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The American Dental Education Association designates this activity for 8 continuing education credits.

All speakers agree that neither they nor members of their immediate family have any financial relationships with commercial entities that may be relevant to their presentation.
CONFERENCE CO-SPONSORS

THIS CONFERENCE IS A COLLABORATIVE EFFORT IN THE DENTAL COMMUNITY WORLDWIDE. CO-SPONSORS INCLUDE THE FOLLOWING ORGANIZATIONS:

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AMERICAN DENTAL ASSOCIATION

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ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

ASSOCIATION FOR DENTAL EDUCATION IN EUROPE

CANADIAN DENTAL ASSOCIATION

FDI WORLD DENTAL FEDERATION

HISPANIC DENTAL ASSOCIATION

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

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INTERNATIONAL FEDERATION OF DENTAL EDUCATORS AND ASSOCIATIONS

NATIONAL DENTAL ASSOCIATION

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

OFFICE OF RESEARCH ON WOMEN’S HEALTH, NATIONAL INSTITUTES OF HEALTH

OFFICE OF WOMEN’S HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

ORAL HEALTH AMERICA
CONFERENCE PLANNING COMMITTEE

DR. MARSHA BUTLER, COLGATE-PALMOLIVE CO.
PR DR M. CRISTINA MANZANARES CÉSPEDES, UNIVERSITAT DE BARCELONA, BARCELONA
PROF. CECILIA CHRISTERSSON, ASSOCIATION FOR DENTAL EDUCATION IN EUROPE
DR. TERESA DOLAN, DENTSPLY INTERNATIONAL, INC.
DR. SASKIA ESTUPIÑÁN-DAY, PAN AMERICAN HEALTH ORGANIZATION
DR. MARÍA CLARA RANGEL GALVIS, LA FACULTAD DE ODONTOLOGÍA, UNIVERSIDAD EL BOSQUE, BOGOTÁ (IFDEA)
DR. CATHERINE GROENLUND, UNIVERSITY OF SYDNEY, AUSTRALIA
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DR. MARIA FIDELA DE LIMA NAVARRO, INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH
PROF. YUSEF OSMAN, UNIVERSITY OF THE WEST CAPE FACULTY OF DENTISTRY, SOUTH AFRICA
DR. ALINA RIZEA, EUROPEAN DENTAL STUDENTS’ ASSOCIATION
DR. KOFO SAVAGE, FACULTY OF DENTAL SCIENCES, COLLEGE OF MEDICINE, UNIVERSITY OF LAGOS, NIGERIA
DR. BARBARA SHEARER, COLGATE-PALMOLIVE CO.
DR. SHOBHA TANDON, MANIPAL COLLEGE OF DENTAL SCIENCES, SOUTH INDIA

ADVISORY COMMITTEE

DR. LOIS COHEN, NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH
DR. JEANNE SINKFORD, AMERICAN DENTAL EDUCATION ASSOCIATION
PROF. PAMELA ZARKOWSKI, UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY
The American Dental Education Association (ADEA) is pleased to present, with support from the global dental education community, the 5th ADEA International Women’s Leadership Conference (ADEA IWLC).

The conference fosters global alliances and delivers leadership strategies that women can use to improve oral health and overall health in their communities throughout the world. The theme of the 5th ADEA IWLC is “Global Health Through Women’s Leadership.” It builds on the successes of prior conferences held in France, Sweden, Canada and Brazil that addressed global issues affecting women’s health through education, research and service (practice). Enhanced programming at the Barcelona conference includes a focus on women’s leadership in industry and sessions designed for younger cohorts of women that will foster opportunities for mentoring and networking with senior colleagues.

Leaders from the global community are presiding at plenaries, working groups and skills-building sessions that address themes related to gender and the roles of women leaders in dentistry worldwide. Session topics focus on women’s leadership in education, research, industry and community health. Additionally, peer-reviewed poster and oral abstract presentations address global issues affecting women’s health and general health.

Conference attendees are dental educators, practitioners, health researchers, policymakers and business leaders in the health sector worldwide.

Through expert presentations, large group plenary discussion and small-group exercises, conference attendees will be able to:

• Describe global trends and cultural similarities and differences for advancing women leaders in education, research, practice and industry.
• Identify personal leadership strengths that contribute to women’s advancement and learn how to use strengths to influence career trajectory, the profession and community health.
• Discover the benefits of collaboration across health profession disciplines for better oral health outcomes.
• Recognize the increased value of allied health careers in the health workforce.
### Sunday, September 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>6:00 – 7:30 p.m.</td>
<td>Welcome Reception</td>
<td>Foyer Europa</td>
<td>Pr Dr M. Cristina Manzanares Céspedes, Universitat de Barcelona, Barcelona</td>
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### Monday, September 15

**Moderator:** Olivia Johnson King, Student, King’s College London/ European Dental Students Association (UK)

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<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>7:45 – 8:45 a.m.</td>
<td>Breakfast</td>
<td>Palmer Restaurant</td>
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<td>9:00 – 9:10 a.m.</td>
<td>Welcome</td>
<td>Europa 2-4</td>
<td>Lily T. Garcia, D.D.S., M.S., FACP, Chair of the ADEA Board of Directors; Professor and Associate Dean for Education, The University of Iowa College of Dentistry &amp; Dental Clinics (United States) Silvia Sánchez González, Ph.D., Dean, Faculty of Dentistry, Universitat de Barcelona (Spain)</td>
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<td>9:10 – 9:15 a.m.</td>
<td>Outline for the Day</td>
<td>Europa 2-4</td>
<td>Kim C. D’Abreu, M.P.H., Senior Vice President for Access, Diversity and Inclusion, ADEA</td>
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<td>10:15 – 10:30 a.m.</td>
<td>Coffee Break</td>
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<tr>
<td>10:30 – 11:15 a.m.</td>
<td>The Landscape for Women Leaders in Education, Research and Practice—Trends Presentation</td>
<td>Europa 2-4</td>
<td>Helen Whelton, B.D.S., Ph.D., M.S., F.D.S., Dean, School of Dentistry, Faculty of Medicine and Health, University of Leeds (United Kingdom); President, International Association for Dental Research (IADR) Invited</td>
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11:15 a.m. – 12:15 p.m.  
Europa 2-4

**Women’s Leadership: Impact, Innovation and Industry**  
Women leaders who have adapted skills to forge pathways outside of the dental/medical education, clinical practice and research environments will discuss their personal skill sets and the opportunities and challenges of moving beyond a traditional dental career.

**Presenters**  
Teresa Dolan, D.D.S., M.P.H., Vice President and Chief Clinical Officer, DENTSPLY International, Inc.; Dean Emeritus, University of Florida College of Dentistry (United States)

Anousheh Alavi, B.D.S., M.Sc., FDSRCS (Edin), Scientific Affairs Manager, Colgate Palmolive (UK) Ltd (United Kingdom)

Kathryn Atchison, D.D.S., M.P.H., Vice Provost of New Collaborative Initiatives, University of California, Los Angeles (United States)

Gillian Barclay, D.D.S., M.P.H., Dr.P.H., Vice President, Aetna Foundation (United States)

12:20 – 1:20 p.m.  
Europa 1

**Networking Lunch**  
Table topics will focus on ways women leaders straddle multiple sectors and pursue traditional and non-traditional career choices.

**Facilitators**  
Olawunmi Adedoyin Fatusi, BChD, FMCDS, FWACS, MPA, Cert Res Ethics, Dean, Obafemi Awolowo University, International Association for Dental Research Nigeria Division (Nigeria)

Suhasini Nagda, B.D.S., M.D.S., FDS RCPS, Dean, Nair Hospital Dental College (India)

Kathryn Atchison, D.D.S., M.P.H., Vice Provost of New Collaborative Initiatives, University of California, Los Angeles, School of Dentistry (United States)

Teresa Dolan, D.D.S., M.P.H., Vice President and Chief Clinical Officer, DENTSPLY International, Inc.; Dean Emeritus, University of Florida College of Dentistry (United States)

1:30 – 2:30 p.m.  
Europa 2-4

**Global Leadership for Oral Health: Dental and Allied Health Collaborations for Interprofessional Education**  
Dental and allied health professionals will discuss the role of leadership and interprofessional collaboration with a focus on the learning and practice environments within the context of providing optimal patient-centered care.

**Presenters**  
Lorna Celia Carneiro, D.D.S., Ph.D., Lecturer, Muhimbili University of Health and Allied Sciences, School of Dentistry (Tanzania)

JoAnn Gurenlian, RDH, Ph.D., President, International Federation of Dental Hygienists (United States)

Sahar Bin Huraib, B.D.S., M.P.H., AEGD, FAIHCQ, Consultant Dental Public Health, King Saud University (Saudi Arabia)
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<th>Time</th>
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<tr>
<td>2:30 – 3:30 p.m.</td>
<td><strong>Attaining and Sustaining Leadership: Perspectives Across Cultures</strong></td>
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<td>Europa 2-4</td>
<td>Current and former women dental deans will discuss world-wide trends</td>
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<td>in women entering dental practice and ascending to leadership roles in</td>
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<td></td>
<td>dental schools, with particular attention to similarities and differences</td>
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<td>between cultures; the role of mentors and sponsors; and problem-solving,</td>
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<td>decision-making and negotiation.</td>
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<td><strong>Moderator</strong></td>
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<td>Cecile A. Feldman, D.M.D., M.B.A., Board Director for Deans, ADEA; Dean,</td>
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<td>Rutgers School of Dental Medicine (United States)</td>
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<td><strong>Presenters</strong></td>
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<td></td>
<td>Silvia Sánchez González, Ph.D., Dean, Faculty of Dentistry, Universitat</td>
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<td>de Barcelona (Spain)</td>
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<td>Kofo Savage, B.D.S., M.P.H., M.Sc., FMCDS, FWACS, Lecturer, University</td>
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<td>of Lagos (Nigeria)</td>
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<td>Suhasini Nagda, B.D.S., M.D.S., FDS RCPS, Dean, Nair Hospital Dental</td>
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<td>College (India)</td>
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<td>3:30 – 4:30 p.m.</td>
<td><strong>Afternoon Tea Networking Session</strong></td>
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<td>Foyer Europa</td>
<td>All meeting attendees are invited to participate in this informal</td>
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<td>networking opportunity for cross-cultural connection. This is designated</td>
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<td>time for attendees participating in the “Mentor Match” program. Also,</td>
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<td>junior faculty, students and attendees at different career levels are</td>
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<td>encouraged to take advantage of this opportunity for learning and</td>
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<td></td>
<td>sharing.</td>
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<td>5:00 p.m.</td>
<td><strong>City Tour and Dinner</strong></td>
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<td>Hotel Lobby</td>
<td>Welcome Remarks by Excm. Sr. Xavier Trias i Vidal de Llobatera, Mayor,</td>
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<td>Barcelona (Spain) Invited</td>
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<td>This walking tour will include the classical scientific area of the</td>
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<td>city and City Hall. Attendees will choose from dining options in the</td>
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<td>Barcelona city center before returning to the hotel.</td>
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<td>Transportation is provided.</td>
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**Tuesday, September 16**

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<th>Time</th>
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<tr>
<td>7:00 – 7:50 a.m.</td>
<td><strong>Breakfast</strong></td>
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<td>Palmer Restaurant</td>
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<td>7:00 – 7:50 a.m.</td>
<td><strong>Poster Set-up</strong></td>
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<td>Foyer Europa</td>
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<td>8:00 – 9:00 a.m.</td>
<td><strong>Closing Keynote Address: Community Oral Health and Bioethics</strong></td>
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<td>Europa 2-4</td>
<td>This presentation will cover the aspects of professional responsibility;</td>
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standards, barriers and challenges of maintaining standards in practice with underserved communities; and the successful intersection of community practice and bioethics.

Presenter
Sudeshni Naidoo, B.D.S., LDS.RCS, M.D.P.H., DDPH.RCS, M.Ch.D., Ph.D., Dipl. Int Research Ethics, D.Sc., Deputy Dean, Faculty of Dentistry, University of Western Cape (South Africa)

9:00 – 11:30 a.m. Skills-Building Workshop: Leadership Strengths
Europa 2-4

The goal of this workshop is to engage participants in a process that supports learning about personal leadership strengths and areas for development, and then to use this knowledge to identify the steps and changes needed to attain goals. This program is designed to provide a lively, socially engaging and personally meaningful experience for participants at all career stages.

Facilitator
Judith Albino, Ph.D., President Emerita and Professor, University of Colorado; Senior Consultant, AAL (United States)

11:30 a.m. – 12:30 p.m. Coffee Break and Poster Presentations
Foyer

Networking Lunch
Table topics will focus on mentoring for leadership in research, education and dental school administration. This is also a time for “Mentor Match” program connections.

Facilitators
Judith Albino, Ph.D., President Emerita and Professor, University of Colorado; Senior Consultant, AAL (United States)
Lorna Celia Carneiro, D.D.S., Ph.D., Lecturer, Muhimbili University of Health and Allied Sciences, School of Dentistry (Tanzania)
Cecile A. Feldman, D.M.D., M.B.A., Board Director for Deans, ADEA; Dean, Rutgers School of Dental Medicine (United States)
JoAnn Gurenlian, RDH, Ph.D., President, International Federation of Dental Hygienists (United States)

1:15 p.m. Poster Break-down

1:30 – 3:25 p.m. Oral Presentations (Rooms noted on page 10.)

Oral abstracts will be presented in a panel format and organized by conference themes. The themed panels will be sequenced during session hours.

Closing Remarks and Adjournment
Europa 1

Lily T. Garcia, D.D.S., M.S., FACP, Chair of the ADEA Board of Directors; Professor and Associate Dean for Education, The University of Iowa College of Dentistry & Dental Clinics (United States)
**5TH ADEA INTERNATIONAL WOMEN’S LEADERSHIP CONFERENCE**

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**ORAL PRESENTATIONS**

**Tuesday, September 16, 1:30 – 3:25 p.m.**

Fifteen-minute presentations per abstract. Oral presentations by theme in Rooms:  Fira 1, Fira 2, Europa 1 and Europa 2, 3, 4

**Room Fira 1**

**Theme: Cultural competency concepts in a global context**

**O1. Cultural Competency and Emotional Intelligence for Dental Providers**
Author(s): Isabel Rambob, University of Maryland School of Dentistry, USA

**O2. Acculturation and Oral Health among Hispanics**
Author(s): Silvia Spivakovsky and Analia Veitz Keenan, New York University College of Dentistry, USA

**Theme: Women in community oral health research**

**O3. Issues and Challenges for Female Research Staff Working in Community Oral Health Research in Remote Locations**
Author(s): Tamanna Tiwari and Judith Albino, Centers for American Indian and Alaska Native Health, Colorado School of Public Health, University of Colorado Anschutz Medical Campus, USA

**O4. Dental Amalgam Phase-down Pilot: Lessons from Uganda**
Author(s): Margaret Wandera, Makerere University Uganda; Alex Winyi Kiiza, National Environment Management Authority (NEMA), Uganda

**Theme: Women in dental education to improve oral health**

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**O5. Mentoring in the Academy/The Junior Faculty Pipeline**
Author(s): Jeanne Sinkford, Richard Valachovic and David Brunson (retired), American Dental Education Association, USA

**O6. Gender Matters: Are Women’s Health Issues (In)visible in Our Dental School Curricula?**
Author(s): Linda Kaste, University of Illinois at Chicago College of Dentistry and School of Public Health; Leslie Halpern, Meharry Medical College School of Dentistry; Stefanie Russell, New York University College of Dentistry; Sara Gordon, University of Illinois at Chicago College of Dentistry; Marita Inglehart, University of Michigan School of Dentistry, USA

**Room Fira 2**

**Theme: Collaboration across health profession disciplines for better oral health outcomes**

**O7. The Five Friends Approach: A Collaborative Effort to Improve Patient Care and Oral Health Outcomes**
Author(s): Lisa Knowles, University of Detroit Mercy School of Dentistry, USA

**O8. Dental Anxiety: Recognizing, Assessing, Assisting Patients in Managing**
Author(s): Susan Rustvold, Oregon Health & Science University School of Dentistry, USA

**O9. Interprofessional Education: Exemplars in Allied Dental and Health Programs**
Author(s): Donna Homenko, Cuyahoga Community College, USA

