INFORMATIONAL REPORT ON DENTAL PUBLIC HEALTH PROGRAMS
ANNUAL SURVEY CURRICULUM SECTION

**Background:** At its Winter 2015 meeting, the Commission directed that each Review Committee review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. The Commission further suggested that each Review Committee review aggregate data of its discipline-specific Annual Survey Curriculum Section, as an informational report, when the materials are available following data collection and analysis. The Commission noted that all survey data is considered confidential at the programmatic level.

The Curriculum Section of the Commission’s Annual Survey is conducted for dental public health programs in alternate years. The next Curriculum Section will be conducted in August/September 2024. The draft Curriculum Section is provided in *Appendix 1* for review by the Dental Public Health Review Committee.

**Summary:** The Review Committee on Dental Public Health Education is requested to review the draft Curriculum Section of its discipline-specific Annual Survey (*Appendix 1*).

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
Part II - Dental Public Health Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

Please identify the percentage of time devoted by all students/residents combined to each of the 15 educational objectives in the advanced dental public health program.

21. Manage oral health programs for population health

22. Evaluate systems of care that impact oral health

23. Demonstrate ethical decision-making in the practice of dental public health

24. Design surveillance systems to measure oral health status and its determinants

25. Communicate on oral and public health issues

26. Lead collaborations on oral and public health issues

27. Advocate for public health policy, legislation, and regulations to protect and promote the public’s oral health, and overall health

28. Critically appraise evidence to address oral health issues for individuals and populations

29. Conduct research to address oral and public health problems

30. Integrate the social determinants of health into dental public health practice

31. Biostatistics

32. Epidemiology

33. Behavior science

34. Environmental health

35. Healthcare policy and management
36. Other, please specify

Total
CONSIDERATION OF PROPOSED REVISIONS TO THE ACCREDITATION
STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS IN DENTAL
PUBLIC HEALTH

Background: The Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were adopted by the Commission on Dental Accreditation (CODA) at its August 3, 2018 meeting for immediate implementation. According to the Commission’s Policy on Assessing the Validity and Reliability of the Accreditation Standards, “the validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.” Thus, the validity and reliability of the standards for a one-year program will be assessed after four (4) years. Therefore, the validity and reliability study for Advanced Dental Education Programs in Dental Public Health was initiated in the Spring of 2022.

At its Summer 2022 meeting, the Commission on Dental Accreditation considered the report of the Dental Public Health Education Review Committee (DPH RC) related to the discipline’s Accreditation Standards and the Report of the 2022 Validity and Reliability Study of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. The DPH RC recommended that, to ensure a thorough review of data and the comments received, further study of the Validity and Reliability Study data was warranted. Therefore, the DPH RC believed a workgroup made up of current DPH RC members, and no more than two (2) additional individuals, one (1) representing the American Board of Dental Public Health (ABDPH), and one (1) representing the American Association of Public Health Dentistry (AAPHD), should be formed to further study these issues, including the potential need for revision of the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health, as applicable, with a report to the Commission in Winter 2023.

Following consideration of the DPH RC report at its Summer 2022 meeting, the Commission on Dental Accreditation directed the establishment of a workgroup composed of current Dental Public Health Review Committee members and no more than two (2) additional individuals, one (1) representing the American Board of Dental Public Health (ABDPH), and one (1) representing the American Association of Public Health Dentistry (AAPHD), to further study the findings of the Validity and Reliability Study and identify Accreditation Standards, if any, which warrant revision. The Commission additionally directed that the workgroup study the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health in conjunction with its study of the findings of the Validity and Reliability study and identify Accreditation Standards, if any, which warrant revision. The Commission directed a report on the workgroups work for consideration by the Dental Public Health Review Committee and Commission in Winter 2023.

As directed by the Commission, the Ad Hoc Committee on Dental Public Health convened a series of five (5) meetings in Fall 2022 and, following extensive discussion, determined revisions to several Standards within the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health was warranted. The Ad Hoc Committee recommended that the DPH RC and Commission consider circulation of the proposed revisions to the Accreditation
Standards for Advanced Dental Education Programs in Dental Public Health to the communities of interest for review and comment.

At its Winter 2023 meeting, the DPH RC considered the work of the Ad Hoc Committee on Dental Public Health and the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. After discussion, the committee accepted the Ad Hoc Committee’s proposed revisions, and determined that an additional revision was warranted to Standard 4-9, amending the use of the term “unique” to “vulnerable” regarding patient populations and experiences of students/residents in public health dental care settings.

Following discussion, the DPH RC believed that the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health was warranted and recommended that the proposed revisions be circulated to the communities of interest for one (1) year for review and comment, with further consideration of comments received by the Review Committee and Commission in Winter 2024. At its Winter 2023 meeting, the Commission on Dental Accreditation concurred with the recommendation of the DPH RC and directed circulation of the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (Appendix 1) to the communities of interest for review and comment for a period of one (1) year, with Hearings in conjunction with the March 2023 American Dental Education Association (ADEA) Annual Session and the October 2023 American Dental Association (ADA) Annual Meeting, with comments reviewed at the Commission’s Winter 2024 meetings.

In accordance with the Commission’s Winter 2023 directive, the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health were circulated for a period of one (1) year for review and comment. The Commission received one (1) comment during the Hearing in conjunction with the March 2023 American Dental Education Association (ADEA) Annual Session (Appendix 2). The Commission received no (0) comments during the Hearing in conjunction with the October 2023 American Dental Association (ADA) Annual Meeting. The Commission received nine (9) written comments via its electronic comment portal, prior to the December 1, 2023 deadline (Appendix 3).

**Summary:** At this meeting, the Dental Public Health Review Committee and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (Appendix 1) and all comments received prior to the December 1, 2023 deadline (Appendix 2 and 3). If further revisions are proposed, the Commission may wish to circulate the proposed changes to the communities of interest for an additional comment period. Alternately, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

**Recommendation:**

Prepared by: Ms. Peggy Soeldner
At its Winter 2023 meeting, the Commission directed that the proposed revisions to Accreditation Standards for Advanced Dental Education Programs in Dental Public Health be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2023, for review at the Winter 2024 Commission meeting.

Written comments will only be accepted through the Commission’s Electronic Comment Submission Portal at this link:

https://surveys.ada.org/jfe/form/SV_4MfyZCcKnxCCHTD

Proposed Revisions to Standards Following Validity and Reliability Study Additions are Underlined Strikethroughs indicate Deletions

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health
Accreditation Standards for
Advanced Dental Education Programs in
Dental Public Health

Commission on Dental Accreditation
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Accreditation Standards for
Advanced Dental Education Programs in Dental Public Health

Document Revision History

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<td>August 3, 2018</td>
<td>Accreditation Standards for Advanced—Specialty Education Programs in Dental Public Health</td>
<td>Adopted and Implemented</td>
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<tr>
<td>August 3, 2018</td>
<td>Revised Terminology Related to Advanced Education Programs</td>
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Mission Statement of the
Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021
ACCREDITATION STATUS DEFINITIONS

1. PROGRAMS THAT ARE FULLY OPERATIONAL:

Approval (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval (with reporting requirements): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards or policies must be demonstrated within a timeframe not to exceed eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/13; 8/10, 7/05; Adopted: 1/98

2. PROGRAMS THAT ARE NOT FULLY OPERATIONAL: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program’s accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification “initial accreditation” is granted based upon one or
1 more site evaluation visit(s).  
2 Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02
Preface

Maintaining and improving the quality of advanced dental education programs is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced dental education programs is a voluntary effort of all parties involved. The process of accreditation assures students/residents, the dental profession, specialty boards and the public that accredited training programs are in compliance with published standards.

Accreditation is extended to institutions offering acceptable programs in the following discipline of advanced dental education: dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial radiology, oral and maxillofacial surgery, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics. Advanced education in general dentistry, general practice dentistry, dental anesthesiology, oral medicine, and orofacial pain.

