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ABSTRACT

The Association of American Medical Colleges launched Project 3000 by 2000 in November 1991 to address the under-representation of Blacks, American Indians, Mexican Americans, and Mainland Puerto Ricans in medical schools. Its aim is to increase the number of under-represented minorities to entering medical schools to 3,000 by the year 2000. Since the project began, it has become clear that the primary cause of minority under-representation in medicine is the scarcity of minority applicants who are both interested in and academically prepared for the rigors of health professional and graduate schools. This is based in educational disadvantages that disproportionately affect minority communities. Project 3000 by 2000 builds on and extends efforts that have been in place for some time through multi-institutional community-based educational partnerships, notably the National Network for Health Science Partnerships (NESPA) and its Health Professions Partnership Initiative. Since Project 3000 by 2000 began in 1991, the number of under-represented minority medical school matriculants has increased by 27%. This increase is largely explained by changes in medical school acceptance rates and rates of growth in the numbers of minority applicants. Most of the initiatives associated with Project 3000 by 2000 are too recent to have had immediate impact on numbers of medical school applicants, but the Project has almost certainly contributed through the heightened awareness it promotes through these initiatives: (1) Health Professions Partnership Initiative; (2) the NESPA newsletter; (3) a newsletter for high school students; (4) a registry of programs for minority high school students; (5) a directory of school coordinators; and (6) NESPA On-Line Internet resources. An appendix describes the status of each of the major minority groups. (Contains 8 figures, 46 maps and 18 figures in the appendix, and 11 references.) (SLD)

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ASSOCIATION OF  
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ED 409 399

PROJECT  
**3000**  
BY  
**2000**

**Progress To Date**

**Year Four Progress Report**

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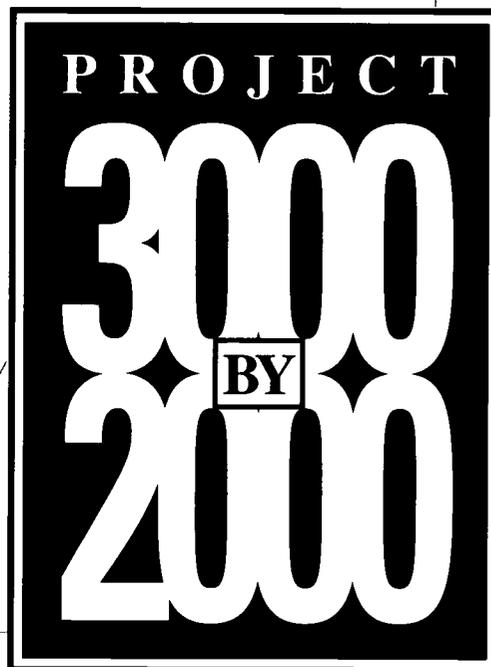
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ASSOCIATION OF  
AMERICAN  
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**Progress To Date**

**Year Four Progress Report**

Published by the Association of American Medical Colleges  
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## INTRODUCTION



**T**he AAMC officially launched *Project 3000 by 2000* in November of 1991 to address what had been for the previous fifteen years a worsening problem of minority underrepresentation<sup>1</sup> in U.S. medical schools. The *Project* takes its name from its initial and most visible goal — to increase the number of underrepresented minority (URM) students entering the nation's 125 medical schools each year to 3,000 by the year 2000. This goal merely updates to the demographics of the 1990s, the AAMC's long-standing objective of enrolling students from underrepresented minority groups in numbers that are proportional to their representation in the population, at large. According to the 1990 Census, the four underrepresented minority groups comprise just over 19 percent of the U.S. population; 3,000 is approximately 19 percent of all matriculants to allopathic medical schools.

Since the *Project* began, it has become clear that the primary cause of minority underrepresentation in medicine, other health professions, and health-related academic fields is essentially the same — the scarcity of minority applicants who are both interested in and academically prepared for the rigors of health professional and graduate schools. This scarcity does not stem from a lack of interest in health careers. Rather, it is based primarily in educational disadvantages that disproportionately affect the same minority communities that have borne the brunt of prejudicial treatment throughout most of American history.

Although the causes for these disparities are many and complex, they are to some extent the legacy of our country's centuries-long history of racial discrimination. Nevertheless, solutions to the ongoing problem of racial inequality—including the problem of minority underrepresentation in medicine and related fields—can only come from future-oriented, proactive efforts to ensure that many more students access the educational and other resources they need to succeed. In the *Project 3000 by 2000* model, academic medical centers become engaged in educational partnerships with public school systems and colleges, especially targeting students from underrepresented minority groups who are interested in medicine and related fields. In these partnerships, precollege, college, and health professions educators work together to ensure not only that more students have access to those resources, but that their educational institutions respect cultural diversity, while simultaneously maintaining learning environments in which very high academic expectations are the norm.

For many years, medical and other health professional schools have tried to address the problem of minority underrepresentation through affirmative action in admissions and by providing short-term supplementary educational programs for minority college students. Although helpful and necessary, these measures have proven to be insufficient in that they do not systematically address the educational needs of potential minority applicants from the precollege years, onward. *Project 3000 by 2000* is not designed to replace these programs or other strategies that have been in place for more than a quarter of a century. On the contrary, the Project builds upon and extends these efforts through multi-institutional, community-based educational partnerships.

<sup>1</sup>Blacks, American Indians, Mexican Americans, and mainland Puerto Ricans have been recognized by the Association of American Medical Colleges since 1970 as underrepresented in medicine.



*Project 3000 by 2000* is based on two basic tenets:

- (1) Academic medical centers typically are among the largest enterprises and have the largest concentration of scientific resources in the cities in which they are located. As such, they have both the means and the responsibility to help improve educational opportunities for the young people of their communities, especially for minority and disadvantaged students interested in medicine and related fields.
- (2) Medical and other health professional schools have not and will not be able to solve the problem of minority underrepresentation alone. Instead, they must work in partnership with the colleges and school systems that are primarily responsible for educating future health professionals and scientists.

Through *Project 3000 by 2000*, the AAMC set out to create a national network of educational partners from the three fundamental components of the health science education pipeline:

- school systems with large minority enrollments that are willing to make the reforms needed to substantially increase the number of their students who are both interested in health-related careers and who are performing at high levels of academic proficiency—especially in the sciences.
- colleges that are interested in examining their curriculum, with an eye to increasing their number of minority graduates entering medical school and related graduate and professional programs.
- academic medical centers — including a medical school, clinical facilities and other health professional schools — that are committed to the goal of increasing opportunities for minority students in the health sciences, including Ph.D. tracks.

Nationwide, this network has more than 3,000 members and is called the National Network for Health Science Partnerships (NESPA). Locally, educators from each of these three stages of the pipeline increasingly have been collaborating in community partnerships. These health science partnerships received a major boost this past year with the addition of funding support from The Robert Wood Johnson Foundation through the new Health Professions Partnership Initiative (HPPI). This new initiative will be described below.

*Project 3000 by 2000* marked its fourth anniversary in November of 1995. With the *Project* now in the fifth year, there is good reason to be pleased with the progress that has been made, but also cause for concern about the future. In this report, progress will be assessed through two separate but related types of indicators: 1) educational statistics pertinent to current and future minority enrollment in medical and other health professional schools and, 2) information about the development of programs to increase the number of well-prepared minority students in the health sciences education pipeline. Because of the availability of information provided by the AAMC's Section for Student Services and the Student and Applicant Information Management System (SAIMS), most of the data to be presented here will pertain to U.S. medical schools. The appendix contains more detailed data on matriculants from each underrepresented minority group as well as the number of actual and potential applicants who are residents of each state. It also contains information on the undergraduate colleges producing the largest number of underrepresented minority applicants and matriculants to U.S. medical schools.

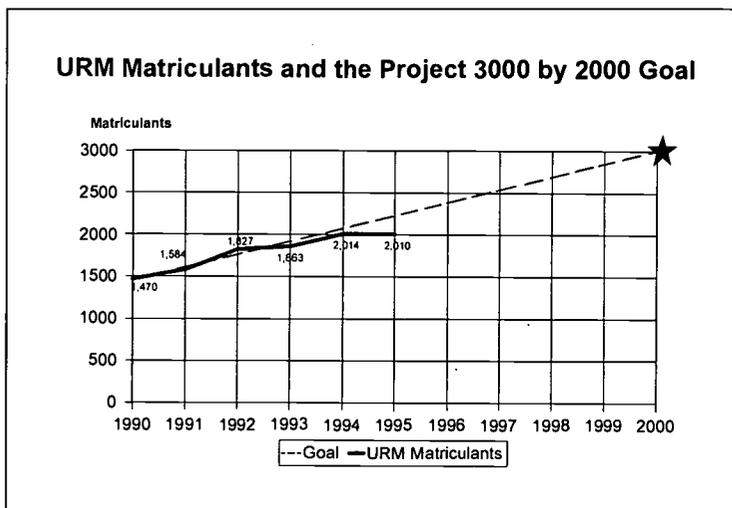
## APPLICANT AND MATRICULANT TRENDS



The percentage of matriculants from minority groups underrepresented in medicine increased rapidly in the late 1960s and early 1970s, reaching a plateau of approximately nine percent in 1975. Between 1975 and 1990, there was little growth in minority matriculants, although the percentage of the U.S. population from the four URM groups increased from 16 percent to 19.4 percent. The rapid growth in the minority population, combined with the very slow growth in minority matriculants resulted in more severe minority underrepresentation in U.S. medical schools in 1990 than existed 15 years earlier.

Since *Project 3000 by 2000* officially began in 1991, the number of URM matriculants has increased 27 percent—37 percent since 1990. It was in 1988 when the AAMC publicly reaffirmed its commitment to addressing the problem of minority underrepresentation by creating the Division of Minority Health, Education and Prevention<sup>2</sup>. During its first three years, the *Project* was nearly on target in meeting its most visible goal — matriculating 3,000 underrepresented minority students annually by the year 2000. However, during the 1995-96 academic year, there was no increase in underrepresented minority matriculants. The substantial gains that occurred during the first three years and the enrollment stagnation in Year 4 are largely explained by changes in the acceptance rates of the various racial and ethnic groups as well the varying rates of growth in the number of applicants from each group.

Figure 1



In 1988, only 2,896 URM students applied to U.S. medical schools. By 1990, the number of URM applicants only had reached 3,172, barely more than the *Project 3000 by 2000* matriculant goal of 3,000. Since then, the number of URM applicants has grown by 62 percent to 5,146, exceeding the 59 percent increase for non-URM applicants between 1990 and 1995. The rapid growth in the number of

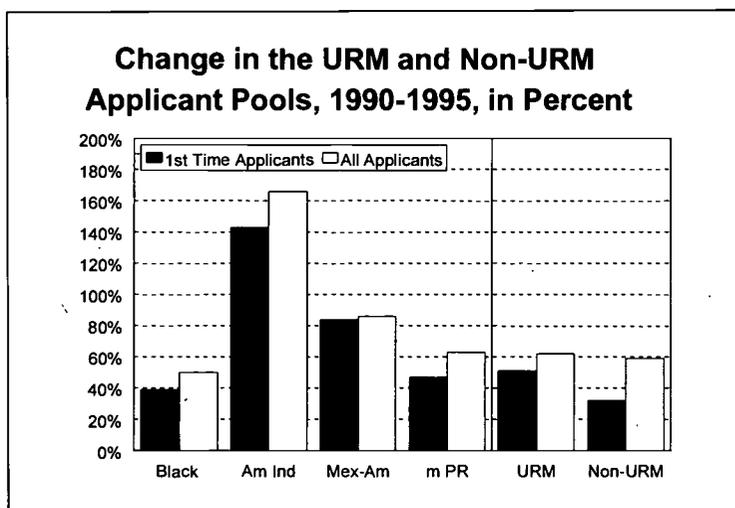
<sup>2</sup>In 1995, this unit of the AAMC was renamed the Division of Community and Minority Programs.



URM applicants, and the fact that the rate of growth exceeded that of non-URM applicants — albeit, only slightly — were important factors contributing to the impressive increase in URM matriculants during this period.

A somewhat different picture of how growth in the URM applicant pool is related to matriculant changes emerges by examining only new applicants. (i.e. applicants applying to medical school for the first time). First-time applicants, on average, have a somewhat higher acceptance rate than repeat applicants who previously had been unsuccessful. Comparing changes in the URM and non-URM applicant pools between 1990 and 1995, Figure 2 illustrates that a larger proportion of the growth in the URM applicant pool is due to the increased number of first time applicants. Also, the rate of increase in first-time applicants for each of the four URM groups exceeded that for non-URMs. The same is true for each of the four URM groups except blacks for total applicants (including both first-time and repeat applicants).

Figure 2



In 1995, 68 percent of applicants from underrepresented minority groups were first-time applicants, compared to 65 percent for all other applicants (Non-URMs).

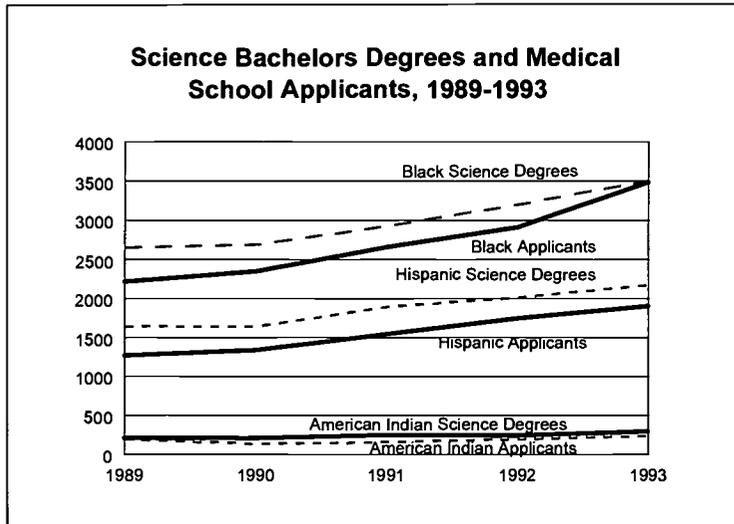
**Bachelor of Science Degrees.** Approximately 70 percent of minority medical school applicants and matriculants have bachelor’s degrees in the life sciences or physical sciences, and most minority science bachelor’s degree recipients already apply to medical school. Although the percentage of applicants with bachelors degrees in non-science fields has increased slightly in recent years, this does not explain the enormous increase in URM applicants that has occurred since 1990. As illustrated in Figure 3, the recent increase in minority medical school applicants closely parallels a rise in the number of bachelor’s degrees earned by minorities in the biological and physical sciences.

