# Table of Contents

Acknowledgements..............................................................................................................................3
Planning Committee.............................................................................................................................4
Conference Information........................................................................................................................5
Program Information.............................................................................................................................6
Schedule of Oral Presentations.............................................................................................................11
Oral Presentation Abstracts..................................................................................................................14
Poster Presentation Abstracts...............................................................................................................26
This conference is a collaborative effort in the dental community worldwide. Co-sponsors include the following organizations:

- American Association for Dental Research
- American Association of Women Dentists
- American College of Dentists
- American Dental Association
- American Dental Hygienists’ Association
- Association of Canadian Faculties of Dentistry
- Association for Dental Education in Europe
- Canadian Dental Association
- FDI World Dental Federation
- Hispanic Dental Association (U.S.)
- International Association for Dental Research
- International College of Dentists
- International Federation of Dental Educators and Associations
- National Dental Association (U.S.)
- National Institute of Dental and Craniofacial Research
- Office of Research on Women’s Health, National Institutes of Health (U.S.)
- Office of Women’s Health, Department of Health and Human Services (U.S.)
- Oral Health America
- Women in Dentistry UK

The American Dental Education Association is the organizer of this conference. The Association acknowledges the support of AEGIS Communications; Colgate-Palmolive Co.; Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.; the National Institutes of Health/NIDCR; The Procter & Gamble Company; and Zimmer Dental.
Planning Committee

Dr. Jeanne C. Sinkford, American Dental Education Association, USA
Dr. Lois K. Cohen, National Institute of Dental and Craniofacial Research, USA
Dr. Susan Silverton, Association of Universities and Colleges of Canada, Canada
Dr. Michèle Aerden, Belgium
Prof. Pamela Zarkowski, University of Detroit Mercy, USA
Dr. Shobha Tandon, Manipal College of Dental Sciences, South India
Dr. Marcia A. Boyd, Canada
Dr. Samuel Thorpe, Commonwealth Dental Association, United Kingdom/Sierra Leone
Dame Margaret Seward, United Kingdom
Dr. Hazel Harper, National Dental Association, USA
Dr. Brita Petersen, Federation Dentaire Internationale, Germany
Dr. Kathryn A. Kell, FDI Council, USA
Dr. Maria Fidela de Lima Navarro, International Association for Dental Research, Brazil
Dr. Cynthia Pine, University of Salford, United Kingdom
Dr. Tin Chun Wong, Federation Dentaire Internationale, China
Dr. Saskia Estupiñán-Day, Pan American Health Organization, USA
Dr. Ana Pereira, Federation Dentaire Internationale, Argentina
Dr. Catherine E. Groenlund, University of Sydney, Australia
Dr. Claudia Tavares, Federation Dentaire Internationale, Brazil
Conference Information

The Fourth ADEA International Women’s Leadership Conference is being held at:

**Pestana Bahia Hotel**  
Rua Fonte do Boi, No. 216 - Rio Vermelho  
Salvador (BA)  
Brazil  
+55 71 2103 8000

The Pestana Bahia has an oceanfront location and is 25 kilometers from Salvador da Bahia International Airport. Car/van service to and from the airport can be arranged by the concierge or the front desk; the approximate rate is $45 per car. Taxis and other transportation options into downtown Salvador can be discussed with the concierge.

Money may be exchanged at the front desk; the rates at the hotel are lower than nearby banks. There are two banks within walking distance, Brazil Bank and Itau. Note that September 7 is Salvador’s Independence Day and most banks will be closed for the holiday.

There are three eateries on hotel grounds. (Please note that the complimentary breakfast included in the room rate is only at the Cais da Ribeira on the ground floor from 6:00 to 10:00 a.m.)

A Catarineta Lounge is open from 6:30 to 10:00 a.m. for an Executive Breakfast.

Cais da Ribeira, a full-service restaurant, is open for breakfast from 6:30 to 10:00 a.m., lunch from noon to 3:00 p.m., and dinner from 7:00 p.m. to midnight. The dinner menu offers specialties from Portugal and Bahia.

Oceânico Pool Bar serves a variety of juices, cocktails, and sandwiches poolside and offers a continental breakfast from 10:30 a.m. to noon.

For dining options in Salvador, see the concierge or the front desk.
Global Health Through Women’s Leadership Fourth ADEA International Women’s Leadership Conference

Sunday, September 5

6:00 – 7:30 p.m. Welcome Reception
A Catarineta

Monday, September 6

8:15 a.m. Welcome
Fernando Pessoa

Dr. Sandra C. Andrieu is Associate Dean for Academic Affairs at the Louisiana State University Health Sciences Center School of Dentistry (LSUSDM) and serves as the current President of the American Dental Education Association. Dr. Andrieu has supported her profession through leadership roles on the local, state, and national level. From 1993 to 2007, she served as Chair of the LSUSDM Curriculum Committee for the dental, dental hygiene, and dental laboratory technology programs, giving her responsibility for the curriculum, scheduling, and all academic performance concerns for all predoctoral students. In addition, she has had a major role in the accreditation process for the School of Dentistry and was selected as a Fellow in the 2008-09 Class of the Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women (ELAM). In July 2009, Dr. Andrieu was featured in New Orleans Magazine as one of the Top 10 Female Achievers of the Year in the city.

Dr. Roberto Vianna is Associate Professor of Pediatric Dentistry at the Federal University of Rio de Janeiro Dental School in Brazil and Coordinator of WHO Collaboration Center. Dr. Vianna also serves at the current President of the FDI World Dental Federation (FDI). In addition, he is a Member of the Executive Committee of Brazilian Dental Association. Dr. Vianna has held the appointment of Dental Dean, Federal University of Rio de Janeiro; from 1993 to 1995, he served as President of the Latin America Association of Dental Schools. Dr. Vianna is a Fellow of the International College of Dentists and he has received more than 80 honors, awards, and merits.

Dr. Saskia Estupiñán-Day is a public health dentist with worldwide experience in the Americas, Africa, Asia, and Europe in the development of oral health strategies, implementation of national programs, management of international technical cooperation, research projects and budgets, and leadership in scientific and academic communities. She has conceived and implemented major innovations in public health dentistry research and programs including fluoridation, noninvasive restorative treatment, and application of cost-effectiveness analysis and policy support to national programs. Dr. Estupiñán-Day has 21 years of experience working with ministries of health, international agencies and foundations, and research. She has authored and co-authored over 40 publications, is Associate Editor of several professional journals, and has participated in and led major scientific and technical sessions in most regions of the world. She has completed advanced training in dentistry and public health.

Dr. Marcia A. Boyd is in private practice in Vancouver, Canada. Former Dean and Professor Emerita from the Faculty of Dentistry at the University of British Columbia, Dr. Boyd continues to work worldwide and serves as a consultant and examiner for the National Dental Examining Board of Canada. She is also a Senior Associate with the ROI Corporation, a Canadian national company involved in dental practice appraisals and sales. Dr. Boyd has been engaged in various organizations over the years and has enjoyed leadership roles, often as the first woman in that position. The College of Dental Surgeons of British Columbia, Canadian Dental Association, and the International Federation of Dental Educators Association are among those that have recognized her contributions through prestigious awards. She most recently received the ADEAGies Foundation William J. Gies Award for Outstanding Achievement – Dental Educator.

8:30 – 9:30 a.m. Keynote Address: Women Leading Change, A Catarineta

Dr. Maria Fidela de Lima Navarro, D.D.S., M.Sc., Ph.D., President of the International Association for Dental Research (IADR) (Brazil)

CE Credits: 1

Learning objectives:

- Appraise the role of women leaders in changes affecting international collaboration for dental and oral research
- Analyze emerging issues and challenges related to ethics in global health deliberations
- Summarize a vision for the future of dental and oral research and global health

Dr. Maria Fidela de Lima Navarro is Professor of Operative Dentistry at the Bauru School of Dentistry, University of São Paulo (BSD/USP), and the current President of the International Association for Dental Research (IADR). Dr. Navarro is the first Latin American researcher to be elected as IADR President. During her academic career, Dr. Navarro has occupied important positions at BSD/USP as President of the Graduate Committee and Dean. She was also appointed General Secretary of the University of São Paulo (2006-10). In addition, she was the President of the Dental Committees in federal agencies of the Brazilian government (CAPES and CNPq) and the President of the Brazilian Group of Operative Dentistry Professors (1989-1992). She has served several roles in the IADR: President of the Brazilian Division, Regional Board Member of the IADR Board of Directors, Member of the Membership and Recruitment Committee, Coordinator of the Regional Development Program Committee, and Vice-President and President-elect. She serves on various dental journal editorial boards and as a reviewer for renowned international journals. She has received 25 awards and honors at both academic and administrative levels. Her main goal as President of the IADR is to engage new scientists in a wide range of countries in all continents and to pursue the missions of the association.
9:30 – 10:30 a.m. Women’s Leadership Panel
Fernando Pessoa Moderated by Kathryn A. Kell, D.D.S., M.H.C.A., FDI Council (United States)

Women leaders with various success stories, styles, cultures, and perspectives will share personal perspectives that impact organizational change and outcomes.

Panelists:
Kathleen Roth, D.D.S., American Dental Association (ADA) Past President (United States)
Kofo Savage, B.D.S., M.P.H., M.Sc., Dental Dean, University of Lagos (Nigeria)

CE credits: 1

Learning objectives:

- Recall insights and practical policy solutions from successful women decision makers
- Discover how real-life success stories portray the impact of different leadership styles
- Explain the importance of reflective learning

Dr. Kathryn A. Kell currently serves on the FDI World Dental Federation Council as the North American Liaison. Dr. Kell also serves as Chair of the American Dental Association’s (ADA) Committee on International Programs and Development and the Chair of the ADA’s Monitoring Committee for the Commission on Dental Accreditation. She is past Chair of the FDI’s Education Committee and served on the FDI Science Committee and FDI Strategic Planning sessions. Dr. Kell is a member of the American College of Dentists, International College of Dentists, Academy of Dentistry International, American Association of Health Care Executives, Delta Mu Delta Honorary Society, and a member of the Pierre Fauchard Academy. She is Past President of the Iowa Dental Association and the American Association of Women Dentists (AAWD). In 2009, Dr. Kell received the AAWD Lucy Hobbs Taylor Woman Dentist of the Year Award.

Dr. Kathleen Roth is Past President of the ADA and the first woman elected to the position. Dr. Roth has operated a private practice in general dentistry for more than 35 years. Her leadership service in organized dentistry spans more than 20 years. Dr. Roth is Past President of her local dental society and Past President of the Wisconsin Dental Association. On the national level, she has served on the Board of Directors of Give Kids a Smile and as a member of the Oral Health Advisory Board, Henry Schein Inc. She is currently a member of the ADEA Women’s Affairs Advisory Committee. Dr. Roth is a member of the Pierre Fauchard Academy and the American Association of Women Dentists. She is a Fellow of the American College of Dentists and International College of Dentists. Among her awards and recognitions is the Presidential Recognition for Service Honor, American College of Dentists.

Dr. Kofo Savage is Dean of the School of Dental Sciences, College of Medicine Lagos in Nigeria. Dr. Savage also holds the appointments of: External Examiner, National Postgraduate Medical College of Nigeria, Faculty of Dental Surgery; External Examiner, Ghana Dental School; External Examiner, School of Dentistry, University of Benin; Lecturer, Post Graduate School University of Lagos in Master in Public Health Programme; and Consultant, Lagos University Teaching Hospital, Lagos, Nigeria. Dr. Savage has authored a book chapter on the Oral Health Status of the Elderly, published by the World Health Organization, and is co-author of a book chapter on sickle cell research. Dr. Savage’s current research focus is the relationship of prevalence of juvenile periodontitis with phenotype, genotype, and the presence of the malaria parasite in Nigerian subjects. Dr. Savage is Immediate Past President of the Nigerian Dental Association and President of the Nigerian Division of the International Association for Dental Research.

Dr. Tin Chun (T.C.) Wong is the Treasurer of the FDI World Dental Federation and a member of the Executive Committee. She received the FDI Merit Award in 1998 for her services to the federation. She is Past President of the Hong Kong Dental Association and the Hong Kong Society of Orthodontics. Dr. Wong was Chairman of the organizing committee of the 83rd FDI Annual World Dental Congress in 1995 and has participated in many committees and activities of the FDI. Dr. Wong previously taught orthodontics at the University of Hong Kong and is now in full-time exclusive orthodontic practice.

10:30 a.m. – Noon Working Groups
Fernando Pessoa Florbela Espanca Miguel Torga Luandino Vieira

Four groups will be led by members of the leadership panel from Nigeria, China, and the United States. Outcomes will focus on collaborative opportunities, reducing barriers, and creating opportunity as evoked from the panel presentations.

Groups will provide time for peer discussions and reflective learning related to the three personal stories from the panel discussion.

Each of the working groups will have two focal areas for discussion from the following topics: collaborative opportunities, reducing barriers, and organizational change. Group reports will be presented during lunch on Tuesday and will represent collective wisdom, issues, and recommendations.

Noon – 1:30 p.m. Lunch
A Catarineta

1:30 – 2:15 p.m. Research Resources for Global Health
Fernando Pessoa Christopher H. Fox, D.M.D., D.M.Sc., IADR/AADR Executive Director (United States)

Dr. Fox’s presentation will include an analysis of global research-related implications from trends, forecasts, and workforce data.

Dr. Christopher H. Fox is the Executive Director of the International and American Associations for Dental Research (IADR/AADR) and was previously the European Director of Professional Relations for Colgate-Palmolive Co. Dr. Fox completed his dental, postgraduate, and clinical studies at Harvard University.

2:15 – 3:00 p.m. Leading Change, Managing Resources
Fernando Pessoa Kathleen O’Loughlin, D.M.D., M.P.H., American Dental Association (ADA) Executive Director (United States)
Strategic planning is critical to the success of any endeavor. In the dental field, successful strategic planning is necessary in resource allocation to retain viable sustainability. Dr. O’Loughlin will assess challenges faced in managing resources for organizational sustainability.

**Dr. Kathleen O’Loughlin** is Executive Director and Chief Operating Officer of the American Dental Association (ADA). Prior to joining the ADA, Dr. O’Loughlin provided consulting services in higher education, nonprofit advocacy, and the dental benefits industry. From 2002 to 2007, Dr. O’Loughlin served as President and Chief Executive Officer for Dental Service of Massachusetts and served as President of the Oral Health Foundation, established by Delta Dental. Before joining Delta Dental, Dr. O’Loughlin practiced dentistry full time for 20 years while serving as an Assistant Clinical Professor at Tufts University School of Dental Medicine in the Department of General Dentistry. Dr. O’Loughlin is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Society.

3:00 – 6:00 p.m. Oral Presentations (from Abstracts)
Zelia Gattai 1
Zelia Gattai 2

6:30 – 7:30 p.m. Reception
A Catarineta

Dinner on your own

**Tuesday, September 7**

8:30 – 9:30 a.m. Keynote: Expanding the Evidence Base for Women’s Health Across a Lifespan
Vivian W. Pinn, M.D. (United States)

Dr. Pinn outlines a crossdisciplinary, multifaceted approach to research-related issues affecting women’s health, health careers, and treatment outcomes across the lifespan.

CE credits: 1

**Learning objectives:**

- Analyze health research strategy as viewed through a gender lens
- List strategies affecting women’s health and treatment outcomes for diverse population groups
- Describe reasons for women’s increased involvement in health careers in the future

Moderator: Lois K. Cohen, Ph.D., Consultant (United States), Paul G. Rogers Ambassador for Global Health Research, National Institute of Dental and Craniofacial Research, National Institutes of Health (United States)

**Dr. Vivian W. Pinn** is the first full-time Director of the Office of Research on Women’s Health (ORWH) at the National Institutes of Health (NIH), an appointment she has held since November 1991. In February 1994, she was also named Associate Director for Research on Women’s Health, NIH. Dr. Pinn has long been active in efforts to improve the health and career opportunities for women and minorities and has been invited to present the ORWH’s mandate, programs, and initiatives to many national and international individuals and organizations with an interest in improving women’s health and the health of minorities. Dr. Pinn has received numerous honors, awards, and recognitions, and has been granted 11 honorary degrees of Laws and Science since 1992. She has been featured in a number of magazines and news articles as one of the top leaders in women’s health research. Dr. Pinn is a Fellow of the American Academy of Arts and Sciences and was elected to the Institute of Medicine in 1995.

9:30 – 11:00 a.m. Working Groups (five total)

Florbela Espanca  Advancement of Women in Academic and Research Careers
Yilda M. Rivera, D.M.D., (United States)
Lone Schou, D.D.S., Ph.D. (Cph), Ph.D. (Edin), M.P.A. (Denmark)

Miguel Torga  Ethics, Trust and Global Leadership
Marcia A. Boyd, D.D.S., M.A. (Canada)
Jack Dillenberg, D.D.S., M.P.H. (United States)
Isabel Rambob, D.D.S. (Brazil)

Luandino Vieira  Entry/Reentry, Allied, and Alternative Careers
Christine Wallace, B.D.S., M.D.Sc. (Australia)
Pamela Zarkowski, J.D., M.P.H. (United States)

Zelia Gattai 1  Women’s Health Curriculum/Cultural Competency
Lisa A. Tedesco, Ph.D. (United States)
Judith Albino, Ph.D. (United States)

Zelia Gattai 2  Women in Development/Community Health/Children and Families
Hazel Harper, D.D.S., M.P.H. (United States)
S.D. Shantinath, D.D.S., M.P.H., M.P.H. (Switzerland)

Using the five different themes, working groups will come to understand current discussions, strategies, and global commonalities that affect health outcomes of women and girls.

CE Credits: 1.5

**Learning Objectives:**

- Discover common issues and strategies that benefit global thinking and policy formation.
- Assess the potential value of women’s leadership in health outcomes of women, girls and families.
- Review the value of discussing ethical issues in a global context.
- Appraise the emerging and expanding value of allied and alternative dental careers.
- Produce effective strategies for advancement of women in academic and research careers.

11:15 a.m. – noon  Using Emerging Technology to Enhance Global Collaboration and Communication Social Networks and Global Interactions
Susan Silverton, M.D., Ph.D., UAB (Canada)

Dr. Silverton explores how information and communication technology (ICT) is transforming the global economy and creating new networks that stretch over continents and cultures.
Dr. Michèle Aerden, L.S.D., Past President of the FDI World Dental Federation (Belgium) is a renowned career strategist, providing motivational and interactive presentations to diverse groups, including professional associations, corporations, universities, religious, and civic groups throughout the world. Dr. Scheele provides strategies for clients, allowing them to take more courageous risks in professional and personal pursuits. Dr. Scheele has authored six books, including the best-selling Skills for Success for Men and Women and Launch Your Career in College. She appears frequently on television and radio programs in the United States. Dr. Scheele’s work has been featured as columns in Japan, Malaysia, and South America and her work has been translated into Chinese, Spanish, and Swedish.

