

## ORIGINAL ARTICLE

# Illuminating light in the darkness: Black/African-American men in dental education and strategies for change

Todd V. Ester DDS, MA<sup>1,2</sup> | Carlos S. Smith DDS, MDiv, FACD<sup>3</sup>  |

Patrick D. Smith DMD, MPH<sup>4</sup> 

<sup>1</sup>University of Michigan School of Dentistry, Ann Arbor, Michigan, USA

<sup>2</sup>University of Michigan School of Dentistry, Ann Arbor, Michigan, USA

<sup>3</sup>Virginia Commonwealth University School of Dentistry, Richmond, VA, USA

<sup>4</sup>University of Illinois Chicago College of Dentistry, Chicago, Illinois, USA

## Correspondence

Todd V. Ester, DDS, MA, University of Michigan School of Dentistry, 1100 N University #1209-A, Ann Arbor, MI 48109-1078, USA.

Email: [tvester@umich.edu](mailto:tvester@umich.edu)

## Abstract

The purpose of this article is to discuss the challenges surrounding the underrepresentation of Black/African American (BAA) men in dentistry and dental education and present a rationale for anti-racism strategies to address them. Data and insights from the literature are presented to discuss how racism may derail BAA's opportunities to achieve a dental education through stereotyping, social, and academic isolation. Additionally, the authors present commentary and testimonials on the importance of mentorship to guide BAA men into and through dental careers. Additionally, the article describes two examples of successful career pathway programs, and highlights the significance of historically Black colleges and universities to promoting diversity within the dental profession. Anti-racism recommendations for change include more direct attention to how dental school humanistic environments support BAA men, committing human and financial resources for program development, and using data-driven metrics to assess those programs longitudinally. The commitment of dental education to promote oral health equity demands more than appreciation of BAA men's contributions, but a commitment to creating and advancing opportunities that assure their success.

## KEYWORDS

Black men, dental education, diversity, oral health, oral health equity, racism

## 1 | INTRODUCTION

In his *Souls of Black Folks*, W.E.B. Du Bois references that to educate a young Black mind is an act of Revolution.<sup>1</sup> When this book was published in 1903, Du Bois was setting the stage for the emergence of the educated Black man and woman in American society, justifying Black people's pursuit of higher education as a value to achieving social and health equity. Du Bois' book serves as a great framework for discussion on the need for dental education to

increase the numbers of Black/African-American (BAA) men in the dental profession. The lack of BAA men in dentistry has reached a crossroads of crisis proportions. At the 2022 President's Symposium of the American Dental Education Association Annual Meeting, leaders in education, research, policy, and diversity within the health professions sought to address the staggering deficiency of BAA men in dentistry and dental education.<sup>2</sup> The purpose of this article is to name the problem and identify opportunities for collective, plausible solutions.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial](https://creativecommons.org/licenses/by-nc/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

© 2022 The Authors. *Journal of Dental Education* published by Wiley Periodicals LLC on behalf of American Dental Education Association.

## 1.1 | The underrepresentation of BAA men in dentistry

The American Dental Education of Association's (ADEA) most recent publication, *Slow to Change: Historically Underrepresented Racial and Ethnic (HURE) Groups in Dental Education*, expresses a staggering statistic: only 127 BAA men graduated from dental school in 2019, a mere 2% of all US dental school graduates.<sup>3</sup> When removing male graduates from Historically Black Colleges and Universities (HBCUs), Meharry School of Dentistry and Howard University College of Dentistry, the number drops to 95. To be clear, the number of professionally active BAA male dentists in the same year was 3620, accounting for 1.8% of professionally active dentists.

Research has shown that very little progress has been accomplished in growing the percentage of BAA applicants to dental schools in the past 20 years.<sup>4</sup> While there has been an increase in the total number of BAA enrollees in dental schools, much of that increase is due to the opening of new dental schools and increased class sizes in established programs, showing that the rate of acceptance of BAA students has had limited improvement. Additionally, the American Dental Association Health Policy Institute has reported that of all racial and ethnic backgrounds, the percentage of BAA dentists has not changed in the past 15 years. BAA dentists were less than 5% of new graduates and less than 4% of all practicing dentists, while BAA people comprise approximately 13% of the US population.<sup>5</sup>

There are persistent racial inequities in access to dental care and oral health status among Black populations, particularly among those who are low-income.<sup>6,7</sup> BAA dentists treat significantly more Black patients and Medicaid patients than dentists of other race and ethnic groups.<sup>8,9</sup> Thus, it can be assumed that failure to address the underrepresentation of BAA dentists risks further inequity in access to dental care for BAA populations. In the past few years, diversity, equity, and inclusion (DEI) initiatives have increased across the higher education landscape. However, specificity and intentionality to increase representation of BAA men are key to addressing this crisis. Diversity, equity, and inclusion efforts are not intended to diminish any one demographic or limit opportunities for them to achieve a dental career. Rather, DEI practices illuminate health equity and align with dentists' ethical and professional duties to address the oral health of all, upholding the social contract of trust among dentists and the populations they are intended to serve. In this sense, the light of DEI can more brightly shine, advancing optimal oral health for all.<sup>10,11</sup>