Medical school applicants with non-science degrees are no less successful in their efforts to enter medical school than science majors and clearly, academic preparation in the social sciences and humanities is desirable. Nevertheless, preparation in bio-



logical and physical sciences generally is considered an essential prerequisite for medical school, irrespective of the applicant's undergraduate major. For that reason, tracking trends in the number of bachelor's of science degrees is a very useful predictor of changes in the applicant pool. The most recent information available on the number of black, Hispanic, and American Indian bachelors degree recipients is from the 1993 Integrated Postsecondary Education Data System (IPEDS) Completions Survey of the U.S. Department of Education. This survey does not differentiate among the various Hispanic subgroups.

Figure 3



It is likely that the growth in minority science bachelor's degree recipients results, in part, from the increased popularity of medicine and other health professions as a career choice for students from all racial and ethnic backgrounds. Growth in the number of minority college graduates applying to medical schools also is related to the ongoing work of many medical schools to recruit and provide academic enrichment to prospective minority applicants. These efforts have received important support from the federal government, especially through the Health Careers Opportunity Program (HCOP), the Centers of Excellence programs, NIH training programs, and programs of the National Science Foundation. Support from private philanthropies, especially that of The Robert Wood Johnson Foundation and the Howard Hughes Medical Institute, also have been important. The increase may also be attributable, in part, to the growing number of rigorous magnet health science high schools, medical school-affiliated high school enrichment programs, and to the educational reforms begun in the early 1980s that have led to many more minority high school students taking college preparatory courses.

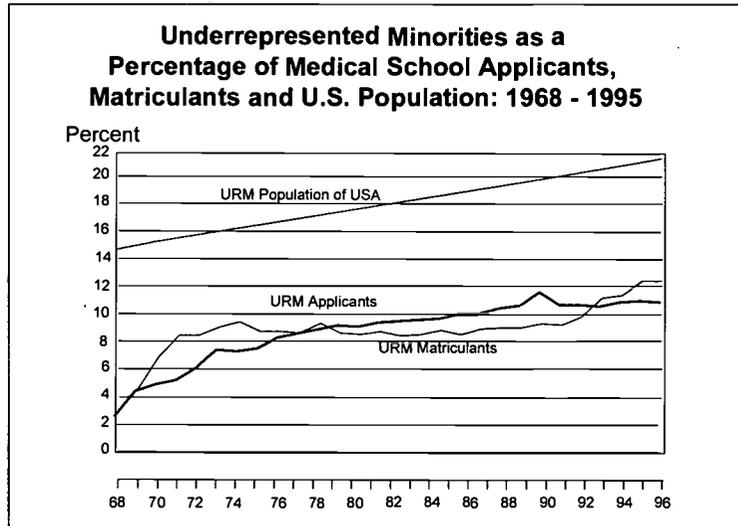
Although most new initiatives associated with *Project 3000 by 2000* are too recent to have had an immediate impact on the number of medical school applicants and matriculants, we believe that continued growth in the number of URM students who are both interested in and academically prepared to pursue careers in medicine and related fields depends on the increased involvement of health professional



schools in *Project 3000 by 2000*-style educational partnerships. Nevertheless, the *Project* almost certainly has contributed to the recent substantial rise in URM enrollment by heightening awareness within medical schools of the problem of minority underrepresentation.

**Acceptance Rates.** Although the increase in underrepresented minority applicants over the past several years has been impressive, the rate of increase in the number of non-URM applicants has been almost as great. Because the number of applicants from all racial and ethnic groups has risen dramatically in recent years while the number of medical school seats has remained nearly constant, the percentage of applicants who are accepted has fallen substantially. In 1990, 46 percent of URM applicants were accepted to enter medical school, compared to only 39 percent in 1995. During the same period, however, the matriculation rate for non-URM applicants fell even faster, with the result being a higher matriculation rate for URM applicants relative to non-URMs from 1991, onward.

Figure 4

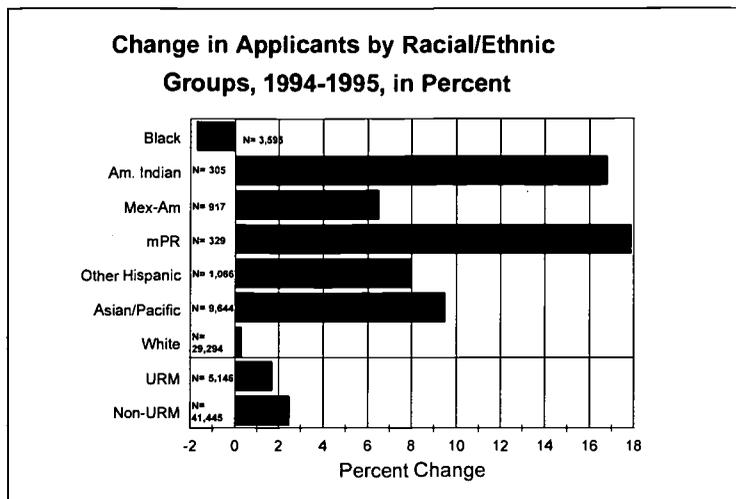


In short, the data show that the increase in URM matriculants during the course of *Project 3000 by 2000* is related to the substantial increase in science bachelor's degrees awarded to minorities, a corresponding rise in URM applicants, and the higher matriculation rate of URM applicants compared to other applicants. As previously noted, however, some of these trends were reversed in the 1995-96 academic year.

In the fall of 1995, the number of URM matriculants did not increase from the previous year--the first time that this has occurred since *Project 3000 by 2000* began. This is primarily the result of slower growth in the number of URM applicants relative to all other applicants between 1994 and 1995. While the applicant pool as a whole increased 2.7 percent, only 86 more URM students applied to medical school in 1995 compared to the previous year, an increase of only 1.7 percent. The only racial/ethnic group that did not register any increase in applicants was blacks, who, by far, are the largest of the four URM groups.



Figure 5



Applicant and matriculant trends between 1990 and 1995 for each of the four URM groups are illustrated in Figures 6 and 7.

Figure 6

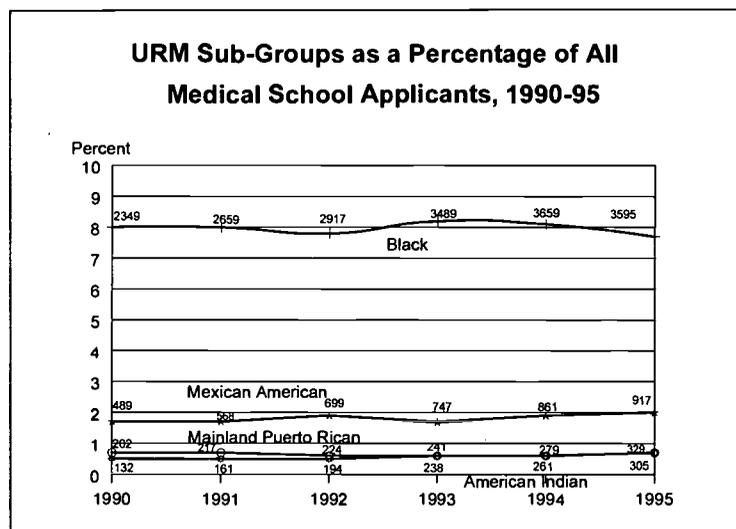
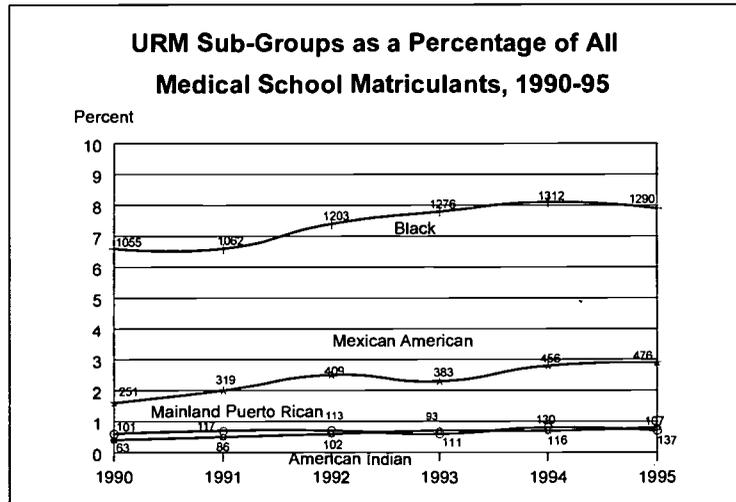


Figure 7





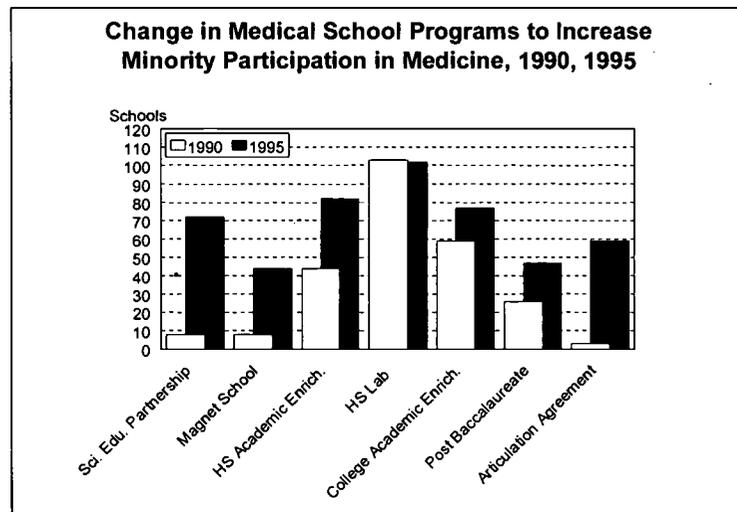
A core proposition of *Project 3000 by 2000* has always been that continued progress in enrolling URM students in medical schools depends upon continued growth in the URM applicant pool, both in absolute numbers and as a percentage of the overall pool. The rate of growth in applicants for each of the URM groups except for blacks remained strong in 1995. As illustrated in Figure 6, blacks comprised a smaller percentage of all applicants in 1995 than in 1990. This trend is worrisome and must be reversed. Although Mexican American, mainland Puerto Rican, and American Indian applicants continue to register healthy gains, these groups also have a long way to go before they reach levels that are adequate to sustain *Project 3000 by 2000* matriculant goals. Developing educational programs and partnerships to increase the number of underrepresented minority students who are well prepared to apply to medical and other health professions schools is at the heart of the *Project 3000 by 2000* model.

### PROJECT IMPLEMENTATION

In the fall of 1995, the AAMC conducted its fourth annual *Project 3000 by 2000* Progress Assessment. Ninety-eight of 122 (80 percent) U.S. medical schools responded to the survey. In order to provide a more complete picture of minority-oriented programs offered by U.S. medical schools, the Year Four Progress Assessment data are supplemented by survey responses from previous years for the 24 schools that did not respond to the 1995 survey.

**Programs.** As illustrated in Figure 8, the number of schools that administer, or participate in a partnership that administers, various educational programs serving minority students has increased substantially since *Project 3000 by 2000* began. In 1995, 72 schools (59 percent) reported that they have become involved in a science education partnership with a nearby school system, compared to fewer than ten in 1990. Forty-four (36 percent) are working with a health science focus (magnet) school and 82 (67 percent) sponsor an academic enrichment program for high school students.

Figure 8





These three types of activities, along with articulation agreements linking colleges with medical schools, are the program categories that have shown the most growth since 1990. One-hundred-and-two medical schools (84 percent) continue to sponsor laboratory internships for high school students, 77 (63 percent) sponsor summer academic enrichment programs for college students, and 47 schools sponsor post-baccalaureate programs—21 more schools than in 1990.

**Project 3000 by 2000 Implementation Strategy.** As discussed in the *Project 3000 by 2000 Technical Assistance Manual: Guidelines for Action*, strategic planning is essential to the implementation of the *Project*. This begins with an analysis of the size and degree of academic preparation of the actual and potential minority applicant pool. To facilitate this process, the AAMC recently updated each medical school's local *Data Supplement* to the *Technical Assistance Manual*. In addition, the appendix to this Progress Report provides maps showing state level data on minority college graduates in the primary feeder disciplines, the number of minority medical school applicants and matriculants who are residents of each state, and also graphs showing the colleges that are the leading producers of medical school applicants and matriculants.

Next, the *Project 3000 by 2000* model calls on the *Project* Coordinator at each medical school to assess the adequacy of current educational programs and resources to achieve the *Project's* matriculant goals, keeping in mind the weak points in the local minority medical education pipeline that have been identified. Based on all of this information and analysis, the *Project* Coordinator at each school then develops an implementation strategy to enlarge and strengthen the local minority applicant pool so that the *Project's* goal of population parity eventually can be achieved and sustained over the long term. To have a realistic chance of achieving its objectives, the *Project 3000 by 2000* implementation plan must be the product of serious consultation and involvement with the educational institutions that are primarily responsible for preparing the minority medical students of the future—the colleges and local school systems in which large numbers of minority students are enrolled.

Since 1993, the number of medical schools reporting that they have comprehensive *Project 3000 by 2000* implementation plans in place has increased from 23 to 66. This represents slightly more than one-half of U.S. medical schools.

