

EQUITY, DIVERSITY, INCLUSION & BELONGING WITHIN THE AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY (AAPHD)

EDI NEEDS ASSESSMENT
SURVEY RESULTS

DECEMBER 2024



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Summary

The American Association for Public Health Dentistry (AAPHD) Equity, Diversity, and Inclusion (EDI) committee conducted a climate survey of AAPHD members to assess perceptions of equity, diversity, inclusion, and belonging within the AAPHD, as well as to identify strengths and opportunities. The survey was distributed to all AAPHD members (n=385) via email in March 2024. A total of 83 members participated (return rate: 22%).

Regarding feelings around **equity**, most survey respondents felt that their voice or contribution was valued. Few members had experienced barriers to participation in AAPHD activities due to gender or other identities. Most also felt that AAPHD is an equitable organization, with several survey comments reflecting this positive feeling. The group that was least likely to think that AAPHD was an equitable organization were new members. The most notable equity concern raised was the inability of non-dentists to obtain full AAPHD membership.

The vast majority of respondents (93%) agreed that AAPHD membership is **diverse**. However, fewer respondents (85%) considered AAPHD leadership to be the driver. Some survey comments suggested a negative organizational culture, particularly within AAPHD leadership, stating it to be a “clique.” The reduced agreement between diversity within AAPHD versus AAPHD leadership was most notable among the Hispanic/Latino population group. Asian respondents were the least likely of any racial or ethnic group to agree that diverse perspectives are actively sought and valued.

Regarding AAPHD **inclusivity**, approximately 7% of respondents had experienced bullying and/or discrimination at NOHC or as a member of AAPHD due to gender or other identities. Older respondents were less likely to have experienced bullying or discrimination. Some bullying concerns were raised in the survey comments, particularly toward women.

An overwhelming majority (92%) of respondents agreed that they felt a sense of connection to AAPHD’s mission and felt a sense of **belonging** (91%). A smaller proportion of cisgender women strongly agreed with these statements compared to cisgender men, and a smaller proportion of Hispanic/Latino, Black, and Asian respondents strongly agreed with these statements relative to White respondents. Criticisms related to belonging centered around feelings of exclusion among dentists and an organizational culture described as an “inner circle environment.”

Overall, responses to all survey questions indicated positive experiences as an AAPHD member. However, notable themes of challenges included 1) the exclusion of non-dentists from voting membership AAPHD, 2) negative organizational culture, particularly among leadership, and 3) women’s experiences with bullying and/or discrimination. Respondents who were more likely to report negative attitudes toward aspects of equity, diversity, and inclusion in AAPHD were new members (0-1 year), cisgender women, respondents who had never been on the AAPHD board, and Hispanic/Latino, Black, and Asian members.

Survey respondents made several suggestions for improving equity, diversity, inclusion, and belonging within AAPHD:

1. **Increase and retain membership diversity.** Several ideas included engaging with community organizations such as SAID, NDA, HDA, and ADTA; increasing representation at the leadership level; mentorship, particularly of junior members and international students; removing barriers to attending events such as NOHC; and promoting inclusivity through increased talks and awareness.
2. **Increase membership engagement.** It was suggested that AAPHD can improve how it engages its membership through more events, resource-sharing, and opportunities for member involvement. The EDI corner is an example of an initiative that seems to be well-perceived by survey respondents.
3. **Promote inclusivity among non-dentists.** It was frequently expressed that non-dentists feel excluded from the membership due to their inability to attain full membership. AAPHD must consider how it can ensure the continued inclusion of non-dentists.
4. **Clear communication and a commitment to long-term change.** Some survey respondents questioned the need for the EDI committee, suggesting that there needs to be improved communication of what the EDI committee is doing, why, and the impact it has had.
5. **Monitor and evaluate member experiences with EDI.** The EDI committee should consider a thorough investigation of bullying concerns raised, and as one respondent suggested, they should consider investigating reasons for individuals leaving membership. When tracking the progress of EDI initiatives, it is also beneficial to ensure that realistic goals are set with measurable outcomes.

1 Background

Following the death of George Floyd in 2020 and ensuing protests calling for racial equity in the United States, the American Association for Public Health Dentistry (AAPHD) has pursued several activities to promote racial justice, including the establishment of an EDI committee in April 2023. The charge of the committee is to embed and maintain equity, diversity, inclusion, and justice-building practices into the culture and operations of the AAPHD. To inform AAPHD's EDI practice and identify strengths and challenges, a climate survey was conducted with the following aims:



Primary Aim

To assess the views and experiences of AAPHD members regarding AAPHD's current EDI efforts and to identify strengths and opportunities.



Secondary Aim

To examine the survey participants' demographic factors associated with their feelings of equity, diversity, inclusion, and belonging.

2 Methods

An electronic survey was developed on SurveyShare (www.surveymshare.com) by the EDI committee. The survey contained 31 questions and was divided into six sections: Equity (n=5); Diversity (n=5); Inclusion (n=5); Belonging (n=4); EDI Informational Content in AAPHD (n=3); and Demographics (n=9) (**Appendix 1**). Survey respondents scored statements on a 5-point Likert scale ranging from ‘Strongly Disagree’ to ‘Strongly Agree’ with an option for ‘Don’t Know/Not Sure’. Each section contained two open-ended questions to provide further elaboration on responses and suggestions for improvement. The survey instrument was reviewed by members of the EDI committee and a subset of the intended participant population and revised accordingly before distribution.

The survey was distributed to all AAPHD members (n=385) via email in March 2024 and was open for four weeks. Descriptive analyses were conducted using Microsoft Excel and R. During data analysis, all respondents who chose the option ‘Don’t Know/Not Sure’ or did not respond to the statement were defined as ‘Not Stated’. All data visualizations and figures were produced in R and Canva.

3 Results

3.1 Demographics

There were 83 survey respondents (return rate: 21.6%). Demographic categories included personal characteristics (age, gender, sexual orientation, disability, and race/ethnicity) and professional characteristics (profession, number of years as an AAPHD member, and current or prior service on an AAPHD board) (**Table 1 and Table 2**). Of respondents who stated their personal characteristics, most were between 36 and 45 years old (24.7%, n=19/77), cisgender (100.0%, n=72/72), white (55.0%, n=44/80), identified as heterosexual (92.4%, n=61/66), and had no disability (91.7%, n=67/73). Regarding professional characteristics, most respondents were dentists (84.1%, n=69/82), and 90.4% (n=75/83) of respondents had been AAPHD members for at least two years, with most (26.5%, n=22/83) serving for over 21 years. While most respondents (78.7%, n=59/75) were not actively serving on a board, committee, or council of the AAPHD, approximately half of respondents (49.4%, n=39/79) had previously served in these roles.

3.2 Views and experiences of AAPHD members concerning EDI

Responses to statements across all survey sections demonstrated generally positive feelings concerning EDI within AAPHD (**Figure 1**). For example, 91.6% (n=76/83) strongly agreed or agreed with the statement, “*I feel welcome and respected as a member of AAPHD*”. While a very small percentage indicated that they had experienced bullying or discrimination within AAPHD (7.2%, n=6/83) or at the National Oral Health Conference (4.8%, n=4/83); the fact that any members had this experience is concerning and worth following up on.

Table 1: Personal characteristics of the 83 respondents

Demographics	Number (n=83)	Percentage (%)
Age		
18-25	2	2.4
26-35	9	10.8
36-45	19	22.9
46-55	14	16.9
56-65	16	19.3
66-75	12	14.5
76+	5	6.0
Not stated	6	7.2
Gender		
Cisgender woman	49	59.0
Cisgender man	23	27.7
Not stated	11	13.3
Sexual Orientation		
Bisexual	1	1.2
Gay	3	3.6
Heterosexual/straight	61	73.5
Queer	1	1.2
Not stated	17	20.5
Disability		
Yes	6	7.2
No	67	80.7
Not stated	10	12.0
Race/ ethnicity		
Mixed	1	1.2
Asian	8	9.6
Black or African American	7	8.4
Hispanic or Latino/a/x	12	14.5
Middle Eastern and North African	3	3.6
White	44	53.0
Some other race or ethnicity	5	6.0
Not stated	3	3.6

Table 2: Professional characteristics of the 83 respondents

Demographics	Number (n=83)	Percentage (%)
Professional category		
Dentist: non-ABDPH diplomate	21	26.6
Dentist: ABDPH diplomate	45	54.9
Dental Public Health Resident	3	3.7
Dental Hygienist	6	7.3
Public Health Professional	3	3.7
Physician	1	1.2
Other Health Professional	1	1.2
Dental Student	2	2.4
Not Stated	1	1.2
Number of years as a AAPHD member		
0-1	8	9.6
2-5	17	20.5
6-10	19	22.9
11-20	17	20.5
21+	22	26.5
Currently serves on a board, committee, or council of the AAPHD		
Yes	16	19.8
No	59	72.8
Not Stated	8	9.6
Previously served on a board, committee, or council of the AAPHD		
Yes	39	47.6
No	40	48.8
Not Stated	4	4.8

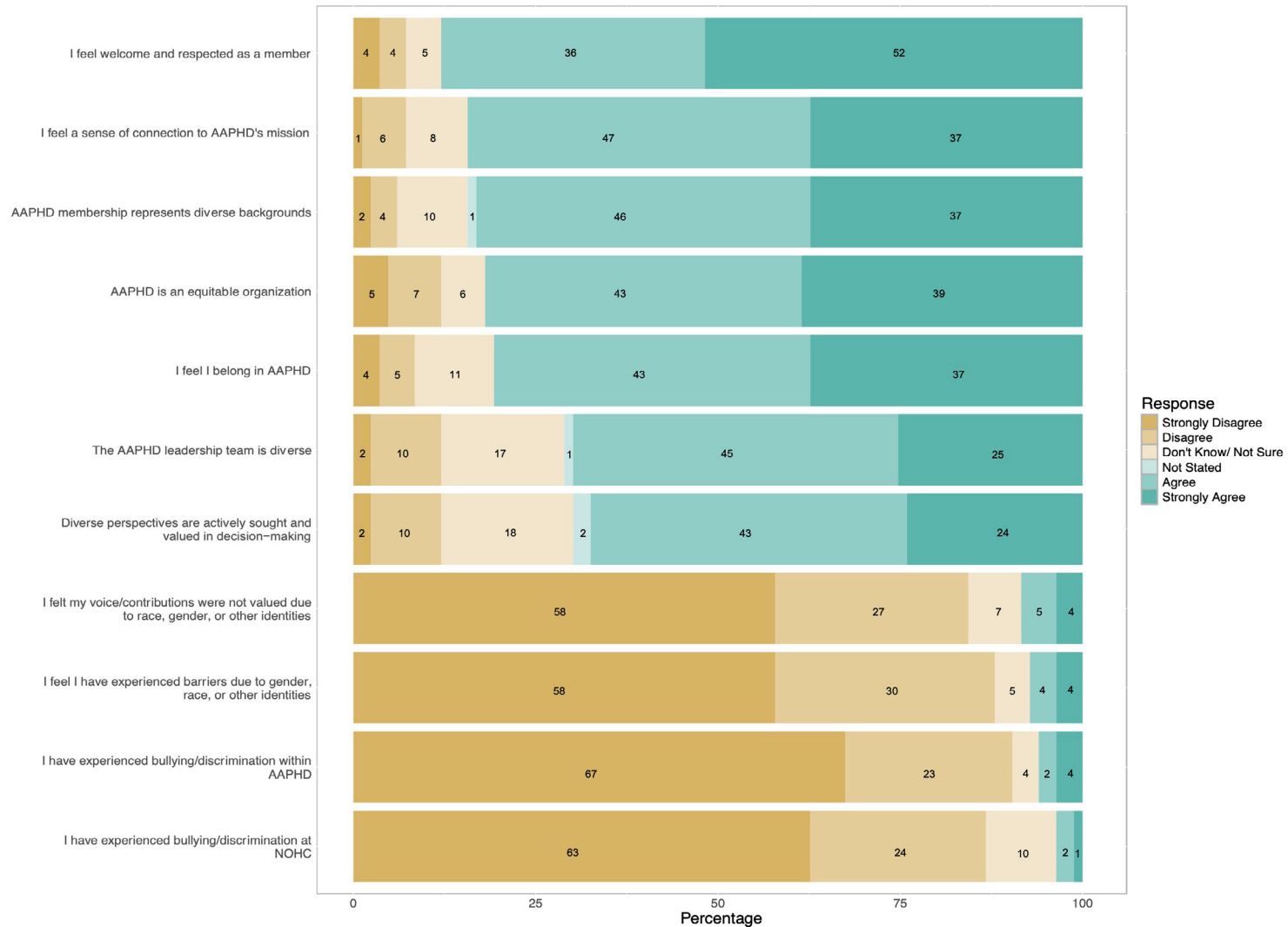


Figure 1: Responses to statements on Equity, Diversity, Inclusion, and Belonging

3.2.1 Equity

Of those who responded to the statements on equity, 84.3% (n=70/83) strongly disagreed or disagreed with the statement, *“During my time as an AAPHD member, I have felt my voice or contribution was not valued due to my gender, race, and/or other identities.”* Similarly, 88.0% (n=73/83) strongly disagreed or disagreed that *“In AAPHD, I feel I have experienced barriers regarding access to resources, training, or mentorship opportunities due to my gender, race, and/or other identities.”* Although most members (81.9%, n=68/83) agreed or strongly agreed that *“AAPHD is an equitable organization overall,”* 12.0% (n=10/83) disagreed or strongly disagreed with this statement. Respondents who answered “Don’t Know/ Not Sure” to questions related to equity were roughly the same for each statement and ranged between four and six respondents.

Twenty-eight respondents provided written comments regarding equity (**Figure 2**). Most expressed that AAPHD is an equitable organization, with respondents commenting that they have not had negative experiences and other respondents indicating that AAPHD is on the right path and must persist. However, one key equity concern that was raised by several commenters was the issue of non-dentists not being able to attain full AAPHD membership. Though less frequently raised, some respondents mentioned other important equity considerations, including a) financial barriers that prevent inclusiveness within AAPHD, b) certain schools or leaders that are promoted over others, and c) that AAPHD leadership is a *“clique.”* One respondent strongly suggested that AAPHD’s focus on equity may be detrimental and is not allowing the organization to focus on what they believe to be more important issues.

3.2.2 Diversity

Most respondents (84.1%, n=69/82) agreed or strongly agreed that AAPHD membership represents diverse backgrounds, including within its leadership team (70.7%, n=58/82). While 69.1% (n=56/81) agreed or strongly agreed that diverse perspectives were actively sought and valued in decision-making, this statement had a higher portion of negative responses, with 12.3% (n=10/81) disagreeing or strongly disagreeing. This statement also had the highest portion of “Don’t Know/ Not Sure” responses (18.5%, n=15/81) out of all survey statements related to Equity, Diversity, Inclusion, and Belonging.

Twenty respondents provided open-ended comments related to diversity (**Figure 3**). Most felt that AAPHD is diverse, particularly in comparison to other dental organizations, and it actively tries to promote diversity. Some commented on the difficulty of being a diverse organization but emphasized that this happens with time. One respondent emphasized that they are from a minority group and felt welcome at AAPHD. Several respondents were critical of diversity within AAPHD, with some simply stating that it was not diverse and others suggesting that the organization was not representative of different disciplines and the populations it serves. One respondent emphasized the need to ensure all those within dental public health are represented, not only dentists, suggesting the exclusion of non-dentists. Similar to the comment in the ‘Equity’ section about leadership culture, one respondent stated that *“leadership is a clique”* suggesting the culture within AAPHD leadership could be improved.