## 1.2 | Racism and roadblocks along BAA men's pathways to dentistry

Optimal oral health for all must include a focus on increasing the numbers of BAA men in dentistry for a number of reasons. (1) Increasing representation of BAA men supports ADEA's Policy Statement on the Prevention and Elimination of Racism, Harassment, Discrimination, and Bias in Dental Education by countering the effects of structural racism on Black men's opportunities to achieve higher education and health professional careers.<sup>12</sup> (2) BAA male dentists may more closely relate to the unique, experienced, and vicarious social contexts of other Black men, which can improve communication about oral disease risk and treatment, care delivery, and inclusion of Black men (and issues pertinent to them) in oral health research.<sup>13,14</sup> (3) BAA male dentists help to challenge negative stereotypes of Black men in society, which are universally harmful to Black men's health and well-being.<sup>15-17</sup>

Of significance to note is that the pathway to the dental profession takes place within the greater society, and dental school environments are simply microcosms of larger society. Beyond dentistry and the health professions, it is generally agreed that Black men are under increased societal pressures. In the United States, Black men face an almost 1 in 1000 chance of being killed by police over their life course.<sup>19</sup> This rate is the highest nationally for any group and is 2.5 times higher than for White men. Apart from police violence, Black men in the United States experience higher rates of illness and mortality across a wide range of health conditions compared to their White male counterparts.<sup>15-17</sup>

Research shows a clear social cost of Black male identity that transcends into educational environments. Black male students experience unique "racial" and "gendered racial" microaggressions at all stages of the educational pipeline. Those experiences are often detrimental to their educational aspirations, achievements, and ability to be appropriately taught and mentored. The repressive environments of some college campuses challenge and limit the educational activities of Black men as a group. A study by Smith et al. revealed that Black men have consistently expressed frustration with issues around racial isolation, racial distancing, and racial stereotyping.<sup>19</sup> They have oftentimes been viewed as cheaters when they receive high scores on exams or term papers. In laboratory classes, Black men may typically be the last ones selected as research partners. Additionally, Black men are considered the most stereotyped of any population group on college campuses and in the larger American society. On campus and off, they are held in suspicion by society and local law

enforcement without material evidence more so than men and women of other racial and ethnic identities.

In qualitative studies examining Black male undergraduate experiences with discrimination, it was found that no matter how much self-reported discrimination a Black male student faced, he was rated as more hypersensitive, emotional, argumentative, irritating, trouble making, and a complainer when he suggested that discrimination or racism was the source of his frustration, blocked opportunities, and reduced successes.<sup>20</sup> A riveting discovery is that students' perception of the college environment (feeling comfortable with the university, faculty relations, and nurturing environment that promotes personal development) or the university's reputation strongly affects academic performance.<sup>19,21</sup>

Considering the important work of dental school humanistic environment and climate studies,<sup>22</sup> the negative educational experiences of Black men underscores the dire importance of building a critical mass of HURE students, particularly BAA men.<sup>23</sup> However, attaining a critical mass is a significant hurdle when the educational environment has scant representation of HURE faculty and administrators to serve as mentors, advocates, and promoters of addressing challenges that Black men may face in pursuit of a dental career.<sup>24</sup> Most importantly, critical mass is far more than simply a numerical milestone. It is a level of physical, emotional, and academic presence and being in the dental school environment that cultivates inclusiveness, welcomes diverse perspectives, and produces diverse interactions to enrich educational experiences.<sup>25</sup> While some dental schools have achieved such critical mass through deliberate and supportive senior leadership, specific recruitment and retention efforts, comprehensive climate initiatives, and resources for scholarship and faculty recruitment; BAA students are found to be concentrated in the same schools time and time again, while other schools struggle or lack the fortitude to alter their efforts and outcomes. One study showed that among the 63 dental schools analyzed, only seven had a diversity index of greater than 0.5 for Black graduates (two of which were HBCUs) in 2017–2019.<sup>26</sup> A diversity index of 0.5 indicates that the representation of Black or Hispanic individuals among the graduates is half of their representation in the benchmark population. This same study noted that while the number of Black graduates increased between 2010–2012 and 2017–2019, the percentage decreased from 5.8% to 5.1%. In a different study, yet just as daunting, it was reported that in 2010, 13 schools had no BAA students enrolled after an aggregate of 483 applicants.<sup>4</sup> In 2019, 10 schools had no BAA students after an aggregate of 236 applicants. It is clear there have been no advances in certain schools and backward steps at other schools in terms of enrolling BAA students.

Quite clearly, the Black male undergraduate students are structurally placed at the margins of the overall campus experience. Dental school BAA male admissions and graduation data paint a similar picture (Figures 1 and 2).<sup>3</sup> The question is—with diversity accreditation standards, growing emphasis on inclusion and belonging across industries and educational genres, and growing public and health professions antiracism frameworks for pedagogy and healthcare—what will dental education do about it?