The Year Four Survey asked about problems and impediments that may interfere with the implementation of the *Project* at each school. As in previous years, fewer than ten percent of respondents indicated that disagreement within the medical school as to the objectives or methods of the *Project* interfered with *Project* implementation. Twenty-eight percent of respondents indicated that *Project* implementation was impeded by the fact that *Project 3000 by 2000* was not a high priority relative to other institutional goals. This compares to 27 percent of respondents to the 1993 survey. As in the past, the most frequently cited impediment to *Project* implementation was lack of financial resources and staffing problems. Seventy-one percent of respondents cited funding as a serious problem and 51 percent mentioned "lack of staff support."



## HEALTH PROFESSIONS PARTNERSHIP INITIATIVE

**P**roject 3000 by 2000 received an important boost in 1995 with the addition of The Robert Wood Johnson Foundation support for the new Health Professions Partnership Initiative (HPPI). The Foundation has allocated \$5,000,000 to provide up to \$350,000 in funding for up to 14 academic health centers over a five year period. Jointly sponsored by the Foundation and the AAMC, the Health Professions Partnership Initiative extends the *Project 3000 by 2000* model to other health professional schools. Based on the belief that the primary cause of minority underrepresentation in medical and other health professional schools is the same — too few well-prepared minority applicants—the HPPI requires the participation of a medical school and a nursing school, with dental, allied health, and other health professional schools from the same academic health center strongly encouraged to participate. The partnerships also must include at least one K-12 school system and an undergraduate college.

The first round of funding for ten of the 14 grants took place in 1995. Thirty-seven applications were submitted by health professional schools or academic health centers. Fifteen of the applicants were site visited by members of the HPPI National Advisory Committee, chaired by Walter Massey, Ph.D., President of Morehouse College. Other National Advisory Committee members include:

- Zenaido Camacho, Ph.D., Vice President, Rice University
- Lauro F. Cavazos, Ph.D., Acting Chair, Department of Community Medicine, Tufts University School of Medicine
- Isabella Finkelstein, Ph.D., Professor, Clark Atlanta University
- Christopher Fordham, M.D., Chancellor Emeritus, University of North Carolina, Chapel Hill
- Joseph E. Johnson, III, M.D., Vice President, American College of Physicians
- Madeline Lacovara, President, Classroom Inc., New York City
- Mi Ja Kim, Ph.D., Vice Chancellor for Research, University of Illinois, Chicago
- Floretta Dukes McKenzie, Ed.D., President, The McKenzie Group, Washington, D.C.
- Jean C. Sinkford, D.D.S., Ph.D., Assistant to the President, American Association of Dental Schools
- Carmen Varela Russo, Associate Superintendent, Broward County, Florida, Public Schools

Partnerships led by the following institutions were funded during the 1995 applicant cycle:

- University of Massachusetts Medical Center
- University of Connecticut Health Science Center
- Medical College of Pennsylvania/Hahnemann University
- University of North Carolina at Chapel Hill
- Medical University of South Carolina
- Medical College of Georgia
- University of Louisville Health Sciences Center
- University of Wisconsin Medical School
- University of Nebraska Medical Center
- University of Oregon Health Sciences University

The second round of funding for the Health Professions Partnership Initiative will be announced in late 1996.

## AAMC ACTIVITIES

**H**Health Professions Partnership Initiative. The Development and implementation of the HPPI was a major focus of *Project 3000 by 2000* staff in 1995. Herbert Nickens, M.D., M.A., AAMC Vice President for Community and Minority Programs is the Director of the Health Professions Partnership Initiative. Timothy Ready, Ph.D., is Deputy Director.

**NESPA NEWS.** The AAMC continued to publish NESPA NEWS, the quarterly newsletter of the National Network for Health Science Partnerships. NESPA NEWS is distributed to 3,000 educators in health professions schools, colleges, and high schools across the country.

**S<sup>3</sup>MAR Grapevine.** The AAMC continued to publish the S<sup>3</sup>MAR Grapevine, a newsletter for minority high school students interested in the health professions and health science research. *The Grapevine* is distributed three times per year to approximately 4,000 students, most of whom are listed in the Secondary School Science Minority Achievement Registry.

**Secondary School Science Minority Achievement Registry (S<sup>3</sup>MAR).** The third edition of the S<sup>3</sup>MAR was published in November of 1995 and distributed to administrators in allopathic and osteopathic medical schools, as well as to dental schools, schools of podiatry, and optometry. It also was distributed to hundreds of college-based prehealth professions advisors and to high school educators who are working with minority students interested in the health sciences.

Like the first two editions, the 1995-96 S<sup>3</sup>MAR is composed of two-volumes. Volume I contains information about 132 educational programs that primarily serve minority students interested in the health sciences. Programs listed are of at least one month in duration and are grouped into four categories: magnet health science high schools; classroom based academic enrichment programs; NIH sponsored laboratory internships; and other laboratory internship programs. Programs are listed by state and include the names, addresses, and telephone numbers of the directors, location and dates of operation, program objectives and methods, and program evaluation information. Volume I is intended to be a resource for students interested in the health sciences, as well as for their parents and teachers.

Volume II contains information about nearly 4,000 students who have demonstrated a serious interest in the health sciences through their participation in the programs listed in Volume I. Volume II includes students' names, addresses, expected graduation dates, names of programs in which the students participated, and students' career interests. Volume II is intended to be used primarily in recruiting by college and health professions educators.





*Project 3000 by 2000 Directory of School Coordinators.* Every medical school in the United States has appointed a *Project 3000 by 2000* School Coordinator. A directory with their names, addresses, telephone and fax numbers, and E-Mail addresses is published and distributed annually.

*NESPA On-LINE! NESPA News, S<sup>3</sup>MAR Grapevine,* Directory of School Coordinators, and Volume I of the S<sup>3</sup>MAR are among the resources that can be found via the internet on *NESPA On-Line!*. *NESPA On-Line!* can be found at:

<gopher:aamcinfo.aamc.org>.

Information concerning *Project 3000 by 2000* and other initiatives of the AAMC's Division of Community and Minority Programs also can be found on the world wide web at <<http://www.aamc.org/stuapps/start.html>>.

In addition to this on-line information, a listserver intended to facilitate e-mail communication among educators interested in *Project 3000 by 2000* is now available. To subscribe, send an e-mail message to:

<majordomo@aamc.org>.

The message in the first line of text should read, "Subscribe NESPA"

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## APPENDIX



The appendix contains a total of 43 maps and eleven graphs. Most depict information about underrepresented minority (URM) applicants and matriculants by state of residence. The appendix also contains maps showing the number of bachelor's degrees in biological and physical sciences<sup>1</sup> awarded to blacks, Hispanics<sup>2</sup> and American Indians in 1993<sup>3</sup> from the colleges and universities in each state. Finally, the appendix contains bar graphs showing which schools produced the greatest number of applicants and accepted applicants from each of the four URM groups.

The appendix is divided into six sections:

- I. Underrepresented Minorities (not differentiated)
- II. Non-Black Underrepresented Minorities (Mexican Americans, American Indians and Mainland Puerto Ricans are combined)
- III. Blacks
- IV. Mexican Americans
- V. Mainland Puerto Ricans
- VI. American Indians

In contrast to more familiar statistical summaries of the number of underrepresented minority matriculants to each medical school, these maps and graphs show the state of residence of URM applicants and matriculants to any of the nation's 125 medical schools. *Project 3000 by 2000* emphasizes the need for educators in communities across the country to collaborate to increase the size and degree of academic preparation of the minority applicant pool. These maps and graphs will help you assess how well minority residents of your state are doing in relation to the *Project 3000 by 2000* goal and in comparison to minority residents of other states.

### Notes on Sources

The source of information about the colleges and states of origin of applicants and matriculants depicted in appendix maps and graphs is the Admissions Action Summary Report: Final for Minority Applicants, 1995 Entering Class, produced by the Section for Student Services, Association of American Medical Colleges (October 13, 1995). Maps showing changes in the number of applicants and matriculants since 1994 and 1991 also use information from the Admission Action Summary Reports for those years. Information on the number of bachelor's degrees recipients in the biological and physical sciences is from the U.S. Department of Education, Office of Educational Research and Improvement, 1992-93 Integrated Postsecondary Education Data System (IPEDS) Completions Survey.

<sup>1</sup>Approximately 70% of medical school applicants and matriculants have earned bachelor's degrees in these fields.

<sup>2</sup>Data on bachelor's degrees from the U.S. Department of Education do not differentiate the various Hispanic groups.

<sup>3</sup>The most recent year for which data are available from the U.S. Department of Education.



## I. Underrepresented Minorities

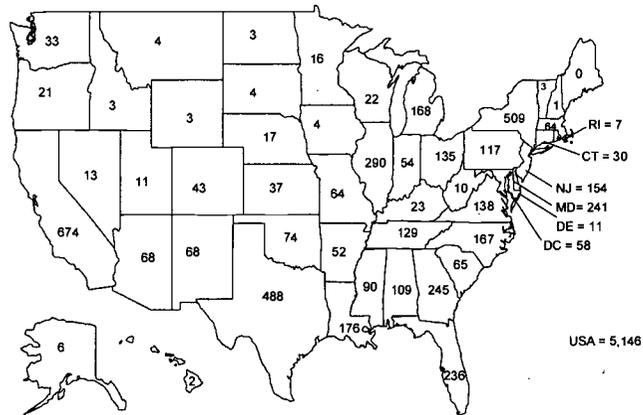
The maps in this section depict medical school applicant and matriculant data for underrepresented minorities. Information for blacks, Mexican Americans, mainland Puerto Ricans, and American Indians from each state is presented in combined form. The state-by-state distribution of biological and physical science bachelor's degrees awarded to blacks, Hispanics, and American Indians also is presented. As the primary goal of Project 3000 by 2000 is for 3,000 URM students to enter U.S. medical schools each year by the year 2000, these maps show how each state is performing in relation to the national goal and each state's proportional share of that goal.

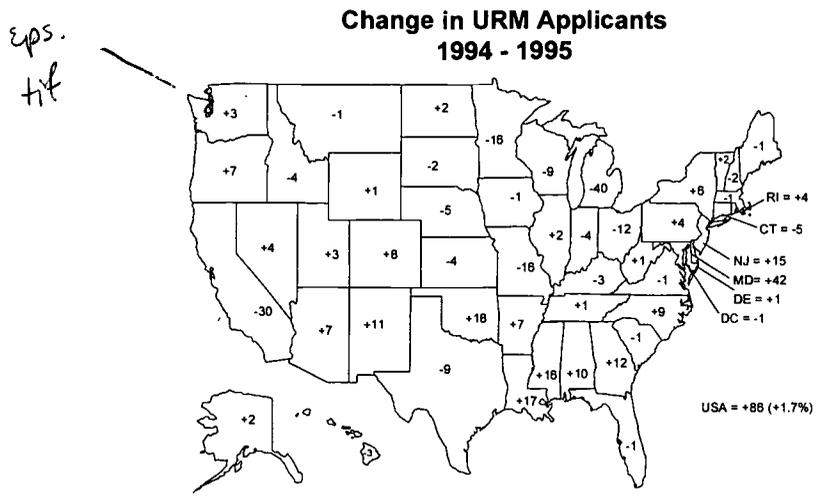
In 1995, there were 5,146 underrepresented minority applicants to U.S. medical schools, an increase of 1.7 percent from 1994. This was the first year since *Project 3000 by 2000* began that the annual rate of increase for URM applicants did not exceed the rate of growth in the rest of the applicant pool (2.5%).

Most Southern states registered gains, while the number of URM applicants from most Midwestern states fell. The record in the Northeast and West was mixed. On a percentage basis, the largest gains occurred in Oklahoma (+32%), Colorado (+23%), Mississippi (22%), Maryland (21%), and New Mexico (+19%). The biggest losses occurred in Minnesota (-50%), Missouri (-32%), Wisconsin (-29%), and Michigan (-19%). Forty-four percent of the country's URM population resides in only four states: California, Texas, New York, and Illinois. California, home to more than 18 percent of the country's URM population, registered a 5 percent drop in URM applicants. Only marginal changes in the number of URM applicants occurred in Texas, New York, and Illinois.

Two-thousand-nine-hundred-and-twenty-one women from underrepresented minority groups applied to U.S. medical schools in 1995, an increase of 88 (3.1%) from 1994. The number of URM men applying to U.S. medical schools in 1995 fell by two, to 2,225.

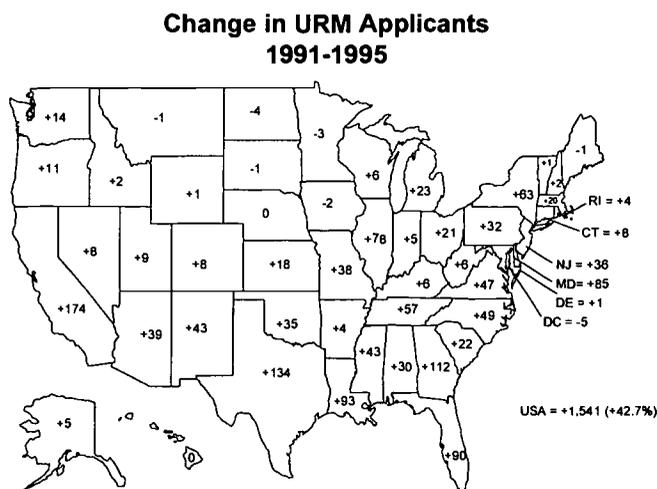
**Underrepresented Minority Applicants  
by State of Residence, 1995**





The importance to *Project 3000 by 2000* of continuing to increase the size of the URM applicant pool is underscored by the fact that, as recently as 1988, there were fewer than 3,000 URM applicants to U.S. medical schools. Between 1991 and 1995, the number of underrepresented minority applicants increased 42.7 percent, slightly exceeding the rate of growth for non-URM applicants (39.5%) over the same four year period.