Program accreditation will be withdrawn when the training program no longer conforms to the standards as specified in this document, when all first-year positions remain vacant for a period of two years or when a program fails to respond to requests for program information. Exceptions for non-enrollment may be made by the Commission for programs with “approval without reporting requirements” status upon receipt of a formal request from an institution stating reasons why the status of the program should not be withdrawn.

Advanced dental education may be offered on either a certificate-only or certificate and degree-granting basis.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted certifying boards. The Commission has the ultimate responsibility for determining a program’s accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate advanced dental education programs in each discipline for accreditation purposes. The Commission on Dental Accreditation establishes general standards which are common to all disciplines of advanced dental education, institution and programs. Each discipline develops discipline-specific standards for education programs in its discipline. The general and discipline-specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the education content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by programs in the particular discipline.

Dental Public Health Standards
As a learned profession entrusted by the public to provide for its oral health and general well-being, the profession provides care without regard to race, color, religion, national origin, age, disability, sexual orientation, status with respect to public assistance or marital status.

The profession has a duty to consider patients’ preferences, and their social, economic and emotional circumstances when providing care, as well as to attend to patients whose medical, physical and psychological or social situation make it necessary to modify normal dental routines in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairments, complex medical problems, significant physical limitations, and the vulnerable elderly. The Standards reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching, research and oral health care delivery.

The profession adheres to ethical principles of honesty, compassion, kindness, respect, integrity, fairness and charity, as exemplified in the ADA Principles of Ethics and Code of Professional Conduct and the ADEA Statement on Professionalism in Dental Education.

General standards are identified by the use of a single numerical listing (e.g., 1). Discipline-specific standards are identified by the use of multiple numerical listings (e.g. 1-1, 1-1.2, 1-2).

In October 1997 and revised in 2016, the American Association of Public Health Dentistry approved “Competency Statements for Dental Public Health”. This document outlines the competencies expected of a public health dentist. The term competency has been used to denote the knowledge, skills, and values necessary to function as a specialist in dental public health. It is expected that the specialist will perform these skills at the competent level.
Definitions of Terms Used in Dental Public Health Accreditation Standards

The terms used in this document (i.e. shall, must, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or **Shall**: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

**Intent**: Intent statements are presented to provide clarification to the advanced dental education programs in dental public health in the application of and in connection with compliance with the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

**Examples of evidence to demonstrate compliance include**: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Should**: Indicates a method to achieve the standard; highly desirable, but not mandatory.

**May or Could**: Indicates freedom or liberty to follow a suggested alternative.

Graduates of discipline-specific advanced dental education programs provide unique services to the public. While there is some commonality with services provided by specialists and general dentists, as well as commonalities among the specialties, the educational standards developed to prepare graduates of discipline-specific advanced dental education programs for independent practice should not be viewed as a continuum from general dentistry. Each discipline defines the educational experience best suited to prepare its graduates to provide that unique discipline service.

**Competencies**: Statements in the advanced dental education standards describing the knowledge, skills and values expected of graduates of discipline-specific advanced dental education programs.

**Competent**: Having the knowledge, skills and values required of the graduates to begin independent, unsupervised discipline-specific practice.

**In-depth**: Characterized by thorough knowledge of concepts and theories for the purpose of critical analysis and synthesis.

**Understanding**: Knowledge and recognition of the principles and procedures involved in a particular concept or activity.
Other Terms:

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Affiliated institution: support responsibility for advanced dental education programs.

Advanced dental education student/resident: a student/resident enrolled in an accredited advanced dental education program.

A degree-granting program is a planned sequence of advanced courses leading to a master’s or doctoral degree granted by a recognized and accredited educational institution.

A certificate program is a planned sequence of advanced courses that leads to a certificate of completion in an advanced dental education program recognized by the American Dental Association.

Student/Resident: The individual enrolled in an accredited advanced dental education program.

International Dental School: A dental school located outside the United States and Canada.

Evidence-based healthcare/dentistry: Evidence-based healthcare/dentistry is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

Formative Assessment*: guiding future learning, providing reassurance, promoting reflection, and shaping values; providing benchmarks to orient the learner who is approaching a relatively unstructured body of knowledge; and reinforcing students’ intrinsic motivation to learn and inspire them to set higher standards for themselves.

Summative Assessment*: making an overall judgment about competence, fitness to practice, or qualification for advancement to higher levels of responsibility; and providing professional self-regulation and accountability.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced dental education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of advanced dental education student/resident achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of dental public health and that one of the program goals is to comprehensively prepare competent individuals to initially practice dental public health. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program’s stated goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced dental education discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, and faculty financial support
Advanced dental education programs **must** be sponsored by institutions, which are properly chartered and licensed to operate and offer instruction leading to degrees, diplomas or certificates with recognized education validity. Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of advanced dental education programs **must** ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and **admit, manage and discharge** patients.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

The authority and final responsibility for curriculum development and approval, student/resident selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

The institution/program **must** have a formal system of quality assurance for programs that provide patient care.

The position of the program in the administrative structure **must** be consistent with that of other parallel programs within the institution and the program director **must** have the authority, responsibility, and privileges necessary to manage the program.

1-1 Dental Public Health programs **must** be sponsored by federal, state or local public health agencies, dental schools, health facilities, schools of public health, or other institutions of higher learning.

**USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS**

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-2 All arrangements with sites where educational activity occurs, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved. The following items **must** be covered in such inter-institutional agreements:
a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of students/residents; and
e. Each institution’s financial commitment.

**Intent:** The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

1-3 For each site where educational activity occurs, there must be an appropriate on-site supervisor who is supervision by an individual qualified by education in the curriculum areas for which he/she is responsible.

1-4 The selection of educational activity sites must be based on careful documented assessment of the resources of the sponsoring institution, program objectives, student/resident needs and accreditation requirements.

1-5 The objectives of the assignments to each affiliated educational activity site must be identified and must be used in evaluating the effectiveness of assignments.

If the program utilizes educational activity sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Reporting and Approval of Sites Where Educational Activity Occurs in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by one director who is board certified in dental public health, the respective advanced dental education discipline of the program. (All program directors appointed after January 1, 1997, who have not previously served as program directors, must be board certified.)

Intent: The director of an advanced dental education program is to be certified by a nationally accepted certifying board in the advanced dental education discipline. Board certification is to be active. The board certification requirement of Standard 2 is also applicable to an interim/acting program director. A program with a director who is not board certified but who has previous experience as an interim/acting program director in a Commission-accredited program prior to 1997 is not considered in compliance with Standard 2.

Examples of evidence to demonstrate compliance may include:

For board certified directors: Copy of board certification certificate; letter from board attesting to current/active board certification.

For non-board certified directors who served prior to January 1, 1997: Current CV identifying previous directorship in a Commission on Dental Accreditation or Commission on Dental Accreditation of Canada accredited advanced dental education program in the respective discipline; letter from the previous employing institution verifying service.

The program director must be appointed to the sponsoring institution and have sufficient authority and time to achieve the educational goals of the program and assess the program’s effectiveness in meeting its goals.

2-1 The program must be directed by a single individual who has at least a 40% appointment to the sponsoring institution and a commitment to teaching and supervision that is uncompromised by additional responsibilities.

Intent: Other activities do not dilute a program director’s ability to discharge his/her primary obligations to the educational program.

Documentation of all program activities must be ensured by the program director and available for review.

2-2 In dental public health residency programs, there must be an advisory committee composed of individuals knowledgeable in the field of dental public health to assist the program director in the development, revision and evaluation of each student’s/resident’s residency curriculum plan, periodic assessment of each student’s/resident’s progress, final assessment of the degree of attainment of the plan’s goals, as well as periodic review of the residency program itself.
2-3 While the needs of individual students/residents may vary, appropriate educationally qualified faculty or consultants **must** be available to support student/resident instruction and research.

2-4 All faculty, including those at major and minor educational activity sites, **must** be trained to a standard to ensure consistency in training and evaluation of students/residents that supports the goals and objectives of the program.

**Intent:** Faculty training may consist of outcomes based on the use of evaluation forms, tools, metrics and/or minutes of faculty training sessions showing consistency across all sites.