<p>Positive comments about equity within AAPHD</p> <p><i>"...the organization is more diverse and equitable than most specialties"</i></p> <p><i>"I have found AAPHD in recent years to be very sensitive and responsive to issues of equity"</i></p> <p><i>"As a Native American, I have not experienced ANY barriers within AAPHD"</i></p> <p><i>"...I feel AAPHD promotes the most equity in treatment of everyone in their professional and personal regard"</i></p> <p><i>"As a student member of AAPHD, I do not think that I have been treated unfairly"</i></p> <p><i>"In general, my experience at AAPHD has been pleasant. The leadership values the variety of members and their diverse backgrounds"</i></p> <p><i>"There are lots of opportunities for everyone to get involved at various commitment and leadership levels"</i></p> <p><i>"AAPHD strives to include all members regardless of gender, race, or other identities"</i></p> <p><i>"Equity is an evolving issue. AAPHD is moving along the right path"</i></p>	<p>Other equity issues raised</p> <p><i>"...certain schools and leaders from certain programs are highlighted in a way that feel unequitable to me"</i></p> <p><i>"I am from Chile...I have felt that I don't understand the culture of AAPHD some time"</i></p> <p>Concerns about focusing too much on equity</p> <p><i>"...this [equity] is not the major problem facing the organization, so I find it curious that so much attention is being paid to the issue while seemingly ignoring the real threats to AAPHD: poor fiscal management, lack of vision, very little value to members"</i></p> <p>Concerns about organizational culture</p> <p><i>"The leadership of AAPHD has been very much of a clique for at least a decade"</i></p>
<p>Equity concerning non-dentists (including policies preventing non-dentists from obtaining full membership)</p> <p><i>"The organization centers dentists to the exclusion of other oral healthcare providers"</i></p> <p><i>"...AAPHD chose to relegate non-dentists to 'second-class' status in AAPHD and to deny non-dentist members the right to be full AAPHD members..."</i></p> <p><i>"The policy related limitations imposed on specialty parent organizations by ADA unfortunately created inequities within the AAPHD for non-dentists"</i></p> <p><i>"It was previously one of the most equitable dental organizations because it gave dental hygienists (and assistants?) equal ability to be full members with voting rights and the ability to hold leadership positions. Unfortunately, that had to change a due [few] years ago, thus hygienists no longer are treated the same..."</i></p>	

Figure 2: Comments elaborating on equity responses

Positive comments about diversity within AAPHD and actions taken to promote diversity

"When I first joined leadership was not as diverse, but progress has been made."

"The organization is diverse with many different members of the community representing it"

"Historically, the field of public health dentistry has not shown the leadership diversity that the organization and field need, but I sense that this has seen some progress."

"AAPHD is a very diverse organization"

"AAPHD recruitment for councils, board members and committee members has aimed at diversity"

"Given that dentistry has, historically, been very cis-gender, White, and male, AAPHD can't escape this reality. But as a member of a minority community, I feel more welcome at AAPHD than most other major dental associations"

Criticisms of diversity within AAPHD

"Although the leadership is diverse, the voices of those from diverse backgrounds are not heard"

"...AAPHD is not diverse, and in fact not representative in meaningful ways of communities of[who] bear disproportionate burden of oral diseases."

"Leadership can do a better job of including diverse perspectives in decision-making and in leadership positions"

"AAPHD may reflect the diversity of the members but not the populations"

"...it seems like most of the people on the leadership team tend to be from academic rather than other disciplines (e.g. community health centers)."

"There needs to be greater attention paid to the need to make AAPHD an organization that promotes dental public health, and is led at its highest levels by those who interests are in promoting dental public health, rather than interested in promoting public health dentists. The "D" in AAPHD does NOT stand for "Dentists""

AAPHD compared to other dental organizations

"...AAPHD is much more diverse than any other dental organization I have been part of."

"AAPHD seems to be one of the more racially and ethnically diverse dental organizations..."

"Dentistry in general, has not been very diverse in my experience as an older member of the profession. In contrast, AAPHD has been a beacon of light."

General statement about diversity for AAPHD to consider

"Diversity is a value to embrace. It also happens over time or an entity might be guilty of giving the appearance of diversity without the other "values" that intersect with diversity being accounted for."

Figure 3: Comments elaborating on diversity responses

3.2.3 Inclusion

A total of 88.0% of respondents (n=73/83) agreed or strongly agreed that they felt welcome and respected as members of the AAPHD, and this statement had the highest proportion of positive responses. Although very few members indicated that they had experienced bullying or discrimination within AAPHD (6.0%, n=5/83) or at the National Oral Health Conference (3.6%, n=3/83), any members having experiences is too many and this result requires follow-up. Overall, closed-ended questions related to inclusion had the most positive responses.

Seventeen respondents provided open-ended comments related to inclusion (**Figure 4**). Many emphasized the inclusive AAPHD environment, stating they had not experienced bullying. While this section generally had positive findings, some comments raised concerns and suggested areas for improvement. Two respondents commented on the unfair and poor treatment of female colleagues, with one even stating sexual harassment issues. Two criticized the AAPHD leadership as being non-inclusive and maintaining the “*status quo*.” A few expressed feelings of exclusion, and one stated they had witnessed bullying at NOHC. One respondent highlighted financial barriers as a reason for their exclusion from conferences such as NOHC. One respondent provided suggestions for improving the inclusivity at NOHC and recommended the inclusion of pronouns on name badges and avoiding conferences in US states that do not have inclusive policies.

3.2.4 Belonging

The vast majority of members (80.7%, n=67/83) agreed or strongly agreed that they felt like they belonged in AAPHD, and most members (84.3%, n=70/83) felt a connection to AAPHD’s mission.

Sixteen respondents provided open-ended comments related to belonging (**Figure 5**). Most respondents expressed feelings of enjoyment and belonging with one stating that AAPHD is their “*professional home*.” The second most common comment related to the exclusion of non-dentists. This theme has repeatedly emerged in all sections of the survey. Respondents expressed that they no longer feel they belong at AAPHD and “*resent*” the changes in policy preventing full membership of non-dentists. Like other sections of the survey, one respondent criticized the culture of AAPHD as an “*old school inner circle environment*.” A few respondents have also highlighted the lack of engagement and communication within AAPHD highlighting it as an area for improvement.

<p>Positive comments about inclusion within AAPHD</p> <p><i>"The organization promotes inclusion."</i></p> <p><i>"As a Native American, I have NEVER experienced bullying at AAPHD or the NOHC."</i></p> <p><i>"I have not experienced bullying at AAPHD or NOHC."</i></p> <p><i>"I feel AAPHD tries to be inclusive of everyone regardless of their identity and profession."</i></p> <p><i>"Haven't had any negative experiences at this time."</i></p> <p><i>"...response [strongly disagree that I have experienced bullying/ harassment within AAPHD or at NOHC] is based on feedback from others"</i></p>	<p>Experiences of bullying and feelings of exclusion</p> <p><i>"I did feel like an outsider as a representative of organized dentistry."</i></p> <p><i>"While I believe that AAPHD is inclusive, I have experienced what I would consider bullying at NOHC. I have experienced attendees shut down discussion with a heavy hand that at times becomes dismissive of other opinions."</i></p> <p><i>"I am not sure how to get more involved with the organization and help support its work, which makes me feel unclear how inclusive the organization is"</i></p>
<p>Exclusion/bullying of female colleagues</p> <p><i>"Old male members treat female colleagues and students poorly. Sexual harassment etc."</i></p> <p><i>"Female leadership of the Board was bullied and disrespected and the AAPHD leadership was not supportive of the female leadership of ABDPH. To some extent some might say AAPHD precipitated how the female leadership of the ABDPH was treated."</i></p>	<p>Criticisms of leadership and/or organizational culture in relation to inclusion</p> <p><i>"Specific leadership has blocked initiatives brought forward by others not in their favor"</i></p> <p><i>"There is a culture of strong arm politics and toxic tactics to force status quo outcomes within certain committees and groups."</i></p> <p>Barrier to attending NOHC</p> <p><i>"I have never attended NOHC. Access to funds for registration/hotel/airfare can be a challenge when salaries for professionals working in public health are below market."</i></p>
<p>Ideas to further promote inclusion</p> <p><i>"I would love to see pronouns included on name badges at NOHC and efforts to ensure that the meeting is accessible to all members. I would love to [for] the meetings to be held in places that supportive inclusive policies. I will not attend any NOHC meetings in Florida, for example"</i></p>	

Figure 4: Comments elaborating on inclusion responses

Positive comments about belonging within AAPHD

"I have enjoyed being a member of this organization"

"I was recruited to be on the Board and committees. The attendees at the AAPHD Board meetings represent a diverse population"

"I feel the AAPHD has taken their time to give credit and allow everyone to feel like they belong regardless of professional hierarchy or status. The AAPHD acknowledges we are all there on the same mission and will continue to fight for equity both inside and outside the organization"

"I have always felt that AAPHD is my professional home"

Lack of engagement

"I have offered to volunteer but no one is asking or inviting"

"Communication is key and AAPHD leadership did not communicate"

"AAPHD does not do a great job engaging its members...It's hard to tell what AAPHD's mission is"

Criticism of organizational culture

"In the meetings its old school inner circle environment"

Lack of belonging among non-dentists

"I first became a member when AAPHD was actually more diverse in its board/leadership. Back then, you did not have to [be] a dentist to be on the board. I am an oral/ public health advocate, and I deeply resent the change in by-laws"

"I used to feel part of AAPHD but the changes that happened around the same time as changing its relationship with ABDPH were damaging to AAPHD and dental public health"

"I am a dentist study[ing] dental public health, which makes me feel as if I should belong"

Only a member due to other external factors

"I don't know that I could convince my organization to support this membership if it was NOT tied/recommended as part of the NOHC registration"

"I pay dues to the AAPHD simply due to the fact it is the sponsoring organization for my specialty. I see more action coming out of ASTDD and that's why I attended the NOHC"

Feelings of not belonging

"I don't see myself or my interests represented well. Nice people but it's hard to commit time and money to feel like an outlier. "

Figure 5: Comments elaborating on belonging responses

3.3 Demographic variation in feelings of Equity, Diversity, Inclusion & Belonging

3.3.1 Equity

A clear equity concern raised by respondents is the prevention of non-dentists from obtaining full membership. While this is not reflected in the survey responses categorized according to the profession, it is important to note that 1/6 of dental hygienists ‘Strongly Agreed’ with the statement that their voice/contribution was not valued due to gender and other identities (**Appendix 2**). Similarly, when asked if AAPHD is an equitable organization, 1/3 of respondents who identified as being in an ‘Other’ profession, ‘Strongly Disagreed’ with the statement. It is important to bear in mind the small sample size in some demographic groups, such as dental hygienists (n=6) and other professions (n=3). However, it is also important to acknowledge the strong negative responses toward statements, even if it is only one individual, especially when combined with the recurrent comments on the exclusion of non-dentists found throughout the survey.

When analyzing equity responses according to the number of years a respondent has been an AAPHD member, and if they have been a board member, there appears to be a trend. The largest portion of negative feelings were among respondents who had been members for 0-1 years (n=8) and respondents who had never been board members (n=35). These groups had the smallest portion ‘Strongly Disagree’ with the first two statements: *“I felt my voice/contribution was not valued due to gender/other identities”* (25.0% - 57.1%, n=2/8 - 20/35) and *“I feel I have experienced barriers due to gender/other identities”* (25.0% - 57.1%, n=2/8 - 20/35). They also had the smallest portion ‘Strongly Agree’ with the statement that *“AAPHD is an equitable organization”* (12.5% - 40%, n= 1/8 – 14/35). In contrast, respondents who were members for 2-5 years (n=17) and 11-20 years (n=17) and who had previously been a board member or are currently board members (n=39) had the highest portion of positive feelings, stating they ‘Strongly Disagree’ with the first two statements (range: 59.0% to 64.7%) and ‘Strongly Agree’ with the last statement (range: 38.5% to 52.9%).

There appeared to be a trend associated with age and respondents who ‘Strongly Agree’ that AAPHD is an equitable organization. Among older respondents, a smaller proportion ‘Strongly Agree’ with this statement. Additionally, a higher portion of cisgender women ‘Strongly Agree’ or ‘Agree’ that their voice/contribution was not valued (8.2%, n=4/49) compared to cisgender men (0%, 0/23) and that they have experienced barriers due to gender/other identities (8.2%, 4/49) compared to cisgender men (0%, 0/23).

There were no obvious trends in feelings of equity across different racial and ethnic groups. However, it seems that the Asian respondents (n=8) had the highest portion of negative responses, followed by Hispanic/Latino (n=12) respondents. These groups had a smaller portion who ‘Strongly Disagree’ with the statement that they feel their voice/contributions were valued due to gender or other identities (37.5% to 50%, n=3/8 to 6/12) and that they experienced barriers due to gender/other identities (37.5% to 50%, n=3/8 to 6/12) when compared to White respondents (61.4% to 63.6%, n=27/44 to 28/44). In addition, Asian and Hispanic/Latino respondents had a smaller portion ‘Strongly Agree’ that AAPHD is an equitable organization (25.0%, n=5/20) compared to White respondents (50%, n=22/44).

3.3.2 Diversity

Similar to demographic factors associated with feelings of equity, there was a higher portion of respondents who have been members for 0-1 years who have reported negative feelings (**Appendix 3**). For all three statements on diversity (“AAPHD membership is diverse,” “Diverse perspectives are actively sought and valued,” and “AAPHD leadership is diverse”), zero respondents who have been members for 0-1 years ‘Strongly Agree’ with the statements compared to respondents who have been members for over 1 year (range: 5.3% to 64.7%). This also appears to be the case for cisgender women who ‘Strongly Agree’ with all diversity statements (range: 16.3% to 32.7%) compared to cisgender men (range: 30.4% to 52.2%). A higher portion of respondents with a disability ‘Strongly Agree’ or ‘Agree’ that AAPHD is diverse (1000%, n=6/6) compared to respondents with no disability (83.6%, 56/67). In addition, respondents with a disability had a higher portion who ‘Strongly Agree’ or ‘Agree’ that diverse perspectives are actively sought and valued within AAPHD (83.3%, n=5/6) compared to respondents without a disability (70.1%, 47/67).

When analyzing responses according to race/ethnicity, interestingly, within the Hispanic/Latino group (n=12), the portion who ‘Strongly Agree’ that AAPHD membership is diverse (41.7%, n=5/12) reduced when asked about diversity among AAPHD leadership (8.3%, n=1/12), suggesting that the Hispanic/Latino group in particular feel there is a lack of diversity among AAPHD leadership. However, it is important to note that several members within this group still ‘Agree’ that AAPHD leadership is diverse (66.7%, n=8/12). The Asian group (n=8) has the lowest portion of respondents who ‘Strongly Agree’ or ‘Agree’ that diverse perspectives are actively sought and valued (37.5%, n=3/8), excluding the ‘Not Stated’ group.

3.3.3 Inclusion

The portion of dental hygienists who ‘Strongly Disagree’ with the statement that they have experienced bullying within AAPHD (83.3%, n=5/6) reduced when asked about bullying within NOHC (50.0%, n=3/6), suggesting some may have experienced or witnessed bullying at NOHC or that some dental hygienists have not attended NOHC events and cannot comment (**Appendix 4**). Contrary to negative comments on non-dentists’ inability to take up full membership, a high portion of dental hygienists (66.7%, n=4/6) ‘Strongly Agree’ that they feel welcome and respected as AAPHD members. This is higher than any other professional group except for those stated as ‘Other’ profession (n=3), who had all respondents (100.0%, n=3/3) ‘Strongly Agree’ with this statement.