Between 1991 and 1995, all of the “big four” states that account for 44 percent of the URM population of the United States, registered applicant increases that were somewhat below the national average: California, 35%; Texas, 38%, New York, 14% and Illinois, 35%. The largest gains in URM applicants occurred in New Mexico (172%) and Arizona (135%). Large gains also were registered in many Southern states, led by Louisiana (112%), Mississippi (91%), and Georgia (84%), as well as states bordering the South such as Kansas (90%), Oklahoma (90%), and Maryland (55%). Other states with large percentage increases include Washington, Oregon, Utah, and Nevada.



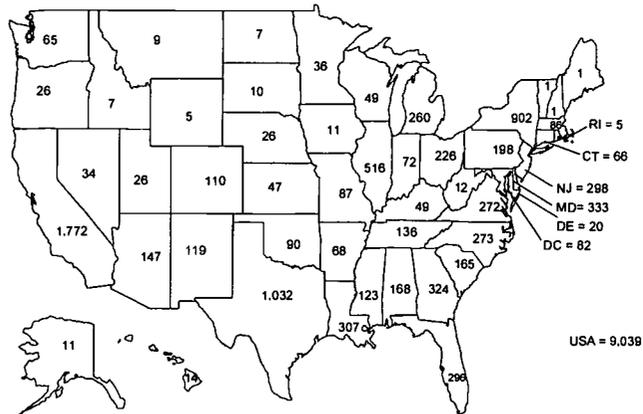


The number of URM women applying to medical schools rose 45.9 percent, compared to a 38.8 percent increase for URM men.

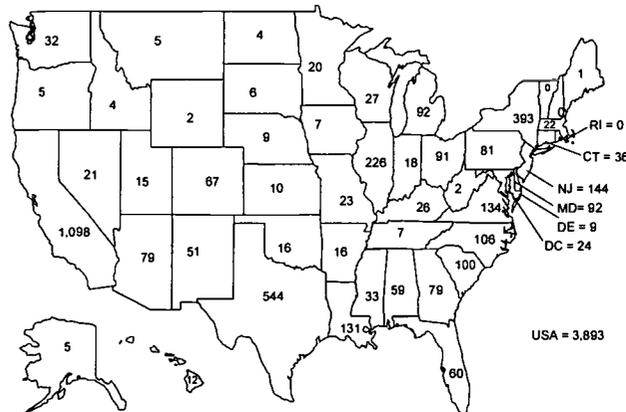
The *Project 3000 by 2000* matriculant goal of 3,000, approximately 19 percent of all matriculants, is based on the principle of population parity. To reach the matriculant goal, it almost certainly will be necessary for the number of URM applicants to more closely approximate parity, as well. In 1995, underrepresented minorities made up only 11.0 percent of all applicants. The following map shows the total number of URM applicants needed, and the additional number of URM applicants needed to reach population parity nationally, and in each state (based on the percentage of the population of each state made up of underrepresented minorities). As illustrated below, of the 3,893 additional URM applicants needed to reach parity, nearly 1,100 should be Californians.

Based on the distribution of the underrepresented minority population throughout the country, more than one-half (53%) of all URM medical students should be residents of six states: California (18%); Texas (13%); New York (8%); Illinois (5%); Florida (5%); and Georgia (4%).

**Number of URM Applicants Needed for Parity**



**Additional URM Applicants Needed for Parity in Each State, 1995**





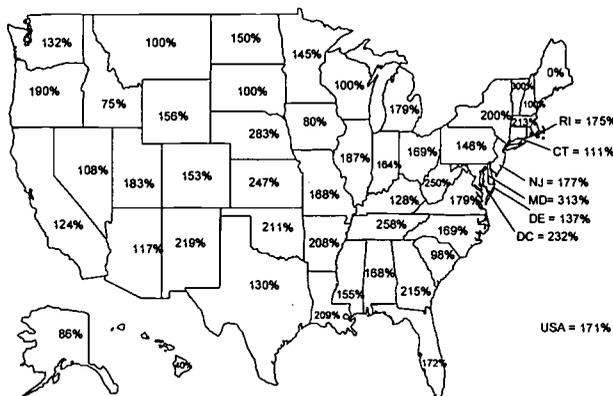
Two of the three most populous states (California and Texas) also are among the leaders in the percentage of their state's population from the four URM groups. Residents of California and Texas make up 12 percent and 7 percent of the U.S. population, respectively, but are home to 18 percent and 13 percent of the nation's URM population.

**URM Matriculant Goal**



In six states, South Carolina, Iowa, Alaska, Hawaii<sup>4</sup>, Maine, and Idaho, there are still fewer medical school applicants than the matriculant goal for residents of those states. There were ten other states, including the giant states of California and Texas, where the number of URM applicants is less than 133 percent of the matriculant goal<sup>5</sup>. Besides California, and Texas, the other states are: Arizona, Nevada, Montana, South Dakota, Wisconsin, Kentucky, Connecticut, and New Hampshire.

**URM Applicants as a Percentage of the URM Matriculant Goal**

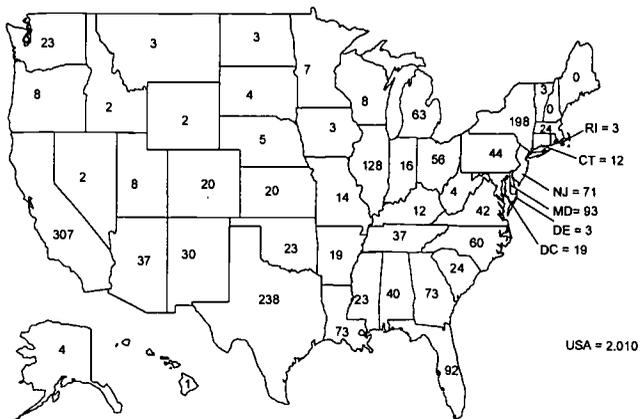


<sup>4</sup>Figures do not include Native Hawaiians, who also are considered underrepresented minorities. Data for 1996 will include Native Hawaiians.

<sup>5</sup>In 1995, there were 46,591 applicants for 16,253 seats in the entering classes of the nation's 125 medical schools. This means that there were 2.87 applicants for each seat. For underrepresented minorities, the ratio of applicants to the *Project 3000 by 2000* matriculant goal was only 1.71 to 1. In other words, the number of applicants was 171 percent of the matriculant goal.

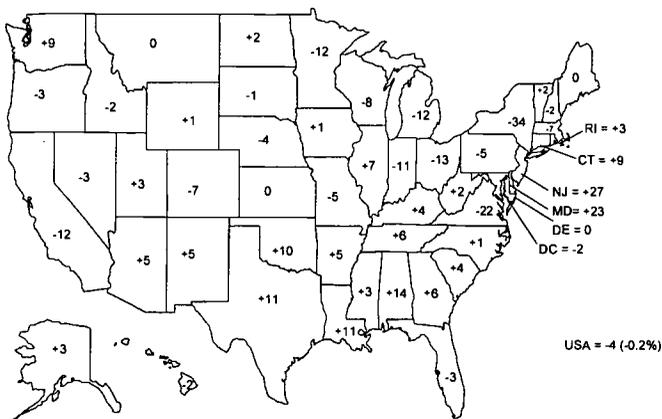


### URM Matriculants, 1995



Four fewer URM students entered U.S. medical schools in 1995 than in 1994. Among the giant states, the number of URM matriculants who are residents of New York fell 15 percent, while the other states with the largest URM populations registered only minor changes from the previous year. States with significant changes from 1994 include: New Jersey (+61%), Mississippi (+54%), Maryland (+33%), Indiana (-41%), Virginia (-34%), and Ohio (-19%). In general, most Southern states gained, most Midwestern states fell, and the record in the West and the Northeast was mixed.

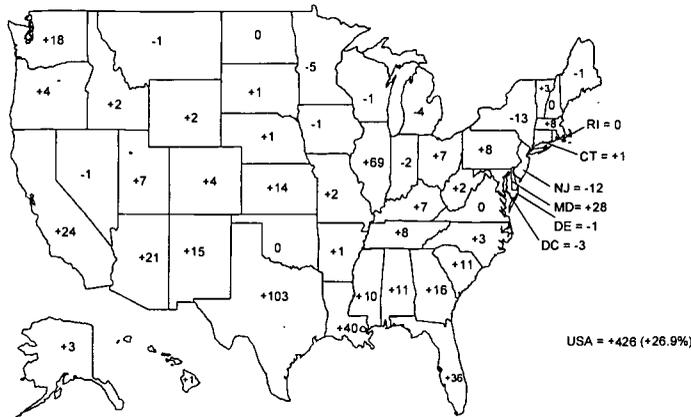
### URM Matriculant Change, 1994 - 1995



In 1995, 426 more URM students entered U.S. medical schools than when *Project 3000 by 2000* began in 1991. This is an increase of 26.9 percent. Among the states with large minority populations, the largest gains occurred in: Texas, 103 (+76%); Illinois, 69 (+116%); Louisiana, 40 (+121%); Florida, 36 (+64%); Maryland, 28 (+43%); Arizona, 21 (+131%); and New Mexico, 14 (+100%). California, with an increase of 24 matriculants since 1991, rose only 8 percent. The state of Washington, with an increase of 18, is up 360 percent. In general, the South and the Southwest (excluding California) have registered the largest matriculant gains since *Project 3000 by 2000* began.

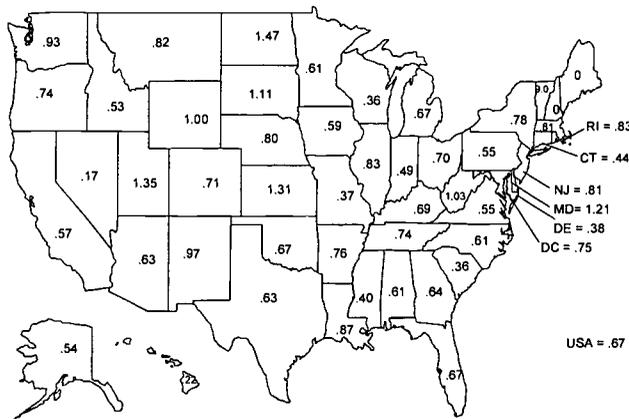


**Change in Underrepresented Minority Matriculants  
1991-1995**



The URM matriculant representation factor for each state is calculated by dividing the number of URM matriculants by the URM matriculant goal for that state. The national URM matriculant representation factor<sup>6</sup> for 1995 is .67, unchanged from 1994. When *Project 3000 by 2000* began in 1991, URM residents of Southern states were, by far, the most underrepresented in U.S. medical schools. Four years into *Project 3000 by 2000*, this gap with other regions of the country has narrowed considerably, with major gains having occurred in Texas, Louisiana, and Florida.

**URM Matriculant Representation Factor, 1995**

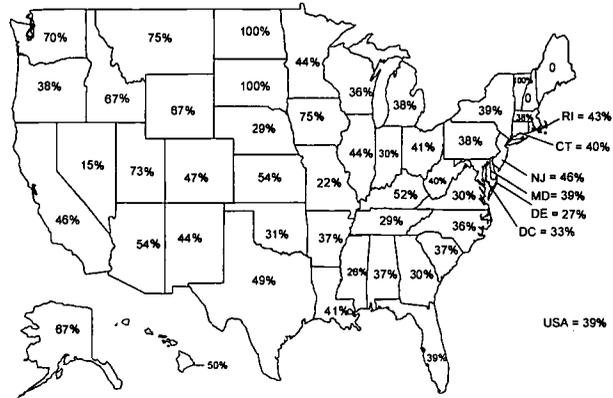


The following map illustrates the percentage of URM applicants from each state who matriculate to U.S. medical schools. Nationally, 39 percent of URM applicants entered medical school in 1995. This is down from 40 percent in 1994 and 44 percent in 1991.

<sup>6</sup>The representation factor for this map is based on the national goal of 3,000, which is slightly less than population parity (19.4%, according to the 1990 Census). If the matriculant representation factor is calculated in relation to the goal of 19.4 percent, the URM matriculant goal in 1995 would be 3,153, and the matriculant representation factor would be .64.



**URM Applicants Matriculating to U.S. Medical Schools, in Percent, 1995**

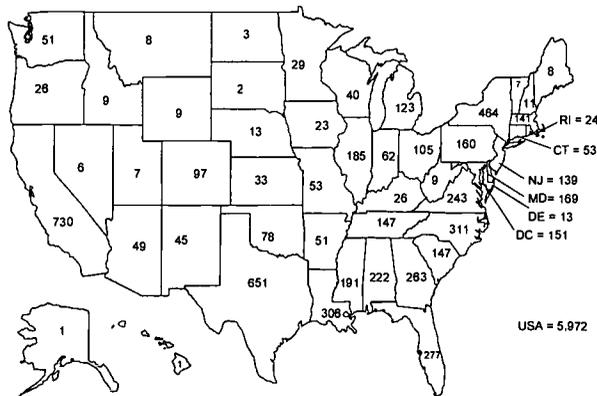


Approximately 70 percent of URM applicants and matriculants to U.S. medical schools have a bachelor's degree in either biological or physical sciences. For this reason and because a majority of URM bachelor's degree recipients apply to medical school, it is useful to examine the number of URM science graduates from colleges and universities in each state in relation to the number of URM applicants from each state. It should be noted, however, that the acceptance rates for applicants with non-science majors is not substantially different from that of science majors, and the percentage of applicants with non-science majors has risen slightly in recent years.

Data presented in the map below are for the 1992-93 academic year, the most recent for which information is available from the U.S. Department of Education. The map shows degrees earned by blacks, Hispanics, and American Indians. The various Hispanic groups are not differentiated.

Nationally, 5,972 bachelor's degrees were awarded to blacks, Hispanics, and American Indians from colleges and universities in the United States. If colleges and universities in Puerto Rico and other U.S. territories are added, the total is 6,937. California, New York, North Carolina, and Louisiana lead the country in the number of bachelor of science degrees awarded to blacks, Hispanics, and American Indians. However, colleges and universities in Puerto Rico awarded 964 biological and physical science degrees to underrepresented minorities— far more than any of the 50 states.

