ADEA Checklist to Promote Diversity, Equity and Inclusion

This checklist assists ADEA dental schools and allied dental programs with evaluating and developing strategies to improve campus diversity, equity and inclusion. The checklist was developed using best practices from the literature on diversity/inclusion and draws on model diversity programs used to promote inclusive excellence in higher education and health professions education. To address the differences among schools and programs within dental education, we have identified a wide range of strategies. *However, we advise you to be focused in your approach by identifying key strategies you can undertake now and reserving other strategies for future exploration.* The checklist is a starting point and not an exhaustive list. We also encourage you to expand on the strategies below.

In using the checklist, you should evaluate and discuss with a variety of campus stakeholders the current and future expected relevance of each identified strategy. The following rating system should be applied to evaluate the use of the potential strategy at your campus: (√= highly relevant); (√= relevant) or (√= not relevant). Please consider the following questions when completing the comments section: 1) Has the campus tried or will the campus retry the strategy? 2) Who is assigned to follow up or further develop the strategy? 3) What resources are available or will be committed to support the strategy?

The checklist includes items that may be particularly relevant in light of the need to preserve and pursue diversity initiatives during the economic challenges of the COVID-19 pandemic and in response to the Black Lives Matters/Anti-Racism Movement. Other strategies apply more broadly to various aspects of ongoing efforts to foster inclusive excellence. Remember that campus stakeholders do not expect you to have all the answers, but stakeholders do expect to see commitment and measurable progress. For further assistance, please contact the ADEA Office of Access, Diversity and Inclusion at adi@adea.org.

Strategy	Highly Relevant	Relevant	Not Relevant	Comments
1-Mission/Vision and Strategic Planning				
1-A ***Dental School/Allied Dental Strategic Plan***—Does your strategic plan include goals and objectives that support diversity, equity and inclusion in the following areas: student recruitment/retention; faculty recruitment/retention, staff recruitment/retention; culturally infused curriculum (including clinic); strategies to advance students, faculty and staff along the cultural competence continuum; oral health equity; community outreach to support historically underrepresented and vulnerable populations/patients? How is accountability measured? How do you communicate progress to the internal and external community? (Idea: Use the ADEA Access, Diversity and Inclusion Framework 1-1 to assist with strategic goal discussions and planning.) See also the AAMC Strategic Planning Checklist, Culture and Climate Resources and the *AAMC Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide*.				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
1-B	***Mission and Value Statements***—Are the dental school/allied dental program mission and value statements reviewed regularly to ensure they include principles of diversity, equity and inclusion, along with updated language?				
1-C	***Accreditation Standards***—Are CODA standards on diversity, inclusion and humanistic environment widely publicized, and is support for the standards articulated regularly?				
1-D	***Educational and Societal Benefits of Diversity***—How do you regularly communicate to faculty, staff, students, residents and fellows the educational and societal benefits of diversity that derive from your mission?				
2-Creating a Welcoming Climate					
2-A	***Townhall Meetings and Voices of Underrepresented Stakeholders***—Are townhall meetings held throughout the year, as needed, to promote dialogue and transparency? Do you or senior administrators meet regularly with students, faculty, residents and staff affinity groups? How are perspectives and concerns of faculty, student, residents and staff affinity groups communicated to the dean or allied dental program director?				
2-B	***Relationship With Campus and Local Police***—What actions have been taken to review relationships and memoranda of understanding with campus and local police in conjunction with campus/academic medical center administration?				
2-C	***Implementation of Climate Surveys and Diversity Readiness Assessments***—Do you have baseline climate data? Are the climate survey focus areas telling you what you need to know (e.g., well-being, engagement and intergroup relations, differential treatment/discrimination, classroom/clinical environment, etc.)? When comparing climate data, which programs, departments and colleges are you using as your peers? Have you assessed the diversity, equity and inclusion landscape at your dental school, allied dental program and institution? (See the National Multicultural Institute's Identifying Organizational Readiness Checklist in *AAMC Diversity and Inclusion in Academic Medicine: A Strategic Planning Guide* and the AAMC webcast and supplemental guide, Assessing Institutional Culture and Climate.)				

