Introduction to the Fourth ADEA International Women’s Leadership Conference Proceedings

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Women leaders from six continents—North America, South America, Europe, Asia, Africa, and Australia—attended the Fourth American Dental Education Association (ADEA) International Women’s Leadership Conference (IWLC) in Salvador, Brazil, September 5–8, 2010. This successful endeavor enjoyed the support of a host of professional colleagues and sponsors from around the world, with planning funding from the National Institute of Dental and Craniofacial Research, USA. The conference was held in tandem with the Federal Dentaire Internationale meeting for mutual interests and themes related to gender and the emerging role of women leaders in dentistry worldwide.

The 2010 IWLC was built on recurring themes from the prior three conferences, held in Mandelieu, France, in 1998; Göteborg, Sweden, in 2003; and Montréal, Canada, in 2005. These conferences have provided intellectual and psychological nourishment for women’s preparation, recognition, promotion, authority, and leadership in academic dentistry, dental research, and organized dentistry. The amazing synergy that occurred during the two and a half days of the 2010 conference was generated by attendees of the prior conferences and new and younger women leaders seeking international connections based on mutual interests, concerns, and perspectives for the future. It is both nostalgic and important to reflect upon the comment made at the first conference by Dr. Michael Reed, ADEA (then the American Association of Dental Schools) immediate past president: “We believe that we can best serve the public and the oral health of the nation and the world through collaborative efforts that address global issues and concerns.”

The 2010 conference had overarching themes of women’s leadership in education, research, and service. These themes were supported by keynote presentations, five working group sessions, oral and poster presentations, and skill-building sessions led by an international career strategist, Dr. Adele Scheele (USA).

There were many memorable moments. We will remember the heart-wrenching story in Dr. Maria Fidelia de Lima Navarro’s (Brazil) keynote address about the courage of a single woman in a rural village in Brazil who changed her community by mobilizing women to sell flowers. The selling of flowers became the successful energizing business and empowering strategy for community development and education of children in the entire village. We learned of innovative solutions to disparities in access to dental care for the aged in Australia using an oral health team approach that provided a creative delivery model for care led by allied professional leadership. We also heard real-life success stories from women in Africa and China who had to overcome gender discrimination within families as cultural mores place higher value on male than female children. These women leaders have overcome social and cultural barriers with strong determination not only for their own career development, but for the future of younger women and girls in their communities. They serve as models of the new generation of leaders with a sense of commitment to the advancement of women and girls through the elimination of cultural barriers.

In an extremely informative presentation, Dr. Vivian Pinn (USA) introduced elements of the National Institutes of Health's Office of Research on Women’s Health (ORWH) strategic plan, titled “Moving into the Future with New Dimensions and Strategies: A Vision for 2020 Women’s Health Research.” The strategies in this plan have a vision of changing women’s health. The vision includes a mission to seek fundamental knowledge about the
nature and behavior of living systems and applying that knowledge to enhance health, lengthen life, and reduce burdens of illness and disability. The ORWH will implement the plan through partnerships with the NIH institutes, centers, and offices to ensure that women’s health research is included in the scientific research framework. Two of the ORWH goals are especially relevant to international collaborations that will improve the evidence base for women’s health and support leadership development for women in the future. These are Goal #4—create strategic alliances and partnerships to maximize the domestic and global impact of women’s health research—and Goal #6—employ innovative strategies to build a well-trained diverse and vigorous women’s health research workforce. These goals are especially important to the advancement of women in senior research leadership positions.

Working Group sessions at the conference focused on five topics: advancement of women in academic and research careers; ethics, trust, and global leadership; allied and alternative careers; women’s health curriculum/cultural competence; and women in development/community health/children and families. These interactive sessions provided an opportunity for reflective interactions based on personal and global issues and other common issues that affect women, families, and girls. The discussions began as a focus on the experiences of the leaders themselves but soon evolved into genuine concerns for future leaders and overarching challenges that affect the health and well-being of their families, children, and communities. The burden of oral disease continues to disproportionately impact the lives of poor and minority groups in populations throughout the world. This reality emerged as a major concern and challenge for the IWLC attendees. This concern is evident in the Working Group summary reports.