**O10. Dental and Medical Comanagement of Pregnancy**
Author(s): Gvantsa Tabaghuia, Ilia State University; Zurab Alkhanishvili, Scientific-Research Center Radix, Georgia
O11. One Health: Dental Public Health in a Global Context
Author(s): Karin Quick, University of Minnesota School of Dentistry, USA

O12. Efficacy of Chlorine Dioxide for Controlling Microbial Contamination within Dental Unit Water Line
Author(s): Manal Shira, King Saud Medical City, Ministry of Health, Saudi Arabia

O13. Improving Oral Health Care Through Interprofessional Education
Author(s): Chereae Farmer-Dixon, Machelle Thompson and Sandra Harris, Meharry Medical College School of Dentistry, USA

Room Europa 1 (Presentations begin at 1:45 p.m.) Theme: Trends in the oral health workforce, globally

O14. Ethical Oral Care: Infection Control as a Case Study.
Author(s): Margaret Scarlett, Scarlett Consulting, SCI; Leslie Grant, Organization for Safety, Asepsis and Prevention (OSAP), USA

O15. Oral Health Therapy Graduates: Where Are They Now? A Study of Graduate Outcomes in Victoria, Australia
Author(s): Julie Satur, Sumayya Azzubaidi, Khaloud Mohamed, Michelle Rakhlin, Shugafa Wardak and Rodrigo Marino, Melbourne Dental School, The University of Melbourne, Australia

O16. Practice Profile and Workload of Women Dentists and the Evolving Market of Dental Services in Bulgaria
Author(s): Lydia Katrova, Medical University of Sofia, Bulgaria

Theme: Oral health literacy

O17. What Does Improving Oral Health Outcome Really Mean? Helen’s Ph.D. Degree Investigated the Preventive Role of Primary Health Care Within Dentistry, and Why Dental Therapists and Dental Hygienists Were Introduced to Have Specific Preventive Roles
Author(s): Helen Tane, Charles Sturt University, School of Dentistry, Australia

O18. The Amchi Dental Outreach Programme–Committed to Making a Sustainable Difference to the Oral Healthcare of the Ladakhi Community
Author(s): Olivia Johnson King, King’s College London Dental Institute, United Kingdom; Kanika Sabhlok, Manipal University, India

Room Europa 2, 3, 4 Theme: Strategies to enhance leadership potential of emerging women leaders

O19. Oral Surgery Clinicians, Faculty Members and Residents’ Scope of Practice and Job Satisfaction: Does Gender Matter?
Author(s): Kyriaki Marti, University of Michigan School of Dentistry; Jesse Lanzon, Private Practice, Santa Barbara, CA; Sean Edwards, University of Michigan Medical Center; Marita Inglehart, University of Michigan School of Dentistry, USA

O20. The Prevalence of Women Leaders in the Past 25 Years of the European Dental Students’ Association and Overviewing Different Career Pathways Influenced by the Leadership Position
Author(s): Irina Dragan, Tufts University School of Dental Medicine, USA; Cristina Rizea, “Carol Davila” University - Faculty of Dental Medicine, Romania; Ana Stevanovic, SDA Bocconi, Italy; Oana Mazilu, “Carol Davila” University - Faculty of Dental Medicine, Romania
O21. Gender Trends in Salary Compensation of Dental Academicians
Author(s): Effie Ioannidou, University of Connecticut School of Dental Medicine; Rena D’Souza, University of Utah School of Dentistry; Mary MacDougall, University of Alabama at Birmingham School of Dentistry, USA

O22. Career Paths of Women Dental Deans: A Pilot Study
Author(s): Paula Friedman, Boston University Henry M. Goldman School of Dental Medicine, USA

O23. Hidden Workplace Message: Surviving the Organizational Climate
Author(s): Pamela Zarkowski, Kathleen Zimmerman-Oster, Kathi Shepherd and Ryan Kellogg, University of Detroit Mercy, USA

O24. Bridging the Gap: Mentoring as an Essential Strategy for Advancing Minority Women Leaders in Dental Education
Author(s): Donna Grant-Mills, Howard University College of Dentistry, USA

Theme: Women balancing career and family obligations

O25. Gender Stereotypes and Problems of Labor Segregation in Dentistry
Author(s): Landa Lursmanashvili and Nino Gvasalia, Scientific Research Centre RADIX, Georgia
O1. Cultural Competency and Emotional Intelligence for Dental Providers
Isabel Rambob, University of Maryland School of Dentistry, USA

Cultural competency is a process of developing proficiency in effectively responding in a cross-cultural context. It is the process by which individuals, agencies and systems integrate and transform awareness of assumptions, values, biases and knowledge about themselves and others to respond respectfully and effectively across diverse cultures, language, socioeconomic status, race, ethnic background, religion, gender, sexual orientation and ability. Cultural competency is one the main ingredients in closing the disparities gap in health care. It’s the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

A growing body of research over the past two decades has focused on emotional intelligence (EI). The concept of EI was introduced in the early 1990s by Salovey and Mayer, who defined it as a type of social intelligence that involves the ability to monitor one’s own and others’ emotions, to discriminate between them, and to use this information to guide one’s thinking and actions. EI as a conceptual framework for understanding the component parts and their interplay in personal effectiveness is particularly useful. It translates psychological knowledge into terms that are usable by people not professionally trained in psychology; for example, dentists. Many studies have been conducted to identify the relationship between EI skill development and success in various endeavors. Leaders in business, education, medicine and dentistry have begun to introduce the concepts of EI into their work environments, with considerable success in influencing behaviors for all involved.

This course will provide dental providers key cultural competency information and practical insight into how to apply this knowledge in their day-to-day work environments as they work with patients on a clinical basis. It will also focus on the characteristics of emotionally intelligent people, EI and patient satisfaction and how culture and EI have an impact on one’s perception of health and illness.

O2. Acculturation and Oral Health among Hispanics
Silvia Spivakovsky and Analia Vezit Keenan, New York University College of Dentistry, USA

Acculturation is a complex process that affects every immigrant in different ways. The effect of acculturation on a variety of health behaviors has been studied among Hispanic groups. Interestingly, lack of acculturation can have protective effects for certain health and social behaviors, like the ones observed on dietary quality, obesity and smoking. Dietary changes linked to acculturation are increased consumption of sweet beverages, refined carbohydrates, fried foods and fats and the decreased consumption of fresh fruits, vegetables and fiber. The increased consumption of sweet beverages and other carbohydrates can have a direct negative impact on oral health, and may help explain the disease burden observed among Hispanic children.

The purpose of this review is to evaluate the evidence of the effect of acculturation on diet and oral health among Hispanics and analyze any intervention that includes caregivers. Since mothers and grandmothers have the role of choosing and preparing foods for their families, it is critical to understand their roles in order to develop culturally sensitive educational resources and help empower caregivers to make better choices.

We conducted a PubMed search of original English publications over the last 20 years using the words acculturation, diet, dental, oral health and Hispanics/Latino. From the initial search, 98 articles were included for further analysis. The articles were separated into two categories: one containing studies about diet and acculturation only and the second acculturation and oral health.

Results: In the first group, 67 studies were cross-sectional and most analyzed data from large surveys on different age groups. Measures of acculturation varied significantly from study to study. The interventional trials included one testing a new dietary recall questionnaire and two small pilot interventions for migrant farm workers mothers, and a mother-daughter fitness program. The remaining studies were qualitative, mainly addressing beliefs, food insecurity, eating practices, weight, social isolation and support.
Eight articles were included on the relationship between oral health and acculturation. All studies but one were cross-sectional. Utilization of dental services was the most common topic. One qualitative study explored oral health-related behaviors.

Conclusions: Longitudinal and interventional studies are needed. Most dietary changes have detrimental health impact. During acculturation, meal decision-making changes from traditionally female based to share-decision based that also correlates to less healthy choices. Caregivers’ support and educational interventions are needed. Increased utilization of dental services may not be a benefit of acculturation but the consequence of negative dietary changes.

O3. Issues and Challenges for Female Research Staff Working in Community Oral Health Research in Remote Locations
Tamanna Tiwari and Judith Albino, Centers for American Indian and Alaska Native Health, Colorado School of Public Health, University of Colorado Anschutz Medical Campus, USA

Purpose: To explore the challenges faced and strategies developed by women research staff implementing community oral health research protocols in an American Indian (AI) reservation community.

Methods: This study used qualitative methods in the form of in-depth interviews. Qualitative data were collected from women research staff workers at a field site. All were involved in the implementation of a culturally tailored, randomized controlled trial of a behavioral intervention using Motivational Interviewing. The aim was to promote dental caries prevention in children through knowledge and behavior change in 600 reservation-dwelling AI mothers. An interview guide was created by the authors to guide the interviews. Semi-structured interviews were conducted with five participants for 30–40 minutes each. All interviews were recorded and transcribed into computer files. The transcripts were coded in the style of grounded theory approach to data analysis.

Results: Several barriers were described by the participants in engaging new mothers and the AI community in research. The emerging domains for the difficulties faced in implementation of research were distrust related to racial differences, poor road conditions, lack of transportation and communication, remoteness of data collection sites and the challenge of balancing potential conflicts between research policy or policies and cultural norms. The participants developed and applied many strategies individually and as a team. These included conducting home visits, applying new communication strategies (postcards, Facebook) and interacting with the community at various venues. These strategies appeared to enhance the quality of engagement with the AI community. The challenges faced in engaging the mothers included low priority placed on oral health, lack of knowledge and distractions that reduced their ability to engage in learning about the oral health of their children. However, all respondents described that mothers were more receptive to them because of their gender and that they were able to build rapport with mothers by listening to their stories. They also reported that the mothers felt safe with them, especially when they did home visits. The participants admitted that their work affected them personally; they acknowledged that their work has increased their understanding of the AI community, their social and cultural environment and has made them more compassionate toward the community.

Conclusions: Although there were several challenges faced by women research staff in implementing research in AI communities, they developed strategies that were culturally sensitive and welcomed by the mothers who participated in the research. The participants demonstrated leadership qualities and teamwork to overcome the barriers.

O4. Dental Amalgam Phase-down Pilot: Lessons from Uganda
Margaret Wandera, Makerere University Uganda; Alex Winyi Kiiza, National Environment Management Authority (NEMA), Uganda

Purpose: The United Nations Environment Program (UNEP) is currently implementing methods to reduce pollution from mercury through the Global Mercury Partnership. Dental amalgam has been identified in the category of mercury-added products that should be phased down. The World Health Organisation (WHO) and World Dental Federation (FDI) have acknowledged the dire impact banning dental amalgam could have on clinical management of dental caries, particularly in low-resource settings, and are therefore collaborating
with UNEP to investigate and establish requisite conditions to phase down the use of dental amalgam as a restorative material world-wide. This was the main objective of the East Africa Dental amalgam phase-down project.

**Method:** In each of the three East African countries (Kenya, Uganda and Tanzania), the environment authorities worked with the dental fraternity to conduct this pilot project. This included surveys of current dental restorative material access and use. This was followed by an intervention at purposely selected pilot clinics that involved training on best-management practices and sound waste management of dental amalgam.

**Results:** The survey response improved from less than 5% response rate online to 100% when research assistants conducted the data collection. The survey revealed that all dental supplies used in Uganda are imported from various countries and predominantly used in urban areas. In regard to current use of dental amalgam as a restorative material, 82% (41) practitioners responded “yes” and this was only comparable with glass ionomer cement 88% (44). The personnel trained at the selected clinics were 20% (14) dental surgeons, 34% (24) dental officers and 46% (32) support staff. All were receptive to best-management practice training. Sound waste management of dental amalgam was adopted at all pilot clinics.

**Conclusion:** Dental amalgam is still widely used as a restorative material in Uganda. It is necessary and feasible to further raise awareness and guide dental personnel on phasing down use of dental amalgam. This involves promoting prevention and good oral hygiene as the most important factors contributing to the reduction of caries, alongside training on best management practice and environmentally sound waste management of dental restorative materials.

**O5. Mentoring in the Academy/The Junior Faculty Pipeline**  
Jeanne Sinkford, Richard Valachovic and David Brunson (retired), American Dental Education Association, USA

**Purpose:** Women now constitute 46.6% of the U.S. dental student population, 40.2% of advanced program enrollees, 46% of dental graduates, 31% of full-time dental faculty and 17% of dental deans. Nearly 20% of professionally active dentists in the United States are women. Gender shift in the dental academic pipeline has created an imperative for programs that support women’s advancement and their long-term value. The Enid A. Neidle Scholar-In-Residence Program (E/NP), founded in 1994, allows full-time women faculty the opportunity to spend three months in residence at the ADEA office in Washington D.C., United States. Scholars focus on a project of their interest as well as a broad range of issues facing women faculty, such as promotion, academic tenure policies, advanced education and research opportunities, and other gender-related issues. While in Washington, D.C., scholars are exposed to a range of experiences involving health policy, advocacy and dental research. Mentoring is a major component of the E/NP, which targets junior dental faculty. Fellows are mentored while in Washington, D.C. and upon return to their parent schools.

**Method and Results:** An electronic survey of scholars from 14 U.S. dental schools focused on the mentorship aspect of the E/NP (80% response rate). Seventeen self-identified areas for which fellows sought mentoring include:

- Survey instrument design
- Data analysis and reporting
- Resume review and revision
- Institutional conflict resolution
- Financial considerations
- Academic promotion
- Return/refocus
- Mentoring resources
- Career coaching
- Process of curriculum development
- Career/life balance
The four most important benefits of the E/NP as reported were (1) exposure to ADEA organizational and operational structure, (2) access to new networks with colleagues in government and medical education, (3) protected time in leave from the parent institution and (4) working with mentors both at ADEA and the parent institution. Program weaknesses were identified as time flexibility and cost/reimbursement.

Summary: A diagnostic/prescriptive strategy is recommended for sustained career development of junior women faculty. Outcomes benefit career advancement and serve as an institutional investment in junior faculty retention and development. Schools are encouraged to apply logic-model thinking and strategies in sustained career advancement of E/NP fellows.

O6. Gender Matters: Are Women’s Health Issues (In)visible in Our Dental School Curricula? Linda Kaste, University of Illinois at Chicago College of Dentistry and School of Public Health; Leslie Halpern, Meharry Medical College School of Dentistry; Stefanie Russell, New York University College of Dentistry; Sara Gordon, University of Illinois at Chicago College of Dentistry; Marita Inglehart, University of Michigan School of Dentistry, USA

Purpose: The U.S. National Institutes of Health advocates including women in research. ADEA works toward ensuring that women are part of academic dentistry’s workforce and leadership, and that women’s health issues are included in dental school curricula. Nevertheless, not all U.S. dental schools optimally develop students’ knowledge and clinical skills concerning provision of health care for females, or encourage research and leadership efforts on important women’s health topics. This presentation’s purpose is to illustrate ways women tend not to exist in dental school curricula, and to initiate discussion about curricular inclusion of women’s health in the United States and globally.

Methods: A 2013 issue of Dental Clinics of North America entitled “Evidence-Based Women’s Oral Health” helped shine a new light on women’s oral health issues. However, many women’s oral health topics are not incorporated into dental education. Discussion is needed on (1) the status quo of scientific knowledge concerning these issues, (2) their importance for promoting health for all and (3) opportunities for integrating these issues into dental education.

Results: These five questions help illustrate ways women tend not to exist in dental curricula:
1. Are we sure oral cancer is a man’s disease? In the United States, for non-Hispanic White women, the rate of oropharyngeal cancer has been higher than that of cervical cancer since 2000.
2. How do we get the global health problem of intimate partner violence acknowledged and eliminated from our own backyards? An estimated 75% of physical abuse results in injuries to the head, neck and/or mouth.
3. Why can’t we ask our patients whether that mucosal lesion might be associated with similar lesions on the genitalia—or even with unsafe oral sex practices? Some autoimmune diseases, and some sexually transmitted diseases, have oral manifestations, and women and sexual minorities may be especially susceptible.
4. What about pregnancy makes a woman medically compromised? The vast majority of women will be pregnant at least once. That sounds pretty normal.
5. Wait! Did someone mention talking? There is new information about gender differences in communication. That includes conversations between dental providers and patients, and conversations among dental academics.
Conclusions: Clear evidence exists that important topics related to women’s general and oral health are not addressed in dental school curricula. While these international presenters are all currently at U.S. dental schools, these women’s health topics are of global importance. The time has come to collaborate to assure their inclusion.

