

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

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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.”

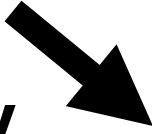
ADEA Center for Equity and Diversity

- 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

**Minority
Affairs
Advisory
Committee
(MAAC)**



**Women's
Affairs
Advisory
Committee
(WAAC)**



**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

Constellation of CED Partners

External

Internal

Women's Affairs Advisory Committee (WAAC)

Minority Affairs Advisory Committee (MAAC)

National Dental Association (NDA)
• Faculty Forum
• Faculty Awards

Networks
• Women's Health Information (WHIN)
• Women Liaison Officers (WLO)

American Council on Education (ACE)
• Network/Forum

American Dental Association (ADA)
• Ad Hoc Committee on Diversity
• ADCFP (ADAF/AADR)

Association of American Medical Colleges (AAMC)
• SMDEP
• HPD Coalition

Society of American Indian Dentists (SAID)

Minority Affairs Section (MAS)

W. K. Kellogg
• Access to Dental Careers (ADC)
• Minority Faculty Development

Corporate
• Procter & Gamble
• Colgate
• Pfizer
• RWJF Pipeline
• California Endowment

College Board Enrollment Management

Executive Leadership in Academic Medicine (ELAM) and (SELAM)

Venture Scholars Program (VSP)

(IPA)
Institute for Policy and Advocacy

Office of Professional Development (OPD)
• Regional Predental Advisors Workshop
• Diversity and Access to Dental Careers Conference (DADC)
• Annual Session
• Meetings
• Int'l Women's Leadership Conference

Division of Member Services (DMS)
• OMSUSDS
• Marketing/Publications

Center for Educational Policy and Research (CEPR)
• Trend Data/Analysis
• Fellowship/Grants

Center for Public Policy and Advocacy (CPPA)
• Advocacy
• NDA Advocacy (CBC)

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.



