.3.1 At least 1 new center or institute will be developed by 9/1/03	The Rural and Community Health Institute has been approved by the board of regents in concept and the HSC will take it back to the May meeting for final	

		approval. It has some small amount of funding, the HSC is prepared to name a director and associate director, and we have a number of programs already running under its umbrella.	
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Objective 4.4 (Smith)

To encourage the establishment and development of regional geographic centers

Objective 4.4: Encourage the establishment and development of regional geographic centers			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
4.4.1 CBEC Program development	Establish at least one new program at CBEC by 9/1/03	Established three new programs at CBHEC	Medical Residents receive training in diabetes management and in Geriatrics in the Coastal Bend research.
4.4.2 STC Program development	Establish at least one new program at STC by 9/1/03	Established four new programs at STC	Results to guide development of programs to improve health in South Texas

Objective 4.5 (Franklin)

Through the Office of the President, develop fund raising projects that involve multiple components of the HSC.

Objective 4.5.1: Develop fund raising projects for Texas-based foundations that involve multiple components of the HSC Rural & Community Health Institute, including Homeland Security; and Quality & Patient Safety Initiatives 2001-03.			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
4.5.1A Recruit team representing cross-section of HSC components and RCHI to target funding sources for one or more group-sponsored proposals.	Recruit team representing cross-section of HSC components and RCHI by March 2003 to develop one multi-faceted group proposal due by summer 2003.	2 teams emerging, resulting in (1) identification by HSC component team of single major TX foundation, with plans for submitting proposal in 2004 instead of by summer 2003; and in (2) RCHI team working independently on networking opportunities with multiple Texas hospital systems.	HSC Vice President for Research could assist with coordination of fund raising efforts by both teams and with defining proposal deadlines.

4.5.1B Complete first of series of proposals.	Complete first of series of proposals by July 2003.	No progress to date by teams.	VPR could assist component team in moving forward on initial TX foundation proposal and to involve RCHI team with identification of joint projects to submit to other foundations.
4.5.1C Complete remaining proposals.	Complete remaining proposals by December 2003.	No progress to date by teams.	VPR could assist with moving joint proposals forward.
Objective 4.5.2: Develop fund raising projects from foundations outside of Texas that involve multiple components of the HSC Rural & Community Health Institute, including Homeland Security; and Quality & Patient Safety Initiatives 2001-03.			
4.5.2 Build on success of Houston Endowment teamwork by identifying new proposals to submit and by recruiting teams to submit grants	Identify new proposals to submit and recruit teams to submit grants by December 2003	No progress to date in private sector outside Texas by teams.	Newly recruited VPR for HSC could help RCHI-component team identify joint funding opportunities at federal level; these will then serve as eventual matching grants support for potential foundation gifts.

Goal 5: Improve public health through community-based partnerships

Objective 5.1 (Sumaya and Williams)

Encourage the establishment and development of community-based partnerships.

Objective 5.1: Encourage the establishment and development of community-based partnerships			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
5.1.1 The establishment of community partnerships through the Community Assessment Program	Establish at least one new program at CAP by 9/1/03	Established the Brazos Valley Health Partnership (Madison County Health Partnership) Established the Hidalgo-Starr-Tamaulipas Health Partnership.	
5.1.2 The establishment of community partnerships through the Rural and Community Health Institute	Establish at least one new program at RCHI by 9/1/03	In progress	

Goal 6: Advance the academic mission through the improvement of health care

Objective 6.1 (Solomon)

Monitor activities that will give special emphasis to the underserved throughout the State.

Objective 6.1: Monitor activities that will give special emphasis to the underserved throughout the State			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
6.1.1 Establishment of baseline data on activities that give special emphasis to the underserved throughout the State	Complete documentation on programs that give special emphasis to the underserved by 9/1/03	Documentation was received from BCD and COM on these programs and a summary was provided to Dr. Dickey	The summary establishes a baseline on activities the HSC provides to the underserved populations of the State

Objective 6.2 (Solomon)

Monitor and encourage activities that include participation from students at BCD, COM and SRPH in the provision of services.

