

# **ADEA Women's Health Symposium**

## **Working Group Report 2013**

### **Gender Issues in the Dental Curriculum**

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#### **Background and Introduction:**

A Congressional directive in 1993 provided the basis for major efforts to address longstanding inequities that had existed in Women's health in the education of health professionals. The Office of Research on Women's (NIH/ORWH) established in September, 1990 responded to the 1994 Health Resources and Services (HRSA) directive to "ensure that Women's health is given the highest priority through HRSA programs in training, research, treatment and service." Resulting from these actions, the National Institute of Health's (NIH) Office of Research on Women's Health (ORWH) funded two surveys: Women's Health in the Medical School Curriculum (1996) and Women's Health in the Dental School Curriculum (1997) became seminal reports related to women's health in medical and dental education. Women's Health in the Dental Curriculum 2011: Survey Report and Recommendations was released in March, 2012. The 2011 Report contains many positive findings- foremost is that women's health is being integrated in multi disciplines across multiple subject areas. Women's health instruction is being blended into curricula and covered as part of lectures or seminars but not necessarily as stand-alone topics. In the 1997 Report, the focus was primarily on female reproductive biology. A "life-span" approach to women's health was not considered in 1997. More than half of the respondents in 2011 now report that instruction on impact of gender on oral health and health issues across life stages is required. All respondents in 2011 now reported required coursework on osteoporosis and alveolar bone loss in postmenopausal women. Fibromyalgia, chronic fatigue, pelvic inflammatory disease, cervical dysplasia/cancer, obesity, lipoprotein disorders and lung cancer are among diseases that are required more today in dental school courses than in 1997. The instructional format continues to be primarily lectures (80%) and the method of assessment as reported is multiple choice (90%) and oral examination (10%).

In 2011, female sexuality and sexual dysfunction continue to be the least covered sexual and reproductive function areas. Current dental educators believe that educating future dental health care providers about women's health is important but future curricular changes in this direction are not likely to be pushed. A new paradigm for women's health emerged from the study that includes: IPE, team-based care and a science base that benefits the health of both genders. The two hour symposium: Gender Issues in the Dental Curriculum (3/15/2013) included a panel of three speakers followed by working group discussion.

**Learning Objectives:**

- The major areas of progress that have occurred in dental school curricula regarding women's health including oral health.
- Practice implications for women's health in patient and family centered clinical care.
- Policy recommendations that influence how women's health is perceived and implemented as both an interdisciplinary science and a dental curriculum content area.