AMERICAN DENTAL EDUCATION ASSOCIATION

Summer **M**edical and **D**ental
Education **P**rogram

AMERICAN DENTAL EDUCATION ASSOCIATION

ADEA/CED

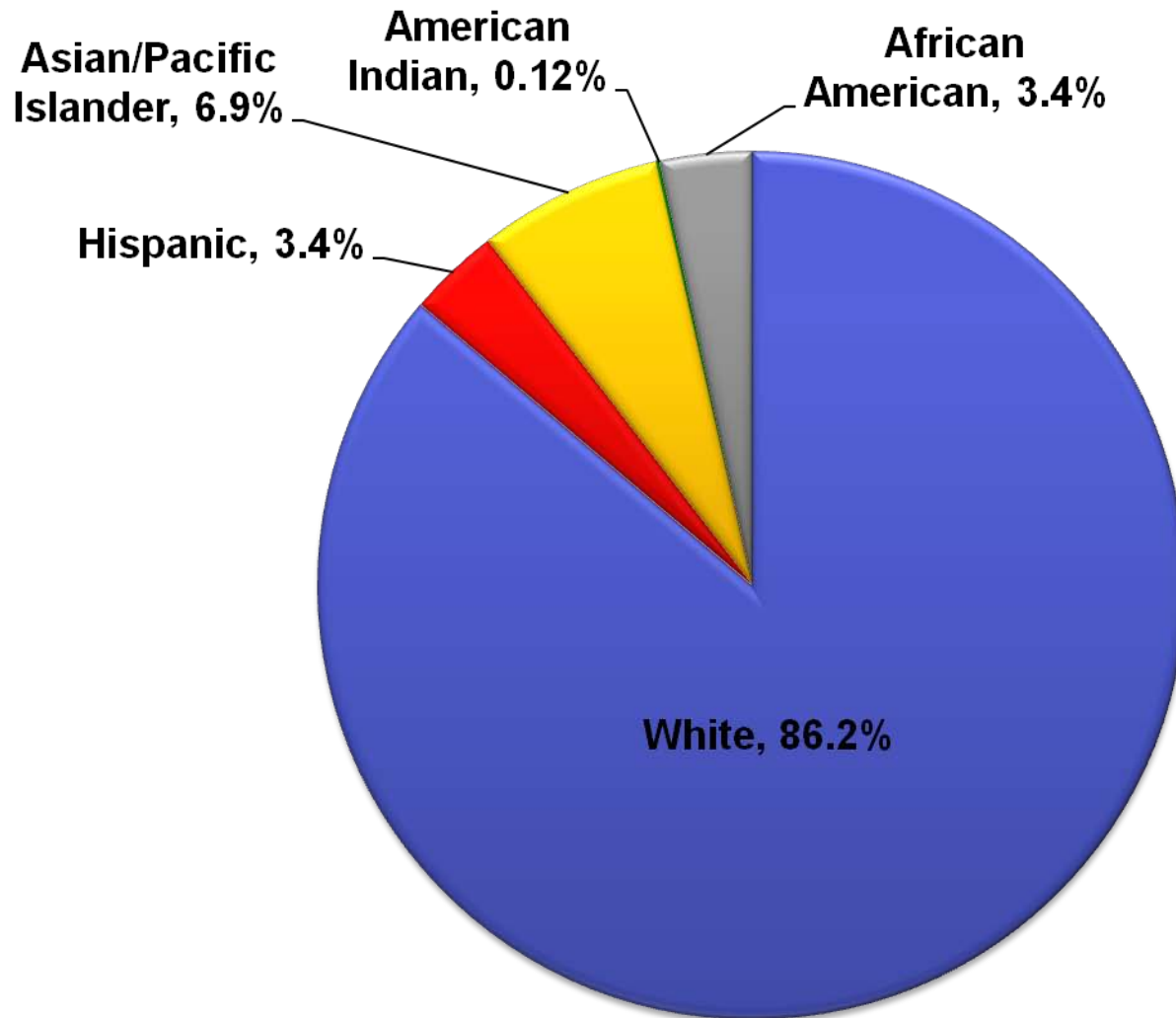
