Underrepresented Minority Students’ Experiences at Baylor College of Dentistry: Perceptions of Cultural Climate and Reasons for Choosing to Attend


Abstract: A study was conducted at Texas A&M University Baylor College of Dentistry (TAMBCD) in fall 2011 to identify the reasons underrepresented minority (URM) students chose to attend TAMBCD, the factors that supported their success as enrolled students, and their perceptions of the institution’s cultural climate. A survey distributed online to all URM students received a 79 percent response rate (129/164). The respondents were primarily Hispanic (62 percent Mexican American and other Hispanic) and African American (33 percent) and had attended a college pipeline program (53 percent). The top reasons these students chose TAMBCD were reputation, location, and automatic acceptance or familiarity from being in a predental program. Alumni had most influenced them to attend. Regarding support services, the largest percentage reported not using any (44 percent); personal advising and tutoring were reported to be the most commonly used. In terms of climate, discrimination was reported by 22 percent (n=29), mostly from classmates and clinical faculty. The majority (87 percent) reported their cultural competence program was “effective” and agreed that faculty (83 percent), staff (85 percent), and students (75 percent) were culturally competent. Overall, the students were “satisfied” with how they were treated (88 percent), their education (91 percent), and the services/resources (92 percent). This information is being used to continue to improve the school’s cultural climate and to conduct a broader assessment of all students.

Texas A&M University Baylor College of Dentistry (TAMBCD) has invested considerable energy and resources into promoting and supporting a diverse student body. These efforts have been successful at attaining one of the most diverse student bodies among U.S. dental schools. In 2011-12, underrepresented minority (URM) students comprised 44 percent of the first-year dental class and 38 percent of the entire student body. However, beyond the numbers, the college’s leaders wanted to know how satisfied the URM students were with the cultural climate at TAMBCD. Did TAMBCD meet these students’ expectations, and did they feel welcome and integrated into the college? Were the resources in place to support their learning, and were they satisfied with their educational experience? Although leaders had anecdotal feedback from some URM students, no formal assessment of their experiences had been conducted. Therefore, in fall 2011, a research project was initiated to answer these questions.

TAMBCD has a longstanding commitment to sustaining a diverse student body. Pipeline programs for URM students have been in place since 1990. The college has seven pipeline programs in place for K-12, college, and postbaccalaureate students. The college has had almost continuous support from the Health Resources and Services Administration’s (HRSA) Health Careers Opportunity Program (HCOP) grants from 1996 to 2013 (except in 2006-09). TAMBCD also held a Comprehensive Minority Dental Faculty Development Program with support from the American Dental Education Association (ADEA) from 2004 to 2009 for training future URM faculty members. Currently, the college has a Center of Excellence (COE) grant from HRSA that funds pipeline programs, cultural competence training, research about URM health issues, and URM faculty mentoring for successful promotion and tenure. A cultural competence curriculum is now in place that includes components for the first three years of...
the predoctoral program; a year four component is in the planning stages. Faculty and staff members have been trained in cultural competence at several retreats, and a mandatory online course is currently being developed. The aim of this study was to assess current URM students’ perceptions of the cultural climate at the college and to use the findings for continuous improvement.

Literature Review

The recently revised Commission on Dental Accreditation (CODA) standards mandate that schools meet requirements regarding diversity and cultural competence. Specifically, the standards call for the following:

- fostering diversity of students, faculty, and staff in a humanistic culture (Standard 1-3);
- achieving appropriate levels of diversity and evaluating the institutional climate (Standard 1-4);
- student competence in managing a diverse patient population (Standard 2-16);
- service-learning experiences and/or community-based learning experiences to develop a culturally competent oral health care workforce (Standard 2-25); and
- admissions policies to ensure the selection of a diverse student body (Standard 4-4).