When looking at the number of years as an AAPHD member and feelings about inclusion, a smaller portion of respondents who have been members for 0-1 years ‘Strongly Agree’ that they have felt welcomed and respected as AAPHD members (12.5%, n=1/8) when compared to respondents with over 1-year membership (range: 47.4% to 68.2%). However, this group also has zero respondents who ‘Strongly Agree’ or ‘Agree’ to experiencing bullying within AAPHD or NOHC. This may be related to their limited time as AAPHD members. This is further explained by the trend noticed between increasing age and experiences of bullying. As age increases, the portion who ‘Strongly Disagree’ that they have experienced bullying at AAPHD or NOHC also reduces, suggesting that older individuals, who may have been AAPHD members for longer, could have been more likely to experience or witness bullying.

There was a smaller portion of respondents who had never been board members who ‘Strongly Agree’ that they feel welcome and respected as an AAPHD member (42.9%, n=15/35) when compared to current and previous members (range: 62.5% to 68.8%). It is also important to note that some respondents who have previously served as board members ‘Strongly Disagree’ or ‘Disagree’ with this statement (12.5%, n=3/24). This group also had a higher portion who ‘Strongly Agree’ or ‘Agree’ that they have experienced bullying within AAPHD (12.5%, n=3/24) and NOHC (8.3%, n=2/24).

A smaller portion of Hispanic/Latino (58.3%, n=7/12), Black (57.1%, n=4/7), and Asian (37.5%, n=3/8) race/ethnic groups ‘Strongly Disagree’ that they have experienced bullying compared to the White race/ethnic group (72.7%, n=32/44). Concerningly, one Asian respondent ‘Strongly Agreed’ to the statement, *“I have experienced bullying/discrimination within AAPHD.”*

3.3.4 Belonging

Respondents who have been members for 0-1 year had the smallest portion who ‘Strongly Agree’ or ‘Agree’ to a sense of belonging with AAPHD (62.5%, n=5/8) and connection to their mission (62.5%, n=5/8), with the remainder being ‘Not Stated’ responses (**Appendix 5**). Interestingly, and contrary to the trend noticed for feelings of inclusion, a higher portion of 18-35-year-old respondents ‘Strongly Agree’ or ‘Agree’ that they felt connected to AAPHD’s mission (90.9%, n=10/11) and had a sense of belonging (100.0%, n=11/11) compared to 36-55-year-olds (range: 78.8% to 87.9%). Fewer respondents who have never been a board member ‘Strongly Agree’ that they feel connected to the AAPHD mission (37.1%, n=13/35) or feel a sense of belonging (28.6%, n=10/35) when compared to those who had served or are currently serving as a board member (range: 37.5% to 50.0%).

A smaller portion of cisgender women ‘Strongly Agree’ that they feel belonging as an AAPHD member (34.7%, n=17/49) when compared to cisgender men (47.8%, n=11/23). On a positive note, 100% of respondents with a disability (n=6/6) ‘Strongly Agree’ that they feel belonging as an AAPHD member. A smaller portion of Hispanic/Latino (33.3%, n=4/12), Black (28.6%, n=2/7), and Asian (12.5%, n=1/8) race/ethnic groups feel a sense of belonging as AAPHD members when compared to the White race/ethnic group (47.7%, n=21/44).

3.4 Perceptions of the EDI Corner

Most respondents (69.9%, n=58/83) stated that they had received the EDI Corner Newsletter. Only 6.9% (4/83) of these respondents stated that it was ‘Not at all’ valuable, with the remaining stating that it was ‘Somewhat’ valuable (48.2%, n=28/83) or ‘Extremely’ valuable (44.8%, n=26/83). These responses are reflected in the survey comments, which were filled with positive feedback (**Figure 6**). A common barrier expressed by respondents was their lack of time to read the EDI Corner.

Positive comments about the EDI corner	General feedback	
<p><i>"...the information looks valuable"</i></p> <p><i>"Helpful"</i></p> <p><i>"...I appreciate the emails"</i></p> <p><i>"these things take time...there is value here"</i></p> <p><i>"Good information"</i></p> <p><i>"I receive the February EDI corner with good resources to explore"</i></p> <p><i>"The information is concise but very educational and valuable. Thanks."</i></p> <p><i>"I recently incorporated suggested language changes for a manuscript that I learned from this newsletter."</i></p> <p><i>"I appreciate the resources that have been shared and the regular interval with which these are sent"</i></p> <p><i>"I enjoy reading the EDI corner and appreciate the time member's put into drafting the documents."</i></p> <p><i>"It's really interesting!"</i></p> <p><i>"Informative"</i></p> <p><i>"...the content of all of them is good..."</i></p>	<p><i>"The posts are very pro-EDI."</i></p> <th data-bbox="1060 506 1894 548">Lack of time to read the EDI corner</th> <p><i>"I have skimmed and still have in my Inbox..."</i></p> <p><i>"...don't always get the chance to read them."</i></p> <p><i>"Just find it difficult to keep up with the number of newsletters and list...just have to find time to read."</i></p>	Lack of time to read the EDI corner

Figure 6: Comments elaborating on EDI Corner response

3.5 Suggestions for AAPHD to advance equity, diversity, inclusion, and belonging

Respondent suggestions for initiatives and actions that AAPHD can take to advance equity, diversity, inclusion, and belonging are summarized in **Figure 7**.

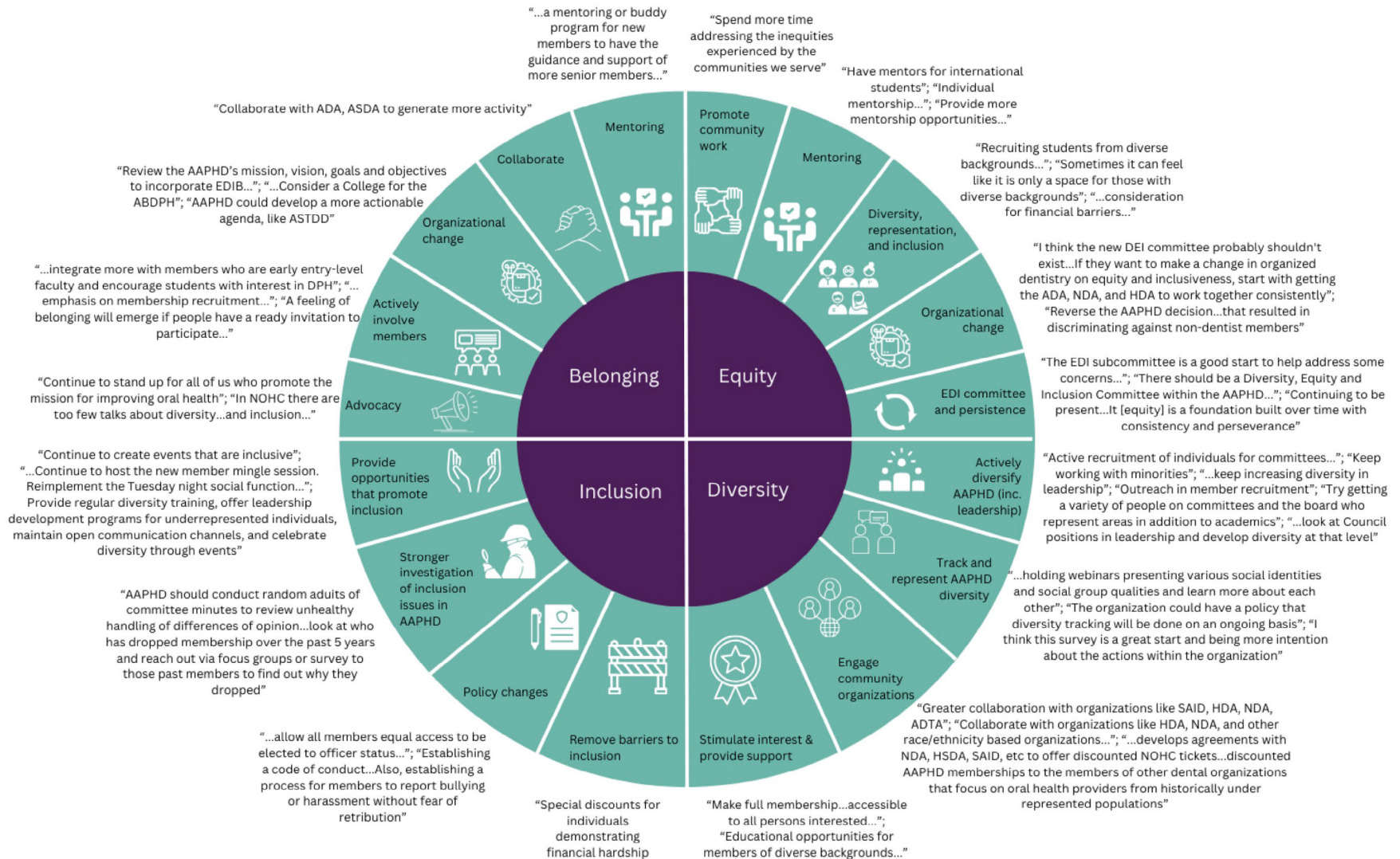


Figure 7: Suggested initiatives and actions AAPHD can take to advance Equity, Diversity, Inclusion, and Belonging

4 Recommendations

Based on the results of this survey, AAPHD can consider the following action steps:

1. Increase and retain membership diversity

- a. Active recruitment of individuals from underrepresented groups
- b. Partner with organizations that work with underrepresented groups (e.g. SAID, HDA)
- c. Partner with organizations that serve non-dentists (e.g., ADHA)
- d. Provide discounts, where possible, to alleviate financial barriers for members in need
- e. Focus diversity efforts at the leadership level, e.g. regular training of leaders
- f. Work on improving the organizational culture to ensure it is welcoming
- g. Increase awareness of diversity and inclusivity via social events and webinars

2. Promote engagement, inclusivity, and sense of belonging

- a. Focus on understanding members' interests to better engage them
- b. Generally better member engagement opportunities to get involved
- c. Institute mentorship program to improve sense of belonging, particularly for newer members and non-dentist members
- d. Additional initiatives/outreach for new members

3. Communicate EDI values and commit to long-term change

- a. Emphasize and clearly communicate to the membership the need for EDI actions
- b. Highlight the importance and the achievements of EDI actions
- c. Commit to long-term change and set goals with measurable outcomes

4. Monitor and evaluate

- a. Institute a process for responding to instances of bullying/discrimination
- b. Investigate reasons for individuals leaving the organization

5 Appendix

5.1.1 Appendix 1: Survey

AAPHD EDI Needs Assessment Survey

Purpose of survey

The purpose of this survey is to assess your views and experiences regarding equity, diversity, inclusion, and belonging within the American Association of Public Health Dentistry (AAPHD). This survey has been developed by the EDI committee of the AAPHD. For clarity, definitions are provided at the beginning of each section. Please use these definitions when thinking about your answers.

1) By clicking “Yes” below, you certify that you are 18 years of age or older and consent to participate in this survey. You may decide to stop the survey at any point in time. All responses are confidential and information that may identify participants will not be shared.

- ☐ Yes
- ☐ No

Participation

This survey will take approximately 10-15 minutes to complete. As a thank-you for participating, you will have the option to be entered into a raffle to win one of fifteen \$100 Amazon gift cards. To be eligible for the raffle, you must submit your name and contact information at the end of the survey (they will be detached from your survey answers, keeping your responses confidential).

Contact

For questions or to provide feedback, please contact the AAPHD office via email at info@aaphd.org.

Equity: Fair and impartial treatment for everyone; ensuring members have access to the same opportunities and are held to the same standards. Equity is not the same as equality: equality implies that everyone starts with the same experiences, whereas equity acknowledges and addresses structural inequalities among group members that may lead to different advantages and/or disadvantages (as adapted from the University of Iowa’s Office of Diversity, Equity, and Inclusion).

The following questions will be answered on the following scale: Strongly disagree, Disagree, Agree, Strongly Agree. There will also be an “Don’t know/ Not Sure” option.

2) During my time as an AAPHD member, I have felt that my voice or contributions were not valued due to factors such as gender, race, or other identities.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don’t Know / Not Sure

3) I feel I have experienced barriers regarding access to resources, training, or mentorship opportunities

due to factors such as gender, race, or other identities in AAPHD.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

4) AAPHD is an equitable organization overall.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

5) Please elaborate on any of your responses above regarding your experiences of equity within AAPHD.

6) What initiatives or actions can AAPHD take to advance equity within the organization?

Diversity: Widespread representation of people with different human characteristics, social identities, and social group characteristics. These include, but are not limited to, race, ethnicity, gender identity, culture, national origin, religion/spirituality, disability status, political perspective, and more (as adapted from the University of Iowa's Office of Diversity, Equity, and Inclusion).

7) AAPHD membership represents diverse backgrounds and identities.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

8) Within AAPHD, diverse perspectives are actively sought and valued in decision-making.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

9) The leadership team of AAPHD (consisting of board, committees, and council members) is diverse.

- Strongly Agree
- Agree
- Disagree

- Strongly Disagree
- Don't Know / Not Sure

10) Please elaborate on any of your responses above regarding your experiences of diversity within AAPHD.

11) What initiatives or actions can AAPHD take to advance diversity within the organization?

Inclusion: Creating a welcoming environment where members are respected and empowered to participate equally (as adapted from the University of Iowa's Office of Diversity, Equity, and Inclusion).

12) I feel welcome and respected as a member of AAPHD.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

13) I have experienced bullying and/or discrimination within AAPHD.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

14) I have experienced bullying and/or discrimination at the National Oral Health Conference (NOHC).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Don't Know / Not Sure

15) Please elaborate on any of your responses above regarding your experiences of inclusion within AAPHD.

16) What initiatives or actions can AAPHD take to advance inclusion within the organization?

Belonging: Outcome of equity, diversity, and inclusion; feeling of connection and acceptance (as adapted from the University of Iowa's Office of Diversity, Equity, and Inclusion).

17) I feel a sense of connection to AAPHD's mission.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't Know / Not Sure

18) I feel like I belong in AAPHD.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Don't Know / Not Sure

19) Please elaborate on any of your responses above regarding your experiences of belonging within AAPHD.

20) What initiatives or actions can AAPHD take to advance within the organization?

EDI Informational Content in AAPHD

21) Since November 2023, the AAPHD EDI Committee has sent monthly posts by email about EDI-related topics, called the “EDI Corner”. Have you received the EDI Corner posts by email?

- ☐ Yes
- ☐ No

22) Have you found value in the EDI Corner posts valuable?

- ☐ Extremely Valuable
- ☐ Somewhat Valuable
- ☐ Not at all Valuable

23) Please elaborate on your response above regarding your experience with the monthly EDI Corner content from AAPHD.

Demographics: We would like more information about you so we can assess potential inequities in members’ experiences with EDI and belonging in AAPHD. This information will not be shared.

