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**School of Dentistry
Diversity Plan**



I am pleased to disseminate to all faculty, students, staff and friends of the UCSF School of Dentistry our Case Statement for Diversity, written by the School's Task Force on Women and Under-represented Minorities, chaired by Dr. Jane Weintraub. I asked the Task Force to formulate a cogent and convincing statement on why diversity is so important. I ask that you review this Case Statement and ponder its central tenets in the hope that the reasons offered will make an impact on your own thinking.

As a preamble to the Task Force's statement, I would like to share some of my own thoughts. These are personal and I don't expect them to be as convincing to others as they are to me. I mention them only as an exercise that I hope everyone will consider in addressing the following question for themselves: Why is diversity so important?

First, diversity is a formal part of all of our jobs: The University of California has promulgated a formal stance on diversity, adopted by the Assembly of the Academic Senate, and accepted by the University President and all the chancellors. It has fashioned a formal definition for diversity—one that is extremely broad and that includes aspects of race and ethnicity, but also much more:

"Diversity – a defining feature of California's past, present, and future – refers to the variety of personal experiences, values, and worldviews that arise from differences of culture and circumstance. Such differences include race, ethnicity, gender, age, religion, language, abilities/disabilities, sexual orientation, socioeconomic status, and geographic region, and more."

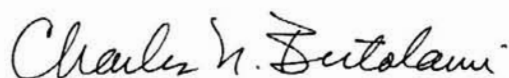
Second, openness to diversity flows from simple justice: The population of the State of California is extremely diverse. Absent obstacles, one would expect that the diversity of the state as a whole would be reflected naturally in every organization in society, most especially the state's universities, whose core mission is to serve the interests of all the people of the State of California. The State of California has a compelling interest in making sure that people from all backgrounds perceive that access to the University is possible for talented students, staff, and faculty from all groups.

Third, in diversity there is strength. This is a basic rule of nature and of life. The ability to call upon diverse people who embody different talents, perspectives, languages, cultures and viewpoints, lends agility and strength in responding to ever changing circumstances. Someone once said it's not the strongest who survive, it's those most adaptable to change. Diversity and its potentialities are essential elements to this ability to present to the world differing, talents, capacities, reactivities, and sensitivities.

Fourth, without diversity in a healing profession such as dentistry, it becomes impossible to fulfill our teaching mission. This transcends simply doing the right thing: it means that the education we provide will be inadequate if all of our students do not understand, appreciate, and value at the deepest personal level the intrinsic importance and dignity of the human person—of *all* of the people they have committed their lives to serving. An important element of this aspect of diversity is teaching tolerance. Professor C. John Sommerville has written that tolerance is not an end in itself, but rather a means to an end; the end being truth. However, universities are in a unique position. In a university, tolerance is an essential—if only instrumental—means by which new ideas and approaches are tentatively explored. Within the crucible of ideas that universities purport to be, tolerance is an essential tool.

Fifth, There is now good evidence that practitioners tend to gravitate back to their communities of origin. When one or two groups are overrepresented within the health professions while other groups are underrepresented, the very maldistribution we now see in the dental profession materializes. It's a safe assumption that so long as such disparities in access to dental care exist, hundreds, maybe thousands, of kids go to bed with toothaches every night. I can't prove this objectively, but in something like this, I think it's better for a profession *not* to give itself the benefit of the doubt.

To others, these reasons may only sound like clichés, but that's ok. They work for me. In fact, they exert great power on my thinking. I only ask that you read the Case Statement prepared by the School's Task Force, that you reflect on it, and that you come up with reasons that work for you.



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**Case Statement: Diversity and the School of Dentistry
The Choice Is Ours**

Our personal identities shape our initial view of the world. Many of us at the School of Dentistry -faculty, staff and students - come from ethnocentric backgrounds. We have chosen to live in California, where there is no longer a majority population, and specifically in the diverse, dynamic, multicultural San Francisco Bay Area. Our professional environment should reflect the diversity of our geographic area and patient population. We have a unique opportunity here at UCSF to create a welcoming, diverse professional community to better our relationships with each other, our patients, and our society, and to enhance our clinical care, research, teaching and academic excellence. We can be an affirmative model and leader to other dental and professional schools by valuing, and actively cultivating, encouraging, cherishing, and celebrating the educational, personal and professional advantages of our diversity.

