### PERSPECTIVE

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he need for women in academia to unite was seen in 1881, when Professors Marion Talbot and Ellen Richards founded the American Association of University Women. During this "Progressive Era", women suffragists fought for and gained the right to vote, first in New Zealand (1893) and later in the United States (1920). As this first wave of feminism grew, it was highlighted by French philosopher Simone de Beauvoir in her book Second Sex, on gender inequality in a patriarchic society (Beauvoir, 1949). Betty Friedan's The Feminine Mystique sparked the second wave of feminism, presenting the needs of women trapped in a life that they did not necessarily choose (Friedan, 1963). These movements culminated with The Equal Pay Act (1963) and The Equal Rights Amendment (1972), denouncing pay and sex discrimination for women, currently ratified in 35 U.S. states (113th Congress Joint Resolution 10, 2013).

These advances led to the Women in Science and Technology Equal Opportunity Act, ensuring that "men and women have equal opportunity in education, training, and employment in scientific and technical fields" (Carter, 1980) and resulting in increased numbers of female investigators funded by the National Science Foundation (24%) and the National Institutes of Health (27%) (NSF, 2012; NIH, 2012). While these social and civil achievements improved the status of women in academia, there are several career challenges remaining related to an increasingly complex work environment.

Although the Council of Graduate Education report shows that women are earning more doctoral degrees (52.4%) than men (Allum *et al.*, 2012), women are still held back in achieving successful careers in academics (Shen, 2013). The "Beyond Bias and Barriers" report (National Research Council, 2007)

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## Gender Equity in Dental Academics: Gains and Unmet Challenges

clearly demonstrated that women are less likely to achieve tenure in academic institutions and are often expected to meet higher standards than their male counterparts. Generally, tenure policies lack flexibility for women during their junior faculty/ childbearing years (Marchant *et al.*, 2007). Departmental climates have also been shown to influence higher attrition rates among women since they tend to be less satisfied with their jobs and thus are more likely to quit (Nesbitt *et al.*, 2003). Consequently, the conflicts between personal and professional life develop and strongly affect women in terms of faculty promotion and retention, with 40% of women more likely to exit the tenure track for adjunct positions (National Research Council, 2007).

When examining global gender issues, the World Economic Forum (Hausmann et al., 2008) measured the gender gap according to 4 distinct criteria: economic participation and opportunity, educational attainment, political empowerment, and health and survival. The Nordic countries are on the top of the list, confirming their consistent gender equality priorities, with the United States ranked 27th, showing modest improvements in wage inequality and political empowerment (Hausmann et al., 2008). These results correlate with the European Union data on gender and research funding (European Commission, 2009), where the Nordic countries are considered proactive, with policies that secure women's participation in research by encouraging grant applications from women, increasing numbers of women on review boards, and promoting funding transparency. Unlike the United States, the European Commission has been mandating 40% women participation on advisory boards for research funding programs (Vernos, 2013), striving to eliminate bias and enhance the funding success of women academicians in all 27 countries.

Despite the Equal Pay Act, salary inequality between men and women has been recognized across all fields and academic appointment levels (West and Curtis, 2006), with women medical scientists earning 80% of male median wages (Goldberg Dey and Hill, 2007). This pay gap, established as early as one year post-bachelor's degree, widens by 10 years post-degree (69%)

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Table. Guaranteed Annual Salary of Full-time Faculty by Primary Appointment and Gender in 2008-2009 and 2010-2011

Rank	Women 2008-2009		Men 2008-2009			Women 2010-2011		Men 2010-2011		
	Faculty #	Mean Salary	Faculty #	Mean Salary	∆ (WS-MS) 2008-2009	Faculty #	Mean Salary	Faculty #	Mean Salary	∆ (WS-MS) 2010-2011
Dean	14	\$222,440	37	\$260,939	-\$38,499	11	\$273,125	38	\$366,568	-\$93,443
Associate Dean	46	\$156,171	137	\$163,021	-\$6,850	52	\$209,075	139	\$240,242	-\$31,168
Clinic Director	50	\$112,236	102	\$121,549	-\$9,313	52	\$160,943	118	\$199,887	-\$38,944
Department Chair (Basic Science)	9	\$166,375	22	\$175,360	-\$8,985	7	\$209,115	14	\$211,921	-\$2,806
Department Chair (Clinical Science)	39	\$137,893	169	\$152,675	-\$14,782	37	\$206,337	181	\$233,540	-\$27,203
Department Chair (Research)	5	\$180,215	14	\$178,647	\$1,568	5	\$195,675	16	\$238,807	-\$43,132

