Association Report

Minority Dental Faculty Development: Responsibility and Challenge


Abstract: Over at least the last twenty years, the American Dental Education Association (ADEA) has given attention and priority to increasing the number of underrepresented minority (URM) dental school applicants, enrollees, and faculty members and to meeting the challenges of achieving diversity in the oral health workforce of the future as racial and ethnic minorities continue to grow and are expected to comprise more than 50 percent of the U.S. population by the middle of the twenty-first century. Dental schools have the responsibility of preparing dentists to provide oral health care for the nation’s population. This includes creating a workforce of adequate size and racial/ethnic composition. As part of ADEA’s priorities to improve the recruitment, retention, and development of URMs in the dental profession, with funding from the W.K. Kellogg Foundation, ADEA launched the Minority Dental Faculty Development Program in 2004. The intent of the program is to foster academic partnerships, mentoring, and institutional commitment and leadership designed to increase the number of URM individuals interested in and prepared for careers in academic dentistry.

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To solve a problem, one must first be aware that there is a problem. Next, one must recognize one’s part and responsibility in solving the problem. And third, one must take action and commit to solving the problem.

Louis W. Sullivan, M.D., former secretary of the U.S. Department of Health and Human Services, and his coauthor marked the centennial of the Flexner Report and the publication of a special edition of Academic Medicine by writing: “At the center of efforts to reform our nation’s health care system is the need to have sufficient numbers of the right kinds of health professionals who are also representative of the rapidly increasing racial, cultural, and ethnic diversity of America. Addressing these manpower needs will help to improve access to health care, enhance the health education and health literacy of the public, and inspire Americans to adopt healthier lifestyles.”

Over at least the last twenty years, the American Dental Education Association (ADEA) has given attention and priority to increasing the number of underrepresented minority (URM) dental school applicants, enrollees, and faculty members and to meeting the challenges of achieving diversity in the oral health workforce of the future as racial and ethnic minorities continue to grow and are expected to comprise more than 50 percent of the U.S. population by the middle of the twenty-first century. The ADEA diversity-related Policy Statements continue to be reviewed, and over the last six years, diversity-related policies have been adopted by the ADEA Board of Directors and House of Delegates that give emphasis to the position that all dental education institutions and programs should support and help enhance the diverse system of higher education; that ADEA strongly endorses the continuous use of recruitment, admission, and retention practices that achieve excellence through diversity; that all dental education institutions and programs should implement best practices to identify, recruit, and retain URM students who, on the basis of past and predicted performance, appear qualified to become competent dental professionals; that dental education institutions should include cultural and linguistic concepts as an integral component of their curricula; that dental education institutions and programs should identify, recruit, and
Sources of Future Faculty

Faculty produce faculty. Two areas greatly influence this ability. The first is the learning environment created by faculty members. A learning environment must exist that enables students, from the very first day, to perceive themselves as professional colleagues—novices, but colleagues of the profession. With faculty instruction, support, guidance, and mentoring, students move from novice colleague to beginner colleague, graduating with continuing inquisitiveness, critical thinking, social awareness, and professionalism to further grow in their careers and become expert and master colleagues. Within this learning environment, faculty members have the responsibility by example and role modeling to present academic dentistry as a worthy career consideration and to identifying and mentoring pre- and postdoctoral students who indicate interest in exploring academia as a career, either immediately or sometime in the future.

Increasing the number of URM faculty members has its own set of problems. From the annual ADEA surveys of dental school applicant and enrollment trends and of dental educators, it is evident that the percentages of URM faculty members closely mirror URM applicant and enrollment trends. As future faculty members come from present students, to increase the percent URM composition of dental school faculties it is necessary to increase the percent URM composition of the dental school applicant pool and enrollment. In this effort, each school needs to contribute to building URM applicant and student pipelines, rather than just accepting URM students from whatever number happens to be in the general applicant pool. From this more diverse student body, schools can grow a more diverse faculty.