The following sections discuss solutions for enhancing the recruitment, retention, and success of BAA men into dentistry and dental education. It is imperative that mentorship, pathways to dentistry programs for college juniors and seniors, with increased funding for pre-dental and dental student scholarships and robust DEI efforts, and HBCU dental schools have been keys to success.

## 2 | THE LONG ARC OF MENTORSHIP

Mentorship can be an important motivator for Black men in dentistry when there is trust, empathy, and acknowledgement of race.<sup>27</sup> For Black men, mentors exist in various forms (e.g., role models, nurturers, and promoters) and for various reasons. For example, role models help Black men identify who they are in the context of others. Many Black men may not get exposed to dental professions until later in their academic journey.<sup>28</sup> Thus, having Black men in academic and other dental professional roles helps to steer other Black men toward the profession. Those role models provide examples for potential dental school applicants to reflect on how a dental career may align with their personalities and personal values, while providing clear directions for the process of achieving a dental career. Nurturers give Black men permission to trust their ideas, skills, and unique attributes. In majority White spaces, Black men may feel pressure to alter their appearance, values, and/or habits to conform or appear less threatening. They may also experience discrimination and microaggressions that suggest that they are underqualified to perform job duties and are only present as a result of affirmative action or other diversity initiatives.<sup>19,29,30</sup> Through nurturers, Black men are empowered, invited to embrace their value, and learn that it is okay to be themselves and not succumb to pressures of meeting expectations in environments where racism may present significant challenges. Promoters open doors that some Black men may not even know exist. Black men may have a smaller network of peers within dentistry to inform them of opportunities or steps to take to accomplish their goals. Promoters share access to a broader network and information. They also

HURE GROUPS	COUNT	%
American Indian or Alaska Native, non-Hispanic	27	0.4%
Black or African American, non-Hispanic	312	4.9%
Hispanic or Latinx	536	8.4%
Native Hawaiian or Other Pacific Islander, non-Hispanic	14	0.2%
<b>HURE Groups</b>	<b>889</b>	<b>14.0%</b>
<b>Total</b>	<b>6,350</b>	<b>100%</b>

Notes: The number of 2019 graduates is from the 2019 ADA Survey of Dental Education. The ADA may revise previous estimates in newer releases of the ADA Survey of Dental Education.

Source: ADEA analysis of ADA, Health Policy Institute, 2019-20 Survey of Dental Education

**FIGURE 1** Total number of Historically Underrepresented Racial and Ethnic (HURE) Graduates at US dental schools, 2019.\*  
 \*Originally published in the ADEA HURE Report at: American Dental Education Association. Slow to Change: HURE Groups in Dental Education. Washington, DC: American Dental Education Association, 2022. At: [https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/policy\\_advocacy/diversity\\_equity/ADI/ADEA-HURE-Report-March2022.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/diversity_equity/ADI/ADEA-HURE-Report-March2022.pdf). Accessed: March 22, 2022

	MALE DENTISTS		MALE PREDOCTORAL GRADUATES	
	COUNT	%	COUNT	%
American Indian or Alaska Native, non-Hispanic	338	0.3%	11	0.4%
Black/African American	3,620	2.8%	127	4.1%
Hispanic or Latinx	5,840	4.4%	222	7.1%
Native Hawaiian or Other Pacific Islander, non-Hispanic	139	0.1%	3	0.1%
<b>HURE Groups</b>	<b>9,937</b>	<b>7.6%</b>	<b>363</b>	<b>11.6%</b>
<b>Total</b>	<b>131,439</b>	<b>100%</b>	<b>3,134</b>	<b>100%</b>

Notes: The ADA total “professionally active male dentists” estimate includes the “other” and “do not wish to report or unknown” among the race and ethnic categories for professionally active dentists. The HURE percentage is calculated of the total “professionally active male dentists” estimate. The number of 2019 graduates is from the 2019 ADA Survey of Dental Education. ADA may revise previous estimates in newer releases of the ADA Survey of Dental Education.

Source: ADEA analysis of American Dental Association (ADA), Health Policy Institute analysis of the ADA masterfile, unpublished data, as of Oct. 29, 2020; ADEA analysis of ADA, Health Policy Institute, 2019-20 Survey of Dental Education.

**FIGURE 2** Total numbers and percentages of professionally active male dentists and predoctoral graduates in the US by race and ethnicity, 2019.\*  
 \*Originally published in the American Dental Education of Association’s (ADEA) Historically Underrepresented Racial and Ethnic (HURE) Report at: American Dental Education Association. Slow to Change: HURE Groups in Dental Education. Washington, DC: American Dental Education Association, 2022. At: [https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/policy\\_advocacy/diversity\\_equity/ADI/ADEA-HURE-Report-March2022.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/diversity_equity/ADI/ADEA-HURE-Report-March2022.pdf). Accessed: March 22, 2022



counter unsubstantiated doubts about mentees' credentials, knowledge, skills, and/or experience.