Creating a “culture of inclusion” is the current challenge for dental schools. Such a culture can be defined as an environment in which “equity of opportunity” exists for all students to learn and experience personal success. Diversity is key to a culture of inclusion, where “people with multiple backgrounds, mindsets, and ways of thinking work effectively together and perform to their highest potential. Different voices are respected and heard, diverse viewpoints, perspectives, and approaches are valued, and everyone is encouraged to make a unique and meaningful contribution” (pp. 130-1). Diversity in the classroom can also result in improved teaching and learning. In a qualitative study, investigators discovered that students in multiracial classrooms were exposed to different perspectives on issues that broadened their views, challenged their stereotypes, and stimulated critical thinking. In a quantitative study, a significant relationship was found between perceived multiculturalism and academic achievement for Hispanic students, suggesting that schools promoting tolerance may achieve better academic outcomes for this URM group.

Transforming the culture of an institution to one of inclusion involves re-evaluating current values and habits, changing ingrained ways of thinking and behaving, questioning basic assumptions, and following new pathways. According to Eckel and Kezar, making a significant change to the culture of a higher educational institution requires five key strategies: senior administrative support, collaborative leadership, flexible vision, staff development, and visible action. Applying this change model to a culture of inclusion, senior leadership needs to have a long-term vision for this culture at their institution along with the commitment to making the change. A dean committed to diversity “fuels the mission and creates an environment where minority students feel empowered” (p. 1039). With support from the dean and other senior administrators, financial resources can be made available for scholarships, financial aid, and supportive structures, such as an office of minority affairs and pipeline and mentoring programs. Such support also communicates what the school leadership values, creating the incentive for people to change. Eckel and Kezar’s model also illustrates the important role of cultural competence training for staff members in changing how people think and act.

Critical to developing a culture of inclusion at a health professions school are the recruitment and retention of a diverse student body. School characteristics and strategies proven to influence URM student recruitment and retention include school reputation, scholarships/financial aid/lower tuition costs, a critical mass of URM students, and participation in pre-enrollment (pipeline) programs. According to Price and Grant-Mills, mission-driven holistic admission practices have resulted in the most improvement in URM enrollment for the dental pipeline programs. Lack of minority faculty members and minority role models have been identified as major barriers to URM student recruitment in medical schools. Factors specifically associated with URM student retention in dental schools as identified in student interviews were the following (from highest to lowest): faculty, classmates, student mentors/big brothers or sisters, pre- and postbaccalaureate programs, and general school environment.

Using the results of the 2003 ADEA survey of dental school seniors, Andersen et al. identified relationships between the proportion of URM students in the first-year U.S. dental class and dental school culture, costs, and clinical education. For Hispanic students, a mission statement that included a commitment to recruit URM students was correlated
to higher numbers of these students. For African Americans, perceiving their school environment as accepting and respectful of diverse groups and feeling prepared to integrate cultural differences into treatment planning were associated with higher numbers of these students. As in previous studies, schools with lower tuition, lower financial aid awarded, and lower first-year costs recruited more URM students. The best predictors of higher URM numbers were a higher percentage of URM clinical faculty members and the student perception that extramural experiences improved their ability to care for diverse groups of patients.

**Methods**

To begin the study, a focus group was conducted in May 2011 with ten URM students (four African American and six Hispanic students) selected by the executive director of student development and multicultural affairs (who is the leader of pipeline programs). This group consisted of two first-year students, four second-year students, three third-year students, and one fourth-year student. The director of planning and assessment conducted the one-hour focus group discussion, assisted by the executive director of multicultural affairs. These interviewers asked students the following questions: Why did you come to TAMBCD? What has helped you be successful at TAMBCD? What advice would you give to a URM student who was interested in going into dentistry? Are any improvements needed to help URM students succeed here? The answers from these students were used to develop questions for the survey instrument.

The questions asked on the survey were grouped into categories of demographics, choosing TAMBCD, succeeding at TAMBCD, cultural competence environment, and satisfaction (the survey is available from the corresponding author). There were twenty-five forced-choice questions with yes/no, multiple-choice, ranking, and ordinal scale response options. Two additional questions requested open-ended responses. To ensure content validity, the survey instrument was reviewed and revised by a committee consisting of one assessment expert and two minority affairs experts. The survey was also pilot tested online with five URM students; no changes were indicated at that time.

Institutional Review Board approval was obtained (“expedited”), and the survey was conducted online (Allegiance software) in fall 2011. All URM students in the four dental classes (n=164) were invited to participate in the survey.