ADEA MDFD Program

As part of ADEA’s priorities to improve the recruitment, retention, and development of URMs
AEDa MDFD grant funds were used primarily to support direct educational costs for underrepresented minority and low-income dentists who are being recruited to faculty positions that will help promote health systems change that is focused on primary care, prevention, and public health by building networks of educational institutions and other organizations committed to developing health leadership within the faculty of U.S. dental schools.

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The seven grantees were chosen for their unique capacities to implement the overall grant objectives and to leverage resources that would support an infrastructure for sustainability of diversity-related outcomes and programs in the future. The unique features of the seven grantee models are intended to be shared with others for their potential value to the leadership at non-grantee schools.

- Alabama and Illinois: These two models have clearly articulated university-wide diversity mandates with resources allocated to diversity initiatives and accountability. These models demonstrate the potential and value of an academic culture for sustaining resources that affect both university-wide and external collaborations.

- Oklahoma: This institution’s location and demographics provide a model for collaborative faculty development initiatives that can serve to enhance the understanding of the many Native American cultures that contribute to both tribal and non-tribal educational policies and resources.

- Michigan: This institution has successfully defended legal challenges to its diversity practices in fulfillment of the Michigan Mandate “Excellence Through Diversity.” Michigan has the opportunity to contribute to the framing of the discussion regarding the value of diversity to the quality of the educational experience and in national interests that benefit all.

- Howard and Illinois: These two institutions were Pipeline, Profession, and Practice: Community-Based Dental Education program and ADEA/W.K. Kellogg Foundation (WKKF) Access to Dental Careers program grantees. In addition to academic partnerships, they have developed strong community base partnerships. These models serve as valuable resources for the development of social policy that link dental schools with access and community health.
• Baylor: The school conducts an Exploring Dental Academia course for undergraduate students interested in academia and provides a model of activities and information that nurtures interest in academia and guides career decisions for success as academicians.

• NYSADC: The consortium model of the five academic institutions of New York has the potential for the expansion of collaborative research across health disciplines and institutions and for regional programming in URM student recruitment efforts and advanced dental education.

As part of its assessment responsibilities, ADEA established an External Evaluation Team and conducted two site visits of each grantee: one in the second year of funding, and the other in the sixth year of funding. The site visits were structured around the six ADEA MDFD objectives. Therefore, in addition to obtaining information as to the number of individuals who might be receiving grant support and on how grant funds were being expended, the site visits focused on processes related to formal and informal mentoring programs, academic partnerships, supplemental funding efforts, community practice opportunities, systems of data collection, and institutional leadership. The purpose of the site visits was to promote grantee self-assessment and the grantees providing information on what is working in meeting the grant objectives, why it is working, and what still needed to be done to achieve or improve intended results.

ADEA MDFD program assessment was also accomplished through the use of the W.K. Kellogg Foundation logic model. The logic model creates a visual picture of the systemic planning and implementation processes of a program, tying together resources, activities, and intended outcomes, with an opportunity to identify strengths and weaknesses upon which a program is built and account for factors that can impact the planned work and intended outcomes.

Preparing for the site visits and completing the logic models around the ADEA MDFD program objectives have produced intended results. The amount of descriptive information obtained from the grantees is overwhelming, and includes institutional diversity strategic plans; visibility efforts for URM programs; institutional, faculty, and student cultural competence changes; innovative partnerships; mentoring; student recruitment activities and admission policies; teaching and research opportunities; funding arrangements; leadership development; institutional commitment; and best practices. Efforts now are directed at sharing and disseminating ADEA MDFD program findings, processes, and best practices with others.