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2-D	**Short Pulse Surveys**—Are you conducting short pulse surveys to get a quick snapshot of the impact of contemporary issues and gauge the thinking and concerns of faculty, staff, students, residents and alumni? How are you using this data to drive decision-making and strategies? See how VCU is using text messaging to gather this information: news.vcu.edu/article/How_are_VCU_students_feeling_about_COVID19_A_new_system_is_helping				
2-E	**Scheduling Courses/Clinic and Distance Learning**—How have you evaluated course/clinic and remote learning schedules to assess any possible disparate impact on students, faculty and staff in light of COVID-19, particularly historically underrepresented and marginalized (HURM) groups (e.g., childcare commitments, need to work now to assist with family finances, access to WiFi and hotspots, quiet places to study and work in light of stay-at-home/quarantines)?				
2-F	**Equity and Diversity Policies**—How do you regularly disseminate information on campus equity and equal opportunity polices? How do you regularly evaluate stakeholders' knowledge of these policies and resources? What measures, resources, systems and practices do you have in place to respond quickly to complaints of bias, discrimination and related issues? How have you evaluated the 24-hour accessibility and ease of access to these reporting and response systems for your various campus stakeholders? (Note: Work with essential campus partners and institutional offices like Human Resources; Student Affairs; Title IX Coordinator; Office of Diversity, Equity and Inclusion; and Campus Police to evaluate.)				

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2-G	***Well-being and Resiliency Programming and Support***—How are concepts and programming to support well-being and resiliency incorporated, developed and implemented in your community? What programming for faculty, staff, students, residents and fellows have you implemented to support the various dimensions of wellness? What courses have well-being and resiliency content? (Note: Consider partnering with campus Student Health Services; Human Resources; Campus Recreation; Wellness Officers; Office of Diversity, Equity and Inclusion; Counseling Services; and community organizations to help develop and assess your current wellness programs). Idea: Consider asking your student health or student affairs office for any data they have for professional students from the *ACHA-National College Health Assessment II* (ACHA-NCHA II). ACHA-NCHA II is a national research survey organized by the American College Health Association (ACHA) that provides substantial data about your students' habits, behaviors (e.g., stress, depression, drug and alcohol consumption, sexual habits, etc.) and perceptions on prevalent health topics. Reports and data regarding a specific campus' students are sent to each participating campus.				
2-H	***Unconscious Bias, the Cultural Competence Continuum and Diversity Training***—What different types of unconscious bias and diversity trainings are available for faculty, staff, students, residents and fellows? Which trainings are mandatory? How often are these trainings available? See the *Harvard Business Review* article, *Two Types of Diversity Trainings That Really Work*. (Idea: Consider partnering with campus-level Office of Diversity, Equity and Inclusion; Human Resources; Academic/Faculty Affairs; Equal Opportunity; Student Affairs; and other offices and organizations in your community to plan programs and access experts to develop programming)				

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2-I	*Communication and Messaging*—Have you conducted a recent audit to review your dental school/allied dental program social media accounts, publications and website to ensure diversity, equity and inclusion are represented appropriately? Do you have a webpage dedicated exclusively to diversity, equity and inclusion with links to important resources and information? Have you reviewed symbols within your facilities and spaces to see if they are contrary to principles of diversity, equity and inclusion? (e.g., Are there pictures, portraits, art, etc. that represent and support diversity?) Have you developed style guidelines, or does your institution have updated style guidelines for communication and messaging related to diversity, equity and inclusion (e.g., consider terms your campus uses in emails, publications and social media such as minorities vs. HURM students/faculty/staff/residents/ patients, American Indian vs. Native American, Indigenous vs. Aboriginal/White vs. white)?				
3-Administration of Diversity, Equity and Inclusion					
3-A	*Appointment of a Diversity Officer and/or Review of Diversity Officer Responsibilities*—Do you have a diversity officer? Is this diversity officer part of senior administration? Does the diversity officer participate regularly in dean-level and allied dental program director-level meetings? What is the hierarchical level of this diversity position in comparison to other leadership positions (e.g., director, assistant/associate dean, coordinator)? What are the optics and what message is being sent to the community based on the hierarchical position level? How much of the diversity officer's duties are assigned to diversity/inclusion versus other duties? What resources and structures are in place to ensure that the diversity officer has enough time to commit to diversity, equity and inclusion work in order to be effective?				
3-B	*Commitment of Diversity, Equity and Inclusion Resources*—Have you reviewed diversity, equity and inclusion resources to determine whether they are effective in helping you achieve strategic diversity, equity and inclusion goals (e.g., staff, financial, professional development, programming, student recruitment/retention, faculty and staff recruitment/retention, resident recruitment and support)?				