## 2.1 | Reflections on mentorship

### 2.1.1 | Testimonial #1 from an assistant dean at a dental school in the Midwest

Growing up in Detroit, Michigan it was instilled in me from a young age that “That education is the key that opens the door of opportunity.” Watching my father, a shift supervisor at a local bakery with national distribution, made it clear of the attributes that men (and women) must embody. Here are just a few of the lessons my parents passed on to me and my three siblings, a strong work ethic, a commitment and love for family, a relationship with God and service to human-kind. Growing up the youngest of four siblings I was the first to graduate from college in my family. My parents who migrated to Detroit from the rural south (Georgia and Mississippi) in the early 1950s came to the North in hopes of a better work life and college education. When opportunities for them did not include completing a formal college education they transferred that dream to their children. As the youngest child I was the family's final hope. When I graduated from Detroit Public Schools (DPS) in 1986 less than 35% of graduates from DPS were male, which made the dream of attaining a college education even more daunting. As I was preparing to head off to Morehouse College in Atlanta Georgia in pursuit of my dream of becoming a dentist my father stated clearly to me “I can't call anyone at Morehouse and tell them to look out for my son because I don't have those connections, I can mortgage the house to pay your tuition, but if you want to go 600 miles away from home for college you are going to have to make it.” Making it meant to me that I would have to find the mentors, peers, and friends that would help me achieve success in my pursuit of a college education.

Mentorship has always been critical in my navigation of higher education. It was embodied by the first dentist who said yes and allowed me to shadow him in his public health clinic in Detroit, in the Michigan Director of Minority Affairs, who visited Morehouse each year to recruit and made sure that I applied to Michigan School of Dentistry, in the Howard dental alumnus who encouraged me to apply to my General Practice Residency at Harlem Hospital in New York city, in the innumerable faculty, staff and Deans who supported, nurtured, promoted, wrote letters of recommendations and continue to encourage me in my promotion in dental leadership and education. My mentors and role models are not just concerned about my professional growth but my development personally as a human being. Without a doubt “I stand on the shoulders

of those who have come before me,” the love and support of my mentors has made the difference in my personal life, clinical, and professional career trajectory in this noble profession of dentistry!

### 2.1.2 | Testimonial #2 from a Director of DEI/Associate Professor from a dental school in the south

Mentorship has been a foundational cornerstone of both a professional and personal nature. Being a native son of the capital city of South Carolina, Columbia, and merely one generation removed from segregated Jim Crow schools and neighborhoods, my hometown offered a large and altruistic class of Black and African American professionals that one could model themselves after. My childhood memories are filled with peeking in on my father, typing away on an early model IBM that nearly took up our entire kitchen table, as he feverishly worked on his dissertation, eventually earning his PhD in educational administration while I was in middle school. Additional family members had garnered various masters or law degrees; however, a dental or medical degree was not among them. Critical mass presented as key with the many BAA dentists practicing in Columbia, fulfilling a pivotal role as mentors, professional exemplars, and even opening up their offices for shadowing by enthusiastic pre dental students. The mantra of seeing is believing was not only key as a pre dental student but also once navigating the sacred halls of dental school. The luxury of seeing various BAA male residents and advanced dental education students served as consistent inspiration that obtaining the sometimes seemingly illusive DDS was in fact, possible.

Dental organizations such as the National Dental Association and Hispanic Dental Association have provided formal and informal support for many minority and historically excluded dentists and dental educators of color. While racial and ethnic similarities have served as key commonalities for mentor-mentee relationships, it is dire to note, mentoring relationships are not nor should not be predicated on racial concordance alone. Many colleagues and mentors either saw my talent or provided pathways of opportunity for me, who didn't look like me, but understood their role and purpose as a springboard for success.

### 2.1.3 | Testimonial #3 from an assistant professor at a dental school in the Midwest

I grew up in a small, conservative town in south Louisiana where expectations for my education were established by my mother and father, who were the first in their families

to graduate from college. For me, being a dentist has never been about “being a dentist.” I entered college without knowing that I needed to declare a major, what I wanted to study, or even pursue as a career. It wasn’t until my third year of college that dentistry was introduced to me, not even as a career, but as a challenge to explore the possibility of my curiosity. That “what if” mentality has been the cornerstone of my many experiences with mentorship. At every turn of my education and career I’ve met people who have planted seeds in my mind about what I could achieve if I simply explored more possibilities. It is only through those people that I embark upon this journey. Through challenges nurtured by affirmation, encouragement, validation, and guidance, I have gone places that my own imagination could not see and have exceeded my own expectations for success. Only through mentorship do I find a dental career, the pathways within, and a vehicle for self-discovery.

