

# Women's Leadership in Global Health

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**Abstract:** The purpose of this Association Report is to recognize the significant progress of the leadership of women in dental education and to document the importance of increasing opportunities for women in global health, education, and research. Five American Dental Education Association International Women's Leadership Conferences have provided opportunities for women leaders in dentistry around the world to exchange experiences and strategies that support their increasing value in the global landscape. Dental disease is now considered one of the top targets for disease eradication by the World Health Organization, and women are seen as critical to the achievement of global health objectives worldwide.

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The objective of this Association Report is to review the proceedings and summarize the main points discussed from the five American Dental Education Association (ADEA) International Women's Leadership Conferences (IWLCs) held in France, Sweden, Canada, Brazil, and Spain.<sup>1-5</sup> Dentistry in the U.S. has seen significant advances of women in enrollment, faculty, and leadership positions. The enrollment of women in dental schools was 49.8% in 2017.<sup>6</sup> Women are now 31% of practicing dentists in the U.S. and 38% of full-time dental school faculty.<sup>7,8</sup> Women are now 23% of U.S. dental deans.<sup>9</sup> The IWLC adds a global context to other faculty development opportunities (e.g., the Executive Leadership in Academic Medicine, ADEA/AAL Institute for Teaching and Learning, and Enid A. Neidle Scholar-in-Residence Program) sponsored by ADEA.

The American Association of Dental Schools (now ADEA) IWLC I in Cannes/Mandelieu, France, in 1998 was the first global conference to be sponsored by the Association. It was a landmark effort that also helped commemorate the Association's 75<sup>th</sup> anniversary. The conference plan envisioned the distinctive role of women leaders in family and community health worldwide and the anticipated leadership opportunities for the advancement of women and girls. This successful pioneering effort included a host of professional colleagues and sponsors, especially the Procter and Gamble Company, the

Partnership for Women's Health at Columbia University, the National Institute of Dental and Craniofacial Research, and the National Institutes of Health Office of Research on Women's Health (ORWH).

The conference theme had three broad areas of focus: education, research, and women's health. Nearly 200 men and women attendees gathered from 18 countries and six continents to exchange, collaborate, network, and take home strategies for development and leadership skills. Countries represented were China, Korea, Fiji, Germany, Canada, Brazil, the United Kingdom, Ireland, Italy, Australia, India, Japan, Scotland, South Africa, Israel, Sweden, New Zealand, and the U.S. Research presentations in the form of oral and poster presentations were selected for inclusion in the conference based on relevance, content, and quality. The two-day timeframe for the conference posed a limitation on the number of abstracts that could be accepted for presentation. Conference proceedings for all five IWLCs are available in the *Journal of Dental Education*.<sup>1-5</sup>

The ADEA IWLCs have contributed to global health objectives through promoting the role of women in collaborative activities that benefit the health of women, children, and communities throughout the world. The conference themes have been developed by an international planning committee and include a broad range of issues addressed by conference attendees, including leadership of women, gender issues, education, service, and research.

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## Impact of Women in Global Health

Whereas the IWLCs were not intended to develop policy, they did provide for working group discussions and intellectual discourse related to recurring themes that proved to be consistent with the World Health Organization (WHO) Global Oral Health Programme regarding Sustainable Development Goals for disease prevention and oral health promotion.<sup>10</sup> Five recurring issues have emerged from the ADEA IWLCs that have implications for the leadership of women in global health targets: 1) The increased numbers of women in the dental professions create an imperative that women be considered as vital intellectual capacity for the future; 2) The advancement of women in academic and research careers requires global attention and strategies; 3) Leadership of women is important to the advancement of gender-related research, outcomes, knowledge, and technology transfer; 4) Mentoring and role modeling are important aspects of leadership and career development that need to be considered in the advancement of women in academic and research careers; and 5) Building research capacities in developing countries and addressing the needs of women researchers emerged as challenges of fundamental and universal interest and magnitude.