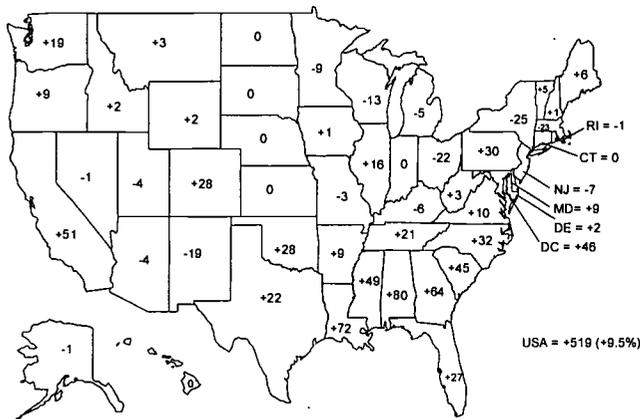
**Biological and Physical Science Degrees Earned by Underrepresented Minorities, 1993**





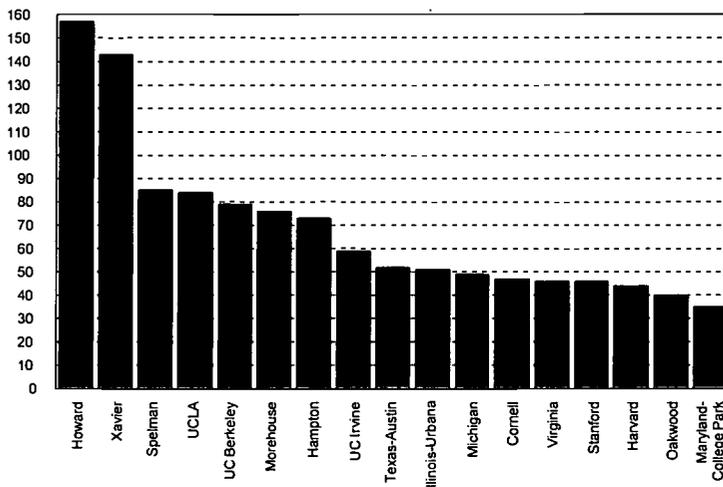
By far, colleges and universities in Southern states registered the largest gains in the number of biological and physical science degrees awarded to underrepresented minorities, from 1992 to 1993. In only one year, the number of these degrees awarded to underrepresented minorities by colleges and universities in Alabama increased by 56 percent, South Carolina by 44 percent, Mississippi by 34 percent, Georgia by 32 percent, and Louisiana by 31 percent. In stark contrast, colleges and universities in several Northern states, including New York, Massachusetts, New Jersey, Ohio, Michigan, Wisconsin, and Minnesota awarded fewer science bachelor's degrees to underrepresented minorities in 1993 than in 1992.

**Change in Biological and Physical Science Degrees Earned by Underrepresented Minorities, 1992-93**



The following graph shows the colleges and universities that produced the largest number of underrepresented minority applicants to U.S. medical schools in 1995.

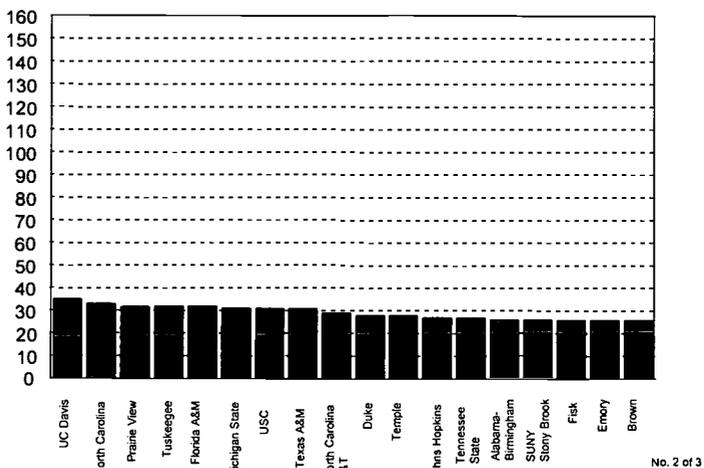
**Leading Producers of URM Applicants, 1995**



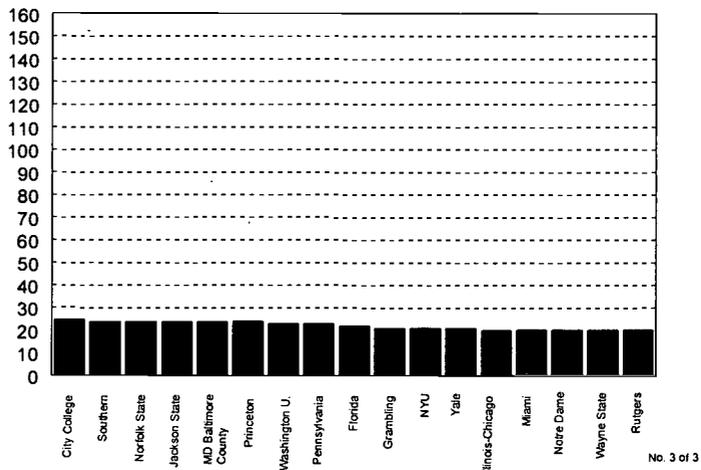
No. 1 of 3



**Leading Producers of URM Applicants, 1995 (cont)**

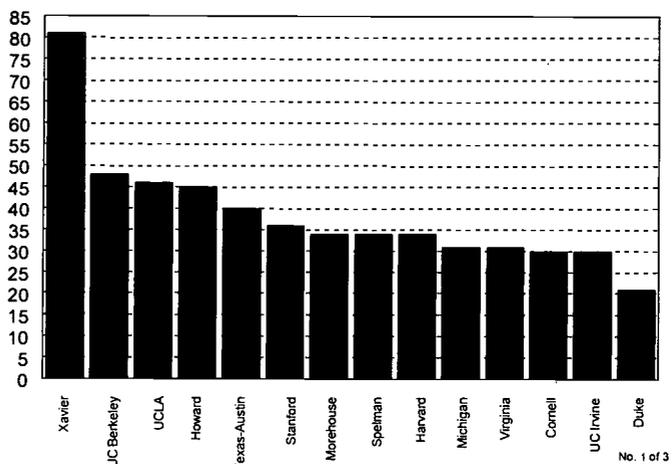


**Leading Producers of URM Applicants, 1995 (cont)**



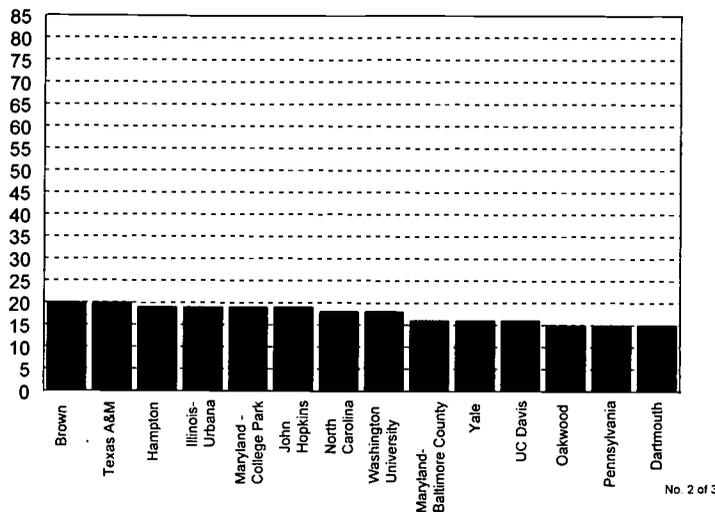
The following graph shows which colleges and universities produced the largest number of applicants who were accepted to U.S. medical schools in 1995.

**Leading Producer of URM Accepted Applicants, 1995**

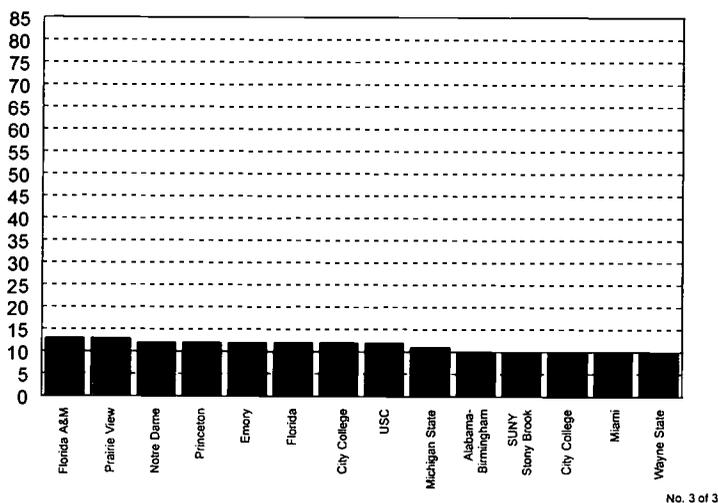




**Leading Producers of URM Accepted Applicants, 1995 (cont)**



**Leading Producers of URM Accepted Applicants, 1995 (cont)**



*This chart should not be construed as a measure of college quality. Many factors influence the number and percentage of applicants from various colleges who are accepted to medical school. Besides the quality of the educational experience, each college's record in having minority students accepted is influenced by factors such as undergraduate counseling, family income, educational backgrounds prior to college, medical school applicant strategies, and the admissions practices of the schools to which students apply.*

*Students interested in medicine will not necessarily be better served by choosing the college with the highest acceptance rate. Since students' needs and interests vary, students should choose the college with the educational program and social environment that best meets their overall goals.*



## II. Non-Black Underrepresented Minorities

*According to the 1990 Census, blacks make up 62.4 percent of the underrepresented minority population of the country. The next largest group, Mexican Americans, are 27.8 percent of the URM population, but are concentrated primarily in two states, California and Texas. Mainland Puerto Ricans and American Indians are 5.7 percent and 4.1 percent of the URM population, respectively. The nine maps in this section examine Mexican Americans, American Indians, and mainland Puerto Ricans collectively so that: (1) fewer states will display no applicants, or very few applicants and matriculants, as would be the case when these three groups are examined separately; and, (2) because average MCAT scores for the three groups are similar.*

Non-black URM applicants are concentrated heavily in California (25%) and Texas (21%), with lesser concentrations in New York (5%), Illinois (4%), New Mexico (4%), Florida (4%), Oklahoma (3%), and Arizona (3%). Together, these eight states produced approximately two-thirds of non-black URM applicants in 1995.

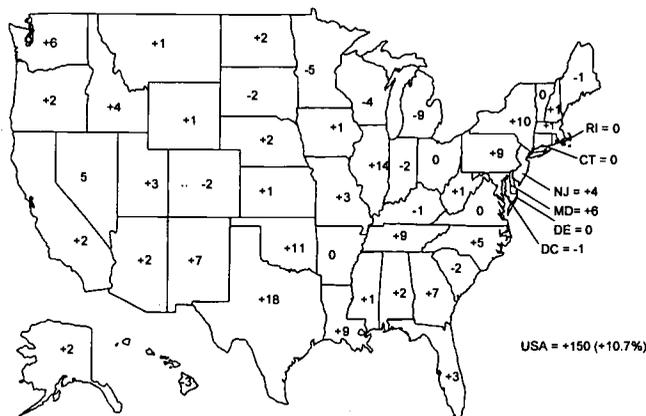
**Non-Black URM Applicants, 1995**





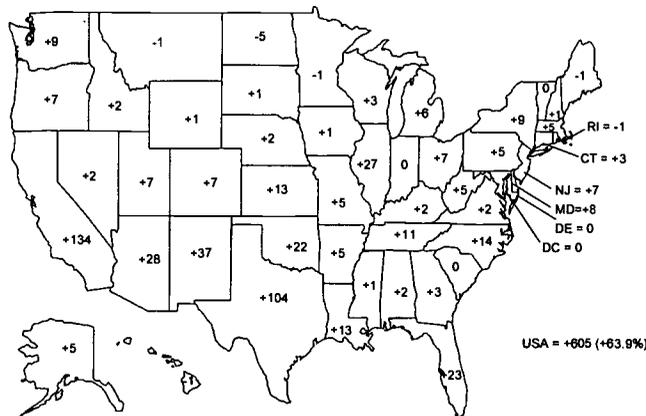
The number of non-black URM applicants in 1995 was 10.7 percent higher than the previous year.

**Non-Black URM Applicant Change, 1994-1995**



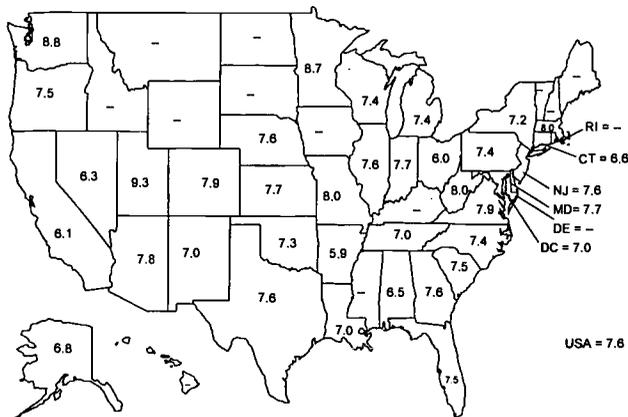
The number of non-black URM applicants increased 63.9 percent between 1991 and 1995.

**Change in Non-Black URM Applicants, 1991-1995**



Mean MCAT Biology scores are provided for states with five or more non-black URM applicants.