Objective 6.2: Monitor activities that include participation from students at BCD, COM and SRPH in the provision of services			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
6.2.1 The establishment of baseline data on activities that include participation from students at BCD, COM and SRPH in the provision of services	Complete documentation on programs that include participation from students at BCD, COM and SRPH in the provision of services by 9/1/03	Documentation was received from BCD and COM on these programs and a summary was provided to Dr. Dickey	The summary establishes a baseline on activities that include participation from students at BCD, COM and SRPH in the provision of services

Goal 7: Maintain an efficient and effective administrative structure

Objective 7.1 (Solomon)

The HSC will develop and implement a comprehensive plan for Information Technology. This Plan will include enhanced external communications and easy access to faculty and research interests. Other issues to be addressed in this Plan include telecommunications, infrastructure, reliable connectivity, teleconferencing, and database development.

Objective 7.1: Develop and implement a comprehensive plan for Information Technology			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
7.1.1 Establishment of an Information Technology Advisory Committee	Establish an information Technology Advisory Committee by 5/1/02	An Information Technology Advisory Committee was appointed on 4/10/02	Committee will provide HSC-wide input on matters relating to Information Technology

7.1.2 Development of a comprehensive plan for Information Technology	Develop a comprehensive plan for Information Technology by 11/1/02	Comprehensive review and revision of Strategic Plan completed on 7/23/03	Information Technology Strategic Plan ready for implementation
7.1.3 Implement a comprehensive plan for Information Technology	Complete the implementation and evaluation of the comprehensive plan for Information Technology by 9/1/03	Implementation of Strategic Plan set for fiscal year 2004	

Objective 7.2 (Smith)

The HSC will implement an integrated, comprehensive Student Information System.

Extensive study and analysis for purchase of an integrated comprehensive student information system revealed this was inappropriate for the HSC. The HSC has developed and implemented a student information system which will be an integrated system after final development. Progress Report on Implementation due this Summer. Results of Progress Report will be used to develop a timetable for development of the integrated system including adding financial aid, etc., and brining BCD into the system. Currently, the system is working reasonably well with the most basic functions of a student information system for all components except BCD.

Progress Report: Hired a programmer for the Student Information System (OASIS). Began process of transferring responsibility and control of OASIS from TAMU CIS to Office of the Registrar. Developed time table with bench marks for implementation of additional components to the Student Information System.

Objective 7.3 (Franklin)

Complete the development of the HSC Foundation

Objective 7.3: Complete the development of the HSC Foundation			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
7.3.1 Recruitment of nominees for initial seven Executive Committee positions on the foundation board	Complete the recruitment of nominees for initial seven Executive Committee positions on the foundation board by 10/1/02	Completion of recruitment, May-September 2002	Staging of annual and quarterly meetings effective January 31, 2003 and involvement of board members in creation of development/financial policies.
7.3.2 Execution of the Health Science Center-HSC Foundation "Memorandum of Agreement"	The Health Science Center-HSC Foundation "Memorandum of Agreement" should be executed by 9/1/02	Completion of agreement August 2002	Creation of official operating relationship for HSC with HSC Foundation
7.3.3 Formal approval of	The formal approval of nominees and	Election of officers, resulting in initial	Development of short-term plan as focus for board 2003-

nominees and 2003-2004 quarterly meeting agenda	2003-2004 quarterly meeting agenda to be completed by 1/1/03	planning for board and implementation of financial policies need dates	04
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Objective 7.4 (Franklin)

Through the Office of the President, identify the steps necessary for initiating a capital campaign for the HSC.

Objective 7.4: Steps Necessary for Initiating a Capital Campaign for the HSC			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
Inventory resources of components in support of campaign January 2003	Input from component heads and development directors solicited by January 2003	Completed initial capital campaign audit at Executive Committee meetings 2/5/03 and 3/05/03.	Determine campaign readiness and outline series of mini-campaigns among components as first step in campaign planning.

Objective 7.5 (Dickey)

Continue to assess and improve the current administrative structure including the composition of the Executive Committee, the function of senior administrators, and the delineation of responsibility between the HSC and its Components.