### 3 | PATHWAYS TO DENTISTRY PROGRAMS: SUCCESS STORIES FROM THE FIELD

The Profile for Success (PFS) summer program was established at the University of Michigan School of Dentistry (UMSD) in 1994 with a grant from the Federal Health Careers Opportunity Program. PFS aims to increase the number of HURE seeking to join the dental profession by encouraging college juniors and seniors from educationally and financially disadvantaged backgrounds to apply to dental school. PFS students receive mentorship, academic advising and coaching, Dental Admissions Test preparation, clinical hands-on skill building and dental anatomy, dental admissions advising, shadowing opportunities and dental school application completion coaching.

Since the beginning of PFS over 450 students have completed the program with over 67% now attending or have graduated from dental school.<sup>31</sup> Similarly over 41% of those attending dental school have matriculated or graduated from UMSD. This program exemplifies what can be achieved with sustained, coordinated DEI efforts to help HURE populations achieve a dental education. With over 468 BAA alumni, the UMSD has graduated more BAA dentists than any other dental school besides the two HBCU dental schools Meharry School of Dentistry and Howard University College of Dentistry. This program could serve as a case study for how dental schools can help BAA students thrive in attaining a dental education.

While the success of UMSD and its PFS summer program has garnered much acclaim through multiple decades of success, other dental schools and programmatic

efforts should not be intimidated or feel as if success is unattainable. Success in the recruitment and retention of Black men may look different for different dental schools, yet its impact is just as measurable. At Virginia Commonwealth University (VCU) School of Dentistry, success has been steady and incremental. In 2012, the school population across 4 years consisted of only one BAA male dental student. In 2020, there were eight BAA men across the four DDS classes. With so many moving variables: (1) leadership transitions, (2) more BAA faculty, advent of a prematriculation/co-curricular HURE student support program, (3) a BAA Director of Student Recruitment, (4) a BAA Director of DEI, and (5) a growing average of five to six BAA students in each entering DDS class; to what do we attribute the program’s success? Moreover, VCU’s Summer Academic Enrichment Program (SAEP) has been in existence since 2012 and in a prior iteration since 2008. From 2008 to 2012, over 54% of BAA male students in the VCU School of Dentistry SAEP were successful in matriculating into dental school, at VCU School of Dentistry or elsewhere.

As stated in the ADEA HURE report pathway programs are critical for the recruitment and development, they provide mentorship and create a sense of belonging, and dental schools should look for ways to expand on successful pathway program models to help increase the number of HURE dental graduates. There are many pathway programs that have been successful launched at various dental schools including the very successful Summer Health Professions Education Program (SHPEP) model. This program held at 12 sites across the country targets rising college sophomore and junior students providing a free 6-week summer program aimed at strengthening the academic proficiency and career development of its participants. Since ADEA joined the program in 2006, 2517 SHPEP scholars have graduated from dental school. Of those dental school graduates, 46.6% identify as HURE, and 66.3% are women.

Increased funding to these pathway programs and expanding models to address every college learner level, like SHPEP and PFS, could have a significant impact on increasing the number of HURE dental students and specifically BAA men.

## 4 | THE HBCU SIGNIFICANCE

### 4.1 | A history of equity in higher education

“While many colleges were started to groom the children of the nation’s elite, the goal of historically black colleges has always been to pull up, through education, the nation’s

**TABLE 1** Recommendations for antiracist and inclusive pathways to dentistry and dental education for Black/African-American (BAA) men

Needs	Proposed actions
Race and gender equity in dental school admissions and enrollment	<ul style="list-style-type: none"> <li>- Prioritize race and gender equity among leadership</li> <li>- Commit to longitudinal assessment of data driven metrics for recruitment, enrollment, and retention practices for ongoing program development</li> </ul>
Inclusion of intersectionality in humanistic environment practices and policies	<ul style="list-style-type: none"> <li>- Specifically name antiharassment and antidiscrimination guidelines and policies for Black male students and faculty (race and gender intersectionality) to promote their psychological, emotional, academic, and physical safety</li> </ul>
Data driven policies for improving diversity and humanistic environments for BAA men	<ul style="list-style-type: none"> <li>- Develop qualitative and quantitative research measures of BAA male student and faculty experiences and assess at regular intervals.</li> </ul>
Specificity to address the lack of BAA men in dentistry and dental education	<ul style="list-style-type: none"> <li>- Offer programs and scholarships to support the social, financial, academic, and professional needs of BAA male dental students and faculty</li> <li>- Provide infrastructure faculty to develop and oversee career pathway programs, with emphasis on predent to dental student to dentist to faculty to administrator to dean or higher level senior campus leader. This should also include resourced mentoring and specified pathways to BAA faculty promotion and tenure</li> </ul>
Empowerment of dental school diversity officers	<ul style="list-style-type: none"> <li>- Provide continued and sustained human and financial resources</li> <li>- Establish a direct line of reporting to dental school Deans and cross campus collaboration with other diversity officers and overall institutional diversity executive leadership</li> </ul>
Historically Black Colleges and University (HBCU) partnerships and career pathway collaborations	<ul style="list-style-type: none"> <li>- Develop MOUs with HBCUs and pathways for guaranteed summer program admits and/or DDS program interviews/admission</li> </ul>

most marginalized—first the children of former slaves, then the children of sharecroppers and maids, and today the children of America’s still separate and unequal K-12 educational system.”<sup>32</sup>