O7. The Five Friends Approach: A Collaborative Effort to Improve Patient Care and Oral Health Outcomes
Lisa Knowles, University of Detroit Mercy School of Dentistry, USA

Purpose: To demonstrate The Five Friends Approach as a model for creating collaborative relationships across health profession disciplines to increase overall oral health outcomes.

Methods: For two years in a private practice setting, the Five Friends Approach was used to reach out to a population of 1,050 patients. This model required dental professionals to know five professionals in the community. The five friends included (1) a weight management and nutritional advisor, who helps patients with obesity and dietary ignorance; (2) a counselor, who helps patients work through emotional barriers; (3) a financial advisor, who helps patients sort out financial dilemmas; (4) an integrated mindfulness coach, who helps patients with stress, worry and spiritual depletion; and 5) a psychologist and/or psychiatrist, who helps patients relieve emotional pain impeding mental health. This type of approach was completed in a fee-for-service, insurance-based setting.

Results: By knowing these five friends in the community, mind shifts began to occur for team members and patients. The team improved their physical and mental wellness needs, and they began to convey these concepts to patients. Three patients improved their weight and physical well-being by using a hospital’s weight management program. Eight people sought mindfulness coaching with a yoga instructor and/or meditation trainer. Two patients visited a psychological services practice. One patient sought treatment with a counselor. Fifty patients chose independent routes such as eating better, joining a fitness center or adding more sleep.

Conclusions: Properly trained dental providers are excellent educators of overall health due to the teeth and mouth demonstrating oral biomarkers of greater systemic significance. Dental professionals are perfectly positioned to guide patients into an overall health and dental wellness plan. The Five Friends Approach expands current models of thinking with a root cause analysis component. It allows dental providers to think beyond traditional medical and dental provider roles. Dental professionals learn to work collaboratively with other local professionals, resulting in better overall acceptance of treatment with an accountability factor in place. Our preventive nature in medicine gives us a unique opportunity to foster a consistent learning environment and thus mobilize change in oral health and overall health care.

O8. Dental Anxiety: Recognizing, Assessing, Assisting Patients in Managing
Susan Rustvold, Oregon Health & Science University School of Dentistry, USA

1. The purpose of this study was to measure the levels of dental anxiety among women in treatment for chemical dependency.
2. The Modified Dental Anxiety Scale, a five-question instrument, was used to assess levels of dental anxiety.
3. Among 51 women in the study, 40% scored in the highest level of dental anxiety, whereas the rate for the general population is estimated to be 20%.
4. Implications for practice: dentists must recognize and assess dental anxiety and develop expertise in helping anxious patients become more comfortable in the dental setting.

An estimated 50% of people in the United States experience levels of dental anxiety high enough to warrant assistance with developing coping skills for dental appointments. Since 95% of people in the United States need to visit a dentist at some time, it is important to recognize and assess dental anxiety to help patients access dental care. The lack of regular dental examinations and dental hygiene treatment increases risk of serious dental diseases as well as detriments to systemic health. People who are highly anxious in the dental setting are known to self-medicate for dental appointments with their substance of choice. Thus, lack of recognition of dental anxiety in counseling or substance abuse treatment can leave a potent risk for relapse when the patient is faced with a dental appointment. While dentists can help many people with
Dental anxiety can be more comfortable in the dental setting, in cases of more severe anxiety, collaboration with a mental health professional may be advisable. Dental anxiety has been associated with personal histories of physical and sexual abuse as well as with traumatic experiences in the dental setting. It makes perfect sense: in the dental chair, a person is reclined in a vulnerable position, another person invades personal space with instruments that are sharp, a bright light is shining in the eyes, there is the probability of pain, etc. People with high dental anxiety avoid dental treatment for years or even decades, and thus tend to have decay or periodontal disease that is severe when pain finally drives the person to seek treatment. Background and recent research are presented. The Modified Dental Anxiety Scale, a five-question instrument, is presented for assessment of dental anxiety. The Dental Concerns Inventory provides a vehicle for identifying specific triggers for each individual and strategies for addressing each concern.

O9. Interprofessional Education: Exemplars in Allied Dental and Health Programs
Donna Homenko, Cuyahoga Community College, USA

Purpose: Interprofessional Education (IPE) focuses on four major competency domains to improve the outcomes of health care in the community: (1) values/ethics for interprofessional practice, (2) roles/responsibilities, (3) interprofessional communication and (4) teams and teamwork. To date, much of the research has been completed with four-year universities at the graduate or professional levels. The role of allied trained professionals is critical to the workforce skills required to meet the primary prevention needs of patients in our communities. The World Health Organization (2010) acknowledged that “… all undergraduate allied health, nursing and social work programmes include a common core curricula that covered: scientific theory; ethics; communication and collaboration; and scientific methods and knowledge about the welfare state.”

Methods: A Faculty Learning Community (FLC) was established to revise the ADEA Compendium of Curriculum Guidelines document. One of the educational strategies being addressed in the revision process was the development and incorporation of IPE in allied dental/health programs. A cohort subset of individuals from the FLC representing a two-year program or community college were invited to participate in an evaluation of IPE exemplars, addressing each of the major competency domains. The cohort group of allied dental faculty were comprised of predominately women representing their roles as academic leaders. A rubric was used to standardize the evaluation process and qualitative comments were coded related to the inclusion of IPE exemplars in existing curricula.

Summary: The exemplars addressing each of the IPE Competency Domains were (1) a “Personal Moral Assessment” on the values of a health care provider; (2) a narrative reflection essay from a patient’s perspective on how each of the allied providers interacted during the treatment process; (3) an exercise in Motivational Interviewing, whereby each professional of a multi-disciplinary care team engaged the patient; and (4) a detailed case-based scenario discussing how to conduct the care planning for a particular patient.

The n=20* in the first phase of the evaluation rubric. Additional two-year programs and disciplines will be contacted in future phases of the research.

Conclusions: Participating programs responded favorably to the IPE exemplars based on qualitative comments referencing IPE as an accreditation requirement, ongoing plans for curriculum revision, grant administration and relevance of health care delivery systems. Future recommendations include the development of a national and international survey of allied dental and health programs.

*NOTE: Data currently available.

O10. Dental and Medical Comanagement of Pregnancy
Gvantsa Tabagha, Ilia State University; Zurab Alkhanishvili, Scientific-Research Center Radix, Georgia

Purpose: To investigate relationships between the dental and medical co-management during pregnancy, evaluation of dental care in pregnant women and determination of dental treatment obstacle factors in pregnant women.
Methods: In this study, 1,400 dentists and 1,200 pregnant women were surveyed using a certain questionnaire. The results of sociological survey were analyzed statistically using quantitative and qualitative methods of research.

Results: Data from surveys indicate that 50 to 60% of women do not receive dental care during pregnancy. Indeed, only about 25% of dentists provide complete treatment for conditions considered necessary during the gestation period, delaying most treatments until the postpartum period. Pregnant women are also less likely to request dental treatment even in the context of free health services, such as those provided through the National Health Service in Georgia. Moreover, only about one quarter of patients are referred to a dental examination by health providers during pregnancy.

Conclusion: Based on both results collectively, these data indicate that both health professionals and patients tend to postpone dental treatments until after delivery and there is a need for enhanced education and training of dentists and maternity care providers concerning oral health in pregnancy. It is important to understand that pregnancy involves complex physiologic, physical and psychological changes mediated by female sex hormones that have a profound impact, even on healthy women.

O11. One Health: Dental Public Health in a Global Context
Karin Quick, University of Minnesota School of Dentistry, USA

The One Health concept is a worldwide strategy for expanding interdisciplinary collaborations and communications in all aspects of health care for humans, animals and the environment (www.onehealthinitiative.com). Interprofessional collaboration and practice is shown to improve health outcomes and reduce practice errors. Professional schools are working to create and implement curricula to educate future professionals to practice in an interprofessional environment. At the University of Minnesota Academic Health Center, schools of medicine, dentistry, nursing, pharmacy, veterinary medicine and public health are coming together around issues of global health. The Center for Global Health and Social Responsibility moves beyond interprofessional collaboration to include disciplines across the entire university. Areas of public policy, food, agriculture, engineering and nutrition all have roles to play when it comes to global health.

This presentation shares various stories of working with other professions to include oral health issues in overall population health around the globe. Some challenges in moving dentistry into collaborative practice are discussed. Lessons learned from experiences and various strategies for creating interprofessional opportunities (e.g., working with administration, starting small and building faculty support) are presented, including ideas for future progress.

Common themes of identifying similarities and differences, listening, genuineness and building on the ideas and experiences of others are key to building relationships across disciplines, professions and borders. Strong relationships facilitate collaboration. For the One Health goal to be a reality, oral health professionals need to be part of the team.

O12. Efficacy of Chlorine Dioxide for Controlling Microbial Contamination Within Dental Unit Water Line
Manal Shira, King Saud Medical City, Ministry of Health, Saudi Arabia

Dental unit water systems (DUWS) are used to irrigate the oral cavity during dental treatment. Water delivered from these devices is not sterile and has been shown to contain high numbers of bacteria. Biofilms accumulating on the inner surface of the tubing are responsible for high levels of contamination of DUWS. DUWS tubing harbors complex multispecies biofilms that are responsible for high microbial levels at the distal outlet.

Purpose: To assess the efficacy of chlorine dioxide disinfectant for control of microbial contamination of dental unit water lines.

Methods: The microbiological quality of water emerging from water syringes, high-speed hand pieces and cup fillers from three dental units, and from the main trunk of water (that supplies the dental units) were assessed for microbiological total viable counts at 37°C before and after treatment with chlorine dioxide solution.

Result: The study found that the use of chlorine dioxide solution reduces the microbial counts in dental unit
water lines to levels similar to drinking water. This effect was maintained in all units and the main trunk lines for up to four weeks following one course of treatment.

**Conclusion:** The use of chlorine dioxide reduced the microbial count in the water supply in water syringes, high-speed hand pieces, cup fillers and the main trunks to drinking water quality for four weeks. There was a 100% reduction in the biofilm TVC and a >95% reduction in biofilm coverage. A monitoring program to determine that disinfectants are maintaining reduced microbial numbers in DUWS should play a role in the GDP health care policy.

**O13. Improving Oral Health Care Through Interprofessional Education**

Cherae Farmer-Dixon, Machelle Thompson and Sandra Harris,
Meharry Medical College School of Dentistry, USA

**Purpose:** Interprofessional education training encompasses education, collaboration and teamwork. Healthy People 2010 and the 2000 U.S. Surgeon General’s Report, Oral Health in America, support interprofessional education and training. The reports call for the development of a National Oral Health Plan that will “improve quality of life and eliminate health disparities by facilitating collaborations among individuals, health care providers, communities, and policymakers at all levels of society and by taking advantage of existing initiatives.” (Wilder, et. al., 2008). Research studies indicate that periodontal disease increases the risk of negative pregnancy outcomes, preterm/low birth weight babies and infant mortality. The prospective study proposes to reduce the number of minority preterm and low birth weight babies through interprofessional education and training.

**Methods:** Thirty-three (33) health care providers, including obstetrics and gynecology physicians, nurses, mid-wives, dentists, dental hygienists, social workers and nutritionists from the Nashville, TN community participated in the project. Health care providers participated in an oral health and disease detection workshop that outlined (1) primary oral disease indicators, (2) oral and systemic disease correlations, (3) periodontal disease and its correlation to pre-term low birth weights and (4) oral hygiene techniques and prevention. One-hundred forty-six expectant mothers seen in the medical and dental clinics and private practice group at Meharry Medical College and Matthew Walker Community Health Center in Nashville, TN participated in this study. Demographic data was collected on the study participants. A pre- and post-test on perceptions of the relevance and correlation between oral and systemic health and disease was administered to the health care professionals to establish baseline data. A survey of oral and systemic health and disease and its relation to pregnancy was administered to the expectant mothers.

**Results:** Health care professional awareness and understanding of oral and systemic health and disease increased as a result of participation in this study. A direct correlation existed between income levels and the participants’ understanding of the effects of oral health on their overall health. Participants with insurance had a higher level of understanding of the importance of regular dental checkups and the effect of dental disease on their unborn baby.

**Conclusion:** As a result of the interprofessional training there was an increase in the detection and referral of expectant mothers for dental treatment. This study concludes that interprofessional education and training can have a positive impact on expectant mothers and can assist in reducing pre-term and low birth weight babies.

**O14. Ethical Oral Care: Infection Control as a Case Study**

Margaret Scarlett, Scarlett Consulting, SCI; Leslie Grant, Organization for Safety, Asepsis and Prevention (OSAP), USA

**Purpose:** To relate ethical principles to the delivery of global oral health care delivery, using infection control as a case study. In both developing and developed countries, delivery of dental care may be highly variable in adherence to established infection control principles. The shortage of dental providers globally, combined with the prevalence of delivery of oral care in street markets or by unlicensed practitioners around the world, presents ethical dilemmas. A growing global population, particularly older adults, creates challenges in delivering care to meet needs. Increased delivery of oral care by non-dental providers also creates challenges in interprofessional education and collaboration related to common infection control issues.
Infection control by practitioners means providing safe, ethical and evidenced-based oral health care. Recent outbreaks of infectious diseases in dental offices in Oklahoma, West Virginia, Missouri and Colorado, with only passive methods for detection, point to the larger ethical problem of the potential impact of lapses in infection control compliance. Since active surveillance of health care-associated infections in the United States does not extend to dental practices, the extent of disease transmission from dental treatment and its contribution to health care-associated infections is not known. However, adherence to infection control standards is an ethical standard for the conduct of dental treatment.

This presentation will focus on how compliance with established infection control guidance (e.g., Centers for Disease Control and Prevention [CDC]) is part of the ethical conduct of dental practice to avoid health care-associated infections. Specifics include a compliance calendar and checklist, as well as measurement tools for the safe and ethical conduct of dental care by practitioners. Each infection control practice is rated on the five principles of ethics: autonomy, non-maleficence, beneficence, justice and veracity. While these principles may not be discrete, and may overlap, they are the foundation of ethical professional conduct. These principles apply to individual health practitioners, who are increasingly working toward enhanced interprofessional collaboration for patient-centered care, globally, and to ensure safe oral care delivery.

**Summary statement:** Practice and policies for extending and expanding oral health care must be based on ethical and safety concerns by persons delivering oral prevention, treatment and care to patients. Infection control standards provide a case study of application of ethical principles. These provide a strong rationale for assuring standard methods for monitoring health care-associated infections associated with the delivery of dental treatment, even in highly variable care settings around the world.

**O15. Oral Health Therapy Graduates: Where Are They Now?**

_A Study of Graduate Outcomes in Victoria, Australia_

**Julie Satur, Sumayya Azzubaidi, Khaloud Mohamed, Michelle Rakhlin, Shugafa Wardak and Rodrigo Marino, Melbourne Dental School, The University of Melbourne, Australia**

**Purpose:** The Bachelor of Oral Health (B.O.H.) was first offered by the University of Melbourne and La Trobe University in 2005 and 2006, respectively. The B.O.H. program graduates Oral Health Therapists (OHTs) who have the combined skills of both dental therapists and dental hygienists. In 2009, a study was undertaken to describe the graduate outcomes for the first four cohorts of Victorian graduates. This study has been replicated in 2013 to add to the understanding of this relatively new dental profession by examining the graduate outcomes for the 2008–2012 cohorts. The aim of the study was to investigate the graduate outcomes of Victorian OHTs in relation to distribution, employment, scope of practice, remuneration and job satisfaction.

**Methods:** Of the 141 OHTs who graduated between 2009–2012 in Victoria, 71 were recruited to participate in the study using snow ball recruitment methods through personal networks and social media. Data was collected using a self-completed questionnaire closely replicating the one used in the 2009 study.

**Results:** A total of 54 questionnaires were returned (RR=81.6%) with a majority of respondents being female. The majority were employed as OHTs with 63% practicing in metropolitan and 17% rural areas; 19% practiced in the public sector, 40% in private and 30% in both sectors. The average wages for graduates in the public sector was $21–25 AUD per hour and $41–45 AUD in private practice. There was a correlation between the years worked and salary. Clinical procedures varied across employment and geographic settings with preventive procedures reported to be the most frequently performed; a majority reported frequently diagnosing and treatment planning for their own care. More restorative procedures were carried out in the public sector and rural settings. Job satisfaction was high among graduates, with higher satisfaction related to remuneration in private practice and scope of practice more satisfying for public practitioners. A majority indicated that it was not difficult to find initial employment and many expressed interest in further education.