Descriptive statistics were used to answer the following research questions: Why do URM students come to TAMBCD? What factors contribute to their success here? What is the cultural competence environment at TAMBCD? and How satisfied are they with their dental student experience? Rank scoring was used in which respondents ranked their top three choices from a longer list of options; the frequencies for the responses were multiplied by the inverse ordinal values that corresponded to the number of choices. For example, in a question with five possible options, the frequencies for all number one choices were multiplied by 5, the number two choices were multiplied by 4, and the number three choices by 3; for each option, these scores were added for an overall rank score. To determine if there were any differences between ethnic/racial groups, chi-square and Mann-Whitney U tests were used.

**Results**

The survey had a 79 percent response rate (129/164). Table 1 shows the proportion of respondents by dental class, gender, and ethnicity. There was representation from all four dental classes.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td><strong>Class</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First year</td>
<td>39</td>
<td>30%</td>
</tr>
<tr>
<td>Second year</td>
<td>30</td>
<td>23%</td>
</tr>
<tr>
<td>Third year</td>
<td>39</td>
<td>30%</td>
</tr>
<tr>
<td>Fourth year</td>
<td>21</td>
<td>16%</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>99%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>72</td>
<td>56%</td>
</tr>
<tr>
<td>Male</td>
<td>57</td>
<td>44%</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mexican American</td>
<td>46</td>
<td>36%</td>
</tr>
<tr>
<td>African American</td>
<td>42</td>
<td>33%</td>
</tr>
<tr>
<td>Other Hispanic</td>
<td>33</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>101%</td>
</tr>
</tbody>
</table>

Note: Class and race/ethnicity totals do not equal 100% due to rounding errors.
Choosing TAMBCD

From nine factors, the respondents were asked to rank their top three reasons for choosing TAMBCD. Figure 1 shows the rank scoring for all nine factors, from highest to lowest. The following were identified as the top four reasons: reputation for excellence (1st), location (2nd), gaining automatic acceptance in the postbaccalaureate program (3rd), and familiarity with TAMBCD due to being in a predental program (4th). The majority (n=75, 58 percent) reported that specific individuals influenced them to come to TAMBCD, with TAMBCD alumni being the most influencing group (Figure 2). Many of the “other” responses identified various personnel at TAMBCD.

From a list of five factors, the URM students ranked the top three that contributed to their success at getting into TAMBCD. Figure 3 shows the rank scores for these. The top four were as follows: strong college academic program (1st), guidance from pre-health advisor (2nd), other (3rd), and being in the postbaccalaureate program (4th). In the “other” comments, “hard work” was mentioned frequently.

Succeeding at TAMBCD

Figure 4 shows the TAMBCD resources that the URM students reported using; multiple answers were allowed. The largest group reported “none” (n=57, 44 percent). Personal advising/mentoring by faculty members (n=47, 36 percent), tutoring (n=42, 33 percent), and extended test-taking (n=15, 12 percent) were the next most common responses.

In response to how often they had used resources (Table 2), most responded one to three sessions. However, nine students reported ten or more tutoring sessions, and six reported ten or more personal advising sessions. Therefore, a small proportion of URM students were using these resources intensively. The students were also asked to rank the top three factors that helped them succeed at TAMBCD from a list of...
Figure 2. Survey responses for individuals who had most influenced URM students to go to TAMBCD (n=75 reported an influencing individual)

Figure 3. Survey responses for success factors for getting into TAMBCD (n=126)

Note: Rank score for each option = [n choosing as 1st choice * X] + [n choosing as 2nd choice * (X-1)] + [n choosing as 3rd choice * (X-2)], where X = highest number of options, in this case, 5.

Figure 4. Survey responses for TAMBCD resources used (multiple answers allowed)
American and other Hispanics were combined in this test because there were no differences in regards to their experiencing discrimination (p=0.695). The great majority of the responding students (n=112, 87 percent) rated their cultural competence program at TAMBCD as effective or very effective, as shown in Figure 7. As shown in Figure 8, the majority also agreed or strongly agreed that the faculty (83 percent), staff (85 percent), and students (75 percent) were culturally competent, though the students were rated somewhat lower.