Task Force Statements

- **Excellence and diversity are interdependent.**
- **Our local and state community, patients, faculty, students, and staff will all benefit by the creation of a welcoming, inclusive learning environment.**
- **A consensus that diversity is a core value combined with proactive and positive activities will result in increased diversity.**
- **A diverse workforce is integral to creating a climate that is enjoyable, inclusive, and representative of the finest values of our society.**
- **A diverse faculty, staff and student body are critical to achieving excellence in the School of Dentistry. Input from increased numbers of women and minorities will bring a fresh perspective, and assist in our efforts to build on our strengths as we review and improve goals and policies.**
- **A diverse faculty will contribute to a meaningful research agenda, help provide culturally-sensitive oral health care to all patients.**
- **A diverse faculty play an important part in preparing students, residents, and fellows for their future roles as teachers, researchers, and health care providers.**
- **A critical mass of diverse faculty will improve our abilities to attract students of color, mentor URM students, and recruit new URM graduates for the academy. The resultant increase in diversity of the health care workforce will improve health care access and quality of care for all, especially minority patients**
- **A more diverse faculty is achievable now. Pipeline issues do not account for the lack of diversity. Those with hiring authority must lead the way by clearly and regularly making the case for the ethical, professional, and economic advantages of a diverse faculty.**
- **Consideration of diversity in all phases of strategic planning and program development at the school and departmental level is critical as we choose new directions and leadership.**
- **Sustained leadership is crucial for accomplishing these goals.**

There is scientific evidence why we need a more diverse dental profession. Communities in California with large proportions of Hispanic and African American residents have the lowest supply of practicing dentists in the state (1). This disparity is especially significant because research indicates that Hispanic and African American health professionals have been shown to be more likely than their non-minority counterparts to practice in underserved communities (2,3) and to care for a higher percentage of minority patients (4,5,6,7). Minority patients tend to rate their provider higher on communication and interpersonal skills when the provider is from the same racial group as the patient (8). Similarly, a recent in-depth study has revealed that minority people should be mentored very differently from their white counterparts, and that close mentoring relationships between student and faculty are more likely to form when both parties see parts of themselves in the other person (9).

As a public institution, it is particularly important that we support equal opportunity and a culture of inclusiveness. Diversity is a concept that needs to be embraced, not only through the mind, as an academic tenet, but also the heart. It must become an integral part of our academic life through our everyday interactions and our core value system. The School of Dentistry has an opportunity to meet what UCSF Chancellor Bishop describes as "one of our noblest challenges" and "nurture diversity on our campus." We have been successful in attracting a current predoctoral student body that is about half female, but can greatly improve the proportion of underrepresented minority students. Less than 10% of our 200 member paid faculty are from underrepresented minority groups, with only one Hispanic faculty member and no African Americans hired from 2003-05. With several key faculty searches in progress, and many more likely given future pending retirements, we have a golden opportunity to overcome lack of attainment of a more diverse faculty and create a new multicultural legacy for the School's future. With a more diverse faculty, we will attract a more diverse student body and staff. We will be better prepared to serve the diverse population of our Golden State and lead the world in our educational and research endeavors.

References:

- 1) Sullivan ET. Symposium: Recruiting, Retaining, and Advancing faculty of Color: Why is a Diverse Faculty Important? University of Minnesota, November 19, 2004.
- 2) Mertz,B, Grumbach K. Improving Oral Health Care Delivery Systems in California: an Initiative to Improve the Oral Health of California's Underserved. December 2000. Center for the Health Professions, University of California, San Francisco.
- 3) Komaromy M, Grumbach.K, Drake M, Vranizan K, Lurie N, Keane D, Bindman AB. The role of black and Hispanic physicians in providing health care for underserved populations. *New Eng J Med*. 1996 May 16; 334 (20): 1305-10.
- 4) Drake MV, Lowenstein DH. The role of diversity in the health care needs of California. *West J Med* 1998 May; 168(5):348-54.
- 5) Solomon ES, Williams CR, Sinkford JC. Practice Location Characteristics of Black Dentists in Texas *J Dent Educ*, 2001; 65(6): 571-574.
- 6) Noonan AS, Evans CJ. The need for diversity in the Health Professions. *J Dent Educ* 2003; 67(9): 1030-1033.
- 7) Brown LJ, Lazar V. Minority Dentists Why Do We Need Them? Closing the Gap, Oral Health 1999 Office of Minority Health Resource Center, U.S. Department of Health and Human Services
- 8) Cohen JJ, Gabriel BA, Terrell. C. The case for diversity in the health care workforce. *Health Affairs* 2002; 21(5): 90-102.
- 9) Saha S, Komaromy M, Koepsell TD, Bindman AB. Patient-Physician Racial Concordance and the Perceived Quality and Use of Health Care. *Archives of Internal Medicine* 1999; 159:997-1004.

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