**Conclusions:** More graduates were employed as OHTs rather than in separate hygiene and therapy disciplines, a shift from the previous study. They are routinely diagnosing and treatment planning in primary care roles. The average remuneration within the private sector has increased; however, it has remained stable in the public sector. The study findings will contribute to effective workforce planning, development of education...
programs and enhanced understanding of the utility of the OHT workforce.

**O16. Practice Profile and Workload of Women Dentists and the Evolving Market of Dental Services in Bulgaria**

Lydia Katrova, Medical University of Sofia, Bulgaria

Dental care in Bulgaria between 1990 and 2010 evolved from 100% public to almost 100% private sector. Dentists had to adapt their practice patterns to the market environment and the severe limitation of social services. The purpose of this study was to demonstrate the long-term trends in the reaction of women dentists toward the marketization of dental care in Bulgaria compared to their male fellows.

A longitudinal study during the period 1995–2011 had been carried out to illustrate the profile and workload of dental practices. Data were collected through a self-administered questionnaire distributed to weighted stratified random samples of dentists extracted from the Bulgarian Dental Association register.

Results were treated statistically using SPSS. Results showed the following: As of December 2011, the total number of actively practicing dentists was 8,240. The male:female ratio changed from 26.27% in 1995 to 35.78% in 2011. Over 40% of women dentists in 2011 were in the 51–60 age group, and only 10% of them were younger than age 30. Most of them (75.4%) were married, 11.5% were single (42.9% under age 30) and 8.2% divorced. Of the respondents, 40.8% reported having one child, 24.8% two children, 0.8% three or more children and 33.6% having no children. The study found that 79.8% of women dentists and 82.2% of male dentists determine their status as self-employed owner; 12.2% of women dentists and 10.8% of male dentists were working in rented surgeries, while only 8% of female and 7% of male dentists were salaried. Half of women dentists worked without auxiliary staff, while only 28% of male dentists did. The proportion of female dentists with specialty decreased from 67% to 48% for the studied period, and only few of them work as specialists (18% in 1995 and 5.5% in 2011). The proportion of men working as specialists was higher (19% in 1995 and 12% in 2011). The workload of female dentists does not differ considerably from that of male dentists—77.2% of female dentists and 73.3% of male dentists reported working five days per week, mainly six to seven hours per day.

We can conclude that practice pattern and workload of female dentists do not differ from the general trend. The significant difference is detected in the way female dentists invest in staff development and service specialization. The proportion of women dentists with “delayed first baby delivery” is expected to increase.

**O17. What Does Improving Oral Health Outcome Really Mean? Helen’s Ph.D. Degree Investigated the Preventive Role of Primary Health Care Within Dentistry, and Why Dental Therapists and Dental Hygienists Were Introduced to Have Specific Preventive Roles**

Helen Tane, Charles Sturt University, School of Dentistry, Australia

*Purpose:* The purpose of this study was to emphasize the importance of effective prevention and the specific roles of oral health therapists (dental hygienists and dental therapists) in the dental team, especially in rural and regional settings where a higher level of oral disease exists.

*Methods:* A postal questionnaire was administered to all of the public health dental providers in regional and rural Riverina, NSW Australia, and regional and rural mid-region of New Zealand, North Island. Findings from the participants who attended an international dental conference in Canberra, Australia, were also incorporated in this study. Participants were asked to state where they gained their knowledge and competency in oral health promotion and how they applied these skills at both an individual and community level, and if this was part of their routine scope of practice. An in-depth health promotion and oral health promotion literature review was also conducted.

*Results:* The results show that in the regional and rural settings in Australia and New Zealand included in this study where health need is high, (1) the scarce public health funds don’t allow for a focused preventive role that incorporates a multifaceted approach which is most effective; (2) the implementation of promoting oral health has not developed alongside health promotion, but has been left behind and yet to have these fundamental health promoting philosophies embedded in routine practice settings, (3) communities in regional and rural settings continue to suffer more and claim a higher cost in treatment of preventable oral diseases and (4) oral health promotion is an integral part of gaining competencies for graduates in the bachelor of oral health degree courses in Australia and New Zealand, yet the preventive role continues to be
grossly underutilized. **Conclusions:** Findings show that a way forward is to better utilize the function of the oral health therapist by identifying where the important health promoting role must be exemplified and expanded, thus enabling communities to have improved health outcomes. The study also shows that oral health therapists are a vital primary oral health profession with developed skills to improve individual and community health, and are complementary to, not competitive to, the role of the dentist. While the study and its findings revisit important health promotion ideology, it also reveals new fields of preventive inquiry that should be implemented and utilized in dental settings.

**O18. The Amchi Dental Outreach Programme—Committed to Making a Sustainable Difference to the Oral Health Care of the Ladakhi Community**

Olivia Johnson King, King’s College London Dental Institute, United Kingdom; Kanika Sabhlok, Manipal University, India

**Purpose:** The Amchi Programme is a dental volunteer project that takes place in Ladakh, Jammu and Kashmir, India. Ladakh, situated in the Himalayas, is the biggest district in India, as well as one of the most sparsely populated regions in the world. The majority of the population (200,000 people) live in villages, some in which health care is not always readily available. Traditional Tibetan medicine is an important aspect of the medical system in Ladakh and many people rely on the local Amchis who are Buddhist nuns and traditional doctors to provide the health care. The goals of the project are to:

- Train the Amchis in basic dental care.
- Educate the local population about oral health.
- Deliver direct care, which will reduce as the project progresses.

Our ultimate goal is to allow for sustainable dental care in the region, by the people and for the people.

**Methods:** The Amchi Programme started in 2012 as a collaboration between Wisdomtooth (an American NGO), Manipal University and the European Dental Students’ Association. During the outreach missions, the team visits nunneries to teach the Amchi about oral health care. In addition, the team sets up dental camps in schools and remote villages to provide direct care to people who would not normally have access to health care. August 2013 marked the start of the Amchi Smiles project, which is based upon the WHO’s Fit for School Initiative. This is a hand-washing and tooth-brushing initiative that takes place in schools.

**Results:** In the summer of 2012, a team of 44 dentists and dental students travelled to Ladakh, successfully teaching the Amchi and treating over 1,200 inhabitants for medical and dental conditions. In summer 2013, a team of 38 dentists and dental students returned to Ladakh. Over 1,500 people were given oral health education and were provided with dental and/or medical treatment when needed. A new team of dental students and clinicians will be returning to Ladakh in summer 2014 to continue the work. We hope to reach and educate more people while expanding the Amchi Smiles project into more schools.

**Conclusions:** The Amchi Programme is a five-year initiative. Our aim is to establish a sustainable and self-sufficient oral health care system for the local population in Ladakh.

**O19. Oral Surgery Clinicians, Faculty Members and Residents’ Scope of Practice and Job Satisfaction: Does Gender Matter?**

Kyriaki Marti, University of Michigan School of Dentistry; Jesse Lanzon, Private Practice, Santa Barbara, CA; Sean Edwards, University of Michigan Medical Center; Marita Inglehart, University of Michigan School of Dentistry, USA

**Purpose:** To compare the scope of practice and the job satisfaction of male and female oral surgery clinicians, faculty members and residents.

**Methods:** Survey data were collected from 392 male and 25 female oral surgeons in clinical practice, 158 male and 13 female faculty members, and 227 male and 40 female oral surgery residents. Job satisfaction was assessed with Shugerman et al.’s Professional Satisfaction Scale.
Results: The distribution of male vs. female respondents in all three groups reflects the status quo of the gender distribution in this dental specialty in the United States. In each group, the female respondents were younger and had graduated from dental school later than their male counterparts. No gender differences in the scope of practice nor in the level of job satisfaction were found in the clinician group. However, compared to men, female faculty members spent a higher percentage of their time in orthognathic surgery (20% vs. 28%; p=.05), and a lower percentage in craniofacial (17% vs. 5%; p<.001) and in cancer and reconstruction surgery (16% vs. 9%; p=.031). Female faculty enjoyed orthognathic surgeries more than male faculty members (on a five-point scale: 4.62 vs. 3.79; p=.001). Female faculty members valued efficiency, such as high patient turnover more than and running a business less than their male colleagues. There were no gender differences in job satisfaction of faculty members. Female residents reported spending a higher percentage of time on craniofacial surgeries and wanted their professional activities to focus more on this type of surgery compared to male residents. However, female residents reported spending less time on dentoalveolar surgery than male residents. Female residents estimated academic salaries to be lower and indicated a lower range of salaries for themselves as allowing them to lead a comfortable life compared to male residents. Female residents’ job satisfaction concerning the delivery of care, their overall professional satisfaction and their satisfaction with their professional time were significantly lower than the male residents’ satisfaction. Female residents were more likely to consider a career change in the next five years than male residents.

Conclusions: While male and female oral surgeons outside of academia and in academia did not differ in their job satisfaction, male and female oral surgery residents differed significantly. It is therefore important to consider changes in oral surgery residency programs to create a climate that allows all residents to live up to their potentials and supports female residents in becoming future leaders.

O20. The Prevalence of Women Leaders in the Past 25 Years of the European Dental Students’ Association and Overviewing Different Career Pathways Influenced by the Leadership Position

Irina Dragan, Tufts University School of Dental Medicine, USA; Cristina Rizea, “Carol Davila” University - Faculty of Dental Medicine, Romania; Ana Stevanovic, SDA Bocconi, Italy; Oana Mazilu, “Carol Davila” University - Faculty of Dental Medicine, Romania

Purpose: The aims of this study were (1) to identify the prevalence of women holding leadership positions in the past 25 years of the European Dental Students’ Association (EDSA) and (2) the role of involvement in organized dentistry during the dental school period for dental students who served as leaders for EDSA and chose different career pathways after graduation.

Methods: The proposed study was an observational cross-sectional study. A complete list of the Executive Committee members (female and male) for the past 25 years was identified on the EDSA website. Counts and percentages were calculated for each five-year period, revealing a direct comparison between the number of females and males holding leadership positions. We selected women that occupied a key position in EDSA, but chose various career pathways after graduation.

Results: The results identified a total of 51 women and 97 men that led EDSA and were part of the Executive Board from 1988–2014, with an overall percentage of 34.45% women. The percentages increased up to 10 times from 2008–2014 compared with the initial five years of EDSA. A total percentage of 38.46% females were on the Executive Board during this timeframe, with 10 women holding the President position. Three individuals with different pathways after graduation were identified for this project. They were greatly influenced by EDSA activities—the experiences they went through, the people they’d met and the projects they were involved in. Various current career pathways selected by EDSA women leaders include clinical and research postgraduate studies, involvement in teaching activities, postgraduate studies in international health care management, economics and policy, involvement in international dental voluntary work campaigns and entrepreneurship in the dental equipment field.

Conclusions: The prevalence of women dentists is increasing gradually. Leadership opportunities for women are more common now compared to 25 years ago. Getting involved in organized dentistry can broaden the horizons and open new perspectives to dental students. There is a need for career development sessions and leadership programs in the dental curriculum from the first year of studies, increasing the awareness of different career pathways that are available in the field of dentistry.
O21. Gender Trends in Salary Compensation of Dental Academicians
Effie Ioannidou, University of Connecticut School of Dental Medicine; Rena D’Souza, University of Utah School of Dentistry; Mary MacDougall, University of Alabama at Birmingham School of Dentistry, USA

Purpose: Despite the Equal Pay Act, salary inequality between men and women has been a recognized problem in science, technology, engineering and medicine, established as early as one-year post-bachelor's degree and widening by 10 years post-degree. Recently, evidence showed that female dentists in practice are paid approximately 60% of male dentist salaries. However, there is a gap of knowledge in regard to the current earning trends in dental academia. This study aims to examine the pay gap between men and women in academic dentistry, based on the most recent salary surveys, 2008–09 and 2010–11, as published by the American Dental Education Association (ADEA).

Methods: For each survey, we calculated the mean salary across all academic appointments stratified by gender, as well as the mean difference between salaries for women and men. For the 2010–11 survey, we also calculated the difference between guaranteed annual salary and total compensation (defined by the annual base salary with the addition of benefits, income from faculty practice, incentives and bonuses) as stratified by gender. All variables were tested for normality and were transformed logarithmically, if not normal. We used parametric statistics to compare the gender differences of mean salaries within the same survey as well as between surveys. Furthermore, we compared the difference in benefits and other incentives between women and men within the 2010–11 survey.

Results: Overall, female faculty were paid 91% of male faculty salaries. More specifically, in 2008–09, the average salary for men and women was $120,588 and $105,291, respectively (p=0.1), whereas in 2010–11 the average salary for men and women was $123,229 and $110,286, respectively (p=0.2). However, when we compare the total compensation between men and women ($177,637 vs. $141,995, respectively), the salary difference was statistically significant (p=0.04). When data was stratified based on primary appointment, female faculty in high administrative positions was paid 81% of male total compensation. Behavioral science departments were the only ones to achieve equal pay between their faculty (male/female total compensation=1.00).

Conclusions: We identified salary inequality between men and women in dental academia, which widens in leadership positions. Given the significant pay difference mainly observed in total compensation, one may assume that women do not negotiate benefits, incentives and bonuses as effectively as men, as has been shown in the past. Additional research is needed to identify the confounders in the gender salary gap association in dental academia.

O22. Career Paths of Women Dental Deans: A Pilot Study
Paula Friedman, Boston University Henry M. Goldman School of Dental Medicine, USA

Purpose: To identify characteristics of women dental deans in the United States, including but not limited to the following: motivation to become a dean, influence of a significant mentor or mentors, position prior to becoming a dean, number of years served as a dean, number of additional years envisaged as a dean, and aspirations for role(s) following deanship—e.g., provost; medical center vice-president; university president; research, corporate, or government; leadership in a non-profit; and leadership in a dental-related organization.

Methods: The protocol for the study was submitted to the medical center Institutional Review Board for determination of exempt or non-exempt status. A list of all women dental deans and respective contact information was obtained from ADEA. An email was sent to all women dental deans informing them of the study and that the investigator would attempt to reach them by phone within the next two weeks to determine participation in the study. Subsequently, telephone contact with each female dental dean was attempted up to three times. After three attempts, the dean was considered a non-respondent. Each participant was assured of confidentiality of responses.

Results: The results of the present study will be summarized and presented as descriptive data. In addition, where appropriate, the results of the 2014 study will be compared and contrasted with the 2004 data to
examine whether there have been any differences in trends over the 10-year period between studies.

**Conclusions:** The number of women in leadership positions in the dental profession, and especially in academic dental institutions, continues to increase. An examination of the characteristics of these leaders and of the leaders’ future career aspirations, if any, may provide a roadmap for educators and administrators who might wish to pursue a decanal position.

**O23. Hidden Workplace Message: Surviving the Organizational Climate**  
Pamela Zarkowski, Kathleen Zimmerman-Oster, Kathi Shepherd and Ryan Kellogg, University of Detroit Mercy School of Dentistry, USA

Diversity in dental faculty and institutional leadership continues to grow in the United States. Diversity is broadly defined to include gender, racial, ethnic, sexual orientation and disability. The number of women in leadership positions at North American dental schools continues to increase, although issues of the glass ceiling remain. An additional challenge for both men and women leaders is identifying and managing the hidden workplace culture and messages. Recognizing the organizational quotient (OQ) can contribute to a leader’s success.

Failing to determine how to assess and manage the hidden workplace culture may result in ineffective leadership. Specific workplace culture practices and protocols can be obvious, such as hierarchy, academic policies and procedures, and communication and interaction expectations. The hidden workplace includes those unknown aspects of the employment setting that a recently appointed leader may be unaware of and are hidden “landmines.” Expectations about life/work balance, preferred communication style, unwritten roles and responsibilities, work-related social obligations and customs are evident to everyone but the most recently appointed leader. Thus, errors are made by the new leader, resulting in incorrect perceptions about the administrator, which impacts his or her ability to be successful. A lack of awareness by a leader about the less obvious aspects of the workplace culture may have a powerful cumulative effect.

Men and women in the United States, Canada and Puerto Rico dental schools (N=75) holding a leadership position ranging from Chairperson/Director to Dean will be surveyed to determine frequently encountered hidden workplace messages, the impact of those experiences and strategies that were used to address the climate. A well-researched organizational climate tool, The Organizational Climate Questionnaire, will be used and customized to address the OQ and hidden workplace challenges. The customized questions will have a particular focus on gender and diversity issues. Qualtrics, an online survey software instrument, will be used to distribute the questionnaire.