Dr. Susan Silverton, formerly Vice President, Academic (Anglophone Affairs) at Laurentian University, Sudbury, Ontario, Canada, is now a consultant with the Association of Universities and Colleges of Canada (AUCC). She has recently completed a new survey and publication, 2010 Aboriginal Program Services and Inventory for AUCC. The survey collected and analyzed Canadian university initiatives contributing to Aboriginal student success. Dr. Silverton was the founding Associate Academic Dean at the University of Nevada, Las Vegas School of Dental Medicine and also served as Associate Dean of Research. Dr. Silverton developed a survey to discover the existence and level of curriculum content in dental schools with regard to women’s health, and she subsequently co-authored Women’s Health in the Dental School Curriculum. Report of a Survey and Recommendations, 1999. Dr. Silverton completed the prestigious American Council on Education Fellowship in 1998.

Dr. Aerden underlines the importance of global leadership through the challenges faced in gender issues.

Learning objectives:
- Analyze lessons learned in global leadership using a gender lens
- Assess challenges and efforts for the inclusion of gender issues in global health policy
- Appraise efforts to raise awareness of gender issues in global health policy

Dr. Michèle Aerden was the first woman to be appointed FDI President, the distinguished and highest international office in the profession. Dr. Aerden took a winding path toward dentistry. As a young university student, Dr. Aerden postponed her studies in biology to marry her husband and start a family. At the age of 20, she started a small business in the fashion industry that grew to include 13 employees. When her children started school, she decided to return to her studies as well. Following her younger sister’s lead, Dr. Aerden chose dentistry, where she blazed a trail for women in organized dentistry. Dr. Aerden became the first woman president of her national dental association, and she became the second woman in the FDI’s history to be named to the organization’s council. As FDI President, Dr. Aerden had a goal of positioning oral health alongside general health worldwide. During each of her visits in nearly 60 countries, she always met with the nation’s leadership to advocate for a strategy of oral health integrated with general health.

Wednesday, September 8

8:30 – 9:30 a.m. Working Group Reports (from Day 3) Fernando Pessoa Facilitator: Eugene Anderson, Ph.D., Associate Executive Director & Director of the ADEA Center for Educational Policy and Research (ADEA CEPR) (United States)

Dr. Eugene L. Anderson is Associate Executive Director and Director of the ADEA Center for Educational Policy and Research (ADEA CEPR). ADEA CEPR conducts educational policy research and studies in areas relevant to the needs of dental education, stimulates discussion around issues affecting the relationships of dental education to higher education and to the oral health of the public, promotes the importance of dental schools to their parent institutions, and guides the development of future leaders in dental education. Dr. Anderson was formerly Associate Director of National Initiatives at the American Council on Education (ACE), where he was project director of a national campaign to increase public awareness of the many ways American colleges and universities serve the public.

9:30 – 10:00 a.m. Leadership Skills for the New Millennium—Wisdom, Wit, and Community Adele Scheele, Ph.D. (United States)

Dr. Scheele leads this interactive presentation about developing effective negotiation skills, followed by a skills-building session that presents tools for successfully negotiating sustainable partnerships.

CE credits: 2

Learning objectives:
- Recognize the importance of risk-taking in professional and personal pursuits
- Formulate effective negotiation tools for more courageous risk-taking in pursuit of professional goals
- Outline the importance of collaborative negotiation to a shared sense of commitment and consideration of cultural differences
- Describe the advantage of reframing negotiation as collaboration
10:00 – 10:15 a.m. Break
Fernando Pessoa

10:15 – 11:45 a.m. Leadership Skills for the New Millennium, continued (skills-building session)
Fernando Pessoa

Noon Closing Remarks
Fernando Pessoa

ADEA Executive Director
Richard W. Valachovic, D.M.D., M.P.H.

Dr. Richard W. Valachovic is Executive Director of the American Dental Education Association and is President of the ADEAGies Foundation. Dr. Valachovic has over 20 years of postdoctoral experience in the practice and teaching of oral medicine. In addition to his broad experience in oral medicine, Dr. Valachovic has been active in many related capacities, including serving on the Executive Council and the Finance Committee of the American Academy of Oral and Maxillofacial Radiology, and later serving as President. Dr. Valachovic is certified in pediatric dentistry and dental public health and is a Fellow of the American Academy of Pediatric Dentistry. He is Past President of the Federation of Associations of Schools of the Health Professions (FASHP).

The American Dental Education Association is an ADA CERP recognized provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

The American Dental Education Association designates this activity for 7.5 continuing education credits.
Monday, September 6
3:00 – 6:00 p.m.
Zelia Gattai 1
Each oral presentation is approximately 15 minutes in length and presented in the following order.

**O5. Building International Capacity for Senior Women's Leadership**
Diane M. Magrane, Page Morahan, Rosalyn C. Richman, Katie Gleason, International Center for Executive Leadership in Academics, Drexel University College of Medicine
USA

*Women Leading Change - New Leadership Styles*

**O12. The 2010 NIH ORWH Research Agenda "Moving into the Future": Considerations for Oral Health**
Linda M. Kaste, University of Illinois at Chicago College of Dentistry; Jeannie C. Sinkford, American Dental Education Association; Michelle Henshaw, Boston University Henry M. Goldman School of Dental Medicine; Vivian W. Pinn, Office of Research on Women’s Health, National Institutes of Health
USA

*Women’s Oral Health and Women in Research*

**O13. Oral Disease in Pregnant Women of Mbale District, Uganda**
Margaret Wandera, Makerere University; Okullo Isaac and Rwennyonyi Charles Mugisha, Makerere University Department of Dentistry; Åstrøm Anne Nordrehaug, Centre for International Health/Institute of Clinical Dentistry, University of Bergen
Uganda/Norway

*Women’s Oral Health and Women in Research*

**O14. Nutrition and Oral Health in Aging Women**
Jean L. Johnson, University of the District of Columbia; Ruth A. Anderson, Howard University College of Dentistry
USA

*Women’s Oral Health and Women in Research*

**O15. Profile of Women Dentists in Puerto Rico**
Yilda M. Rivera, University of Puerto Rico School of Dental Medicine; Ana L. Dávila University of Puerto Rico Graduate School of Public Health
USA

*Women and Global Development*

**O16. Women and Leadership in Clinical Administration**
Deborah J. Morris, New York University College of Dentistry
USA

*Women Leading Change - New Leadership Styles*

Stefanie Russell, New York University College of Dentistry

**O20. Women Dentists in Dental Practice-Based Research**
Joana Cunha-Cruz, University of Washington; Jane Gillette, Northwest PRECEDENT; Lingmei Zhou and Anna Korpak, University of Washington; Tom Hilton, Oregon Health & Science University for the Northwest PRECEDENT
USA

*Women’s Oral Health and Women in Research*

**O21. Women and Leadership and Today’s Political Correctness: Back To Basics**
Barbara Nordquist, Danaher Dental (KaVo, Pelton & Crane, DEXIS, Gendex, ISI), Danaher Corporation
USA

*Women Leading Change - New Leadership Styles*

**O22. Transforming the Images of Dentistry**
Frances E. Sam, Howard University College of Dentistry
USA

*Women Leading Change - New Leadership Styles*

**O23. Women’s Leadership and the Camelot Archetypes**
Susan R. Rustvold, Oregon Oral Health Coalition
USA

*Women Leading Change - New Leadership Styles*

3:00 – 6:00 p.m.
Zelia Gattai 2
Each oral presentation is approximately 15 minutes in length and presented in the following order.

**O7. Worldwide Resources for Advancing Pedagogy, Research, Collaboration, and Learning Outcomes**
M. Sue Sandmeyer and Laura Siaya, American Dental Education Association
USA

*Cultural Competency Concepts*

**O2. The Meaning of Culture in Online Education: Implications for Teaching, Learning, and Design**
Isabel Rambob, University of Maryland Baltimore College of Dental Surgery; Gardenia Zumaeta, Universidade Estadual de Feira de Santana
USA/Brazil

**O4. Faculty Development Opportunities: A Case for Institutional Investment in Women**
Karen Quick, University of Minnesota School of Dentistry
USA

*Women in Dental Education*
O6. The Role of Women in Dental Education: Monitoring the Pipeline to Leadership
Michael J. Reed and Ann Marie Corry, University of Missouri – Kansas City School of Dentistry
USA
Women in Dental Education

O8. Dental Auxiliary Education in Australia and New Zealand: Pathways for Women in the Workforce
Robyn Watson, University of Sydney
Australia
Dental Health Team - Allied Health Component

O10. Oral Health Care in Remote Australian Indigenous Communities: Developing Country Challenges in the Australian Context
Sandra Melhubers, University of Sydney; Denise Salvestro, Remote Aboriginal Communities, Northern Territory; Penny Brown, Department of Health and Families, Northern Territory Government
Australia
Cultural Competency Concepts

O11. Female Specialists in Dentistry in South Africa: A Survey of Their Experiences and Opinions
Sudeshni Naidoo, University of the Western Cape
South Africa
Women, Families and Children - Balancing Career and Obligations

O17. Russian Women in Dental Education
Ludmila Maximovskaya, Moscow State University of Medicine and Dentistry
Russia
Women in Dental Education

O24. Balance Between Career and Family: A Survey of the Indian Female Dentist
Jyoti Agrawal and Rajesh Kumar Agrawal, Dental College, Azamgarh; Pradeep Tandon, Sardar Patel Dental College, Lucknow
India
Women, Families and Children - Balancing Career and Obligations

O35. Oral Health Talk: An Essential Feature of Knowledge Integration and Reasoning as a Function in the Dental Curriculum
Rohit Chopra, Maulana Azad Institute of Dental Sciences; Ritu Chopra, Aruna Asaf Ali Government Hospital
India
Knowledge and Technology Exchange

O38. Extension of the Dental Team to Include Allied Health Services Outside the Realm of Dentistry ... A Different Thought Perspective
Christine Wallace, Westmead Centre for Oral Health, Westmead Hospital
Australia
Dental Health Team - Allied Health Component

O45. Status of Women in Academic Dentistry: Does U.S. Data Reflect International Conditions?
Judith Albino, University of Colorado Denver; Karl Haden, Academy for Academic Leadership
USA
Women in Dental Education

Tuesday, September 7
All poster presentations will be on display from 1:30 to 4:30 p.m. in the Fernando Pessoa’s Foyer.
1:30 – 4:30 p.m.
Jose Alencer
Each oral presentation is approximately 15 minutes in length and presented in the following order.

O9. Need for Women In Leadership Positions
Josephine Aderonke Akeredolu, Obafemi Awolowo University
Nigeria
Women Leading Change - New Leadership Styles

O18. Gender Impacts and the Changing Portrait of the Dental Profession in Bulgaria
Lydia Katrova, Faculty of Dental Medicine, Medical University
Bulgaria
Women Leading Change - New Leadership Styles

O22. 2010 Advances in Chairside CAD/CAM Dentistry
Geraldine Weinstein, University of Florida College of Dentistry
USA
Knowledge and Technology Exchange

O26. Lessons Learned From a Woman Dentist Designated Publication in the United States
Margaret Scarlett, Centers for Disease Control and Prevention (retired); Lori Trost (private practice)
USA
Knowledge and Technology Exchange

O28. Dental Hygienists Leading Change
Eunice M. Edgington, Janice Pimlott, Sandra J. Cobban, University of Alberta
Canada
Women Leading Change - New Leadership Styles

O31. Social Knowledge Management as an Innovative Leadership Instrument
Eliana Martínez Herrera, National School of Public Health, Universidad de Antioquia
Colombia
Knowledge and Technology Exchange

O32. Improving Oral Health in Cultural Diversities
Ritu Chopra, Aruna Asaf Ali Government Hospital; Rohit Chopra, Maulana Azad Institute of Dental Sciences
India
Cultural Competency Concepts
036. Evidence-Based Dentistry
Carina Doyle (student), University of Oxford
United Kingdom
Knowledge and Technology Exchange

037. Transitioning the University Curriculum in Implant Prosthodontics: Preparing Future Practitioners, Maintaining Overall Health Care
Guadalupe Enmabel Garcia, Pauline Garrett, Karen Faraone, University of Maryland Dental School
USA
Knowledge and Technology Exchange

039. Women Leaders in Dental Education: Benefits vs. Challenges
Shobha Tandon, Manipal College of Dental Sciences
India
Women Leading Change - New Leadership Styles

040. Can We Teach “Cultural Competency”? Applying Cultural Competency in a Pediatric Dental Residency Program
Ana Lucia Seminario and Joel Berg, University of Washington School of Dentistry
USA
Cultural Competency Concepts

1:30 – 4:30 p.m.
Castro Alves
Each oral presentation is approximately 15 minutes in length and presented in the following order.

01. Approach for Quality Improvement in Dental Care Problem Solving Methodology
Manal Mohammed Shira, King Saud Medical Complex
Saudi Arabia
Dental Health Team - Allied Health Component

03. Making Postmenopausal Women Knowledgeable of Their Periodontal Status
Leena Palomo, Case School of Dental Medicine; Maria Clarinda Buenocamino and Holly Thacker, Cleveland Clinic Foundation
USA
Women’s Oral Health and Women in Research

025. Oral Health Status of HIV+ and Non-HIV Hispanic Pregnant Women
Lydia M. López del Valle, University of Puerto Rico School of Dental Medicine; Maria Elena Guerra, Central University of Venezuela; Carmen Zorrilla, University of Puerto Rico School of Medicine
USA
Women’s Oral Health and Women in Research

027. Glass Ceilings and Glass Cliffs: A Global Perspective
Pamela Zarkowski, Kathleen Zimmerman-Oster, Ann Poirier, University of Detroit Mercy
USA
Women in Dental Education

029. Pathways To Leadership
Paula K. Friedman, Boston University Henry M. Goldman School of Dental Medicine
USA
Women in Dental Education

030. Altering the Career Choice: Can We Attract More Women Into OMS?
Mary F. Stavropoulos and M. Franklin Dolwick, University of Florida College of Dentistry
USA
Women in Dental Education

033. Improving Oral Health Literacy: An Interactive Teaching Module for At-Risk Women
Susan R. Rustvold, Oregon Oral Health Coalition
USA
Women’s Oral Health and Women in Research

034. The Academic Dental Institution: An Integrative Center for Reducing Health Disparities
Donna Grant-Mills and Ruth A. Anderson, Howard University College of Dentistry
USA
Dental Health Team - Allied Health Component

042. The Importance of Oral Surgeons in the Intensive Unit Care
Lilian Aparecida Pasetti, Maria Therezinha Carneiro Leão, Lauro Toshiharu Araki, Mirella Cristine de Oliveira; Instituto de Neurologia de Curitiba
Brazil
Integrative and Complementary Medicine/Oral Implications

043. Leadership Opportunities for Women in Dental Academia
Cherae M. Farmer, Meharry Medical College School of Dentistry
USA
Women in Dental Education

044. Panoramic Mandibular Index in Relation to Clinical Screening for Osteoporosis
Asha Samant, University of Medicine and Dentistry of New Jersey Dental School
USA
Knowledge and Technology Exchange
01. Approach for Quality Improvement in Dental Care Problem Solving Methodology
Manal Mohammed Shira, King Saud Medical Complex
Country: Saudi Arabia
The methodology for improving health care has evolved rapidly over the past decade. This has come about as a result of several factors, including the advances in our knowledge on improvement, management, and clinical practice.

The purpose of this presentation is to provide information on several tools used in quality improvement, and to describe the methodology of problem solving, providing an example to implement their phases.

02. The Meaning of Culture in Online Education: Implications for Teaching, Learning, and Design
Isabel Rambob, University of Maryland Baltimore College of Dental Surgery; Gardenia Zumaeta, Universidade Estadual de Feira de Santana
Countries: USA/Brazil
Online education has experienced dramatic growth in higher education around the globe, especially in the United States. Individual online learning courses and complete online degree programs are increasingly a part of the mainstream in higher education. Steadily improving online delivery systems and an emphasis on globalization have encouraged higher education institutions to reach diverse learners around the world. With the growing population of students from various cultural backgrounds, there is an urgent need to understand how culture affects online education. Although cultural factors are important in theory, there is little published literature concerning the cultural aspects of online learning, teaching, and research-based studies. Educators, researchers, and practitioners have a responsibility to be aware of various cultural viewpoints and to build conceptual frameworks to apply and evaluate cultural dimensions. Instructors who implement online education should strive to be models of cultural sensitivity, but the level of challenge in this endeavor as online learning communities become global should not be underestimated. Cultural sensitivity issues are important in instruction, regardless of whether one is teaching in a classroom, online, or through a blended approach. A cultural dimension framework provides a starting point, but new approaches to cultural issues in online education are needed. Researchers need to conceptualize identity issues in cross-cultural studies and go beyond simplistic stereotyping, using qualitative methods to understand how people define themselves. In the future, more cross-national research is needed to understand and compare the effects of online learning across different cultures.

03. Making Postmenopausal Women Knowledgeable of Their Periodontal Status
Leena Palomo, Case School of Dental Medicine; Maria Clarinda Buenocamino and Holly Thacker, Cleveland Clinic Foundation
Country: USA
The aim of this presentation is to identify whether there is a lack of oral health knowledge among postmenopausal women, when compared to osteoporosis. Ninety postmenopausal women participated in interviews, DXA scans, dental exams using plaque score percentage (PS), charting existing restorations, periodontal probe depth (PD), and clinical attachment loss (CAL). Interview findings were compared to clinical findings and DXA scans. Results showed 97.8% of participants reported healthy gums; based on clinical exam findings, 96.8% had periodontitis (36.4% severe, 26.6% moderate, and 34.0% mild). 78% could identify presence of crown and bridge restorations in the mouth and 80% could identify extraction sites. 90% of participants reported having “low bone density” and 68% reported having osteoporosis. Based on DXA scans, 100% actually had “low bone density” and 70% had osteoporosis. 86.2% reported dental visits “twice yearly” and 3.2% reported “quarterly.” 78% reported yearly medical visits and 15% reported semi-annual. When asked if they are at risk for gum disease or tooth loss, 98.9% and 70.0% answered “no” to each risk, respectively. When asked why the low risks for gum disease and tooth loss, the most common answer given was “information from my dentist.” 60% recalled having oral hygiene instructions, 0% recalled discussing menopause and aging as a risk for tooth loss. When asked what the other risks for gum disease and tooth loss are, 98% answered tooth decay, 27% answered high plaque score, 18% responded menopause, and 2% with age. Average dental plaque score was 68% of sites coated with plaque. When asked if they are at risk for osteoporosis, 98% answered “yes.” All respondents said they were taking steps to reduce the risk and recalled having a counseling session with a physician or member of the medical health team. 97% of participants reported having a woman physician; only 19% reported having a woman dentist. All participants were able to identify osteoporosis medications by the television ad and had “heard somewhere” flossing can improve life expectancy. The conclusion is that postmenopausal women were not aware of their periodontal status. By contrast, the women were aware of restorative dentistry and osteoporosis. Knowledge of osteoporosis status, risks, and treatment are attributed to counseling (either through physician or other care givers) and corporate advertising. Whether caregiver gender impacts knowledge remains to be studied. Dentistry can fill the knowledge void among postmenopausal women through greater professional counseling through targeted allied dental health teams and strategic corporate partnerships.

