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Jozelyn Rascon
The University of Texas at El Paso

Miguel Fajardo
The University of Texas at El Paso

Michelle Arroyo
The University of Texas at El Paso

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**EXPLORING REAPPLICATION TO DOCTOR OF PHYSICAL THERAPY PROGRAMS AMONG
UDERREPRESENTED MINORITIES AND NON-UNDERREPRESENTED MINORITIES**

By

**JOZELYN RASCON, SPT
MIGUEL FAJARDO, SPT
MICHELLE ARROYO, SPT**

Capstone Advisor: Celia Pechak, PT, PhD, MPH

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Research Paper

**Exploring Reapplication to Doctor of Physical Therapy Programs among
Underrepresented Minority and Non-Underrepresented Minority Students**

Jozelyn Rascon
Student
Doctor of Physical Therapy (DPT) Program
The University of Texas at El Paso (UTEP)
El Paso, Texas

Miguel Fajardo
Student
UTEP DPT Program
El Paso, Texas

Michelle Arroyo
Student
UTEP DPT Program
El Paso, Texas

Michelle Gutierrez, PT, DSc
Clinical Associate Professor
UTEP DPT Program
El Paso, Texas

Emre Umucu, PhD
Assistant Professor
College of Education
Michigan State University
Lansing, Michigan

Celia Pechak, PT, PhD, MPH
Professor
UTEP DPT Program
El Paso, Texas

Corresponding Author:

Celia Pechak PT, PhD, MPH
The University of Texas at El Paso
Doctor of Physical Therapy Program
500 W. University Avenue, El Paso, TX 79968
cmpechak@utep.edu

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Abstract

Introduction: Doctor of Physical Therapy (DPT) programs are making efforts to recruit underrepresented minorities (URMs) to create a more diverse workforce. Understanding the reapplication process may contribute to more URMs reapplying. The purposes of this study were to examine URM and non-URM DPT program reapplicants, and to identify factors that predicted acceptance or rejection when reapplying to DPT programs.

Review of Literature: Current literature exists regarding the difference between minorities and non-minorities when applying to physical therapy and medical education programs. However, the literature regarding reapplication to DPT programs is nonexistent.

Subjects: Subjects were reapplicants (N=107) who submitted a verified application through Physical Therapist Centralized Application Services (PTCAS) to The University of Texas at El Paso's (UTEP) DPT Program. Reapplicant was defined as anyone applying for more than one application cycle to any DPT program, not only to the UTEP DPT Program.

Methods: A 25-question survey was created. Demographic questions determined URM or non-URM status. Personal, social, and financial questions relevant to the reapplication experience were asked. Descriptive statistics, Cross-tabulation and Chi-square, Pearson's correlation, and Student's t-tests were used to determine differences within the reapplicant pool.

Results: Eighty-five subjects were URMs, and 22 were non-URMs. There was a significant negative correlation between lack of social support and acceptance into a physical therapist education program, and a significant positive correlation between motivation and acceptance. Hispanic students and applicants who spoke English as a second language were significantly more likely to be rejected.

Discussion and Conclusion: Addressing lack of social support and promoting motivation may benefit reapplicants. To promote greater diversity in the physical therapy profession, DPT

programs need to understand and address the barriers that discourage URMs from reapplying to DPT school.

INTRODUCTION

Health professions (including physical therapy) are increasingly making efforts to recruit underrepresented minorities (URMs) in order to create a more diverse workforce that reflects the current national population.^{1,2} The Institute of Medicine states that diversifying health professions leads to stronger patient-provider relationships, higher patient satisfaction, and greater adherence to treatment.³ Since minorities are more likely than non-minorities to provide services in underserved areas, an increase in their representation in the healthcare workforce is imperative.⁴ In 2019, the American Physical Therapy Association (APTA) House of Delegates passed motion RC 24-19, which states that the APTA will work to implement and identify diversity, equity, and inclusion (DEI) strategies to further diversify the profession in clinical, educational, and research settings.⁵ However, despite efforts to recruit minorities into health professions education programs, a substantial lack of diversity remains in the healthcare workforce which creates barriers to meeting the national goal of eliminating health disparities.⁴