It is anticipated that results will highlight experiences that include obvious and subtle workplace messages that negatively impact the transition of the leader into the established climate of a department or division. In addition, issues of double standards, lack of sensitivity to religious and cultural limitations for engagement in expected social activities, ambivalent sexism and prescriptive stereotypes will be addressed. Strategies for creating an open and informed workplace climate will be summarized using case studies for discussion and analysis.

**O24. Bridging the Gap: Mentoring as an Essential Strategy for Advancing Minority Women Leaders in Dental Education**  
Donna Grant-Mills, Howard University College of Dentistry, USA

**Purpose:** To introduce innovative strategic approaches to mentoring minority women faculty for leadership positions in dental education.

**Background and Methods:** Mentoring in academia may sometimes be confined to faculty/student advisement and counseling. In the case of faculty/faculty mentorship, it may be limited to administrative navigations and adherence to policies. While these foregoing factors are important, it is essential to incorporate a “high touch” humanistic approach that completes and sustains a holistic cycle. This synergy should serve as a guide for values, beliefs, attitudes and actions as one responds to the challenge of mentoring emerging women leaders in dental education.

During the 1970s and 1980s, there was an increase in recruitment efforts by dental schools across the United
States to alleviate the paucity of minority women leaders in the dental profession. As a result, a significant number of minority women gained access to a profession that was previously male dominated. The increase in numbers may lack sustainability, since dental school faculty development and mentoring programs do not fully address issues regarding continued recruitment and retention of minority women in teaching and administrative positions.

In 2004, the W. K. Kellogg Foundation and ADEA (Kellogg/ADEA) Access to Dental Careers launched the Minority Dental Faculty Development Program. The purpose was to increase the number of minority faculty in dental education. Dental schools that were selected for this program collaborated with other U.S. dental schools to foster mutual opportunities that enhance the future of dental education.

This presentation emerges from a larger study that evaluated the extent to which the synergy among Kellogg/ADEA, participating dental schools and minority faculty fellows promote a sustainable capacity to advance minority women leaders in dental education. The mentorship component of the Kellogg/ADEA project being presented at this conference charts the professional/developmental path encompassing a holistic/humanistic dimension for three women dental educators for 10 years. They were drawn from different areas of dental education, including allied dental and dental education.

**Summary of the Results:** Innovative and strategic recruitment/retention practices undergirded by a firm humanistic approach was found to enhance the conventional mentoring process. Subsequent outcomes demonstrate a high potential for advancement of women in dental education into leadership positions.

**O25. Gender Stereotypes and Problems of Labor Segregation in Dentistry**
Landa Lursmanashvili and Nino Gvasalia, Scientific Research Centre RADIX, Georgia

The goals of the study were to discover factors that influence the gender socialization process among dentists; estimate dentists’ self-perceptions about gender inequality and its rejection; and detect, describe and analyze gender stereotypes. Research following gender characteristics of participant subjects included gender identity, gender-based attitudes and behavior.

For this study we used qualitative and quantitative research methods (a self-administrated questionnaire). The number of respondents was 179 dentists.

According to research existence of gender stereotypes, the results divide into “female” and “male” specialty. Of those interviewed, 50% agree that the surgery and prosthodontics specialties are a specialization for men, and dental therapy for adults and children is a female specialization. Based on these results we can note that surveyed male dentists have more stereotype views than do female dentists. Of the male dentists, 100% thought that a surgeon should be male, and a manager of a clinic should be male. Additionally 100% of children’s dentists consider that therapists should be female, and representatives of both surveyed genders agreed that a children’s dentist should be a woman. Other findings were that men dentists work more full time, get married and have more income than do women dentists. Correspondingly, most of woman dentists consider that family affairs (marriage, child rearing) have an impact on professional development, which is hampered by a lack of time.

Gender stereotypes in dentistry not only can have a bad influence on women’s and men’s self-realization, but also can hamper their individual development.

A strong, negative impact of dividing specialties into “feminine and masculine” categories is evidenced by the fact that in Georgia, there are only several women implantologists. General stereotypes that “dispatch” social roles of women and men affect dentists work loads, reflected in fewer working hours and therefore lower salaries for woman dentists.

As it turns out, pediatric dentistry is the most stereotypical, and stereotypical attitudes that define the role of women in dentistry are more common in women. Often the problem is not with the employer, but with employee herself. This is because often women do not realize they are victims of discrimination and perceive it as the norm and, therefore, do not show a willingness to resist.

Despite great progress that we have made in this field, gender segregation in employment is still a problem.
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POSTER PRESENTATIONS

**Theme: Allied health careers in the health workforce**

**P1. Determination of Awareness, Knowledge and Skills for Managing Oral Mucosa Lesions among Medical Practitioners in Dar es Salaam, Tanzania.**

Author(s): Emeria Mugonzibwa and Rweihimba, C., Muhimbili University of Health and Allied Sciences, Tanzania

**Theme: Alternative careers for women in dentistry**

**P2. Women As Expert Witness in Forensic Dentistry**

Author(s): Carolyn Cottrell, Tufts University School of Dental Medicine, USA

**P3. Mentorship Program for Leadership Development of Women in Dentistry**

Author(s): Risha De Leon, Peggy Timtohe, Nithya Chickmagalur, Jane Shin and Camille Gannam, Harvard School of Dental Medicine; Judy Nghiem, Women’s Dental Society of Massachusetts; Kathryn Coyle and Samira Salar, Harvard School of Dental Medicine; Zara Nensey and Rachel Lukas, Boston University Henry M. Goldman School of Dental Medicine; Jaskaren Randhawa and Seonha Park, Tufts University School of Dental Medicine; and Ofelia Villanueva, Women’s Dental Society of Massachusetts, USA

**Theme: Collaboration across health profession disciplines for better oral health outcomes**

**P4. The Significance of Including Oral Health Education in the Doctoral Curriculum—An Interdisciplinary Approach to Promote Oral Health**

Author(s): Tatyana Pustylnik and Namra Amin, Lake Erie College of Osteopathic Medicine School of Dental Medicine, USA

**P5. Consolidating Dental Public Health Efforts Through Organized Interdisciplinary and Community Partnerships**

Author(s): Ranjitha Krishna, Carol Hanes, Pamela Cromer, Jigar Bhagatwala, Andrew Mazzoli, Nancy Young and Chris Cutler, Georgia Regents University; Debbie Layman, Costa Layman Farms; Yanbin Dong, Georgia Regents University, USA

**Theme: Strategies to enhance leadership potential of emerging women leaders**

**P6. Evaluating a Campus-Based Intensive Faculty Development Program for Women Across Disciplines at a Medical University**

Author(s): Ashli J Sheidow, Jennifer Welsh, Tamara Nowling, Darlene Shaw and Elizabeth Pilcher, Medical University of South Carolina, USA

**P7. A Woman Dentist and Global Health Advocacy**

Author(s): Raman Preet, Umeå Centre for Global Health Research, Sweden

**P8. Women In Dentistry: An Overview on the Tufts University School of Dental Medicine Task Force.**

Author(s): Maria Papageorge and Aruna Ramesh, Tufts University School of Dental Medicine, USA

**P9. Which way to Lean? A Pilot Study of Female Dental Faculty Career Ladder Aspirations and Choices at One Midwestern U.S. Dental School**

Author(s): Marsha Pyle and Pamela Overman, University of Missouri - Kansas City School of Dentistry; Karen West, University of Las Vegas, Nevada, School of Dental Medicine; Cynthia C. Gadbury-Amyot, University of Missouri - Kansas City School of Dentistry, USA

**P10. Enhancing Faculty Leadership Potential Through Mentorship**

Author(s): Bernadette Fa, Laura Reid and Lucinda Lyon, University of the Pacific Arthur A. Dugoni School of Dentistry, USA

**P11. The CU (University of Colorado) WILL (Women’s Interprofessional Leadership Learning) Project: A Summer Interprofessional Leadership Learning Academy for Influencing Community and Global Health**

Author(s): Denise Kassebaum, The University of Colorado School of Dental Medicine; Judith
Albino, Colorado School of Public Health; Anne Libby, The University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences; Lyndsey Crum, The University of Colorado School of Dental Medicine, USA

Author(s): Ayse basak Cinar, University of Copenhagen, Denmark

Theme: Trends in the oral health workforce, globally

Author(s): Ana Lopez Fuentes, Elba Diaz, Carla Rodriguez and Marilisa Más, University of Puerto Rico School of Dental Medicine, USA

P14. Evaluating Preparation and Practice Experiences of Adult Scope Dental Therapy Graduates in Victoria, Australia
Author(s): Brenda Ryan and Julie Satur, The University of Melbourne, Australia

P15. Assessing the Positive and Negative Aspects of the Dental Education Work Environment: Are We Happy and Do We Know It?
Author(s): Michelle L. Gross-Panico, Monica Williamson Nenad, Klud Razoky, Colleen Reidhead, Maureen Munnelly Romer and Janet L. Woldt, A.T. Still University, Arizona School of Dentistry & Oral Health, USA

P16. Pipeline Program to Expose Disadvantaged Public School Students to Dentistry
Author(s): Deirdre Young and Diane Hoelscher, University of Detroit Mercy School of Dentistry, USA

Theme: Women balancing career and family obligations

P17. Madre Cabeza de Hogar: Challenges Facing Afro-Colombian Woman Entrepreneurs
Author(s): Naakoshie Mills, Columbia University, USA

P18. Harmonizing Professional, Personal and Social Responsibilities: Indian Women Dentist’s Perspective
Author(s): Suhasini Nagda, Nair Hospital Dental College, Mumbai, India

P19. Challenges for Women in the Medical and Dental Professions
Author(s): Analia Keenan and Silvia Spivakovsky, New York University College of Dentistry, USA

Theme: Women in community oral health research

P20. Improving Oral Health-Related Quality of Life Among Female Renal Transplant Patients
Author(s): Nayer Abo elsaad, Faculty of Dentistry, Beirut Arab University, Lebanon; Adel Bakr, Urology and Nephrology Centre, Mansoura University, Egypt

Author(s): Daphne Ferguson-Young, Marion Harris, Rian Cho, Pandu Gangula, Charles Albury and Leslie Halpern, Meharry Medical College School of Dentistry, USA

Theme: Women in dental education to improve oral health

Author(s): Stefanie Russell and Anjana Rajendra, New York University College of Dentistry, USA

P23. Women Empowerment in Dental Education Curriculum: Sensitizing the Ladies!
Author(s): Aman Deep Pabbla, Christian Dental College and Hospital, India

Emeria Mugonzibwa and Rweihimba C., Muhimbili University of Health and Allied Sciences, Tanzania

**Background:** Early diagnosis of oral mucosa lesions (OMLs) is necessary for timely detection of signs for serious oral conditions that are preventable or for which treatment outcomes could be improved. While Tanzania is experiencing serious scarcity of human resource for oral health, most patients enter the Tanzanian health care system through the hands of general medical practitioners. Therefore, general medical practitioners’ awareness of OMLs is complementary to timely detection of signs for conditions such as lack of vitamins, human immunodeficiency virus infection/acquired immunodeficiency syndrome (HIV/AIDS), malignancies and others that should be diagnosed early, thereby reducing delays, morbidity and mortality rates.

**Purpose:** The study aimed at determining awareness, knowledge and skills for managing OMLs among general medical practitioners in Dar es Salaam, Tanzania. The study was a cross-sectional type involving 325 respondents from 45 health facilities in Dar es Salaam, categorized into Clinical Officers (41%), Assistant Medical Officers (10%), Medical Officers (45%) and Specialists (4%), of whom 61% were males.

**Results:** More than half of the respondents (58%) reported that they were not aware of the clinical appearance of OMLs, while 76% had little knowledge about OMLs related to HIV/AIDS. Surprisingly, 31 to 91% of the respondents did not remember which diseases/conditions may be diagnosed through the oral mucosa. Two thirds (66%) of the respondents reported that they were not examining patients’ oral mucosa routinely and 77% reported unlikelihood to advise patients about risk factors for oral cancers. Sixty-eight percent (68%) of the respondents reported to have had no opportunity for examining a patient with OMLs in their practices. Respondents said they could identify few risk factors and oral mucosal changes associated with oral cancers. Most of the respondents (70 to 93%) thought they had no sufficient knowledge on prevention and detection of oro-facial neoplasms, while 83% opted for provision of information about oral mucosa lesions.

**Conclusion:** General medical practitioners in Dar es Salaam reported low awareness, knowledge and skills for managing OMLs. Avenues to provide general information and skills on oral mucosa lesions to medical practitioners in Dar es Salaam should be explored.

P2. Women as Expert Witnesses in Forensic Dentistry

Carolyn Cottrell, Tufts University School of Dental Medicine, USA

Women dentists are becoming more prevalent in the medical examiner’s office and in court rooms for expert testimony and analysis for bite mark cases involving homicides and assault. Dental charting plays a significant role in correct identification postmortem. The postmortem radiographs taken by the dentist is paramount in comparing with the original dental records. The need for accurate charting for postmortem identification begins in the dental office.

The sequence of steps to obtain bite marks for identification are outlined and worked up for court presentation. Bite marks are not considered a proven scientific way to identify the deceased, but when DNA and lab results from the bite marks are combined, the percentage of correct assailant identification increases dramatically. Cases are presented to show antemortem, postmortem and perimortem radiographs and comparisons to correctly help identify the deceased. Cases will include domestic and child violence, mass disasters, fires and acts of terrorism. Cases for bite marks will include animal, human and objects that look like bite marks.

There is a brief segment of women who murder and how their techniques differ from men who murder, and how who they murder differs from their male counterparts.

The presentation is a collaboration of many investigators who have been given permission by the families and or relatives to use the images for teaching purposes.
P3. Mentorship Program for Leadership Development of Women in Dentistry
Risha De Leon, Peggy Timtohe, Nithya Chickmagalur, Jane Shin and Camille Gannam, Harvard School of Dental Medicine; Judy Nghiem, Women’s Dental Society of Massachusetts; Kathryn Coyle and Samira Salari, Harvard School of Dental Medicine; Zara Nensey and Rachel Lukas, Boston University Henry M. Goldman School of Dental Medicine; Jaskaren Randhawa and Seonha Park, Tufts University School of Dental Medicine; and Ofelia Villanueva, Women’s Dental Society of Massachusetts, USA

Mentorship has been proven to be a key ingredient in career success. Studies have shown a strong association of mentored career development and career satisfaction. The Women’s Dental Society of Massachusetts (WDSM) is a group of women dentists that supports the mission to promote women in dentistry. A part of WDSM’s project is the Mentorship Program. A preliminary survey from the board members show 80% have interest in community projects and mentorship. It is a challenge for dental students, especially women dentists, to find mentors that would guide them to successful careers and personal lives.

The Mentorship Program aims to provide a structure for guiding dental students and connecting women dentists to foster their interest to mentor future dentists. The program also aims to cultivate the potential of women dentists to become leaders in their fields of interest. The initial project of the Mentorship Program featured a round table discussion with a panel of women with different careers in dentistry, such as academe, private practice, public health and research. The seminar focused on career pathways and challenges and opportunities for women, such as work-life balance and family life. Each participant described her own career path, and the panel was followed by discussions with the students and residents of the different dental schools in Boston.

Participants of the program and members of WDSM had positive feedback on the event. WDSM would like to further develop the program to cater to the different needs of each individual. Additional development of the mentorship program involves pairing students to the different mentors available and working in mentorship groups with the goal of discussing career goals. A report of the structure, experience and future evaluation will be presented.

P4. The Significance of Including Oral Health Education in the Doctoral Curriculum—An Interdisciplinary Approach to Promote Oral Health
Tatyana Pustylnik and Namra Amin, Lake Erie College of Osteopathic Medicine School of Dental Medicine, USA

Most infants and young children are seen by a primary care physician within the first few years of life, but dental needs remain unmet for the majority of these individuals’ lives. It has been reported that on average, children do not see a dentist until the age of three, and a concerned mother is more likely to go to a pharmacist regarding her child’s sporadic jaw pain rather than a dental professional. Over the past years, various studies have highlighted the connection of oral health to the general health and holistic well-being of the patient, but few efforts have been made to address the need for collaborative efforts among the health professions. Historically, the health professions encompassing medical, dental and pharmacy have been divided into their own separate entities, but it is clear that oral health disparities cannot be addressed without a mutual effort from all disciplines. The importance of a collaborative approach to enhance a child’s health cannot be underestimated.