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3-C	***Appointment or Revitalization of Diversity, Equity and Inclusion Committee***—Do you have a Diversity, Equity and Inclusion Committee? Does the committee have a formal charge from the dean or allied dental program director or does it need to be updated? Do you have inclusive representation on the committee? Does the committee provide an annual report to the dean or allied dental program director on activities and actions that is shared with the campus community? How do you ensure support for the committee? Does the committee need to be restructure or revitalized?				
3-D	***Dental School or Allied Dental Program Diversity Plan***—Do you have a diversity plan for your dental school or allied dental program that flows from your strategic plan's diversity, equity and inclusion goals? How do you report to the community on your progress? When or how often is the plan updated? Who is charged with ensuring it is updated, monitoring progress and reporting progress regularly to the community? (Idea: Use the ADEA Access, Diversity and Inclusion Framework 1-1 to assist you in your strategic goal discussions and planning.)				
3-E	***Diversity, Equity and Inclusion Data Transparency and Use to Develop Strategic Priorities***—Are you using dashboards to share faculty, student, resident and staff data (e.g., historically underrepresented race/ethnicity, gender identity, sexual orientation, etc.)? How are you collecting, evaluating and sharing demographic data related to recruitment, retention, student graduation, resident recruitment and faculty recruitment/tenure and promotion among these groups? How are the data being used to drive decision-making and develop strategies to support HURM groups?				
3-F	***Diversity, Equity and Inclusion Advisory Group*** *(suggested quarterly or bi-annual meeting)*—Do you have a dean's or allied program director's advisory group with representation from diverse alumni, community leaders and dental associations that support HURM groups in your state and local community? Do you invite your students, faculty, staff and residents to these meetings to share information and seek their advice and support for diversity initiatives?				

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3-G	***Diversity, Equity and Inclusion Statement* and *Statements in Response to Black Lives Matter/Anti-Racism*—**Does your campus have a diversity statement? If so, how is it widely disseminated and publicized? Did you issue a statement in response to the recent Black Lives Matter and Anti-Racism Movements? If yes, remember to demonstrate commitment and follow through as part of your strategic programming and planning.				
4-Support for Diverse Students					
4-A	***White Coats for Black Lives Chapters*—**Do you have a White Coats for Black Lives (WCFBL) Chapter (See link: WCFBL)? If yes, how have you invited chapter representatives to help you develop solutions and initiatives? (Ideas: Consider appointing chapter members to standing campus committees to promote ongoing dialogue and feedback. Partner with the WCFBL Chapter, diversity officers, student affairs, academic/faculty and others throughout your institution to demonstrate shared goals commitment and develop collaborative efforts.)				
4-B	***Holistic Review Admissions and Enrollment Management*—**Does your campus use holistic admissions in the recruitment of students, residents and fellows? Is unconscious bias and cognitive error training required for all admissions committee members? Are your holistic admission policies and practices regularly reviewed to ensure they are consistent with federal and state laws? Are HURM groups represented on your admissions committee? Are holistic review efforts evaluated as required by law to ensure compliance with federal case law and review for race-neutral alternatives (work with your campus attorney in this effort)? See: *The Playbook: Understanding the Role of Race Neutral Strategies in Advancing Higher Education Diversity Goals* (2d Ed. 2019) and *Roadmap to Excellence: Key Concepts for Evaluating the Impact of Medical School Holistic Admissions* by AAMC. Do you meet annually with the admissions committee and chief admissions officer to discuss recruitment efforts/goals for diverse students and to debrief each year's admissions cycle? Does your school or program have a strategic enrollment management plan that focuses on performance analyses (including recruitment of HURM students), current and future market assessment, market and strategy prioritization, and a planning timeline for accomplishing enrollment goals. For a basic example, download the EAB Strategic Enrollment Management Framework, which can be adapted for your school/program. For more advanced examples, see California State University, Chico, Strategic Enrollment Plan and SUNY Broome Community College Strategic Enrollment Plan.				

