Advancement of Women in Dental Education: Expanding Opportunities, Enriching the Pool


Abstract: In the recent past, we have seen both the dental student applicant and enrollment pools of women in the United States increase. There has been an increase in both women applicants and first-year enrollees from the year 2000. The advancement of women in advanced educational programs and into dental faculty positions has likewise seen a trend of increase. The challenge to dental education is to ensure that the recruitment and advancement of women to careers in dental education and research in the future are consistent with their talent, expertise, and career expectations. Within this pool of women are our future leaders, deans, and researchers. As we consider future faculty needs for all dental faculty members, we must consider the unique needs of women who must balance their careers with other societal demands related to their gender.

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The American Dental Education Association (ADEA) has developed policies and programming regarding the advancement of women in dental education on data generated from national reports and on other policies related to women’s health and to the advancement of women in health careers. The 1991 Report of the National Institutes of Health: Opportunities for Research on Women’s Health, commonly known as the Hunt Valley Report, was the first major effort to establish a nationally recognized agenda for women’s health research. The report included findings from public hearings, testimonies, and scientific workshops that included both research and career agendas. This resource from the then-newly formed Office of Research on Women’s Health was a comprehensive document. It addressed women’s health in a broad context, strategies for the inclusion and advancement of women in health careers, and the need for research to broaden the understanding about women’s health and diseases. The National Institutes of Health Revitalization Act of 1993 set the stage for enforcement of policies related to the inclusion of women and minorities in federally funded research. More recently, the Institute of Medicine’s seminal report Exploring the Biological Contributions to Human Health: Does Sex Matter? (2001) provided the evidence base for the science of women’s health and related issues.

Trends and the Challenge

In the recent past, we have seen both the U.S. dental student applicant pool and enrollment pool of women increase (Figure 1). There has been an increase in both women applicants and first-year enrollees from the year 2000 (40.32 percent applicants, 39.69 percent enrollees). In 2009, 47.19 percent of dental applicants were women, and 46.61 percent of first-time enrolled dental students were women. Today, 45.16 percent of the 20,052 total dental student enrollment are women. This trend is expected to increase to 50 percent in the near future.

The advancement of women in advanced educational programs and into dental faculty positions has likewise seen a trend of increase (Table 1). Thirty-nine percent of advanced dental trainees are women, and 31.33 percent of full-time dental faculty members are women. Women are 15 percent of the department chairs, and women dental deans now constitute 20 percent, which is impressive when compared with the 12 percent of women who are deans of medical schools. The American Dental Association reports...
that women are now 20.8 percent of the active private practitioners (Distribution of Dentists in the United States by Region and State, 2008).

The challenge to dental education is to ensure that the recruitment and advancement of women to careers in dental education and research in the future are consistent with their talent, expertise, and career expectations. Within this pool of gifted women are our future leaders, deans, researchers, and advocates for women’s oral health across the lifespan including children and underrepresented minority groups. As we consider future faculty needs for all dental faculty members, we must consider the unique needs of women who must balance their careers with other societal demands related to their gender.

**ADEA’s Role**

In our strategic planning and allocation of resources, we must answer this question: What is ADEA’s role in the advancement of women in dental education? A brief summary presents ADEA’s current thinking and programming.

**Faculty development.** ADEA supports programs that meet the unique needs and expectations of women at various stages in their careers, e.g., the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women, the ADEA Leadership Institute, and the ADEA/Johnson & Johnson Healthcare Products Enid A. Neidle Scholar-in-Residence Program for Women. Collectively, these programs are targeted towards skills anticipated at the different levels of the career ladders of faculty members. ADEA is tracking the advancement of women who have completed these programs. To date, fifty-two women have completed ELAM, seventeen have completed the Enid A. Neidle scholar program, and ninety-eight have completed the ADEA Leadership Institute.

**Relevant data/reporting.** ADEA, through its survey reports, presents relevant data and data analysis related to promotion and faculty salaries. The ADEA trend information reflects the institutional value and compensation for the efforts of women faculty members. Faculty salary survey data are important to the benchmarking process for both academic dental institutions and women and for the perceptions of women themselves.

**Research career development.** ADEA promotes research career development, especially for programs with financial support and sponsorship,
e.g., Building Interdisciplinary Careers in Women’s Health Research (BIRCWH) awards sponsored by the National Institutes of Health (NIH) Office of Research on Women’s Health, and research entry opportunities. The ADEA Women Liaison Officers listserv is used to communicate information on research and career data received from the Office of Research on Women’s Health (ORWH).

ADEA has contributed to women’s research career development programs4 sponsored by NIH/ORWH. Most recently, dentistry was included in ORWH’s Strategic Planning, Regional Scientific Meeting in Providence, Rhode Island, 2009. Oral Health and Systemic Conditions and Careers in Dentistry, Bioengineering, and Other Non-M.D. Disciplines are included in the 2020 Report/Volume II, Regional Scientific Reports.5

Academic climate. ADEA helps institutions ensure their academic climate has a system for monitoring behaviors that adversely affect women, e.g., the ADEA Sexual Harassment Policy. Schools are encouraged to use the ADEA policy statement to enhance their own policies and practices that require implementation and monitoring.