The “Women Pioneers” video project involved taped interviews of women leaders who attended the conference. The career trajectories of these pioneers reflected their many nontraditional professional accomplishments and the gender-related barriers they encountered during their remarkable careers. The pioneers serve as role models for younger leaders who will benefit from the reflective storytelling of the personal life experiences from these intelligent, talented, compassionate, and committed women leaders from the global community. The art of storytelling as used in the video interviews has become an international learning tool that links cultures, races, and genders through compelling narratives derived from human experiences. The taped stories translate into remarkable expressions of endurance, compassion, and leadership. This project was supported by AEGIS, and the videos will be available on the ADEA website.

In a presentation by Dr. Christopher Fox (USA), executive director of the American Association for Dental Research/International Association for Dental Research, conference participants were given information from studies that have recognized the need for increased support for women in science and innovation as essential to international economic competitiveness. Also, reports such as the U.S. Institute of Medicine’s Beyond Bias and Barriers (2007), Australia 2020 Summit Report (Australian Government, 2008), and Set Fair (United Kingdom, 2002) provided the evidence base of persistent barriers to the participation of women in science. Persistent gender inequality worldwide impacts negatively on men as well as women by narrowing choice and reinforcing historic work patterns.

A voluntary web-based communications network that had been discussed at previous conferences is now coordinated by Dr. Susan Silverton (Canada) using Linked-In under WILET (Women’s International Electronic Network). The voluntary network has the following goals: to network together and support leadership of group members; to interconnect women in leadership positions with an emerging generation of leaders; and to cultivate and recruit a broadening spectrum of health profession leaders, leadership coaches, and policy makers using UNESCO’s gender equality action plan as a guide. As part of this discussion, the UNESCO Priority Gender Equality Action Plan 2008–2013 was shared with conference attendees. UNESCO’s gender mainstreaming approach ensures that women and men benefit equally from programs and policy support. Gender equality is a commonly shared value and a necessary condition for the achievement of the internationally agreed upon development objectives. The gender divide as stated in the UNESCO plan is recognized as one of the most significant inequalities within the digital divide.

Overall, there was a general consensus at the conference on the following areas of need and the actions needed to address them:

1. Promote dental health literacy worldwide. Women’s leadership is needed to promote understanding of the relationship of oral health to general
health at all levels of policy and communication strategies. The impact of this understanding will improve behaviors, resource allocation, and health outcomes in the future.

2. Identify and enhance the leadership potential of women and girls. We need to reach down into the pipeline to younger women and girls through mentoring to motivate them in the direction of leadership and careers in research, education, and practice. A proactive approach to the early identification of talent will contribute to the pool of dental leadership worldwide in the future.

3. Include the health of children, girls, and families in a public health concept that addresses women’s health. A public health concept that focuses on communities, prevention, and access was the globally shared message.

4. Address dental curricular modifications that will improve the understanding of gender differences in health and related therapies. Continue to expand the evidence base for women’s health that will improve treatment and health outcomes of women.

5. Consider women’s health across the lifespan rather than limiting it to a focus on reproductive health. Women’s health is an emerging science that includes biomedical, psychosocial, and behavioral factors that impact the health and well-being of women of all ages.

6. Recognize the increased value of allied health careers in the health workforce. As newer and expanded roles for allied professionals emerge, dental delivery systems will change to include them in the health teams of the future.

I would like to extend special thanks to the conference cochairs, Dr. Lois Cohen (USA) and Dr. Marcia Boyd (Canada), and to the international group that served as members of the Planning Committee.

It is a privilege to present the proceedings of the 2010 conference for the value that it may have to future leaders, both women and men. We hope that by publishing these proceedings as a supplement to the esteemed *Journal of Dental Education* the messages of the conference will reach a wider audience and provide a record of the meeting for the future.