The American Council of Academic Physical Therapy (ACAPT) Diversity Task Force goes beyond racial and ethnic characteristics when defining URM in the physical therapy workforce and the physical therapy student population.⁶ They consider URMs as “racial and ethnic populations that are underrepresented in the physical therapy profession relative to their numbers in the general population, as well as individuals from geographically underrepresented areas (eg, Appalachia), lower economic strata, and educationally disadvantaged backgrounds.”⁶ Blacks, Latinos, Native Hawaiians/Pacific Islanders, American Indians, and non-Latino Whites are considered URMs; however, non-Latino Whites and Asians are not considered URMs due to their overrepresentation in the physical therapy profession nationally when compared to current population demographics.⁶ ACAPT also uses the Health Resources & Services Administration’s definition of a medically underserved area, which is an area with high poverty, a high elderly

population, and/or a vast shortage of primary care providers.^{6,7} Additionally, they define educationally disadvantaged individuals as someone who is either a first-generation college student, speaks English as a second language, or graduates from a school district with a less than 50% graduation rate and absence of advanced placement (AP) courses.⁶

Physical therapy is among the multiple health professions that lack representation of URM in its workforce.^{8,9} In 2019, Latinos represented only 5.3% of all physical therapists in the United States compared to 18.3% in the national population, while Blacks represented only 3.6% of physical therapists compared to 12.3% in the national population.⁸ Although the diversity gap narrowed between URM and non-URM graduates within the last decade, the improvement has been small.^{5,10-12} For example, URM comprised 9.2% of all physical therapist graduates in 2011 compared to 10.7% ten years later in 2021.^{11,12} These statistics indicate that a change in the admissions process must occur within physical therapist education programs.

In order to become a physical therapist, URM students must be accepted into an accredited Doctor of Physical Therapy (DPT) program, graduate, and pass the national board exam. However, the application process to DPT programs can be very costly. According to the Physical Therapy Centralized Application Service (PTCAS) in 2022, the application cost to apply to one program was \$155, and was \$60 to apply to each additional program.¹³ Additionally, program-specific supplemental fees may be required which average to approximately \$54 among DPT programs in Texas.¹⁴⁻²⁹ Further, the cost to take the Graduation Record Examination (GRE) (which is required by many DPT programs) is \$220.³⁰ Sources of additional expenses may include but are not limited to transportation to interviews, GRE preparation courses, and tuition to retake courses to improve grade point average (GPA).

Despite incurring these costs, applicants encounter low chances of admission. According to the most recently available data, less than 18% of applicants received admission offers during the 2018-2019 PTCAS cycle, with the majority of accepted applicants being White (65.2%).³¹ Data are unavailable regarding how many of the individuals receiving admission were

reapplicants, and what portion of reapplicants were URM. Presumably, high costs create barriers to reapplication for many individuals, with costs and other factors resulting in less numbers of URM vs non-URMs reapplying. If so, understanding and addressing factors related to reapplication may contribute to increasing diversity in physical therapist education.

LITERATURE REVIEW

While literature regarding reapplication to DPT programs is nonexistent, studies about reapplication to medical and dental schools may be instructive. Recent medical and dental literature addressing reapplication focused mainly on applicants who come from disadvantaged backgrounds.³²⁻³⁶ Griffin et al examined differences between medical school applicants who chose to reapply versus those who did not choose to reapply to Australian medical schools. The results indicated that applicants living in rural areas were significantly less likely to reapply when compared to applicants from major cities. Rurality decreased the odds of a student re-applying to a medical program by 55%.³²