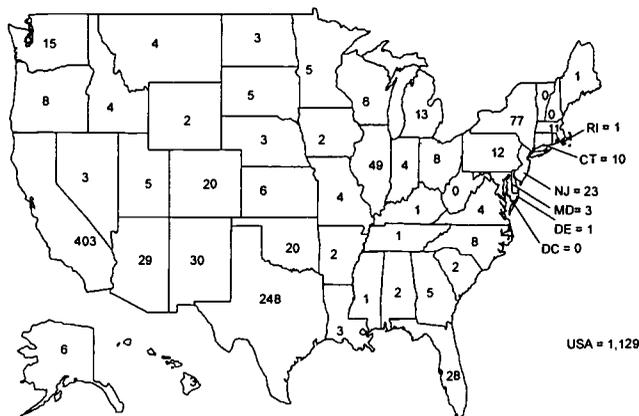
**Mean MCAT Biological Sciences Score for Non-Black URM Applicants, 1995**





Fifty-eight percent of the 1,129 non-black URM matriculants needed to reach the *Project 3000 by 2000* matriculant goal should be from California (36%) and Texas (22%) if residents of those states are to be adequately represented. In 1995, 27 percent of non-black URM matriculants to U.S. medical schools were Californians and 23 percent were Texans. Seven percent of non-black URM matriculant should be New Yorkers, but only four percent of 1995 non-black URM matriculants were from the state of New York.

**Non-Black URM Matriculant Goal**



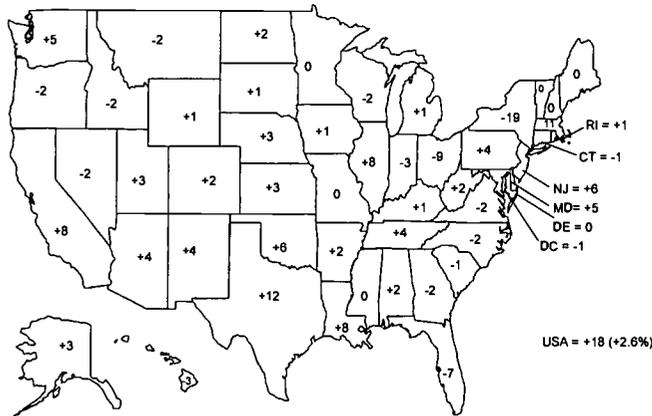
**Non-Black URM Matriculants, 1995**



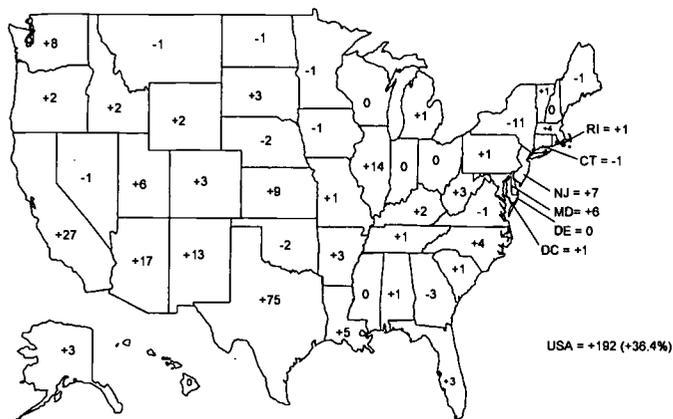


The number of non-black URM matriculants increased 2.6 percent in 1995 from the previous year, and 36.4 percent since 1991. Of the states with the largest non-black URM populations, Texas, New Mexico, Arizona, and Illinois have registered the largest percentage increases. The number of non-black URM matriculants from New York has fallen 27 percent since 1991.

**Non-Black URM Matriculant Change, 1994-1995**



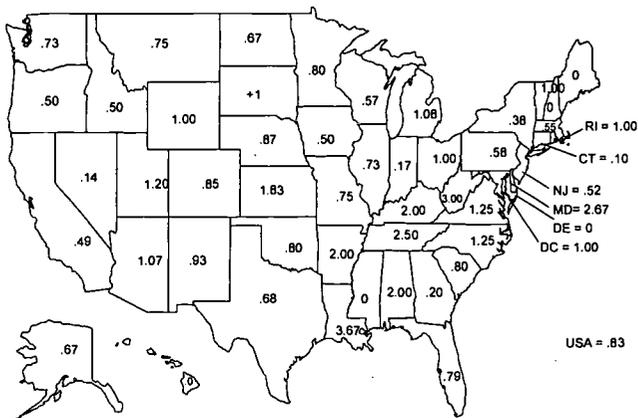
**Non-Black URM Matriculant Change, 1991 - 1995**





The non-black URM matriculant representation factor (R.F.) for the United States is .63, up from .62 in 1994 and .47 in 1991. The R.F. can be calculated for any particular state by dividing the number of non-black URM matriculants by the *Project 3000 by 2000* matriculant goal for that state.

**Non-Black URM Matriculant Representation Factor, 1995**

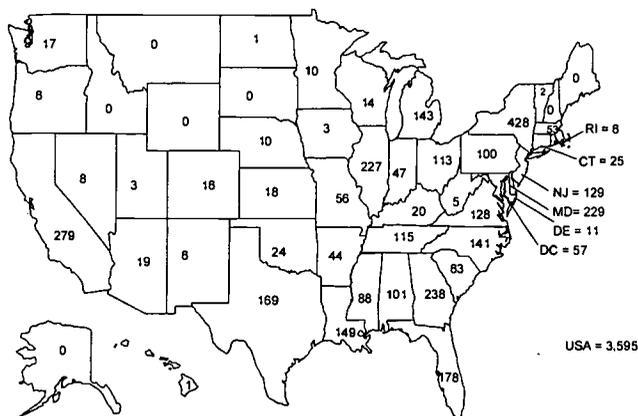




### III. Blacks

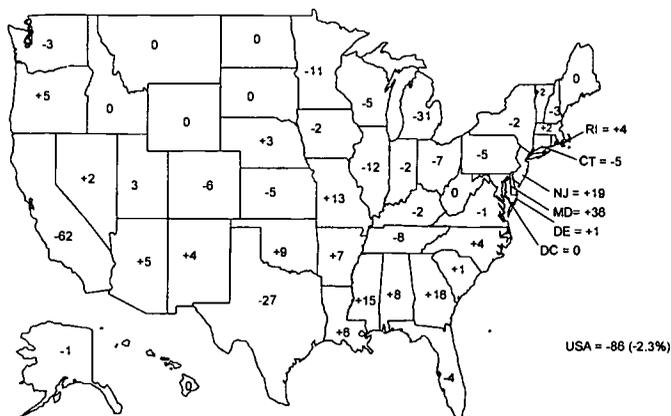
Although blacks are more widely dispersed around the country than any other underrepresented minority group, nearly one-half (47%) live in 14 Southern states. In 1995, 44 percent of black applicants and 39 percent of black matriculants were from the 14 Southern states.

**Black Applicants, 1995**



Although black Southerners are still underrepresented among black applicants and matriculants, the South has made considerable progress since *Project 3000 by 2000* began in 1991. That year, black Southerners were 35 percent of all applicants and 33 percent of black matriculants. Although fewer blacks applied to medical school nationwide in 1995 than in 1994, the number of black applicants from the 14 Southern states increased by 5 percent.

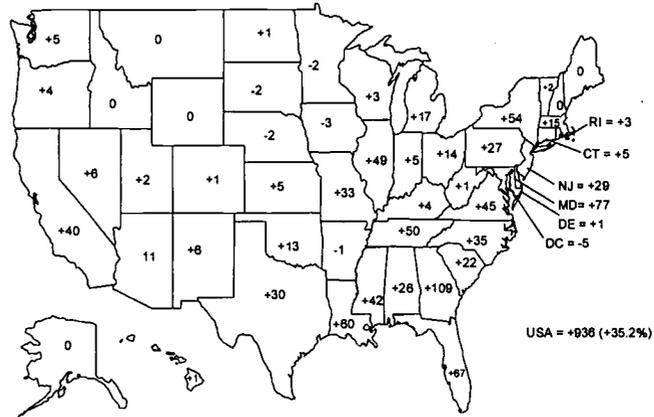
**Change in Black Applicants, 1994 - 1995**





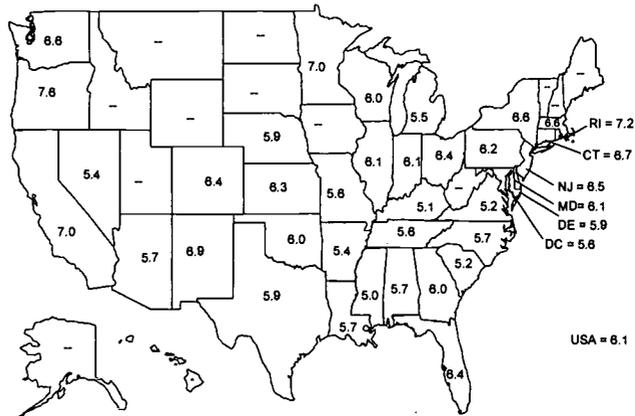
Since 1991, the number of black applicants has increased 21.5 percent. In the Southern states, the number of black applicants is up 44 percent.

**Change in Black Applicants, 1991-1995**



While the mean Biology MCAT score for black applicants was 6.1, mean scores for each state ranged from 8.6 in Washington to 5.0 in Mississippi. Mean scores are reported for states where there were five or more black applicants in 1995.

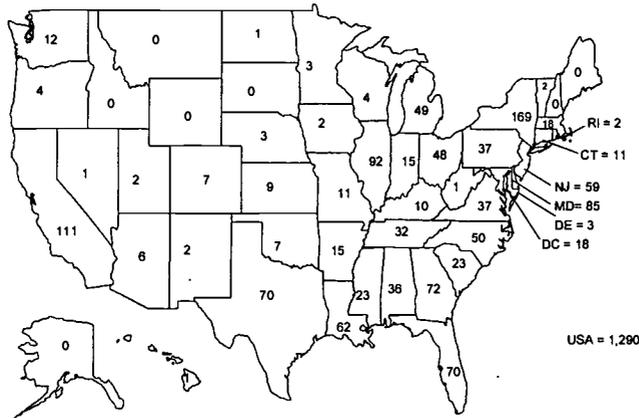
**Mean MCAT Biological Sciences Scores for Black Applicants, 1995**



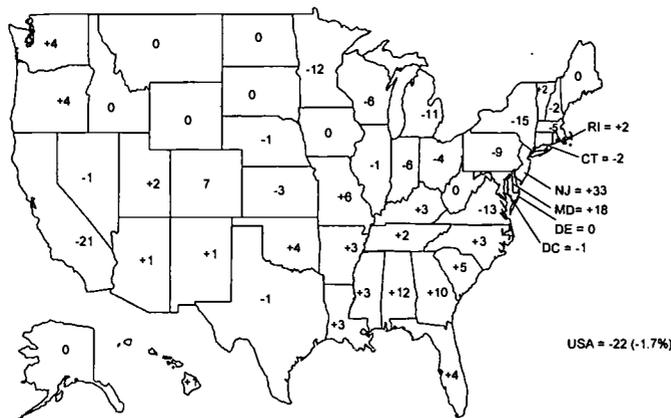


In 1995, 1,290 blacks entered U.S. medical schools, 22 fewer than in 1994. This is a decline of 1.7 percent. In contrast, 38 more black residents of Southern states entered medical school in 1995 than in 1994, an increase of 12 percent.

**Black Matriculants to U.S. Medical Schools, 1995**



**Change in Black Matriculants, 1994 - 1995**



In 1995, 228 more black students entered U.S. medical schools than in 1991, an increase of 21.5 percent. Residents of the 14 Southern states accounted for 68 percent of this increase.

**Change in Black Matriculants, 1991-95**



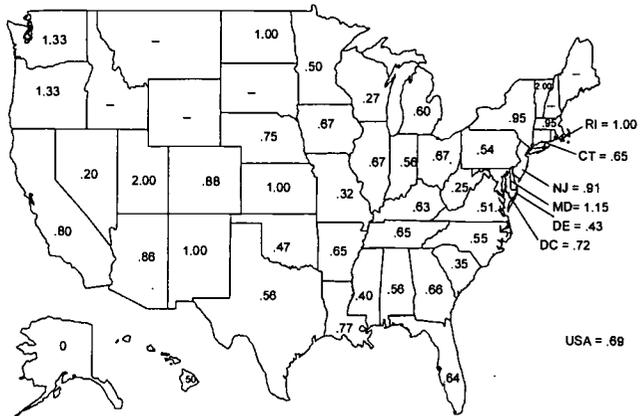


The *Project 3000 by 2000* matriculant goal for blacks is 1,871. The matriculant representation factor for blacks in 1995 was .69, meaning that the number of black matriculants (1,290) is 69 percent of the matriculant goal. The matriculant representation factor for blacks in each state is calculated by dividing the number of black matriculants by the matriculant goal for that state.

**Black Matriculant Goal**



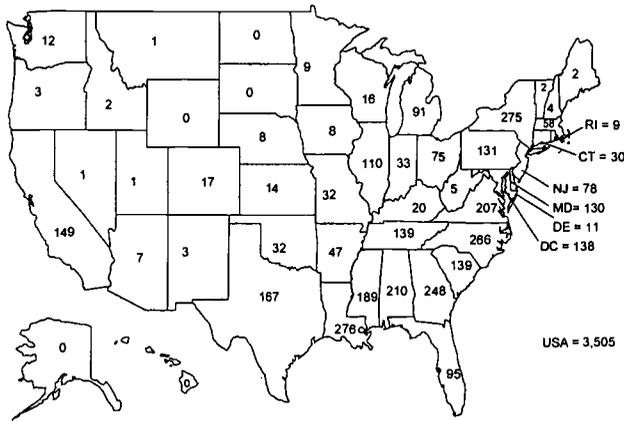
**Black Matriculant Representation Factor, 1995**





In 1993, universities and colleges in Louisiana, New York, North Carolina, Georgia, Alabama, and Virginia awarded the largest number of bachelor's degrees in the biological and physical sciences to blacks.

**Biological and Physical Science Degrees Earned by Blacks, 1993**



Nationally, the number of bachelor's degrees awarded to blacks in the biological and physical sciences increased 9.7 percent in 1993 from 1992. With the exception of Pennsylvania, which registered a gain of 47 percent, most of this increase is attributable to colleges and universities in the South.