04. Faculty Development Opportunities: A Case for Institutional Investment in Women
Karen Quick, University of Minnesota School of Dentistry
Country: USA
Faculty development is essential to the creation of strong academic institutions. The benefits of faculty development include the improvement of leadership skills and increases in individual confidence, productivity, and effectiveness. Although still in the minority, the number of women in academic leadership roles has increased in recent years due, in part, to opportunities for development designed specifically for women. A review of the literature illustrates current trends and provides links to resources for development opportunities for women in dental education. To show the benefits of these faculty development programs, a report of one woman’s experience is presented as a case study. Both institutional support and individual drive are required for a successful development experience. Development opportunities for women in dental education are invaluable to career satisfaction and advancement and will lead to a stronger future for women in dentistry and dental education.
O5. Building International Capacity for Senior Women’s Leadership

Diane M. Magrane, Page Morahan, Rosalyn C. Richman, Katie Gleason, International Center for Executive Leadership in Academics, Drexel University College of Medicine

Country: USA

Purpose: To explore essential components for the expansion of a highly successful national women’s leadership program in academic dentistry, public health, and medicine. The expansion will serve as a mechanism for building international capacity for women’s leadership in dentistry and other health professions.

Methods: Over the past 15 years more than 600 senior women in medicine, dentistry, and public health have participated in the Executive Leadership Program in Academic Medicine® (ELAM®). Under the umbrella of the Drexel University College of Medicine International Center for Executive Leadership in Academics (ICELA), we are preparing to expand ELAM’s model of leadership development beyond its current North American base. In the current model, women leaders explore key competencies of personal and professional leadership effectiveness, strategic finance, and organizational dynamics. An experiential educational cycle relays in-class lectures and simulation, small group learning communities, distance learning, and institutional project development. The program, grounded in scholarship on women’s professional development, promotes skill development, institutional visibility, and changes in academic culture to value the contributions of women.

Results: Research on graduates of the program shows that they advance faster and further than similar women who did not participate in the program. Some 50% of ELAM alumnae hold executive positions in their schools. In particular, almost 50% of women deans and more than 30% of women associate and vice deans at schools of dentistry in the United States are graduates of the ELAM Program. These are higher percentages than the program’s original target group of academic medicine, suggesting that the program has had even greater success in advancing women into these higher capacities and diversity positions.

Summary: An international expansion will need to address differences in academic and local culture as well as the national status of men and women in the health professions. Through interactive dialogue with the participants, this presentation will explore: (1) perceived usefulness of expansion to international academic dentistry; and (2) adaptations that may be required for international capacity building of women’s academic leadership in dentistry and other health professions.

O6. The Role of Women in Dental Education: Monitoring the Pipeline to Leadership

Michael J. Reed and Ann Marie Comy, University of Missouri-Kansas City School of Dentistry

Country: USA

The purpose of this study was to analyze data collected by the American Dental Association (ADA) and the American Dental Education Association (ADEA) over the past two decades relating to changes in the number of women active in dental education. The concept of a pipeline of women in dentistry was explored by analyzing predoctoral, postdoctoral, dental practice, and dental education domains for the inclusion of women. These analyses show that there has been a consistent and progressive increase in the number of women in all steps in the pipeline. Over the past two decades the number of female students attending and graduating from in dental school has steadily increased. In 1985, 25.3% of all predoctoral programs were women. In 2007, 44.3% were women. Similarly, in 1997 the graduating class was 36.9% women and in 2006 was 44.9% women. In the postdoctoral domain, in 1996, 29.9% of all residents were women and in 2008, this increased to 38.7%. In dental practice, the number of actively licensed women dentists in 1999 was 15.3% of the workforce; in 2008 this percentage grew to 22.5%. All of these increases in the pipeline are very important since the majority of dental school faculty are recruited from postdoctoral programs and private practice. The final analyses relate to the changes in the numbers of women in dental education and their increased presence in leadership positions.

Over the past decade, the number of women faculty has gradually increased from 2,437 in 1998-99 to 2,949 in 2007-08, an increase of 22.7% of all faculty. Further analyses reveal major changes in the number of women faculty in leadership positions particularly in the last decade. Up until 2000, there had been only two women deans and very few associate/assistant deans, with only 16 in 1990, 7% of total positions. In 2000 major changes began with 3 women deans (in 53 schools) and 72 associate/assistant deans (24%). In 2005, there were 10 women deans (in 56 schools) and 71 associate/assistant deans (22%). In 2009-10 there are 111 associate/assistant deans (28%) together with 12 women deans (in 63 schools). Women’s leadership in the category of department chair/postdoctoral program director has also shown significant change. In 1995 only 7% of these positions were filled by women, whereas in 2010, 19.1% were filled by women. In conclusion, our analyses show a progressive increase in the presence of women in all domains of dentistry especially women in leadership positions in dental education.

O7. Worldwide Resources for Advancing Pedagogy, Research, Collaboration, and Learning Outcomes

M. Sue Sandmeyer and Laura Siaya, American Dental Education Association

Country: USA

Purpose: to describe and facilitate access to the worldwide array of free and open resources available to researchers and educators.

Methods: In 1990, Ernest Boyer called for a radical realignment of emphasis among the scholarly functions that make up the scope of academic work. He argued that “scholarship” applies to four domains: 2 discovery, in which investigative efforts within the academy are strengthened; integration, making connections across disciplines; application, applying knowledge to solve problems; and teaching, creating new knowledge and increasing understanding. The ADEA Division of Knowledge Management has compiled a vast array of resources for researchers and educators that will increase pedagogy, research, collaboration, and learning outcomes.

This presentation will provide conference attendees a centralized location to learn about new and existing resources to further their knowledge and research about women’s oral and overall health. New ADEA initiatives will be presented and include the ADEA Dashboard, the ADEA Online Library, Explore Health Careers.org, and summaries of ADEA’s current research projects and databases. In addition, worldwide resources that elevate the scholarship of teaching and learning as well as cross-disciplinary education will be described. These resources include MedEdPORTAL, the International Federation of Dental Educators and Associations (IFDEA), and proven Open CourseWare sources. Results from a review of resources available from other sources such as the American Dental Association, U.S. Department of Education, the Association of American Medical Colleges, National Center for Health, American Dental Association, and the U.S. Department of Health and Human Services will be presented.

Conclusion: This information intensive session will enable attendees to use the materials they take away to assist them as they build their own research libraries and educational resource toolboxes. They will also learn about how to submit their own research and educational resources to the array of free online repositories so that they will contribute to new knowledge and increase understanding about women’s oral health, thereby increasing pedagogy, research, collaboration, and learning outcomes.

1Association of American Medical Colleges, Educational Scholarship Guides 2008

O8. Dental Auxiliary Education in Australia and New Zealand: Pathways for Women in the Workforce

Robyn Watton, University of Sydney

Country: Australia

A presentation analyzing the changes in dental auxiliary education in Australia and New Zealand and the impact on current and future trends for women in the dental auxiliary workforce, and those entering the workforce.

New Zealand is where the first “dental nurse” was educated to meet the needs of post-World War I dental manpower shortages, particularly for children. This role has been adopted by other countries, including Australia and the United Kingdom. Dental hygienists were first trained in Connecticut by Albert C. Fones, who mentored his dental assistant in 1928. Australia and New Zealand are unique in that the majority of dental auxiliary professions (dental hygiene and dental therapy) are being educated in tertiary institutions as a dual qualified degree. A few institutions still educate the separate professions. This shift has led to a change in scopes of practice, work venues, and regulatory obligations of practitioners and governing bodies, including the Australia and New Zealand Dental Councils.

The impact of these regulations is allowing more autonomy and opportunity for leadership within the professions as dental team members have altered roles in areas of supervision and clinical guidance. Some such changes are autonomous practice, private practice for practitioners who formerly worked in government institutions, and changes in client base (such as age). For example, new regulations in some areas (states) in Australia are expanding the roles of the dental therapists to treat adults for simple restorative issues, whereas before they only treated up to ages 18 or 25, which is still the case in most Australian states and New Zealand.

The impact on the dental workforce has created changes in traditional roles for these professions. The integration of a new auxiliary, the oral health therapist, has provided opportunities to further educate members of the dental therapy and dental hygiene professions to cross train. There is also more opportunity for women to enter the dental profession in an expanded role.

Efforts are being made by educational institutions to develop these new skill competencies by offering further education in these skills to members of both professions. This provides a career pathway that did not exist prior and a new (and possibility more attractive) career opportunity for those entering the workforce. One of the challenges for the educational institutions is development of the academic workforce to meet these needs.
O09. Need for Women in Leadership Positions
Josephine Aderonke Akereolu, Obafemi Awolowo University
Country: Nigeria

The staff strength and students’ enrollment in Obafemi Awolowo University, Ile-Ife, Nigeria has been predominantly male. This has been the case since inception with a gradual increase in female representation. The Deans of Faculties were also predominantly male until 2007 when two females emerged; the Deans of the Faculties of Dentistry and Pharmacy, respectively. There had also been one female Dean in the Faculty of Social Sciences. The position of our University Librarian has been occupied by males since inception. So far, we have had only two females as deputy vice-chancellors. No female has emerged as a vice-chancellor in the institution, though the incumbent was appointed as the ninth vice-chancellor in July 2006.

The percentage of female department heads to the total has increased from zero in 1962, when the University was established, to 12.5% in 2007; likewise, there has been an increase in the appointment of female lecturers. Only recently we have a female lecturer in the Faculty of Technology since its inception. Among principal officers in the university, only 7 women have been appointed to serve in that capacity out of 35 members, or 20% of the total. Female student enrollment is increasing, though no woman has yet to head the student body. It is clear that there is the need for women to occupy leadership positions in the university.

O10. Oral Health Care in Remote Australian Indigenous Communities: Developing Country Challenges in the Australian Context
Sandra Mehlubers, University of Sydney; Denise Salvestro, Remote Aboriginal Communities, Northern Territory; Penny Brown, Department of Health and Families, Northern Territory Government
Country: Australia

Australia is one of the most economically stable countries with a high quality of life. However, the general oral and health of Indigenous Australians continues to fall behind that of the general population and those of Indigenous people in other countries. Many suffer great disadvantages including poverty, poor literacy and education levels, and discrimination; all contribute to disempowerment and associated higher levels of substance abuse, low self-esteem, and great difficulties in effecting real change and improvement. English is the third or fourth language in many remote Indigenous communities who have strong connections to their land and traditions, of which some of these traditions struggle to survive. Where is oral health in this picture? Similar to many groups across the world, oral health in previously traditional lifestyles was relatively good with little/no canines or periodontal disease. In comparison, the indigenous people today suffer greater degrees of chronic oral health diseases such as cardiovascular disease, diabetes, kidney disease and renal failure, and respiratory diseases. In some communities, the levels of personal and community stress are so high that violence can be a regular occurrence. Along with the deterioration of general health and living conditions, oral health is also worse in contemporary Indigenous communities than in the general population. Service providers struggle to provide appropriate care; moves to integrate oral health into broader primary health care programs have been slow in implementation. Indigenous community controlled health organisations provide comprehensive primary health care, including oral health, and they often work alongside government oral health service providers.

In the Northern Territory, recently concerted efforts have been made to improve the oral health conditions of people in remote Indigenous communities, but we have had to shift our expectations of prolonged and sustained change into a generational perspective. There have been innovations in the delivery of dental services to remote Indigenous communities and the implementation of culturally appropriate oral health promotion programs has begun. Recruitment and retention of an appropriate workforce continues to pose challenges but also offers some unexpected benefits. Service providers have had to re-evaluate recruitment and retention approaches according to the needs of the available and future workforce. Three Australian female dentists provide information and insights on culturally competent program development and delivery, clinical practice, and oral health promotion, stemming from their work with Indigenous communities to improve their oral health conditions.

O11. Female Specialists in Dentistry in South Africa: A Survey of Their Experiences and Opinions
Sudeshni Naidoo, University of the Western Cape
Country: South Africa

The dental profession in South Africa is undergoing profound changes. There are increasing numbers of women in what was once a male-dominated field. However, discrimination against many women at dental schools and later in their careers still exist. A perception remains that women have a special biological capacity to ‘care’ for patients over their male colleagues. This rationalization has been used to justify the gender division of labour in the health fraternity. Also of concern is that women have collided in their own oppression within the health professions by accepting lower status positions, not being sufficiently forceful in attacking discriminatory practices, subscribing to the theories of biological determination, lacking ambition, and failing to promote the interests of women in the health professions. These are issues which historically have hindered women in the health professions in the Western world. In South Africa, however, cultural norms and values of African society are already recognized in national legislation, international human rights, and in the constitution.

Little is known about the professional issues and work-related constraints that exist in terms of practice and working conditions for female specialists in the profession. This is of particular relevance to South Africa, especially with the renewed emphasis on tertiary care, the growing ‘locum’ industry for specialists in need of part-time work, and the advent of managed health care.

Structured around five themes, we will analyze the findings of a survey of registered female dental specialists including issues of (1) the changing profile of dental specialist applicants, (2) the risk of undervision of specialists, as there are currently aggregate differences in the distribution of female and male dental specialists; if these persist as the percentage of women entering the profession increases, it could lead to traditionally male-dominated specialties facing staff shortages, (3) workforce design challenges, including greater demands for part-time and other forms of flexible working arrangements which could create new organizational complexities, given that the best possible patients care must be assured, (4) economic impact, addressing how overall service cost-effectiveness and average productivity per specialist might be affected by increases in the proportion of specialists working on part-time and other flexible arrangements, and (5) leadership capacity, discovering if there could be a risk to professional leadership capacity if there is a reduction in the proportion of dentists who are in a position to give the dedicated time commitment that such roles require.

O12. The 2010 NIH ORWH Research Agenda “Moving into the Future”: Considerations for Oral Health
Linda M. Kaste, University of Illinois at Chicago College of Dentistry; Jeanne C. Sinkford, American Dental Education Association; Michelle Henshaw, Boston University Henry M. Goldman School of Dental Medicine; Vivian W. Pinn, Office of Research on Women’s Health, National Institutes of Health
Country: USA

Purpose: The mission of the Office of Research on Women’s Health (ORWH) at the United States’ National Institutes of Health (NIH) is to increase and enhance mentored research on women’s health, including the roles of sex and gender in health and disease. The ORWH’s 20th Anniversary will be celebrated in September 2010. Research priorities for the next decade, based on a year-long strategic planning process, will be unveiled as part of that celebration. Through this presentation, we will discover how oral health was incorporated into the strategic planning process and present the resultant recommendations for inclusion of oral health in the women’s health research agenda for the next decade.

Methods: Five strategic planning workshops were held between 2009 and 2010. Each workshop was organized with distinct working groups. Public testimony on health concerns and suggestions for research directions, from organizations and individuals, was received at each workshop. The ORWH identified cross-cutting topics as the basis for each working group and established an Oral Health (OH) Working Group in the third workshop, which addressed “oral health across the life span.”

Results/Findings: Suggestions from the OH Working Group illustrate a current view of dentistry’s women’s health issues. Eight topical recommendations for future research in women’s health were identified by the group: salivary diagnostics, oral health and pregnancy, oral health and chronic disease, medications to treat systemic disease, oral cancers, pain, and lifespan considerations for both cancers prevention and hormones.

Summary Statement/Conclusions: The ORWH is supportive of the actual and potential roles that oral health and the dental discipline have on the health and well being of women. The strategic planning process and resultant recommendations provide an opportunity for oral health constituents to assimilate the ORWH’s research agenda, focusing on the integration of medicine, dentistry and other disciplines. Interdisciplinary approaches are emphasized to address the comprehensive magnitude of women’s health, both domestically and internationally. Recommendations from the OH Working Group should encourage the design of future scientific endeavors and career pathways that will optimize the inclusion of oral health as an integral component of women’s health research. The outcomes of the ORWH venture can benefit research related to women’s oral health and general health in the US and globally, and the dental community must be ready to take forward these challenges.
O13. Oral Disease in Pregnant Women of Mbale District, Uganda
Margaret Wandera, Makerere University; Okullo Isaac and Rwenyonyi Charles Mugisha, Makerere University Department of Dentistry; Astrøm Anne Nordrehaug, Centre for International Health/Institute of Clinical Dentistry, University of Bergen
Countries: Uganda/Norway
Antenatal care is aimed at improving maternal health and well being, of which oral health is an important part.
Objectives: to estimate the prevalence of oral disease during pregnancy by assessment of periodontal status (CPI), tooth-loss, and self reports of oral conditions, then document the extent these measures relate to oral impacts on daily performance (OIDP).
Method: Women were recruited from a multi-center community randomized trial: Safety and efficacy of exclusive breast feeding in an African setting with a high prevalence of HIV (PROMISE-EBF). Pregnant women at about 7 month’s gestation were recruited from household location in selected villages in the Mbale district, Uganda. Information became available for 877 women (mean age 25.6, sd 6.4) who completed an interview; 713 (mean age 25.5 sd 6.6) of these had a clinical examination.
Results: There were no cases of severe periodontal disease. Thirty-five percent of the women had lost at least one tooth. The prevalence of oral impacts was found to be 30.6 % using 7 items of the original 8 OIDP inventory. Adjusted ORs for having any oral impact were: CPI>0 1.1 (95% CI 0.7-1.7); at least one tooth lost 1.9 (95% CI 1.2-3.1). The adjusted ORs for any oral impact, if reporting oral disease symptoms, ranged from 2.7 (bad breath) through 8.6 (problem chewing) to 22.3 (toothache).
Conclusion: Despite low prevalence of periodontal disease, about one third experienced oral impacts. OIDP varied systematically with tooth loss and self-reported oral disease symptoms. Further investigation, as well as education of maternity care providers concerning oral health is warranted for pregnant women in Uganda.