2-5 The program **must** show evidence of an ongoing faculty development process, for full-time program faculty.

**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance student retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

Examples of evidence to demonstrate compliance may include:

- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
STANDARD 3 - FACILITIES AND RESOURCES

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. For program sites that participate in clinical care, equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

Intent: The facilities and resources (e.g., support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, students/residents, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

For program sites that participate in clinical care, the program must document its compliance with the institution’s policy and applicable regulations of local, state and federal agencies, including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students/residents, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

Intent: The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the students/residents, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

Students/Residents, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as SARS-COVID, influenza, mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

Intent: The program should have written policy that encourages (e.g., delineates the advantages of) immunization of students/residents, faculty and appropriate support staff.

All students/residents, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

Intent: Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.

The use of private office facilities as a means of providing clinical experiences in advanced dental education is only approved when the discipline has included language that defines the use of such facilities in its discipline-specific standards.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The advanced dental education program must be designed to provide special knowledge and skills beyond the D.D.S. or D.M.D. training and be oriented to the accepted standards of the discipline’s practice as set forth in specific standards contained in this document.

**Intent: The intent is to ensure that the didactic rigor and extent of clinical experience exceeds pre-doctoral, entry level dental training or continuing education requirements and the material and experience satisfies standards for the discipline.**

Advanced dental education programs must include instruction or learning experiences in evidence-based practice healthcare. Evidence-based dentistry healthcare is an approach that requires the judicious integration of systematic assessments of relevant scientific evidence that is used to make health policy, economic recommendations, and systems management decisions affecting populations to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise and the patient’s treatment needs and preferences.

**Advanced dental education programs must include instruction or learning experiences in evidence-based oral health practice that focuses on health promotion and disease prevention activities.**

**Intent: To ensure students/residents receive instruction or other learning experiences that leads to an understanding of the similarities and differences with the application of evidence-based oral health practice between individuals and communities for preventing of oral diseases and promoting health.**

Examples of Evidence to demonstrate compliance may include:

- Formal instruction (a module/lecture materials or course syllabi) in evidence-based practice
- Didactic Program course syllabi, course content outlines, or lecture materials that integrate aspects of evidence-based practice
- Literature review seminar(s)
- Multidisciplinary Grand Rounds to illustrate evidence-based practice
- Projects/portfolios that include critical reviews of the literature using evidence-based practice principles (or “searching publication databases and appraisal of the evidence”)
- Assignments that include publication database searches and literature appraisal for best evidence to answer patient-focused clinical questions.

The level of discipline-specific instruction in certificate and degree-granting programs must be comparable.

**Intent: The intent is to ensure that the students/residents of these programs receive the same educational requirements as set forth in these Standards.**
Documentation of all program activities must be ensured by the program director and available for review.

If an institution and/or program enrolls part-time students/residents, the institution/program must have guidelines regarding enrollment of part-time students/residents. Part-time students/residents must start and complete the program within a single institution, except when the program is discontinued. The director of an accredited program who enrolls students/residents on a part-time basis must ensure that: (1) the educational experiences, including the clinical experiences and responsibilities, are the same as required by full-time students/residents; and (2) there are an equivalent number of months spent in the program.

PROGRAM DURATION

4-1  A two-year dental public health program must encompass a minimum of two academic years in duration.

A one-year dental public health program must encompass a minimum of 12 months in duration.

Intent: One-year dental public health programs require prior attainment of a Masters in Public Health (MPH) or comparable degree.

INSTRUCTION IN ETHICS AND PROFESSIONALISM

4-12  Graduates must receive instruction in and be able to apply the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care, practice management, and programs to promote the oral health of individuals and communities.

Intent: Graduates are expected to know how to draw on a range of resources such as professional codes, regulatory law, and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern. Graduates are expected to respect the culture, diversity, beliefs and values in the community.

INSTRUCTION IN GENERAL PUBLIC HEALTH

4-23  The program must provide instruction at the advanced level in the following:

a. Epidemiology;
b. Biostatistics;
c. Behavioral science;
d. Environmental health; and
e. Health care policy and management.

Intent: Advanced level instruction is defined as a level higher than the baccalaureate.
Two-year dental public health programs must incorporate instruction specified in standard 4-23.

Directors of one-year programs must review each student’s/resident’s previous public health training and supplement it, where necessary, to ensure that instruction identified in Standard 4-23 is covered.

**Intent:** Individuals pursuing advanced education in dental public health require a foundation in the principles of general public health. For students/residents entering one-year dental public health programs, the principles of general public health normally will have been covered in the prerequisite MPH or comparable degree program.

**INSTRUCTION IN DENTAL PUBLIC HEALTH**

The program must provide instruction in the following competencies:

- Manage oral health programs for population health;
- Evaluate systems of care that impact oral health;
- Demonstrate ethical decision-making in the practice of dental public health;
- Design surveillance systems to measure oral health status and its determinants;
- Communicate on oral and public health issues;
- Lead collaborations on oral and public health issues;
- Advocate for public health policy, legislation, and regulations to protect and promote the public’s oral health, and overall health;
- Critically appraise evidence to address oral health issues for individuals and populations;
- Conduct research to address oral and public health problems; and
- Integrate the social determinants of health into dental public health practice.

**Intent:** Recent data suggest that unmet treatment needs within the United States (US) population are increasing and that access to oral health care is limited for the most vulnerable of the US population. The intent of the competency standards is to ensure that the resident is adequately trained to identify and document unmet oral health treatment needs within a specific population and plan effective community-based programs to meet these needs.

**STUDENT/RESIDENT CURRICULUM PLAN**

Each student/resident in a dental public health program must have a written curriculum plan, designed to build upon and augment previous education and experience, and which describes the competencies to be developed during the program, activities necessary to develop the stated competencies, and methods to evaluate the competencies.
SUPERVISED FIELD EXPERIENCE

4-78. The program **must** include a supervised field experience at a location determined by the program director which requires the students/residents to gain an understanding of one or more of the competencies listed in Standard 4-56. **The program must document, with a log of activities, the specific dental public health competency(ies) addressed during each field experience.**

**Intent:** Supervised multi-day field experiences are multi-week or multi-day mentored experiences such as practicums or internships that allow students/residents to enhance their practical understanding in one or more of the competencies listed in Standard 4-56. Supervised field experiences are not meant to include attendance at meetings, conferences, fieldtrips or other didactic sessions.

Examples of Evidence to demonstrate compliance may include:
- Supervisor’s evaluation
- Written, guided personal reflections and insights learned related to dental public health competency(ies)
- Written program assessments or business plans, including staffing models, workflow, budgeting, and business plans
- Other modalities which provide evidence of the experience

EXPERIENCES IN PUBLIC HEALTH DENTAL CARE SETTINGS

4-9. The program must include a supervised experience at a location determined by the program director which offers an opportunity for the students/residents to gain knowledge regarding the administration of oral healthcare services (management and delivery of care) of a dental program that provides clinical care to underserved and/or vulnerable population(s). The students’/residents’ experience in a public health dental clinic setting must log evidence of a minimum of 80 hours of supervised participation and documentation of the experience and understanding the challenges to delivering oral health services to the population(s) served. Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field Experience).

**Intent:** To facilitate the development of Dental Public Health students’/residents’ knowledge in the delivery of oral healthcare services to populations, students/residents should deepen their understanding of the provision of clinical care in settings that focus on underserved and/or vulnerable population(s). Experiences are multi-day mentored activities such as personally providing clinical care, practicums or internships that offer the opportunity for students/residents to enhance their understanding and appreciation of dental care for underserved and/or vulnerable population(s) populations. Clinical facilities may include but are not limited to Community Health Centers, hospitals, schools, clinics that care for...
vulnerable populations, such as low-income children, persons living with HIV, the homeless, and those with intellectual and/or developmental disabilities.

Examples of Evidence to demonstrate compliance may include:

- Supervisor’s evaluation
- Written, guided personal reflections and insights on the challenges delivering oral health care services to underserved and vulnerable populations,
- Written program assessments or business plans, including staffing models, workflow, budgeting, and business plans
- Other modalities which provide evidence of the experience.