The purpose of this study is to determine the level of knowledge of general basic science concepts as well as the understanding of current oral health issues among the interprofessional schools of Lake Erie College of Osteopathic Medicine’s pharmacy, medical and dental academic institutions. The experiment will consist of a 15-minute quiz that will be administered to second-year pharmacy, medical and dental students. The quiz will encompass general basic science questions relating to the anatomy, physiology, pathology and microbiology of the major organ systems. The quiz will also include questions regarding oral health issues from a pathological and developmental standpoint. It will be a unique study because it will not only demonstrate the level of basic science knowledge among all three professional school curricula, but will also measure the level of understanding of oral health issues among medical and pharmacy students in
comparison to the dental students. The results of this study will help identify gaps in the curricula of these three disciplines and provide an opportunity to improve oral health outcomes from the increased awareness of each other’s expertise. The results of this study will be presented at the conference.

P5. Consolidating Dental Public Health Efforts Through Organized Interdisciplinary and Community Partnerships
Ranjitha Krishna, Carol Hanes, Pamela Cromer, Jigar Bhagatwala, Andrew Mazzoli, Nancy Young and Chris Cutler, Georgia Regents University; Debbie Layman, Costa Layman Farms; Yanbin Dong, Georgia Regents University, USA

Purpose: The purpose of this one-day free service health fair, located at the Costa Layman Farms in Trenton, SC, was to bring together students and faculty from different disciplines including medical, dental, nursing and physical therapy at Georgia Regents University (GRU) with the objective of assessing medical and dental diseases in underserved Hispanic farm workers.

Methodology: Examination stations were set up by different disciplines and patients were examined for different health parameters independently by the disciplines. Dental examination included assessing presence of untreated decay, broken teeth, gingival inflammation, dental abscess and tooth pain. The other screening options available for participants included body mass index (BMI), blood pressure (BP), comprehensive metabolic panel, cholesterol, vitamin D, HIV blood testing, vision and glaucoma, dermatology, respiratory function, physical therapy, occupational safety demonstrations, laboratory counseling, patient education and referral based follow-ups.

Results: Among the farm workers who received a dental exam, 93.6% were diagnosed with untreated dental decay, 52.3% had presence of gingival inflammation, 49.5% had broken teeth, 22.3% reported pain in one of their teeth and 4.6% had a dental abscess. This group of people also had a high prevalence of other chronic medical problems: 81.5% of the participants were either overweight or obese and 64% were either pre-hypertensive or hypertensive. An informal survey of the students suggested that both the dental and non-dental students benefitted from working in this multidisciplinary setting and welcomed the idea of group-based learning activities in the future.

Conclusions and future directions: We noted a high prevalence of untreated oral disease and other chronic diseases, such as overweight/obesity, pre-hypertension/hypertension, in this group of immigrant Hispanic farm workers. Efforts are being made to include more detailed dental examinations in the future to enable us to further explore the relationship between oral disease and other systemic diseases in this population. Community partnerships serve as an excellent model for interdisciplinary and public health education for dental students. Consolidating public health efforts between different health care disciplines is integral to the overall well-being of the community. Exposure to a different level of untreated dental disease in a cultural environment different from regular classroom/clinic setting enhances the student's overall learning experience. Development of skills needed for dentists to work in public health settings and with other health care professionals should be an integral part of the dental curriculum and could have a significant impact on reducing oral health disparities in the future.

P6. Evaluating a Campus-Based Intensive Faculty Development Program for Women Across Disciplines at a Medical University
Ashli J. Sheidow, Jennifer Welsh, Tamara Nowling, Darlene Shaw and Elizabeth Pilcher, Medical University of South Carolina, USA

Purpose: To evaluate a unique campus-based faculty development program offered to women faculty from six different colleges at an academic health center. This interprofessional program was geared to women faculty with diverse career interests and aspirations.

Methods: Leadership development programming currently offered by the Association of American Medical Colleges (AAMC) inspired this program. A group of volunteer faculty at the Medical University of South Carolina planned a two-day intensive program for 54 women faculty, who were selected for this program by their deans as having leadership potential. This faculty came from Colleges of Medicine, Dentistry,
Pharmacy, Graduate Studies, Nursing and Health Professions and held the ranks of Associate Professor and below. Medical University of South Carolina faculty designed the program sessions, with input from AAMC representatives. Sessions ranged from large group panel discussions to small group sessions covering many topics, including negotiating skills, self promotion, networking, running effective meetings, developing a mentoring network and dealing with difficult people. The program also included an exercise involving a commitment to specific career-advancing steps. There was a panel presentation of successful women on campus and another panel presentation of the college deans and the provost.

**Results:** This program was evaluated by the participants with overwhelmingly positive results: 94% were satisfied with the program and 96% would recommend it to others. The evaluations of each session were rated as helpful or very helpful. Eleven of the 13 offerings were rated at helpful or very helpful by at least 75% of respondents. The attendees also reported an increase in their desire to pursue promotion and tenure in the upcoming year as well as an increased desire to pursue leadership positions. The cost of this program was underwritten by the College of Medicine and was a fraction of what the cost would have been to send these participants to leadership development programming at off-campus offerings. Graduates of this program will be tracked for academic advancement and gaining leadership responsibilities.

**Conclusions:** This program was determined to be a cost-effective, sustainable and successful leadership development program for the advancement of women leaders. This program will be offered again in 2014.

**P7. A Woman Dentist and Global Health Advocacy**

Raman Preet, Umeå Centre for Global Health Research, Sweden

This poster addresses the efforts of a woman dentist in global health advocacy, reflecting the challenges faced during these advocacy efforts. With seven years of diverse experience in general dentistry gained in India, I arrived in London at the age of 30 to pursue a one-year master’s degree in dental public health. My advocacy work was kindled upon my return to New Delhi, India, through the promotion of an oral health prevention agenda and tobacco control activities. A year later I moved to Sweden, where I pursued an M.P.H. During my studies I obtained an internship in New York at the United Nations Headquarters, Division for Advancement of Women, which is now part of UN Women. My studies and this internship experience provided me with a holistic view of health beyond the professional domain of oral health.

Over time, my endeavors in global health evolved in three areas: interprofessional education, research capacity building and dissemination. My efforts in interprofessional education were first initiated when, as a second-year M.P.H. student, I gave a two-hour lecture on global oral health, which was incorporated into the M.P.H. curriculum. Additionally, I presented a poster describing this work in May 2014 at the Consortium of Universities for Global Health Fifth Annual Global Health Conference in Washington, D.C. I also taught a module in global health—why it matters and who safeguards it— to medical students in their fifth semester. This module is now a part of the curriculum. Co-convening an international conference on global public health inspired my interest in building research capacity in developing countries and creating sustainable networking platforms for health professionals. The conference was held in Colombo, Sri Lanka in December 2012, and I was the conference’s scientific chair. I received a small grant of $8,000 to organize the event, which attracted delegates from 35 nations and had combined sessions on oral and general health. A second conference was held in July 2014. In addition, I drew on my decade of experience in advocacy to write a viewpoint article, “Health professionals for global health: Include dental personnel upfront!”, which was published in July 2013 in Global Action Health, a peer-reviewed online journal.

The activities I have described are steered by my passion for promoting the integration of NCDs and oral health in the global health agenda. My main message is to call out for mentors to pair up with those in need.
P8. Women In Dentistry: An Overview of the Tufts University School of Dental Medicine Task Force.

Maria Papageorge and Aruna Ramesh, Tufts University School of Dental Medicine, USA

It is apparent that the proportion of women in various fields of higher education, including dentistry, is increasing steadily. The number of female dental students has increased from 23.80% in the early 1980s to 46.6% in 2010, leading to increased enrollment of women in advanced education programs (40.2%) and increased participation in dental academia. Currently in the United States, 18.46% of dental school deans are women. The American Dental Education Association (ADEA) considers the issue of representation of women in dental education very critical for the future of dental education for both men and women. The ADEA Leadership Institute and other programs at national and international levels are promoting career advancement in women.

At Tufts University School of Dental Medicine (TUSDM), for the past seven years the average number of female dental students enrolled has consistently been more than or equal to the male dental students. In 2013, 54% of incoming dental students were females. However, only 37% of the faculty are women and among them only five are at senior faculty ranks and two are department chairs.

To foster the development of women faculty and students for future leadership roles, the Women in Dentistry Task Force was developed at TUSDM. The group was charged with exploring faculty development opportunities within Tufts University and nationally, planning a lecture series featuring women leaders in dentistry and the health professions, and formalizing mentoring opportunities. The goal was to help and support female dentists in their professional development, to increase representation of women in leadership roles at TUSDM and to provide equal opportunities to all members of our community regardless of gender, ethnicity, race or religion. As a first step, a survey was developed to collect baseline data on perceptions of the school community regarding career development and progress opportunities and challenges encountered. The information obtained will serve as guideline to structure and strengthen current and future initiatives in development of women dental professionals in the school.

Conclusions: There is a need to develop programs to promote leadership for women dentists at an institutional level. The Women in Dentistry Task Force developed at TUSDM, its charges and recommendations may serve as a model for other institutions to build on.

P9. Which way to Lean? A Pilot Study of Female Dental Faculty Career Ladder Aspirations and Choices at One Midwestern U.S. Dental School

Marsha Pyle and Pamela Overman, University of Missouri - Kansas City School of Dentistry; Karen West, University of Nevada, Las Vegas, School of Dental Medicine; Cynthia C. Gadbury-Amyot, University of Missouri - Kansas City School of Dentistry, USA

Purpose: Females have historically been underrepresented in U.S. dental education. Past low enrollment of women in dental schools and faculty recruitment practices that tap into private practice are some of the factors that contribute to the current situation. With fewer years in the dental education pipeline, a study examining women faculty perceptions regarding career advancement would be relevant. Therefore, the purpose of this pilot study was to survey female dental faculty regarding aspirations and choices for advancing their career and seeking leadership opportunities.

Methods: A survey of all full-time female dental faculty at the University of Missouri - Kansas City School of Dentistry was conducted following approval by the Institutional Review Board (Protocol #14-014). The survey utilized an online format and resulted in a 64.8% (24/37) response rate.

Results: The majority of respondents are white, 40–60 years of age, with clinical science (58.3%) as their primary appointment. Tenure and non-tenure track appointments are evenly divided among the participants. The majority (54.2%) report currently holding a leadership/administrative role, with 33.3% noting monetary reward for that position. When asked what contributed to their desire/decision to seek advancement the two greatest reasons included increased pay (45.8%), and the opportunity to utilize one's skills and talents (45.8%). For those who reported no desire to seek a leadership/administrative role, the two greatest reasons included currently satisfied with position and role (20.8%), and value my own time/family/lifestyle (20.8%). Leadership
opportunities of interest to participants include patient care (62.5%); clinical administration (54.2%); faculty development and interprofessional education (50%, respectively); research (45.8%); curriculum revision (41.7%); accreditation, higher administration and strategic planning (33.3%, respectively); higher administration (29.2%), recruitment (25%); budget and public health policy (20.8%, respectively); advancement/fundraising (12.5%) and other (8.3%). Approximately 46% report participating in leadership training and 66.7% were involved in leadership activities in the community.

Conclusions: These findings illustrate that female dental faculty are stepping up (leaning in) when career advancement opportunities present, even though the pipeline has only started seeing greater gender equality of graduating dental students in the past two decades. It was also positive to find that while monetary rewards served as a motivator, equally motivating was the opportunity to utilize one’s skills and talents. For those reporting no desire for advancement opportunities, it was personal choice rather than institutional barriers that were most frequently chosen.

P10. Enhancing Faculty Leadership Potential Through Mentorship
Bernadette Fa, Laura Reid and Lucinda Lyon,
University of the Pacific Arthur A. Dugoni School of Dentistry, USA

Purpose: Our purpose was to develop a mentor program for early- and mid-career faculty at the University of the Pacific Arthur A. Dugoni School of Dentistry that would guide junior female faculty members through academic career milestones and develop them for academic leadership.

Methods: In June 2012, AAL held its first Compass Program, where leadership was discussed and mentorship espoused as a strategy to advance leadership potential for early- and mid-career dental faculty. In late 2012, Pacific Dugoni dental school faculty heard a presentation about the benefits and objectives of a mentorship program. A preliminary survey sought interest to participate; department; preferred focus or goal of mentorship; and faculty desire to become a mentor, mentee or both.

Results: Among 39 respondents, 13 female faculty responded in the preliminary survey. Of the 13 women, 100% saw themselves as a mentee while 55% saw themselves as a mentor. Female faculty sought guidance in four categories—77% indicated interest in finding a mentor to foster research success, 46% sought a mentor for pedagogy or course directing, 54% wanted guidance in career and academic advancement and 62% felt a life balance mentor would be helpful. When asked what part of mentor interaction appealed to them most, female faculty responded that shared vision, receiving support, accountability and life balance strategies were important.

A pilot group was formed and a secured online site created. The site has information regarding mentorship, provides an opportunity to engage in an electronic forum and encourages posting mentorship articles.

Conclusions: The road to opportunity begins when women as leaders “lean in” to their positions. In September 2013, Harvard Business Review dedicated an entire section to women in leadership and the societal challenges that remain. One strategy to enhance leadership potential is through mentorship, which provides structure and connection to successfully grow individuals in the workplace.

In dental education, there are many avenues for students to find faculty mentors, but junior faculty do not typically have similar opportunities. Female junior faculty would benefit from mentors to help them succeed in meeting the unique challenges in academia.

Mentoring resources should be developed and formal mentor relationships established within academic institutions to foster achievement of career goals, and develop female faculty into tomorrow’s academic leaders.
P11. The CU (University of Colorado) WILL (Women’s Interprofessional Leadership Learning) Project: A Summer Interprofessional Leadership Learning Academy for Influencing Community and Global Health

Denise Kassebaum, The University of Colorado School of Dental Medicine; Judith Albino, Colorado School of Public Health; Anne Libby, The University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences; Lyndsey Crum, The University of Colorado School of Dental Medicine, USA

The University of Colorado (CU) Women’s Interprofessional Leadership Learning (WILL) project will identify and develop emerging female leaders within the dental and other health professions. With a focus on the early career professional, CU WILL targets junior female faculty within five years of their first faculty appointment and provides them with collaborative leadership development opportunities that focus on community and global health. While nationally recognized women’s leadership programs such as ELAM (Executive Leadership in Academic Medicine) focus on senior women faculty at the associate or full professor levels who demonstrate potential for assuming academic health center leadership positions, the CU WILL program has been developed to inspire more junior women leaders to assume leadership roles in improving health in local and global communities.

The CU WILL is a year-long program, structured to include a summer learning academy followed by a year of collaborative team participation on a local community project or global health initiative. Hosted by The University of Colorado School of Dental Medicine, leadership training will be provided on the Anschutz Medical Campus. Field projects will be designed with CU’s collaborative partners located in Colorado’s surrounding urban and rural underserved communities, as well as at the global education sites of The University of Colorado Anschutz Medical Campus schools and colleges.

The main objectives of the summer academy are to (1) develop participant awareness and interpersonal influence skills and (2) provide skills-development that prepares participants for leadership roles in local and global communities through media, advocacy, community influence and organization training; global cultural competence; and clinical/translational research approaches. A core of senior faculty will provide seminars on relevant topics. All participants will receive feedback on personal approaches, styles and strengths. Additionally, engagement in formalized professional goal-setting, and extensive pre- and post-program assessments of participants, will inform future best practices for engaging and developing these emerging women leaders.


Ayse basak Cinar, University of Copenhagen, Denmark

Social entrepreneurship (SE) is defined as a process involving the innovative use and combination of resources to pursue opportunities to catalyze social change and/or address social needs. SE is a process of creating a social value by stimulating social change and innovation. Women are almost twice as likely to reach the top ranks in social enterprises as they are in mainstream businesses, and more than 90% of companies that focus on addressing social problems have at least one woman on their leadership team. Entrepreneurship in dentistry, especially for women, has not had large focus; however that is the key for successfully tackling the battle of inequalities in oral health. A consistent and globally growing problem in relation to both health education—and health promotion efforts—is that large inequalities exist in most types of diseases and health-related behaviors. The inequalities in health seem to be strongly related to psychosocial factors. Neither health education nor health promotion seems to be able to reach those people with the least education and least finances or reduce inequalities; it is striking that inequalities existed even in countries with the best welfare regime. One of the major reasons is that while dentists undergo extensive and advanced education and training to learn “what is best” for patients, the education mostly misses “how” to achieve what is best. How to achieve best lies within SE and Health Coaching (HC) approaches because they both focus on patients’ personal growth based on their values.