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4-C	**Affinity Student Groups and Organizations**—Are there adequate resources to support affinity student groups such as SNDA, HDA, SAID, international students, Indigenous students and students in the LGBTQIA+ community?				
4-D	**ADEA Student Diversity Leadership Program (ADEA SDLP)**—Do you send at least two students to the annual ADEA Student Diversity Leadership Program that occurs the Friday before ADEA Annual Session & Exhibition? If yes, how do you ensure follow-up with students attending and assist students in sharing content, resources and skills learned at ADEA SDLP with others who do not attend? (Note: ADEA SDLP will be virtual for the 2021 ADEA Annual Session & Exhibition.)				
4-E	**New Student Orientation Diversity, Equity and Inclusion Programming**—How are principles and support for diversity, equity and inclusion incorporated into new student orientation activities for all students? What measures are you taking to assist new international and historically underrepresented/marginalized students with their transition to dental school or the allied dental program? How do you evaluate the success of new student orientation programming? (Idea: Consider assigning a book on diversity, equity and inclusion for new students each year, hosting a book discussion at orientation and using current students to lead small group or breakout sessions at orientation.)				
4-F	**Student Pipeline Programs**—How have you assisted students, alumni, residents and local dental associations in creating mentoring and other programs to support activities for HURM students interested in the oral health professions (e.g., consider grants, weekend and summer programs and partnering with other health professions schools and programs on your campus to develop and support pipeline programs)? See the *ADEA Faculty Diversity Toolkit*, Chapter 3: Best Practice Highlights—Recruiting and Hiring Diverse Faculty, A. Developing a Diverse Faculty Pipeline, for model student pipeline program examples.				

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4-G	***Housing, Internet Access and Food Insecurity***—Have you examined, polled and provided resources to ensure adequate housing, stable internet access and food for students? Has there been a disparate impact on HURM students as a result of COVID-19? (Idea: Work with the student financial aid office to ensure your students have access to the most available federal student aid programs; consider outreach to institutional housing offices and local housing near campus; provide hot spots or work with financial aid to add hot spots to the student financial aid budget cost of attendance; disseminate information to ensure that students who are dealing with food insecurity know how to access campus and community resources without shame or embarrassment; remember that resources may be needed for entire student families during difficult economic times and not just because of the COVID-19 pandemic.)				
4-H	***Student Conduct and Professionalism Policies and Practices***—Have you reviewed student conduct and professionalism policies, data and practices to ensure they are administered equitability and do not have a disparate impact on HURM students?				
4-I	***Honor Societies and Awards***—Have you reviewed student honor society and student award selection criteria, data and practices to ensure they are administered equitability and do not have a disparate impact on HURM students? How often do you review the data and selection criteria?				
4-J	***Enrollment Management and Academic Platforms*** (*Banner, PeopleSoft, Blackboard and other platforms*)—Have you reviewed enrollment management and academic platforms to support preferred names, pronouns and modern language for reporting race/ethnicity and gender identity categories? (Reminder: partner with admissions and the registrar to consider IPED and Clearinghouse reporting implications.)				

