Strategies to Create and Sustain a Diverse Faculty and Student Body at the Boston University School of Dental Medicine

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Abstract: The challenges and opportunities inherent in creating and sustaining a diverse student body and a diverse faculty, staff, and administration are discussed in the context of the experience of the Boston University School of Dental Medicine. The role of the school’s evolution as a learning organization is highlighted as an essential contributing factor to success in minority recruitment and retention efforts.

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The 1995 Institute of Medicine report on the future of dental education identified the need for a dental workforce that reflects our nation’s diversity. The report specifically recommended the establishment and expansion of programs for the recruitment and retention of underrepresented minority students and faculty in U.S. dental schools. While Hispanics and African Americans each comprise more than 10 percent of the American population and almost 1 percent are Native American/Alaska Natives, the percentage of U.S. dentists who are African American is only 3.4 percent, Hispanics only 3.3 percent, and Native Americans only 0.1 percent. To this day, the percentage of these underrepresented minorities (URM) who are dental students remains much less than half of these groups’ proportions of the U.S. population.

These disparities in the dental workforce and dental student population are also unfortunately reflected in the makeup of dental school faculties and leadership positions in dental education. For example, the ADEA survey of dental school deans in 2000 showed that of the fifty-three filled dean positions, two were held by Asian/Pacific Islanders, five by African Americans, and two by Hispanics. While significant progress has been made, there clearly remains a significant underrepresentation of minorities, especially when one excludes from these numbers the dental schools at Howard University, Meharry Medical College, and the University of Puerto Rico. Improving minority representation in student enrollment, faculty, and administrative positions is an important challenge for dental schools as we strive to shrink the gap in oral health care described in the 2000 U.S. Surgeon General’s Report on Oral Health in America.

Creating a diverse faculty and student body requires an active commitment by the school’s administration to formulating strategies for recruitment and retention. Schools must view their lack of diversity as a serious challenge, and if they are to be successful in overcoming that challenge, it will require an investment of time and resources. At Boston University School of Dental Medicine (BUSDM), the administration is committed to increasing minority representation—particularly African American and Hispanic representation—among faculty and students. An important element in the school’s drive for diversity is its “learning organization,” which creates an environment where change is seen not as a threat, but as an opportunity. The school strives to maintain a culture of change, and with its partnerships in the community and the university, it is working to increase the number of minority students and faculty.

Although BUSDM is proud of its accomplishments to date, the school is also humbled by the daunting challenges it continues to face. The new structures and processes the school created as a result of its development as a learning organization serve as an essential model for its ongoing efforts to promote diversity.
Over time, the school’s institutional culture has matured in important ways. For example, the school has come to embrace change as an essential component of its organizational processes, to value strategic partnering, and to better anticipate and prepare itself to face future challenges. BUSDM has eliminated barriers between departments and divisions, within the university’s medical campus, and between the school and its external partners. The transformation into a “school without walls” has enabled BUSDM to create synergies among its educational mission, research mission, and service to the community. During the past decade, breaking down barriers and fostering a culture where external and internal partnerships are highly valued have helped the school initiate programs and seek research and teaching grants to improve minority health care and representation.

Most recently, in September 2002, the Robert Wood Johnson Foundation (RWJF) selected BUSDM to receive a $1.35-million award to create the New England Dental Access Project. BUSDM is among a group of ten dental schools taking part in the RWJF’s national initiative, titled “Pipeline, Profession, and Practice: Community-Based Dental Education.” In addition, the W.K. Kellogg Foundation has partnered with the American Dental Education Association to augment the RWJF program and to contribute an additional $1 million to support much-needed individual scholarships and loans targeted to underrepresented minority and disadvantaged students. The RWJF pipeline project has the following goals:

- To effectively recruit and retain low-income and minority students in dental schools;
- To establish community-based practice sites to provide oral health care to people who need it most; and
- To improve the skills, confidence, and sensitivity of dental students in serving vulnerable populations.