Regardless of the model variations of the ADEA MDFD grantees or the status of their prior or new activities for increasing their number of URM dental school applicants, enrollees, and faculty members, the schools demonstrated three core factors essential for success in achieving the program objectives and diversity programming: 1) bold and committed leadership is required to integrate URM programmatic activities within the school and to give them recognition and visibility and instill the value of diversity within the faculty and learning environment of the school; 2) a clearly communicated philosophy of “grow your own” is required, with strong formal and informal mentor/mentee relationships that identify students who indicate interest in exploring academia as a career and nurture and support these individuals during their pre- and postdoctoral years of education; and 3) logic model thinking is an effective tool in program planning, implementation, outcomes assessment, and sustainability efforts.

In addition to these three core factors, thirteen ADEA MDFD recommendations have emerged:

1. Continue to build evidence for the value of diversity in a broad context that adds quality to educational objectives and outcomes for all students.

2. Continue to establish diversity initiatives with clear structural, curricular, and institutional climate components that add quality to educational objectives and outcomes for all students.

3. Create academic partnerships that provide a seamless transition in career development for potential dental URM faculty members including recruitment, advancement, and retention.

4. Elevate the recognition of and rewards related to effective faculty mentoring.

5. Establish mentoring programs that help facilitate positive collegial relationships with transparent outcomes focused on academic achievement and advancement.

6. Continue to recruit, develop, and advance part-time clinical faculty members as valued members of the academic community of scholars and culture.

7. Enhance the value of community partnerships with academic programs through experiential learning, patient care, student recruitment, and improved oral health literacy in partnering communities.
8. Reduce stereotype threats that influence trainee performance, self-value, evaluation, and professional development.
9. Engage dental schools in the broader university-sponsored efforts and events that foster the success of campus diversity.
10. Increase service interactions and communications between academic and community leadership that build trust and create a sense of shared power in partnerships and a sense of empowerment within communities.
11. Review advanced dental educational programs, including dental diagnosis and therapy, for policies and practices that contribute to diversity in the workforce and community.
12. Advocate for sustaining funding from federal, state, and private sources for advanced dental education to support infrastructure, innovation, research, and educational costs of trainees.
13. Support curricular innovations that promote the value of diversity throughout academic programming and ensure the cultural competence of all graduates in the future.

Through innovation, commitment, and enthusiasm, the ADEA MDFD grant program and its grantees have created a database of 124 URM individuals who have participated in programs that have nurtured their interest in academia and prepared them to pursue careers in academia, either immediately or sometime in the future. Combining this ADEA MDFD database of 124 URM dentists with 234 URM individuals identified from the ADEA/WKKF Access to Dental Careers database creates a database of 358 individuals who have expressed interest in academic dentistry and from which schools can more readily identify candidates for vacant positions and grow a more diverse faculty. The grantee models and a “grow your own” philosophy are also applicable in addressing vacancies in dental faculty positions, regardless of race/ethnicity. This is an original intent of the ADEA MDFD grant program: that the grantees would serve as academic models useful in improving minority representation in dental school faculties and useful also in addressing vacancies in faculty positions.

Conclusions

Dental schools have the responsibility of preparing dentists to provide oral health care for the nation’s population. In doing so, the processes of admissions and education are more than numbers. They must be values-based and anticipate and guide developments that meet the challenges of achieving diversity in the oral health workforce and the dental profession’s societal obligations.