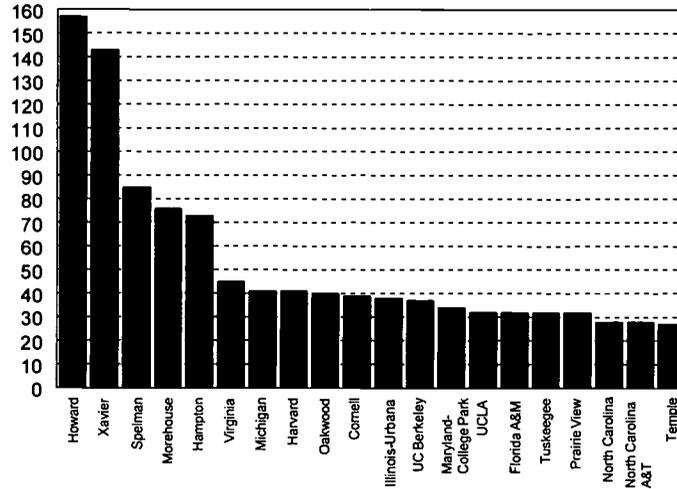
**Change in Biological and Physical Science Degrees Earned by Blacks, 1992-93**



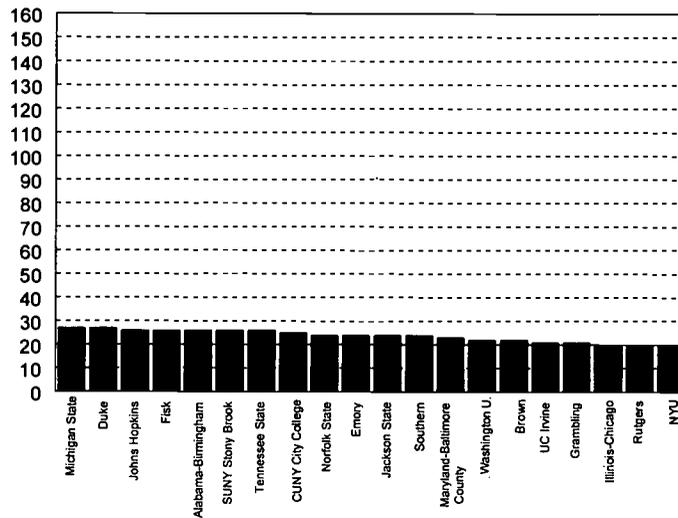


Below are the 40 colleges and universities that produced at least 20 black applicants to U.S. medical schools.

**Leading Producers of Black Applicants, 1995**



**Leading Producers of Black Applicants (continued)**



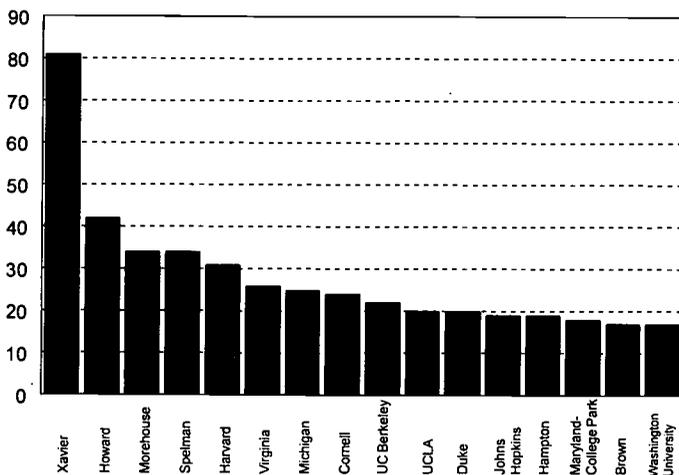
*This chart should not be construed as a measure of college quality. Many factors influence the number and percentage of applicants from various colleges who are accepted to medical school. Besides the quality of the educational experience, each college's record in having minority students accepted is influenced by factors such as undergraduate counseling, family income, educational backgrounds prior to college, medical school applicant strategies, and the admissions practices of the schools to which students apply.*

*Students interested in medicine will not necessarily be better served by choosing the college with the highest acceptance rate. Since students' needs and interests vary, students should choose the college with the educational program and social environment that best meets their overall goals.*

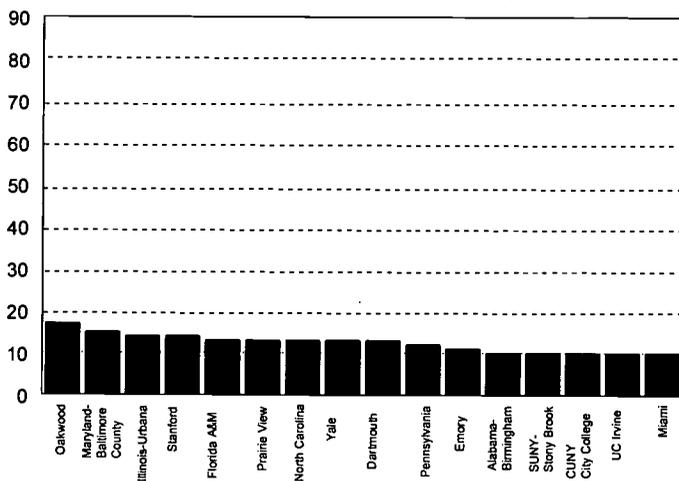
Below are the 32 colleges and universities that produced at least 10 black applicants who were accepted to medical school.



**Leading Producers of Black Accepted Applicants, 1995**



**Leading Producers of Black Accepted Applicants (continued)**



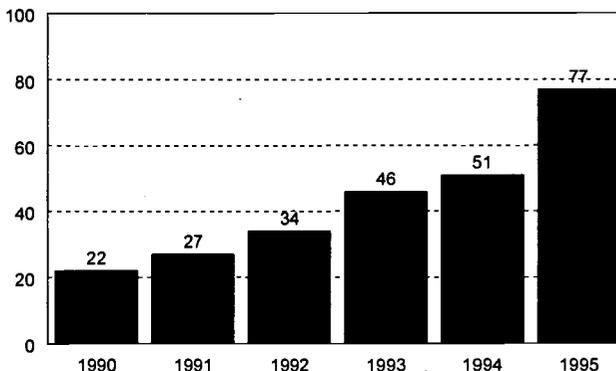
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For the past two years, Xavier University of Louisiana has been the leading producer of black applicants who are accepted to U.S. medical schools. The remarkable growth in the number of Xavier graduates who go on to medical school is illustrated in the graph below, which shows Xavier's record from 1990, onward. Xavier's record is the result of careful planning and the implementation of educational strategies specifically designed to increase the number of graduates entering medical and other health professional schools, as well as graduate health science programs. The record of this small, historically black college illustrates what can be accomplished at the undergraduate college level to increase the pool of well prepared minority applicants, a task that is indispensable to the success of *Project 3000 by 2000*.

Matriculants from Xavier  
University of Louisiana, 1990-95



## IV. Mexican Americans



The number of Mexican American medical school applicants in 1995 (917) is 6 percent more than in 1994 and 61 percent more than in 1991. Seventy-one percent of Mexican American applicants in 1995 were residents of California and Texas; 74 percent of all Mexican Americans live in these two states. There has been healthy growth in the Mexican American applicant pool in all of the states in which the Mexican Americans population is concentrated, but since 1991 it has been exceptionally strong in Arizona (+137%), New Mexico (+110%), and Illinois (+72%). Despite these increases, continued growth in the applicant pool is essential if the number of Mexican American matriculants is to continue to rise.

**Mexican-American Applicants, 1995**

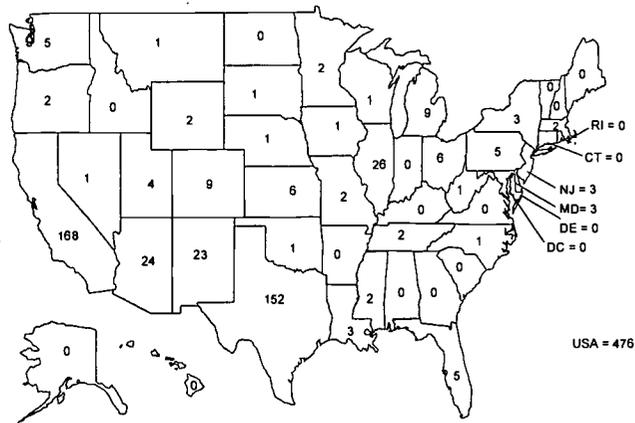


California is home to 45.3 percent of the country's Mexican Americans; 28.8 percent live in Texas. Four other states are home to at least two percent of the country's Mexican Americans. They are: Illinois (4.6%); Arizona (4.6%); New Mexico (2.4%); and Colorado (2.1%). In 1995, 35 percent of Mexican American matriculants were Californians; 32 percent were Texans.

In 1995, 476 Mexican Americans matriculated to U.S. medical schools, 4 percent more than in 1994 and 53 percent more than in 1991 when *Project 3000 by 2000* began. Since the matriculant goal for Mexican Americans, nationwide, is 836, the matriculant representation factor for Mexican Americans is .57 ( $476 \div 836$ ). The matriculant goals for the six states with the largest Mexican American populations are: California (379); Texas (241); Illinois (39); Arizona (39); New Mexico (20); and, Colorado (18). This produces the following matriculant representation factors: California (.44); Texas (.63); Illinois (.67); Arizona (.61); New Mexico (1.15); and Colorado (.50).



**Mexican-American Matriculants, 1995**

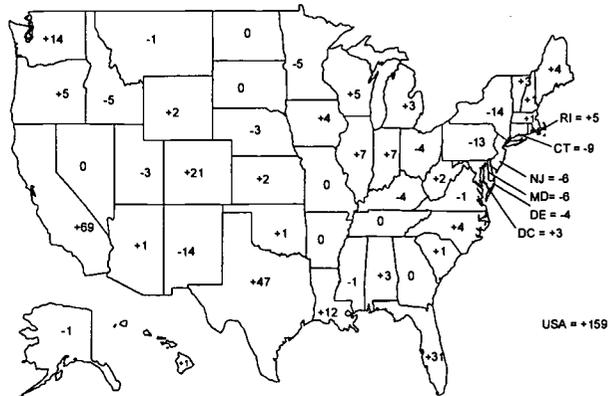


Data from this map are from the Office of Educational Research and Improvement of the U.S. Department of Education. The Department of Education does not differentiate among the various Hispanic groups<sup>7</sup>. Thus, this map shows biological and physical science degrees awarded to Mexican Americans, mainland Puerto Ricans, and to students from other Hispanic backgrounds by colleges and universities in the 50 United States. Data for 1993 are the most recent available.

**Biological and Physical Sciences Degrees Earned by Hispanics, 1993**



**Change in Biological and Physical Science Degrees Earned by Hispanics, 1992-93**

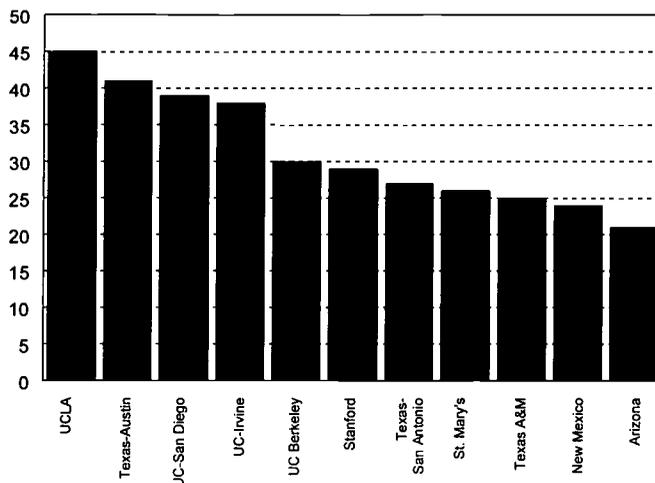


<sup>7</sup>According to the 1990 census, 59.9 percent of Hispanics are Mexican American, 12.1 percent are Puerto Rican, 4.6 percent are Cuban, and 22.6 percent are of other Hispanic origin.

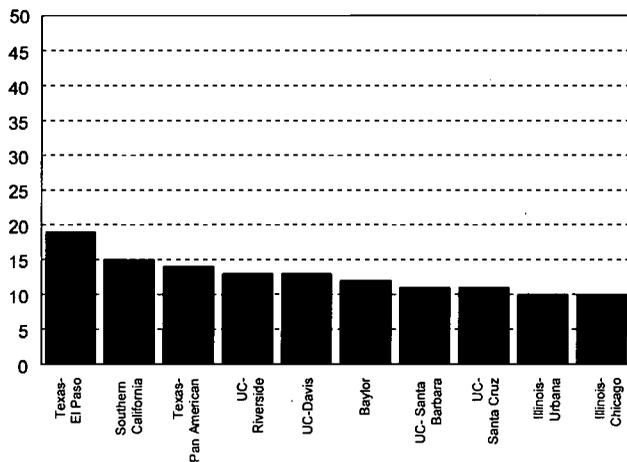


Twenty-one colleges and universities in five states produced ten or more Mexican American medical school applicants in 1995.