24) Age

- ☐ 18-25 years
- ☐ 26-35 years
- ☐ 36-45 years
- ☐ 46-55 years
- ☐ 56-65 years

- 66-75 years
- 76+ years
- Prefer not to answer

25) Gender

- Cisgender woman (assigned female at birth and identifies as a woman)
- Transgender woman (assigned male at birth and identifies as a woman)
- Cisgender man (assigned male at birth and identifies as a man)
- Transgender man (assigned female at birth and identifies as a man)
- Nonbinary or genderqueer
- Another gender not listed
- Prefer not to answer

26) Sexual Orientation

- Asexual
- Bisexual
- Gay
- Heterosexual / straight
- Lesbian
- Queer
- Questioning
- Prefer not to answer

27) Do you identify as a person with a disability?

- Yes
- No
- Prefer not to answer

28) Professional Category

- Dentist: non-ABDPH diplomate
- Dentist: ABDPH diplomate
- Dental Public Health Resident
- Other dental resident
- Dental hygienist
- Dental assistant
- Public health professional
- Physician
- Other health professional
- Student member

29) How long have you been a member of AAPHD?

- ☐ 0-1 years
- ☐ 2-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21+ years

30) Which of the following racial or ethnic groups do you identify with (select all that apply):

- ☐ Asian
- ☐ Native American & Other Pacific Islander
- ☐ Middle Eastern and North African
- ☐ Hispanic or Latino/a/x Origin
- ☐ American Indian and Alaskan Native
- ☐ White
- ☐ Black or African American
- ☐ Some Other Race / Ethnicity

31) Are you currently serving on a board, committee, or council of the AAPHD?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

32) Have you previously served on a board, committee, or council of the AAPHD?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

The members of AAPHD's EDI committee would like to thank you for your time in completing this survey. We will use the results of this survey to implement actions that improve opportunities in EDI in AAPHD.

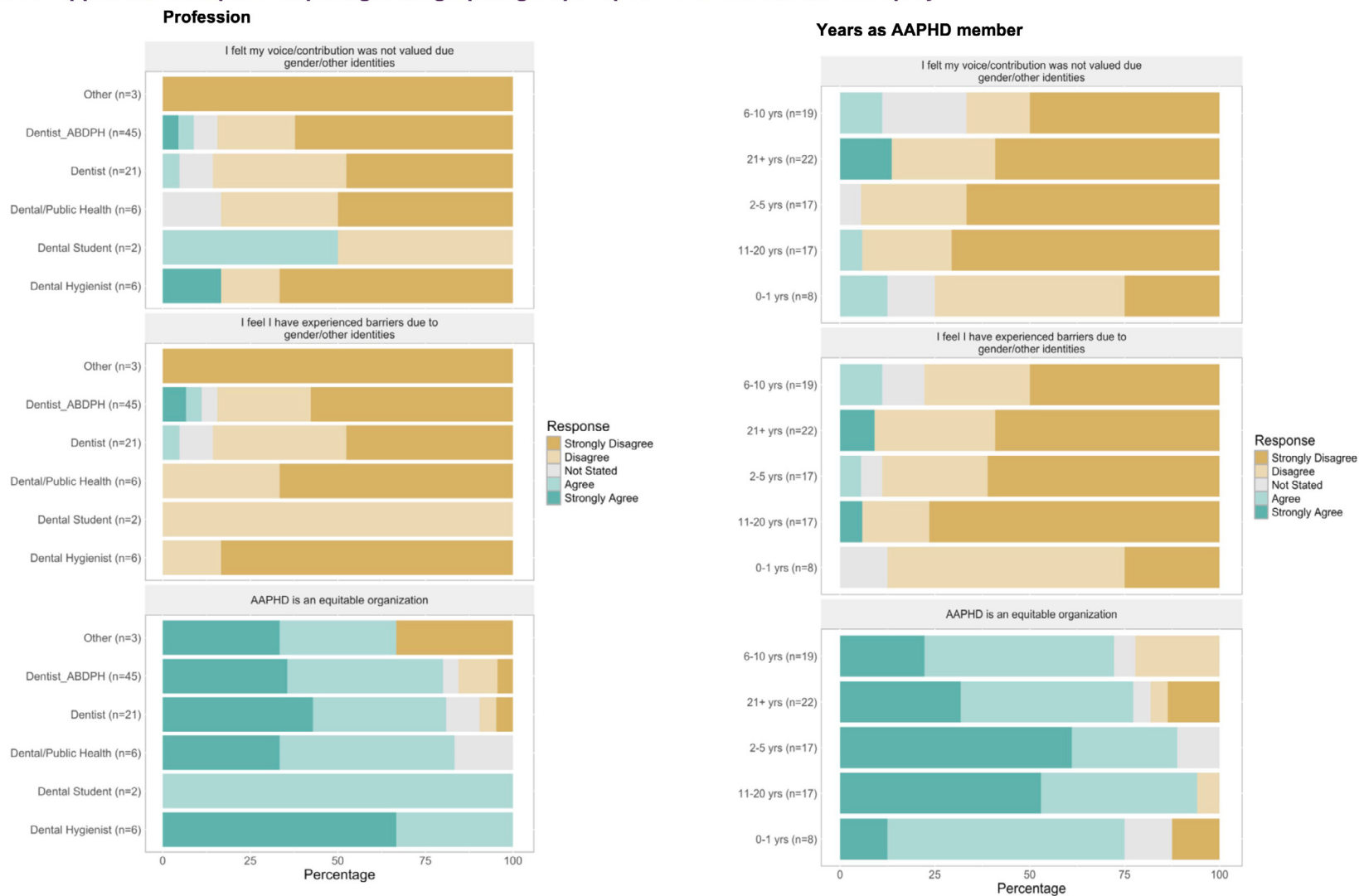
If you are interested in entering the raffle, please enter your name and email address below.

33) First Name:

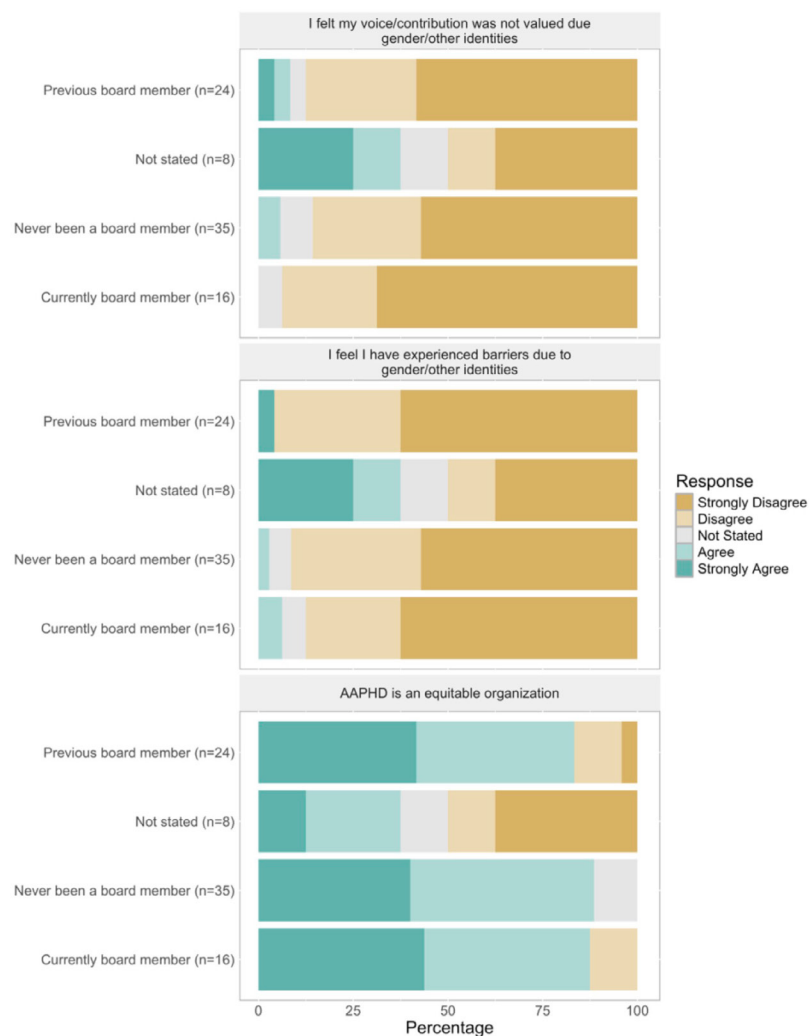
34) Last Name:

35) Email Address:

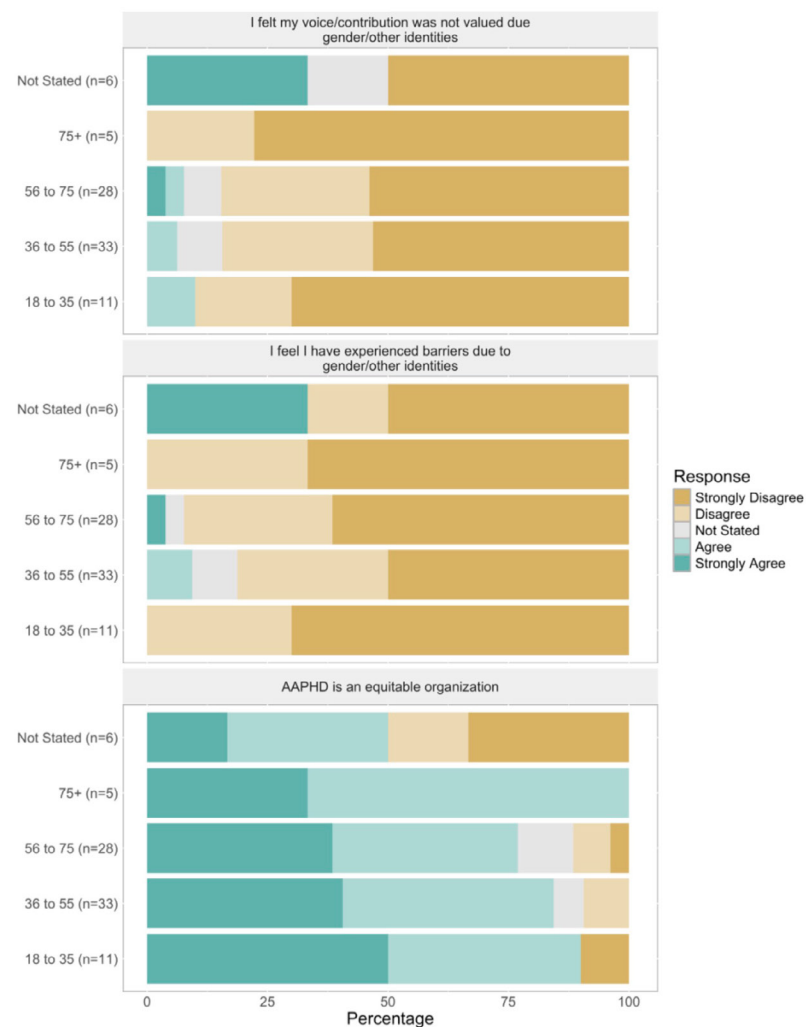
5.1.2 Appendix 2: Graphs comparing demographic group responses to statements on Equity