A focus of HBCUs has always been to address the social and cultural needs of BAA scholars, while also providing opportunities for BAA scholars from underprivileged communities to achieve a college education. Nearly three of four students at HBCUs come from low-income families, compared with about half of all American college students, and most are still first-generation college attendees.<sup>33</sup> Although HBCUs account for just 3% of all colleges and universities, they award 16% of bachelor’s degrees earned by BAA students. Further, HBCUs have always been incubators of leadership among BAA college graduates. In the 1990s, the last time such data were collected, graduates of HBCUs accounted for 80% of the nation’s BAA judges, 50% of BAA doctors and lawyers, and 40% of BAA members of the United States Congress.<sup>34</sup>

## 4.2 | Increasing the number of BAA men in the dentist workforce

The 1926 Gies Report asserted that the value of Black dentists in the US was only to treat Black patients but highlighted the significant value of Meharry School of Dentistry and Howard University College of Dentistry to increasing the number of Black dentists in the US. That report

further acknowledged that Black people faced challenges entering the dental profession due to tumultuous social, economic, and educational conditions, and advocated for improvement and increase in the number of HBCU dental schools.<sup>35</sup> Although that report is nearly 100 years old, the underlying stimuli for Dr. Gies’ remarks remain true today.

More partnerships among dental schools and HBCUs can: (1) provide BAA male pre dental students with mentorship and academic rigor specific for health professional careers; (2) establish social and academic environments where Black men feel supported, seen, and valued<sup>36</sup>; (3) increase opportunities for Black men to pursue doctoral dental degrees. According to 2020–2021 data from the American Dental Association, Survey of Dental Education, of 66 dental schools, one in four of all BAA male dental school enrollees attended Meharry School of Dentistry and Howard University College of Dentistry.<sup>37</sup> The impetus to provide more opportunities for BAA students to enter into the health professions was amplified in April of 2022, when Xavier University of Louisiana, an HBCU that has historically gotten more BAA undergraduate students into graduate health professional programs than most colleges and universities in the US, announced its plans to open a new medical school.<sup>38</sup> With 11 new dental schools opening in the US since 2008,<sup>39</sup> and no increases in the rate of BAA male dental student enrollments, to what extent will dental education go to assure inclusivity of BAA men into the profession?

## 5 | CONCLUSION—A RISING TIDE LIFTS ALL BOATS: RECOMMENDATIONS TO INCREASE BAA MALES IN DENTAL EDUCATION AND DENTISTRY

While the call to address the recruitment and retention of BAA men into dentistry and dental education is clear and specific to more intentional and deliberate action, the associated positive outcomes are of benefit to all. Recommendations for antiracist and inclusive action to advance pathways for BAA men in dentistry are summarized in Table 1. Among those recommendations are: (1) leadership prioritization to address the underrepresentation of BAA men in dental education settings; (2) facilitating safe spaces to maximize BAA men's potential for success; (3) providing resources and developing infrastructure with strategic partnerships to facilitate ongoing recruitment and retention efforts; and (4) using data-driven metrics to improve programmatic efforts. Achieving such ambition toward antiracism and equity in oral health has potential to improve the oral health status of BAA and Medicaid populations through improved access to care and patient-provider communication, greater choice and satisfaction among patients, and improved access to care for racial and ethnic majority groups.<sup>13,14,40,41</sup> There is additional value added to establishing empathy, cultural sensitivity, and understanding through the inclusion of Black men's perspectives in dental professional settings, which can advance diversity in professional comradery and relationships. Dental school environments, dental professional settings, and other racial and ethnic groups are arguably disadvantaged because they miss opportunities—professionally, educationally, interpersonally—that might be accrued through the enriching, diverse experiences, and intellectual contributions that Black men can offer.


### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

### EDITOR'S DISCLOSURE

This article is published in the *Journal of Dental Education* as part of a special issue. Manuscripts for this issue were solicited by invitation and peer reviewed. Any opinions expressed are those of the authors and do not represent the *Journal of Dental Education* or the American Dental Education Association.

