

# EXAMINING LEADERSHIP & CAPACITY-BUILDING IN ORAL HEALTH PROFESSIONALS

## ABSTRACT

**OBJECTIVE:** Public health professionals are often in places of leadership, a critical need made even clearer in a COVID-impacted environment. Evidence from the Public Health Leadership Competencies Project establishes the need for effective communication, evidence-based decision-making, and strong collaboration. While some research exists supporting leadership competencies needed for public health professionals to be effective leaders, these competencies have not been assessed within dental public health, leaving a clear knowledge gap.

**METHODS:** The American Institute of Dental Public Health (AIDPH) disseminated a survey to oral health professionals, targeting dental residents, residency directors, established public health professionals, educators, nonprofit professionals, and researchers. This needs assessment explored the leadership development needs, preferences, and experiences of respondents, as well as their views on the leadership competencies most critical to the dental public health profession.

**RESULTS:** Survey responses highlight differences in desired leadership skills based on professional career focus. Increased leadership development both formal and informal in nature is needed within the oral health community. Responses identified a variety of skills both in public health and general leadership as necessary for effective leadership in dental public health.

**CONCLUSION:** Building from the results of the survey, programming should be developed to support the emerging needs of oral health professionals at all stages of leadership. Mixing profession-specific topics (e.g., medical-dental integration) with general leadership topics (e.g., communications and systems thinking) is key to equipping future oral health leaders.



## INTRODUCTION

Future dental public health professionals must be equipped with the knowledge and training required to support the ever-changing care needs in diverse communities. Competencies exist for dentists to specialize in dental public health through the American Board of Dental Public Health, all of which can be strengthened through complementary dental public health leadership training (Altman & Mascarenhas, 2016). Broader focus on leadership within an intraprofessional

workforce ultimately bolsters care delivery in underserved areas - ultimately broadening the network of dental public health professionals who are equipped to meet the need of an ever-evolving patient community. Despite the recognized need for formal dental public health leadership training, very few programs exist. The current initiative aimed to understand the desires, attitudes, and skill levels related to dental public health in the current oral health professional workforce.

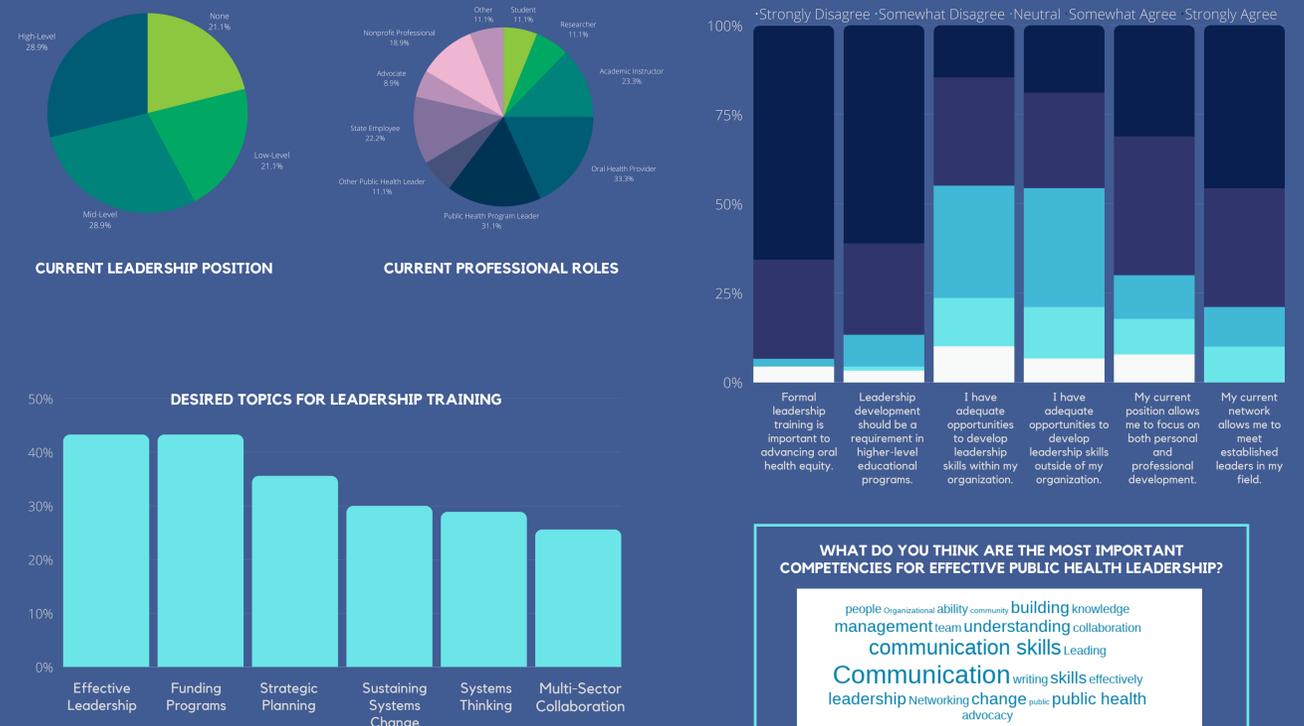
## METHODOLOGY

The American Institute of Dental Public Health (AIDPH) created a 24-question survey evaluating current leadership goals, aspirations, and positions for the purpose of designing the AIDPH Dental Public Health Leadership Academy (DPHLA). Participation was voluntary. Survey responses included multiple choice, likert scale, and free response. AIDPH disseminated this survey in the fall of 2021 to dental public health professionals via six membership and special interest listservs.

The survey was divided into four key areas of interest: types and formats of learning, previous leadership training, necessary competencies for dental public health leadership, and basic demographic information. Topics associated with dental public health leadership were assessed along with attitudes and beliefs related to leadership generally. Responses were analyzed for common themes and basic descriptors.

## RESULTS

The 90 respondents were diverse in professional role, current leadership position, and self-reported leadership skill level. Analyses indicated that respondents had a range of leadership experiences and trainings, although most desired more formal leadership experiences. The majority of respondents (73%) had not received leadership training specifically in dental public health or public health. More than half (65%) of respondents said they had "somewhat strong" leadership skills, suggesting an opportunity to refine and hone these skills through additional training. While leadership skill-building was offered at most participants' place of employment, it was generally limited to professional development (65%) and informal mentoring (43%).



## CONCLUSION

Formal leadership training, through a structured programmatic setting, is both desired and needed within the dental public health workforce. Little programming currently exists to meet this need, uniquely positioning the AIDPH Dental Public Health Leadership Academy to support the oral health community. Survey results suggest overall leadership skills, communication, multi-sector collaboration, and systems-change thinking should serve as the cornerstone of the initial offerings within this program. Professional network development will remain a key aspect of the DPHLA in order to strengthen multi-sector collaboration while broadening the impact of the attendees' respective organizations.

**Key Takeaway:** Formal dental public health leadership training can strengthen the oral health workforce.

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