Two other studies investigated applicants and reapplicants of color to medical school.^{33,34} Hadinger examined perceived barriers that Black and Latino medical students faced when applying or reapplying to medical school. Using a grounded theory approach to analyze interviews of Black and Latino medical students, the author developed a conceptual model illustrating how Black and Latino students navigate the application process to medical school. The model identified barriers faced by applicants which included financial factors due to the high cost of the overall application process; the belief that they were disadvantaged compared to their peers; and a lack of guidance which resulted in misunderstanding various elements of the application process such as the multiple expenses and the importance of applying early.³³ A study by Ballejos et al showed that 78% of reapplicants to the University of New Mexico School of Medicine who participated in post-application advising, plus a consult with the dean of admissions, attained acceptance when reapplying. The authors highlighted that Black applicants had the highest participation rate in post-application advisement compared to any other race.³⁴

The University of California, San Francisco School of Dentistry (UCSFSOD) created a postbaccalaureate program in 1998 specifically for dental school reapplicants who came from disadvantaged backgrounds and who were interested in providing dental care to underserved populations. This one-year program allows reapplicants to participate in full-time academic and clinical coursework in order to enhance their GPA, Dental Admissions Test (DAT) scores, and interview skills. The program's purpose is to increase minority representation in dentistry. After implementation of this program, applicant diversity increased by 77% from 2003 to 2007.³⁵ Additionally, Wides et al used survey methodology to determine the short-term and long-term successes of 94 program participants. DAT scores increased overall, and 98% of participants were accepted to dental school. Moreover, of the participants who had been practicing dentists for over 2 years, 81% reported working for underserved populations.³⁶

While no studies were found about reapplication to physical therapist education programs, several studies explored factors that impact an applicant's decision to apply.^{1,37,38} Wilcox et al surveyed physical therapist students completing either a doctoral or master's degree. They investigated the differences in factors between minorities (Black, Hispanic/Latino, American Indian, Asian, and Pacific Islander) and non-minorities (White) when choosing a physical therapy school. The findings revealed that on average, minorities considered the cost of attendance, ethnic/cultural/gender similarities of faculty and student body, and faculty reputation as top influencers when choosing which physical therapist education programs to apply.¹ Similarly, Johanson surveyed first-year physical therapist students pursuing a doctorate or master's degree to identify the differences in considerations between sex, and race/ethnicity when choosing a program to attend. In reference to race, the most important factors that influenced non-White students to attend a program were the ranking of the school, availability of financial aid, number of pre-requisites, and positive interaction with students.³⁷ Nuciforo found that Latino applicants were significantly more likely to only apply to institutions in their state of residency, which may reduce their chance of being accepted into a program. Other factors were

socioeconomic and financial barriers URMs encounter, such as being unable to pay for the GRE preparation courses and multiple PTCAS applications.³⁸

Though the physical therapist education literature addresses race and ethnicity when referring to URMs, no literature examines the role of intersectionality and overall vulnerability in predicting the chance of acceptance into physical therapist education programs. Intersectionality is a theoretical framework that refers to the overlapping of multiple social identities (eg, race, ethnicity, gender, socioeconomic status [SES], or sexual orientation) that make a person more privileged or oppressed.³⁹

In addition, no study was identified examining the characteristics or outcomes for URMs who reapplied to DPT programs. Therefore, the purposes of this study were to identify the characteristics of URMs and non-URMs who reapplied to DPT programs; and to identify factors that influenced their decision to reapply and predicted acceptance. The study findings may identify opportunities for DPT programs to change their application process in order to increase the diversity of their cohorts, and in turn contribute to greater diversity of the physical therapist workforce.

SUBJECTS

Reapplicants to DPT programs who submitted a verified application through PTCAS to The University of Texas at El Paso's (UTEP) DPT Program from the 2014-2015 application cycle to the 2020-2021 application cycle were eligible to participate in this study. Reapplying was defined as any situation in which the applicant applied for more than one application cycle to any DPT program, not only to the UTEP DPT Program. The UTEP DPT Admissions mailing list of verified applicants had 3,154 individuals.

METHODS

This study was a non-experimental design that was deemed exempt by the UTEP Institutional Review Board (1793803-1). The research team created a 25-question survey based on the literature (Appendix). Validity and reliability of the tool were not established. However, 8

DPT students pilot-tested the survey and provided feedback to the researchers to determine if any questions required modification due to ambiguity. Minor grammatical modifications were made based on their feedback. The survey was uploaded to QuestionPro for distribution.