### ORCID

Carlos S. Smith DDS, MDiv, FACD  <https://orcid.org/0000-0002-7311-8515>

Patrick D. Smith DMD, MPH  <https://orcid.org/0000-0002-3252-1287>

## REFERENCES

1. Du Bois WEB. *The Souls of Black Folk*. Edwards BA, ed. Oxford University Press; 2008.
2. ADEA presidents' symposium on men of color in the health professions. American Dental Education Association. 2022. Accessed April 28, 2022. <https://www.youtube.com/watch?v=ZC964ULMB7s>
3. Slow to Change: HURE Groups in Dental Education. American Dental Education Association. 2022. Accessed March 22, 2022. [https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/policy\\_advocacy/diversity\\_equity/ADI/ADEA-HURE-Report-March2022.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/diversity_equity/ADI/ADEA-HURE-Report-March2022.pdf)
4. Nalliah RP, Timothé P, Reddy MS. Diversity, equity, and inclusion interventions to support admissions have had little benefit to Black students over the past 20 years. *J Dent Educ* 2021;85(4):448-455.
5. Racial and ethnic mix of the dentist workforce in the U.S. American Dental Association, Health Policy Institute. 2021. Accessed February 18, 2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic\\_0421\\_1.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0421_1.pdf)
6. *Oral health in America: a report of the Surgeon General*. U.S. Department of Health and Human Services; National Institute of Dental and Craniofacial Research; National Institutes of Health. 2000. Accessed February 19, 2022. <https://www.nidcr.nih.gov/sites/default/files/201710/hck10cv.%40www.surgeon.fullrpt.pdf>
7. National Institutes of Health. *Oral health in America: advances and challenges*. US Department of Health and Human Services; National Institutes of Health; National Institute of Dental and Craniofacial Research. 2021. Accessed February 18, 2022. <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf>
8. Mertz E, Calvo J, Wides C, Gates P. The Black dentist workforce in the United States. *J Public Health Dent*. 2017;77(2):136-147.
9. Vujicic M, Nasseh K, Fosse C. Dentist participation in Medicaid: How should it be measured? ADA. 2021. Accessed February 18, 2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpibrief\\_1021\\_1.pdf?rev=59e7a5e0b8e34337bb5b0b4066241193&hash=F7E98E87D6A35AB7D970E1A0B81EE7AB](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpibrief_1021_1.pdf?rev=59e7a5e0b8e34337bb5b0b4066241193&hash=F7E98E87D6A35AB7D970E1A0B81EE7AB)
10. American Dental Education Association. *Toolkit Vol I: A Case for Dental Academic/Community Partnerships for Leadership and Diversity*. American Dental Education Association; 2016.
11. American Dental Education Association. *Toolkit Vol II: A Case for Dental Academic/Community Partnerships for Leadership and Diversity*. American Dental Education Association; 2017.
12. ADEA policy statement on the prevention and elimination of racism, harassment, discrimination and bias in dental education. American Dental Education Association. 2021. Accessed April 28, 2022. [https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion\\_Final/about\\_adea/governance/ADEA-Policy-on-Prevention-and-Elimination-Racism-Bias-Discrimination-Harassment.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion_Final/about_adea/governance/ADEA-Policy-on-Prevention-and-Elimination-Racism-Bias-Discrimination-Harassment.pdf)
13. Pilcher ES, Charles LT, Lancaster CJ. Development and assessment of a cultural competency curriculum. *J Dent Educ* 2008;72(9):1020-1028.
14. Saha S, Arbelaez J, Cooper L. Patient-physician relationships and racial disparities in the quality of health care. *Am J Public Health* 2003;9:1703-1719.