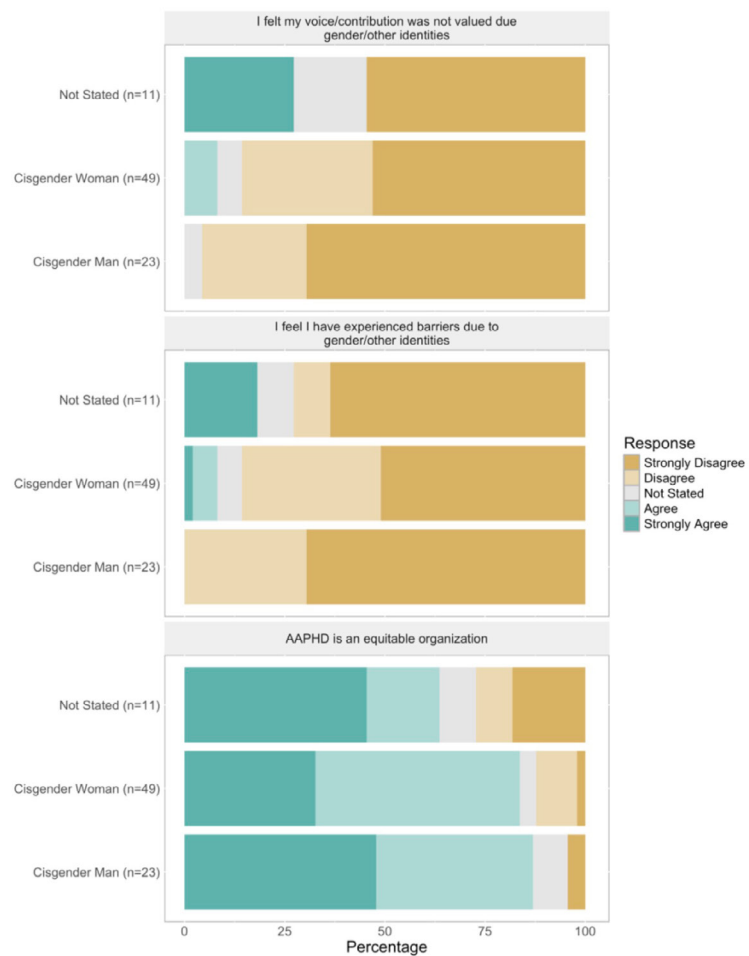
Board Member Status



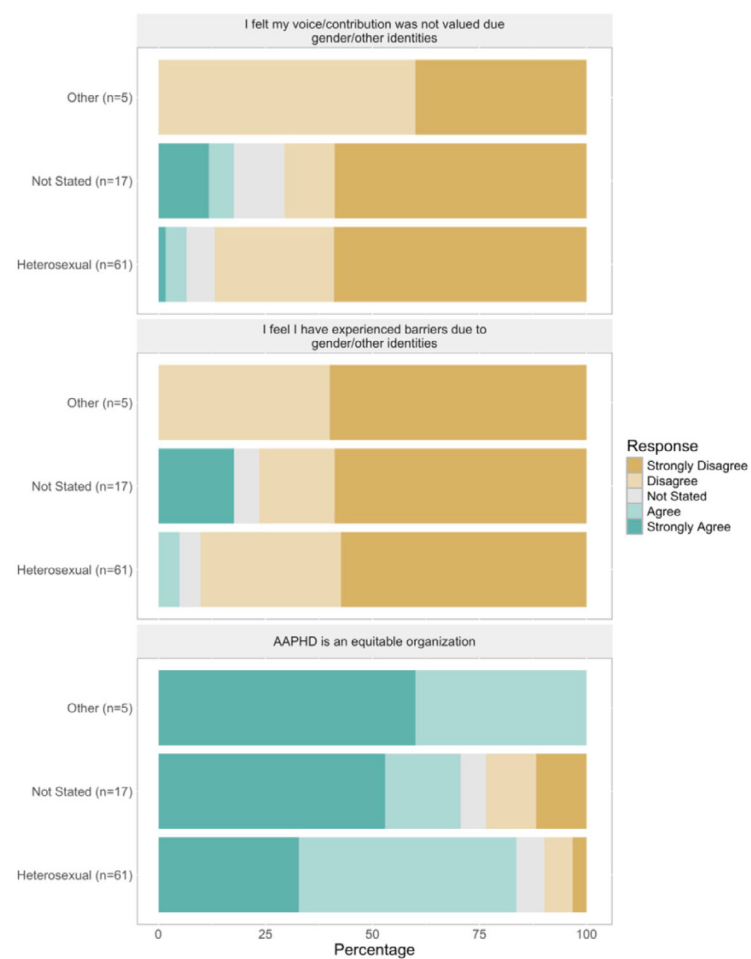
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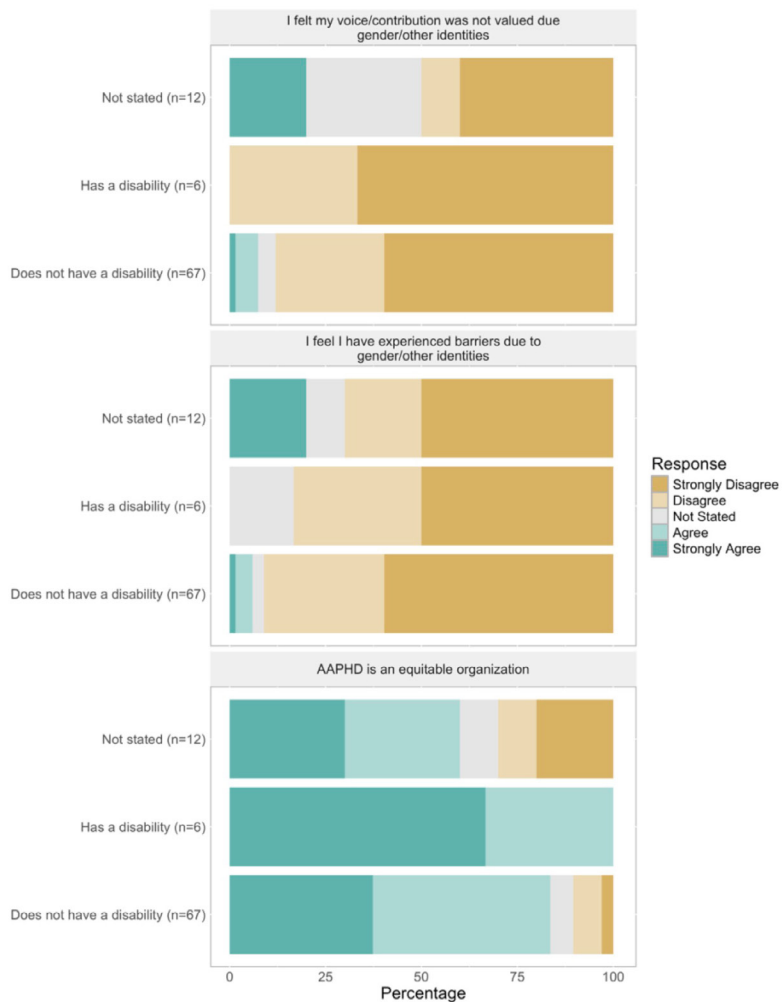
Gender



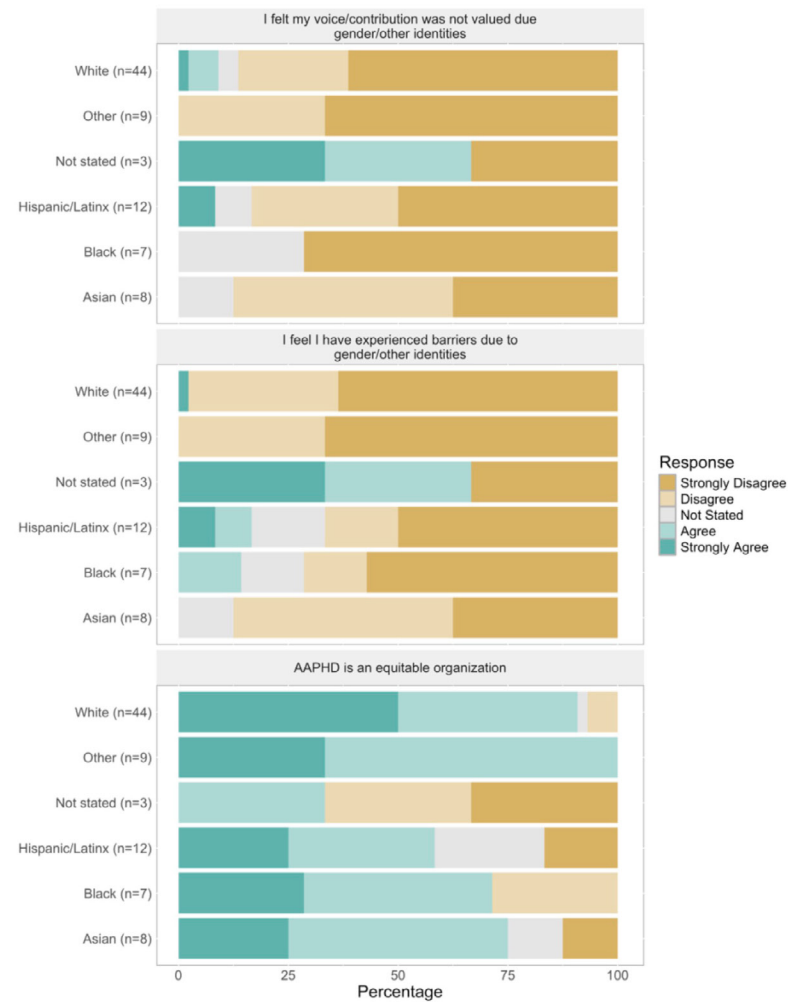
Sexual Orientation



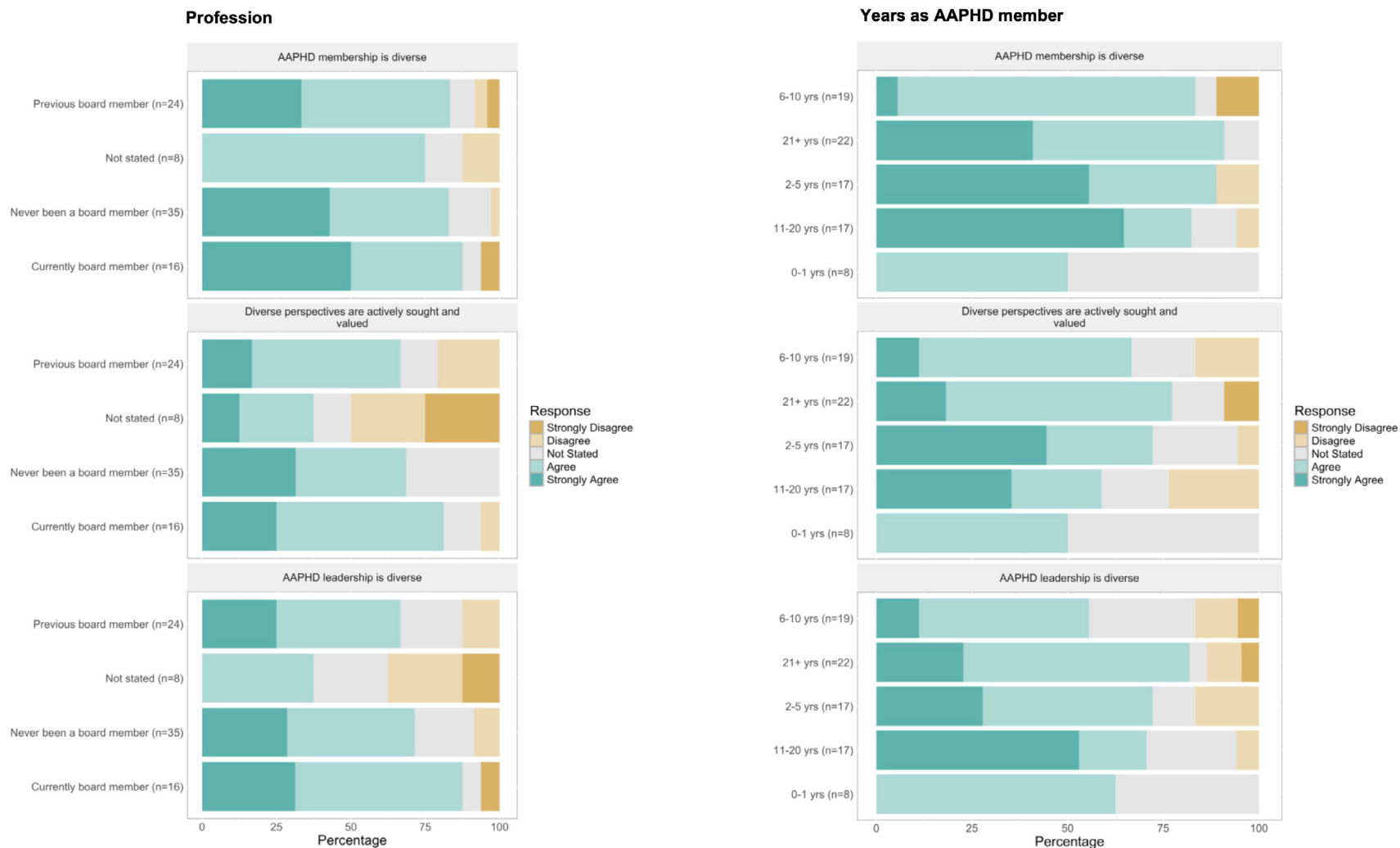
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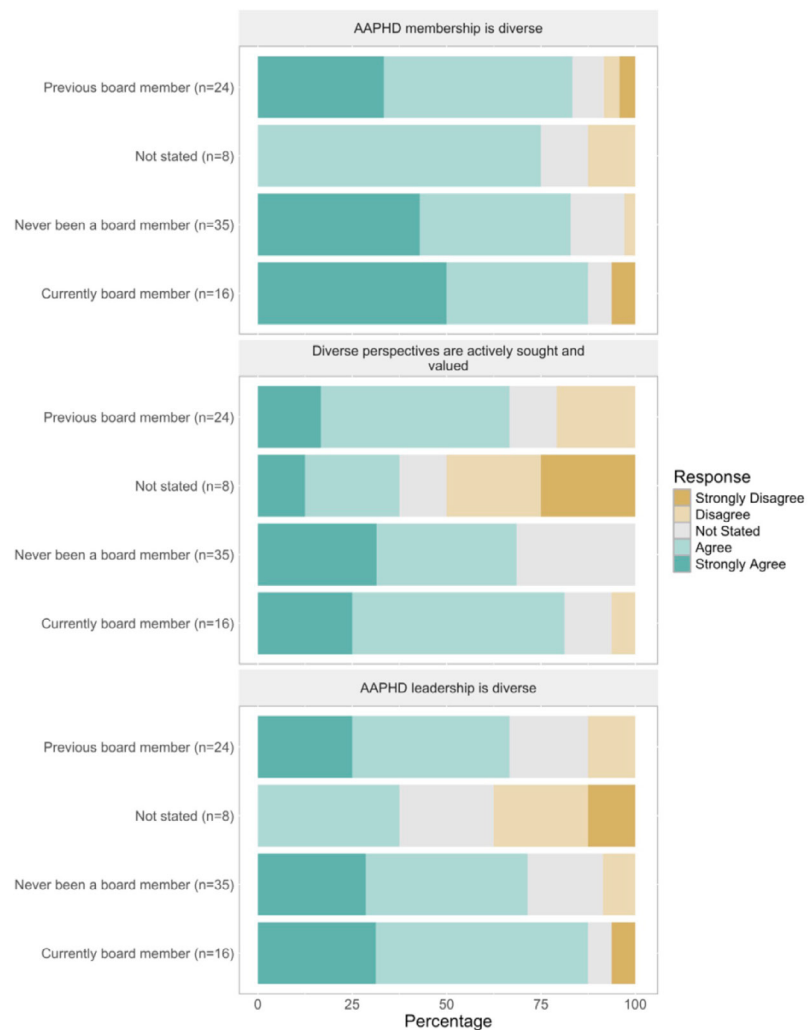
Race/ethnicity



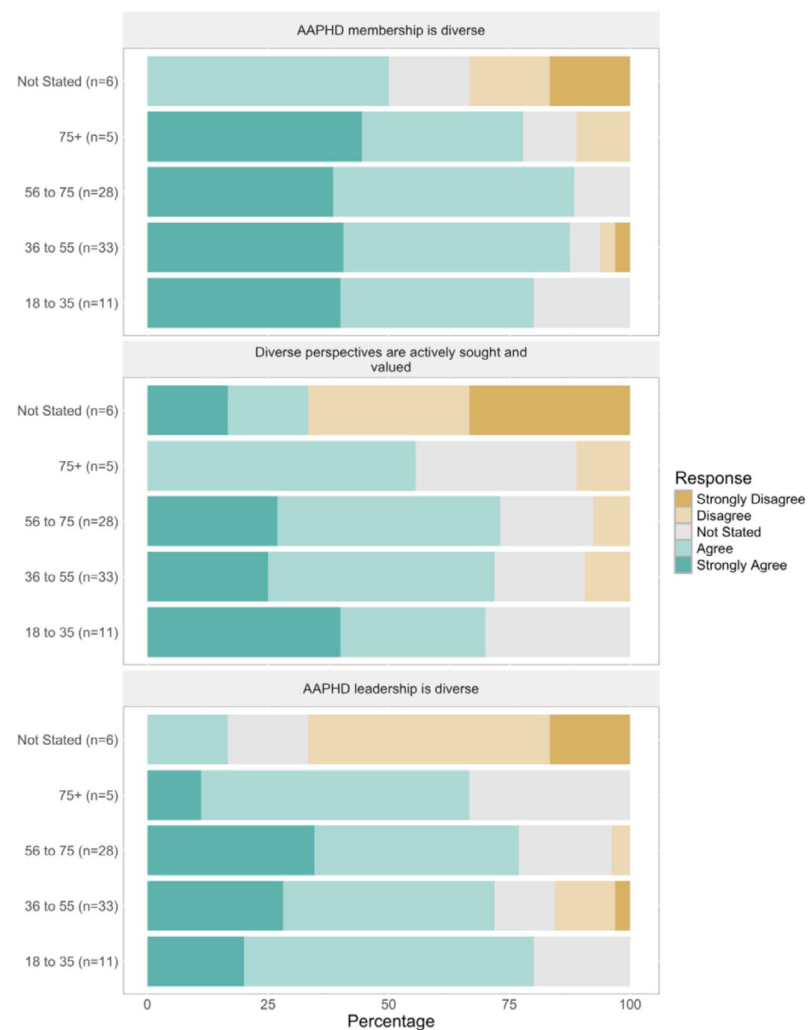
5.1.3 Appendix 3: Graphs comparing demographic group responses to statements on Diversity