Objective 7.5: Continue to assess and improve the current administrative structure			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
7.5.1 Hire full-time employees to fill HSC administrative positions	Hire a full-time V.P. for Research (VPR) by 12/1/02 Hire a full-time CIO by 11/1/02 Hire a full-time V.P. for Academic and Student Affairs (VPAA) by 3/1/03	The Executive Committee has been reconstructed and a Council of Advisers has been created. The search for VPR has been suspended due to the financial situation. Our ability to meet the expectations of that office (VPR) as well as CIO and VPAA is currently being discussed.	As a result of this reorganization, senior administrators have taken on more responsibility and accountability in the form of HUB, finance, planning. Plans for the next two years for these administrative roles will be completed by the executive committee by May 1.

Objective 7.6 (Nelson)

The HSC will develop and implement a central fiscal operation using one campus code which will provide requisite services in an efficient and timely manner.

Objective 7.6: Develop and implement a central fiscal operation			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
7.6.1 Development of a central fiscal operation	Complete development and implementation of a central fiscal operation by 9/1/02	The development and implementation of a central fiscal operation was completed on 9/1/02	
7.6.2 Number of vouchers processed	The centralized fiscal operation will process ____ vouchers in FY03	41,659 vouchers were processed by the centralized fiscal operation in FY03, representing a 61% increase over FY02	
7.6.3 Amount of interest paid in late payments	The centralized fiscal operation will reduce the amount of interest paid in late payments by 5% in FY03	Interest paid increased 85% over FY02. This increase was largely due to the loss of the Administrative Services Office at IBT and the transition to drastically changed procedures at BCD.	
7.6.4 Number of voucher audit findings	The centralized fiscal operation will reduce the number of voucher audit findings by 5% in FY03	Voucher audit findings increased >100% over FY02. Again, this increase was due to the loss of the Admin. Services Officer at IBT and the transition to new procedures at BCD.	

Objective 7.7 (Nelson)

The HSC will provide management review of fiscal and operational processes within the HSC to insure operational effectiveness and adherence to State statutes, System Policies and HSC Rules.

Objective 7.7: Provide management review of fiscal and operational processes			
Assessment Measure	Assessment Criteria	Assessment Results	Use of Results
7.7.1 Number of operations reviewed for efficiency	Review 3 operations for efficiency by 9/1/02	The Willd Body Program, CBHEC and the Contracts Processing operation were reviewed for efficiency.	
7.7.2 Number of changes to enhance services	Make at least 3 changes to enhance services in FY03	the Contracts processing operation was streamlined and a database for tracking	

		of contracts was implemented; implementation of the Leave Traq system was initiated; most fiscal forms were posted on the HSC website; disbursement guidelines were published; increased fiscal training opportunities were provided for component personnel	
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Appendix II

1993-2003 Enrollments

HSC Enrollment by Ethnic Status and Gender

1993-2003

1993	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	14	3%	4	2.2%	0	0.0%	N/A	N/A
Mainland Puerto Ricans			1	0.5%			N/A	N/A
Mexican-Americans	30	6.4%	11	5.8%	1	3.1%	N/A	N/A
Native Americans	2	0.4%	1	0.5%			N/A	N/A
Total Underrepresented Minorities	46	9.8%	17	9.0%	1	3.1%	N/A	N/A
Asian Americans	87	18.6%	17	9.0%	3	9.4%	N/A	N/A
Other Hispanics			10	5.3%			N/A	N/A
Total All Minorities	133	28.4%	44	23.3%	4	12.5%	N/A	N/A
Whites	336	71.6%	141	74.6%	17	53.1%	N/A	N/A
Other (or Unreported)			4	2.1%	11	34.4%	N/A	N/A
Females	221	47.0%	75	39.7%	8	25.0%	N/A	N/A
1994	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	19	3.9%	3	1.6%	1	2.3%	N/A	N/A
Mainland Puerto Ricans			1	0.5%			N/A	N/A
Mexican-Americans	26	5.4%	12	6.3%	1	2.3%	N/A	N/A
Native Americans	1	0.2%	1	0.5%			N/A	N/A
Total Underrepresented Minorities	46	9.5%	17	8.9%	2	4.5%	N/A	N/A
Asian Americans	84	17.4%	22	11.6%	8	18.2%	N/A	N/A
Other Hispanics			11	5.8%			N/A	N/A
Total All Minorities	130	26.9%	50	26.3%	10	22.7%	N/A	N/A
Whites	354	73.1%	136	71.6%	25	56.8%	N/A	N/A
Other (or Unreported)			4	2.1%	9	20.5%	N/A	N/A
Females	208	43.0%	75	39.5%	18	40.9%	N/A	N/A
1995	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	15	3.2%	1	0.5%	1	2.1%	N/A	N/A
Mainland Puerto Ricans			1	0.5%			N/A	N/A
Mexican-Americans	25	5.3%	14	6.7%	1	2.1%	N/A	N/A
Native Americans	3	0.6%		0.0%			N/A	N/A
Total Underrepresented Minorities	43	9.1%	16	7.7%	2	4.2%	N/A	N/A
Asian Americans	82	17.5%	29	13.9%	7	14.9%	N/A	N/A
Other Hispanics			10	4.8%			N/A	N/A
Total All Minorities	125	26.6%	55	26.4%	9	19.1%	N/A	N/A
Whites	344	73.4%	148	71.2%	28	59.6%	N/A	N/A
Other (or Unreported)			5	2.4%	10	21.2%	N/A	N/A
Females	207	44.0%	81	38.9%	17	36.1%	N/A	N/A
1996	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	16	3.2%	3	1.4%	2	3.5%	N/A	N/A
Mainland Puerto Ricans			1	0.5%			N/A	N/A
Mexican-Americans	34	6.7%	18	8.0%	1	1.8%	N/A	N/A
Native Americans	3	0.6%		0.0%			N/A	N/A
Total Underrepresented Minorities	53	10.5%	22	9.9%	3	5.3%	N/A	N/A
Asian Americans	83	16.5%	44	19.6%	7	12.2%	N/A	N/A