2010 Diversity Objectives

- 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

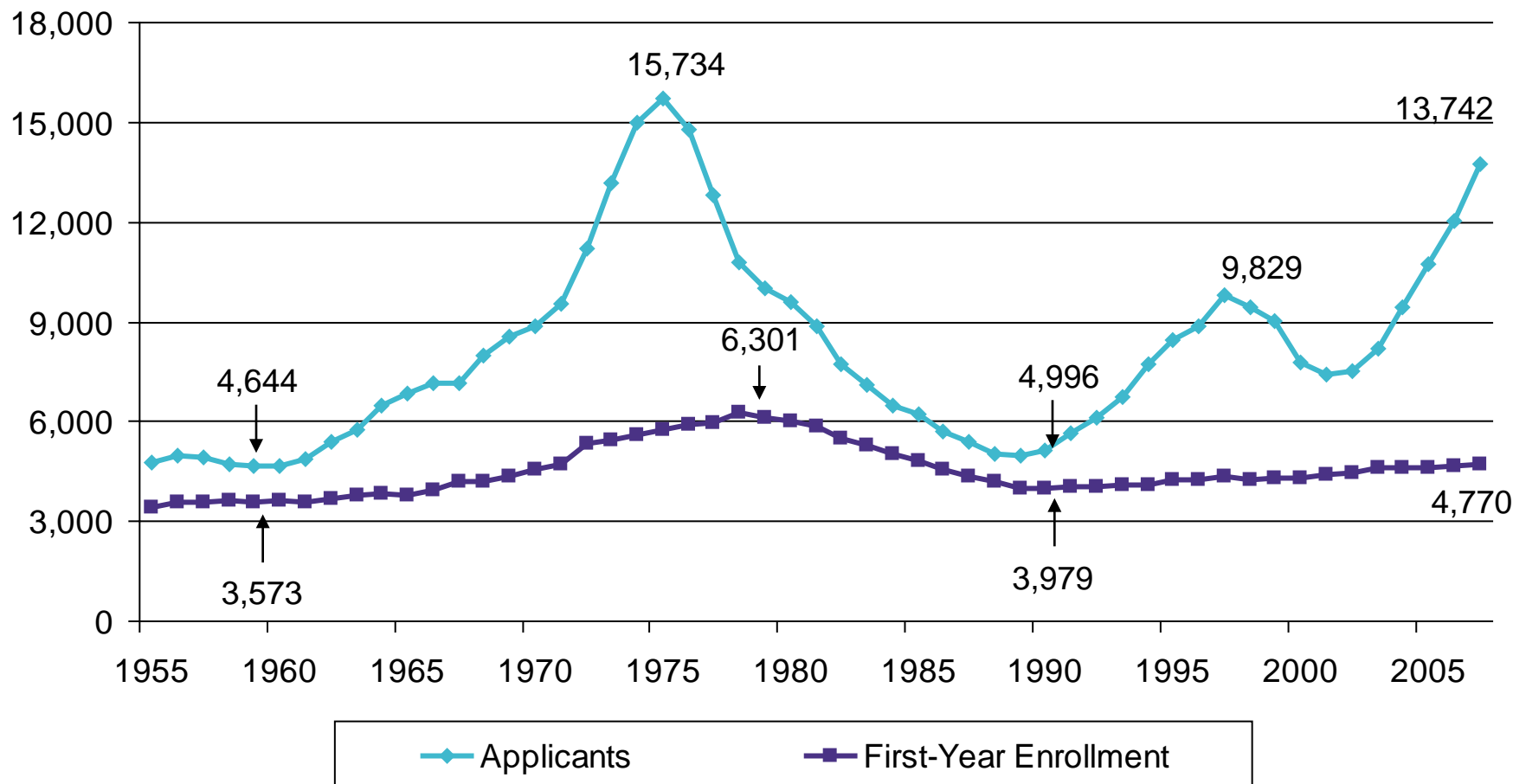
CLIMATE OF DIVERSITY IN DENTISTRY

