Diversity in Dental Medicine: Strategic Changes Toward Optimal Dental Health Care

W. David Brunson, D.D.S.
Associate Director, Center for Equity and Diversity
American Dental Education Association
Presentation Outline

• ADEA Diversity Infrastructure
• Climate of Diversity in Dentistry
• Importance of Diversity
• Admissions Committee Work
• Summer Enrichment Programs
• Conclusions
ADEA Statement of Policy on Diversity and Inclusion

“ADEA, in its leadership role, will constantly strive to be a model of diversity and inclusion. ADEA’s Board of Directors, faculty, staff, students and members, therefore, must resemble the diversity that is so proudly reflected in the citizenry of our nation.”
ADEA Center for Equity and Diversity

- Established by ADEA in 1998

- Developed a strong infrastructure to accomplish many diversity goals.

- Received numerous grants totaling over $22 million

- Established strong collaborations with 8 associations and organizations

- Provided extensive support to programs, conferences, and research to increase diversity in dental education
ADEA Center for Equity and Diversity

- Jeanne C. Sinkford, D.D.S., Ph.D., Associate Executive Director for the Center for Equity and Diversity
- W. David Brunson, D.D.S., Associate Director
- Ms. Sonja Harrison, Director, Program Services
- Ms. Cassandra Allen, Program Assistant
Center for Equity & Diversity

- Promotes the advancement of women and minorities in dental education
- Endeavors to improve recruitment and retention of underrepresented minorities at academic dental institutions
- Promotes the value of diversity in health policy development and advocacy
- Fosters alliances and leverages resources to promote and sustain diversity initiatives

Minority Affairs Advisory Committee (MAAC)

Women’s Affairs Advisory Committee (WAAC)
ADEA Diversity and Access to Dental Careers Conference (DADC)

Four Precepts Adopted in Charleston, 1994:

- Cultivate a leadership concept with commitment to ongoing efforts.
- Lend support to the minority recruitment efforts of U.S. dental schools.
- Ensure a lateral influence among schools as well as within the ADEA.
- Be action oriented with proposed results.
ADEA/CED
2010 Diversity Objectives

V  1. Promote the VALUE of Diversity

I  2. Strengthen INFRASTRUCTURE at U.S. Dental Schools

N  3. Sustain NETWORK for Information

L  4. Enhance Diversity LEADERSHIP Skills

P  5. Continue Sustainable PARTNERSHIPS

C  6. Promote CULTURAL COMPETENCY

S  7. SHIFT – Diversity to Access to Quality
CLIMATE OF DIVERSITY IN DENTISTRY
Distribution of Race and Ethnicity: Professionally Active Dentists, 2006

- White, 86.2%
- Hispanic, 3.4%
- African American, 3.4%
- Asian/Pacific Islander, 6.9%
- American Indian, 0.12%

Source: American Dental Association, 2008

Source: applicants-American Dental Education Association, enrollment-American Dental Association
First-Time, First-Year Minority Enrollees in U.S. Dental Schools 1990 - 2007

Source: American Dental Education Association
Why is Diversity Important?

- Better educational experience for all students
- Improved access to care
- “Diversity trumps ability”
- It’s the right thing to do
Educational experience


Three Themes From Research on Diversity and Student Learning

• Individuals educated in diverse settings are far more likely to work and live in racially and ethnically diverse environments after graduation.

• Individuals who study and discuss issues related to race and ethnicity in academic courses and interact with a diverse set of peers are better prepared for life in an increasingly complex and diverse society.

• Increasing the compositional diversity of the student body is essential to create an optimal learning environment.

Hurtado et al., 2003
Access to Care

- Dentists and patients by race ethnicity. Chicago: American Dental Association Survey Center, 2000
Collections of people with diverse preferences often prove better at problem solving than collections of people who agree.

Right thing to do

• Ethical Principles
  – Beneficence
  – Justice
• Educational responsibility
• Societal pressures
• Governmental pressures
Actions That Influence Diversity in Admissions

- IOM (Institute of Medicine) Report, 2003
- Sullivan Commission Report, 2004
• Warned of “unequal treatment” minorities face when encountering the health care system.

• Showed, through Health Services research, that minority health professionals are more likely to serve minority and medically underserved populations.

• Recommended increasing the number of minority health professionals as a key strategy to help eliminate health disparities.
Missing Persons: Minorities in the Health Professions

A Report of the Sullivan Commission on Diversity in the Healthcare Workforce

September 2004
“While African Americans, Hispanic Americans, and American Indians, as a group, constitute nearly 25 percent of the U.S. population, these three groups account for less than 9 percent of nurses, 6 percent of physicians, and only 5 percent of dentists. The consequences of health disparities are grave and will only be remedied through sustained efforts and a national commitment.”
Sullivan Commission’s Three Overlying Principles:

• To increase diversity in the health professions, the culture of health professions schools must change.
• New and nontraditional paths to the health professions should be explored.
• Commitments must be at the highest levels.
The Supreme Court Rulings

- 1978 Regents of the University of California v. Bakke
- 2003 Grutter v. Bollinger
- 2007 Parents Involved in Community Schools v. Seattle School District No.1

All recognize “compelling interest” that supports educational benefits of diversity
Admissions Issues

• Had increased URM/LI applicants, but not being interviewed or admitted
• URM/LI’s admitted were not being enrolled
• Few URM/LI students participating in the admissions process
Admissions Issues

