People of color in the US face overwhelming health disparities due to racial and ethnic bias.

There are numerous reports in the literature regarding higher rates of untreated decay, periodontal disease, and oral cancer among black and brown people compared to their White counterparts.

There is mounting evidence about the negative attitudes, unrealistic expectations, and unprofessional behaviors of oral health care providers and supporting staff toward patients of color and/or minority ethnicities contribute to oral health disparities.

Addressing racial and ethnic biases among oral health providers and support staff could address oral health disparities in Maryland.

Our study was to evaluate knowledge and experience with racial/ethnic bias among dental hygiene students to ultimately assess the value of racial/ethnic equity training in allied Dental Education.

A 10-question multiple-choice survey was developed through Qualtrics XM and emailed to a convenience sample of junior and senior dental hygiene students.

Descriptive statistics were used to describe the study sample of 11 DH students and assess their understanding and experience with racial and ethnic bias.

The UMB Institutional Review Board determined the project to be Non-Human Subjects Research.

The majority of respondents are familiar with and have experienced Racial and Ethnic bias and 100% indicated that integrating Racial and Ethnic bias education into the DH curriculum would be valuable.

The impact of racial and ethnic biases are harmful to the oral health profession.

It is critical to incorporate racial/ethnic bias training into allied dental education programs.

Oral health providers’ perceptions about patients of color and/or of minority ethnicities can exacerbate oral health disparities.

Racial/ethnic bias education at UMSOD will may help improve the oral health of racial and ethnic groups who are disproportionately impacted by poor oral health.

More research is indicated with a larger and more diverse study sample to accurately evaluate knowledge and awareness of racial/ethnic bias in a dental school setting.

We would like to thank Ms. Bress and Dr. Oates for their guidance and support throughout our project.