A recruitment email was sent to all 3,154 verified applicants through the UTEP DPT Admissions email in September 2021, and a reminder was sent 15 days after the initial email. Each participant agreed to voluntarily take part in the study by acknowledging the authorization statement indicating that they clearly read and understood the informed consent. The first question of the survey (Appendix) determined if the participant was eligible for the study based on the inclusion criteria of being a reapplicant. If the participant indicated that they did not meet the criteria, the survey was automatically discontinued. The research team used questions 2-8 on the survey to determine URM status based on the ACAPT Diversity Task Force's definition of an URM.⁶ The remaining questions explored financial, personal, and social variables related to the reapplication process. Once the participant completed the survey, they were given the chance to provide contact information to enter a drawing for an electronic gift card. The researchers closed the survey after 30 days.

Responses were separated into 1 of 3 categories: financial, personal, and social. Descriptive statistics were utilized to determine differences between URMs and non-URMs reapplicants in each of these categories. A vulnerability index was created using survey questions 4-8 (Appendix). These questions examined if a participant was a minority, first-generation college student, spoke English as a second language, had AP courses offered at their high school, what geographic area they were primarily raised in, and if they considered the area they grew up in as medically underserved. The vulnerability index utilized a scoring system ranging from 0-6, with each "URM answer" giving the participant 1 point in the scoring system; higher numbers indicated greater vulnerability.

In addition, a financial barrier index was also used to explore the financial barriers the participants faced. This index was based on question 10, which queried whether the cost of the

GRE, GRE preparation course, application fees, private school tuition, out-of-state tuition, traveling expenses for interviews, and retaking prerequisites were financial barriers preventing students from reapplying to DPT programs. The financial barrier index ranged from 0-7 with each financial barrier counting as 1 point in the scoring system for the participant; higher numbers indicated greater financial barriers.

Cross-tabulation and Chi-square analysis were used to compare acceptance rates between Hispanic/Latino and non-Hispanic/Latino applicants and native and non-native English speakers. Pearson's correlation was used to explore correlations between support, motivation, and acceptance to DPT programs. An alpha level of 0.05 was used for the primary analysis. A Student's t-test compared vulnerability index scores between Hispanic/Latino and non-Hispanic/Latino applicants. The Student's t-test and Independent t-test were used to determine differences in lack of social support and motivation between rejected and accepted students.

RESULTS

Table 1 displays participant demographics. A total of 107 eligible participants completed the survey. Response rate cannot be calculated as it is unknown how many of the 3,154 verified applicants were reapplicants. Seventy-nine percent (N=85) participants were identified as URM and 21% (N=22) as non-URMs. Hispanic/Latinos comprised 51% (N=54) of the total participants. Based on the vulnerability index, 66 of 85 URM participants (77.64%) had more than one intersecting characteristic, increasing their overall vulnerability. For instance, 97% of URM who reported growing up in a medically underserved area had at least one other characteristic that increased vulnerability. Additionally, despite Asians being considered non-URMs due to their overrepresentation in the profession,⁶ all of the Asian participants were categorized as URM due to characteristics other than race/ethnicity.

Table 2 demonstrates that a higher percentage of URM were not currently enrolled or graduated from a DPT program compared to non-URMs. Notably, 5 was the maximum number of application cycles identified by a URM participant to receive admission, while 3 was the

maximum number for a non-URM to receive admission. In terms of factors that influenced reapplications, all participants who reported that being in close geographic proximity to their family was their main priority when choosing programs to which to reapply were URMs.

In terms of financial barriers, 64% of non-URM participants (N=14) reported having some kind of financial assistance from parents/guardians when reapplying, compared to the 61% of URMs who stated that they had no financial support at all. The financial barrier index showed that every participant who experienced all 7 financial barriers when reapplying were URMs. Additionally, the most common barrier reported between both groups was the cost of DPT program application fees.

