



November 4, 2022

**NCDHE Executive  
Leadership**

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Sherin Tookss  
Director, Commission on Dental Accreditation  
Commission on Dental Accreditation  
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Dear Dr. Tookss,

I am writing to CODA as President of the National Coalition of Dentists for Health Equity (<https://www.dentistsfortheequity.org>). Our mission is to unite dentists in support of evidence-based, high quality and cost-effective oral health services including disease prevention and treatment and care delivery models. One of our priorities is to advance racial and ethnic diversity in the oral health workforce which starts in the recruitment and retention of historically underrepresented racial and ethnic (HURE) dental students and faculty.

We are writing to express our concern that the current CODA predoctoral education standards do not appear to be assuring that academic dental institutions recruit a racially diverse student body or faculty; we are specifically referring to Black, Latinx, and American Indian/Alaska Native students and faculty. We know that CODA adopted the new diversity standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that “between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis. Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class rose by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report- Slow to Change: HURE Groups in Dental Education, <https://www.adea.org/HURE/>).” The conclusion we draw is that dental schools are not recruiting enough HURE students to meet the intent of the Standards. However, during that same time period, no dental schools that have completed self-studies and site visits have received a recommendation for not meeting the standards.

We are offering several suggestions to CODA. Two are short term with an understanding that CODA appropriately takes considerable time in changing standards, which entails seeking input from many individuals, communities, and entities before making changes

*The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.*

in the Standards. The third is long term and recommends a number of direct changes to the language in some of the standards.

First, the short-term suggestions. These comments would imply that Standards 1-3 and 1-4 are in fact strong enough but only if they are enforced. In other words, policies for improvement exist, but there does not seem to be a CODA requirement for outcomes. We believe that schools must show evidence of improved diversity among HURE students and faculty. The problem is enforcement of those two standards as CODA has also included a strong statement on diversity under the general information on educational environment. We recommend that site visit committees be better trained and educated on how to assess whether a school has actually put into place a viable plan that achieves positive results. Further, site visit committees must be diverse and should be inclusive of representatives of HURE dental educators. Under the structural diversity section, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is good but showing an improvement based on the school's plans and policies should also be demonstrated. Schools should recognize that having a plan is not sufficient. These standards have been in place for at least a decade and the schools will have had seven years since their last self- study, so there should not be any excuse for actual improvement in the numerical distribution of HURE students, faculty, and staff.

Since site visit teams are different for each school there is no consistency in the assessment process unless there are explicit expectations of what schools should achieve from each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards to achieve the educational environment clearly stated in their requirements.

The second short term suggestion also would not require any changes in the Standards. It is the experience of the educators in NCDHE that Site Visit teams are not very racially diverse. If that is the general case, are site visit teams comprised to be able to make informed judgements regarding racial and ethnic diversity? Are site visitors selected from schools that excel in their racial and ethnic diversity to ensure that capacity/expertise to judge racial and ethnic diversity is present on-site visit teams? Are site visitors from dental schools with limited racial and ethnic diversity given responsibility to judge racial and ethnic diversity? We suggest that CODA make greater efforts to assure that site visit teams have racial and ethnic diversity among membership of the site visit team that determines how academic dental institutions meet the CODA diversity standards.

The longer-term suggestions build on the recommendations of the recent Journal of Dental Education paper by Smith, PD, Evans CA, Fleming, E, Mays, KA, Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards.' We also recommend reviewing at least two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' We have attached these three papers to this letter.

### **Standard 1-3**

**Comment** -Not much is known about how dental schools address racism in their humanistic environment policies and practices. Although policies exist and are evaluated for accreditation, HURE students and faculty may still experience microaggressions, discrimination, and barriers to socialization and mentorship. Those experiences can negatively influence student and faculty views on the academic environment as well as the profession. Such experiences may be underreported due to fear of retaliation and/or disbelief that such concerns will be adequately addressed. In addition, due to

low numbers of HURE students and faculty, even anonymous humanistic surveys may not allow them to voice their concerns.

#### **Proposed Strategies for Standard 1-3**

- Dental schools should acknowledge that racially motivated grievances may be underreported and actively seek feedback from HURE students and faculty on how to improve dental schools' prevention and reaction to such grievances.
- Dental schools must provide evidence of their methods and frequency of engaging HURE students and faculty to address racism in the humanistic environment, while also providing evaluation of the effectiveness of those methods.
- Dental schools should provide evidence of the number and types of racially motivated grievances that get reported with evidence of their effectiveness in mitigating student and faculty concerns.
- Dental schools must provide evidence of students' and faculty their knowledge of the personal and institutional consequences of racist violations of the humanistic environment.

#### **Standard 1-4**

**Comment-** Despite the historical lack of representation of HURE students and faculty, it appears that dental schools continually meet this standard. It is unknown if the accreditation process has held any dental schools accountable for not meeting the standard due to few HURE students and faculty. A limitation of this standard is that it allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not emphasize HURE students and faculty, which also undermines the collective priority among dental schools to increase the number of HURE dentists within the profession. Additionally, CODA provides no specificity for the level of engagement that dental schools should have with HURE populations for recruitment.