The approximate ratio of male to female faculty is 3:1. WS, mean women's salary; MS, mean men's salary; ∆ (WS-MS), the calculated difference between women's and men's mean salaries. The Table highlights the increase in salary gap between women and men in dental academia. Source: American Dental Education Association Dental School Faculty Salary, 2008-2009 and 2010-2011.

and it is consistent for the level of education: Master's degree (76%), professional degree (72%), and doctoral degree (80%) (Goldberg Dey and Hill, 2007). Among dental faculty, men are consistently compensated at a higher level than women (ADEA, 2011, 2013) (Table). In an examination of the mean salaries for women *vs*. men in senior dental school positions, where men hold positions at a 3:1 ratio over women, the differentials currently range from \$2,806 to \$93,443 (Table). The comparative Table shows that the salary gap between women and men has not only not improved in the past two years but has also widened (ADEA, 2011, 2013).

Since social models have changed and continue to evolve, it is hoped that women will not have to face dilemmas in balancing careers with child-rearing (Ledford *et al.*, 2013). "As more women lean in their careers, more men lean in their families" (Sandberg, 2013). To increase women's participation in academic leadership, paid maternity/paternity leave and a delayed 'tenure clock', as well as consideration and selection of women as finalists for leadership positions, the presence of women on research committees and scientific review and editorial boards, should not be just mandates but an institutional strategic priority. Clearly, issues facing women in academia are multiple and complex, influenced by many personal/perceptual as well as social or state/federal barriers to equality.

Recent evidence showed that several dental schools did not offer paid maternity or paternity leave (3.1%), an automatically delayed 'tenure clock' with childbirth or adoption (13.3%), dual career appointments (21.9%), and mandatory representation on search committees (15.6%) (Dannels *et al.*, 2009). Analysis of these data stresses the need for critical institutional policies that will promote the career advancement of women in dental academics.

Today, there are numerous leadership programs preparing women academicians for better navigation of the labyrinth of academic life and to meet their fullest potential, such as the American Dental Education Association Leadership Institute and Executive Leadership in Academic Medicine (ELAM). Both programs have been successfully promoting the career advancement of women, with currently 15.3% of U.S. dental school deans being women, of whom 60% were ELAM graduates (ADA, 2013). Moreover, over the past decades, the number of women dental students has increased from 23.80% in the early 1980s to 46.6% in 2010 (Gonzalez *et al.*, 2011), resulting in increased enrollment of women in advanced education programs (40.2%) (ADA, 2012) and increased participation in dental academia (ADEA, 2013). Further, Drs. Martha Somerman and Isabel Garcia currently serve as the Director and Deputy Director, respectively, of the National Institute of Dental and Craniofacial Research (NIDCR), demonstrating the presence of women in dental research and leadership at the national level.

In 2011, the International Association for Dental Research (IADR) established the "Women in Science" Network with a mission to focus on women's issues related to career development and health research. The network's goals are to examine dental academia policies and benefits related to key issues, such as recruitment and retention, promotion and tenure, salary, and childcare, as well as mentorship of junior women faculty and graduate trainees. The Women in Science Network is supportive of our academic institutions developing, encouraging, empowering, and equally promoting faculty regardless of their gender. The network, currently with 181 active and student members, has an active presence in every American Association for Dental Research (AADR) and International Association for Dental Research (IADR) meeting, organizing symposia and workshops with a focus on increasing women's participation in dental academia, holding business and brainstorming meetings, as well as mentoring graduate students and junior faculty. Dr. Marie Nylen provided a legacy for change through her leadership as the first female president of both the AADR (1979-1980) and the IADR (1981-1982). Since the mid-1990s, the role of women in leadership positions in IADR/AADR has expanded, with 7 out of 15 female IADR presidents (46.7%) and 6 out of 16 female AADR Presidents (37.5%) - excellent statistics for progressive organizations that continue to foster the development of women scientists, clinicians, and educators for future leadership roles.

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