**Cultural Competence Environment**

When the respondents were asked if they had experienced discrimination at TAMBCD, 22 percent (n=29) said “yes.” Of those reporting discrimination (Figure 6), 69 percent (n=20) said it had happened one to three times, and 21 percent (n=6) said four to six times. Table 3 shows the people who were involved in these students’ discriminatory experiences. Classmates and clinic faculty were the most frequent responses, followed by clinic patients and classroom professors.

Chi-square analysis showed that there were some group differences in regards to whether or not these students experienced discrimination. Hispanic students reported significantly less discrimination than did African Americans (p=0.002). Mexican American and other Hispanics were combined in this test because there were no differences in regards to their experiencing discrimination (p=0.695).

The great majority of the responding students (n=112, 87 percent) rated their cultural competence program at TAMBCD as effective or very effective, as shown in Figure 7. As shown in Figure 8, the majority also agreed or strongly agreed that the faculty (83 percent), staff (85 percent), and students (75 percent) were culturally competent, though the students were rated somewhat lower.

**Overall Satisfaction and Improvements**

As shown in Figure 9, these students reported being satisfied with how they were treated at TAMBCD (88 percent satisfied or very satisfied), with their education (91 percent satisfied or very satisfied), and with the services/resources (92 percent satisfied or very satisfied). The majority (n=116, 90 percent) also reported that they would
Our study found that our URM students apply and matriculate at TAMBCD primarily because of the school’s reputation, its location, and their participation in pipeline programs. This finding was somewhat surprising because the most reported reasons in the literature for URM students choosing a dental school are tuition, financial aid, and the critical mass of URM individuals.\textsuperscript{10,11} Maybe tuition (which is low), amount of financial aid (which is adequate), and numbers of URM individuals (which are high) are simply not an issue here. The majority of the URM students in our study had attended a TAMBCD pipeline program, and the individuals who most influenced them to choose TAMBCD were school alumni. These findings suggest that dental schools seeking to increase the diversity of their student bodies should consider putting pipeline programs

Mann-Whitney U test analyses revealed that there were group differences in overall satisfaction. With Mexican Americans and other Hispanics combined into a single group (due to no differences, p≥0.162), this group of respondents reported significantly more satisfaction than African Americans with their treatment (p<0.001), their education (p<0.001), and the services/resources (p=0.027). Hispanic students were also more likely than African American students to recommend that a friend apply to TAMBCD (p=0.001). The students were asked two open-ended questions about how to improve cultural competence and the experience of URM students at TAMBCD. Sixty-four comments were provided. Four qualitative themes emerged from the comments: cultural climate is positive, expand diversity training, eliminate some unequal/unfair practices, and hire more URM faculty members. These themes are shown in Table 4 with student quotations illustrating each. Clearly the college is doing well with creating an environment that is welcoming to URM students, but it could still be strengthened. The comments were further separated into three groupings (Hispanic, African American, and other) for additional analysis. There seemed to be somewhat less satisfaction expressed by the African American students than the Hispanic students, supporting the differences noted in the quantitative data. The African American students were also more concerned about the perception of unequal/unfair practices.

Discussion

Our study found that our URM students apply and matriculate at TAMBCD primarily because of the school’s reputation, its location, and their participation in pipeline programs. This finding was somewhat surprising because the most reported reasons in the literature for URM students choosing a dental school are tuition, financial aid, and the critical mass of URM individuals.\textsuperscript{10,11} Maybe tuition (which is low), amount of financial aid (which is adequate), and numbers of URM individuals (which are high) are simply not an issue here. The majority of the URM students in our study had attended a TAMBCD pipeline program, and the individuals who most influenced them to choose TAMBCD were school alumni. These findings suggest that dental schools seeking to increase the diversity of their student bodies should consider putting pipeline programs
in place and developing recruitment strategies that involve alumni and alumni associations.

Regarding college factors supporting success, almost one-half of the URM students reported not using any of the resources listed in the survey. This finding contradicts the impression of some TAMBCD faculty members that URM students consume many more resources than non-URM students. It is true that a greater proportion of URM than non-URM students use the extended test-taking and tutoring services, but the overall numbers are small. Regarding the extended time for test-taking service, only fifteen URM students (12 percent) indicated using it. The official numbers for using this service in 2011-12 were twenty URM and four non-URM students. The five extra URM students probably reflect the fact that not all took part in the survey. A number of the URM students using this service are former postbaccalaureate program students. In that program, they all receive screening for learning disabilities and so become aware of their possible need for this service before they are admitted into dental school. As many as sixteen former postbaccalaureate program students are admitted to TAMBCD each year.