RESEARCH PROJECT

4-9 The program must include a supervised research experience for each student/resident, approved by the program director, that demonstrates application of dental public health principles and sound dental public health research methodology, biostatistics and epidemiology, and is consistent with the competencies listed in Standard 4-56. (Also see Standard 6)

4-11 Students/Residents must complete one or more residency research projects after a review of the literature and approval of a comprehensive protocol;

Intent: The intent is to ensure that each student/resident is capable of conducting applied research to advance knowledge and understanding of the biological, social, behavioral, environmental and economic factors affecting the oral health status of the population and their prevention and control.

PROGRAM DURATION

4-9 A two-year dental public health program must encompass a minimum of two academic years in duration.

4-10 A one-year dental public health program must encompass a minimum of 12 months in duration.
STANDARD 5 - ADVANCED DENTAL EDUCATION STUDENTS/RESIDENTS

ELIGIBILITY AND SELECTION

Eligible applicants to advanced dental education programs accredited by the Commission on Dental Accreditation must be graduates from:

- a. Predoctoral dental programs in the U.S. accredited by the Commission on Dental Accreditation; or
- b. Predoctoral dental programs in Canada accredited by the Commission on Dental Accreditation of Canada; or
- c. International dental schools that provide equivalent educational background and standing as determined by the program.

Specific written criteria, policies and procedures must be followed when admitting students/residents.

**Intent:** Written non-discriminatory policies are to be followed in selecting students/residents. These policies should make clear the methods and criteria used in recruiting and selecting students/residents and how applicants are informed of their status throughout the selection process. Program directors are encouraged to refer applicants to the Dental Public Health program to the American Board of Dental Public Health for eligibility requirements to obtain Diplomate status.

Admission of students/residents with advanced standing must be based on the same standards of achievement required by students/residents regularly enrolled in the program. Students/Residents with advanced standing must receive an appropriate curriculum that results in the same standards of competence required by students/residents regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

- Policies and procedures on advanced standing
- Results of appropriate qualifying examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge

**Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.
5-1 The selection of dentists for advanced education in dental public health **must** be based on an assessment of their past academic performance to determine whether they will be able to complete the program requirements.

5-2 Applicants for one-year dental public health programs **must** possess an MPH or comparable degree.

**Intent:** For those students/residents admitted with a graduate degree comparable to the MPH, it is expected that the program director document the satisfactory completion of the educational requirements of Standard 4-3. Where deficiencies exist, the student’s/resident’s program director will create a supplemental curriculum plan to meet those requirements.

### EVALUATION

A system of ongoing evaluation and advancement **must** ensure that, through the director and faculty, each program:

- Periodically, but at least semiannually, assesses the progress toward (formative assessment) and achievement of (summative assessment) the competencies for the discipline using formal evaluation methods;
- Provides to students/residents an assessment of their performance, at least semiannually;
- Advances students/residents to positions of higher responsibility only on the basis of an evaluation of their readiness for advancement; and
- Maintains a personal record of evaluation for each student/resident which is accessible to the student/resident and available for review during site visits.

**Intent:** (a) The evaluation of competence is an ongoing process that requires a variety of assessments that can measure the acquisition of knowledge, skills and values necessary for discipline-specific level practice. It is expected that programs develop and periodically review evaluation methods that include both formative and summative assessments. (b) Student/Resident evaluations should be recorded and available in written form. (c) Deficiencies should be identified in order to institute corrective measures. (d) Student/Resident evaluation is documented in writing and is shared with the student/resident.

5-3 The student’s/resident’s curriculum plan **must** be reviewed at least semiannually and revised as appropriate when it is found that program objectives are not being met.

### DUE PROCESS

There **must** be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.
RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the advanced dental education students/residents must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all advanced dental education students/residents must be provided with written information which affirms their obligations and responsibilities to the institution, the program, and program faculty.

Intent: Adjudication procedures should include institutional policy which provides due process for all individuals who may potentially be involved when actions are contemplated or initiated which could result in disciplinary actions, including dismissal of a student/resident (for academic or disciplinary reasons). In addition to information on the program, students/residents should also be provided with written information which affirms their obligations and responsibilities to the institution, the program, and the faculty. The program information provided to the residents should include, but not necessarily be limited to, information about tuition, stipend or other compensation; vacation and sick leave; practice privileges and other activity outside the educational program; professional liability coverage; and due process policy and current accreditation status of the program.

5-4 Advanced education students/residents in dental public health must be provided with written information about:

a. Tuition, stipend and/or the compensation;
b. Vacation and sick leave;
c. Professional liability coverage;
d. Travel essential to completing the program requirements and if funds are available; and
e. Current accreditation status of the program; and
f. American Board of Dental Public Health eligibility and certification process.
STANDARD 6 - RESEARCH

Advanced dental education students/residents must engage in scholarly activity (see Standard 4-810 and 4-11).

6-1 Students/Residents must understand research methodology.

6-2 Students/Residents must understand biostatistics and epidemiology.

6-3 Students/Residents must complete one or more residency research projects after a review of the literature and approval of a comprehensive protocol; they must also produce evidence of engagement in scholarly activity based on the research conducted during the program.

Examples of evidence to demonstrate compliance may include:
- Presentation of papers from the research project at conferences.
- Development and submission of posters from the research project for scientific meetings.
- Submission of abstracts from the research project at educational meetings or publication in peer reviewed journals.
- Submission of articles from the research project for publication in peer reviewed journals.

Intent: The intent is to ensure that each student/resident is capable of conducting applied research to advance knowledge and understanding of the biological, social, behavioral, environmental and economic factors affecting the oral health status of the population and their prevention and control. Students/Residents are encouraged to document new knowledge in the literature for the benefit of others.
**Spring 2023 CODA Hearing on Standards**  
**Thursday, March 30, 2023, 6:00pm - 7:00pm* Central Time**  
**Virtual Hearing**

**Commissioners in Attendance:** Dr. Sanjay M allya (chair), Dr. Maxine Feinberg (vice chair), Ms. Lisa Mayer, Ms. Martha McCaslin.

**Staff:** Dr. Sherin Took s, senior director, CODA; Ms. Jamie Asher Hernandez, Ms. Katie Navickas, Ms. Peggy Soeldner, and Ms. Kelly Stapleton, managers, CODA; Ms. Marjorie Hooper, coordinator, CODA.

*The Hearing on Standards concluded at 6:30pm, in accordance with Commission policy, since limited comments were received and the agenda was completed during that time.*

**Accreditation Standards for Advanced Dental Education Programs in Dental Public Health (Appendix 6)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rhonda Stephens</td>
<td>Dental Public Health Program Director, North Carolina Department of Public Health</td>
<td>Standard 4-9, p. 21, agree with intent statement. Disagree with making it a requirement, with no flexibility to count prior work experience of a resident before entering a DPH program. What more would a person gain if they already come in with prior public health work experience. Per Standard 4-7, the curriculum plan is to build on experience, so 4-9 should allow to build on the resident’s experience, and to provide documentation to exempt a person when prior experience in this area already attained. Also submitted comment in written form.</td>
</tr>
</tbody>
</table>
Response Summary:

At its Winter 2023 meeting, the Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/accreditation/open-hearings-comments-due

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Comments are due December 1, 2023 for consideration at the Winter 2024 Commission meeting.

Click next to submit a comment.

Q2. Please complete the requested information.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Rhonda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Stephens</td>
</tr>
<tr>
<td>Email</td>
<td>[REDACTED]</td>
</tr>
<tr>
<td>Title</td>
<td>DPH Residency Director, State Dental Director</td>
</tr>
</tbody>
</table>

Q3. Please select one of the following options that best describes you or your organization:

- Dental or Dental-Related Education Program

Q4. Is this an official comment from your organization?

- No. This is a personal comment.
Q5. Enter the **Standard number(s), page(s) and line(s) to which you would like to comment.**
Standard 4-9 Experiences in Public Health Dental Care Settings, page 21, Lines 26-34.