Ninety percent of participants (N=26) who indicated that minority faculty played a role in the decision to reapply to a particular program were URMs. Moreover, 48.2% of URMs (N=40) compared to only 22.7% of non-URMs (N=5) considered the ethnicity, race, and culture of a program's student population in their decision to reapply. For those who stated that a particular program's DEI efforts were a consideration in reapplying to a certain program, 87% (N=34) were URMs.

Regarding motivation, 90.9% of non-URMs were very motivated to reapply. In contrast, of all the participants who reported that they were somewhat or very unmotivated to reapply, 90% were URMs.

Based on the Cross-tabulation and Chi-square analysis demonstrated in Table 3, Hispanics/Latinos were significantly more likely to be rejected by DPT programs when compared to non-Hispanic students ($p < 0.001$). The rejection rate for Hispanic/Latino applicants was 73.5% compared to 26.5% for non-Hispanic/Latino students. These analyses also found that non-native English speakers were significantly more likely to be rejected than native English speakers ($p < 0.045$). The percentage of accepted native English speakers was 72.6% compared to non-native English speakers 27.4%. First-generation status had no significant impact on

acceptance with 22% of first-generation students accepted compared to 78% of non-first-generation applicants ($p>0.05$).

Pearson's Correlations revealed significant correlations between motivation and acceptance as well as social support and acceptance (Table 4). A positive correlation was noted between level of motivation when applying to a DPT program and acceptance ($r=.248$) ($p<0.01$). In contrast, there was a negative correlation between lack of social support and acceptance to a DPT program ($r=-.23$) ($p<0.05$). A significant positive correlation was found between level of vulnerability and number of financial barriers an applicant experienced ($r=.38$) ($p<0.05$).

The Student's t-test revealed that Hispanic/Latino students had higher vulnerability index scores ($\mu=4.0185$) when compared to non-Hispanic/Latino students ($\mu=2.7547$). The Student's t-tests also revealed that rejected students had significantly more lack of social support ($p<0.008$) and less motivation ($p<.005$) compared to students who were accepted (Table 5).

DISCUSSION AND CONCLUSION

The first purpose of this study was to identify characteristics of URM and non-URMs who reapplied to DPT programs. In addition to using ACAPT Diversity Task Force's definition of an URM,⁶ we considered the overlapping characteristics that made participants more disadvantaged using our vulnerability index. Vulnerable populations have been broadly defined in the literature.⁴⁰⁻⁴³ For this study, vulnerable populations included economically disadvantaged, racial and ethnic minorities, and rural residents.⁴¹ The vulnerability of these individuals may be enhanced with the intersectionality of financial, social, and personal factors.⁴⁰⁻⁴³ Because our findings demonstrate that a majority of URM possessed an additional intersecting characteristic which increased their vulnerability, considering qualities other than race and ethnicity when seeking to identify URM and designing processes to promote the recruitment of diverse cohorts is imperative.

The University of Colorado's DPT program have implemented a holistic review rubric which includes race/ethnicity, socioeconomic status, first-generation student status, and

rurality.⁴⁴ Similarly, the DPT program at the California State University, Sacramento uses the Skills and Background Characteristics (SBC) tool to consider the applicant's second language skills, and economic, educational, and environmental background.⁴⁵ In each program, implementation of more holistic admission procedures contributed to increasing the proportion of diverse applicants accepted into these programs.^{44,45} Unlike the aforementioned UCSF School of Dentistry study, DPT programs have not reported if holistic admission processes have produced more graduates serving vulnerable and underserved populations upon graduation.^{35,36}

The second purpose of this study was to identify factors that influenced reapplicants' decision to reapply and factors that predicted acceptance to DPT programs. We investigated whether financial, personal, or social barriers hindered reapplicants from admission. Individuals who experienced the most financial barriers were URMs. Additionally, both URMs and non-URMs reported the cost of DPT program application fees as their main barrier. Our study revealed that students who had more financial support were able to reapply for more than 2 application cycles when compared to students without financial support. These findings were similar to the Hadinger study in which minority applicants to medical school identified finances as the biggest challenge that they faced, limiting the number of applications they submitted.³³ However, Hadinger demonstrated that fee waivers can ameliorate some cost barriers; one study participant reported being able to only apply to 9 medical schools compared to her colleague who was able to apply to 24 schools due to her qualifying for fee-waivers.³³ Thus, financial assistance helps to create a more equitable application process.