15. Williams DR. The health of men: structured inequalities and opportunities. *Am J Public Health*. 2008;98(9 Suppl):S150-S157.
16. Gilbert KL, Ray R, Siddiqi A, et al. Visible and invisible trends in Black men's health: pitfalls and promises for addressing racial, ethnic, and gender inequities in health. *Annu Rev Public Health*. 2016;37:295-311.
17. Hudson D, Banks A, Holl D, Sewell W. Understanding health inequalities experienced by Black Men: fundamental links between racism, socioeconomic position, and social mobility. In: Griffith D, Bruce M, Thorpe R, eds. *Men's Health Equity*. Routledge; 2019.
18. Khan A. Getting killed by police is a leading cause of death for young Black men in America. *latimes*. 2019. Accessed April 28, 2022. <https://www.latimes.com/science/story/2019-08-15/police-shootings-are-a-leading-cause-of-death-for-black-men>
19. Smith WA, Mustaffa JB, Jones CM, et al. You make me wanna holler and throw up my hands!: Campus culture my hands!': campus culture, Black misandric microaggressions, and racial battle fatigue. *Int J Qual Stud Educ*. 2016;29(9):1189-1209.
20. Kaiser CR, Miller CT. Stop complaining!: the social costs of making attributions to discrimination. *Pers Soc Psychol Bull*. 2001;27(2):254-263.
21. Cureton SR. Race-specific college student experiences on a predominantly White campus. *J Black Stud*. 2003;33(3):295-311.
22. Ester TV, Tucker-Lively FL, Smith C, et al. The status of climate studies in the United States and Canadian dental schools: deans' perspectives. *J Dent Educ*. 2021;85(10):1616-1626.
23. Missing persons: minorities in the health professions. The Sullivan Commission. 2003. Accessed April 28, 2022. <https://campaignforaction.org/wp-content/uploads/2016/04/SullivanReport-Diversity-in-Healthcare-Workforce1.pdf>
24. ADEA faculty diversity toolkit. American Dental Education Association. Accessed February 19, 2022. [https://www.adea.org/uploadedFiles/ADEA/Content\\_Conversion/policy\\_advocacy/diversity\\_equity/FDT/ADEA\\_FDT\\_FINAL.pdf](https://www.adea.org/uploadedFiles/ADEA/Content_Conversion/policy_advocacy/diversity_equity/FDT/ADEA_FDT_FINAL.pdf)
25. Price SS, Grant-Mills D. Effective admissions practices to achieve greater student diversity in dental schools. *J Dent Educ*. 2010;74(10 Suppl):S87-S97.
26. Salsberg E, Brantley E, Westergaard S, et al. Limited, uneven progress in increasing racial and ethnic diversity of dental school graduates. *J Dent Educ*. 2022;86(1):107-116.
27. Oliver KB, Nadamuni MV, Ahn C, et al. Mentoring Black men in medicine. *Acad Med*. 2020;95:S77-S81.
28. Altering the course: Black males in medicine. Association of American Medical Colleges. 2015. Accessed April 28, 2022. [https://store.aamc.org/downloadable/download/sample/sample\\_id/84/](https://store.aamc.org/downloadable/download/sample/sample_id/84/)
29. Hudson D, Sacks TA, Sewell W, et al. Surviving the white space: perspectives on how middle-class Black men navigate cultural racism. *Ethn Racial Stud*. 2021;44(14):2513-2531.
30. Lacy KR. *Blue-Chip Black: Race, Class, and Status in the New Black Middle Class*. University of California Press; 2007.
31. M Dentistry. Profile for success program turns 25. 2019. Accessed April 28, 2022. <https://news.dent.umich.edu/wp-content/uploads/2020/02/PFS-story-only.pdf>
32. Hannah-Jones N. A prescription for more Black doctors. 2015. Accessed April 28, 2022. <https://www.nytimes.com/2015/09/13/magazine/a-prescription-for-more-black-doctors.html>
33. Fast facts: Historically Black colleges and universities. National Center for Educational Statistics. Accessed April 28, 2022. <https://nces.ed.gov/fastfacts/display.asp?id=667>
34. How historically Black colleges transformed America. Thurgood Marshall College Fund. Accessed April 28, 2022. <https://www.tmcf.org/events-media/tmcf-in-the-media/how-historically-black-colleges-transformed-america/>
35. Gies W. *Dental Education in the United States and Canada: A Report to the Carenegie Foundation for the Advancement of Teaching*. Merrymount Press; 1926.
36. Palmer RT, Wood JL, Arroyo A. Toward a model of retention and persistence for Black men at historically Black colleges and universities (HBCUs). *Spectrum (Bloomington, Ind: 2012)*. 2015;4(1):5-20.
37. Program Surveys, Survey of Dental Education Series, Report 1: Academic Programs, Enrollment and Graduates, 2020-2021, Table 15: United States dental school graduates by gender and race/ethnicity. American Dental Association, Health Policy Institute. 2022. Accessed April 28, 2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/sde1\\_2020-21\\_final.xlsx?rev=cf92960a3e5e41209875327006f4b8d8&hash=F7C80B5C15B8D1B5240E1FD9541B8920](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/sde1_2020-21_final.xlsx?rev=cf92960a3e5e41209875327006f4b8d8&hash=F7C80B5C15B8D1B5240E1FD9541B8920)
38. Fazio M. Xavier University plans to open medical school in Louisiana. 2022. Accessed April 28, 2022. [https://www.nola.com/news/education/article\\_17fc190a-c196-11ec-ab1d-6ffaf729cf96.html](https://www.nola.com/news/education/article_17fc190a-c196-11ec-ab1d-6ffaf729cf96.html)
39. Trends in U.S. dental schools. American Dental Association, Health Policy Institute. Accessed April 28, 2022. [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic\\_0821\\_1.pdf?rev=99a898d70dac4ce4a6de52f4b29bac4e&hash=A6433BBBFF716E78C01354BC739CC6E8](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpigraphic_0821_1.pdf?rev=99a898d70dac4ce4a6de52f4b29bac4e&hash=A6433BBBFF716E78C01354BC739CC6E8)
40. Mertz EA, Wides CD, Kottek AM, et al. Underrepresented minority dentists: quantifying their numbers and characterizing the communities they serve. *Health Aff (Millwood)*. 2016;35(12):2190-2199.
41. Okunseri C, Bajorunaite R, Abena A et al. Racial/ethnic disparities in the acceptance of Medicaid patients in dental practices. *J Public Health Dent* 2008;68(3):149-53.

**How to cite this article:** Ester TV, Smith CS, Smith PD. Illuminating light in the darkness: Black/African-American men in dental education and strategies for change. *J Dent Educ*. 2022;86:1214–1222. <https://doi.org/10.1002/jdd.13065>