Q6. **Do you agree with the proposed revision?**
   - Disagree

Q7. **Enter your comment. Type or copy and paste in the text box below.**
   
   I absolutely agree with the intent. I even recently added extramural rotations through community-based dental clinics to our curriculum. What I disagree with is making it a requirement with no flexibility to acknowledge/count a student's/resident's work experience prior to starting the program. I worked as Dental Director of federally-qualified health centers before pursuing residency training. It was actually that FQHC experience that fueled my desire to pursue MPH and DPH education. If I were starting a residency program with this proposed standard in place, what more would I gain? Per Standard 4-7, lines 40-41, each resident's curriculum plan is "designed to build upon and augment previous education and experience." Therefore, the new Standard 4-9 should include language that allows an exception based on a program director's review of the resident's prior experience (i.e. CV, interview, reference checks). The language can and should also require that a program director be able to provide documentation supporting a resident’s exemption from the standard, for site visits.

Q8. **Do you have additional comment?**
   - I have NO additional comment and ready to submit.

---

**Scoring**

- Score: 0

---

**Embedded Data:**

N/A
Q1. The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards/proposed-standards.

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name: Annette
Last Name: Puzan
Email: [Redacted]
Title: Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- College/University
- Dental or Dental-Related Education Program
- Federal Agency
- Dental Organization/Dental Association
- Dental/Healthcare Professional
- State Licensing Board
- Certifying Board/Organization
- Student (dental, allied dental or advanced dental)
- Member of the Public
- Other (Please specify) Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?
Yes. Please enter the name of your organization below. 

Council on Dental Education and Licensure (CDEL)

☐ No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Dental Public Health

Q6. Do you agree with the proposed revision?

☐ Agree

☐ Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. James Nickman, chair: A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters related to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its June 2023 meeting, the Council considered and supported the proposed changes to the Accreditation Standards for Advanced Dental Education Programs in Dental Public Health. The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

☐ YES, I have additional comment.

☐ I have NO additional comment and ready to submit.
Q1. The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the

Commission website: https://coda.ada.org/standards/proposed-standards

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name

Athanasios

Last Name

Zavras

Email

[__________________________________________________________]

Title

Chair of Public Health and former President of the ABDPH

Q3. Please select one of the following options that best describes you or your organization:

- College/University
- Dental or Dental-Related Education Program
- Federal Agency
- Dental Organization/Dental Association
- Dental/Healthcare Professional
- State Licensing Board
- Certifying Board/Organization
- Student (dental, allied dental or advanced dental)
- Member of the Public
- Other (Please specify)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.
- No. This is a personal comment.
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 4.1 Program Duration, Page 19, Line 17

Q6. Do you agree with the proposed revision?

- Agree
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

One year DPH training programs are unable to complete the task of training the DPH workforce of the future. This realization has been expressed by several key stakeholders during the June 2021 strategic meeting of the ABDPH in Chicago at the ADA headquarters. At a minimum, the duration should be 2 year full time training after the completion of an MPH or equivalent degree. For combined Masters and residency programs, the minimum duration must be three years.

Q8. Do you have additional comment?

- YES, I have additional comment.
- I have NO additional comment and ready to submit.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 4.9 EXPERIENCES IN PUBLIC HEALTH DENTAL CARE SETTINGS, page 21, line 24

Q10. Do you agree with the proposed revision?

- Agree
- Disagree

Q11. Enter your comment. Type or copy and paste in the text box below.
Q12. Do you have additional comment?

- YES, I have additional comment.
- I have NO additional comment and ready to submit.
Q1. The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards/proposed-standards. All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

- **First Name**: Christina
- **Last Name**: Demopoulos
- **Email**: [Redacted]
- **Title**: Professor, Biomedical Sciences

Q3. Please select one of the following options that best describes you or your organization:

- College/University
- Dental or Dental-Related Education Program
- Federal Agency
- Dental Organization/Dental Association
- Dental/Healthcare Professional
- State Licensing Board
- Certifying Board/Organization
- Student (dental, allied dental or advanced dental)
- Member of the Public
- Other (Please specify)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below: [Redacted]
- No. This is a personal comment.
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

[Standard 4-9, page 21, Line 42 & 43 continued on page 22, Line 1 & 2]

Q6. Do you agree with the proposed revision?

- Agree
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I agree with the proposed revision. I would recommend some clarity on whether or not a clinical facility can be part of a dental school clinic. For instance, if a special care clinic is providing services for patients with IDD, would this qualify as a clinical facility.

Q8. Do you have additional comment?

- YES, I have additional comment.
- I have NO additional comment and ready to submit.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

[Standard 4-9, Page 21, Line 31]

Q10. Do you agree with the proposed revision?

- Agree
- Disagree

Q11. Enter your comment. Type or copy and paste in the text box below.
I agree with the comment regarding having a minimum of 80 hours of experience in a public health dental clinic. I would recommend some clarity on whether or not the 80 hours is in addition to the time commitment for field experiences.

Q12. Do you have additional comment?

- [ ] YES, I have additional comment.
- [x] I have NO additional comment and ready to submit.
Q1. The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards/proposed-standards.

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name: Eni
Last Name: Obadan-Udoh
Email: [Redacted]
Title: Dr.

Q3. Please select one of the following options that best describes you or your organization:

- [ ] College/University
- [x] Dental or Dental-Related Education Program
- [ ] Federal Agency
- [ ] Dental Organization/Dental Association
- [ ] Dental/Healthcare Professional
- [ ] State Licensing Board
- [ ] Certifying Board/Organization
- [ ] Student (dental, allied dental or advanced dental)
- [ ] Member of the Public
- [ ] Other (Please specify) [Redacted]

Q4. Is this an official comment from your organization?

- [ ] Yes. Please enter the name of your organization below. University of California DPH Program
- [ ]
No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

4-9

Q6. Do you agree with the proposed revision?

- Agree
- Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

I wholeheartedly support these changes. I would encourage the committee to further define the nature of clinical care that should be provided by DPH residents at the community-based sites. Also, please specify which competency this new standard is related to.

Q8. Do you have additional comment?

- YES, I have additional comment.
- I have NO additional comment and ready to submit.
Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards#proposed-standards

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

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<tr>
<th>First Name</th>
<th>Gina</th>
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<td>Thornton-Evans</td>
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<td>Email</td>
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<td>Title</td>
<td>Diplomate ABDPH</td>
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Q3. Please select one of the following options that best describes you or your organization:

- Federal Agency

Q4. Is this an official comment from your organization?

- No. This is a personal comment.
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

EXPERIENCES IN PUBLIC HEALTH DENTAL CARE SETTINGS
25
26 4-9 The program must include a supervised experience at a location determined by the program
director which offers an opportunity for the students/residents to gain knowledge regarding the
28 administration of oral healthcare services (management and delivery of care) of a dental
29 program that provides clinical care to underserved and/or vulnerable population(s). The
30 students/residents’ experience in a public health dental clinic setting must log evidence of a
31 minimum of 80 hours of supervised participation and documentation of the experience and
32 understanding the challenges to delivering oral health services to the population(s) served.
33 Completion of Standard 4-9 does not fulfill the requirement for Standard 4-8 (Supervised Field
34 Experience)

Q6. Do you agree with the proposed revision?
   • Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   I am concerned that the additional experience will make it nearly impossible for the resident to complete a program in
   one year. The year program is already full with other requirements and there is already a field experience required. It is
   also not fair to residents that are already working or coming from FQHCs or other health clinic settings.

Q8. Do you have additional comment?
   • YES, I have additional comment.