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4-K	***Cultivating Campus Allies***—What campus and community allies have you cultivated and enlisted as partners in your efforts to recruit and retain HURM students (e.g., student health services, student counseling center, campus Indigenous student office, campus recreation, institutional diversity offices and student affairs offices, campus LGBTQIA+ office and groups, human resources, campus equal opportunity office, local dental associations, alumni groups, institutional disability services, institutional housing office, institutional academic/faculty affairs office, community and campus faith-based offices and leaders)?				
4-L	***Academic Progression***—Have you reviewed academic progression policies, data and practices to ensure they are administered equitability and do not have a disparate impact on HURM students?				
4-M	***Student Support Services***—How are you regularly evaluating student support services to ensure that resources are available to support HURM students? What assessment have you done to ensure that students with disabilities have not been adversely impacted by the transition to remote learning? (Note: This includes DACA students, international students, LGBTQIA+ students, students of color, students with disabilities, Indigenous students, veterans, students who observe various religious practices and faiths and others. To assist in resource development and access, partner closely with the campus offices of Diversity, Equity and Inclusion; Student Financial Aid; Academic Support; Student Health; Counseling Services; Housing; Faith-based Campus Offices; Disability Services; LGBTQIA+ Centers; and other institutional and community organizations.)				
4-N	***Community Showing of ADEA Webinar on Supporting LGBTQIA+ Students***—Have you viewed or had a community showing of the ADEA on-demand webinar, Out and Safe: Supporting an Inclusive Dental School Community? (Idea: Following the webinar, consider holding small group break-out sessions led by experts and individuals on your campus or in your local community.)				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
5-Curriculum					
5-A	***Culturally Infused Curriculum***—How are you regularly evaluating classroom-based, preclinical and clinical, and community-based educational efforts to ensure there is culturally infused content? Are you engaging campus experts from other departments to assist and develop content (e.g., African American Studies, Gender and Women's Studies, LGBTIQIA+ Studies and Offices, Indigenous Studies, Latin and Latin American Studies and others)? How are you ensuring that cultural competency training/education is an essential part of the curriculum and that stakeholders are regularly provided self-reflection and assessment opportunities to determine how they are advancing along the cultural competency continuum?				
5-B	***Ethics and Professionalism Courses and Training***—How are principles of diversity, inclusion and equity infused throughout ethics and professionalism courses and training? Note: Behavioral Science education plays a crucial role in shaping future dental care providers' awareness, skills and knowledge related to communicating with patients, dental team members and colleagues in a culturally competent manner. Example: Providing standardized patient exercises to ensure communication skills training and skills related to coping with communication break downs.				
5-C	***MedEdPortal***—Are faculty familiar with the free online resources in the MedEdPortal (supported by AAMC and ADEA), which houses searchable teaching modules and learning materials on health equity, diversity and cultural competence that can be infused into courses for students and residents? Are faculty members taking advantage of best practices and related literature in the *Journal of Dental Education*?				
5-D	***Inclusive Pedagogy***—Have you convened a group to develop faculty training opportunities to assist them with developing strategies for incorporating inclusive pedagogies to engage all students, fully and fairly, in learning?(Idea: Partner with institutional Offices/Centers of Teaching and Learning and faculty experts in Teaching and Learning Departments from Schools of Education to explore best practices [including universal instructional design] and current research, and develop recommendations and strategies for inclusive teaching in classroom and clinical settings).				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
6-Supporting Diverse Faculty and Staff					
6-A	***Faculty Hiring Incentive and Retention Programs***—What faculty hiring incentive and retention programs have you tried? Consider the following: ➢ Funding initiatives o Competitive beginning salary and start-up incentives o "Bridge" funding o Funding for research projects related to diversity, inclusion and health inequities o Internal grant program o Shared funding o Fundraising campaign to support faculty and staff diversity ➢ Cluster hiring ➢ On campus, online and other professional development opportunities. See the *ADEA Faculty Diversity Toolkit* for a list of programming ideas ➢ Formal and informal mentoring programs—More information on formal mentoring and mentee guidelines and programs can be found in the *ADEA Faculty Diversity Toolkit*, Chapter 4: Best Practice Highlights—Retaining Diverse Faculty ➢ Leadership programs to develop and support diverse faculty—Search ADEA leadership opportunities ➢ Develop awards to support and foster diversity and health equity research ➢ Implement strategies to promote diversity, equity and retention across the faculty, promotion and tenure continuum and timeline: ✓ Recruitment and Search Practices ✓ Hiring Incentives and Negotiations ✓ Orientation and Onboarding ✓ Retention (mentoring, work/life balance, etc.) ✓ Review ✓ Promotion				
6-B	***Faculty Search Committees***—Does your Faculty Search Committee have diverse representation? Are unconscious bias and cognitive error training required for all Faculty or Staff Search Committees? See the *ADEA Faculty Diversity Toolkit*, Chapter 3: Best Practice Highlights—Recruiting and Hiring Diverse Faculty.				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
6-C	***Faculty Recruitment Plan***—Do you have a faculty recruitment plan? (Note: Work closely with academic/faculty affairs and the office of equal opportunity regarding data and best practices. See also examples of Tulane and Emory Faculty Recruitment Plans in the appendices of the *ADEA Faculty Diversity Toolkit*.)				
6-D	***New Faculty Orientation***—How are principles and support for diversity, equity and inclusion are incorporated into new faculty orientation activities?				
6-E	***Cultural Taxation and Equity-Mindedness***—How does your campus protect HURM faculty from being disproportionately burdened by service to the campus on committees and in advising roles? How does your campus promote equity-mindedness to make sure the burden for addressing dental school/allied dental program inequities does not fall solely on HURM faculty, staff or students? For more on "cultural taxation," see the *ADEA Faculty Diversity Toolkit*, Chapter 2: Barriers and Challenges to Recruiting and Retaining Diverse Faculty. For more on "equity-mindedness," see the *ADEA Faculty Diversity Toolkit*, Chapter 5: Conclusion.				
6-F	***AAMC Holistic Review Faculty Framework***—Have you adopted or instituted a pilot program to use the holistic review faculty framework? See the *ADEA Faculty Diversity Toolkit*, Chapter 3: Best Practice Highlights—Recruiting and Hiring Diverse Faculty. How are you evaluating the effectiveness of faculty hiring criteria and your faculty recruitment practices to ensure they are (1) effective in meeting your faculty recruitment goals and (2) equitable and fair in their application?				
6-G	***Diversity and Performance Evaluations***—What performance indicators are used to evaluate academic/clinical administrators and staff supervisors in their advancement of the core values of civility, mutual respect and diversity/inclusion within their spheres of influence? What performance review incentives and rewards are in place to motivate academic/clinical administrators and staff to meet performance review diversity goals and to advance diversity efforts and activities? (For ideas, see the *ADEA Faculty Diversity Toolkit*, Chapter 3: Best Practice Highlights—Recruiting and Hiring Diverse Faculty.)				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
6-H	**Tenure and Promotion**—How have you used tenure and promotion data to help develop strategies to support the tenure and promotion of HURM faculty? What assessment have you done to ensure that tenure and promotion criteria related to research, service, student teaching evaluations and other areas are free of bias and equitable for all faculty?(See the *ADEA Faculty Diversity Toolkit*, Chapter 2: Barriers and Challenges to Recruiting and Retaining Diverse Faculty, Promotion, *Tenure and Professional Development* and Chapter 4: Best Practice Highlights—Retaining Diverse Faculty, *Promotion and Tenure* for more information on bias in the tenure and promotion process and best practices related to promoting equity and fairness in tenure and promotion.)				
6-I	**ADEA Faculty Diversity Toolkit Launch Webinar**—Have you viewed or had a community viewing of the on-demand ADEA Faculty Diversity Toolkit Virtual Dedication and Launch webinar? The webinar highlights sections of the Toolkit and explores some of the concepts related to fostering a supportive climate for faculty. (Idea: Following the webinar, consider holding small group break-out sessions led by experts and individuals on your campus or in your local community.) (See also the *ADEA FDT* webinar starting at starting at 00:28:13 for information on the benefits of faculty diversity and suggestions for fostering a supportive environment for diverse faculty.)				
6-J	**Develop and Assess Staff Recruitment and Retention Diversity, Equity and Inclusion Policies and Practices**—How have you used data to help develop strategies to support staff recruitment and retention? What assessment have you done to ensure that staff promotion criteria are free of bias and equitable for all staff? What type of assessment have you conducted to evaluate staff professional development resources? How have you collected data related to the recruitment, hiring and promotion of staff to ensure equity and foster retention?				