#### **Proposed Strategies for Standard 1-4**

- Dental schools should develop and support partnerships with pre-dental programs at Historically Black Colleges and Universities (HBCUs) and Minority Serving Institutions (MSIs). Identifying and addressing limitations of those partnerships should also be a major emphasis.
- Dental schools must show how they are progressing toward increasing HURE students and faculty longitudinally. If schools consistently fail to show improvement, they must provide evidence that new efforts are being implemented or existing efforts are being modified on a continual basis.
- Dental schools must demonstrate a school-based pipeline program to develop future dentists from the schools HURE community to the K-12 and baccalaureate level
- Dental Schools should provide evidence of financial commitment to support HURE students and faculty through such activities as direct support and development grants.
- Dental Schools must evaluate their home state's racial and ethnic demographic data compared to the dental school's racial and ethnic demographics for students, faculty, and staff.
- Dental Schools must evaluate the success of their policies and procedures related to improving diversity.

#### **Standard 4-4**

**Comment-** One issue with this standard is how dental school applicants' potential to successfully complete a dental education program is determined. Admissions decisions are made by committees of people, and although there are trainings and processes to address certain implicit biases toward HURE applicants, the process is still subjective. There are unique social and structural issues that exist for HURE applicants that must also be considered when assessing HURE applicants' potential for success. Those issues may influence HURE students' undergraduate academic performance. Additionally, HURE applicants may develop an interest in a dental career later in their academic journey, have few academic mentors to guide them in meeting pre-requisite requirements for dental school applications,

and have less access to Dental Admissions Test preparation programs. Because there are few HURE students and faculty in the learning and social environments of some dental schools, members of admissions committees could question whether HURE students will have the levels of peer and faculty support to mitigate microaggressions, and implicit and explicit biases that may negatively impact their academic performance. Another issue is that policies intended to reduce racial discrimination may exist, but dental schools do not have to provide evidence as to whether those policies are being assessed and are working.

**Proposed Strategies for Standard 4-4**

- Dental schools should identify, acknowledge, and address the full social and structural contexts that HURE applicants bring with them, and implement systems to include those contexts in decision making about applicants' potential to succeed and enhance learning and professional environments; rather than just their potential to fit in and/or matriculate their particular programs.
- Dental schools must have systems in place for faculty and administrators to know how to address the social and academic concerns of HURE students rather than view those types of issues as deficits. As it stands, the institutional power of dental education programs may require that students and faculty adjust to the needs and comforts of their systems rather than modifying their systems to achieve equity in opportunities for success. For example, some dental schools may provide special accommodations for students with test taking anxiety, but similar considerations may not be available for students experiencing anxiety due to microaggressions from other students and/or faculty.
- In lieu of the lack of HURE faculty, dental schools must show evidence that they are actively measuring the levels of implicit racial bias that exist among admissions committee members and if those levels are consistently balanced. Admissions criteria should further consider beyond which applicants might successfully matriculate their programs, but which applicants will have an interest, desire, and commitment to learn about issues or more socially aligned curriculum shifts, such as structural competency, community-based practice, and addressing racism in dental practice and policy.

As a component of Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

We would be happy to discuss these recommendations in person or via a Zoom call. We recognize that we have covered a lot of ground in these recommendations, but this issue is important enough to warrant attention by CODA. We would be happy to be of assistance in implementation of any of these suggestions. I can be reached at [larryhill66@icloud.com](mailto:larryhill66@icloud.com) and [dmaywhoor@gmail.com](mailto:dmaywhoor@gmail.com) or via telephone at 513-544-8844.

Sincerely,  
Larry Hill, DDS, MPH  
President, National Coalition of Dentists for Health Equity

**cc:**

**American Dental Education Association** - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer, American Dental Education Officer

**National Dental Association** - Dr. Nathan Fletcher, Chairman of the Board; Keith Perry, Executive Director; Dr. Cheryl Lee, President

**Diverse Dental Society** – Dr. Sheila L. Armstrong, Board Member; LaVette Henderson, President  
**American Dental Therapist Association** - Rachel Pfeffer, Interim Executive Director  
**Hispanic Dental Association** - Dr. Manuel Cordero, Director, and CEO; Mercedes Mota Martinez, 2022 President  
**Society of American Indian Dentists** - Dr. Cristin Haase, President; Janice Morrow, Executive Director  
**American Dental Association** - Jane Grover, Executive Director; Dr. George R. Shepley, President  
**Americana Dental Hygiene Association** – Ann Battrell, Executive Director; Ann Lynch, Policy Director  
**Community Catalyst** – Tera Bianchi, Program Director, Dental Access Project  
**National Indian Health Board** – Brett Webber, Environmental Health Programs Director  
**American Institute of Dental Public Health** – David Cappelli Co-Founder and Chair; Analise Cothron, Executive Director