A year before BUSDM received the RWJF grant, the National Institute of Dental and Craniofacial Research (NIDCR) awarded the school an $11-million grant enabling it to establish the Northeast Center for Research to Reduce Oral Health Disparities. The specific objectives of this center include identifying the factors contributing to oral health disparities and developing and testing strategies for eliminating them. This center will carry out work over the next seven years with the goal of improving the health of children in our most vulnerable communities. The center also provides training and career development opportunities for scientists in underrepresented groups and others interested in establishing careers in oral health disparities research. This grant will complement the school’s dental public health training program, funded by the Bureau of Health Professions at the Health Resources and Services Administration (HRSA), which focuses on underserved communities and recruiting underrepresented minorities. In the past two years, BUSDM has trained three African-American dentists as specialists in dental public health.

BUSDM is also in its eighth year as a recipient of a training grant from the NICDR dedicated to the short-term research training of minority and women dental students. The program, which has grown from a local to a national resource known as the “Boston Research Training Center for Minority and Women Dental Students,” is one of only a handful of research training centers in the United States that provide up to three months of research training annually for students from groups underrepresented in the dental, oral, and craniofacial sciences. Student trainees receive competitively set stipends, and faculty mentors are reimbursed for training expenses. Since its last renewal, the NIH has increased funding for the BUSDM program by more than 70 percent. The grant now supports seventeen students (up from ten just three years ago). The total dollar amount has risen to $93,123 for fiscal year 2003. To date, more than ninety students from five dental schools have received training. The approximate distribution according to gender, race, and ethnicity is as follows:

- 70 percent female
- 3 percent Native Hawaiian/Pacific Islander
- 24 percent Asian
- 12 percent African American/black
- 33 percent Hispanic
- 28 percent white (non-Hispanic)

Note especially that the percentage of African-American/black and Hispanic trainees has been higher than the percentage of these minority groups found in the respective student bodies of the participating dental schools.

Fostering a boundary-free approach in accordance with our “school without walls” metaphor, BUSDM founded the Department of Health Policy and Health Services Research in 1996. This department works to develop a multidisciplinary program of research, teaching, population-based care, and
community service focused on evidence-based practice. The department’s organizing principle is that its research efforts must inform health policy and clinical care, with the overall goal of improving oral health outcomes, particularly among underserved populations.

A key strategy of this department is to forge internal and external partnerships that will improve minority health care and minority representation in the profession. For example, the department’s Division of Community Health Programs, founded in 1977 and initially directed by an African-American, board-certified public health dentist recruited specifically for this effort, continues to lead the partnership efforts with community organizations. These partnerships extend the school’s outreach efforts to underserved populations. For instance, the division nurtures partnerships with Boston’s sixteen neighborhood health centers and with the public schools of Boston, Chelsea, and other Massachusetts cities and towns, enabling us to bring oral health care to communities where it is needed most.

Also, the school’s Department of General Dentistry, established in July 2000, integrated generalist and specialist faculty under one department chair to better educate general dentists to meet the needs of underserved populations.

In a collaborative effort, BUSDM and the Boston University School of Medicine are expanding the Early Medical/Dental School Selection Program, which links BUSDM and the medical school with undergraduate colleges. This partnership, which emphasizes admissions and curriculum coordination, includes Boston University’s undergraduate colleges, nine historically black institutions, and three schools with significant Mexican-American enrollment. During the summers between their sophomore and junior years in college, students accepted into this program attended Boston University Summer School and take undergraduate science courses for credit toward their bachelor’s degree. In addition, we provide instruction in time management, study skills, and reading medical and dental literature. During their senior undergraduate year, students attend Boston University and enroll in both undergraduate and professional graduate school courses, for which they receive dual credit. This program provides an early and more gradual transition into dental school after students complete two years of undergraduate study.

Boston University and Boston Medical Center have historically been at the forefront of efforts to promote diversity. In fact, Boston University School of Medicine was founded in 1873 through a merger with the New England Female Medical College, which had been founded in 1848 as the first medical college for women in the world and which graduated the first black woman physician in the United States, Dr. Rebecca Lee Crumpler, in 1864.