Jean L. Johnson, University of the District of Columbia; Ruth A. Anderson, Howard University College of Dentistry
Country: USA
Throughout history, the oral health conditions of women are rarely given adequate attention, particularly during the aging process. Fortunately this problem is slowly being rectified as women become more active in the media and taking leading roles in such professions as medicine, science, journalism, politics, and business.
Recent medical research such as The National Institutes of Health Women’s Health Initiative, have increased focus on women’s oral health and care. Subjects of concern include: arthrits in the jaw or hands that may require a modified toothbrush handle; menopausal women may experience a dry mouth or swelling gums from hormone replacement; and the first sign of osteoporosis is alveolar bone loss resulting in loss of mobility of teeth, endemolous, and the inability to wear false teeth.
Dietary interventions and modifications can be employed to prevent and improve oral health in many older women. Additional calcium intake and vitamin D can aid in bone retention and tissue building. Avoidance of acidic drinks will protect tooth enamel. Chewing firm foods such as nuts will increase saliva flow and stimulate gums. The ingestion of soft, sticky or they have no opportunity to eat healthy foods contributing to oral health problems, therefore eating these foods in combination with other foods to dilute or remove the bacterial-forming residue from the teeth and gums can promote better oral health.
This paper aims to show how nutrition and diet are linked to oral health and illustrate a number of proven strategies to deliver information about healthy eating habits to older women. We will look at information concerning the life situations that influence the older woman’s oral health and identify important dietary measures for prevention and improving their oral health. There is an inclusion of data about foods that can prevent certain oral diseases and practical approaches to educating older women to make needed changes in their diets. We will summarize relevant literature and report the results of a series of Senior Citizen Nutrition Workshops recently conducted in Washington, DC.
Oral health problems are cumulative across the life span and are maximized in the later stages of life. In addition, life situations such as widowhood, living alone, poverty, underinsurance, and family dynamics often lead to women neglecting their oral health. Women are the designated caregivers in society and in this role they often neglect their own care. Good nutrition education will contribute to the health and welfare of the aging woman’s oral health.

O15. Profile of Women Dentists in Puerto Rico
Yilda M. Rivera, University of Puerto Rico School of Dental Medicine; Ana L. Dávila Universidad de Puerto Rico Graduate School of Public Health
Country: USA
Demographic analyses of dentists over the last 25 years have shown that the percentage of women practitioners in Puerto Rico has been increasing. A survey conducted by the University of Puerto Rico School of Dental Medicine in 1994 showed that the number of women in the dental workforce increased from 132 in 1985 to 309 in 1994.
Women engaged in the practice of dentistry increased to 401 in 2009, approximately 50% of the dental workforce. Enrollment of women at the University of Puerto Rico School of Dental Medicine has increased from 56% in 2004 to 73% in 2009 as well. In addition, recent studies have demonstrated that female dentists are showing an increased commitment to the dental workforce by changing their patterns of professional participation. They devote more of their time to professional activities, such as private or public health-related clinical practice, academia, and/or research activities.
The objectives of this paper are 1) to assess the sociodemographics and patterns of professional participation of women dentists in Puerto Rico, and 2) to compare the obtained information for women dentists with that of their male counterparts. Data will be collected by mailed questionnaires. Participants who do not respond to the questionnaires will be contacted by telephone to increase the response rates. The information obtained will be complemented by the database from the College of Dental Surgeons, Puerto Rico (Puerto Rico State Dental Association).

O16. Women and Leadership in Clinical Administration
Deborah J. Morris, New York University College of Dentistry
Country: USA
The struggle to succeed in clinical administration as a non-dentist and as a woman can be disconcerting. Perseverance and most importantly, networking are critical to the successful administration of clinical projects. Evidence, data, and hard facts dictate the decision-making process of the administration. Funding is always scarce. Unfortunately evidence, data, and hard facts are rarely available so the female administrator cannot rely on opinion, ideas, and intuition to have her proposal accepted.
By networking with women in academia, health care institutions, and the corporate arena, the non-clinical academic administrator can overcome these challenges and successfully complete even the least popular and costly project. Research among her peers and the vision to combine practical solutions that span across these arenas can assist in the process and facilitate success.
By capitalizing on women’s inclination toward collaboration, the successful administrator can achieve her professional goals in what still tends to be a male dominated profession in terms of education and decision making.
In my oral presentation, I will present the “sterilization” problem at NYU and how research and networking, particularly among female peers, facilitated the successful re-design of our facility to create a state of the art sterilization unit and system of accountability for dental instruments.
017. Russian Women in Dental Education
Ludmila Maximovskaya, Moscow State University of Medicine and Dentistry
Country: Russia
There are more than 60,000 dentists in dental practice in Russia, of which 70% are women and only 30% are men. A woman’s salary is equal to the man’s in Russia. As we have 42,000 women in dental practice, there are 20% of 30 years of age, 40% of 40 years of age, 30% in 50 years of age and 20% in 60 years of age. Only 8% of Russian women dentists are involved in research work and academia.

018. Gender Impacts and the Changing Portrait of the Dental Profession in Bulgaria
Lydia Katrova, Faculty of Dental Medicine, Medical University
Country: Bulgaria
As a result of the radical change in the socio-political and economic conditions in Bulgaria during the last decade of the 20th century, dentists became an autonomous professional group. The purpose of this investigation was to identify the demographic and social traits of the dental profession and to demonstrate the dynamic of changes for the period 1995-2009.
Methods: A longitudinal study including four surveys (1995, 2000, 2005, 2009) was carried out. The data was collected through a self-administered questionnaire, designed to discover the change of number and distribution of male/female dentists according to their professional profile, practice pattern, and professional choice. It was distributed to weighted stratified random samples of dentists with a return between 72% and 84%. Male and female groups were compared in four surveys. The data was treated statistically using the SPSS package.
Results: As of December 2009, the dentists on active practice number 7,641 with an average age of 41.7 years. The number of female dentists is 5,080. For the studied period, there was an increase of 40%, higher than the worldwide trend of 18%. A considerable number is concentrated in the capital region (1,659 women and 786 men) in Bulgaria. The change of ratio of men to women is 73.63% to 26.27% in 1995 and 66.48% to 37.52% in 2009. The average age of dentists increased by 2 years. Most dentists work as private practitioners (50.3% in 1995, 77.4% in 2000, 88.2% in 2005 and 92.6% in 2009). The proportion of specialists decreased from 64.4% in 1995 to 38.9% in 2009. About half of these specialty holders work as general practitioners. The majority of dentists work an average of 40 hours per week and take 3 weeks vacation. Most of them would invest between one and three percent of their income and about one week annually in lifelong learning. The most valued traits of the profession are the independence (60%) and the financial security (44%), followed by such features as working for people (34%) and social prestige (38%). Students are influenced in their professional choice by a parents’ example (44%) or the image of the profession (40%).
We can conclude that the dental profession in Bulgaria is growing and consolidating its social positions. Women dentists remain an important force in these processes.

019. Is Motherhood Bad for Oral Health? Parity & Dental Disease: Recommendations for Research, Clinical Practice, and Policy
Stefanie Russell, New York University College of Dentistry
Country: USA
The old wives’ tale “for every child the mother loses a tooth” is a pervasive belief in many cultures that tooth loss is a natural consequence of childbearing.
Purpose: The aim of this presentation is to review the literature that examines the effects of childbearing (parity) on oral health (including tooth loss, dental caries, and periodontal disease) and to provide recommendations based on this literature for research, clinical practice, and policy.
Methods: A systematic and comprehensive search of English medical/dental literature for original research articles over the past 40 years, using PubMed and Ovid/Medline was performed using the following search terms: parity, pregnancy, childbearing, and mothers. Searches were combined and studies with no parity data and in which parity was merely considered a confounding variable, were eliminated. The reference list was also examined for all identified studies. The quality of the studies was evaluated according to methods developed and used by the Department of Epidemiology and Health Promotion at New York University and a summary table of findings was created.
Results: Twelve studies of varying scientific rigor were found that identified parity as an independent variable and either tooth loss, periodontal disease, and/or caries as the dependent variable. All studies which examined caries (4) found no relationship; of the 7 that examined periodontal disease, three were positive, and of the 7 that examined tooth loss, 4 were positive. While the literature on parity and oral health is sparse, the consistency leads one to conclude that parity is indeed related to tooth loss.
Conclusions: While mechanisms for this association remain unknown, the reasons for the consistent relationship between parity and tooth loss are likely to be both biological and social. Pregnancy affects the oral soft tissues and it is possible that the effect of repeated pregnancies on the oral tissues is cumulative. In addition, it is likely that factors related to a lack of dental care during pregnancy, changes in family size which may limit a woman’s access to and utilization of dental services may be related. Given these findings, and the existence of state and profession guidelines on proving safe and effective treatment to pregnant women, dentists should not defer routine or preventive care during pregnancy.

020. Women Dentists in Dental Practice-Based Research
Joana Cunha-Cruz, University of Washington; Jane Gillette, Northwest PRECEDENT; Lingmei Zhou and Anna Korbak, University of Washington; Tom Hilton, Oregon Health & Science University for the Northwest PRECEDENT
Country: USA
Objectives: Practicing dentists are being encouraged to participate in research and contribute to improve evidence-based dentistry. Men and women are perceived to practice dentistry differently: female dentists were considered by both male and female patients as more gentle, patient-centered, communicative, and possessing better listening skills than male dentists (Moskowitz-Porath, 2009). Whether gender differences influence practice arrangements and treatments received by their patients is not well known. Our objective is to describe the differences between dentist and practice characteristics of female and male general dentists participating in dental practice-based research.
Methods: Data was obtained from a survey of general dentists (n=262) and clinical examination and record review of a systematic random sample of patients visiting 101 dental practices (n=1943). Prevalence ratios were estimated using cluster adjusted binomial regressions to relate dentist and practice characteristics to dentists’ gender.
Results: Among the active members of the Northwest Practice-based Research Collaborative in Evidence-based Dentistry (PRECEDENT), 44 were females and 218 were males. On average, female dentists participated in 2.3 [standard deviation (sd)=2.4] studies and male dentists in 2.8 (sd=2.4) studies (p-value=0.19). Dentists’ demographics and practice arrangements were similar among male and female dentists, except for age, years of experience, and number of days in practice. Female dentists were more likely to be less than 41 years of age (Prevalence ratio PR=2.0; 95% Confidence interval(CI)=1.5-2.8), to have less than 21 years of practicing dentistry (PR=2.0; 95%CI=1.7-2.3), and to practice for less than four days a week (PR=2.4; 95%CI=1.4-4.3) than their male counterparts. When comparing patients’ demographics and oral health, female dentists were more likely to see children (PR=1.9; 95%CI=1.1-3.3), minority race/ethnicities (PR=2.3; 95%CI=1.2-4.4) and patients with dental caries (PR=1.2; 95%CI=1.0-1.4) than male dentists. When comparing treatments received in the last 12 months, patients of female dentists were more likely to receive preventive treatments (PR=1.9; 95%CI=1.3-2.7) and amalgam restorations (PR=2.7; 95%CI=1.8-4.2) and less likely to receive endodontic treatment (PR=0.50; 95%CI=0.3-0.9) than patients from male dentists. After adjusting for patients’ and dentists’ age, dentist gender remained statistically significant, except for dental caries.
Conclusions: Patients attending practices from female dentists were younger and received more preventive and amalgam restorative treatments. Even though female dentists from Northwest PRECEDENT practiced fewer days of the week than their male counterparts, they were able to add research responsibilities to their dental practice. Submitted on behalf of Northwest PRECEDENT; supported by NIDCR grants DE016750/DE016752.
O21. Women and Leadership and Today’s Political Correctness: Back To Basics
Barbara Nordquist, Danaher Dental (KaVo, Pelton & Crane, DEXIS, Gendex, ISI), Danaher Corporation
Country: USA

Rightly, women today are finding leadership opportunities more readily available to them. This is not to say that “ceilings” have been removed but that doors are opening more widely. Too often however, women’s leadership roles and role characteristics are described in ‘traditional’ terms that, in fact, are usually male terms, such as Mars vs. Venus, Boss vs. Leader.

Along with the opportunities these enhanced roles provide, today’s leaders (women and men) face a special challenge—political correctness—that threatens our ability to lead our teams and develop our organizations. The failure to honestly and directly confront important issues facing an organization, such as poor performance or unwise courses of action, for example, becomes the proverbial “elephant in the room”—or in our cases, the workplace—the issue that people refuse to confront or acknowledge even though everyone knows about it and it is a cause of serious problems.

It is my belief that women are especially well suited and often have well developed skills for eliminating the “elephant” of PC and for better leading our organizations. How do we develop and bring forward these leaders? With expanding opportunities, how do we avoid the pitfalls of the subtle infighting that often characterized the intense competition for the relatively few women’s roles. How do we use our unique and innate skills to foster growth of others, ourselves, and our organizations?

In my oral presentation, I will address the characteristics of political correctness, its insidious nature, and its impact on organizations. We will review the characteristics of effective leaders and the traits of women that make us uniquely and especially well suited for leading our organizations through and out of the maze of PC, and how we help unveil and develop those traits and skills. In doing so, I will present new approaches for developing leaders.

O22. 2010 Advances in Chairside CAD/CAM Dentistry
Geraldine Weinstein, University of Florida College of Dentistry
Country: USA

In the 1980s CEREC 1 first hit the market as a chairside digital impression system with an associated milling machine. In 2010 there are four different digital impression systems available with 3-D images, with more systems are on the horizon. Digital dentistry is here to stay! Today’s dentist is faced with multiple choices, including Sirona’s CEREC AC and D4D’s E4D, which both allow milling of the chosen restoration in office.

Two other units, Cadent iTero and 3M ESPE’S Lava COS, both offer digital imaging chairside followed by image downloading to a laboratory for fabrication of the restoration. Each system has unique abilities which have to be considered by the practicing dentist.

At the University of Florida College of Dentistry, our students have had training and exposure to Sirona’s CEREC 3. Restorations have been fabricated in both porcelain and composite. We have discovered that CEREC 3 has allowed us to practice and teach conservative dentistry. Eesthetic inlays and onlays requiring minimal tooth preparation have been the focus of our CEREC program.

In this presentation, an update of today’s chairside CAD/CAM systems will be presented in addition to our experiences with the student CEREC program at the University of Florida College of Dentistry.

O23. Transforming the Images of Dentistry
Frances E. Sam, Howard University College of Dentistry
Country: USA

Purpose: To discuss the essential role of leadership in reframing the public perception of dentistry.

The practice of dentistry has undergone remarkable changes over the last several decades. Advances in technology and technique have vastly improved the quality of offered treatment. Is there a corresponding transformation within the general public regarding its views and perceptions of what dentistry has to offer?

Though people within the dental community are well versed on the progress of the industry, the general population has still preserved many of the outdated impressions that have plagued our profession through the ages. An exploration of these images, their origins, as well as their associated detrimental effects, highlights the crucial nature of successfully challenging these misconceptions. All attempts to reinforce the importance of oral health will otherwise be continually undermined by the persistence of myths perpetuated as truths. This discussion examines the possible ways in which to effectively counteract dental mythology.

With increasing numbers of women visible in positions of leadership, attention must be paid to industry “outsiders.” Leadership qualities, beyond the traditionally promoted characteristics, are of critical importance in this endeavor. Examination of leadership in different arenas (thought and public relations leadership) may provide necessary insights as to how to influence the perspectives of the American populace regarding dentistry.

O24. Balance Between Career and Family: A Survey of the Indian Female Dentist
Jyoti Agrawal and Rajesh Kumar Agrawal, Dental College, Azamgarh; Pradeep Tandon, Sardar Patel Dental College, Lucknow
Country: India

The Almighty has made all human beings equal, but the evolution of customs and cultures have discriminated women with the unequal division of duties. Ordinarily, all cultures saw woman as a source of beauty, to manage the household, bear sons, and take care of the family and hardly seen as the bread winners or leader of a trade. This concept gradually changed with the modernization of education and with the approach of the ideas of humanism, liberalism, and rationalism.

Today, India holds a major position in Southeast Asia, having more than 270 oral health educational institutions; additionally, more than 50% of student graduates and postgraduates are women. Therefore, the female oral health care professional and the burning issue of balancing career and family are becoming more precise.

A married woman must create equilibrium between two spheres: home and work, irrespective of the marriage-linkage (a love-marriage or an arranged marriage). She looks for cooperation from her life partner in dealing with physical, emotional & economic issues. Pregnancy, childbirth, and child-rearing open the door of uneasiness, discomfort, and problems for women. She must devote quality time to her children, be a perfect mother, and keep up performance in her work hours. Some career-crazy women find it too late to start a family of their own and have to maintain a maiden family. From a dentist’s point of view, if a female dental surgeon has a clear mind, encouragement, and the support of her husband and family can she become a shining and valuable coin.

The purpose of this study is to discover the difficulties faced by a female dentist in this part of world in balancing her career as dentist with her family and children.

Method: This study is being conducted by undertaking a survey throughout India. A statistically significant number of female dentist (mean age 25-60 years) are questioned on how they balance their married and professional life. This is being done by giving them a consent form and a feedback form.

Conclusion: After conducting the study, we have found that it is not easy to balance career and family. Most of the time women must sacrifice their professional life, especially during pregnancy and illness of children due to these factors, several female dentists undergo emotional havoc. This outcome is supported by the data collected so far.
Conclusion: High levels of dental disease and needs of dental service were found for pregnant women and 60% non-HIV Venezuelan pregnant women, but these differences are not statistically significant. CD4 levels and viral load was associated to the presence of periodontal disease signs. Premature labor and pregnancy complications were related to severity of periodontal disease.

Results: 81% of HIV+ pregnant women had carious teeth, with a mean DMFT of 12 and mean (SD) of 4.8. Almost 40% of the HIV+ pregnant women had retained roots. The prevalence of periodontal disease in HIV+ group was 72%. Mean teeth with pocket depth >4 mm was 6.35, mean teeth with loss of attachment > 4 mm was 7.66, and mean sites of bleeding on probing was 12.09 for HIV+ pregnant women. Comparisons between Puerto Rican high risk pregnant women and Venezuelan pregnant women showed no statistical differences between pocket depth and loss of attachment but significant differences for bleeding on probing. Periodontal disease was high prevalent in all group of pregnant women (72% HIV+, 61% non HIV high risk Puerto Rican pregnant women and 60% non-HIV Venezuelan pregnant women), but these differences are not statistically significant. CD4 levels and viral load was associated to the presence of periodontal disease signs. Premature labor and pregnancy complications were related to severity of periodontal disease.