Strategy		Highly Relevant	Relevant	Not Relevant	Comments
7-Patients and Community Engagement					
7-A	***Supporting Underrepresented and Vulnerable Patients***—How are you regularly evaluating protections for historically underrepresented and vulnerable patients? Do you review admitting practices in your clinics to reduce bias regarding race and perceived income? Are patients admitted to clinics based solely on dental need and not income? What steps do you have in place to reduce bias in patient admitting practices? Do you conduct an audit of materials, slides, case presentations to remove bias and stereotypes? (Note: For example, case presentations that have stereotypes, such as a homosexual man who is HIV positive, a male domestic violence/abuser who is abusing a woman and is from a lower socioeconomic group, etc., may reinforce bias and stereotypes.) Do you review prescribing and treatment planning practices for patients in various demographics? See the *New York Times* article on race-based medicine. (Note: Dental public health education is crucial to inform about oral health disparities and the challenges of accessing oral health care services for persons from HURM and other marginalized backgrounds.)				
7-B	***Clinical Mission***—How are you addressing oral health inequities and disparities among the patient populations in your dental clinic and outreach activities? How are you assisting vulnerable populations and unrepresented patients to ensure their access to dental services is not adversely impacted by the COVID-19 pandemic?				
7-C	***Community Engagement***—How are you engaging community partners to address health inequities?				
7-D	***ADEA Webinar on Supporting and Treating LGBTQIA+ patients***—Have you, faculty, staff, students and residents viewed or shared the ADEA on-demand webinar, Out and Safe: Supporting LGBTQ Health Equity? The webinar introduces the importance of comprehensive, person-centered care for LGBTQIA+ individuals and shares best practices for supporting LGBTQIA+ patients. (Idea: Following the webinar, consider holding small group break-out sessions led by experts and individuals on your campus or in your local community.)				