Q9. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Intent: To facilitate the development of Dental Public Health students’/residents’ knowledge in
37 the delivery of oral healthcare services to populations, students/residents should deepen their
38 understanding of the provision of clinical care in settings that focus on underserved and/or
39 vulnerable population(s). Experiences are multi-day mentored activities such as personally
40 providing clinical care, practicums or internships that offer the opportunity for
41 students/residents to enhance their understanding and appreciation of dental care for
42 underserved and/or vulnerable population(s) populations. Clinical facilities may include but
43 are not limited to Community Health Centers, hospitals, schools, clinics that care for
Dental Public Health Standards
22
Appendix 6
Page 22 Proposed Revisions to Dental Public Health Standards
CODA Winter 2023
1 vulnerable populations, such as low-income children, persons living with HIV, the homeless,
2 and those with intellectual and/or developmental disabilities.
3
4 Examples of Evidence to demonstrate compliance may include:
5 • Supervisor’s evaluation
6 • Written, guided personal reflections and insights on the challenges delivering oral health care
7 services to underserved and vulnerable populations.
8 • Written program assessments or business plans, including staffing models, workflow,
9 budgeting, and business plans
10 • Other modalities which provide evidence of the experience.

Q10. Do you agree with the proposed revision?
   • Disagree
Q11. Enter your comment. Type or copy and paste in the text box below.
   It is not clear to me of the added value. It does not appear much different from the existing field experience.

Q12. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Q1. The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: [https://coda.ada.org/standards/proposed-standards](https://coda.ada.org/standards/proposed-standards).

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Click next to submit a comment.

Q2. Please complete the requested information.

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<th>First Name</th>
<th>Jeffrey</th>
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<td>Chaffin</td>
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<td>Title</td>
<td>Residency Director / AT Still University</td>
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Q3. Please select one of the following options that best describes you or your organization:

- [ ] College/University
- [ ] Dental or Dental-Related Education Program
- [ ] Federal Agency
- [ ] Dental Organization/Dental Association
- [ ] Dental/Healthcare Professional
- [ ] State Licensing Board
- [ ] Certifying Board/Organization
- [ ] Student (dental, allied dental or advanced dental)
- [ ] Member of the Public
- [ ] Other (Please specify) [ ]

Q4. Is this an official comment from your organization?

- [ ] Yes. Please enter the name of your organization below. [ ]
- [ ] No. This is a personal comment.
Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

4.9

Q6. Do you agree with the proposed revision?

☐ Agree

☒ Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.

The proposed standard aims to add an additional field experience for DPH Residents. This new standard is too prescriptive and does not allow the 'tailoring' of a program for what a resident needs. I understand that we want have experiences in treating the underserved. This doesn't fit the needs of all residents. For example - I have many residents that have worked in FQHC's - this new standard does nothing for them - but add burden and take time away from another experience that would be more valuable to their education. I implore the committee to not adopt this new standard.

Q8. Do you have additional comment?

☐ YES, I have additional comment.

☒ I have NO additional comment and ready to submit.
Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Dental Public Health Education programs be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards#proposed-standards

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Click next to submit a comment.

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Q3. Please select one of the following options that best describes you or your organization:
   - College/University

Q4. Is this an official comment from your organization?
   - No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.
   - Proposed Standard 4-9, page 21, lines 26-34

Q6. Do you agree with the proposed revision?
   - Disagree
Q7. Enter your comment. Type or copy and paste in the text box below.

The proposed Dental Public Health standard 4-9 for experiences in public health dental care settings may be well-intentioned but is problematic and impractical on several levels. First of all, 80 hours is a lengthy amount of time, given that this time potentially takes away from other program activities that are more germane to the specialty. In particular, there are licensure issues for all foreign-trained and some U.S.-trained residents such that they would only be able to observe (and not provide any clinical care) for 80 hours. It is difficult to envision how spending 80 hours observing in a clinic will benefit the resident, the public or the clinic in any meaningful way. Again, this time could be better spent in other activities.

Second, it seems unlikely that any FQHC or similar community dental clinic would have much incentive to participate – what would be the benefit to them for having a short-term clinician unfamiliar with their clinic operations, or having an observer under foot for 80 hours? How would such activities benefit (and not harm) these clinics and their operations? Such an activity also raises issues of liability and concerns with residents (who may only be observing) being compliant with clinics’ infection control and patient privacy requirements.

Third, many Dental Public Health residents have experience in FQHCs or other clinics that serve the disadvantaged. There don’t appear to be any means of exempting such students from this requirement, and having these students participate would, again, seem to be a particularly poor use of their time.

Fourth, it is not clear how such experiences in public dental care settings align with any of the ten Dental Public Health competencies. Like all dental specialty programs, Dental Public Health advanced education programs are focused on addressing competencies; without alignment with the competencies, again, this requirement would take away from training to the established competencies for Dental Public Health.

Related to the above, it is not clear how such experiences distinguish a Dental Public Health specialist from a general practitioner. What specific skill or experience is gained by a Dental Public Health resident that they haven’t already experienced in their dental school training, especially given that many dental schools have extramural rotations in community health settings? Moreover, many general practitioners work in clinics that provide care, without any training in Dental Public Health – again, how does the proposed standard distinguish the practice of Dental Public Health from general practice?

Finally, this new standard seems to reinforce the mistaken notion that Dental Public Health specialists are simply those who work in public health clinics and undermines the fact that Dental Public Health is a specialty based on a broad range of knowledge and expertise, and not merely a function of where one practices.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.

| First Name | Julie |
| Last Name  | Reynolds |
| Email      | [redacted] |
| Title      | Assistant Professor |

Q3. Please select one of the following options that best describes you or your organization:
- College/University

Q4. Is this an official comment from your organization?
- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard number 4-9, page 21, starting on line 24

Q6. Do you agree with the proposed revision?
- Disagree
Q7. Enter your comment. Type or copy and paste in the text box below.

The proposed Dental Public Health standard 4-9 for experiences in public health dental care settings may be well-intentioned but is problematic and impractical. Overall, the goal and value of this experience is unclear and the time could be better spent on other activities that deliver clearer value. Eighty hours is a lengthy amount of time, and this time potentially takes away from other program activities that are more germane to the specialty. Additionally, there are licensure issues for all foreign-trained and some U.S.-trained residents such that they would only be able to observe (and not provide any clinical care) for 80 hours. It is difficult to envision how spending 80 hours observing in a clinic will benefit the resident, the public or the clinic in any meaningful way. And for those residents who could theoretically provide clinical care, the amount of administrative burden that would be required to enable them to provide clinical care for an 80-hour experience would not be time well spent. In both of these scenarios, this time could be better spent on other activities.

Second, it seems unlikely that any FQHC or similar community dental clinic would have much incentive to participate - what would be the benefit to them for having a short-term clinician unfamiliar with their clinic operations, or having an observer present for 80 hours? How would such activities benefit these clinics and their operations?

Third, many Dental Public Health residents have experience in FQHCs or other clinics that serve the disadvantaged. There don't appear to be any means of exempting such students from this requirement, and having these students participate would, again, seem to be a particularly poor use of their time.

Fourth, it is not clear how such experiences in public dental care settings align with any of the ten Dental Public Health competencies. Like all dental specialty programs, Dental Public Health advanced education programs are focused on addressing competencies; without alignment with the competencies, again, this requirement would take away from training to the established competencies for Dental Public Health.

Related to the above, it is not clear how such experiences distinguish a Dental Public Health specialist from a general practitioner. What specific skill or experience is gained by a Dental Public Health resident that they haven't already experienced in their dental school training, especially given that many dental schools have extramural rotations in community health settings? Moreover, many general practitioners work in clinics that provide care, without any training in Dental Public Health - again, how does the proposed standard distinguish the practice of Dental Public Health from general practice?

Finally, this new standard seems to reinforce the mistaken notion that Dental Public Health specialists are simply those who work in public health clinics and undermines the fact that Dental Public Health is a specialty based on a broad range of knowledge and expertise, and not merely a function of where one practices.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
Response Summary:

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Click next to submit a comment.

Q2. Please complete the requested information.

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<th>First Name</th>
<th>Susan</th>
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<tr>
<td>Last Name</td>
<td>McKeman</td>
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<tr>
<td>Email</td>
<td>[REDACTED]</td>
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<tr>
<td>Title</td>
<td>Associate Professor</td>
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Q3. Please select one of the following options that best describes you or your organization:

- College/University

Q4. Is this an official comment from your organization?

- No. This is a personal comment.