Other Hispanics			10	4.4%			N/A	N/A
Total All Minorities		27.0%	54	33.9%	10	17.5%	N/A	N/A
Whites	367	73.0%	147	65.6%	39	68.5%	N/A	N/A
Other (or Unreported)			1	0.5%	8	14.0%	N/A	N/A
Females	233	46.3%	86	38.4%	24	42.1%	N/A	N/A
1997	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	19	3.8%	3	1.3%	3	5.0%	N/A	N/A
Mainland Puerto Ricans			1	0.4%			N/A	N/A
Mexican-Americans	46	9.3%	19	7.9%	4	6.7%	N/A	N/A
Native Americans	3	0.6%	1	0.4%			N/A	N/A
Total Underrepresented Minorities	68	13.7%	24	10.0%	7	11.7%	N/A	N/A
Asian Americans	96	19.2%	64	26.7%	8	13.3%	N/A	N/A
Other Hispanics			9	3.7%			N/A	N/A
Total All Minorities	164	32.9%	97	40.4%	15	25.0%	N/A	N/A
Whites	335	67.1%	141	58.8%	39	65.0%	N/A	N/A
Other (or Unreported)			2	0.8%	6	10.0%	N/A	N/A
Females	254	50.9%	102	42.5%	29	48.3%	N/A	N/A
1998	BCD	%	COM	%	GSBS	%	SRPH	%
Black/African-American	16	3.2%	3	1.2%	2	3.6%	3	14.3%
Mainland Puerto Ricans			1	0.4%				
Mexican-Americans	43	8.5%	19	7.4%	2	3.6%	1	4.8%
Native Americans	3	0.6%	2	0.8%				
Total Underrepresented Minorities	62	12.3%	25	9.8%	4	7.2%	4	19.1%
Asian Americans	109	21.6%	67	26.2%	5	9.0%	2	9.5%
Other Hispanics			6	2.3%				
Total All Minorities	171	33.9%	98	38.3%	9	16.2%	6	28.6%
Whites	333	66.1%	151	59.0%	40	72.7%	13	61.9%
Other (or Unreported)			7	2.7%	6	10.9%	2	9.5%
Females	236	46.8%	121	47.3%	27	49.0%	9	42.9%
1999	BCD	%	COM	%	GSBS	%	SRPH	%
Black/African-American	18	3.7%	4	1.5%	2	3.0%	10	14.9%
Mainland Puerto Ricans			1	0.4%				
Mexican-Americans	40	8.1%	18	6.9%	4	6.0%	5	7.5%
Native Americans	3	0.6%	2	0.8%				
Total Underrepresented Minorities	61	12.4%	25	9.6%	6	9.0%	15	22.4%
Asian Americans	108	21.9%	75	28.9%	7	10.4%	4	6.0%
Other Hispanics			4	1.5%				
Total All Minorities	169	34.3%	104	40.0%	13	19.4%	19	28.4%
Whites	324	65.7%	147	56.5%	40	59.7%	44	65.6%
Other (or Unreported)			9	3.5%	14	20.9%	4	6.0%
Females	190	38.5%	141	54.2%	37	55.2%	27	40.3%
2000 (1)	BCD	%	COM	%	GSBS	%	SRPH	%
Black/African-American	17	3.3%	2	1.1%	3	4.5%	11	7.0%
Hispanic-Americans	34	6.5%	12	4.4%	4	5.9%	35	22.4%
Native Americans	1	0.1%	2	0.7%	1	1.5%	0	0%