AMERICAN DENTAL EDUCATION ASSOCIATION

Distribution of Race and Ethnicity: Professionally Active Dentists, 2006

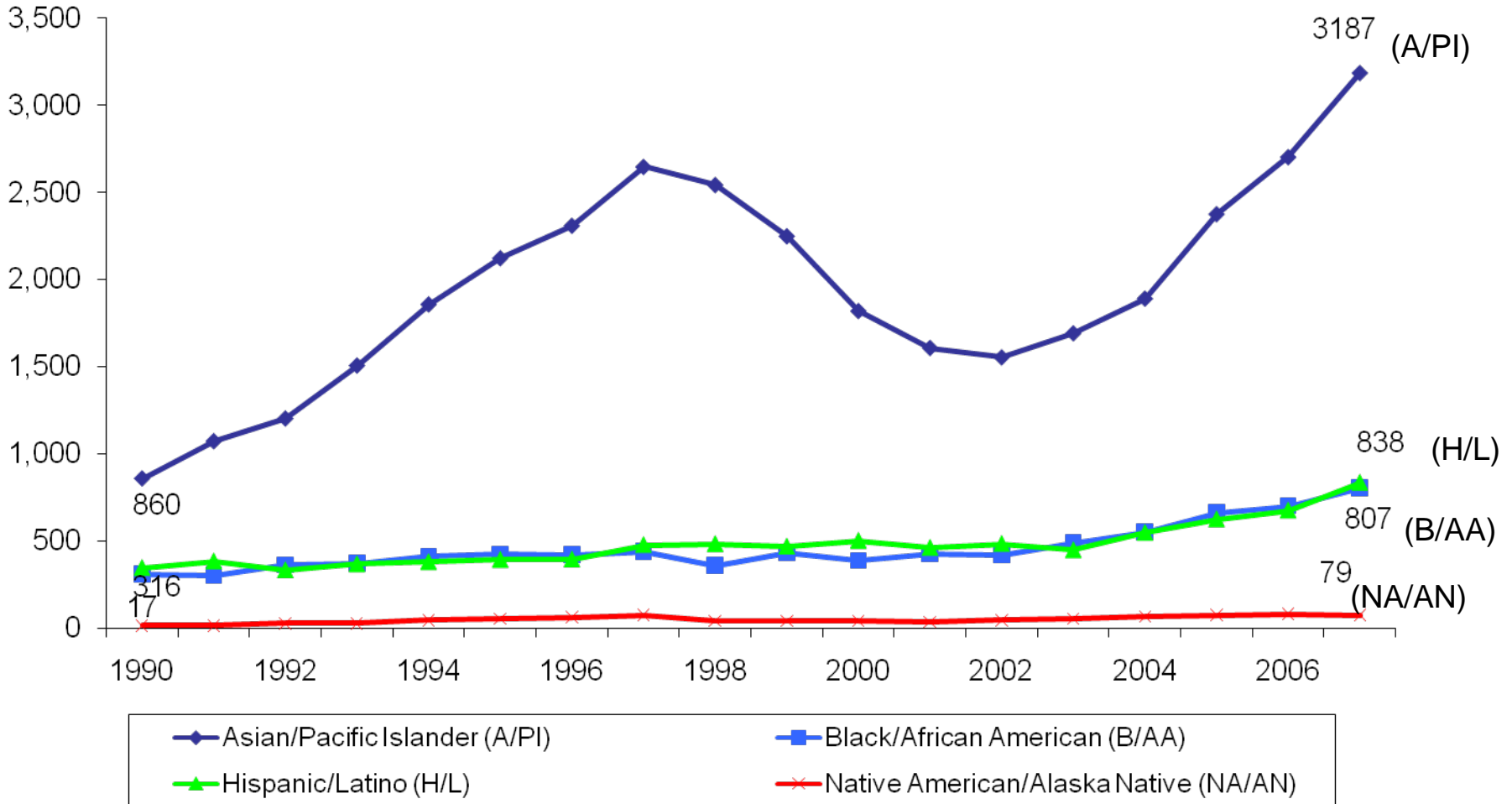


U.S. Dental School Applicant and