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Standard 4-9, page 21, line 26
Q6. Do you agree with the proposed revision?
   - Disagree

Q7. Enter your comment. Type or copy and paste in the text box below.
   This competency does not address a deficiency in current CODA requirements for DPH programs. The stated intent is to facilitate knowledge in the delivery of healthcare services to vulnerable populations. However, that knowledge is addressed by the instruction required in Standard 4-6 (as numbered in this current document). Programs are already required to provide instruction about management of oral health programs for population health (4-6-a) and systems of care (4-6-b). Furthermore, the “Supervised Field Experience” (Standard 4-8) already requires students/residents to participate in activities at locations to improve understanding of one or more of the DPH competencies. Perhaps CODA could consider explicitly adding “experience in public health dental care settings” (as described in the proposed new standard) as an option for the field experience requirement.
   As written, Standard 4-9 does not take into account students/residents who come to a DPH program with previous experience of this type. Most students/residents participated in delivery of oral healthcare services to underserved populations during dental school. If this new standard is intended to address knowledge deficiencies among foreign-trained dentists, then CODA should address that specifically. However, many U.S.-trained residents come to the specialty after having already worked in these settings. The new standard should address how students/residents who have previous experience of this type will be exempted from this new requirement.
   Standard 4-9 places an undue burden on DPH programs and students/residents. The new standard calls for 80 additional hours of curriculum. CODA has not decompressed the existing DPH curriculum to accommodate time for this new activity. Residency directors already complain about the lack of time available to address the existing requirements. In order to feasibly implement Standard 4-9, CODA should identify areas where the curriculum can be reduced by a corresponding amount.
   If CODA views the existing standards as deficient, then one option would be to modify Standard 4-8 (Field Experience) to specifically require experiences in the public health dental care setting. However, Standard 4-8 currently allows students/residents to customize educational experiences based on their career goals and unique opportunities available to them from the various DPH programs. Health care settings, as described by Standard 4-8, are not unique to the DPH specialist and not all DPH specialists will work in these settings after graduation.
   To summarize, I would encourage CODA to (1) align this new Standard with the DPH competencies, (2) more carefully consider what value is added and who is targeted by the new Standard, and (3) balance any new CODA requirement with existing Standards.

Q8. Do you have additional comment?
   - I have NO additional comment and ready to submit.

Scoring
   - Score: 0
CONSIDERATION OF PROPOSED REVISIONS TO IMPROVE DIVERSITY IN DENTAL AND DENTAL RELATED EDUCATION PROGRAMS

Background: On December 1, 2023, the Commission on Dental Accreditation (CODA) received a letter from The National Coalition of Dentists for Health Equity (TNCDHE). The request is found in Appendix 1. In its letter, TNCDHE provides short-term and long-term suggestions to CODA to improve diversity in all academic dental, allied dental, and advanced dental education programs.

The short-term suggestions from TNCDHE include:

1. Better training of site visit teams on how to assess whether an educational program has implemented a plan to achieve positive results.
2. Ensuring site visit teams are inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Further, when possible, site visit team members should be representative of dental schools with demonstrated success in increasing diversity and assuring a humanistic environment.
3. Redefining the meaning and intent of “diversity” in the Standards, considering the recent Supreme Court decision. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

The long-term suggestions from TNCDHE include:

1. Achieving a humanistic environment, addressing discrimination in policies and practice. Suggested revisions to the Accreditation Standards for Predoctoral Dental Education Programs were provided.
2. Review of student admissions related to the underrepresented segments of the population enrolled in dental schools. Suggested revisions and additions to various Accreditation Standards were provided.
3. Considering Standards related to an inclusive environment in dental education. Suggested revisions and additions to various Accreditation Standards were provided.
4. Considering Standards related to access to care among diverse populations. Suggested revisions and additions to various Accreditation Standards were provided.

Summary: The Dental Public Health Review Committee and Commission are requested to consider the letter from The National Coalition of Dentists for Health Equity (Appendix 1). If proposed revisions are made to the Accreditation Standards, the Commission may wish to circulate the proposed revisions for a period of public comment.

Recommendation:

Prepared by: Dr. Sherin Tooks
December 1, 2023

Dr. Sherin Tooks, EdD, MS
Director, Commission on Dental Accreditation
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, Illinois 60611
tookss@ada.org

Dear Dr. Tooks,

**Recommendations to increase diversity in dental education and practice via the Commission on Dental Accreditation Standards**

The National Coalition of Dentists for Health Equity's mission is to support and promote evidence informed policy and practices that address inequities in oral health. One of our priorities is to advocate for greater diversity among dental students and faculty to better reflect the diversity of the US population in the oral health workforce.

In November of 2022, we wrote to the Commission on Dental Education (CODA), expressing concerns about the lack of diversity in predoctoral dental education and the apparent lack of enforcement of the CODA standards on diversity (hot link to our letter on our website). We observed that despite these standards, no dental schools (as of 2022) had received a recommendation related to diversity over the ten years that the standards had been in place. Our letter recommended new standards, policies, and procedures that would enhance diversity in predoctoral dental education. We were pleased to learn that CODA accepted our letter and referred it to a committee reviewing potential changes in the predoctoral standards and that the committee’s report will be considered in the early 2024 CODA meetings.

Since 2022, we have spent additional time reviewing CODA standards for the other academic dental educational programs including dental hygiene, dental therapy and advanced education programs and realized our recommendations should also apply to these other programs. In this letter, we review our original recommendations, and propose additional ones for all educational programs.
We believe that the dental school accreditation standards utilized by CODA serve a vital role in achieving a diverse oral health workforce. However, we also believe that the current CODA predoctoral education standards do not appear to be encouraging academic dental institutions to recruit a more diverse student body or faculty. CODA adopted the new diversity predoctoral education standards 1-3 and 1-4 about ten years ago. However, recent data from the American Dental Education Association shows that "between 2011 and 2019, the percentage of HURE applicants increased only 2.2% annually on a compounded basis, Additionally, the proportion of all HURE dental school first-year, first-time enrollees for the entering class increased by only 3% between 2011 (13%) to 2019 (16%) (ADEA Report-Slow to Change: HURE Groups in Dental Education, https://www.adea.org/HURE/")" The conclusion we draw is that dental schools are not doing enough to recruit more HURE students to meet the intent of the CODA Standards.

We recognize that the recent Supreme Court decision to abolish the use of race in making admission decisions will prevent academic dental institutions from using race as a determining factor in admissions. The recommendations we make below do not suggest or presume that strategy.

In this letter, we are offering several additional suggestions to CODA to improve the diversity of all academic dental education programs, including predoctoral, dental hygiene, advanced educational programs and dental therapy. Three of these are short term recommendations that are not related to changing accreditation standards, with the understanding that CODA appropriately takes considerable time in changing standards which entails seeking input from many individuals, communities, and entities. In addition, we make another set of suggestions that are long term and include modifications to the “Examples of evidence to demonstrate compliance” for some of the standards. Our recommendations are based on papers found in recent Special Editions of The Journal of Public Health Dentistry and the Journal of Dental Education.

In particular, the longer-term suggestions build on the recommendations of the paper by Smith, PD, Evans CA, Fleming, E, Mays, KAI Rouse, LE and Sinkford, J, 'Establishing an antiracism framework for dental education through critical assessment of accreditation standards, as well as two additional papers in the Special Edition including Swann, BJ, Tawana D. Feimste, TD, Deirdre D. Young, DD and Steffany Chamut, S, 'Perspectives on justice, equity, diversity, and inclusion (JEDI): A call for oral health care policy;' and Formicola, AJ and Evans, C, 'Gies re-visited.' Note that some of these recommendations were included in the previous letter to CODA sent on November 4, 2022

**SHORT-TERM SUGGESTIONS**

Suggestion 1: We recommend that site visit teams be better trained on how to assess whether an educational program has implemented a viable plan that achieves positive results. Under the structural diversity section of the Standards, it is stated clearly that the numerical distribution of students, faculty and staff from diverse backgrounds will be assessed. Assessment is appropriate but showing an improvement in the diversity of the dental schools’ academic communities based on the school's plans and policies should also be demonstrated.