Total Underrepresented Minorities	52	10%	16	5.9%	8	11.0%	46	29.4%
Asian Americans	109	20.9%	83	30.7%	2	3.0%	11	7.0%
Total All Minorities	160	31%	99	36.6%	10	14.9%	57	36.5%
Whites	333	63.9%	156	57.7%	34	50.7%	87	55.7%
Other (or Unreported)	27	0.5%	15	5.5%	23	34.3%	12	7.7%
Females	246	47.2%	149	55.1%	34	50.7%	94	60.1%
2001 (1)	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	21	4.1%	3	1.0%	2	2.3%	13	8.0%
Hispanic-Americans	36	7.0%	13	4.7%	9	10.7%	37	22.9%
Native Americans	0	0%	1	0.3%	1	1.1%	0	0%
Total Underrepresented Minorities	57	11%	17	6.1%	12	14.2%	50	31.0%
Asian Americans	112	21.9%	84	30.4%	5	5.9%	13	8.0%
Total All Minorities	169	33%	101	36.5%	17	20.2%	63	39.1%
Whites	325	63.6%	174	63.0%	43	51.1%	88	54.6%
Other (or Unreported)	17	3.3%	1	0.3%	24	28.5%	10	6.2%
Females	247	48.3%	149	53.9%	42	50.0%	103	63.9%
2002 (1)	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	20	3.8%	7	2.5%	3	2.2%	23	10.0%
Hispanic-Americans	35	6.7%	15	5.4%	8	5.8%	57	24.7%
Native Americans	3	0.5%	1	0.4%	3	2.2%	0	0%
Total Underrepresented Minorities	58	11.7%	23	8.3%	14	11.1%	80	34.7%
Asian Americans	106	20.3%	81	29.4%	33	24.2%	8	3.4%
Total All Minorities	164	33.3%	104	37.8%	47	37.3%	88	38.2%
Whites	323	62.0%	166	60.3%	62	45.5%	125	54.3%
Other (or Unreported)	5	1.0%	5	1.8%	17	12.5%	17	7.3%
Females	275	52.7%	143	52.0%	62	45.5%	146	63.8%
2003 (1)	BCD	%	COM	%	GSBS	%	SRPH	
Black/African-American	20	4.0%	8	2.8%	3	2.3%	30	13.2%
Hispanic-Americans	41	8.3%	22	7.9%	9	7.0%	41	18.1%
Native Americans	2	0.4%	2	0.7%	0	0%	0	0%
Total Underrepresented Minorities	64	12.9%	32	11.5%	12	9.4%	71	31.0%
Asian Americans	102	20.6%	67	24.1%	9	7.0%	11	4.8%
Total All Minorities	166	33.6%	99	35.7%	21	16.4%	82	35.8%
Whites	320	64.9%	169	61.0%	49	38.2%	125	55.1%
Other (or Unreported)	8	1.6%	9	3.2%	58	45.3%	22	9.7%
Females	236	47.8%	146	52.7%	62	48.4%	136	59.9%

(1) Beginning in 2000 all Hispanic students (Mexican-American, Mainland Puerto Ricans, and other Hispanics) are reported as Hispanic, in keeping with newly developed definitions of underrepresented minorities. In the past only the COM kept records dividing Hispanics into three categories. In fact, few mainland Puerto Ricans and other Hispanics have traditionally been enrolled.