HC is among the most recent and effective patient-centered SE approaches in health promotion. HC aims to facilitate individuals in transforming/changing their cognitive and emotional functioning to adopt positive
health behavior by setting up personal goals and specific action plans. HC can be viewed as a value-based SE, and is perhaps where the strengths of female entrepreneurs lay. Value-based SE is the key for today's successful organizations and women are set to be better at value-based leadership due to their professional cognitive and emotional characteristics. Recent studies have shown that HC is directly associated with positive lifestyle outcomes (smoking cessation, obesity and diabetes management). However, HC has not been studied in dentistry until recently. Based on findings of our international studies about HC, HC can be considered a form of SE in dentistry, especially for women.

**Learning Objectives:**
Participants will be able to
1. Explore and understand Health Coaching (HC) principles.
2. Explore HC principles in their practices through HC-based role plays.
3. Debate and understand HC as a form of SE among women in dentistry

Value-based leadership in dentistry may be the future for success in terms of reducing the inequalities in oral health, especially among the vulnerable populations. HC can be an effective and promising tool to achieve that.

**Activities:** Inspirational lectures, one-to-one practice of HC-based communications, role-playing, video plays

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**P13. Work, Education and Personal Assessment of Women Graduates from the University of Puerto Rico School of Dental Medicine from 1992–2012**

Ana Lopez Fuentes, Elba Díaz, Carla Rodríguez and Marilisa Más, University of Puerto Rico School of Dental Medicine, USA

**Purpose:** To explore and describe work, education, personal characteristics and perceptions of women dentists graduated from 1992–2012 from the University of Puerto Rico School of Dental Medicine (UPR SDM); as well as their role in academic, clinical and research activities and their impact on curricular decision-making.

**Methods:** A quantitative methodology will be employed. Data is being collected using an electronic survey administered to all (n=485) women graduates from UPRSDM from 1992–2012. This survey includes questions regarding sociodemographic variables, academic experiences, past and current employment, leadership and mentoring roles and perceptions related to gender. Participation will be enhanced by the use of social media platforms, such as Facebook and others. Data will be analyzed using descriptive statistics.

**Results:** An analysis of preliminary data (n=24) suggests that UPR SDM women graduates are currently working in group practices and many have chosen to pursue advanced dental education in general dentistry or specialties. There is also a tendency for graduates to pursue careers in academia and seek other women as mentors. Preliminary data suggest recommendations to include women’s oral health in future curricular revisions.

**Conclusions:** Preliminary data suggests an increased number of women graduates in recent years tend to continue advanced dental education and settle in the United States due to suitable employment opportunities. As more women are serving as faculty members in pre-dental and advanced dental medicine programs, their leadership roles have proportionally increased as well as their roles as mentors within the academic community.

Once data collection and analysis is completed, final results will be presented.

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**P14. Evaluating Preparation and Practice Experiences of Adult Scope Dental Therapy Graduates in Victoria, Australia**

Brenda Ryan and Julie Satur, The University of Melbourne, Australia

Dental therapists are registered dental practitioners who provide diagnostic, preventive and restorative dental services in collaboration with dentists, traditionally limited to people under 26 years of age in Australia. Both dental therapists and oral health therapists provide dental therapy services.

The Dental Board of Australia (responsible for registration of dental practitioners in Australia) determined in 2010 that completion of a university-based educational program would enable dental therapists and oral health therapists to qualify to provide services, within the scope of dental therapy practice, for patients of
all ages. The Melbourne Dental School’s Post Graduate Certificate in Dental Therapy (Advanced Clinical Practice) (PGCDT-ACP) was developed to meet the Dental Board of Australia’s competency requirements for this type of practice.

In July 2013, the first delivery of this program began with 13 participants. Selection for entry required current registration with a minimum of two years dental therapy practice experience. This study evaluated the student learning experience and practice outcomes in the first cohort, six months after program completion.

**Purpose:** This study objectives were to:
1. Evaluate the student learning experience offered in the program.
3. Describe the utilization of adult scope of dental therapy skills and models of care in participants’ practice settings.

**Methods:** All 13 students undertaking the first offering of the PGCDT-ACP were invited to participate in the study (RR=100%). Voice recorded, semi-structured qualitative interviews of one hour duration were undertaken with each participant. These were transcribed and analysed using Nvivo™, offering themes in educational processes, student learning experiences workplace impact and the structure of practice models and service outcomes.

**Results:** Participants in the study were working in a wide range of rural and metropolitan public health practices. Early findings indicate a mistrust of regulatory recognition among employers, high levels of respect for clinical skills among dentist colleagues and widening use of skills over time.

**Conclusions:** The PGCDT-ACP program provides a practitioner group to complement and grow the existing dental workforce offering more cost-effective service delivery. The program augments employment opportunities and workforce retention by offering, for the first time, a career development pathway in a clinical stream. This study will be used to improve the educational process in the PGCDT (ACP) and, enable an understanding of how this practitioner group contributes to improving access to care for oral health services.

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**P15. Assessing the Positive and Negative Aspects of the Dental Education Work Environment: Are We Happy and Do We Know It?**

Michelle L. Gross-Panico, Monica Williamson Nenad, Klud Razoky, Colleen Reidhead, Maureen Munnelly Romer and Janet L. Woldt, Arizona School of Dentistry & Oral Health, USA

**Purpose:** The study’s purpose was to analyze and assess the opinions of faculty and staff employed by the Arizona School of Dentistry & Oral Health (ASDOH) to determine positive and negative employment factors as well as overall job satisfaction. The researchers hypothesized that the dental school provides a satisfying work environment for women, which may impact the ability to effectively balance work and non-work demands.

**Methods:** All ASDOH employees (n=309) were sent an 18-item survey via email soliciting their voluntary and anonymous participation. Respondents reported demographic information and evaluated specific employment aspects related to human resources, administrative relationships, collegial relationships and student interaction. Respondents also expressed thoughts regarding job satisfaction and attitudes regarding work environment. Demographic factors were compared to attitudinal factors to determine those items most likely to result in job satisfaction.

**Results:** Of the 309 employees surveyed (156 female/153 male), 131 responded for a 42.4% response rate. Sixty percent of the respondents were female and 40% were male. Of the employees surveyed, 50.6% of females responded and 34% of males.

Female employees, more so than males, are satisfied with their employment and the work environment at ASDOH. Females also agreed more so than males that their immediate manager/supervisor values their thoughts and opinions. Overall, the most commonly reported positive aspects of the work environment included interactions with students, relationships with colleagues, benefits, supportive supervisor/manager and flexible work schedule. Statistically significant differences between males and females were demonstrated regarding benefits, pay, self-directed learning environment, interactions with students and
supportive management. The most commonly reported negative aspects of the work environment overall were low pay, lack of promotion opportunities, and poor leadership. The sole statistically significant negative item between females and males was poor administrative support (5% vs. 21%, respectively).

Further, 72.6% of all respondents and 86.1% of women agreed or strongly agreed with the statement, “Overall, I am satisfied with my employment at ASDOH.” In response to the question, “Do you see yourself employed at ASDOH 5 years from now?” 63% of total respondents answered yes.

**Summary/Conclusions:** Female employees tend overall to be satisfied, thus supporting the hypothesis. The areas in which there are significant differences between males and females need further study to ensure that female employees are given the same opportunities, benefits and support as their male counterparts. Realizing and understanding these employment factors will assist dental school administration in recruiting and hiring a stable, productive workforce.

**P16. Pipeline Program to Expose Disadvantaged Public School Students to Dentistry**

By Deirdre Young and Diane Hoelscher, University of Detroit Mercy School of Dentistry, USA

**Background:** Early exposure for middle school and high school students in urban areas to careers in dentistry can aid in increasing the diversity of the oral health care workforce. There is a lack of dental health care providers in underserved areas as well as role models, and disadvantaged students receive minimal exposure to the requirements for successful entry into dental profession.

**Purpose:** The Dental Imprint Program (DI) was developed by University of Detroit Mercy School of Dentistry (UDM SOD) as a grassroots effort in Detroit. The program uses an innovative approach to recruit potential disadvantaged and/or underrepresented minority students to consider a career in dentistry and to assist in overcoming barriers. Through a formal partnership with the Detroit Public School District, we aim to increase area middle and high school students’ knowledge of the dental admissions process, benefits of a diverse workforce and oral health care. Our programs seek to address oral health care workforce disparities and positively impact access to care.

**Methods:** Through early exposure activities, the DI program aims to help achieve a workforce sensitive to the needs of the city it serves, while closing the gap in dental disparities. The DI program addresses potential barriers for disadvantaged students in an urban area by focusing on exposure to careers in dentistry, admission requirements and oral health care.

**Conclusion and future directions:** This program meets the objectives of exposing Detroit area middle and high school students to the dental field, admission requirements and good oral health behaviors. A longitudinal study following these students through college would be helpful to determine college selection, career selection and placement. UDM SOD has partnered with the Michigan Area Health and Education Center to track DI students through the pipeline. Despite not having longitudinal data, this report may assist other institutions with developing pipeline programming for disadvantaged middle school and high school students in urban areas.

**P17. Madre Cabeza de Hogar: Challenges Facing Afro-Colombian Women Entrepreneurs**

By Naakoshie Mills, Columbia University, USA

**Purpose:** Studies show that development projects that invest in women entrepreneurs are considered “smart economics.” On average, women are more likely to contribute their earnings to health services, children’s welfare and social advocacy. In Colombia, South America, Afro-Colombian women battle issues of racism, classism and sexism when seeking to build businesses and support their families and communities. Highlighting the positive impact of civil society in mitigating challenges faced by Afro-Colombian women entrepreneurs, this proposal underscores the topic of balancing career and family obligations, as well as women’s empowerment and leadership. Results and summaries are based on the concept of single mothers and children, supported by the testimonies related to class inequality, the Colombian “machista” culture, and community collective empowerment.

**Methods:** The proposal emerges from a larger research entitled “Promoting Business Empowerment and
Social Inclusion: A Study for Afro-Colombian Women Entrepreneurs, “ conducted during the author’s Fulbright research grant in Colombia between August 2012 and April 2013. It employs a qualitative method, with emphasis on ethnography due to the lack of existing literature. Using Endnote, a literature review provided background information on feminist and Africanist theories, epistemology, and Afro-Colombian political/ economic histories. After identifying key research questions and objectives, interviews were conducted in the cities of Cali and Cartagena among women self-identified as Black, Afro-descendant, Palenquera, or Afro-Colombian. From the interviews, concepts were derived through coding on the software Atlas T.

Results: Findings from the research show:

- Women with financial security affect the social mobility and security of children.
- Small businesses allow women to have flexible schedules and to tackle responsibilities between home and work, especially for those who lack spousal support for additional income.
- Reasons for creating micro-enterprises stems from difficulties in supporting families on single salaries.
- Grassroots women’s organizations give entrepreneurs advantages and training in business/trade skills, social activism, self-esteem and networking.
- Micro-enterprises provide financial security, impacting women’s leadership and buying power within the home, challenging traditional gender roles in society.

Conclusion: Based on the results of the study, more economic and technical national and local government support is needed for Afro-Colombian women entrepreneurs to break existing barriers in race, sex and class, and ultimately advocate women’s leadership and empowerment. Foreign and national investment should be administered to promote the growth of grassroots organizations for skills training, childcare, activism and financial sustainability.

P18. Harmonizing Professional, Personal and Social Responsibilities: Indian Woman Dentist’s Perspective
Suhasini Nagda, Nair Hospital Dental College, Mumbai, India

It has been observed that in recent times, there has been a remarkable increase in the number of women opting for dentistry as a profession in India. At the base of the pyramid there are more than 50–60% women in undergraduate courses. However, as we go up the hierarchy, there are proportionately fewer women pursuing post-graduation studies. Also, women continuing private practice and opting for positions of importance and high stakes, such as in university, dental council and other decision-making bodies, are few. There is need to evaluate the influence of gender on the challenges that women face. Women are still expected to take on dual responsibilities and gender-specific roles and duties. Female dentists continue to be conflicted by trying to balance professional careers with the competing social and personal responsibilities of marriage, homemaking and child bearing and upbringing. There is a need to identify and reduce these perceived barriers to women’s advancement in dentistry and empower women to successfully balance their careers and social lives.

The proposed study aims to evaluate the present scenario of leadership and initiatives, intentions and motivations of women dentists in India as dental professionals. Ultimately this will encourage social supports for gender equality as well as equity—equality in numbers as well as professional opportunities.

P19. Challenges for Women in the Medical and Dental Professions
Analia Keenan and Silvia Spivakovsky, New York University College of Dentistry, USA

Purpose: Even now in the 21st century, women working as faculty in higher education is a controversial topic that varies from country to country and has a different growth pattern. The difficulty is not just in education. It seems the problem with gender starts even before graduation and looking for employment positions after graduation. For female and males it seems that working in academia is still not a possibility for recent graduates and for females it appears even more challenging. The purpose of the review is to find the challenges presented to women following graduation in terms of
seeking employment in medical and dental education.

**Methods:** Our search of several databases retrieved 315 articles, and after complete review of the full texts six articles were selected for final discussion. The studies included were majority surveys from different countries that assessed the disparities for women in education and jobs after graduation in medical and dental professions. We independently selected and collected data from the studies. The data extracted was related to women in higher education, jobs after education, specialization and jobs in academia.

**Results:** The six studies included in our review demonstrated that it is still a challenge for women to study and then to work, have a family and afford a comfortable life. Working as faculty is still a challenge. In some countries there is still a disparity among females and males related to job equality, salaries, number of hours worked and time for retirement. Even though the number of female students is increasing in higher education, and specifically in dental and medical education, employment for females in general areas and specifically in education is still limited. Female salaries are lower compared to their male counterparts.

**Conclusions:** It seems the gender differences are similar in both the medical and dental professions. The trend in the differences is improving. Hopefully, the dissemination of all the information will make a change in the future employment for women in higher education who possess professional degrees and will reduce the disparities all around the world.

**P20. Improving Oral Health-Related Quality of Life Among Female Renal Transplant Patients**

Nayer Abo elsaad, Faculty of Dentistry, Beirut Arab University, Lebanon; Adel Bakr, Urology and Nephrology Centre, Mansoura University, Egypt.

**Purpose:** Gingival overgrowth (GO) is a complication that is frequently seen with other oral and dental problems in renal transplant patients. GO impedes the maintenance of oral hygiene and can interfere with occlusion, mastication and phonetics. In addition, GO causes aesthetic and psychological problems in some patients, particularly women. The purpose of this study was to evaluate the efficacy of oral hygiene measures for the reduction of drug-induced gingival hyperplasia in female renal transplant patients undergoing therapy with either cyclosporine or tacrolimus to improve the quality of life among patients receiving kidney transplants.

**Methods:** Fifty female renal transplant patients who were diagnosed with early to moderate GO and who exhibited stable allograft function were included in the study. The patients were divided into two groups of 25 patients; the patients in the two groups had been taking either cyclosporine or tacrolimus for more than six months. All patients received the following oral hygiene program: an educational and motivational speech on oral hygiene, oral hygiene guidelines, professional dental prophylaxis for plaque and calculus removal and home oral hygiene for 30 days. The following clinical periodontal parameters were assessed: plaque index, bleeding on probing index, gingival overgrowth index and probing depth. These parameters were evaluated at baseline and during follow up at one, three, and six months. Quality of life was measured using the Oral Health Impact Profile-14 (OHIP-14) prior to treatment and at the time intervals described above. Changes in OHIP-14 were evaluated using repeated measures analysis of variance.

**Results:** At baseline, the two groups were similar with respect to the assessed clinical parameters with no statistically significant differences between the groups (P>0.05). At follow-up assessments, the two groups showed improvement over baseline measurements as indicated by reduced gingival bleeding and gingival sulcus depth. This improvement was greater in the cyclosporine group than in the tacrolimus group; however this difference was not statistically significant (P>0.05).

A significant reduction of the mean initial OHIP-14 scores, which were based on total items checked, was recorded. In addition, the mean baseline severity score improved significantly at the six-month assessment in both groups, with no statistically significant differences between the two groups (P>0.05).