ADEA has given priority to improving minority representation in dental education over the last twenty years through policy statements, publications, and activities designed to create awareness of the need to increase diversity within dental education and to create recognition of dental education’s part and responsibility in improving minority representation in dental education. More recently, ADEA has supported and administered programs designed to increase URM applicants, enrollments, and numbers of faculty members. Still, despite these efforts and efforts of individual dental schools, over the last almost two decades, there has been no growth in the URM percentage composition of dental school applicants and first-year enrollments. In 1990, Hispanic/Latino applicants were 6.9 percent of the dental school applicants. This was 5.1 percent in 2008. Black/African American applicants comprised 6.2 percent of the applicants in 1990 and 5.9 percent in 2008. The percentage of American Indian applicants increased slightly between 1990 and 2008, from 0.3 percent to 0.6 percent. The URM percent composition trends of the first-year dental school enrollments are similar to the URM applicant percentages: Hispanic/Latino students comprised 7.0 percent of the first-year enrollment in 1990, declining to 5.8 percent in 2008; Black/African American students comprised 6.6 percent of the first-year enrollment in 1990, declining to 5.8 percent in 2008; and American Indian composition during this time rose from 0.2 percent to 0.9 percent. Dental school faculty percent compositions have been similar to the URM applicant and enrollment trends of the past several years. American Indian faculty representation between 2001–02 and 2007–08 has remained unchanged at 0.3 percent. Black/African American faculty representation has declined from 4.0 percent to 3.5 percent. Hispanic/Latino faculty representation has slightly increased from 5.1 percent to 5.5 percent.

These applicant, enrollment, and faculty data sets regarding URM representation reveal that dental education is not meeting the challenges of achieving diversity within dental education and the future oral health workforce as racial and ethnic minorities continue to grow and comprise more than 50 percent of the U.S. population by mid-century. There is need for a renewed dental school emphasis on leadership, commitment, and actions for improving the diversity...
of dental education. Dental schools should review their strategic plans to create an update of the status of their resources, activities, and intended diversity outcomes, with an opportunity to identify strengths and weaknesses upon which their diversity programs are built and account for factors that are impacting the planned work and intended outcomes. The goal is to ensure a student body, faculty, staff, and learning environment that value diversity.

To achieve diversity within dental education there is need to continue to build and strengthen pipelines with high school and college URM students that alert them and help them consider and prepare for careers in the health professions. But this must be more than flash moments of science fairs, career days, and enrichment programs. As URM high school and college students who have expressed interest in dentistry or are well qualified to pursue a health professions career are identified, they need to be part of a pipeline that continuously nurtures and tracks their interest and that provides support, guidance, and counseling as they complete their high school and predental education. Dental school alumni should be part of the pipeline, encouraging young patients to consider dentistry as a profession, working with these individuals during their high school and college years of education, and helping to prepare them for dental school applications and admission. To grow URM enrollment, faculty, and practitioners more in line with their increasing percentages of the nation’s population, it is necessary to increase the URM applicant pool. With no positive change in the percent composition of URMs in the applicant pool, this can not remain a laissez-faire effort. Dental schools must commit their own time, personnel, and resources to pipeline activities that grow their URM applicant pool, from which they can grow their URM enrollments and faculties.

Specific to growing the number of URM faculty members, close attention must be given to ensuring a learning environment that presents academic dentistry as a worthy career consideration and to identifying and mentoring pre- and postdoctoral students who indicate interest in exploring academia as a career, either immediately or sometime in the future. Again, this is more than students’ periodically meeting with a mentor to discuss academic issues and career planning. It must include activities that help individuals interested in academia to understand academia as a profession, activities such as tutoring, preparing and presenting lectures, conducting or participating in research, interacting with faculty and administrators, and attending group discussions of current and emerging issues in dental education, workforce needs, and oral health care. Over 50 percent of new faculty members come from private practice; 15 percent to 20 percent come from graduation from an advanced education program; and 4 percent to 11 percent come from dental school graduation. Identifying, mentoring, and tracking dental students who have expressed interest in academia, regardless of race/ethnicity, create a database of individuals for filling immediate and future faculty positions.

The ADEA MDFD program was designed to increase the number of URM faculty members. Now in fulfilling grant program objectives, the grantees are ready to serve as academic models for improving minority representation across the whole of dental education. The time is now for dental schools to reexamine their strategic plans regarding diversity and provide the leadership and commitment in meeting the challenges of producing a student body and a dental workforce of faculty and practitioners that reflect the diversity of our society.

REFERENCES
3. Annual surveys of dental educators conducted by the American Dental Education Association, Washington, DC.