Guest Editorial

The Value of the University of Michigan U.S. Supreme Court Decision to Dental Education

The significance of the recent U.S. Supreme Court decision upholding the University of Michigan’s Law School affirmative action admissions plan is enormous not only for higher education in general but specifically for dental education. University of Michigan President Mary Sue Coleman described the opinion as a “green light” to pursue diversity. She had earlier called the case “a moment of great significance in our nation’s history. We stand at the threshold of a decision that will profoundly affect America’s higher education system and race relations in general.”

We agree. We applaud the court’s decision, which is especially meaningful to dental education where underrepresented minority (URM) enrollment in undergraduate dental, allied dental, and advanced dental education programs lack parity with URM representation in the general U.S. population. Current trend data supports the fact that dentistry has not kept pace with the existing U.S. population shifts and those anticipated for the future. URM enrollment in U.S. dental schools in 2003 is 11 percent, whereas underrepresented minorities represent 24 percent of the U.S. population. At the current rate, U.S. dental schools will need to double their URM enrollment in the next twenty years to keep pace with anticipated growth in the U.S. population!

Obviously, achieving such a goal requires extraordinary and creative efforts on the part of academic dental institutions, and we are proud that the American Dental Education Association (ADEA) has been actively engaged in helping them to do so for the past decade. Promoting diversity in dentistry and dental education is official ADEA policy. As articulated in the ADEA policy statements, revised and approved by the 2003 House of Delegates: “The American Dental Education Association strongly endorses the continuous use of recruitment, admission, and retention practices that achieve excellence through diversity in American dental education. Dental education institutions and programs should identify, recruit, and retain underrepresented minority students and identify, recruit, and retain women students where inequities exist. Dental education institutions and programs should accept students from diverse backgrounds, who, on the basis of past and predicted performance, appear qualified to become competent dental professionals.”

An overview of the numerous actions and programs ADEA has dedicated to this purpose, primarily under the auspices of its Center for Equity and Diversity, appeared in the April 2003 issue of the Journal of Dental Education. Most of those efforts are ongoing, and most have benefited from the Association’s collaborations with other organizations and groups. ADEA has joined the American Dental Association (ADA), for example, in an effort to increase URM enrollment through a Joint Oversight Committee, appointed by the ADA Board to develop a national minority recruitment and retention proposal. In another key collaborative venture, ADEA is participating actively in the renewed efforts of the Health Professionals for Diversity Coalition (HPD), a group of over fifty of the major health professional schools and organizations founded August 1, 1996 in response to challenges to affirmative action in California, Texas, and Washington State. In response to the Supreme Court ruling, the Association of American Medical Colleges (AAMC) has taken the lead in reestablishing the coalition to promote public understanding about the benefits of diversity in a broad array of issues that affect the public good and well-being of Americans. We are pleased that ADEA is part of this process.

For all that ADEA is able to do at the national level, however, most of the hard, day-to-day work of diversity promotion is done at the institutional level. For that, the recent U.S. Supreme Court decision will help individual dental schools in their admissions policies for all students, especially as the value of noncognitive parameters are more clearly understood for health professionals of the future. Cultural competency is now being considered in outcomes assessments and quality of care measurements, for instance, a development that will require us to reconsider meritocracy in admissions policies of the future.

We must never forget that admissions requirements sometimes create unnecessary barriers because they have traditionally been based upon restrictive
policies rather than policies that are predictive of the diversity of practitioners needed to meet the needs of a diverse population.³ Future admissions practices should, instead, be consistent with sustaining a commitment to a diverse student body, diversity in the health professions, and thereby to ensuring access to oral health care for all Americans.

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REFERENCES