*The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.*
Since site visit teams are different for each school, there can be no consistency in the assessment process unless site visitors are given explicit expectations of what schools should demonstrate to comply with each of the two standards. CODA should develop a specific detailed orientation for each site visit team on what is acceptable and what is not acceptable for each of these two standards.

Suggestion 2: To be better able to assess whether schools meet diversity and humanistic standards, site visit teams should be inclusive of educators who represent diversity, such as in race, color, national or ethnic origin, age, disability, sex, gender, gender identity, and/or gender expression, and sexual orientation. Wherever possible, site visit team members should also be representative of dental schools that have demonstrated success in increasing diversity and assuring a humanistic environment.

Suggestion 3: Especially in light of the recent Supreme Court decision, CODA should redefine the meaning and intent of the term “diversity” in the Standards documents. While the term diversity can no longer specifically relate to race with respect to admissions other characteristics such as family income, first-in-college-in-family, socioeconomic status, birthplace, gender identity and sexual orientation, and other attributes might be used as hallmarks of diversity.

LONG-TERM SUGGESTIONS

1) Achieving a humanistic environment- Not much is known about how dental schools address discrimination in their humanistic environment policies and practices. Although school policies on anti-discrimination might exist, students, faculty, and staff from underrepresented populations may still experience microaggressions, discrimination, racism, and barriers to socialization and mentorship. It has been suggested that such experiences may be underreported due to numerous factors, including fear of retaliation and/or disbelief that such concerns will be adequately addressed by the dental school. Because there are small numbers of underrepresented students, faculty, and staff in some dental schools, even anonymous humanistic surveys may not reveal these issues.

Suggested new “Examples of evidence to demonstrate compliance with Predoctoral Education Standard 1-3 may include:”

- Policies and procedures (and documentation of their effectiveness) implemented to seek feedback from traditionally underrepresented individuals concerning their experiences with the school’s environment.
- Results of feedback that the school has sought from underrepresented students, faculty, and staff about their experiences with the school’s environment.
- Documentation of the number and types of problems, complaints, and grievances reported about the school’s environment, together with documentation of the school’s effectiveness in addressing these issues.

*The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.*
2) Student Admissions

Despite the historical lack of students and faculty from underrepresented segments of the population enrolled in US dental schools, it appears that dental schools are rarely cited for not meeting Standard 1-4. One reason for this may be that the standard allows dental schools to set their own interpretations and expectations for student and faculty diversity. As a result, diversity at some dental schools may not appropriately emphasize certain specific underrepresented segments of the population and/or entirely represent the diversity of the local and regional population surrounding the schools, and/or reflect the national demographics in which the schools’ graduates will practice their profession. Additionally, CODA provides no specificity for the level of engagement, with respect to recruitment, that dental schools should have with underrepresented populations.

Suggested new “Examples of evidence to demonstrate compliance may include”:

- Documentation that the school has implemented policies, procedures, and strategies to attract and retain students, faculty and staff from diverse backgrounds in order to achieve parity with the diversity profiles of the school’s local, regional or national populations.
- Documentation of longitudinal improvement in the diversity of the school’s students, faculty, and staff. Where improvement is absent or minimal, documentation of the evaluation of strategies to improve diversity and of modifications made to these strategies to improve outcomes.

The intent of Standard 1-4 states that “admissions criteria and procedures should ensure the selection of a diverse student body with the potential of successfully completing the program”. A problem is that the interpretation of this intent can vary dramatically from school to school. Admissions decisions are made by committees of people, and although there are trainings and processes to address implicit biases toward traditionally underrepresented applicants, the admissions process is still largely subjective. There are unique social and structural issues that exist for underrepresented applicants that must also be considered when assessing their potential for success. Those issues may influence undergraduate education academic achievements including GPA’s and standardized tests. The question to admissions committees shouldn’t necessarily be which applicant has the higher score, but rather does an applicant demonstrate appropriate academic achievements, despite a history of significant barriers, to successfully negotiate the curriculum.

Suggested new “Examples of evidence to demonstrate compliance may include”:

- Documentation of policies and procedures used to consider the unique social and structural constructs that affect traditionally underrepresented applicants in the admissions decision-making process.

*The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.*
The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.

- Documentation of procedures used to educate admissions committee members to implicit biases that may exist with respect to the potential of underrepresented applicants to excel in the academic program.
- Documentation of admissions criteria intended to assess not only academic achievements, but also the interest, desire, and commitment of applicants to learn about issues such as cultural competency, community-based practice, and addressing inequities in oral health within the population.

Standards 4-4 for Predoctoral Dental Education programs and Standard 4-2 for Dental Therapy programs state "Admission policies and procedures must be designed to include recruitment and admission of a diverse student population". There are no accreditation standards for Dental Hygiene or Advanced Educational programs that mandate that these programs have policies and practices to achieve a diverse student population. It is recommended that CODA add these standards with appropriate intent statements and examples of evidence to document compliance.

Generally, with respect to Standards 1-3, 1-4, and 4-4, we recommend that CODA strengthen the accountability that should undergird the standards. There must be accountability around these standards. Accountability must be built into the process of reviewing the standards, supporting site visitors in their work, and making sure that dental schools who fail to meet the standards are required to improve their practices and those dental schools who are exceeding the standards should be encouraged to continue to grow.

3) Inclusive Environments in Dental Education

Underrepresented students have a more difficult time achieving both success and a feeling of belonging in dental educational programs for a myriad of reasons.

To improve retention of students in dental education programs facing academic, social or emotional challenge, it is recommended that CODA strengthen the intent statement for student services (Standard 4-7 for predoctoral programs and Standard 4-12 for the dental therapy programs).

The intent statement should state "programs should have policies and procedures which promote early identification and subsequent mentoring/counseling of students having academic and/or personal issues which have the potential of affecting academic success or the personal well-being of students".

Dental Hygiene and Advanced Education programs have no accreditation standards that address academic or personal support for students having difficulties. It is recommended standards be added.
4) Access to Care among Diverse Populations

Access to dental care, and therefore oral and systemic health, is significantly compromised by a number of factors including race, gender, sexual orientation, economic status, education, and neighborhood environment, among other factors.

CODA should strengthen the intent statements with respect to graduates being competent in treating patients in all life stages (predoctoral standard 2-22, dental hygiene standard 2-12 and dental therapy standard 2-20) to assure that foundational knowledge is taught and clinical competence is assessed with respect to changes in oral physiology, the management of the various chronic diseases and associated therapeutics associated with aging, as well as psychological, nutritional and functional challenges manifested in many of these patients.

The intent statement of predoctoral standard 2-17, which addresses student’s competence in managing a diverse population, is vague. It is recommended CODA strengthen predoctoral standard 2-17 by stating that "graduates MUST (currently reads should) learn about factors and practices associated with disparities in health status among vulnerable populations, including structural barriers, and must display competency in understanding how these barriers, including prejudices and policies regarding, but not limited to race, gender, sexual preferences, economic status, education and neighborhood environment, affect health and disease and access to care".

There are no standards for dental hygiene or advanced education programs that mandate that graduates be competent in treating a diverse population. CODA should add such standards to these programs.

According to the intent statement of predoctoral Standard 2-26, students working in community health care or service-learning settings are essential to the development of a culturally sensitive workforce. However, the standard merely states that the program makes available such learning environments and that students be urged to avail themselves of such opportunities. CODA should mandate the student’s participation in service-learning and/or community-based health centers clinics.

We are pleased to submit these suggestions to CODA and we hope they will be considered by CODA in our mutual efforts to increase the diversity of the dental workforce.

Sincerely,
Dr. Lawrence Hill DDS MPH
President, National Coalition of Dentists for Health Equity

cc:
American Dental Education Association - Dr. Karen West, President; Sonya Smith, Chief Diversity Officer,
American Dental Education Officer

The National Coalition of Dentists for Health Equity is a national organization of accomplished dentists dedicated to assuring that everyone has an equitable opportunity to access high quality, affordable dental care.
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