The country’s first African-American psychiatrist, Dr. Solomon Carter Fuller, and former Secretary of Health and Human Services, Dr. Louis Sullivan, were both graduates of Boston University School of Medicine. Martin Luther King Jr. graduated from the university’s School of Theology, and many of his writings and papers are today housed in a special collection of the university library. Today, Boston University remains a highly diverse institution, and the university ranks fourth for the number of international students among U.S. institutions of higher education.

When it comes to diversity in BUSDM’s faculty and student body, the school has been successful in some areas, although it still has many challenges to face. For instance, while the school has been notably successful in its recruitment and retention of Hispanic students and faculty (two department chairs, for example, are Hispanic), it has not done as well in recruiting and retaining African-American students and faculty. The student body in 2001-02 had the following characteristics:

**D.M.D. program**
- 6 percent D.M.D. students are Hispanic or African American
- 45 percent are female
- students come from thirty-five countries

**Postdoctoral programs**
- 7 percent of postdoctoral students are Hispanic or African American
- 38 percent are female
- students come from twenty-seven countries

**Faculty**
- 37 percent female
- 60 percent from the United States
- 12 percent from Asia
- 10 percent from Europe
- 10 percent from the Middle East
- 8 percent from Latin America

BUSDM’s total enrollment is approximately 700 students. A total of 525 are in the four-year program and two-year advanced standing D.M.D. students, and 175 are postdoctoral students. The school offers training in all the recognized dental special-
ties and certificates in operative dentistry, geriatric dentistry, and implantology. The graduate program offers Master of Science and Doctor of Science degrees in several disciplines and the Ph.D. in Oral Biology.

How can the school do better at recruiting and retaining minorities? How can it bring together its resources, create synergies, and maintain its momentum? The growth and success it has had as a relatively young school—BUSDM will celebrate its fortieth anniversary this year—stem from a shared vision for the school’s future. As a community, BUSDM has collaboratively identified specific goals it wishes to achieve as a school, and it has created an institutional culture that embraces change, which is the essence of a learning organization.5

What are some of the challenges that the school faces? First and foremost is the continuing challenge of recruiting and retaining minority students and faculty. It is essential that the school create a critical mass to maintain its forward momentum. To do so requires leadership and a commitment of resources. One such example is the need to have a dedicated, full-time faculty position for a Director of Minority Affairs and to have this person be a full voting member of the school’s Admissions Committee, as well as the Promotions Committee that periodically evaluates students’ progress through their dental education. BUSDM also assists minority students and enriches the culture of the school by providing financial and logistical support to student chapters of the National Dental Association and the Hispanic Dental Association. The school’s support of such student-centered activities has included provision of full travel awards to allow selected students to attend the national meetings of these organizations. Finally, BUSDM continues to work toward the goal of creating a critical mass of minority students and faculty at the school.

An additional important concern—and one that is often neglected—is that of sustainability. While the school needs to accept setbacks as a normal part of the process, it is essential that as an organization the school remain consistent with its aims and maintain forward movement toward its goals. This consistency is particularly important as organizations strive to create a culture of and for diversity. Inconsistency may lead to lack of credibility, which in turn leads to ineffectiveness in the ability to recruit and retain the best students and faculty.

BUSDM recognizes that talented individuals are often recruited away and need to be replaced, that resources may be lost as funding sources change, and that changing institutional priorities may force curtailment of special recruitment or financial aid programs. An institution’s own leadership may change. While the school cannot insulate or protect itself from such happenings, an essential nature of a learning organization is its ability to adapt and respond to change while staying the course and moving forward toward set goals.

Boston University School of Dental Medicine will stay the course. The main lesson it has learned in its efforts to create a more diverse community is the importance of creating and sustain an organizational culture that promotes and respects differences. It is crucial that schools value diversity and welcome change. Top administrators need to set the tone not only through words but specific actions and plans for creating more diversity.

REFERENCES