Conclusion: High levels of dental disease and needs of dental service were found for Puerto Rican HIV+ pregnant women and also for non-HIV Hispanic pregnant women. Study supported by NCCR / NIMH / NIAID grant number US4RR19507-05

O27. Glass Ceilings and Glass Cliffs: A Global Perspective
Pamela Zarkowski, Kathleen Zimmerman-Oster, Ann Poirier, University of Detroit Mercy
Country: USA
The term “glass ceiling” was first introduced in the 1980s to describe an invisible yet powerful barrier to women’s leadership advancement. Higher education, the military, and businesses continue to study and evaluate the impact of the glass ceiling on women and their career paths. Glass ceilings vary and the types of ceilings encountered may be based on personal, professional, ethnic, or cultural factors. The advancement of a qualified person within the hierarchy of an organization is stopped because of some form of discrimination, frequently sexism or racism. More recently, factors such as disabilities and age have created ceilings. Current variations on terms used to describe women’s lack of advancement include the “brass ceiling” in traditional male careers such as the military and law enforcement, the “concrete ceiling” which impacts minority women because it is more difficult to crack than the glass ceiling, and the “bamboo ceiling” that excludes individuals of Asian descent from strategic positions. Similar limiting factors for a woman’s success include the “sticky floor,” describing women who remain in low paying jobs; the “glass cliff” or the promotion of a woman to a risky job that will most likely result in failure; and the “pink ceiling,” which impacts gay women. A more recent discussion has centered on cultural and ethnic-based ceilings impacting a woman’s ability for professional growth and development. Thus, gender and other factors continue to create challenges for women who seek leadership within their employment setting. Limited evidence is available about cultural and ethnic ceilings in higher education, but it is discussed and analyzed in business studies. A significant business study evaluated three dimensions: the Individual, with factors such as transparency, training, and support programs. We will discuss the current perspectives on “ceilings and cliffs,” impacting women, with a focus on ethnic and cultural ceilings relevant to dental and higher education. To support relevant information presented from research in the business community, the results of a global survey of female dental educators will be included. The results of a 30-question survey sent to North-American dental women administrators and individuals who are members of international dental society will be highlighted. Survey results will include real or perceived factors that create “ceilings and cliffs” in dental education, evidence of cultural or ethnic based ceilings, and best practices to minimize or eliminate barriers identified in an educational institution.

O28. Dental Hygienists Leading Change
Eunice M. Edgington, Janice Pimlott, Sandra J. Cobban, University of Alberta
Country: Canada
This presentation advances the discussion of dental hygiene as leaders for change in oral health policy and articulates the need for dental hygiene advocacy education. In response to growing health disparities and inequalities in access to health care, professions are being called on to take a more active leadership role in advocating for change in health policy. Education is the primary means for socializing professionals into their future roles. Until recently, emphasis in dental hygiene education has been on preparing for the role of patient advocate, rather than for the role of policy advocate. Key support was developed from industry leaders and a publishing house along with companies and a collaborative network of organizations to advance women in dentistry. New leadership models, training, mentoring for women, and presentation skills could be addressed in future communication vehicles. These could assure success in advancing women’s participation across U.S. dental leadership through supportive networking and strategic partnerships.
**029. Pathways to Leadership**

Paula K. Friedman, Boston University Henry M. Goldman School of Dental Medicine  
Country: USA  
An increasing number of women aspire to become the Chief Executive Officer (CEO) in academic dental institutions (ADI). The purpose of this study was to investigate what pathways to leadership are reported by the current (2010) deans at 57 accredited U.S. and 10 Canadian ADI, and to examine whether there are differences in experiential pathways between men and women deans.  

Methods: In February 2010, a brief survey was constructed and distributed to the ADEA Deans’ listserv using the web-based Survey Monkey instrument. Prior to distribution, an email alert was distributed to all members of the listserv by the Chair of the ADEA Council of Deans, informing them that the survey would be arriving and requesting their participation. After the initial electronic distribution, 29 responses were received. Another request was mailed, and a total of 35 responses were returned.  

Results: The survey elicited 35 responses from a sample pool of 67 possible respondents (57 US, 10 Canadian) for a response rate of 52%. Of the respondents, 5 (15%) identified as female and 29 (85%) as male. One respondent did not respond. In terms of length of service, 80% of respondents have been in their position between 1 and 10 years, with the mode being 43 years between 1 and 5 years. Over 51% (n=18) reported that the highest administrative position held prior to becoming a dean was Associate Dean. Only 20% of deans reported any previous military experience. In terms of source of motivation for seeking a deanship, 97% (n=26; 5F; 23M) of those responding to the question indicated they were encouraged to seek a deanship by a colleague or colleagues; 52% (n=15; 3F; 12M) of those responding indicated they were encouraged to seek a deanship by a search firm or recruiter. Regarding leadership training prior to becoming a dean, 80% of females and 45% of males responded affirmatively; regarding leadership training after becoming a dean, 40% of females and 38% of males responded affirmatively. Approximately equal percentages of females (40%, 60%) and males (43%, 62%) reported having held leadership positions in their state dental society and other organizations, respectively. Larger percentages of women (80%) than men (55%) reported having mentors; of all who had mentors, 83% of the mentors were male, and they were distributed evenly between being employed within the individual’s institution and employed outside of the individual’s institution. Further analysis will include perspectives on characteristics that are helpful and detrimental for potential deans to possess, evaluated by gender.

**030. Altering the Career Choice: Can We Attract More Women Into OMS?**

Mary F. Stavropoulos and M. Franklin Dolwick, University of Florida College of Dentistry  
Country: USA  
Although the number of females entering dental school (47% in 2007) has increased, the same cannot be said for the number of females entering Oral and Maxillofacial Surgery (OMS) residency programs (12% in 2008). The purpose of this study is to compare the numbers of women entering other dental and medical specialties with those entering OMS, to discuss factors contributing to low application rates, and suggest guidelines for change.  

A review of the medical and dental literature was conducted; publications not utilizing a questionnaire were excluded. Also, analysis reports by the American Dental Association, the American Association of Medical Colleges (AAMC), and the Graduate Medical Education Resident Survey were reviewed.  

Women have made significant strides in the field of dentistry and medicine over the past 30 years. Since 1982-83, the proportion of female applicants to medical school has risen from 32.7% to 47% in 2009-10 (AAMC). Similarly, the percentage of women entering dental school has increased from 15.3% in 1982-83 to 47% in 2007. Of interest is that women are not entering surgical specialties in medicine or dentistry at similar strength. For instance, in 2008 32% of general surgery residents were women and in OMS, women comprised only 12% of OMS residents. Relative to other dental specialties, the population of female OMS residents remains low. In 2008, female residents represented 61% in periodontics, 38.3% in orthodontics, 35.3% in periodontics, and 26.4% in endodontics. Several publications discuss the low rate of attraction of females into surgical specialties, including OMS. Laskin’s surveys (1996 and 2010) of female OMS residents and postgraduates identifies barriers for women entering OMS programs. Common barriers included time commitment and social compromise. Further barriers include the “old boy club” culture, sexism, and a family unfriendly environment. The survey subjects voiced a great satisfaction with career choice, although they expressed concern about compromise of family life. Major attractions included lifestyle, status, and a blend of medicine and dentistry. For female dental students, the major determining factors for postgraduate education included mentors, family members, and dental school faculty. Of the reported 349 full time OMS faculty members, only 12% are female. Therefore, in a field that continues to be male-dominated, mentorship of young women by female OMS faculty and female OMS private practitioners serves as a critical tool for inspiring and recruiting more women into OMS and leadership roles (citations available).

**031. Social Knowledge Management as an Innovative Leadership Instrument**

Eliana Martínez Herrera, National School of Public Health, Universidad de Antioquia  
Country: Colombia  
Networking, trust, and norms could be common denominators for better health; they arise and blossom up interests that may be solutions for the crisis of the National Social Security System in Health and foster the understanding of governance as the constant political and social commitment of the state.  

There are two positions for understanding. The first states that "the consensus thinking of healthy women groups receive better constructions for public policies"; healthy policies involve interdisciplinary fields that transcend institutional health. Social collective principles should make sure the strategies of health promotion at all levels overlap with health policy agendas. Some keys for analysis would be: re-building healthy women public policies from the perspective of the collective’s needs and priorities, interpretation of the collective image to the desired favorable environments with industry support networks, and reconstruct social models strategies for promotion and prevention in the perspective of the Primary Health Care by changing attitudes and aptitudes in community leaders.  

The second position refers to "doing women dialogues of knowledge and research into perspective of the Primary Health Care by changing attitudes and aptitudes in community leaders. Further analysis will include perspectives on characteristics that are helpful and detrimental for potential deans to possess, evaluated by gender.

**032. Improving Oral Health in Cultural Diversities**

Ritu Chopra, Aruna Asaf Ali Government Hospital; Rohit Chopra, Maulana Azad Institute of Dental Sciences  
Country: India  
Purpose: Health is a composite of socioeconomic development and improving the quality of life of the citizens. Improving oral health is the synergism of segments in nutrition, sanitation, hygiene, and safe drinking water. Government envisions community participation in its mission to improve the availability of and access to quality health care, especially for those residing in rural areas, the poor, women, and children.  

Methods: A rural health mission aims at promoting healthy lifestyles and universal access to women and children health while maintaining population stabilization and demographic balance. The core concept of providing health care to underprivileged families, challenges arise in issues of social diversities and the evolution to be culturally sensitive. A female health activist is to be appointed in a village while strengthening and revitalizing local health care traditions. Interactions need to be personalized and relationships developed over time. Health activists need to appreciate behaviors, attitudes, and practices in a population group and on an individual level. Issues arise for health care providers while making assumptions for social groups; biases exist where individual service providers might not lessen their ability. Dental surgeons can strengthen the mission while providing services in oral health care and advocating the needs of general health care and views of nation building. Social setups in rural areas envision separate facilities for gender and children. An accredited female activist is to address issues, negotiate, and accept a compromise that population clusters do not find invasive to their culture and a threat to their rituals and practices. Self awareness is important as customs and practices guide patterned thinking in small population groups. The activist’s job primarily involves dealing with the beliefs inherent in the cultural practices that cause illness and who will be best prepared to help.  

Summary and Conclusion: Improving oral health of the female population in remote areas is not a static idea. It applies the same concepts at individual and organizational levels. The individual’s mission is to counsel effective and scientific health practices while honoring inherent rituals of the social groups and issuing statements or policies as a continued developmental process. Female dentists involved in the mission of improving oral health and hygiene can link interested businesses and information, creating incremental benefit or value to their product.
What do we want our patients to know about caring for their own mouths? Since women’s education and knowledge sets the level of health for their families, it is imperative that the oral health literacy of mothers be up to our current knowledge level of health promotion and disease prevention. The oral health of the next generation depends on this knowledge and related health behaviors!

This presentation represents part of a teaching module that has been piloted and refined in interactions with incarcerated women, women in a inpatient chemical dependency program, and young women in a residential program for pregnant teens and teen mothers. The participatory teaching/learning module seeks first to bring to awareness and challenge existing beliefs about oral health. The empowerment education model was inspired by Paulo Freire embodied in Education Popular provides the framework for the teaching module and the presentation.

In order to successfully encourage people to take action, we must recognize that there are differences between technical problems and adaptive challenges. Technical problems can be solved with established knowledge and procedures; if you share the information or give the roadmap, action can be taken.

Adaptive challenges however, require new learning, new patterns of behavior, and innovative approaches. Information by itself is not sufficient to bring about change in behavior if it requires that the individual go beyond familiar patterns, beliefs, and understanding. Adaptive challenges frequently comprise multiple systems of beliefs, knowledge, motivation, and behavior that do not lend themselves easily to technical analysis.

Dentists and dental hygienists have typically treated oral hygiene instruction (predominantly brushing and flossing) as a technical challenge. “You’re leaving plaque by the gumline; you need to angle your brush more toward the gumline.” Then we lament that patients don’t follow through.

The main topics in the oral health literacy module are first, the concepts that dental diseases are preventable and that teeth can be kept for life; second, the causes of dental diseases, including the interrelationships among oral bacteria, sugars, and oral hygiene, and the effects of medicines, tobacco, and other drugs on the mouth; and third, the ways of caring for the mouth, including nutrition and effective brushing and flossing.

The fundamental mission of state dental councils and voluntary health associations is to coordinate efforts to improve dental education and the nation’s oral health. In this reason it is critical to both education and research in women’s health. Evidence-based dentistry is more than a process and requires both a consistent commitment to the consideration of research evidence and accepting accountability. It is the integration of the best research evidence, clinical expertise, and patient values to improve clinical outcomes and quality of life.

This presentation will discuss the need for evidence-based practice by women in dental education, research, and clinical practice. Topics discussed will include the burden of clinical research information, organization of the published literature, variable quality of published clinical research, and clinical practice. Topics discussed will include the burden of clinical research information, organization of the published literature, variable quality of published clinical research, and clinical practice. Topics discussed will include the burden of clinical research information, organization of the published literature, variable quality of published clinical research, and clinical practice. Topics discussed will include the burden of clinical research information, organization of the published literature, variable quality of published clinical research, and clinical practice.

This platform provides for integration of various cultural diversities to improve oral health. Waiting areas in a dental hospital is cosmopolitan, which encourages people for interaction and exchange. Interaction of students with the public strengthens their curriculum fundamentals and their assimilation, while improving the nation’s oral health.
O37. Transitioning the University Curriculum in Implant Prosthodontics: Preparing Future Practitioners, Maintaining Overall Health Care
Guadalupe Emmabel Garcia, Pauline Garrett, Karen Faraone, University of Maryland Baltimore College of Dental Surgery
Country: USA
Purpose: To share with colleagues technological advancements that model transitioning the curriculum from general dentistry principles to implant prosthodontics. These will prepare the predoctoral student with the knowledge, skills, and values required to achieve proper treatment planning and delivery of an implant supported prosthesis that maintains oral function and overall oral health care.

In highly industrialized countries, the percentage of edentulous people over 65 years of age is projected to decrease considerably. However, the number of edentulous people over 65 years old is expected to double by the year 2030. The McGill consensus on overdentures recognizes that a two-implant supported mandibular overdenture is recommended to be the first choice of treatment for edentulous patients as a minimal treatment objective. Implant fixed and removable prosthodontics has revolutionized the dental profession; implants have provided our patients more treatment options to improve their overall oral health care. Unfortunately, university questionnaires have shown that there is a lack of time and training applicable to implant training for our graduating predoctoral students. One of the many reported barriers is other required courses that the students need to complete prior to graduation. There is also a lack of provider training, a shortage of providers, as well as a deficiency in implant dentistry competencies. Our goal is to discuss our methodology and provide emphasis in the importance of early training in implant dentistry starting early in the curriculum as applicable to all disciplines in prosthodontics, fixed and removable, dental anatomy, physiology, occlusion, and knowledge of anatomy in the partially edentulous and edentulous patients as well as individual patient needs. We present the advantages of technology resources available, including but not limited to Blackboard, PowerPoint presentations, clinical guides, videos, virtual simulated preclinical exercises, e-lessons, CDs, and mediasite technology. Didactic material would be presented in implant prosthodontics, including single unit implant restorations, implant supported multiple restorations, and implant supported mandibular overdentures. These resources provide students and faculty with assets for independent study, the tools needed, and better time management. The intent of presenting our curriculum to participants is to share common goals that provide a better education system within our universities and to recalculate curriculum to include the latest in implant prosthodontics, expanding treatment options to care for our patients.

O38. Extension of the Dental Team to Include Allied Health Services Outside the Realm of Dentistry....A Different Thought Perspective
Christine Wallace, Westmead Centre for Oral Health, Westmead Hospital
Country: Australia
Dentistry is developing at such a fast rate that it is time to expand the allied health professionals associated with the dental team. The fourth dimension of visualization is broadening the services that the maxillofacial prosthodontist can provide for their patient.

Objectives: This article reviews the range of services and team members available for the maxillofacial prosthodontist to provide prosthetic rehabilitation for missing or deformed parts of the oral cavity, face, or limbs caused by birth defects, trauma, or cancer surgery. The goal is to restore function and appearance and achieve psychological well being for patients in a simplified and efficient manner in the care and support of the medical and dental team.

Selection Strategy: Peer reviewed medical and dental literature through MEDLINE and PUBMED searches and a hand search of relevant textbooks and other published data were undertaken.

Outcomes: This service supports an integrated team of medical and dental specialists, as well as allied health professionals and may also include an ocularist and a dental technician. The range of prostheses that may be provided include: oral, facial, implant, ocular, and limb. The multidisciplinary team of surgical, dental specialists, and allied health professionals provide comprehensive care so that the patient may achieve functional, cosmetic, and psychological normalcy.

O39. Women Leaders in Dental Education: Benefits vs. Challenges
Shobha Tandon, Manipal College of Dental Sciences
Country: India
“Each sex has unique and essential qualities and strengths to offer to society and society’s institutions. The resulting complement is a synergism with the whole being greater than the sum of the two parts,” with dentistry being no exception. In spite of women being an essential part of the worldwide dental fraternity for decades, the glass ceiling effect in administrative positions of the majority of dental schools remains with only a handful of women leaders in this scenario fighting the battle. There is ample literature to suggest that women leaders do have an upper edge over men because of their superior qualities. Increased number of women in leadership roles can have the power to revolutionize the current system due to their less political and more sensitive team-based attitude.

In an ideal setup we should strive to make ours a profession where the uniqueness of the male and female is admired, cultivated, encouraged, supported, and affirmed equally. The ability to capitalize on a female leader’s unique assets depends on the profession’s interests and ability to expand the necessary efforts and resources to support and develop careers. The future success of female leaders depends on more than sheer strength of numbers and intellectual pedigree.

Though at this point in time we are a very small but committed group to advance a more representative number of women into top leadership positions across the dental schools, I am sure the day is not far when we can, as a team, achieve our goal. This paper highlights the journey of women leaders in various dental schools around the world and emphasizes the unique challenges encountered while discussing the strategies to combat the same.

O40. Can We Teach “Cultural Competency”? Applying Cultural Competency in a Pediatric Dental Residency Program
Ana Lucia Seminario and Joel Berg, University of Washington School of Dentistry
Country: USA
Integrating cultural competency skills in our residents is a challenge that requires an organized program in order to be successful. The Department of Pediatric Dentistry at the University of Washington (UW) in Seattle has allied with the Maternal and Child Health (MCH) program from the UW School of Public Health with the goal of providing optimal training to our residents. Areas of instruction cover, among other topics, cultural competency. Education in cultural competency include but are not limited to innate capacities (open-mindedness and flexibility to think through and select from among multiple solutions or course of action), attitudes (honor and respect for others, especially with different experiences or opinions, a sense of social justice or fairness, and recognition of the benefits of reciprocity and balance in relationships), knowledge (familiarity with empirical evidence that links culturally-competent and family-centered health care practices to patients’ access to services, participation in prevention programs and compliance with treatment recommendations), and skills (engage in cultural self-assessment at individual and organizational levels, adapt delivery of service and support to assure practices are culturally competent and family-centered, institutionalize cultural competent and family-centered practices in policies and procedures, work in cross-cultural situations, and become a catalyst for change to improve individual, program, organizational, and systems’ cultural competency). Modules that include lectures, case situations, and self-assessments, are provided to our residents through everyday curricula. Partnership with UW Department of Global Health facilitates fellowships for our senior residents in developing countries, which have proved to be an enriching professional and personal experience. Our Pediatric Dentistry Department gathers a multicultural and multiethnic faculty, as well as residents, pre-doctoral students, and staff. The UW Pediatric Dental clinic provides services to a diverse population from which 77% are Medicaid patients and 22% have a special care need. The goal of this oral presentation is to present our cultural competency residency program curricula and share strategies, as well as challenges of teaching in a multicultural setting.
O41. The Academic Dental Institution: An Integrative Center for Reducing Health Disparities

Donna Grant-Mills and Ruth A. Anderson, Howard University College of Dentistry

Country: USA

The Centers for Disease Control and Prevention has reported early childhood caries (ECC) to be the most prevalent infectious disease impacting the health of children in the United States. Despite the progress made in the past few decades by the dental profession to reduce the severity of dental disease, millions of children and their families remain with serious untreated dental needs. Findings from the 2000 Surgeon General’s Report on Oral Health in America state “Oral health is integral to overall health—safe and effective disease prevention measures exist that everyone can adopt to improve oral health and prevent disease.” The subsequent Surgeon General Report of 2003, Call to Action, recommends “Partnerships at all levels of society to engage in programs to promote oral health and prevent disease.”