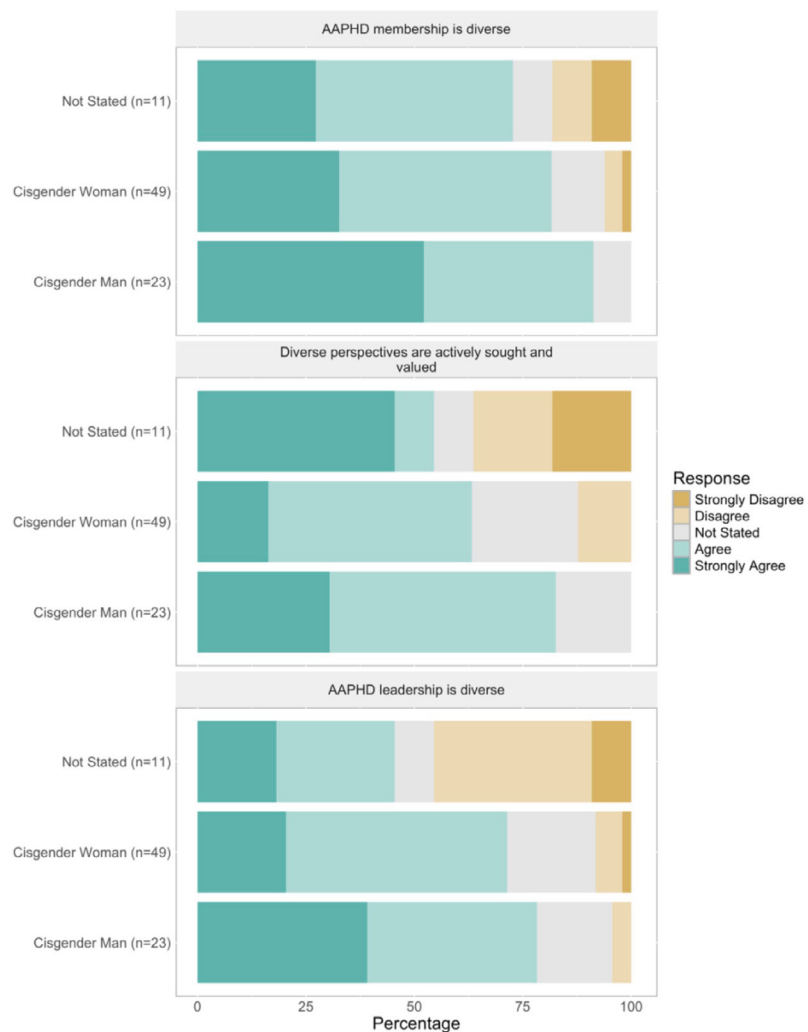
Board Member Status



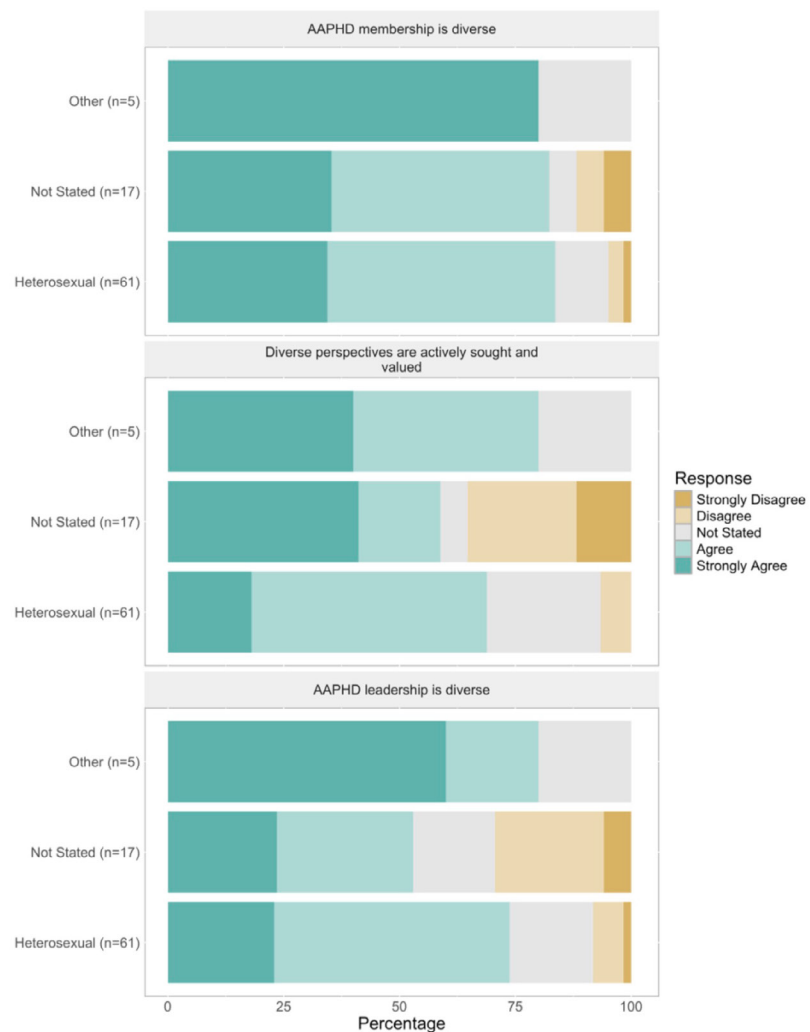
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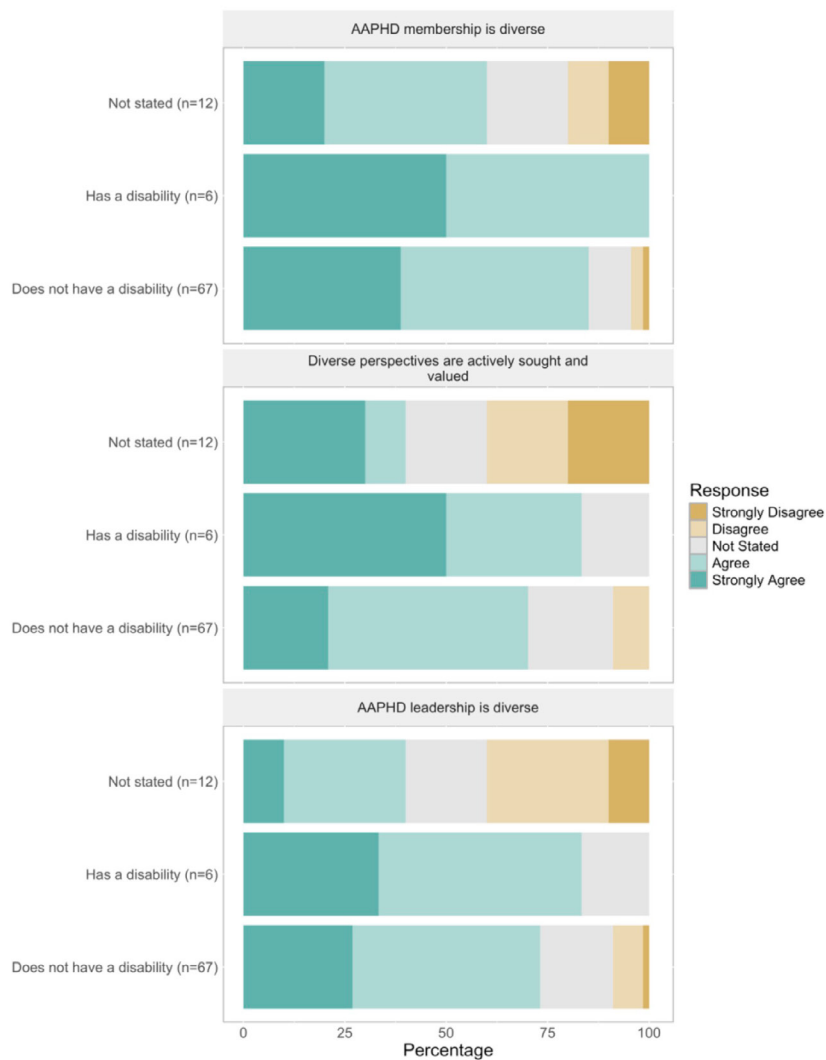
Gender



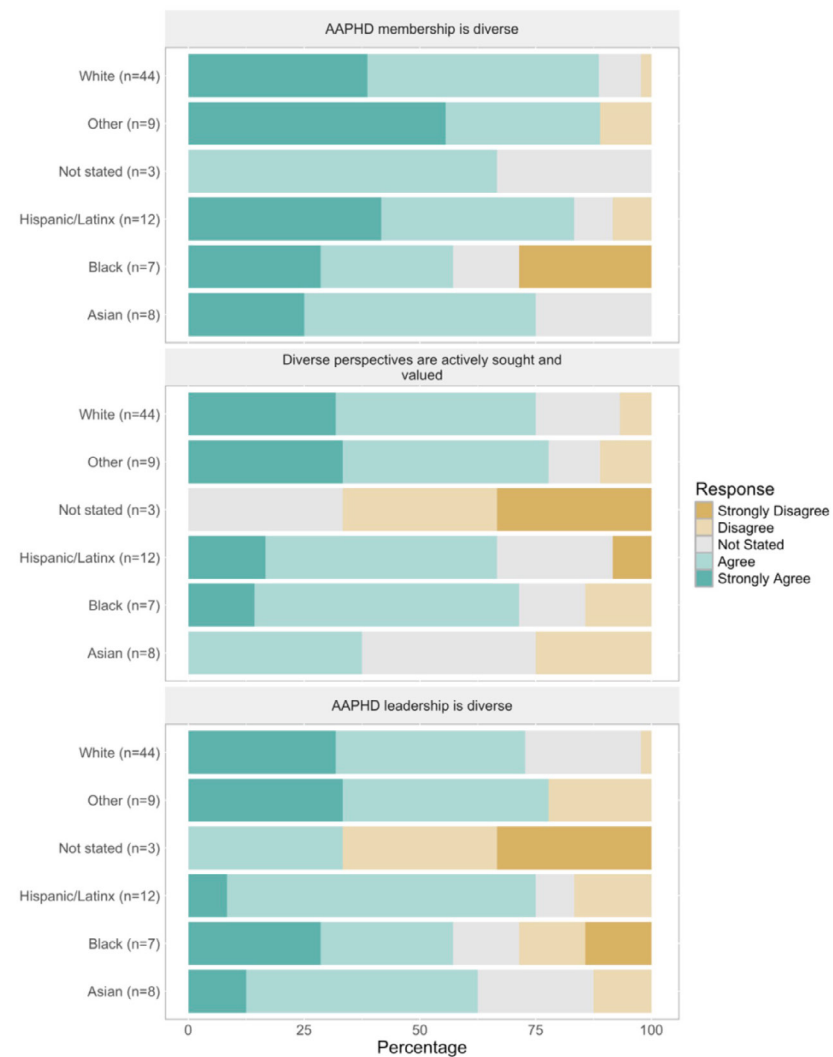
Sexual Orientation



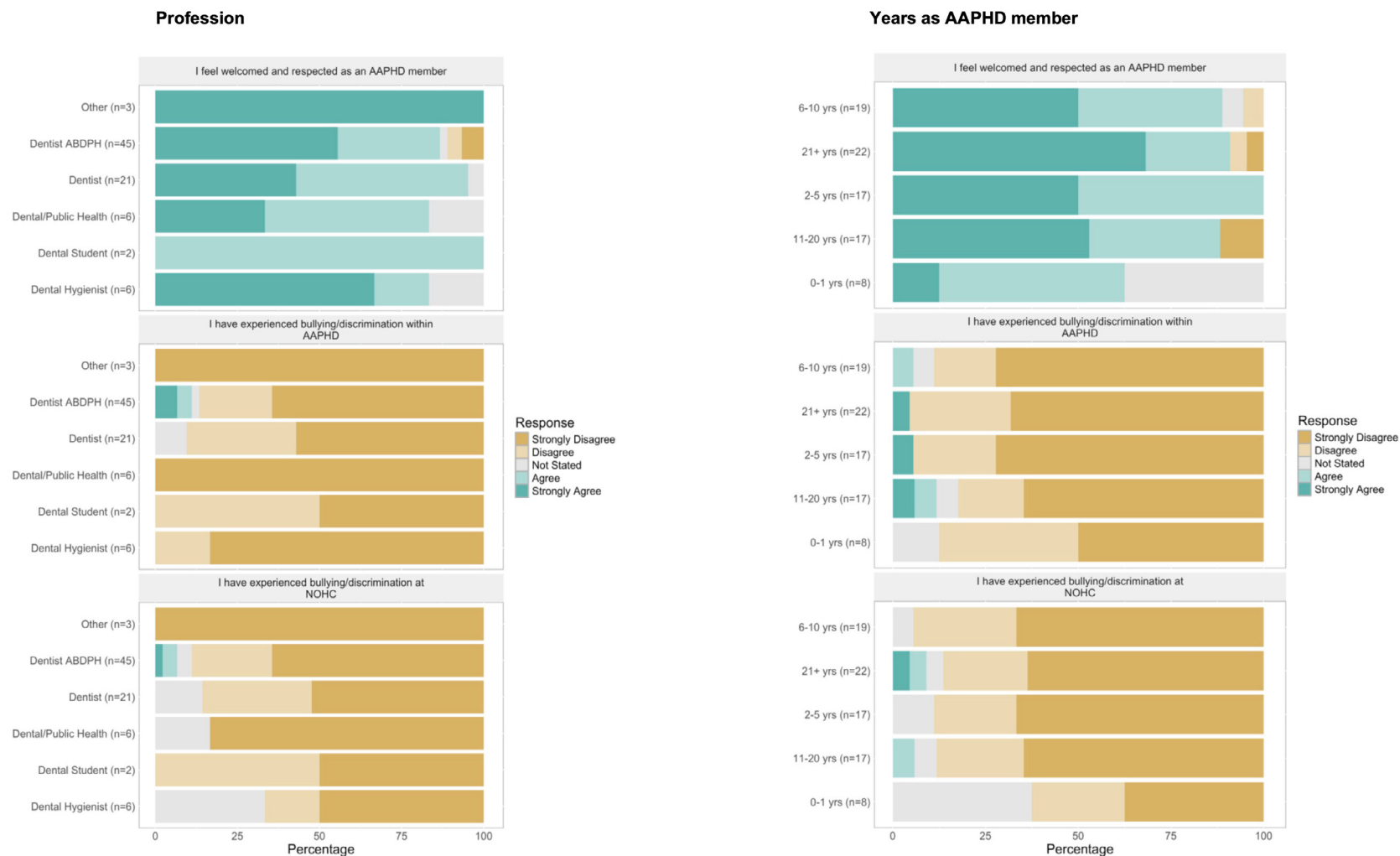
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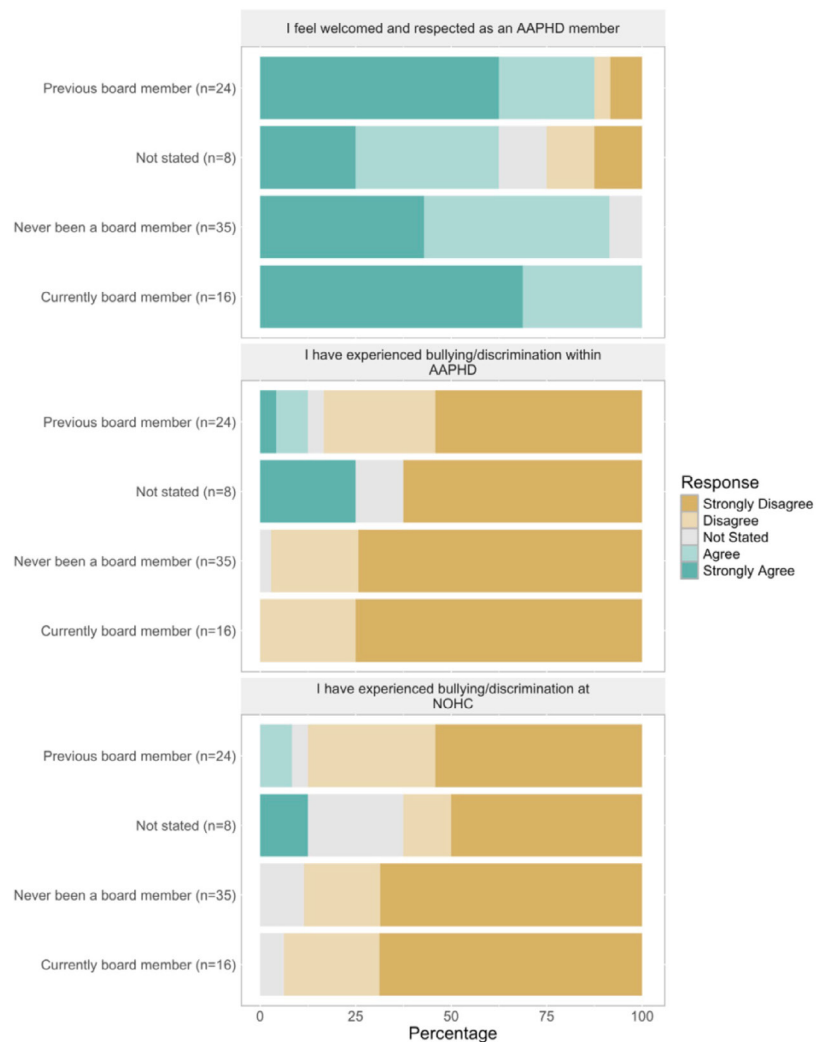
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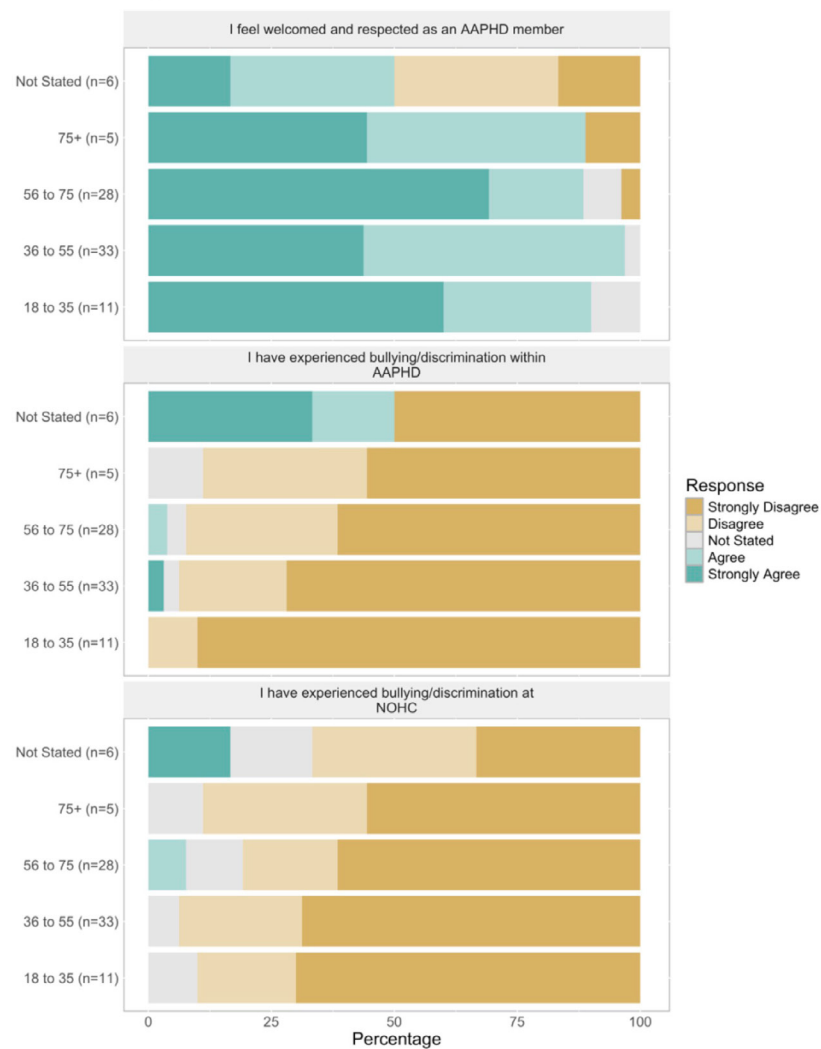
5.1.4 Appendix 4: Graphs comparing demographic group responses to statements on Inclusion