First-Year Enrollment Trends 1955 - 2007



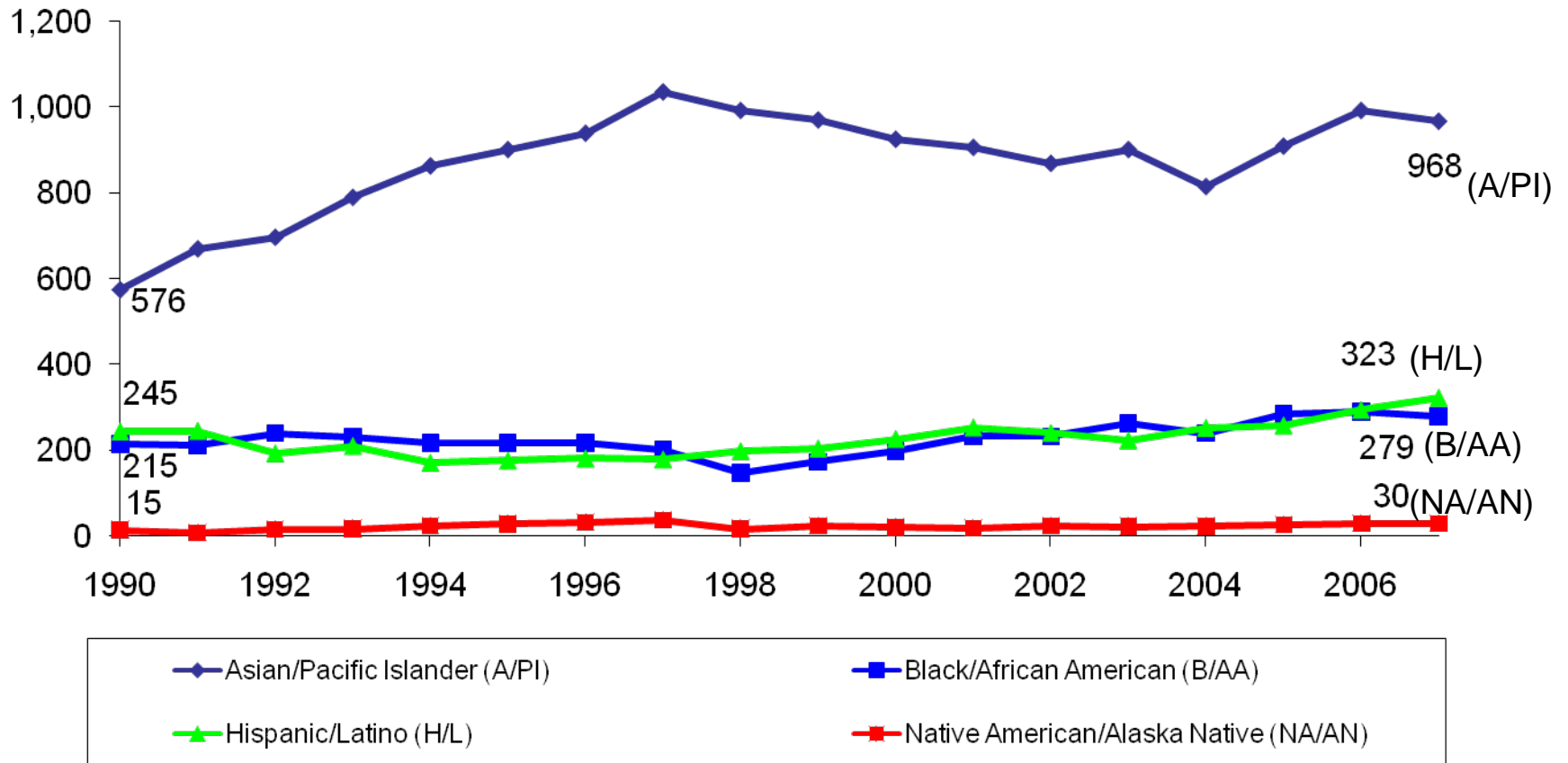
Source: applicants-American Dental Education Association, enrollment-American Dental Association