Tutoring was the resource used by the highest number of URM students in our study (n=42, 33 percent). This finding is not surprising as TAMBCD has a very active tutoring program. High-performing
students are nominated by faculty members to serve as tutors. Among our respondents, most advising/tutoring was used only one to three times, although a small proportion used the resources intensively (ten or more times). Officially, twenty-three URM and eleven non-URM students were assigned tutors in 2011-12. However, students could also attend optional tutoring sessions in their Gross Anatomy course, in which attendance was not tracked by the educational specialist. Participation in those tutoring sessions could explain why a higher number of students indicated tutoring on the survey. It is not surprising that more URM students needed tutoring than non-URM students since a number of them are from “disadvantaged” backgrounds, meaning they have not had the same educational opportunities and preparation as non-disadvantaged students.

In terms of the current cultural climate at TAMBCD, the URM students in our study rated the cultural competence program as effective and agreed that faculty, staff, and students were culturally competent. This result is very encouraging because only one of the four dental classes surveyed (second year) had experienced more than one cultural competence training module at the time of the survey. Now that modules are in place for the first, second, and third years of the curriculum, the climate will hopefully become even better.

Unfortunately, about one-fifth of the URM students reported experiencing some discrimination. Those reporting discrimination reported it having occurred primarily in interactions with fellow students and clinical faculty members, the groups with which students spend the most one-on-one time. From our viewpoint, even that low incidence is too high. Also, social media has a great impact on the reputation of a dental school, and if only one student posted negative comments online, it could have a significant impact on recruitment. Based on a URM faculty member’s recommendation, we have decided to use the term “culturally insensitive practices” in future discussions rather than discrimination; this wording is more descriptive and less value-laden.

The strength of this study was defining the cultural climate at TAMBCD as perceived by URM students. These students were primarily satisfied with their various experiences at TAMBCD; it was good to know that the hard work was paying off. The African

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Figure 9. Survey responses for satisfaction with treatment, education, and services/resources at TAMBCD (n=129)
<table>
<thead>
<tr>
<th>Positive Cultural Climate</th>
<th>Expand Diversity Training</th>
<th>Some Unequal/Unfair Practices</th>
<th>More Diverse Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Require Training</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>“Hire a more diverse faculty.”</td>
<td></td>
<td>“Make it a program that students are exposed to every year.”</td>
</tr>
<tr>
<td></td>
<td>“Make it mandatory for faculty and students.”</td>
<td></td>
<td>“Make it mandatory for faculty and students.”</td>
</tr>
<tr>
<td></td>
<td>“Include the faculty!”</td>
<td></td>
<td>“It is important to have some sort of hotline/staff dedicated to translation (especially Spanish) without making patients feel they are second-class citizens.”</td>
</tr>
<tr>
<td></td>
<td>“Educate the clinical professors on cultural competence.”</td>
<td></td>
<td>“Black/Hispanic students should not go through the day thinking, ‘I’m a Black/Hispanic student,’ but I’m a great student.’ Going into situations hypersensitive to the skin issue will play tricks with the mind.”</td>
</tr>
<tr>
<td></td>
<td>“It would be beneficial to proactively have sessions throughout the four years, and request faculty/clinical instructor participation instead of addressing situations after the fact.”</td>
<td></td>
<td>“Allow for an anonymous route to report faculty.”</td>
</tr>
<tr>
<td></td>
<td>Content</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Need specific information about the logistics of handling patients from other backgrounds (such as how to treat a female patient wearing a hijab and protect her privacy).”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Include more topics, not just race, such as gender and (sexual) orientation.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Provide more opportunity to come into contact with different cultures.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Have more multicultural alums offer to speak about their experiences.”</td>
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</tbody>
</table>

Table 4. Four comment themes with quotations from URM student respondents
American students were clearly satisfied; however, they were less satisfied than the Hispanic students. This difference was found in another study and so is not unique to TAMBCD. However, we definitely want to improve their experience at the college, and a climate that favors diversity has been associated with higher numbers of African American students. The expanded cultural competence training that students and faculty members are currently receiving should positively affect the climate here.