For more than 30 years, the Howard University College of Dentistry (HUCD) has led the Washington, DC metropolitan area in emphasizing oral health during the month of February, “National Dental Health Month.” A small grants and contributions from community organizations, HUCD has reached out to the community each year, exposing a broad spectrum of population groups to proper oral health habits and meeting individual oral health needs. While integrating all the services that the dental and medical centers at Howard University have to offer, the public is made aware through health fairs, programs, and lectures, and “Open House” activities during dental health month.

In February 2005 the outreach activities at HUCD were expanded. The establishment of an “Evening Clinic” provided area residents without a “dental home” a place to seek continuous treatment. The concept of a “dental home” is supported by the American Academy of Pediatric Dentistry (AAPD) and is derived from the American Academy of Pediatrics’ (AAP) definition of a “medical home.” The Evening Clinic, assisted by grants from foundations, local area governments, and donations from corporations and private individuals, operates under the aegis of the Community-Based Dental Education Program. Through Affiliation Agreements with Community Health and Dental Centers, the clinic receives referrals to treat the community’s most vulnerable residents. Additionally, it provides cross training for health care providers, and Service/Learning for dental and dental hygiene students whose cultural competencies are improved due to the ethnic diversity of the patient population.

The operations of the integrative center at Howard University is a unique model creating a synergy among the various factors necessary in reducing health disparities and improving the quality of life for area residents.

O42. The Importance of Oral Surgeons in the Intensive Unit Care

Lilian Aparecida Pasetti, Maria Therezinha Carneiro Leão, Lauro Toshiharu Araki, Minella Cristine de Oliveira; Instituto de Neurologia de Curitiba

Country: Brazil

This article aims to present some important factors about the dental treatment of patients hospitalized in an intensive care unit, tracing a profile of the most common diseases acquired in ICU found at the Instituto de Neurologia in Curitiba, Brazil, such as pneumonia, traumatic oral lesions and oral cavity infections. Such diseases occur due to poor oral hygiene, late diagnosis, and lack of preventive therapy.

Method: Methodology was based on the scientific literature, which enabled conclusions drawn from previous studies and allowed an analysis of the proposed topic. Pointing out the publications involving the surgeon-dentist as an effective member in ICUs and consequently the result of specific performance is not common. Therefore, the method used was the report of a preliminary study based on individual experience of the role of dentists for patients under intensive care.

Discussion and Results: The first citations of the bacteriology of the oral conditions occurred at the end of the seventeenth century and gradually evolved to the current various publications that define and clearly specify the oral microbiota and its influence on systemic diseases.

It is difficult to draw efficient and complete analysis of the role of dental surgeons in hospitals, especially in ICUs, due to lack of publications that provide a comparative study. Thus we present only the experience of dental work, adapted to the hospital environment and its interaction with other multidisciplinary professionals (doctor, speech therapist, physiotherapist, nutritionist, nurse, psychologist, occupational therapist, pharmacist), in monitoring these patients.

Conclusion: Results of this study based on the available data:
1. The health care professionals lack knowledge in reference to dental diseases and prevention methods
2. The ranking of performance of professional Dentists in patients under intensive care is deficient
3. It is paramount to have preventive therapy, specifically oral hygiene, as a prophylactic method to reduce the incidence of nosocomial pneumonia
4. The presence of a multidisciplinary team provides an early diagnosis and treatment of dental diseases in patients in ICU

O43. Leadership Opportunities for Women in Dental Academia

Cherae M. Farmer, Meharry Medical College School of Dentistry

Country: USA

This study examines various leadership programs, their goals and objectives, and the roles that these programs have played in the advancement of women in academia. Programs such as the Executive Leadership in Academic Medicine (ELAM) program, the American Dental Education Association (ADEA) Leadership Institute, and the Enid Neidle Fellowship Program, and the American Dental Education Association (ADEA) Leadership Institute, and the Enid Neidle Fellowship Program, and the American Dental Education Association (ADEA) Leadership Institute, and the Enid Neidle Fellowship Program, and the American Dental Education Association (ADEA) Leadership Institute, and the Enid Neidle Fellowship Program, focus on women in dentistry. The programs were reviewed and compared. Statistical data on the programs’ graduates and their leadership roles was also reviewed. A survey relating to leadership training was administered to women faculty in administrative and other leadership roles in U.S. dental schools. Many of the women who participated in these programs assumed leadership roles upon completion of their leadership training. In addition, others who were already in leadership positions were either promoted or received additional leadership duties. Review of the leadership programs indicated that they were not only significant, but effective in advancing women in leadership roles in dental education. The programs differed in their structure and objectives; however, they all shared a common theme of professional leadership development. With the increasing number of women who graduate from dental school and who choose dental education as a career choice, leadership programs are more critical in the development of competent successful women leaders. Leadership programs have proven to be successful in advancing women in dental education.

O44. Panoramic Mandibular Index in Relation to Clinical Screening for Osteoporosis

Asha Samant, University of Medicine and Dentistry of New Jersey Dental School

Country: USA

Osteoporosis is a chronic skeletal disease with decreased bone mass and distorted micro-architecture, resulting in increased bony fragility and fractures. Simple Calculated Osteoporosis Risk Estimation (SCORE) is a questionnaire used as a standard tool to screen a population at risk for osteoporosis, but it has only modest specificity. Panoramic oral radiographs are routine procedures in dentistry. Mandibular cortical width measurements correlate with mandibular bone density, skeletal bone mass, and osteoporosis. The presentation focus will be the relative ability of the panoramic mandibular index and the clinical parameters necessary in supplementing SCORE as a screening tool for osteoporosis.
O45. Status of Women in Academic Dentistry: Does U.S. Data Reflect International Conditions?

Judith Albino, University of Colorado Denver; Karl Haden, Academy for Academic Leadership

Country: USA

Purpose: Although the proportion of women attending dental school has increased 40% since 1970, women continue to be underrepresented in the dental profession in the United States. The purpose of this study is to explore the roles, responsibilities, and working conditions of women in academic dentistry based on data from the 2007 Dental School Faculty Work Environment Survey.

Methods: The 99-item survey was distributed electronically to full and part-time faculty at 56 U.S. dental schools. The response rate was approximately 17% (n=1723), from 48 U.S. dental schools.

Results: Most (65.6%) respondents were male and 82% were White/Caucasian. Thirty-seven percent were 50-59 years of age. While there were no significant differences between the proportions of men and women in younger age groups, the majority of academic dental professionals fifty years of age and older are men.

Most respondents (79%) reported working in academic dentistry 80% time or more, and 43% of all respondents had tenure. A greater (p<0.01) proportion of men (50%) were on tenure track than women (42%). Men were more than twice as likely (p<0.001) to hold the rank of full professor (35%) than were women (16%). There were no significant differences between men and women in the distribution of their work time among teaching, research, patient care/service, and administrative roles.

While there is no significant difference between the proportion of men and women earning total compensation of 100,000 USD per year or less, there was a greater (p<0.001) proportion of men (48%) earning $101-200,000 USD than women (28%). Moreover, the proportion of men earning more than $200,000 USD was more than double that of women (p<0.01).

For most items related to satisfaction with work roles and responsibilities, men were more likely to report being satisfied than were women, this was particularly true with aspects related to research. A greater proportion of men (p<0.05) reported being satisfied with the overall way they spent their time as dental faculty members, and men more often reported satisfaction with their overall work-life balance than did women (p<0.01).

Summary and New Directions: These data suggest that women in academic dentistry may experience disparities in income and in aspects of the work environment that impact their careers. The authors seek to generate discussion about the conditions that exist for women in academic dentistry in countries around the world and to explore interest in a coordinated international data collection effort. A proposed survey will be presented.
P1. Effect of APF Gel on the Microhardness of Sealant Materials
Masoumeh Moslemi, Mohammad Mostafa Shadkar, and Zahra Kahlili, Shahid Beheshti University Faculty of Dentistry
Country: Iran

The possible adverse effects of topical fluoride treatment (as topical acidulated phosphate fluoride [APF] gel) on restorative materials have been the subject of many studies during recent decades. Since APF gels and sealant materials have many possibilities for interaction in the oral cavity, it is necessary to understand such interactions. This study evaluates the effect of an APF gel (Sultan) on the microhardness of a filled sealant material (Helioseal F) and an unfilled sealant material (Clinpro).

A total of 16 cylindrical specimens (6 mm diameter and 2 mm thickness) from each material were fabricated and stored in distilled water at 37°C for 48 hours. Half of the specimens were assigned as the control group and stored in distilled water for the corresponding periods of the fluoridation experiments. The remaining specimens were treated with 1.23% APF gel for 4 minutes. The application was followed by removing the gel and storing for 30 minutes in artificial saliva. Subsequently, the specimens were immersed in distilled water for 30 minutes. The process of APF application was repeated. Vickers microhardness of each specimen was assessed, and the results were analyzed using a paired t-test (P<0.05).

Results: Statistical analysis showed no statistically significant difference between the microhardness values of Helioseal F following APF treatment and the controls (11.43±2.35 vs. 12.79±2.16). The microhardness of Clinpro was significantly reduced by exposure to APF gel (11.01±0.89 vs. 12.95±1.52).

Conclusion: When topical APF gel is to be used routinely, filled sealants may be a better choice with respect to microhardness.

Women in Dental Education

P2. Comparative Analysis of ER, EC: YSGG Effects of Lasers and Other Methods on Retention Sealants
Masoumeh Moslemi, Leila Erfanparast, Mohammad Mostafa Shadkar, and Zahra Kahlili, Shahid Beheshti University Faculty of Dentistry
Country: Iran

The research measured microshear bond strength in retention sealants. Experimental premolar teeth were sectioned mesiodistally, with sections of the buccal and lingual surfaces selected for experimental analysis. Specimens were divided randomly into three groups. Group I samples were prepared with phosphoric acid 37%, Group II with air abrasion and acid etching, and Group III with imitation by Er, Gr: YSGG (power 2W) and acid etching. Bonding was applied and sealants cured on the surface in microtome tygon tubes (diameter 0.7 mm, height 1 mm). Microshear bond strength was analyzed statistically.

Results: Mean microshear bond strength for Group I was 23.44 ± 6.9 Mpa, for Group II 39.09±15.11 Mpa, and for Group III 21.44± 6.18 Mpa. Data was submitted to ANOVA and Tukey tests. A statistically significant difference (p<0.01) was observed. Group II (air abrasion with etching) showed highest retention of microshear bond strength.

Conclusion: Considering the smooth surface enamel used in this study, irradiation laser treatment before etching does not increase retention of sealant, and air abrasion before etching is most likely to retain sealants.

Women in Dental Education

P3. World Women and Self-assessed Oral Health
Vera Ignácio Molina and Barbara Krysttal Motta Almeida Reis, Faculdade de Odontologia, Universidade Estadual Paulista
Country: Brazil

A socio-demographic profile of 89 women aged from 35 to 50 years was compiled by email interview. The oral conditions of the women in the 39 months ending October 2006 were evaluated by the Index Goha.

In brief, participants are 59% married, with 40% attending high school. Just 12% were employed in the past six years. Daily life focuses on home, relatives, and neighbors. The unemployed who are seeking work made up 37% of the sample. Primary news sources are television (59%) and newspaper (20%).

HfAns-assessment indicated 30% feel the condition of their mouth is “satisfactory.” Even so, 13% feel pain or discomfort “always” when swallowing and chewing food. 24% indicated difficulties “always” prevent them from talking, and 19% limit social contacts and are concerned about the appearance of teeth.

Conclusion: Socioeconomic status indicates barriers to achieving “good” or “excellent” oral health status. However, public dental care, increased education, and treatment at the clinic of the dental faculty are possibilities.

Women’s Oral Health and Women in Research

P4. Attracting More Dental Educators: What Students Say and What We Can Do
M. Sue Sandmeyer and Laura Siaya, American Dental Education Association
Country: USA

An ADEA Division of Knowledge Management research project examines an issue many dental education institutions face: the lack of dental educators in the pipeline. The last several years have seen an increase in faculty vacancies at U.S. dental schools, increasing from 275 in 2004-05 to an astounding 395 in 2005-06, falling just slightly to 385 in 2006–07. Dental school deans have also reported increased difficulty in attracting new faculty, and some anticipate the dental faculty shortage worsening as approximately ten new U.S. dental schools are on the drawing board or envisioned to start up in the future.

Why do so few students and residents choose academic dentistry, and what can educators and the dental education field do to entice more students? To answer these questions, the ADEA Council of Faculties and the ADEA Council of Students, Residents, and Fellows fielded the ADEA Student Academic Careers Survey during summer 2009. The survey was sent electronically in August 2009 to 8,711 students, and 809 responded. Respondents were a mix of allied and predoctoral students and postdoctoral residents. To supplement the original data, a literature search was conducted to identify common patterns among student responses, glean any relevant faculty data, and gather suggestions from a wide range of educators and leaders in the dental education field.

Conclusion: While still preliminary, the data suggest there is untapped interest in academic careers among students and that this interest varies by and within certain groups, such as age, gender and race/ethnicity. The data suggest some students are “on the fence” or unsure about choosing a career in dental education and that, with some additional information and exposure to the dental education field, it could be possible to encourage them toward academic careers. This presentation will identify specific strategies students themselves suggest would increase their interest and are relatively easy to implement at dental education institutions. We will also compare our data with strategies presented in the literature to form a plan of action for those institutions wanting to attract more students into the dental education field.

Women in Dental Education
P5. The Attention to the Human Person (Patient and Undergraduate Student) in the Context of Dental Education: Faculty, Brazilian Curricular Changes, and Bioethics Influences

Cilene Renno Junqueira, Celso Zilbovicius, Maria Ercilia da Araujo, Simone Renno Junqueira, Dalton Luiz de Paula Ramos, University of Sao Paulo School of Dentistry

Country: Brazil

The attention to the human person requires the recognition of its dignity. For this, it is necessary that the person is perceived to be a unique unit of body and spirit and in its totality and diverse dimensions (biological, psychological, social, and spiritual). To understand this in the scope of dental education, this study examines the meaning of the curricular changes of University of Sao Paulo School of Dentistry (FOUSP) and the contributions of faculty and of bioethics for the comprehensive education of undergraduate students.

A qualitative study was made by ethnographic analysis and thematic content analysis. Data collection consisted of participant observation (through immersion of the researcher for three years), documentary data, interviews with professors, and information from students. Analysis of the activities promoted by participation of the institution in the governmental program—Pro-saúde—allows the conclusion that great advances have been realized from the process of curricular change, as related to the pedagogical qualification of the professors, the diversification of education, and the reorganization of clinical education. But overall, the biggest contribution of this process is the rescue of the concern of all with undergraduate education.

Moreover, bioethics teaching can awake in the student ethical reflection. When bioethics education occurs in the context of real situations, it makes possible the development of critical thinking.

Conclusion: So that the education of students is in fact comprehensive (as described in the National Curricular Guidelines) and culminates with the comprehensive care of the patient, it is necessary to have the engagement of all in the institution. This will have to occur by means of epistemological changes in the institution (what it is considered “curricular changes”) and by participation of all faculty, who must become involved themselves in the process of humanistic, social, and ethical education of the students.

P6. Salivary Parameters in Women Infected by HTLV-1 Virus

Márcia Tosta Xavier, Escola Bahiana de Medicina e Saúde Pública

Country: Brazil

The Human T-cell Lymphotropic Virus type 1 (HTLV-1) infection has been known for several decades and is an important social problem. In Brazil, the state of Bahia has the highest prevalence of infection. Women are the main group affected and develop more neurological illness. Transmission occurs through blood transfusion, long-term breast-feeding, unprotected sexual intercourse, sharing contaminated needles among injecting drug users, and vertical transmission. Clinical manifestations generally appeared in the fourth decade of life as diabetes, hypertension, and menopause. These manifestations include HTLV-associated myelopathy/tropical spastic paraparesis (HAM/TSP) and adult T-cell leukemia (ATL). Other complications in patients with HAM/TSP include abnormalities in x-rays of the thorax, Sjögren’s syndrome, cataracts, arthropathy, polymiositis, and dermatological complications. The illness is incurable, but it can be controlled by multidisciplinary treatment using anti-inflammatories, antidepressants, antibiotics, and hormones. The possibility of developing Sjögren’s Syndrome, beyond the medicines that can modify the salivary flow and/or cause injuries in oral mucosa, must be considered by the dentist.

This study describes the salivary conditions of 39 women infected by the HTLV-1 virus who are patients of the Multidisciplinary Center of HTLV and Viral Hepatitis of the Escola Bahiana de Medicina e Saúde Pública. In the patient group, 12 presented symptomatology and 27 were HTLV-1 carriers without symptoms. The symptomatic participants had an average age of 33 years, and the carriers an average age of 42 years. A questionnaire about general health conditions of the participants was completed. Measures of salivary flow rate and buffer capacity were made using Krasse methodology. Participants who presented co-infection with HIV and HCV were excluded from the study.

Results: 21 patients exhibited xerostomia (53.8%). Diminished salivary flow rate was found in 19 patients (48.7%), and hyposalivation was found in 6 (15.38%). In a group of 13 women who were negative for HTLV-1 virus, only 3 (23%) exhibited xerostomia, 6 (46.15%) presented diminished salivary flow rate, and hyposalivation was absent. The values found for the measure of the buffer capacity were inside reference limits. Considering the patients infected by HTLV-1 virus, 64% presented some salivary alteration that can affect oral health. The salivary exam carried out in this special group of patients can be an important auxiliary instrument in the elaboration of individualized dental treatment plans.