Minority Applicants to U.S. Dental Schools 1990 - 2007



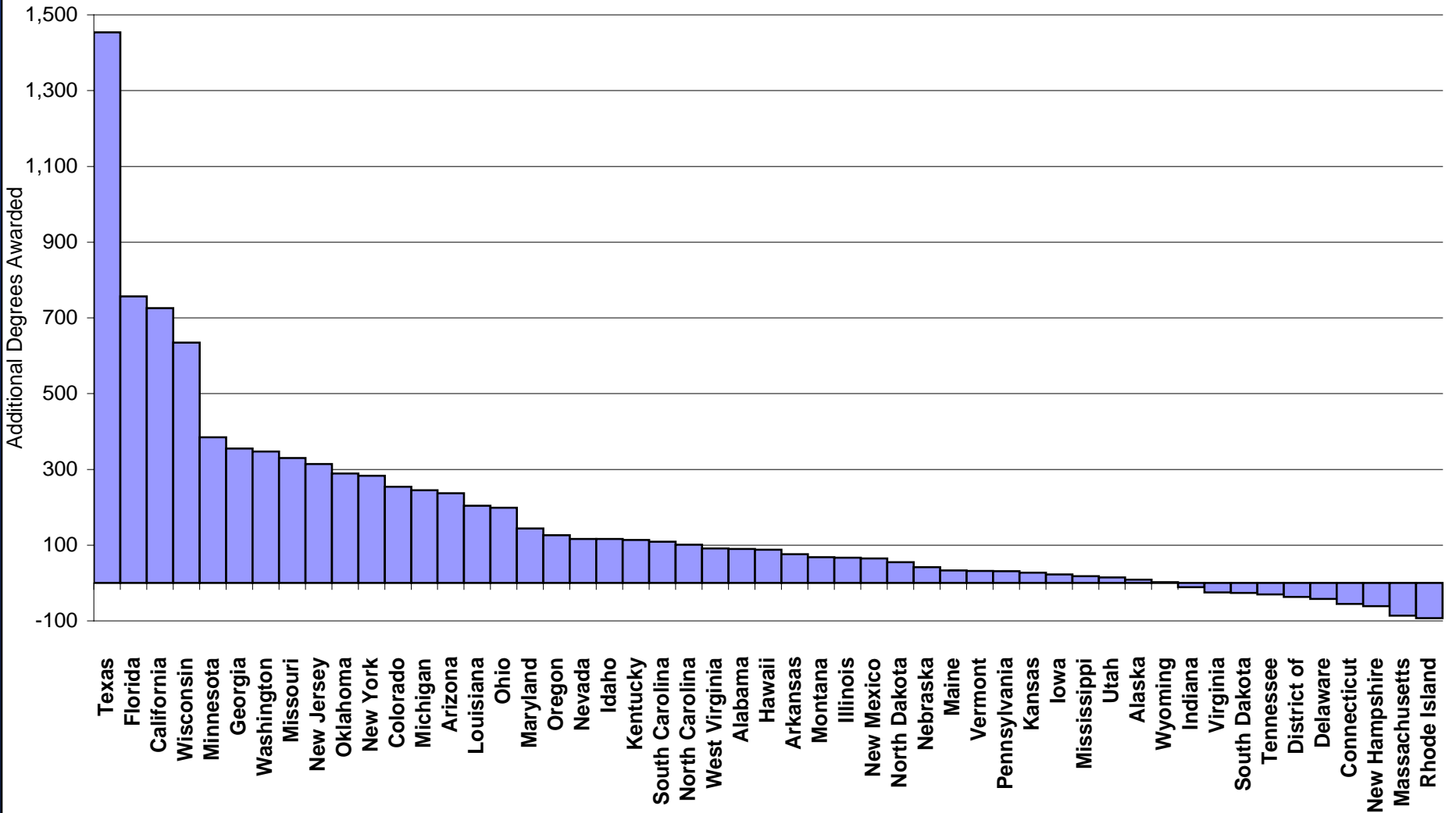
Source: American Dental Education Association

First-Time, First-Year Minority Enrollees in U.S. Dental Schools 1990 - 2007



Source: American Dental Education Association

Numerical Growth in Bachelor's Degrees Awarded in Biological/life Sciences and Physical Sciences by State: 1995-96 to 2005-06



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

- **Whitla DK, Orfield G, et. al.: *Educational benefits of diversity in medical school: a survey of students.* Acad Med. 2003:78: 460-466**
- **Gurin, P, Dey EL, et al.: *Diversity and higher education: theory and impact on educational outcomes.* Harvard Education Review. 2002: 72: 330-366**

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

- **Solomon ES, Williams CR, Sinkford JC:**
Practice location characteristics of black dentists in Texas. J Dent Educ 2001:65:571-4
- **Weaver RG, Haden NK, Valachovic RW:**
Annual survey of dental school seniors: 2005 graduating class. J Dent Educ 2006:70:315-339.
- ***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.