Board Member Status



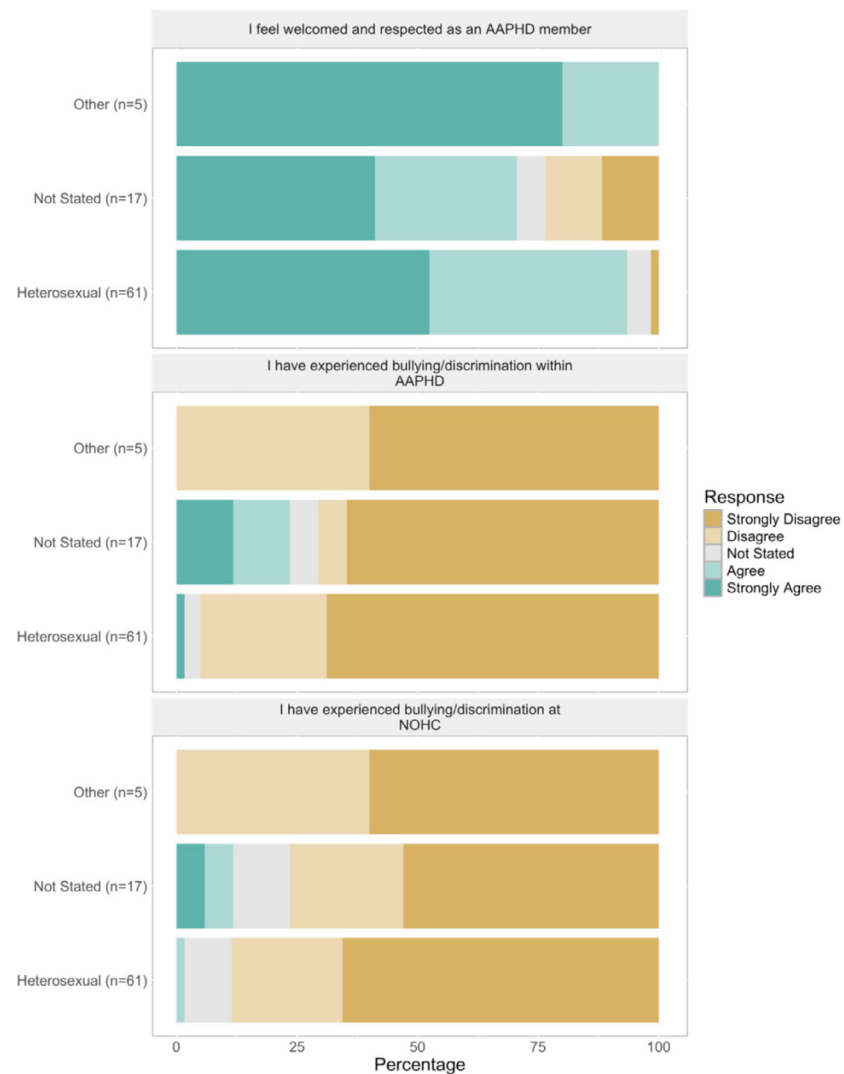
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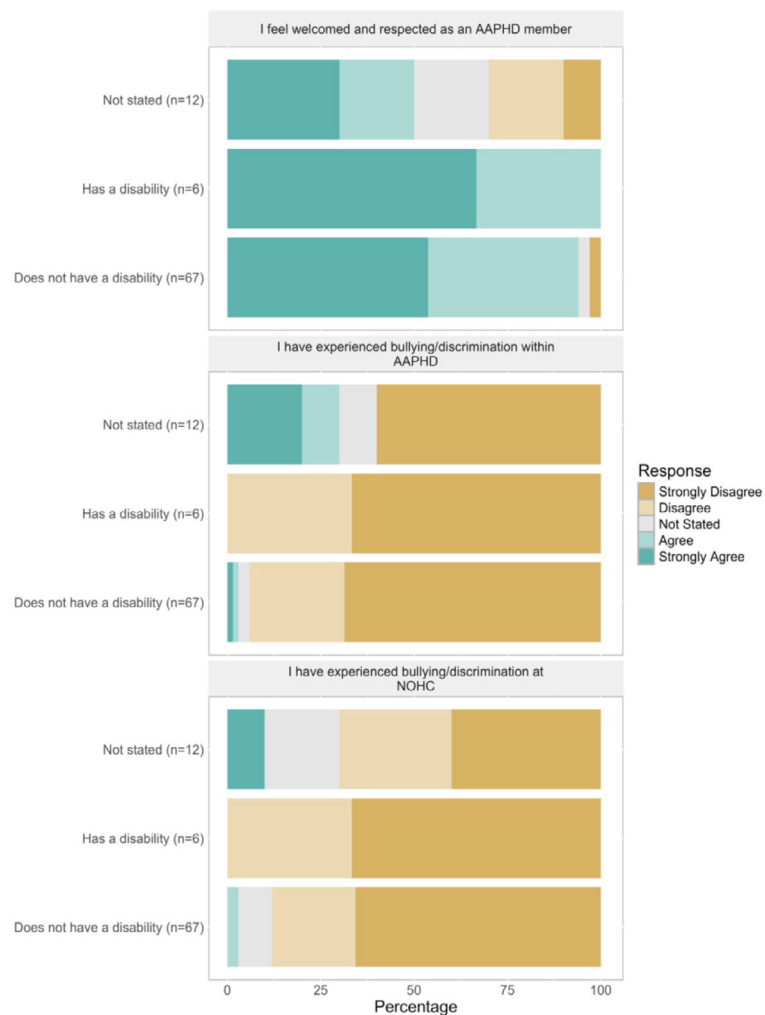
Gender