P7. Dental Home: A Practical Approach

Rosana Hanke, Damaris Molina, and Yilda M. Rivera, University of Puerto Rico School of Dental Medicine

Country: USA

Project supported by U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) Grant H17MC06707

On July 1, 2000, the first Dental Home was implemented in Puerto Rico in an underserved community in the capital city. An assessment of community expectations of medical needs was essential to establish a partnership with the community leaders. A coalition among community-based programs, the University of Puerto Rico School of Dental Medicine, the American Academy of Pediatrics, Head Start programs, and the University of Puerto Rico School of Public Health has been the key of success of this program. Screenings, fluoride varnish applications, and education are provided routinely by pediatric dentistry residents and health educators at Head Start locations. When preventive care is not the only dental need, referrals for comprehensive treatment are given to patients. This service is provided at the Community Clinic at the School of Dental Medicine.

Results: A report of our experience will be presented.

P8. Woman to Woman: The Breastfeeding Experience in the Dental Environment

Elaine M. Pagan, University of Puerto Rico School of Dental Medicine

Country: USA

Health associations worldwide recommend exclusive breastfeeding during the baby’s first six months of life. However, the breastfeeding experience of new mothers can be a challenge, as they can be emotionally and physically exhausted. The purpose of this initiative is to describe the positive impact that female dental personnel have on nursing mothers at the Maternal Infant Oral Health Center (CSOMI) at the University of Puerto Rico School of Dental Medicine.

The original purpose of the CSOMI was mostly to provide preventive dental services and anticipatory guidance to new mothers. As the clinic evolved, it was noticed that there was a lack of knowledge about the benefits of breastfeeding. These findings were confirmed by the results of a 15-item questionnaire survey.

The female dental personnel at CSOMI (two dentists, a nutritionist, two dental assistants, and an assistant manager) played a key role in the development of educational materials including brochures, videos, and a website. In addition, they integrated motivational interviewing and counseling sessions as a standard of practice in the clinic. CSOMI is also reaching out to the community by providing continuing education courses, seminars, and participation in health fairs.

Results: As a result of the CSOMI initiative, breastfeeding practices among mothers have improved, pediatricians are referring infants for assessment of oral conditions that might interfere with nursing, the number of children who are being breastfed has increased, and requests for continuing education and educational sessions are routinely received.

Medical Ethics in a Global Context

Cultural Competency Concepts
P9. Toothless Brides: Prenuptial Extractions in Acadian Canada
Sara Gordon and Linda M. Kaste, University of Illinois at Chicago; Andrei Banasch and Monika M. Safford, University of Alabama; W. Chong Fooong and Ahmed Kadry El-Geneid, University of Detroit Mercy
Country: USA

“Prenuptial extractions” refers to extraction of both healthy and unhealthy teeth, followed by fabrication of dentures, for the purpose of preparation for marriage. Its existence does not appear to be previously documented in the dental literature, although anecdotal evidence suggests it has occurred among young Acadian women in eastern Canada and possibly in other isolated areas of the United States and Europe. Any entrenched social custom that results in the ritual modification of a woman’s body may be subject to charges of political incorrectness, so it may become a taboo subject.

The purpose of this study was to verify whether dentists in Acadian regions of the Canadian provinces of New Brunswick (NB), Nova Scotia (NS), and Prince Edward Island (PEI) had encountered requests for prenuptial extractions in women. A total of 182 dentists in Acadian regions of the Canadian provinces of NB, NS, and PEI were surveyed by mail.

Results: 88 dentists responded (48%); 9% of respondents had been asked to extract all of a woman’s teeth to prepare her for marriage. The highest rate was seen in practices with the highest Acadian populations. The lowest rate was seen in practices with less than 10% Acadian patients. 13% of surveyed NB dentists had received a request for prenuptial extractions. The largest number and percentage of these dentists practiced in Restigouche and Madawaska counties, adjacent to the border of the province of Quebec. Only 5% of NS dentists and 4% of PEI dentists had been asked to perform prenuptial extractions; these areas have smaller Acadian populations.

Conclusions: Dentists in Acadian regions of the Canadian provinces of NB, NS, and PEI were more likely to have encountered this custom if they practiced in areas close to the border with the French-Canadian province of Quebec. A compelling subject for future study is whether prenuptial extractions are performed in other societal groups, and whether this practice is still performed or has become a footnote in dental history. It may have further implications for study of any potential interaction between periodontal and cardiac disease by revealing a group of women who have not had the opportunity to develop periodontal disease in adulthood.

Cultural Competency Concepts

P10. Women in Dental Anesthesiology Based on ASDA Membership
Nadgie Ortiz Diaz, University of Puerto Rico School of Dental Medicine
Country: USA

In order to compare the number of female members registered with the American Society of Dentist Anesthesiologists (ASDA) to male members as of 2010, the membership database was obtained through a request to the ASDA Executive Director. The 2010 ASDA membership database includes the total number of members by gender, membership status (Active, Associates, Residents, and Retired), residency program, and practice location, by state and graduation year. The data analyzed from this database were male to female ratio in 2010 ASDA total membership, the percentage of women DAs in training (residents), and the trend of graduating female DAs since 2000.

Results: ASDA membership as of March 2010 is 242 dentist anesthesiologists. Only 44 women are qualified members, constituting 18% of membership. The members’ graduation years range from 1962 to 2012. Female membership, 12 members are enrolled in a CODA-accredited dental anesthesiology program; therefore 27% of the female component is in training as of today. The total of resident members for ASDA is 40, composing 16% of ASDA membership. Thirty-three of the female members graduated in or after 2000; thus 75% of women anesthesiologists are recent DA graduates.

Conclusions: From the results obtained, we can see a significant increase in female dental anesthesiologists in the last 10 years. One of the best examples of how far women have evolved in this field is that the current elected president of ASDA is the first woman.

Alternative Careers for Women in Dentistry

P11. Management of Nasopharynx Juvenile Angiofibromas with Intracranial Extension
Lilian A. Pasetti, Charles Kondageski, Giselle Coelho R. Caselato, Mauricio Coelho Neto, Joao Maniglia, and Ricardo Ramina, Instituto de Neurologia de Curitiba
Country: Brazil

Juvenile angiofibromas are rare, slow-growing lesions that occur almost exclusively in boys. Around 25% of these tumors extend to the cranial base (orbit, cavernous sinus, sphenoidal sinus, and infratemporal fossa), making them difficult to be treated surgically. From 1988 to 2007, 14 patients were admitted to our institution with angiofibromas that presented intracranial extension. They were managed with a combination of preoperative embolization and surgery. The most frequent surgical approach employed was the “facial degloving” technique. After embolization, total resection was performed in a single procedure in 13 of them. Intracranial extensions were “extradural” in all cases. One patient was left with a small residual lesion that spontaneously regressed. None required adjuvant therapies.

Conclusion: In our opinion, surgical treatment is the best option, but only if performed in a multidisciplinary fashion and after embolization when feasible.

Integrative and Complementary Medicine/Oral Implications

P12. A Survey of Success in Dental Education Between Female and Male Academic Staff in the School of Dentistry
Fereshteh Shafieei Alaviyeh, Shiraz University of Medical Sciences
Country: Iran

This study compares the academic success of female academic staff to male academic staff at Shiraz University of Medical Sciences, Dental Faculty. Two hundred forty dental students participated in this study, completing questionnaires about the quality of academic staff’s teaching. The students assessed 83 (45 female and 38 male) teachers during the first semester of the 2008-09 academic year. Mean scores of females and males were calculated, and the data were analyzed using t-test at the significance level of 0.05.

Results: The mean of evaluation scores for females and males were 18.02 and 17.82, respectively. However, there was no statistically significant difference between females and males (P=0.380).

Conclusion: Teaching success of female and male staff at the dental school were approximately similar. It seems that despite limitations for females’ educational promotion, women were successful in teaching dentistry subjects.

Women in Dental Education
P13. Gender Differences in Sexual Harassment in a Dental School
Lívia Guimarães Zina, School of Dentistry - Federal University of Minas Gerais/UFMG; Célia Aida Saliba Garbin and Antônio José Império Garbin, Araçatuba Dental School - São Paulo State University/UNESP; Saul Martins de Paiva and Isabela Almeida Pordeus, School of Dentistry - Federal University of Minas Gerais/UFMG
Country: Brazil
Sexual harassment is unlawful in work and educational environments in most nations of the world. Although persons of any gender in any position may be victims of sexual harassment, women who occupy subordinate positions are the most likely targets of these overtures. There are no studies on sexual harassment experiences of undergraduate students in a dental academic environment in Brazil. The goal of this study was to describe the prevalence of sexual harassment among undergraduate students and to evaluate their experiences and attitudes, with special attention to women's perceptions, at one dental school in Brazil. An 18-item questionnaire was administered to 254 dental students with a completion rate of 82%. Students were requested to respond to questions about their backgrounds, academic levels in dental school, personal experiences with sexual harassment, and observations of someone else being sexually harassed. Bivariate statistical analyses were performed. It was verified that 15% of the students reported being sexually harassed by a patient, by a relative of a patient, or by a professor. Additionally, 25.4% of the students reported witnessing sexual harassment in the school environment. Female students were less harassed by patients or patients’ relatives than male students (p-value=0.04); however, more female students reported harassment by a professor than male students. The sexual insinuations occurred more frequently in the dental educational setting (75%) than in other locations. All women who were harassed by a professor reported that they ignored the comments and no complaints were filed. The majority of students did not feel professionally prepared to respond to unwanted sexual behaviors.

Conclusion: These findings demonstrate that sexual harassment occurs in a dental school setting. Both men and women were victims of sexual advances, and new social interactions are emerging based on gender differences. There is a need for ongoing sexual harassment education programs for students and university staff. Such educational programs could prepare future professionals to be proactive in providing an appropriate protocol to use whenever they perceive sexual harassment in the workplace.

Women in Dental Education

P14. Developing Oral Health Teams in Rural Australian Residential Aged Care Services
Rachel Tham, Monash University; Theresa Brook, Hepburn Health Service
Country: Australia
Most developed countries are experiencing an aging population who retains their teeth and needs residential care as they become frail. The health and quality of life of dependent older people are particularly vulnerable to oral diseases that result from poor oral hygiene, as they can cause pain, infection, or inability to eat and may worsen complications with chest infections and diabetes. Rural Australian older people have substantially worse oral health than their metropolitan counterparts and experience poorer access to oral health care. Rural aged care services have limited or no access to outreach dental services. In addition, rural Australia is experiencing significant dental workforce shortages. In order to reduce the demand for dental services and improve aged care residents’ health and quality of life, effective prevention and early intervention of oral health problems are essential. This collaborative project aimed to improve the knowledge and skills of aged care staff at four rural aged care services in Victoria, Australia, by developing aged care “oral health teams” as the basis for improving residents’ oral health.

A mixed-method approach was undertaken, utilizing an oral health knowledge, attitudes, and practices survey of all aged care staff; “oral health team” training sessions followed up by hands-on training within the workplace; development of an oral health education and training manual and resource pack; and oral examinations conducted for all consenting residents. “Oral health team” training was delivered by a dentist researcher to 10 nurses or personal care attendants, focusing on provision of effective and efficient oral hygiene care, training in early identification and intervention of common oral problems, and training other aged care staff in oral health care.

Results: Initial evaluation of this project has shown improved aged care staff oral hygiene knowledge, attitudes, and practices and improved oral health and hygiene status of participating residents. Regular oral health assessments, preventive care, and early intervention by aged care staff reduces the need for a dentist to conduct all oral screenings, enables timely referral for oral health care, reduces pain and infection, and improves residents’ quality of life. This model of oral health care training could build the capacity of the aged care nurses and caregivers (who are predominantly women) to prevent and provide early identification and management of oral problems in frail aged people, raise awareness of the importance of providing good oral health care among all aged care staff, and become allied to the current oral health professional teams.

Women’s Oral Health and Women in Research

P15. Mentoring Female Dental Students Through Organized Dentistry to Become Future Leaders
Ana López, Arlene Sánchez, and Gianna Piovannetti, University of Puerto Rico School of Dental Medicine
Country: USA
The purpose of the study is to present different activities of the School of Dental Medicine developing leadership characteristics and to assess how activities geared to develop leadership skills and cultural competence among women dental students have impacted their professional development. Women students have outnumbered their male counterparts since the late 1980s and early 1990s. More women faculty have been hired. As part of the experience of being a Women Liaison Officer (WLO) for ADEA, and the creation of various activities targeted for female faculty and students, a local student chapter of the American Association of Women Dentists (AAWD) has been created. Through Lunch and Learns and meetings with women faculty at our school, we have shared experiences and learned from each other. Approximately 44% of the administrative positions in our school are held by women, including dean, associate dean, directors of graduate programs and section chiefs. Women faculty at our institution have increased to approximately 55% of the total. We have increased from 5% to 35% the number of women faculty acting as mentors to dental students in different scenarios. As a result, there’s significant participation in the ADEA WLO and AAWD activities. This has helped to foster a positive working environment and to address faculty and students’ needs. The yearly activities educate professionals and help underscored women. Women faculty members serve as mentors and participate in the activities. We surveyed recent graduates that participated in the activities.

Conclusion: Respondents indicated that the experiences and mentoring broadened their scope of career opportunities. It gave them the opportunity to network among faculty and peers and helped to envision themselves as future leaders. As one of the recent graduates expressed, “This has given me the opportunity to experience an environment of support and trust not achieved in any other setting. We shared common grounds and a special bond between all as women faculty and students. The activities targeted to other women helped me acknowledge the tremendous responsibility as professionals to care for other women and the importance of the empathy for others in everything we do.”

Women in Dental Education

P16. Global Perceptions and Misconceptions on Dental Treatment During Pregnancy Among Health Care Providers
Miriam R. Robbins and Stefanie Russell, New York University College of Dentistry
Country: USA
Oral health has been set aside from general health and, for many reasons, is often less valued by both patients and health care providers. Perceptions about oral health as an integral component of overall health may be inaccurate or limited. Oral health plays an important role in overall health and well-being, as well as a special role during pregnancy. Good oral health has the potential to improve the health and well-being of women during pregnancy and contributes to improving the oral health and well-being of their children. Control of dental disease before and during pregnancy not only protects a woman’s health, but also reduces the rate of transmission of pathogenic bacteria from mother to child. But for a variety of reasons, many women do not seek (and often are not advised to seek) dental treatment as part of their overall prenatal care.

Health providers lack evidence-based guidance on which to make the best decisions for their patients and often express concern about the liability of providing routine dental treatment to pregnant women. Studies have shown that some prenatal care providers do not have an adequate understanding of the consequences that poor oral health has on the mother and child, and that dentists needlessly withhold care because of an undefined fear of litigation. Misconceptions surrounding the appropriate use of dental services during pregnancy may result in critical care being delayed during the antenatal and perinatal period.

Results: This presentation reviews the literature that examines global perceptions on oral health and dental treatment during pregnancy and provides recommendations based on this literature for research, clinical practice, and policy. Additionally, currently published guidelines on proving safe and effective treatment to pregnant women in the United States and other countries will be reviewed and compared.

Women’s Oral Health and Women in Research
P17. Bone Loss and Eating Disorders: Potential Implications for Oral Health Care
Andrea E. Kass, Washington University; Denise E. Willey, Washington University School of Medicine
Country: USA
The role of oral health care professionals in the detection of eating disorders is critical. Eating disorders are often chronic, illnesses with serious psychological and medical complications. Individuals with these disorders are often resistant to treatment, leading to high oral health care costs. Research shows that early intervention yields the greatest success with these patients. The regularity of dental appointments makes possible the early detection of oral abnormalities that result from eating disorders. In dental and dental hygiene education programs, attention is given to understanding bulimia nervosa and the oral effects of repeated exposure to acid as a result of purging. However, while increasing research on anorexia nervosa is investigating the role of bone loss from starvation, this work has not yet extended to understanding bone loss as it relates to the teeth; consequently, information on the osteoporotic effects of anorexia nervosa has not yet infiltrated dental curricula. The purpose of this abstract is to provide an overview of osteoporosis research in anorexia nervosa—the research findings and treatment implications—and demonstrate its applicability to dental education.

Adolescence is a critical time for bone mass accrual, with the vast majority of bone growth established by age 20. Research has shown that individuals with anorexia nervosa have significantly decreased levels of bone mineral density, putting them at increased risk for fractures. Importantly, structural changes have been noted soon after the onset of illness, suggesting that the persistently ill are not the only individuals affected by serious medical complications. These findings are similar in adults and adolescents, females and males.

Preliminary research suggests bone loss may be reversed with weight gain. However, some changes persist, thus highlighting the need for sustained weight recovery. Given that this patient population is prone to relapse, maintaining a healthy weight is often difficult. While work is being done to investigate the benefits of hormone replacement therapies in the treatment of anorexia nervosa and osteoporosis, research still points to early intervention as the best defense. Though this work has not yet extended to studying bone loss in teeth, it would be an ideal next step, particularly because dental x-rays would detect these possible abnormalities.

Conclusion: Oral health care professionals are well positioned to address symptoms of the eating disorder at an early stage of the illness, increasing our ability to effectively treat these serious disorders.

Integrative and Complementary Medicine/Oral Implications

P19. Associations Between Health Insurance Status and Periodontal Disease Progression among Gullah African Americans with Type 2 Diabetes
Nicole M. Marlow, Dipankar Bandopadhayay, Elizabeth H. Slate, and Renata S. Leite, Medical University of South Carolina
Country: USA
This presentation evaluates periodontal disease progression among Gullah African Americans with Type 2 diabetes mellitus (T2DM), grouped by health insurance coverage.

From an ongoing clinical trial among T2DM Gullah, we extracted a cohort also in a previous cross-sectional study (N=92). Comparing baseline (prior exam) to follow-up (clinical trial enrollment), total tooth-sites/person with disease progression (outcome measures): 2+mm increase of clinical-attachment-loss (CAL), 2+mm increases in probing-depths (PD), and emergence of bleeding-on-probing (BOP). Each was evaluated separately according to health insurance status (private, Medicare, Medicaid, uninsured) using regression techniques for count data with different numbers of potential events per subject (e.g., varying tooth-sites available for observation). We determined it was necessary to account for overdispersion and applied negative-binomial (NB) regression models. We then fit multivariable NB models that also included glycemic control (poor: glycosylated hemoglobin [HbA1c] ≥ 6.5%), BMI, and stage of periodontal disease (baseline, gender, age, body mass index, smoking history, and annual income). Final models included health insurance, HbA1c status, and other significant predictors or determined confounders; these results were used to calculate adjusted rate ratios (RR) of our outcomes.

Results: The privately insured were most prevalent (43.5%), followed by uninsured (22.8%), Medicare (19.6%), and Medicaid (14.1%). Those with poorly controlled diabetes (67.4%) were more prevalent than well-controlled (22.6%). CAL outcomes ranged 0-58.8% of tooth-sites/person (mean = 14.0%, SD = 17.2%), while PD outcomes ranged 0-44.2% (mean = 8.5%, SD = 13.5%), and BOP outcomes ranged 0-95.8% (mean = 23.7%, SD = 17.5%). For CAL and PD, the effect of insurance group was significantly modified (p<0.05) according to HbA1c status by periodontal disease history (a three-way interaction), yet insurance group was not a significant effect modifier or explanatory variable for NOP.

