

**2023 ADEA Diversity, Equity, Inclusion and Belonging Workshop
“Cultivating a Psychologically Safe Oral Health Environment”**

Poster Session Abstract Overview

Poster Title

Dentistry as Participant and Casualty of Racism and Bias in Medicine: Moving Toward Equity in Health Care

Authors

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Purpose

A symposium was convened to learn about racism and bias in health care and work toward more inclusive practices. The gathering explored structural disparities in oral health care through the intersection of racism, ageism, ableism, sexism/gender bias and other inequities as they have occurred in medicine and also contributed to disparities in oral health and oral health care within healthcare. Creating a more inclusive dental office and healthcare environment can encourage oral health care for people who would otherwise not feel welcome into a dental practice.

Symposium Learning Objectives: Upon completion of the course, participants will be able to-

- List the challenges patients face when seeking medical and dental care based on
 - Race, Age, Sex, Gender, Disability, Socioeconomic Status and Social Determinants of Health.
- List ways in which poor oral health has perpetuated bias and discrimination against some groups.
- Express their own challenges in accessing or receiving healthcare based on the experience or perception of bias or discrimination.
- Identify and mitigate their own biases toward patients who are seeking care in their practices and communities to make those environments welcoming and accessible to a broader population.
- Identify barriers to clinical care and solutions to improve patient experiences and outcomes of care
- Identify strategies to improve access to care through policy.
- Identify shortcomings in education, workforce and research to address issues of equity and access to oral health care.

- List ways in which dentistry suffers from disparities of resources within the larger healthcare system and develop strategies to access or create more resources for oral health care as part of the larger system.

Symposium Schedule

8:00 – 8:45 registration and continental breakfast

8:45 – 9:00 Welcome Dr. Nader Nadershahi, Dean Arthur A. Dugoni School of Dentistry and Dr. Elisa M. Chávez, Director Pacific Center for Equity in Oral Health Care (University of the Pacific)

9:00 -10:45 Speakers

9:00 – 9:45 Keynote 45 min – Dr Lomax-Ghirarduzzi (University of the Pacific)

9:45 – 10:15 Structural Racism in health care –Dr. Keith Norris (UCLA)

10:15 – 10:45 Ableism in health care–Dr. Christine Wieseler (Cal State Pomona)

10:45 – 11:00 Break

11:00 – 12:30 Speakers

11:00 – 11:30 Ageism in health care–Dr. Anna Chodos (UCSF)

11:30 – 12:00 Sexism/gender bias in health care - Dr. Irene Aninye (Society for Women’s Health Research)

12:00 – 12:30 Inequities in oral health care a gap/lack of dental/medical integration - Dr. Raul Garcia (Boston University)

12:30 – 2:15 Lunch with round table discussions

Lunch and learn with Speakers

2:15 – 3:00 Report out

Guest speakers will report out salient discussion points during lunch and learn sessions

3:00 – 3:15 Break

3:15 – 4:00 Reflection/Action Plan: How will be close the gaps

Small group guided discussion – action steps for practice, education, public health, policy, leadership

4:00 – 4:45 Report out

Pacific facilitators will report out the themes and action items from the discussion

4:45 – 5:00 Wrap-up Dr Lomax-Ghirarduzzi and Dr Chávez

Approach

Experts in the historical context of structural disparities in healthcare that result from racism and bias shared their knowledge with an interdisciplinary group of professionals, including faculty, students, private practitioners, legislators, and policy makers. Program attendees participated in round table discussions designed to identify possible biases, barriers, and strengths in their current practice. Questions were posed to the participants.

Round Table Discussion Questions. Thinking about your practice or work environment (provider, advocate, teacher, researcher, leader etc.):

- Are people of all racial groups represented proportionally in artwork, photographs, and magazines? Do they represent those you serve in your work?

- How diverse is your team? Is there a difference between positions, i.e. allied staff different from professional staff?
- Do you have an interpreter available if a patient's first language is not English or if they are deaf or have hearing loss. Do you rely on family members?
- Do you know the demographics of your practice compared with the demographics in the area, or compared with where you live?
- Discuss a time that you felt un-seen, intimidated, or perceived a bias toward yourself in a health care environment. What one thing could someone have done differently to put you at ease?
- Based on the presentation you heard today, discuss the beliefs or systems that have contributed to racism and bias in oral health care and inequities toward dentistry.

Outcomes

Participants candidly reacted to the morning content by sharing their biases, fears, and limitations as they discussed strategies and the possibilities of changing behaviors and removing the barriers to care that had been revealed in the presentations and in their discussions.

Reflection/Action Plan Discussion Topics With the guidance of the speakers and faculty facilitators, each table group identified opportunities, resources and strategies to enrich their personal growth, overcome barriers to care in their own practices, work environments and communities as well as more broadly across the system of health care through public policy. The table facilitators were given the following prompts for discussion.

- Discuss one or more ways in which you can change your thoughts, actions or environment to address biases you have identified in your own life or practice.
- Discuss one or more ways in which the policies that guide your work *undermines access to care* for someone or some population. Explain why and which group or groups you think are undermined. What steps are needed to overcome these barriers – locally, regionally or on a broader systemic level?
- Discuss ways in which you could influence and effect greater access to care and resources for underserved populations in your practice or community.
- How can the profession challenge systemic barriers that are based on bias and racism to secure more resources for oral health care within the healthcare system?

A Call to Action. The discussion information was collated into a document titled *Racism and Bias in Dentistry: A Call to Action and Planning for Change*, which was shared with the symposium participants and posted for public view on the Pacific Center for Equity in Oral Health Care website. The links to resources can be customized to meet the needs of each community.

Conclusions

Speakers and participants were highly motivated to discuss and work through the barriers created by systemic racism. They were able to work outward, starting from a better

understanding of their own biases, thinking about their own practices and how they might create barriers that were unintended, and what kinds of actions, changes and policies would be needed to break down long standing structural barriers to care in their communities. Finally, resources were identified to help participants and others begin their journey toward more inclusive practices in oral health care and broader inclusion of oral health care as part of the healthcare system.

Survey Comments of Interest. Overall, the survey responses were very positive. Most of the respondents strongly agreed that the program met the stated objectives (100%), was current and evidence based (95%), and increased their knowledge on the topic (95%). Additional comments included “Very innovative topics which had broad based appeal. New information was valuable, especially on ageism”. “I wish I had been given the breakout session prompts prior to the session. It was really hard for me to come up with useful commentary on policy right on the spot”. “Great program and I’m excited to apply what I have learned. I hope it continues to grow because every practitioner needs to understand these concepts”. “I loved the format of the program. The round table discussions and work groups was excellent. Great collaborative opportunities”.

References and Acknowledgements

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