The UNESCO Priority Gender Equality Action Plan 2008-13 was shared with conference attendees in 2010.<sup>11</sup> UNESCO's gender-mainstreaming approach ensures that women and men benefit equally from programs and policy support. Gender equality is understood as a commonly shared value and a necessary condition for the achievement of the internationally agreed upon development objectives.<sup>12</sup> The significance of the gender mainstreaming approach was such that women and men benefit equally from global health policy and support. The gender mainstreaming concept continues in the Sustainable Development Goals of the WHO. Gender intersects with other drivers of inequities, discrimination, marginalization, and social exclusion, which have complex effects on health and well-being.<sup>13</sup>

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## Areas of ADEA IWLC General Consensus

Overall, six areas of general consensus emerged from working group discussions and reports.<sup>4</sup> The

consensus focused on areas of need and actions needed to address them.

**Promote oral 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.

**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.

**Include the health of children, girls, and families in a public health concept that addresses women's health.** This globally shared message should focus on communities, prevention, and access.

**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.

**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.

**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.

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## Reflections from IWLC Attendees

Reflections from IWLC attendees support the learning objectives of the conferences and the importance of shared personal interests, values, and experiences in improving understanding in global health discourse and strategies. The selected comments represent a sample of feedback received during the two-day conference. They represent personal insights and concerns of attendees from around the world. These reflections have added value and have contributed to the planning of future conferences.

## AADS IWLC I (France, 1998)

- Cynthia M. Pine (United Kingdom): “Efforts to improve family health need to address and understand the pivotal role of women. Improving women’s health and education will have a much wider impact beyond the individual and into society.”
- John J. Clarkson (Ireland): “There has been concern for many years about the low level of employment of women in research and in senior academic positions in universities. One of the references used in this connection is the proportion of women holding full professorships in universities.”
- Susan Karabin (U.S.): “Gender-specific medicine is rapidly becoming the arena in which health and scientific research will be conducted in the next millennium.” She further quoted medical author Dr. Marianne Legato, who said that “recognizing gender differences that go beyond reproductive health is essential to the practice of good medicine.”
- Temalesi King (Fiji): Reporting on a program (since 1992) that addresses the acute shortage of dental personnel in the South Pacific: “Fiji has a dentist to population ratio of 1:15,000, and it is expected that this ratio will be 1:10,000 by the year 2010.”
- Louise Bearley Messer (Australia): “Effective mentoring has three elements: a time commitment, a mutually agreed purpose and duration, and a defined content in line with the agreed upon purpose and needs.”

## ADEA IWLC II (Sweden, 2003)

- Diane Lachapelle (Canada): Lachapelle and colleagues shared information regarding the availability of an “online learning community such as Universities 21. This international consortium of 17 member universities representing ten countries was established in Australia to facilitate collaboration and cooperation among member universities and create entrepreneurial activities for them.”
- Tin Chun Wong (Hong Kong): “Women’s achievements and successes can only be realized by hard work and perseverance. But if women are to achieve in dentistry or in any profession, the support of men is vital.”
- Janice F.L. Pimlott (Canada): “To prepare dental hygiene graduates for both the rapidly changing dental hygiene profession and the labor market, baccalaureate education has become a necessity.”
- Marta Radnai (Hungary): “We need a special prevention program that aims to improve the health of

women. It is especially important because women are responsible for oral health education at home, in the family, and at school as well.”

## ADEA IWLC III (Canada, 2005)

- Samuel Thorpe (Sierra Leone): “It is important to empower communities, especially women and families, to participate in, benefit from, and play a leadership role in identifying oral health problems, needs, and interventions.”
- Michele Aerden (Belgium): “A responsible attitude is necessary since we represent 52% of the dental population. We must work together to attain solidarity.”
- Joyous Pickstock (Bahamas): “Three main areas of focus regarding the potential of the workforce of the future are shifting demographics, the pace of technology, and globalization/regionalization.”