**Leading Producers of Mexican American Applicants, 1995**



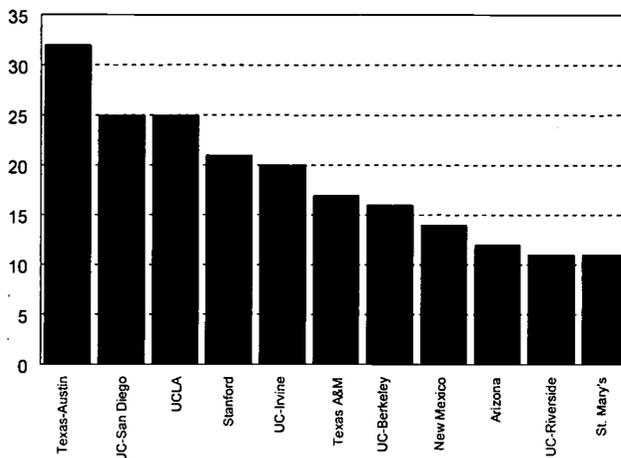
**Leading Producers of Mexican American Applicants, 1995 (continued)**



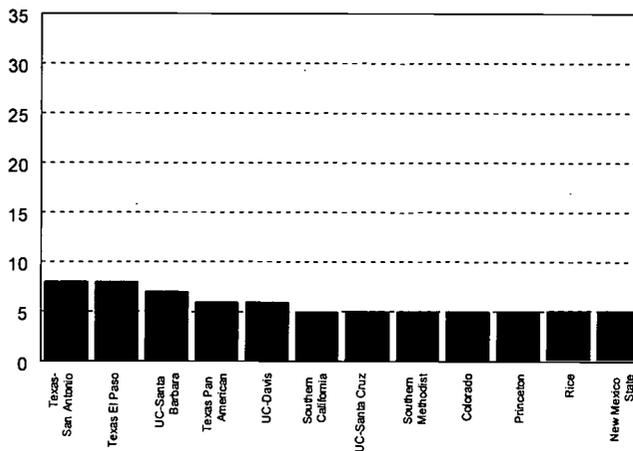


Twenty-three colleges and universities in six states produced at least five Mexican American applicants who were accepted to U.S. medical schools.

**Leading Producers of Mexican American Accepted Applicants, 1995**



**Leading Producers of Mexican American Accepted Applicants, 1995 (continued)**



*This chart should not be construed as a measure of college quality. Many factors influence the number and percentage of applicants from various colleges who are accepted to medical school. Besides the quality of the educational experience, each college's record in having minority students accepted is influenced by factors such as undergraduate counseling, family income, educational backgrounds prior to college, medical school applicant strategies, and the admissions practices of the schools to which students apply.*

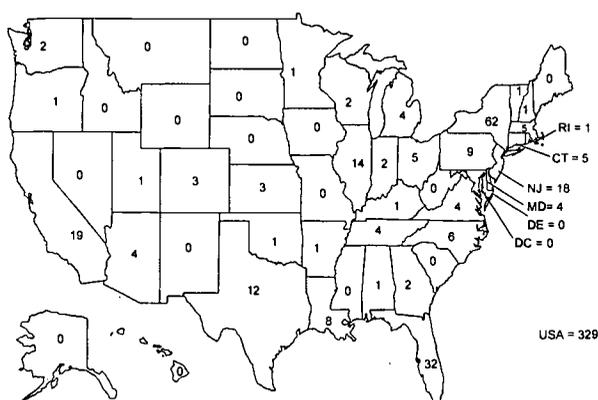
*Students interested in medicine will not necessarily be better served by choosing the college with the highest acceptance rate. Since students' needs and interests vary, students should choose the college with the educational program and social environment that best meets their overall goals.*



## V. Mainland Puerto Ricans

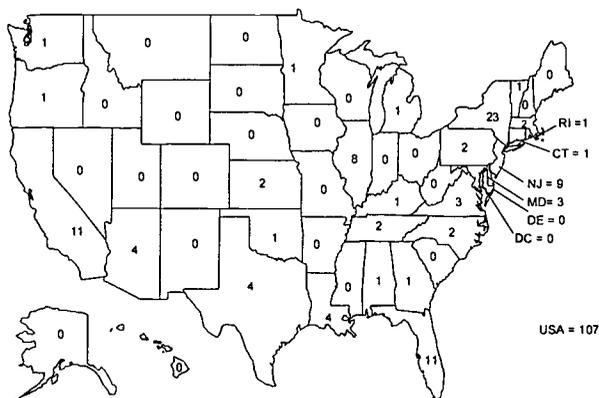
The matriculant goal for mainland Puerto Ricans is 170. Not counting Puerto Rico<sup>8</sup>, the states with the largest Puerto Rican populations are New York (39.9% of U.S. mainland Puerto Ricans), New Jersey (11.7%), Florida (9%) and Massachusetts (6.9%). The number of mainland Puerto Rican applicants (including those who list Puerto Rico as their state of residence) is up 18 percent since 1994 and 52 percent since 1991. Excluding those who list their state of residence as Puerto Rico, the applicant pool is up 8 percent since 1994 and 26 percent since 1991. The number of mainland Puerto Rican applicants from New York, the state with the largest Puerto Rican population, increased only 1.6 percent since 1991.

**Mainland Puerto Rican Applicants, 1995**



The number of mainland Puerto Rican matriculants (including those who list Puerto Rico as their state of residence) is down 9 percent since 1994, but up 11 percent since 1991. Excluding those who list Puerto Rico as their state of residence, the number of matriculants is down 18 percent since 1994 and down 5 percent since 1991. The number of mainland Puerto Rican matriculants from New York is down 34 percent since 1991. During the same period, the number of applicants and matriculants identifying themselves as mainland Puerto Rican and who also list Puerto Rico as their state of residence is up 233 percent and 154 percent, respectively.

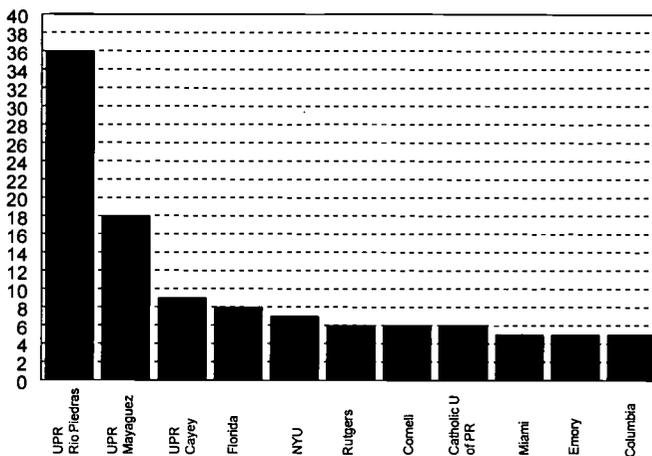
**Mainland Puerto Rican Matriculants, 1995**



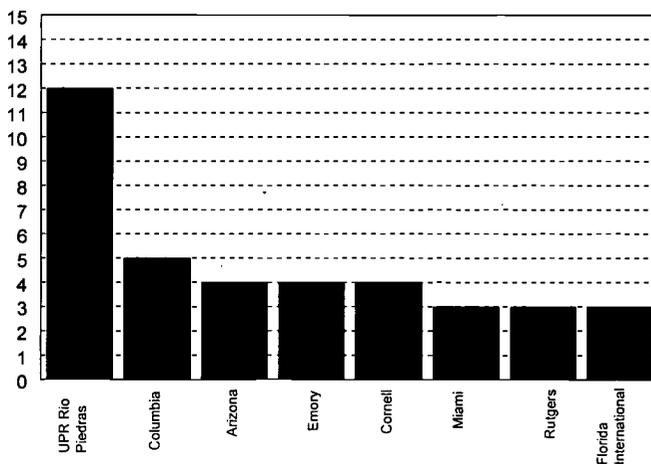
<sup>8</sup>Ninety of 329 applicants and 28 of 107 matriculants who identified themselves as mainland Puerto Ricans in their medical school application materials indicated that Puerto Rico was their state of residence.



### Leading Producers of Mainland Puerto Rican Applicants, 1995



### Leading Producers of Mainland Puerto Rican Accepted Applicants, 1995



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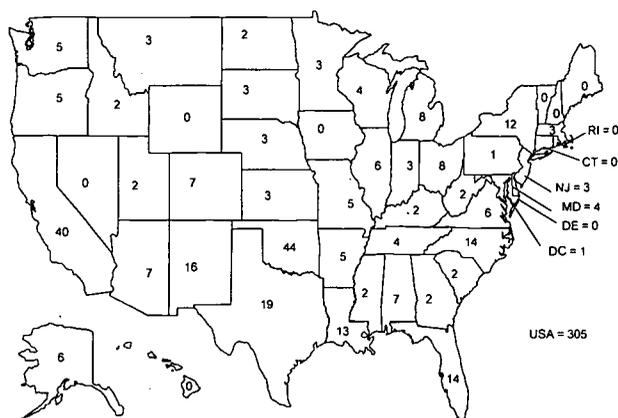


## VI. American Indians

The matriculant goal for American Indians, nationwide, is 122. Forty-three percent of American Indians live in four states. The matriculant goals for these four states are: Oklahoma (16); California (15); Arizona (13); and New Mexico (8).

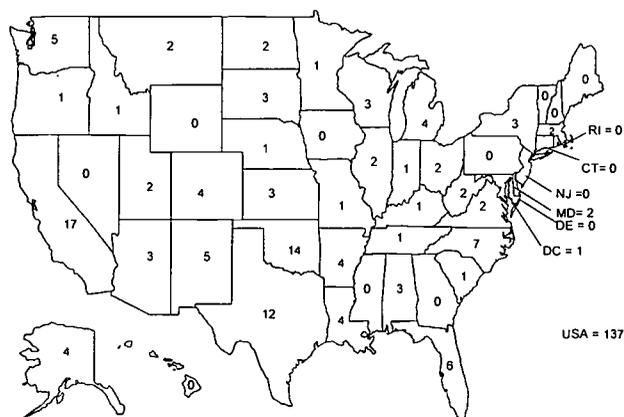
The number of American Indian applicants in 1995 increased by 13 percent over the previous year, and is 62 percent greater than the number applying in 1991. American Indian applicants were widely dispersed throughout the country, with California and Oklahoma producing the largest number. These two states also produced large gains in American Indian applicants— California (+54%) and Oklahoma (+91%). In contrast, the number of applicants from other states declined — Arizona (-56%) and New Mexico (-25%).

**American Indian Applicants, 1995**



One-hundred-and-thirty-seven American Indians entered U.S. medical schools in 1995. Eight states produced five or more American Indian matriculants: California, Oklahoma, New Mexico, North Carolina, Arizona, and Florida. The number of American Indian matriculants in 1995 is 18 percent higher than in 1994 and 59 percent higher than in 1991.

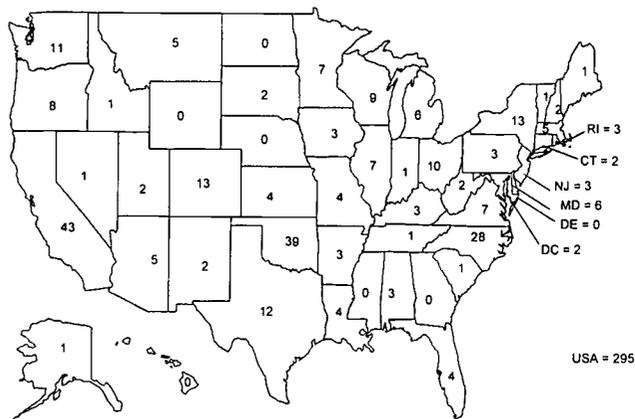
**American Indian Matriculants, 1995**





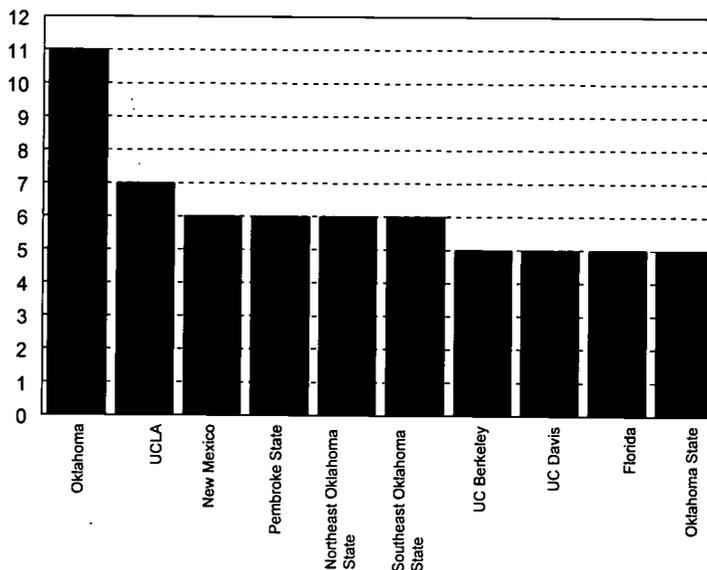
California and Oklahoma also led the country in the number of colleges and universities awarding bachelor's degrees in the biological and physical sciences to American Indians.

**Biological and Physical Sciences Degrees Earned by American Indians, 1993**



Ten colleges and universities produced at least five American Indian applicants to U.S. medical schools in 1995. Eight of the 10 are in Oklahoma and California.

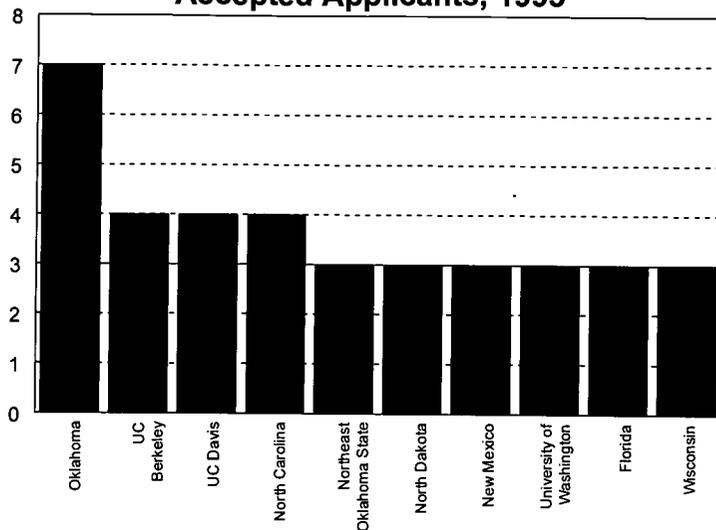
**Leading Producers of American Indian Applicants, 1995**





Ten colleges and universities produced at least three American Indian applicants who were accepted to U.S. medical schools in 1995. Only four of the 10 were in Oklahoma and California.

**Leading Producers of American Indian Accepted Applicants, 1995**



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