Meeting Report: Symposium on Equity, Diversity, Inclusion, Decolonization and Indigenization at the Canadian National Oral Health Summit

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Equity, diversity, and inclusion (EDI), with the integrated principles of decolonization and indigenization (DI; EDI-DI), are fundamental to the delivery of dental care.[1] These principles collectively aim to address systemic inequities, promote diverse representation, and foster an environment of cultural humility in oral health service delivery.[2,3] However, dental education lacks the systematic integration of EDI-DI principles, with dental education remaining largely traditional with disease- and technique-centred approaches.[3]

Canada's multicultural and gender-diverse population, largely shaped by immigration, is frequently underrepresented in health curricula, including dental education. This lack of representation hinders the ability of dental professionals to deliver culturally safe and inclusive care.[4] Although learning about social determinants of health has historically been a part of dental education, there remains a significant gap in the practise of addressing the distinct oral health challenges shaped by socioeconomic factors, intergenerational trauma and inadequate access to care.[5,6] These challenges, particularly for equity-deserving populations, are often insufficiently acknowledged or addressed.[7] This highlights the need for a community-based model that prioritizes person-centred care, holistically and inclusively.[7]

Initiatives like the Canadian Dental Care Plan (CDCP) emphasize embedding EDI-DI principles into policy and practice to create more equitable oral health delivery systems. This national strategy is designed to improve access to oral health care for equity-deserving community members, including but not limited to low-income families, rural residents, older adults and other socially marginalized population groups. Incorporating EDI-DI frameworks in such initiatives addresses not only access issues but also the root causes of oral health disparities, such as historical inequities and cultural marginalization.[8]

The Canadian Oral Health Summit 2024 was held from June 20 to 22 at Dalhousie University in Halifax, Nova Scotia, Canada. As the first national-level summit of its kind, it brought together oral health professionals, policymakers, researchers, and the public to address critical challenges and explore innovations in oral health care. Key themes included promoting equity in oral health, integrating technologies such as teledentistry, advancing person-centred care, workforce development, and utilizing data-driven strategies for research. The event featured workshops, symposia, and keynote addresses.

A symposium was organized to spotlight the efforts of four Canadian dental schools (Western University, University of Saskatchewan, University of Toronto, and McGill University) in integrating EDI-DI into their dental curricula. The event aimed to share insights, strategies, and best practices for embedding these principles into education, fostering cultural humility, and addressing systemic inequities within the dental profession. This symposium highlighted the innovative teaching methodologies applied by these Canadian dental schools, encompassing case studies, didactic delivery, small group learning, patient care, oral health outreach initiatives, and global health service learning to promote EDI-DI within their institutions. A key focus of this symposium was the exploration of experiential learning opportunities, including active community engagement initiatives with diverse and equity-deserving communities within Canadian provinces. Additionally, this symposium highlighted the impact of Interprofessional Education (IPE) and collaboration among various primary care providers fostering person-centred care within EDI-DI. The symposium further addressed the incorporation of artificial intelligence (AI) in health and oral health provision, discussing its strengths and limitations in conjunction with the integration of EDI-DI. Highlights of the presentations are presented below.

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Session 1: Incorporating EDI-DI into the Service-Learning Curriculum: Going beyond the band-aid solutions (Western University)

The Community Service-Learning (CSL) Program at Western University offers an inclusive and transformative educational experience that connects academic learning with real-world community service, particularly in EDI-DI.[9] Through partnerships with a variety of equity-deserving community organizations—including people living with HIV, Two-Spirit, lesbian, gay, bisexual, transgender, queer or questioning, or other sexual orientations and gender identities (2SLGBTQ+) people, high-risk youth, Indigenous peoples, and other underrepresented groups—the CSL program aims to promote oral health equity.[7,10] Didactic delivery is provided by community organizations and their stakeholder through the lived experiences of equity-deserving community members.[9] Students reflect on their service experiences through coursework, critically examining how academic concepts intersect with real-world challenges related to EDI-DI.[9] The program has local and Global Health streams. In the local stream, Year 3 and Year 4 students rotate through various community sites in Southwestern Ontario and Northern Ontario to provide oral health services to equity-deserving community members. In the global health stream, Year 3 and Year 4 students can complete a two-to-four-week elective placement in East Africa with a focus on global health disparities.[7,9,10] By engaging directly with diverse communities, students contribute to addressing inequalities and the promotion of social justice, encouraging more socially responsible and equity-driven future clinicians.

Session 2: Mobilizing EDI-DI through interprofessional learning activities for dental students (University of Saskatchewan)

Interdisciplinary learning and collaboration can be a key vehicle to meaningfully and effectively integrate EDI-DI initiatives in health science education. The IPE at the University of Saskatchewan Health Sciences has undertaken several educational initiatives to advance the knowledge, attitudes, and practice of EDI-DI among all health sciences students. Specifically for dental students, several opportunities have been created to learn alongside other health science students (i.e., medicine, nursing, nutrition, pharmacy, physical therapy, etc.) where the principles of EDI-DI are organically embedded in the learning modules. Dentistry has historically been isolated from other health sciences disciplines, but modern dental care emphasizes the mouth-body connection and holistic patient care. Thus, working with other health and social science disciplines through interdisciplinary learning environments is essential for ensuring that students have experience in a holistic and patient-centred approach to education and practice. Students develop foundational knowledge, integrate ideas from multiple disciplines and apply knowledge. This is also essential to understanding overall wellness which focuses on all aspects of health, not just physical health. IPE opportunities are critical to ensuring Health Sciences graduates have the requisite skills to be successful in their future pursuits. Making pragmatic, evidence-based educational opportunities that instigate change at deep levels is essential for quality IPE. Learning with other health sciences students and applying the principles of EDI-DI, helps dental students develop foundational knowledge, integrate ideas from multiple disciplines and develop a holistic patient-centred mindset. An interdisciplinary and collaborative way of working is essential to the understanding of wellness as it focuses on all aspects of health for an individual.