Conclusions: Our results suggest that increased access to health care, including dental services, may achieve reduction in periodontal disease progression for this study population, particularly among those with poor glycemic control and no history of periodontal disease.

Women’s Oral Health and Women in Research

P20. Women, Oral Flora, and Northern Appalachia: Is There a Unique Microbial Signature?
John G. Thomas and Homed Motlagh, West Virginia University School of Medicine; Richard Croust, West Virginia University School of Dentistry; Daniel W. McNeil, West Virginia University Eberly College of Arts & Sciences; Mary Manuzza and Robert Weyant, University of Pittsburgh School of Dental Medicine
Country: USA
Appalachia exhibits the worst oral health in the United States. Previous work in our laboratory, federally funded between the University of Pittsburgh and West Virginia University, studied multiple parameters of oral health in northern Appalachia and urban western Pennsylvania. We focused on dental pathogens and throat carriage of three organisms to establish a unique Oral Microbial Signature (OMS). This database consists of over 7,000 entries, but was not able to link microbiology to the dental examination parameter. We wanted to redefine the multiple search parameters and determine if a rebuild database could select gender differences and link multiple variants. We were particularly interested in women and the OMS as a primary sort, recognizing the growing awareness of mother-to-newborn and oral-to-genital microbiology links.

A population-based cohort of 500 families ascertained by the Center for Oral Health Research in Appalachia (COHRA) was recruited. Samples were collected as part of the dental evaluation and included S. aureus, Group A Beta Strep, and Candida albicans from the throat; S. mutans (Dentocult); and an enzymatic analysis (BANA) for three pathogens: P. gingivalis, B. forsythus, and T. denticola from one representative tooth from each of the four quadrants and the tongue.

Results: 100 adults were randomly selected, sorted by gender and region, ultimately using 21 from northern West Virginia (N-WV) and 21 from western Pennsylvania (W-P). For dental pathogens, 71.43% (total) were positive for Strep, mutans (Dentocult), with W-P having the greatest positivity (81.6% vs. 62.3%). The BANA assay for three pathogens yielded 4.76% (total) positives from the tongue with little geographical difference.

The four representative teeth for BANA showed relative stability with a range of 16.67% to 19.0% positive, but nearly 50% higher positivity for N-WV family member for each tooth location.

The three isolate throat carriage yielded a ranking of most frequent to least of Candida albicans (45.2%), Staph aureus (38.1%) and Group A Beta Strep (16.7%); only GAB Strøem demonstrated a significant difference with 28% N-WV positive and 51.3% W-P positive. Compared to OMS for the 500 families, two major differences were noted, women to total positivity of tongue BANA, 4.7% to 35.1%, and Candida throat culture positive, 45.2% to 25.3%.

Summary: This pilot study validated that the new data organization could link complete patient demographic data to microbiology subsets; it also confirmed that oral flora differences could be distinguished, focusing on gender, generally, and women, specifically, within Appalachia.
Achieving progress in addressing oral health disparities in the United States remains a key challenge. While trust in relationships is a necessary component for establishing collaborative partnerships, key characteristics of successful partnerships with measurable outcomes have not been detailed.

The authors conducted a selective review of PubMed for the period of January 2004-December 2009, as well as unpublished English language documents describing collaborative partnerships, as well as participants' subsequent integration of the program into their own educational and professional milieu. The survey was distributed electronically to all 103 graduates of the ADEA ADFLP.

For the purposes of this review, collaborative partnerships were considered successful if they achieved the desired outcomes identified by the collaborative partnership. Collaborative partnerships were defined as those projects that involve two separate organizations collaborating on a single health-related project. Articles were excluded if they did not a) describe an evaluation or research on collaborative partnerships; b) describe a collaborative partnership that successfully achieved project outcomes; c) identify partners involved in efforts to reduce health disparities or achieve health equity; or d) describe the structure of a collaborative partnership.

Results: Three broad categories emerged from the partnership analysis: 1) research and evaluation, 2) successful collaborations, and 3) models. Characteristics of successful collaborative partnerships were detailed in four categories: 1) planning and evaluation, 2) leadership, 3) culture/orientation/climate, and 4) interactions. The need to model collaborative behavior, provide professional development for all partners on the need for and benefits of interdisciplinary work, and prioritize collaboration and cooperation was identified as important. Key factors include engaging multidisciplinary, culturally diverse stakeholders; developing an action plan; and ensuring that evaluation strategies were included from the inception. Planning, effective leadership, use of democratic and consensus decision-making methods, process evaluation, financial resources, time, availability of space, shared responsibility, participatory goal setting and outcome monitoring, and regular exchange of information were identified as important. Finding an identified set of focus areas, ensuring measurable goals and objectives, attending to group dynamics based on values, working as a team, use of science-based and best practice models, and a consensus model of decision-making are necessary.

Conclusion: A critical factor to ensure progress in addressing health disparities is a “Secretariat” function with continuous relationship building. Just as key experts in health are identified, this literature review supports the need for identified expertise in partnership development and sustainability to ensure success of key interdisciplinary collaborations in addressing oral health equity in the United States and other countries.

Women’s Oral Health and Women in Research

P21. The Effectiveness of a Three-Day Leadership Program for Allied Dental Educators
Susan H. Kass, Miami Dade College; Linda L. Harken, American Dental Education Association; N. Karl Haden, Academy for Academic Leadership
Country: USA

The American Dental Education Association (ADEA) has promoted leadership development for dental health educators through several formal educational programs. In 1999, ADEA established the ADEA Leadership Institute to prepare promising faculty for leadership positions in dental and higher education. The ADEA Leadership Institute’s original curriculum required a year-long time commitment, with participants attending quarterly three-day meetings that rotated among sites throughout the United States. Because the majority of allied dental education programs are located in community colleges with small numbers of program faculty and limited travel budgets, the curriculum’s time commitments and associated travel costs prevented many allied dental faculty from applying to the Institute.

In response, in June 2001 the ADEA Board of Directors moved for the expansion of the ADEA Leadership Institute to include an additional three-day session. As of 2008, there have been 15 offerings of the ADEA ADFLP. The ADEA ADFLP seeks to impart fundamental knowledge of key leadership principles and practices as they relate to leadership in allied dental education. To this end, the program includes topics related to prominent theories and models of leadership; leadership in the context of redefining organizations; managing conflict; mentoring and peer coaching; negotiation; personality types and their effect on leadership; team building; and policy issues and advocacy. In addition, participants initiated the creation of their own professional development plan.

Dental assisting, dental hygiene, and dental laboratory technology faculty are all eligible to participate. To date, six classes comprising a total of 103 faculty members have graduated from the program. The purpose of this study was to ascertain the effectiveness of the three-day program on the graduates’ leadership development. To conduct the study, a survey was developed seeking four categories of information: Participant Profile, Leadership Activities, Leadership Program Experience, and Future Directions. These categories were designed to provide data on participants’ evaluation of the curriculum as well as participants’ subsequent integration of the program into their own educational and professional milieu. The survey was distributed electronically to all 103 graduates of the ADEA ADFLP.

Results: With a 62% response rate, data indicated that the program has met its educational goals, with specific emphasis on how the program impacted the participants’ leadership skills and professional development. Results support continuation and further development of leadership workshops for women in allied health education.

Dental Health Team – Allied Health Component

P22. The Value of Collaborative and Integrative Approaches to Understanding Oral Health: A Case Study in Maycoba, Mexico
Jennifer Klaus, Leslie Schultz, R. Cruz Begay, and Lisa Stanti-Chaudhari, Northern Arizona University
Country: USA

The current project is a follow-up to a study initiated in 1995 that investigated genetic and environmental factors associated with type 2 diabetes mellitus (T2DM) and obesity among the Mexican Pima and non-Pima. One significant innovation to the follow-up study is an oral health research component to further investigate linkages between T2DM and oral health. More specifically, this is an exploratory study that will create a baseline for oral health status while determining oral health practices and perceptions of Pimas and non-Pimas in Maycoba, Mexico. These results will be evaluated to determine whether there are correlations between these practices and oral health linked to the larger study. This portion of the study is comprised of a women’s research team from Northern Arizona University and is part of a larger interdisciplinary and international research group. This study will inform future research questions addressing locally acceptable and useful research approaches and efforts to improve the general health of the population.

The purpose of this study is to determine the oral hygiene practices and perceptions of Pimas and non-Pimas in Maycoba, Mexico, and to evaluate correlations between these practices and general health (diet, exercise, diabetes incidence). The entire consenting adult population of roughly 500 Pima and non-Pima living in the rural community of Maycoba, Mexico, will be assessed utilizing a medical health questionnaire. A subset of the population will be interviewed using a semi-structured style to address current dental problems and access to care. This information will be used to evaluate correlations with age, gender, diabetic or non-diabetic status, activity level, and dietary habits. Data collection will begin in summer 2010.

Conclusion: With the leadership of this women’s research team and in collaboration with the interdisciplinary and international group project, this study will provide valuable investigation and information for medical science and the links of environmental change, oral health perception, and disease. Assessing oral health practices and perceptions within this population will also provide valuable information for addressing oral health care needs of this community.

Women’s Oral Health and Women in Research

P23. The Importance of Relationships in Collaborative Partnerships
Margaret I. Scarlett, Jeanette Nu/Man, Doug Joiner, Scarlett Consulting International
Country: USA

Achieving progress in addressing oral health disparities in the United States remains a key challenge. While trust in relationships is a necessary component for establishing collaborative partnerships, key characteristics of successful partnerships with measurable outcomes have not been detailed.

The purpose of this study was to ascertain the effectiveness of the three-day program on the graduates’ leadership development. To conduct the study, a survey was developed seeking four categories of information: Participant Profile, Leadership Activities, Leadership Program Experience, and Future Directions. These categories were designed to provide data on participants’ evaluation of the curriculum as well as participants’ subsequent integration of the program into their own educational and professional milieu. The survey was distributed electronically to all 103 graduates of the ADEA ADFLP.

Results: With a 62% response rate, data indicated that the program has met its educational goals, with specific emphasis on how the program impacted the participants’ leadership skills and professional development. Results support continuation and further development of leadership workshops for women in allied health education.

Dental Health Team – Allied Health Component

Knowledge and Technology Exchange
For data and analysis about dental education, educators, students, and trends, visit the all-new ADEA Online Library. A one-stop repository of reliable information, noteworthy statistics, and presentations by ADEA.

www.adea.org/publications/library
Dr. Judith Albino is Principal Investigator and Director of the Center for Native Oral Health Research, the only NIH-funded center for research in oral health disparities focused on the American Indian/Alaska Native population. Dr. Albino’s faculty appointment is in the Colorado School of Public Health with a secondary appointment in the School of Dental Medicine. At the Colorado Clinical and Translational Science Institute, she participates in program planning and instructional activities for the Clinical Faculty Scholars and Leadership Development Programs. Dr. Albino began her academic career at the University at Buffalo as Professor and served as Associate Provost and Dean of the Graduate School. She was recruited to the University of Colorado System as Vice-President for Academic Affairs and was named President in 1990. She subsequently served as President of Alliant International University, with campuses in California, Mexico, Japan, and Kenya, and returned to Colorado three years ago to develop the AI/AN oral health research program.

Dr. Lois K. Cohen is a consultant and Paul G. Rogers Ambassador for Global Health Research. In the past, she served as Associate Director for International Health at the National Institute of Dental and Craniofacial Research, U.S. National Institutes of Health. During her 46-year career, Dr. Cohen has edited and authored four books on the social sciences and dentistry and published more than 140 journal articles. She co-directed the World Health Organization (WHO) International Collaborative Study of Dental Manpower Systems in relation to Oral Health Status, a study in 10 industrialized countries, and was involved in facilitating the design and conduct of the WHO International Collaborative Study of Oral Health Outcomes published in 1997. Dr. Cohen has served sequentially in a number of senior federal executive roles; serves on various editorial, foundation, and organizational boards; and is the recipient of numerous honors for her federal service and professional and scholarly achievements.

Dr. Jack Dillenberg is the Inaugural Dean of the Arizona School of Dentistry & Oral Health. Prior to his deanship, Dr. Dillenberg was Associate Director for Public Health Programs in the California Department of Health Services and served as an area health officer with the Los Angeles County Department of Health Services. During most of the 1990s, Dr. Dillenberg served in several capacities in the Arizona Department of Health Services, including nearly five years as Director, and as Assistant Director in the Division of Family Health Services. Dr. Dillenberg has also served in numerous positions on health-related boards and associations and is the recipient of a number of honors and awards, including the U.S Public Health Service Chief Dental Officer’s Service Award and the Harvard School of Public Health Alumni Award of Merit.

Dr. Hazel J. Harper maintains a private practice in general dentistry in Washington, D.C. She is Past President of the National Dental Association, where she was the first woman to hold the distinction of President. Also a member of the Presidential Health Care Reform Task Force in 1993, she contributed to the process of the first-ever Surgeon General’s Report on Oral Health. As the first woman and long-time editor of the Journal of the National Dental Association, she has authored and co-authored numerous articles focusing on the health needs of African Americans and the underserved. Dr. Harper served on the Boards of Directors of Oral Health America, the Summit Health Institute for Research and Education, and the American Association of Women Dentists. She was also on the Clinical Advisory Boards of DENTSPLY International, Inc., GlaxoSmithKline, A-dec, and Discus Dental, Inc. She is the co-founder and Project Director of the Deamonte Driver Dental Project.

Dr. Isabel Rambob is an Assistant Professor at University of Maryland Baltimore College of Dental Surgery (UMD) in the Department of Oncology and Diagnostics Sciences. Dr. Rambob also serves as Director of Global Operations and Alliances at S & R Dental Solutions. An oral health consultant at the National Minority AIDS Education and Training Center, Howard University College of Medicine, she is also a guest lecturer for the GPR and AEGD residency programs at Howard. After receiving her dental degree from the State University of Feira de Santana, Brazil, in 1997, Dr. Rambob worked as a private practice general dentist. She was a research associate at UMD before completing a one-year program in Advanced Education in Comprehensive Dentistry at the New York University College of Dentistry and completed a one-year residency in General Dentistry at Howard in 2008.

Dr. Yilda M. Rivera is Dean of University of Puerto Rico School of Dental Medicine (UPR/SDM). Dr. Rivera received her dental degree from UPR/SDM and began her career in academia as an assistant professor. She quickly ascended the ranks to become Chair of the Ecological Science Department and Associate Professor before being appointed Chair of the graduate program in Pediatric Dentistry. She became a full professor in 1983, and in 1991 was appointed Associate Dean, and served as Acting Dean that same year. Dr. Rivera is a Fellow of the American Academy of Pediatric Dentistry and a member of the International College of Dentists and American College of Dentists. In 2003, Dr. Rivera received the Woman of the Year award by the San Juan Municipal City and Revista Imagen. Recently, she was appointed to a two-year term on the Commission on Dental Accreditation (CODA).

Dr. Lone Schou is Director and Dental Dean at the University of Copenhagen, Denmark. After graduating from the Royal Dental College, Dr. Schou gained her first Ph.D. in preventive dentistry from the University of Copenhagen. After teaching and practicing both public and private dentistry, Dr. Schou served as senior lecturer at the University of Edinburgh (UK) while holding the position of National Dental Advisor to the Health Education Board of Scotland. While in Edinburgh, Dr. Schou obtained her second Ph.D. in social and health policies and authored numerous scientific publications. Over the years, she has become an internationally renowned speaker and made more than 100 presentations worldwide. Dr. Schou was publishing director for two major international medical and dental publishers and was responsible for high-impact scientific literature.

Dr. S.D. Shantinath is the Head of Public Health at the FDI World Dental Federation in Geneva, Switzerland. She is a pediatric and public health dentist and a clinical psychologist. Her experiences include working in academia, private practice, and the nonprofit sector. Her work has been funded by federal and private sources and most recently by UNICEF. She holds a D.D.S. degree from Northwestern University, a Ph.D. in clinical psychology from the University of Vermont, and an M.P.H. from Harvard University.
Dr. Lisa A. Tedesco joined Emory University in May 2006 as Dean of the Graduate School and Vice Provost for Academic Affairs — Graduate Studies. She is currently a professor at the Rollins School of Public Health in the Department of Behavioral Sciences and Health Education. For more than two decades, Dr. Tedesco has served in a number of academic leadership roles. At the University of Michigan, she served as Vice President and Secretary of the University and as Interim Provost. Dr. Tedesco also served on an Institute of Medicine committee addressing institutional strategies for increasing U.S. health care workforce diversity, and in 2005 was appointed to the Sullivan Alliance to Transform America’s Health Professions. She has provided leadership in activities to promote gender equity in the sciences and engineering.

Dr. Christine Wallace is currently the only board-registered maxillofacial prosthodontist in Australia. She is Head of the Department of Oral Restorative Sciences at Westmead Centre for Oral Health (WCOH) and is the Clinical Coordinator of the DCinDent Prosthodontics program for the University of Sydney, where she coordinates the unit on maxillofacial prosthodontics and supervises the clinic. Dr. Wallace currently runs a private clinic at Westmead Specialist Dental Centre and sees patients at least three days per week at WCOH, the only integrated dental facility within a medical teaching hospital. She currently sits on several committees for the Area Health Service at the local and state level and serves on the membership committee for general dentists for the Royal Australasian College of Dental Surgeons and the Planning Committee for The University of Sydney, Doctor of Clinical Dentistry (Prosthodontics).

Prof. Pamela Zarkowski is Academic Vice President and Provost at the University of Detroit Mercy. Prof. Zarkowski has also served as Executive Associate Dean at the University of Detroit Mercy School of Dentistry. In her nearly 30 years of dental education, she has served as program director, department chair, and Associate Dean for Admissions, Academic Administration, and Community Affairs. She has taught both dental and dental hygiene students, served as the first Chair of the ADEAGies Foundation, and is an ADEA Past President. Prof. Zarkowski most recently served as President of the American Society for Dental Ethics from 2004 to 2006 and is currently the President for the Society of Executive Leadership in Medicine (SELAM).
Save the Date
2011 ADEA Annual Session & Exhibition
March 12-16, 2011
San Diego, California

www.adea.org/2011annualsession
The American Dental Education Association expresses its sincere appreciation to the general sponsors for their generous support of the Fourth ADEA International Women’s Leadership Conference

AEGIS Communications
Colgate-Palmolive Co.
Johnson & Johnson Healthcare Products, Division of McNEIL-PPC, Inc.
National Institutes of Health/NIDCR
The Procter & Gamble Company
Zimmer Dental

www.adea.org