**Scott E. Page, The Difference,
Princeton University Press, 2007**

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**
- **Supreme Court Decisions, 1978, 2003, 2007**

IOM (Institute of Medicine) Report 2003

- **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

**Funded 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 pre dental students from disadvantaged and low income backgrounds at no cost to the student**
- **80 scholars – 60 with premedical interests and 20 with pre dental interests**

SMDEP Programs

- **Combined Medical and Dental**

Case

Columbia

Howard

Louisville

Nebraska

New Jersey

UTSHC - Houston

UCLA

Washington

- **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

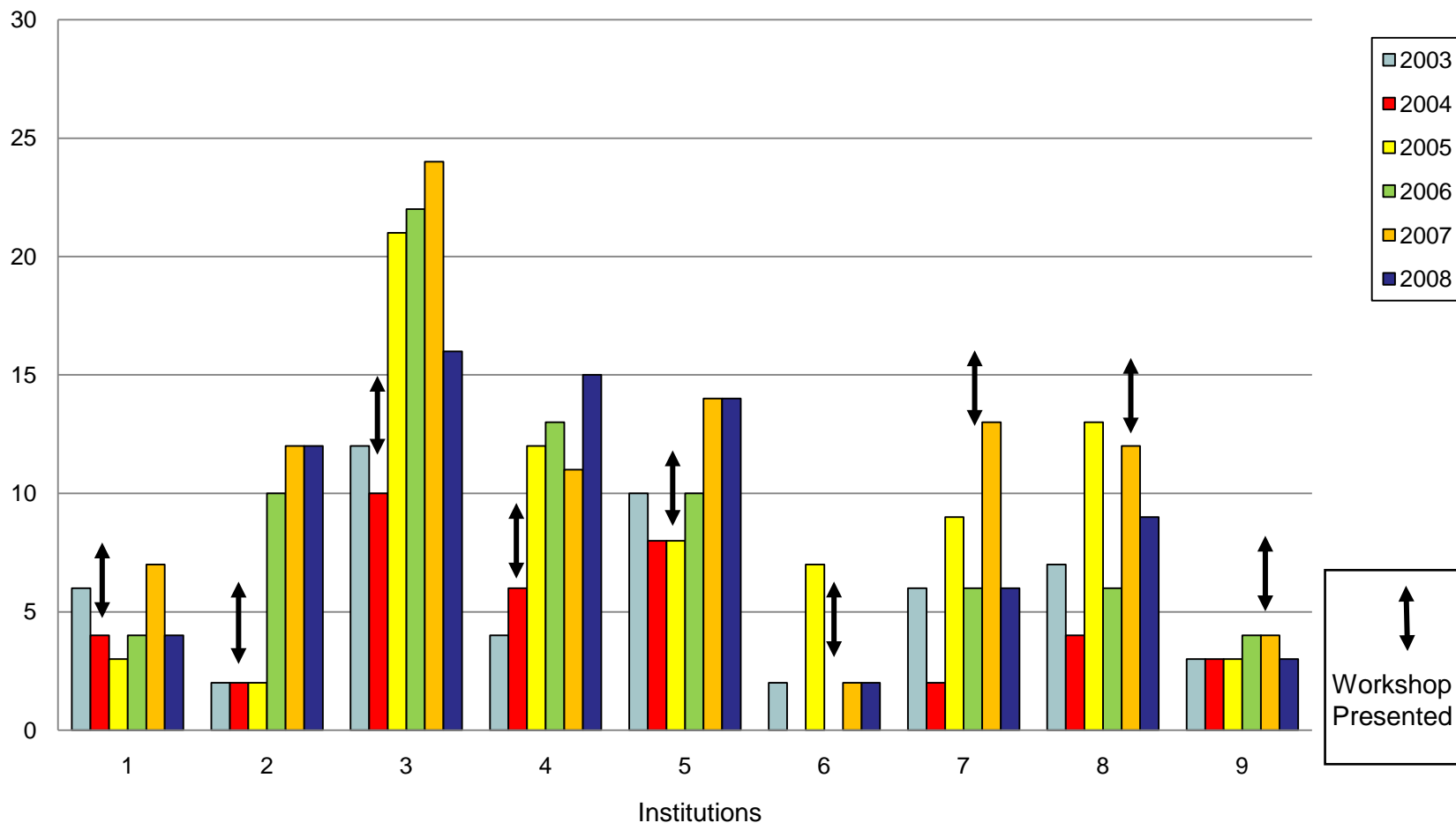
2008 SMDEP

- 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 ?

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