Our study findings indicated that motivation, presence of minority faculty (eg, Black, Hispanic/Latino), and considerations of the student population (eg, ethnicity, race, culture, etc.) influence an individual's decision to reapply to a particular DPT program. We found that non-URM students were more motivated to reapply than URM students. This finding is important to note since level of motivation was positively correlated to acceptance. Further, the presence of minority faculty, and the demographics of the student population were important considerations

to URM students when reapplying. These findings are similar to the results of prior studies in physical therapist education which indicate that URM applicants value positive interactions with current physical therapist students and the presence of minority faculty when choosing programs to apply.^{37,38} In 2021, ACAPT created a strategic plan which includes DEI goals such as recruitment and retention practices that promote diversity of faculty, which may lead to increasing the percentage of URM students.^{6,46}

Lastly, reapplicants often seek social support from their families, peers, and/or others during and after the application or reapplication process. Our study revealed that higher levels of social support correlate to acceptance, while limited social support correlates to rejection. Interestingly, reapplying to a DPT program in close proximity to family was a main priority for only URM students, which can limit the number of programs that they reapply to and decrease the probability of acceptance. This result is similar to Nuciforo's finding that Hispanic physical therapist students demonstrated an increased likelihood of applying to programs within state versus out-of-state.³⁸ These results may be explained by the concept of familism in which the individual places their duty to family over their individual goals/needs.⁴⁷

Our findings offer insight into how DPT programs can support the application and reapplication of a diverse pool. A focus on factors that categorize an individual as an URM other than race/ethnicity are important to consider when offering admission to an applicant. Intersectionality demonstrates that many barriers (whether personal, financial, social, etc) can influence the reapplication experience for URM students. Programs should consider different dimensions of an applicant's vulnerability in order to create equitable application and reapplication processes.

DPT programs can offer post application advice programs similar to The University of New Mexico School of Medicine.³⁴ Their post application seminars provide social support to students who were initially rejected and are lacking support from other individuals in their life. This program focuses on providing tips to improve applications, increasing student motivation,

and constructing a plan for the reapplication process. Similarly, Duke University and the UTEP DPT Program host a summer program for URM undergraduates who are interested in applying to physical therapist school.⁴⁸ These programs offer mentorship, education about the application process, and expose students to the field of physical therapy. These efforts can also create support systems for an individual to turn to in times of need and/or substitute familial support while they are not in close geographic proximity to their families.

The present study has limitations. Our sample size was small. Moreover, URMs comprised 79% (N=85) of our study sample and they may not be representative of the demographics of applicants and reapplicants across all DPT programs. Our survey was sent to previous UTEP DPT Program applicants, many of whom are recruited from Hispanic/Latino-majority communities. Also, the high percentage of URMs in our sample may be due to our broad criteria to be categorized as an URM. A selection bias may have affected responses, whereby students who self-identified as an URM may have been more likely to complete the survey. Additionally, the survey was not validated prior to distribution. Despite these limitations, our study offers an important contribution to the literature.

To our knowledge, this investigation is the first to explore reapplication to DPT programs among URMs and non-URMs. Additionally, our use of a vulnerability index offers a more comprehensive approach to exploring what influences DPT program acceptance. Future research regarding this topic should include larger sample sizes, and would benefit from a qualitative component to better understand barriers to reapplication for URMs in particular.

In conclusion, the physical therapist workforce does not match the demographics of the current national population.⁸ Diversifying the workforce requires understanding the barriers URMs face during the reapplication process to DPT Programs. Our study indicated that Hispanic students had higher vulnerability index scores when compared to non-Hispanic students and were significantly more likely to be rejected. Additionally, rejected students had less motivation and less social support when reapplying compared to students who were

accepted. This study can guide DPT programs to improve recruitment and admission processes for URM. These strategies such as pipeline programs, increased mentorship, and a more holistic admissions approach can contribute to diversifying the physical therapist workforce and eliminating health disparities.