Mentorship/mentoring. ADEA assists institutions with the development of mentoring at the predoctoral, advanced dental, and dental faculty levels. Gender considerations relevant to career issues and women’s health are considered in ADEA Annual Session & Exhibition programming, survey reports, and publications.6–11

ADEA Women Liaison Officers. The ADEA Women Liaison Officers (WLOs) network has existed since 1992. It now includes fifty-four WLOs representing 90 percent of dental schools. WLOs are appointed by their deans for roles directed toward information exchange, networking, and mentoring. The network includes a listserv, and the mentoring efforts include both men and women junior faculty members.

Promote gender-related policies. ADEA promotes its policies that enhance the advancement of women and minorities in dental education. The especially relevant ADEA policies regarding the advancement of women are as follows:

- ADEA Policy Statement I. Education, D. Faculty Recruitment and Retention, 4. Gender and Minority Representation
- ADEA Policy Statement I. Education, D. Faculty Recruitment and Retention, 8. Mentoring Programs
- ADEA Bylaws Chapter I (Core Values), Section A, Number 5: Expanding the Diversity of Dental Education
- ADEA Bylaws Chapter VII (Other Standing and Special Committees of the Board of Directors), Section A. Authority
- ADEA Bylaws Chapter III (Elected Association Officers), Section E. Nominations
- ADEA Competencies for the New General Dentist 6. Patient Care, 6.1

ADEA Women’s Affairs Advisory Committee (WAAC). WAAC is an advisory committee that reports to the ADEA Board of Directors. This six-member committee, established in 1996, meets annually to review issues affecting women and the gender-related programming of the ADEA Center for Equity and Diversity. WAAC has contributed to content for policy development and programming for both women and minorities.

<table>
<thead>
<tr>
<th>Table 1. Advancement of women in dentistry, 2004–09</th>
<th>Total</th>
<th>Women</th>
<th>Women Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Predoctoral Dental Enrollment (2009–10)</td>
<td>20,052</td>
<td>9,057</td>
<td>45.2%</td>
</tr>
<tr>
<td>Advanced Dental Enrollment (2009–10)</td>
<td>5,931</td>
<td>2,313</td>
<td>39.0%</td>
</tr>
<tr>
<td>Dental Graduates (2009–10)</td>
<td>4,873</td>
<td>2,251</td>
<td>46.2%</td>
</tr>
<tr>
<td>Full-Time Faculty Members (2007–08)</td>
<td>4,564</td>
<td>1,430</td>
<td>31.3%</td>
</tr>
<tr>
<td>Professionally Active Dentistsa</td>
<td>175,705</td>
<td>32,136</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

aData from American Dental Association, Distribution of dentists in the U.S. by region and state, 2004.
Women’s health curriculum. ADEA through funding from the NIH/ORWH published the first Curriculum Study on Women’s Health in 1999. ADEA has now received additional funding from NIH/ORWH to update the 1999 data and make the findings available to all U.S. dental schools. This information will improve the health outcomes of women as considered across the lifespan and not limited to matters related to reproductive health.

International leadership. As their numbers increase worldwide, the roles of women leaders in dental education, research, and service are being redefined. The ADEA International Women’s Leadership Conference (ADEA IWLC) is a specially focused faculty development activity for women, but not limited to women. ADEA has sponsored four IWLCs: in France (1998), Sweden (2003), Canada (2005), and Brazil (2010). The lives of women leaders are enriched by these experiences that build relationships through shared interests, achievement, and perspectives. The proceedings of the IWLCs have been published for dissemination to non-conference attendees for added value to the significance of this effort to both women’s leadership and women’s health. These include the proceedings for the most recent conference in Brazil, which were published as a supplement to the Journal of Dental Education in March 2011.

Benchmarking women’s leadership. The “Moving the Needle” initiative of the American Council on Education Office of Women in Higher Education is an outcome of The White House Project Report: Benchmarking Women’s Leadership. The summary findings result from a comprehensive survey of ten major sectors: academia, business, entertainment, journalism, law, military, nonprofit, politics, religion, and sports. The report includes six recommendations for closing the women’s leadership gap that cuts across all ten sectors: work to achieve a critical mass of women in leadership roles in every sector; use financial resources strategically; amplify women’s voices in the public arena; collect and analyze the data; maintain accountability through setting targets; and improve flexibility in workplace structures. This report is being considered by the ADEA for its relevance to future programming. ADEA’s current policy statement has benchmarking implications. ADEA’s Policy Statement 1. Education, D. 4 states: “Appropriate gender equity should be a goal of any faculty recruitment, retention, and promotion plan.”

Summary

With increasing numbers of highly talented and motivated women faculty members, ADEA must continue to support programs that optimize their advancement within the context of professional development and other incentives. From qualitative observations, we know that gender issues exist at some of our schools that affect the levels of satisfaction, personal development, and productivity. Benchmarking the advancement of women in dental education is a challenge to both their parent academic institutions and to ADEA.

The advancement of women in dental education has become an imperative. Causes that were once marginalized as “women’s issues” — from health care to education, elder care to poverty — have moved front and center to our nation’s political agenda. Advancing women serves both men and women as we address health and health-related issues affecting the lives of all Americans.

We must continue efforts toward the full inclusion of women in the faculty and administrative ranks of dental schools throughout North America. It will require efforts that recognize and support the potential value of women faculty members in solutions to the academic challenges we face now and in the future.

REFERENCES

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