A limitation of this study was that it measured only the perceptions of URM students. To comprehensively assess the cultural climate of an institution, the perspective of all students is needed. Cultural climate can be influenced by many factors in addition to race and ethnicity, including gender, religion, sexual preference, and country of origin. Thus, we are in the process of surveying the entire student body about these factors. The information we gain should give us more direction on how to further improve our cultural climate.

Using Study Results for Improvement

We shared these results widely at TAMBCD to get everyone’s perspective on the cultural climate at the college. We initially met with key administrators and individuals to share the results. These meetings included the dean, associate deans, director of student affairs, director of development, president of the alumni association (an African American dentist), and student officers/faculty sponsors of the Hispanic Student Dental Association and the Student National Dental Association (SNDA, which consists of African American students). The results were also distributed online to all students and faculty members.

Based on the feedback we received from these encounters, a number of changes and improvements have been implemented. When the survey was conducted in 2011, the dental students had only experienced four hours of cultural competence training in the first year of their curriculum. This training has now been expanded to the first three years, with year four to be implemented in 2013-14. Also, the survey results were used as a basis for cultural competence training at the November 2012 Faculty Retreat. It was important that faculty members gain the URM students’ perspective on the current culture. The dean required attendance for all full-time faculty members.

In addition to training the faculty in cultural competence, the college needs more URM faculty members. Lack of minority faculty members and role models has been shown to be critical for the recruitment and retention of URM students. One major strategy we are using now is “growing our own.” The current HRSA COE grant has a focus on mentoring URM faculty members for research and teaching careers, and four faculty members are currently in this program. Also, there is a new online Master’s Degree at TAMBCD in Education for Healthcare Professionals (EDHP), with a tract for current dental students to earn either a teaching certificate or degree. Currently, three URM dental students are enrolled in this program.

Mentoring was chosen as a strategy to respond to the needs of African American students. The four SNDA faculty advisors met with those students as a group to identify their concerns; this meeting is now an annual event. In addition, each student chose an advisor with whom he or she felt comfortable, and they meet one-on-one as needed or wanted by the student. This mentoring could deal with any issue—academic, social, or other.

Since alumni have played an important role in recruitment, the president of the TAMBCD Alumni Association has implemented new strategies and programs to increase the number of active URM alumni. He asked six URM and other minority students from the first-year dental class to personally invite ten URM dentists to an alumni reception at a regional dental meeting. He also invited the presidents of the four local predental associations at colleges/universities with many URM members to be honored guests at the same alumni reception. He sent personal invitations to his friends who are URM alumni. In addition to increasing the current number of active URM alumni, he believes he is creating future alumni by involving the dental students in this process. He is also recruiting new alumni association members at the graduation banquets of the Hispanic Student Dental Association and the Student National Dental Association, as well as expanding the number of Dallas URM dentists who have predental program participants observe in their offices (Shadowing Program).

Finally, having a dental school mission that is committed to diversity has also been found to positively influence URM recruitment and retention. Thus, TAMBCD’s new 2013-18 strategic plan includes a vision for increasing access to care, as well as initiatives for cultural competence train-
ing for students, faculty, and staff and tracking the proportion of alumni who practice in underserved areas. The tracking will include asking some new questions on the Five-Year Alumni Survey.

**Conclusion**

TAMBCD has made great strides in creating a diverse student body and a culturally competent environment. Many of Eckel and Kezar’s key strategies for culture change are in place: “senior administrative support” from our dean and executive directors of recruitment and admissions and of student development and multicultural affairs; “flexible vision” and “visible action” with our strategic plan and college activities; “collaborative leadership” among our programs; and “staff development” with all our training. However, there is still room for improvement. The strategic vision for TAMBCD over the next five years is to create an inclusive environment in which students from all groups feel an even greater sense of belonging at the college, experience a positive learning environment, and achieve cultural competence. With that cultural climate, we will increase student comfort with treating a diverse patient population and, in the long term, increase access to dental care.

**REFERENCES**