- Admissions Committee not focused on mission to increase URM/LI enrollment
- Sense of Admissions Committee members that URM/LI students could not make it
- URM/LI students felt there was a negative atmosphere at the institution about them being students and that URM/LI students were not treated favorably
WHAT DOES NOT WORK

• RECRUITING FOR DENTISTRY ONLY
•ASSUMING YOUR INSTITUTION WILL BE THE DRAW
• HAVING A CUT-OFF FOR GPAs and DATs
WHAT WORKS

• SUPPORT FROM THE DEAN
• SUPPORT FROM THE ADMISSIONS COMMITTEE
• PARTNERSHIP WITH MEDICINE
• WORKING PIPELINE
• STRONG SUMMER PROGRAM
• SUPPORT FROM FACULTY
Strong Summer Program

• Kuh GD, Kinzie J, et al.: Connecting the Dots: Multi-Faceted Analyses of the Relationships between Student Engagement Results from the NSSE, and the Institutional Practices and Conditions that Foster Student Success. Final Report for the Lumina Foundation for Educational Grant #2518
Why Summer Programs?

- Exposure to professional school environment
- Most URM and LI have few role models
- Confidence
- Study skills
- Working in groups
- Help in the admissions process
MEDICAL EDUCATION DEVELOPMENT PROGRAM (MED)

• STRUCTURED CURRICULUM AT THE LEVEL OF PROFESSIONAL EDUCATION

• FOR DISADVANTAGED PRE-PROFESSIONALS
CURRICULUM (200 HOURS)

- GROSS ANATOMY
- BIOCHEMISTRY
- PHYSIOLOGY
- HISTOLOGY
- DENTAL ORIENTATION
DENTAL ORIENTATION COURSE

• DENTAL ANATOMY
• CARIOLOGY
• PREVENTION OF DENTAL DISEASE
• DISEASES OF THE PULP
• CONSERVATIVE OPERATIVE DENTISTRY
• PHYSICAL ASSESSMENTS
SMDEP

Fundied by RWJF and managed by ADEA and AAMC:

- 12 institutional sites
- $300,000 annually for 4 years (must be matched by institution)
- 6 week summer enrichment programs for premedical and predental students from disadvantaged and low income backgrounds at no cost to the student
- 80 scholars – 60 with premedical interests and 20 with predental interests
SMDEP Programs

• Combined Medical and Dental
  Case New Jersey
  Columbia UTSHC - Houston
  Howard UCLA
  Louisville Washington
  Nebraska

• Medical Only
  Duke Virginia
  Yale
Program Components

- Academic Enrichment Courses
- Key Specialty Courses
- Seminars and Workshops
Academic Enrichment Courses

- Organic Chemistry
- Physics
- Biology
- Pre-calculus or calculus
Key Specialty Courses

- Writing
- Communication and Oral Presentations
- Current Topics in Health
Seminars and Workshops

• Learning Skills
• Clinical Exposure in Dentistry and Medicine
• Career Development Plans
• Financial Planning Workshop
Student Eligibility

- Rising college sophomores and juniors
- From disadvantaged, low income communities or backgrounds
- From racial and ethnic groups historically underrepresented in dentistry and medicine
- Have an interest in dentistry or medicine
2006 SMDEP

- 1862 applicants…206 predent; 1656 premed
- 965 accepted…155 predent; 810 premed
- 954 participated…154 predent; 800 premed
- Gender: 67% female; 33% male
- URM: 49% African American; 21% Hispanic; 2% American Indian
2007 SMDEP

- 1854 applicants…238 predent; 1616 premed
- 960 accepted…180 predent; 780 premed
- 943 participated…179 predent; 764 premed
- Gender: 71% female; 29% male
- URM: 48% African American; 22% Hispanic; 2% American Indian
2008 SMDEP

- 2028 applicants…290 predent; 1738 premed
- 982 accepted…186 predent; 796 premed
- 965 participated…184 predent; 781 premed
- Gender: 68% female; 32% male
- URM: 52% African American; 33% Hispanic; 3% American Indian
ADEA Admissions Workshops

I. Welcome, Introductions, Workshop Outcomes
II. What do we look for in a successful applicant?
III. Present Admissions Climate
IV. Why is diversity important?
V. Diversity and the Law
VI. What are dental admissions committees doing?
VII. Whole file review—tips for implementation
VIII. Using noncognitives, how do you quantify?
IX. What constitutes success?
X. Conclusions
Percentage of First Year Entering URM Students at Schools Where the Admissions Workshop was Presented 2004 - 2007
CONCLUSIONS

- A CHANGE IS NEEDED
- INSTITUTIONAL CLIMATE FOR DIVERSITY IS CRITICAL
- ADMISSIONS PROCESS, MISSION AND GOALS MUST BE DEFINED
- HOLISTIC REVIEW IS A MUST
- SUMMER ENRICHMENT PROGRAMS WORK
- A DIVERSE STUDENT BODY IS THE BEST EDUCATIONAL EXPERIENCE
QUESTIONS?

Dr. W. David Brunson
Associate Director, Center for Equity and Diversity
American Dental Education Association
1400 K Street NW, Suite 1100
Washington, DC 20005
Phone: 202.289.7201, ext 179
Email: brunsond@adea.org