Session 3: Embracing inclusion in education: fostering diverse learning environments (University of Toronto)

The University of Toronto (U of T) is committed to integrating EDI within its dental curriculum to foster a more inclusive and representative educational environment. Current approaches include the development of structured course outlines and surveys to map the curriculum and ensure comprehensive EDI integration through identified knowledge gaps. These initiatives aim to reflect diverse perspectives and experiences, preparing students to serve a broad spectrum of communities effectively. By embedding EDI principles into the curriculum, the faculty not only enhances the learning experience but also addresses systemic disparities in oral health care. This commitment is further exemplified through practical opportunities such as the recently inaugurated Dental Outreach Community Services course offered to Year 3 and Year 4 students. The course includes placements in Sovereign Dental in Thunder Bay, Ontario, (patient base includes a significant number of adults and children from First Nation communities), as well as volunteer rotations with Filling the Gap Dental Outreach (patient base includes low-income and uninsured people in Toronto). These experiences expose students to the unique challenges faced by underserved populations and emphasize the importance of culturally competent care. U of T has also engaged actively with the American Dental Education Association (ADEA), Collaborative on Dental Education Climate Assessment (CDECA) committee, with the development and data interpretation of a customized dental education-wide climate study in North America. This includes a collection of data on EDI from United States and Canadian dental schools and allied dental educational programs. Results on EDI findings in

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overall Canadian dental academia allowed for self-evaluation through anonymous, comparative, aggregated peer-to-peer data. The study presented the latest landscape of EDI within Canadian dental and dental hygiene academic environments.

Session 4: Barriers and facilitators of EDI-DI integration in academic institutions (McGill University)

EDI-DI has been recognized as crucial to promoting fairness, esteem, and a sense of belonging in academic institutions. Accordingly, there has been a growing commitment to EDI in universities across Canada in recent years. A 2022 survey of 66 Canadian universities has shown that over 80% have integrated EDI-DI principles into their academic mandates.[11] Despite this, several challenges to achieving EDI persist, as individuals from equity-deserving groups continue to face significant obstacles.[12] Both literature and lived experiences have identified key enablers to drive change and address these challenges. Identifying and eliminating systemic barriers within university policies is essential to cultivating a positive atmosphere where everyone feels valued. Furthermore, adopting evidence-based EDI policy frameworks and prioritizing instrumental values, wherein viewing EDI as a core principle rather than a mere end goal can significantly advance these efforts.[13] Institutions must emphasize the benefits of EDI-DI initiatives by enhancing leadership engagement, allocating time and resources including adequate funding for cross-cultural/diversity training and support services for marginalized individuals to combat discrimination.[14,15] Additionally, EDI consideration in student admission pathways will further support the development of inclusive and equitable environments.[13,15] Academic institutions must also address both systemic and individual barriers including hierarchical structures within the system, the resistance to change, the underrepresentation of diverse perspectives in decision-making processes, gender-based salary disparities, unconscious biases, fear and microaggressions.[1,16] Successful implementation of EDI-DI in academia requires embracing EDI-DI as core values along with a collective effort and dedicated commitment from all stakeholders.

Panel discussion:

A panel discussion was held by experts at the end of the workshop, addressing the following key areas:

1. How can the admissions process become more equitable for underrepresented groups in Canada?
2. How can the meaningful integration of minority genders, including 2SLGBTQ+ community members, be achieved in the oral health delivery system in Canada?
3. How can access to dental care can be integrated and expanded to remote communities?
4. How can interprofessional education and oral health can be integrated into the primary care system?

### Workshop short-term outcomes

This symposium was attended by approximately 30 participants, including graduate and undergraduate students, research trainees, academics and clinicians. The outcomes of the symposium presentations were insightful and thought-provoking, sparking important conversations around key issues in oral health equity and inclusion. The discussion on the admissions process highlighted the need for more inclusive and equitable strategies to increase the representation of minority groups in dental education, ensuring broader access and opportunities for equity-deserving communities. The dialogue surrounding the integration of minority genders such as 2SLGBTQ+ community members, emphasized the importance of creating a more inclusive and supportive environment within the oral health delivery system in Canada.[10] The panel also addressed the critical issue of access to dental care in remote Indigenous communities, underscoring the need for innovative solutions to bridge geographic and socio-economic gaps with a focus of decolonization in dental care.[10] Lastly, the conversation on interprofessional education and the integration of oral health into the primary care system illustrated the benefits of a more holistic, collaborative approach to health care that prioritizes comprehensive care for all individuals.[10] Overall, the discussions emphasized the importance of equity, inclusion, and accessibility in shaping a more responsive and inclusive oral healthcare system in Canada.

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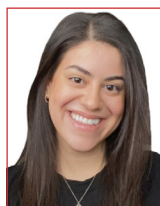
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