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Table 1. Participant Demographics (N=107)

Question	Answer	Total (%)
Race	Native Hawaiian or Pacific Islander [^]	3 (2.6)
	American Indian or Alaska Native [^]	5 (4.4)
	Black or African-American [^]	13 (11.4)
	Asian	10 (8.8)
	White	68 (59.5)
	Other	15 (13.2)
Do you identify as Hispanic or Latino?	Yes [^]	54 (50.5)
	No	53 (49.5)
First-Generation College Student	First-generation college student [^]	25 (23.4)
	Non-first-generation college student	82 (76.6)
Was English your first language?	Yes	71 (66.4)
	No [^]	36 (33.6)
Did your high school offer advanced placement courses?	Yes	71 (66.4)
	No [^]	36 (33.6)
What is the type of geographic area where you	Military	2 (1.9)
	Rural [^]	19 (17.9)

were primarily raised?	Suburban	55 (51.9)
	Urban	26 (24.5)
	I do not know	4 (3.8)
Do you think the area where you grew up was medically underserved?	Yes [^]	42 (39.3)
	No	57 (53.3)

**Participants had the option to select one or more races / ethnicities.*

[^]URM (at least one [^] placed participant in URM group).

All questions were considered for vulnerability index.

Table 2. Number of Cycles to Receive Admission (URMs, Non-URMs, Combined)

Number of Cycles	Number of Non-URM Applicants (%)	Number of URM Applicants (%)	Combined Number of Applicants (%)
2	15 (68.2)	40 (47.1)	55 (51.4)
3	5 (22.7)	6 (7.1)	11 (10.3)
4	-	6 (7.1)	6 (5.6)
5 or more	-	1 (1.2)	1 (0.9)
Not applicable - Student not enrolled in a DPT program nor have graduated from a DPT program	2 (9.1)	32 (37.6)	34 (31.8)

Table 3. Factors that Predicted Acceptance or Rejection Cross-tabulation

	Accepted	Rejected
Hispanic/Latino (N=54)	29 (39.7%)	25 (73.5%)**
Non-Hispanic/Latino (N=53)	44 (60.3%)	9 (26.5%)
Total (N=107)	73 (100%)	34 (100%)
First-gen college student (N=25)	16 (21.9%)	9 (26.5%)
Non- first-gen college student (N=82)	57 (78.1%)	25 (73.5%)
Total (N=107)	73 (100%)	34 (100%)
Non-English as first language (N=71)	20 (27.4%)	16 (47.1%)*
English as first language (N=36)	53 (72.6%)	18 (52.9%)
Total (N=107)	73 (100%)	34 (100%)

* P-value is significant at the 0.05 level.

** P-value is significant at the 0.001 level.

Table 4. Correlations Among Factors

	Accepted after Re- application	Financial Barrier Index	Vulnerability Index	Lack of Social Support	Level of Motivation	Level of Financial Assistance
Accepted after Reapplication	1					
Financial Barrier Index	-.038	1				
Vulnerability Index	-.084	.378**	1			
Lack of Social Support	-.231*	.128	.112	1		
Level of Motivation	.248**	-.055	-.012	-.090	1	
Level of Financial Assistance	-.043	-.171	-.126	-.178	-.070	1

* Correlation is significant at the 0.05 level.

** Correlation is significant at the 0.01 level.

Table 5. Differences Between Accepted and Rejected Students (T-Tests)

	Accepted (N=73)		Rejected (N=34)		P value (One sided t-test)
	Mean	Std.	Mean	Std.	
Financial Barrier Index Score	3.7	1.9	3.9	2.4	$p<0.349$
Vulnerability Index	3.3	1.1	3.5	1.1	$p<0.196$
Lack of Social Support Score	8.6	3.7	10.6	4.4	$p<0.008$
Level of Motivation Score	3.7	.6	3.3	1.1	$p<0.005$