## ADEA IWLC IV (Brazil, 2010)

- Susan Silverton (Canada): Volunteered to set up the Women’s International Electronic Network (WILET) using LinkedIn, with the 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 professional leaders, leadership coaches, and policymakers using UNESCO’s gender equality action plan as a guide.”
- Ludmila Maximovskaya (Russia): “There are 60,000 dentists in practice in Russia. Seventy percent are women. A woman’s salary is equal to men’s in Russia. Only 8% of Russian women dentists are involved in research work and academia.”
- Christopher Fox (U.S.): Presented documentation from studies that have recognized the “need for increased support for women in science and innovation as essential to international economic competitiveness.”
- Eliana Martinez Herrera (Colombia): “Social collective principles should make sure the strategies of health promotion at all levels overlap with health policy agendas.”

## ADEA IWLC V (Spain, 2014)

- Helen Whelton (United Kingdom): Quoted Viviane Reding, European Commissioner for Justice, Fundamental Rights, and Citizenship: “Europe cannot afford to waste women’s economic potential

in planning long-term recovery. This requires gender-sensitive policies to facilitate women reaching full economic potential. Inequality is an economic nonsense.”

- Theresa A. Dolan (U.S.): “Dental leaders have transferable skills that can be well suited for non-traditional careers, including leadership in higher education, professional organizations, government service, industry, and foundations.”
- Suhasini J. Nagda (India): “Female dentists in India continue to face the need to balance their careers with the competing social and personal responsibilities of marriage, homemaking, and childrearing. There is a need to better understand these women’s perceived barriers to advancement in dentistry in order to reduce those barriers and empower women to successfully balance their careers with their responsibilities at home.”
- Benoit Varenne (Republic of Congo): “The WHO African region has shown the way in developing the first regional oral health policy document for the prevention and control of oral diseases integrated with non-communicable diseases (NCDs). NCDs are one of the top health priorities for coming decades, and oral diseases have to be one of the priority targets in that framework.”

The ADEA Women Pioneers Project (cosponsored by AEGIS Communications) captured the personal stories of women leaders in dental education, research, and practice who attended the IWLC in Brazil. The randomly selected group of 16 women leaders documented their real-life stories for the benefit of their colleagues worldwide and for future generations. The ADEA Women Pioneers Monograph can be downloaded from the ADEA website.

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## Summary

The reflective contemplations contribute to the rationale for the increased role of women in global health deliberations, infrastructure, and outcomes. They have increased understanding and provided intellectual and psychological nourishment for the preparation of women and for recognition of their leadership potential in academic dentistry, dental research, and organized dentistry. Outcomes across the five conferences include the following:

- Research: analyze health research strategy as viewed through a gender lens; and produce effective strategies for advancement of women in academic and research careers.

- Service: list strategies affecting women’s health and treatment outcomes for diverse population groups; and describe the advantage of reframing negotiation as collaboration.
- Career: describe reasons for women’s increased involvement in health careers in the future; formulate effective negotiation tools for more courageous risk-taking in pursuit of professional goals; recognize the importance of risk-taking in professional and personal pursuits; and appraise the emerging and expanding value of allies and alternative dental careers.
- Education: discover common issues and strategies that benefit global thinking and policy formation; and review the value of discussing ethnic issues in a global context.
- Leadership: assess the potential value of women’s leadership in health outcomes of women, girls, and families; and outline the importance of collaborative negotiation to a shared sense of commitment and consideration of cultural differences.

It is important to reflect upon the introductory comments made at the first conference by 1998 AADS Immediate Past President Michael J. Reed—“We believe that we can best serve the public and the oral health of the nation and world through collaborative efforts that address global issues and concerns”—and those made by 1998 AADS President Lindsay Hunt Jr.—“Women will continue to be a vital human resource to dental education and to oral health of the world community. This conference paves the way for collaborative engagements and supports the leadership role of women that will enhance their value to the profession.”

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