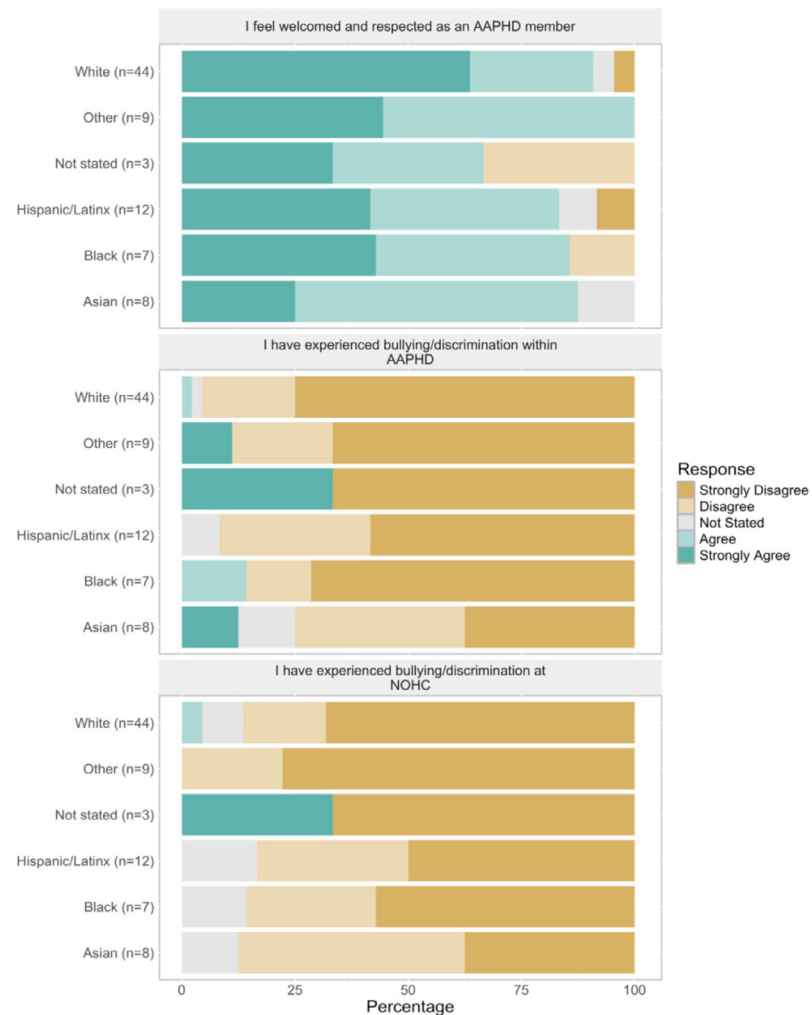
Sexual Orientation



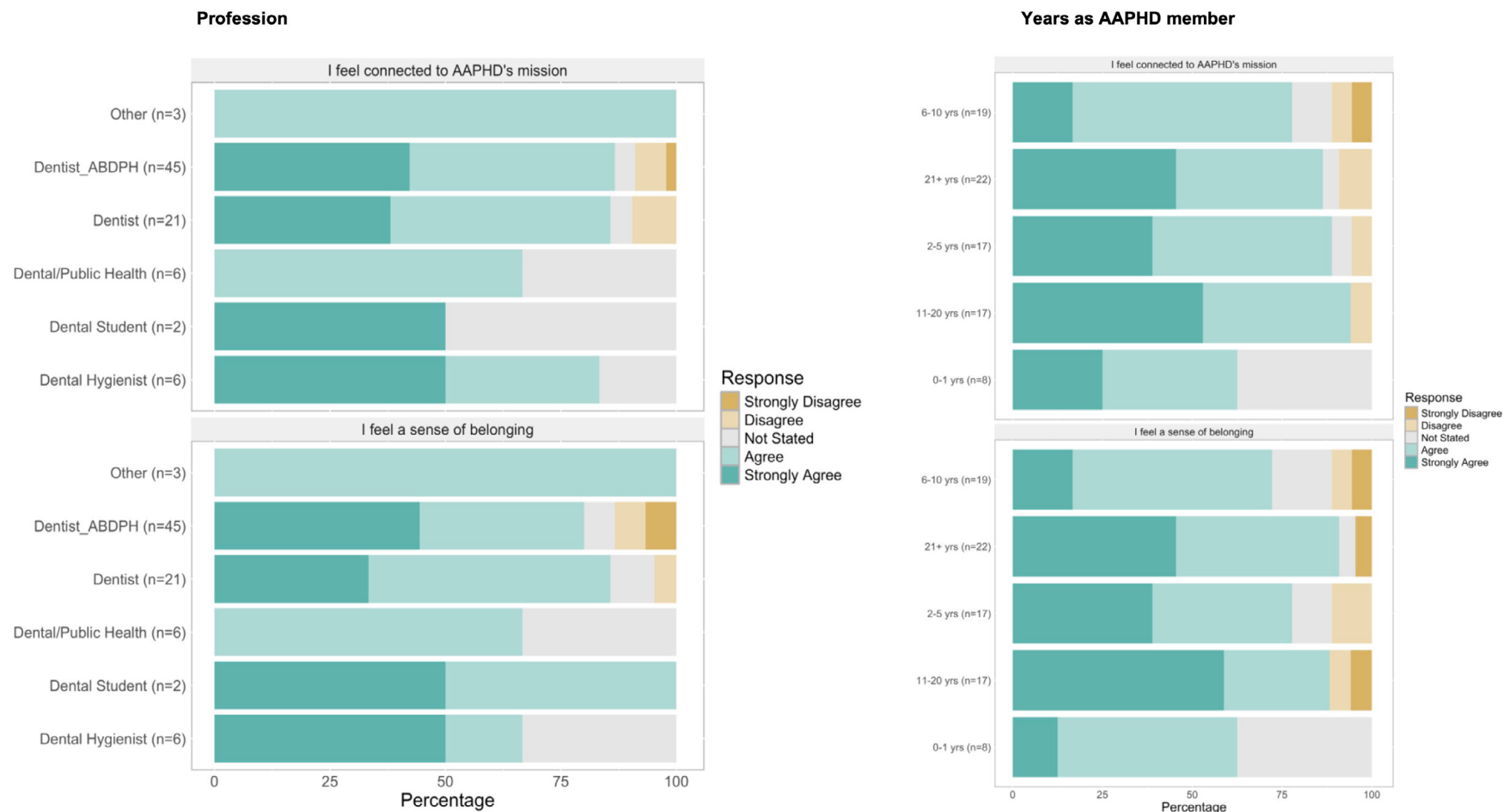
Disability



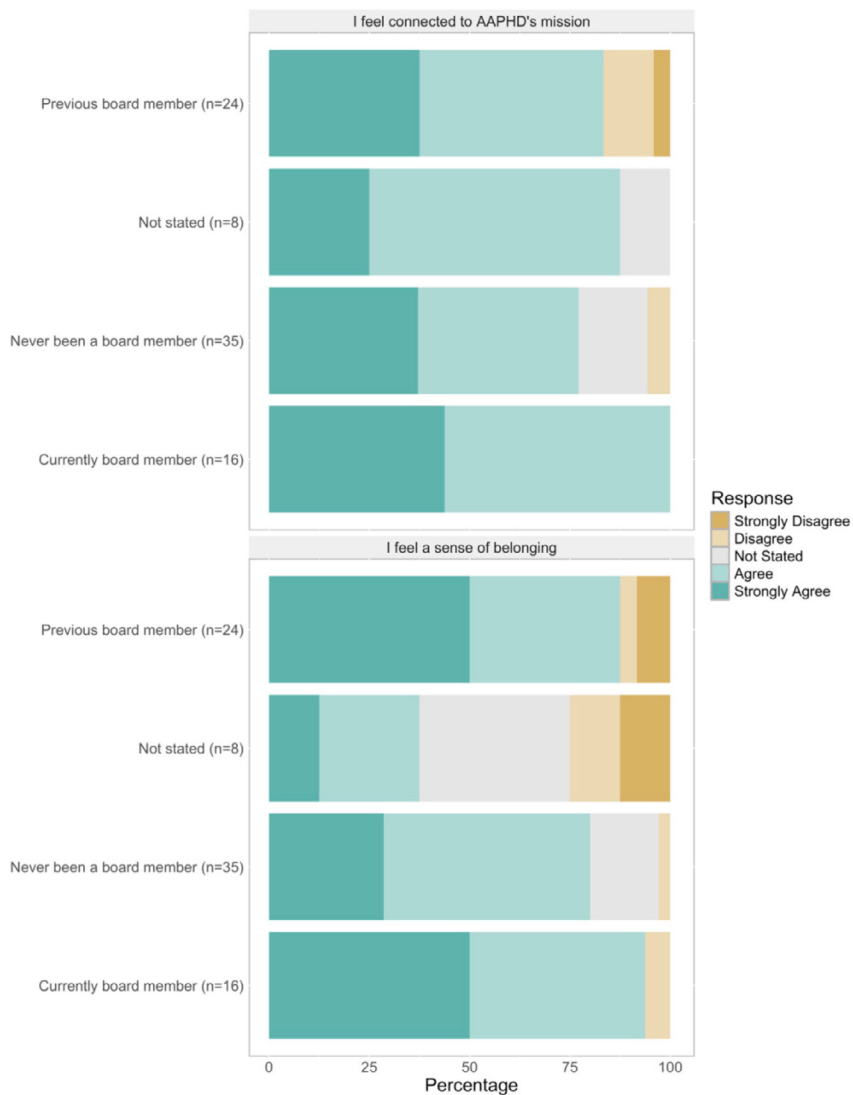
Race/ethnicity



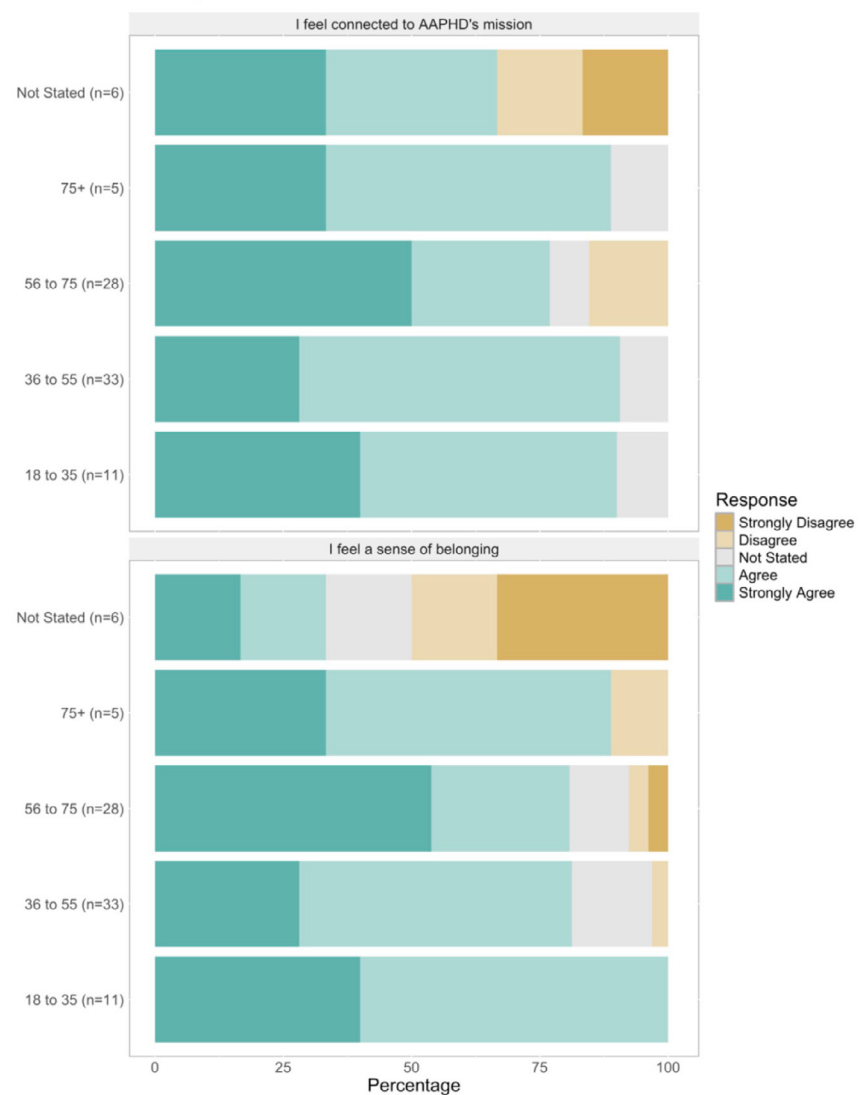
5.1.5 Appendix 5: Graphs comparing demographic group responses to statements on Belonging



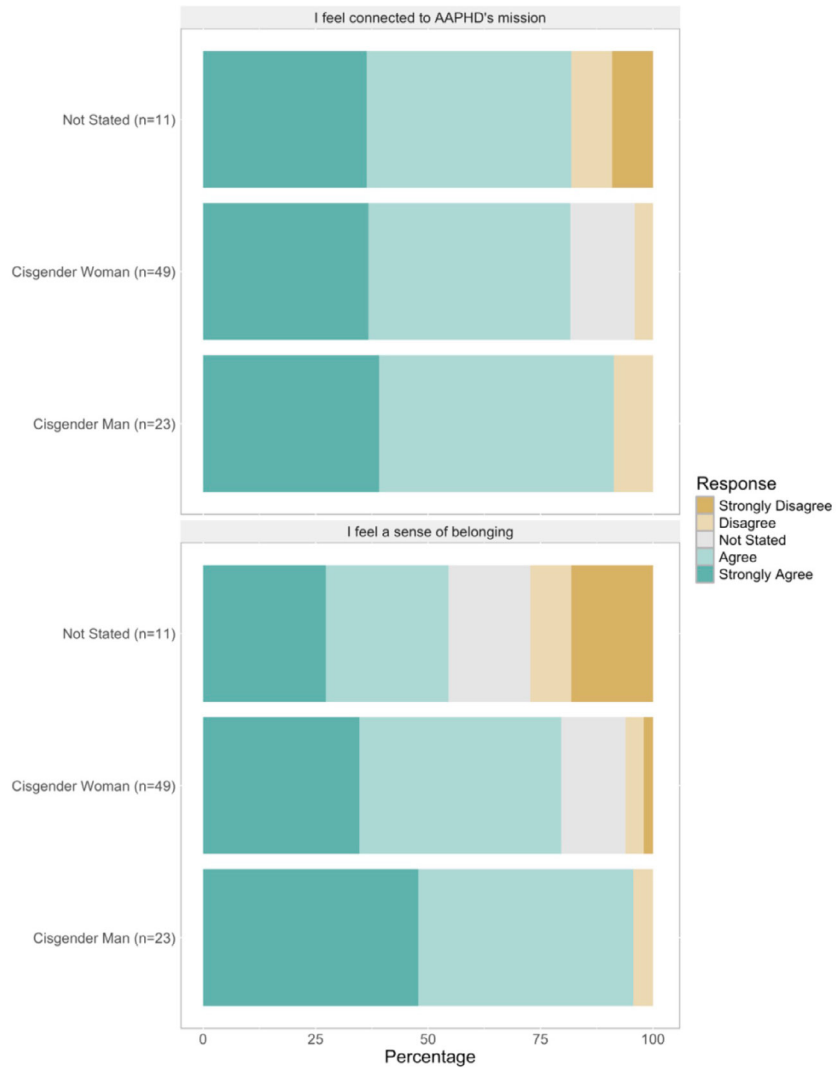
Board Member Status



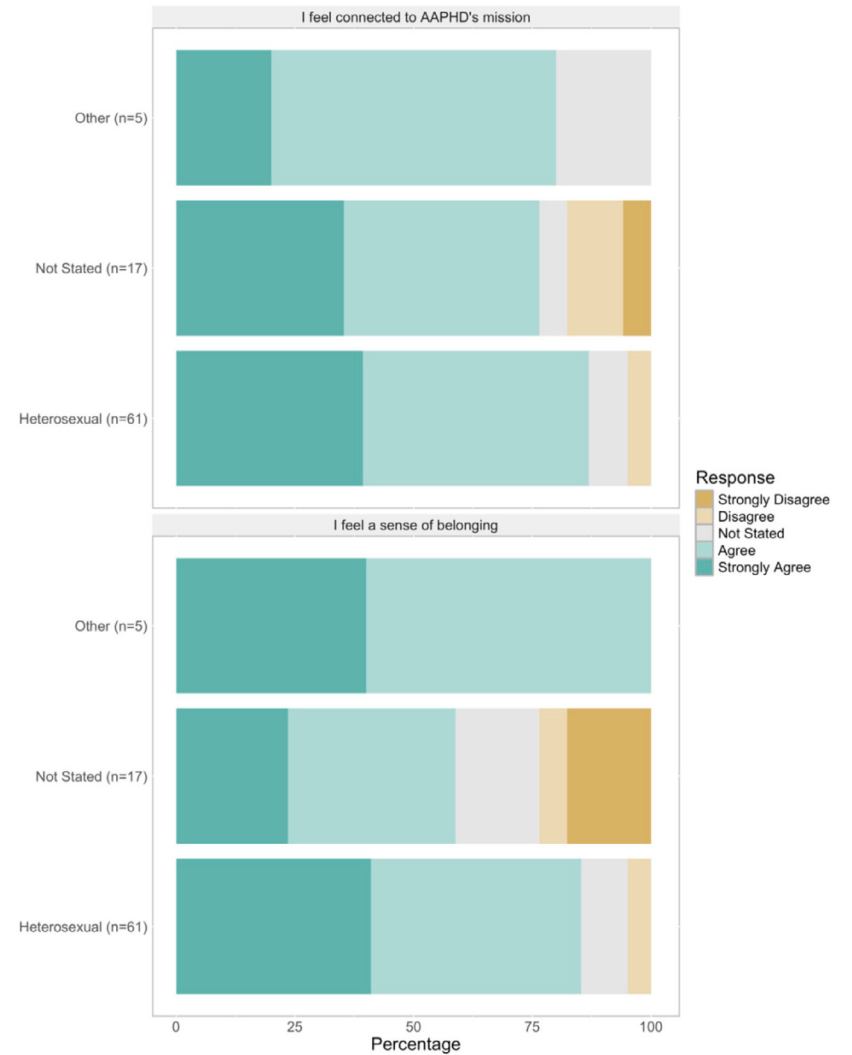
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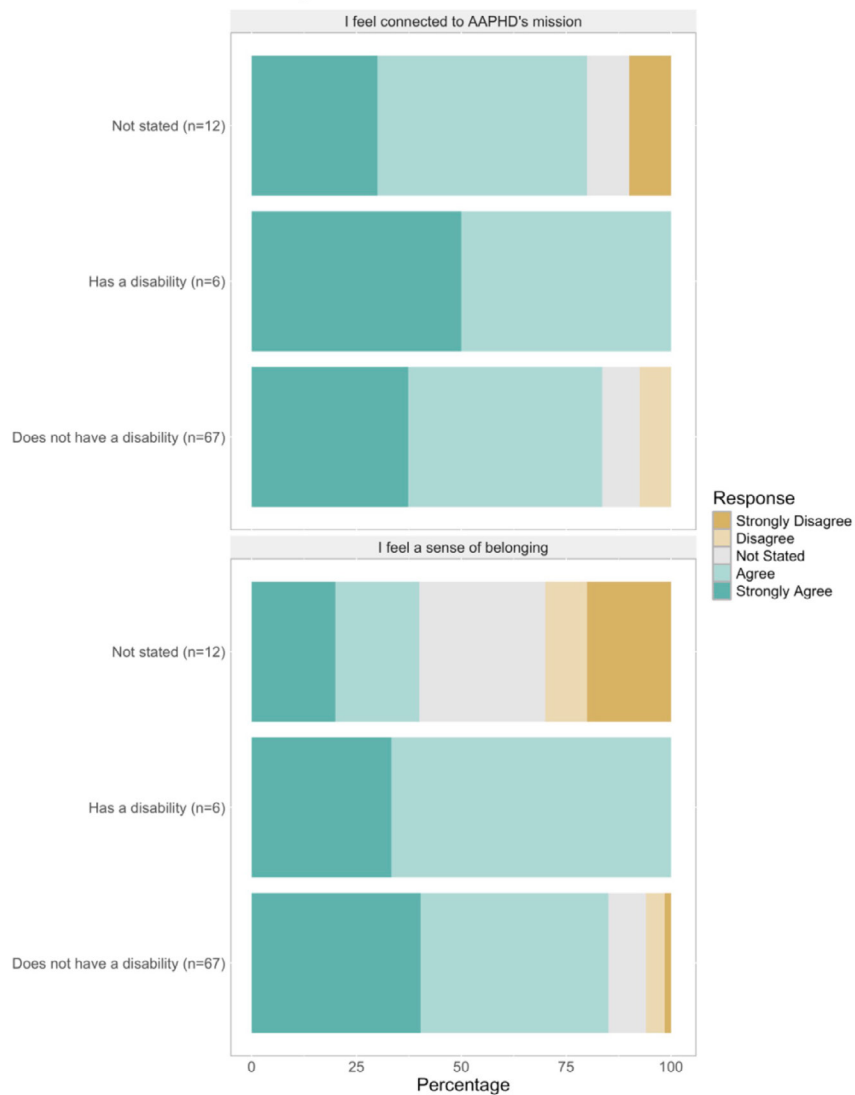
Gender



Sexual Orientation



Disability



Race/ethnicity