**Conclusion:** The oral health-related quality of life of the study participants improved significantly over time. Patient motivation to maintain meticulous oral hygiene self-care with adjunctive professional dental care can significantly enhance patient quality of life, improving speech, appearance and ability to eat and function normally.
Daphne Ferguson-Young, Marion Harris, Rian Cho, Pandu Gangula, Charles Albury and Leslie Halpern, Meharry Medical College School of Dentistry, USA

Introduction: Intimate partner violence (IPV) is a significant global public health problem without boundaries and spans across socioeconomic, religious and cultural lines. A disproportionate number of IPV victims are females.

Purpose: (1) to present data on associations among IPV, facial injuries and chronic health conditions, (2) to use saliva as a diagnostic predictor for identifying inflammatory markers associated with health disparities and IPV and (3) to apply well-tested diagnostic protocols as a standard of care that can be integrated into the dental curriculum.

Methods: Utilization of “Medline,” “Embase” and a Summon One source that focused on documentation of IPV exposure/injury and biologic markers as prognostic indicators of health including oral health. Databases from January 1970 to November 2012 were examined. Of the 305 relevant titles, 13 met inclusion criteria: biologic salivary markers, health disparities and exposure to IPV.

Results: Diagnostic protocols using facial injury location and verbal questionnaires have good sensitivity, specificity and external validity. Recent educational approaches include multimedia tutorials that involve attitudes, knowledge and practice behaviors. Practitioners use these tools patients regarding IPV, injury location, verbal questionnaires and chronic health conditions. An estimated 75% of physical abuse cases result in injuries to the head, neck and/or mouth. Therefore, oral health care providers are pivotal in identifying IPV. The educational approaches in training dentists to identify IPV, however, have been insufficient. Studies were identified that introduce the use of saliva as a prognostic indicator for IPV-induced/associated health disparities.

Conclusions: IPV is suggested to be a predictor for health disparities and premature mortality across the lifespan, with a significant number of female victims seeking health services for chronic illnesses. This creates a steep fiscal cost ($4.1 billion dollars in the United States with developing countries incurring up to 75% of weekly wages). As such, violence against women is a violation of their fundamental right to good health and well-being. IPV is a global public health crisis (over 4 million in the United States alone). A new paradigm of oral health care should encompass a multidisciplinary model to integrate knowledge and systems into the standard of care for all associated health care providers’ professional responsibilities. To accomplish this change, this topic must be included in the pre-doctoral dental school curriculum. Furthermore, this model of oral health literacy, culture sensitivity and gender specific risk predictors as it relates to IPV must also encourage female oral health care providers to serve as “champions” of IPV identification and intervention.

Stefanie Russell and Anjana Rajendra, New York University College of Dentistry, USA

Purpose: Despite the importance of oral health among pregnant women and the acknowledged safety of dental care during pregnancy, it has been reported that the majority of women in the United States do not visit the dentist while pregnant. Since 2006, several state and professional organizations have published guidelines advocating for dental care for pregnant women. The purpose of this study was to report on rates of dental care in the United States from 2001–2010 and to evaluate whether the utilization of dental care among pregnant women has changed over time, to see if the publication of guidelines has influenced rates of dental care in this population.

Methods: We analyzed data from the Centers for Disease Control and Prevention’s Pregnancy Risk Assessment Monitoring System (PRAMS), collected between 2001 and 2010 in eight states for which data on dental care utilization were available for eight or more years (AR, CO, HI, IL, ME, NE, NY and OR). In each state, all women with a live birth during a given year were mailed a written questionnaire. Women were asked: “During your most recent pregnancy, did you go to a dentist or a dental clinic?” We describe the proportion of women who reported that they did go to a dentist or dental clinic by state and by year, examined trends for each state over time and report on differences between states.
**Results:** Women in AR consistently reported the lowest rates of dental visits during pregnancy (mean 30.5%) while women in OR (mean 47.9%) and NE (mean 48.3%) reported the highest rates. Over 10 years, rates increased significantly by pregnant women in six of the eight states (AR, CO, IL, NE, NY and OR), while in two states (HI, ME) rates of dental visits showed no increase.

**Conclusions:** These results suggest that the publication of guidelines outlining the importance of dental care for pregnant women may have had a positive effect on the use of dental care during pregnancy. Rates of dental visits among pregnant women remain low, however, and further research is needed to confirm whether increased dental care utilization is related to guidelines or to other factors.

**P23. Women Empowerment in Dental Education Curriculum: Sensitizing the Ladies!**

Aman Deep Pabbla, Christian Dental College and Hospital, India

**Purpose:** As significant interest in women’s oral health issues is growing in the western world, concerns that today’s dental practice may not be able to meet the oral/dental health demands of women is becoming evident in the dental schools, probably due to gender bias in dental education, research and clinical practice. This is the reason why surveys have been conducted in dental schools to assess the present situation of female staff, curriculum sensitivity toward the needs of female patients, etc. Unfortunately, we have almost no such data available in India, nor is there any dental college where women-related oral health issues are incorporated in the curriculum. Hence, in this article I have proposed a model to bring about an attitudinal change in female faculty, sensitizing them toward their own oral health so they take up initiatives to teach dental students a more scientific yet compassionate method of working with patients, especially women, in their future clinical practice.

**Model:** AM to PM Model (Attitude change and Motivation to Participation and Management Model). In this model, Attitude and Motivation involves attitudinal change in female faculty, to understand why they need to think about themselves as special group (“I am change” approach). Only then can it become a part of the teaching curriculum. For this, an excellence award is kept for the female dental student with leadership qualities, commanding voice and administrative methods to direct the batch toward improvement of woman’s oral health (called the Ansuya Award—The Learned Woman Award).

**Participation and Management:** Almost 70% of the Indian population resides in villages or small towns, where most females work in fields, small scale units or are housewives. As National Oral Health Policy is still in its draft stages in India, allocation of funds from the government are few for oral health care. Hence, community camps are organized that look into the health aspect of women, in collaboration with medical teams and primary health care centers. Here, women representatives are taken from the community and oral health education, oral hygiene maintenance, change in dietary patterns, and so on, are given to them so they can bring about an obvious change in lifestyle patterns for themselves and their families (“Leader for the Day” activity).

Evaluation of this model from time to time will help incorporate a better sense of teaching and learning in dental students as well as faculty. All that is required is a little focus and the will to bring about a change, and women can then understand their worth in social domains and family circles, and in the process, become oral health literate.
SPEAKER BIOGRAPHIES

Anousheh Alavi, B.D.S., M.Sc., FDSRCS (Edin)
Dr. Alavi is Scientific Affairs Manager at Colgate Palmolive (UK) Ltd. She graduated from University College Hospital Dental Institute, University of London, and after four years in general dental practice specialized in periodontology and obtained her Fellowship of Royal College of Surgeons (Edinburgh) in Periodontology and Oral Medicine. She has carried out research and published papers on periodontal ligament biology, and is a past recipient of the Sir Wilfred Fish Research Award by the British Society of Periodontology. Dr. Alavi has worked for Colgate for over 15 years, where she focuses on close collaborations with the Department of Health, NHS England, Public Health England, Health Education England and bodies in Scotland and Wales. As a member of the British Society of Periodontology and the British Association for the Study of Community Dentistry, her focus is on prevention of oral diseases and reducing health inequalities. Her responsibilities include devising unique partnerships with key stakeholders in dental public health, from training to implementation of oral health strategies in dental teams, and extending primary dental care beyond clinical settings.

Judith Albino, Ph.D.
Dr. Albino is President Emerita, Professor and Associate Dean for Strategic Planning and Development at the Colorado School of Public Health at the University of Colorado; and Senior Consultant, AAL (United States). As a Senior Consultant with AAL, she provides leadership and professional skills training for groups such as the ADEA Leadership Institute, the Colorado-based Leadership for Innovative Team Sciences Program, and a variety of university and corporate groups across the United States. Trained in psychology, she has worked in dental research since beginning her academic career in the School of Dentistry at the State University of New York at Buffalo. After a hiatus of more than 15 years, during which she served as Associate Provost and Dean of the Graduate School at Buffalo, then as President of the University of Colorado and subsequently of Alliant International University, she returned to Colorado to work with colleagues to build a research program in health disparities of American Indian/Alaska Native populations.

Kathryn Atchison, D.D.S., M.P.H.
Dr. Atchison is Vice Provost of New Collaborative Initiatives at the University of California, Los Angeles (UCLA) and Professor in the UCLA School of Dentistry and School of Public Health. As Vice Provost she has broad responsibility over developing collaborative partnerships for UCLA with private and public entities. Since 2011 she has led a collaboration funded by the U.S. Russia Foundation for Economic Advancement and the Rule of Law with the St. Petersburg National Research University for Information, Mechanics and Optics. Between 2005 and 2011 she served as Vice Provost, Intellectual Property and Industry Relations and was responsible for an office that managed over $30 million in contract agreements with industry, and up to $32 million in royalty and fee income from technology transfer. Under Dr. Atchison’s leadership, the size of UCLA’s overall patent portfolio grew from 948 technologies to over 1,700. Dr. Atchison was instrumental in establishing UCLA’s on-campus incubator program with the California NanoSystem Institute.

Gillian Barclay, D.D.S., M.P.H., Dr.P.H.
Dr. Barclay is Vice President of the Aetna Foundation. In this role she leads the development, execution and evaluation of the foundation’s national and international grant programs and cultivates new projects within its three focus areas: reducing obesity by promoting wellness and healthy choices, improving equity in health and health care and promoting integrated health care. As part of her responsibilities she is a frequent spokesperson for the Foundation, presenting its work and its grantees’ accomplishments to various audiences. Prior to joining the Aetna Foundation, Dr. Barclay was an Advisor at the Regional Office of the World Health Organization in the Office of Caribbean Program Coordination. There, she managed a portfolio of initiatives that focused special attention on building health leadership and public health systems.
Previously, she was the Evaluation Manager of Health Programs for the W.K. Kellogg Foundation, where she was responsible for the impact of the Foundation’s investments to improve healthy equity, increase the quality of health and health care, and enhance community health and wellness.

Sahar Bin Huraib, B.D.S., M.P.H., AEGD, FAIHCQ
Dr. Bin Huraib is Consultant in Dental Public Health in the College of Applied Medical Science, Dental Health Department at King Saud University in Saudi Arabia. She is also a restorative dentist at the University. Dr. Bin Huraib received her B.D.S. in 1988 from the College of Dentistry, King Saud University. In 1991 she was awarded a scholarship from the Government of Saudi Arabia to pursue an M.P.H. degree at the University of Oklahoma. She earned her M.P.H. in 1993 and completed the Advanced General Dentistry Program at the University of Oklahoma College of Dentistry in 1994. In 1997, she joined King Saud University as Coordinator and Director of the University Staff Clinic and Specialist Restorative Dentist, where she was responsible for the overall management and performance of the clinic. In 2006, she joined the College of Dentistry as Course Director in the Dental Assisting Diploma Program and assumed her current appointment as Consultant in 2007. Since 2010 she has held appointments on multiple university committees and has received numerous citations and recognition for her contributions to the College of Dentistry and the University.

Lorna Celia Carneiro, D.D.S., Ph.D.
Dr. Carneiro is a Lecturer in Prosthodontics in the Department of Restorative Dentistry at the School of Dentistry, Muhimbili University of Health and Allied Sciences. She is also Immediate Past President of the East and Southern African Division of the International Association of Dental Research (IADR), President-Elect of the Tanzania Dental Association and Treasurer of the African Dental Educators Association. She has worked as an academician since 1989 and has published a number of scientific articles and several conference abstracts. Dr. Carneiro also supervises undergraduate students in their elective research and postgraduate students in their dissertations. Besides chairing numerous organizing committees for several international and local conferences, she also is a member of several associations, including the Medical Women of Tanzania. She was awarded the Unilever Hatton Award for the East and Southern African Division in 2005 and represented her division at the IADR General Session.

Kim C. D’Abreu, M.P.H.
Ms. D’Abreu is Senior Vice President for Access, Diversity and Inclusion at ADEA. In this capacity she is responsible for creating, developing and managing products to improve and support the diversity inclusion practices of ADEA Member Institutions, including the development of innovative demonstration projects and leadership programming for diverse faculty and administrators. Before joining ADEA, Ms. D’Abreu was the Deputy Director of Pipeline, Profession & Practice: Community-Based Dental Education (Dental Pipeline) at the Center for Family and Community Medicine at Columbia University. Dental Pipeline is a nine-year, $30 million national grant designed to improve oral health care access for vulnerable populations.

Teresa Dolan, D.D.S., M.P.H.
Dr. Dolan is Vice President and Chief Clinical Officer of DENTSPLY International, Inc., and Dean Emeritus of University of Florida College of Dentistry (UF COD). In her role as Chief Clinical Officer, Dr. Dolan provides strategic direction for global DENTSPLY professional education activities in accordance with American Dental Association CERP standards and guidelines. She also is actively engaging with the various business units to support their unique clinical initiatives and strategies. Dr. Dolan joined DENTSPLY after serving as Professor and Dean of the UF COD from 2003 until 2013. As Chief Academic Officer, she managed a $62 million operating budget, with $13.7 million in research funding and revenue from more than 100,000 annual patient visits. Dr. Dolan joined UF in 1989 as the Faculty Director of the Geriatric Dentistry Program, focusing research and publication in areas of geriatric dentistry: access to care and oral health (promotion
and appropriate outcomes) for older populations. She is recognized for her contributions to the image of women in dentistry and as a champion for diversity.

**Olawunmi Adedoyin Fatusi, BChD, FMCDS, FWACS, MPA, Cert Res Ethics**
Dr. Fatusi is Dean and Professor of Oral and Maxillofacial Surgery at Obafemi Awolowo University, Ile-Ife, Nigeria. Her main research focus is maxillofacial neoplasm and her work in the field is nationally and internationally recognized. She is a trained Fellow of the South African Research Ethics Training Initiative programme (SARETI) and has a growing interest in gender issues and community engagement. She speaks at many conferences and has collaborated effectively and efficiently with clinical researchers in different specialties, both within and outside dentistry. She is strongly committed to curriculum development and some of her mentees now hold faculty positions in different universities in Nigeria. She is the current Dean of the Faculty of Dentistry as well as the Vice-Chair of the Ethics Committee of the Institute of Public Health of the same University.

**Cecile A. Feldman, D.M.D., M.B.A., FAGD, FACD, FICD**
Dr. Feldman is Director for Deans on the ADEA Board of Directors and Dean of the Rutgers School of Dental Medicine. Dr. Feldman has served in the deanship since 2001. A 1984 graduate of the University of Pennsylvania School of Dental Medicine, Dr. Feldman went on to earn a certificate in advanced general dentistry from the same school in 1985 and an M.B.A. in Health Care Administration from the Wharton School. She joined the dental school as Clinical Assistant Professor in 1988, and since then served as a Professor in the Departments of General Dentistry, Restorative Dentistry and Community Health. In 1990, Dr. Feldman became Director of Information Services and Quality Assurance, then Associate Dean for Planning and Assessment, and in 1998, Acting Associate Dean for Academic Affairs. Dr. Feldman has been principal investigator or co-investigator on many grants and primary and co-author of more than 100 articles, abstracts and book chapters. Her areas of expertise include quality assurance, outcomes assessment, health informatics, health services research and health professions education. Dr. Feldman has earned presidential service awards from the American Dental Association, New Jersey Dental Association and ADEA.

**Lily T. Garcia, D.D.S., M.S., FACP**
Dr. Garcia is Chair of the ADEA Board of Directors and Associate Dean for Education in the Department of Prosthodontics at The University of Iowa College of Dentistry & Dental Clinics (UI COD). Dr. Garcia was a faculty member at the University of Texas Health Science Center at San Antonio Dental School where she served as Chair of the Department of Prosthodontics from 2001–2010 and Director of the Division of Advanced Education and External Affairs in the Department of Comprehensive Dentistry from 2010–2013. Dr. Garcia is Chair of the American College of Prosthodontists Education Foundation and Past President of the American College of Prosthodontists. She is a member of the American Dental Association, the Hispanic Dental Association, the Academy of Osseointegration, the International Association for Dental Research, the Baylor Dental Alumni Association, the Delta Sigma Delta Fraternity and Omicron Kappa Upsilon. She is a Fellow of the International Academy for Dental-Facial Esthetics, the Academy of Prosthodontics, the American College of Dentists and the American College of Prosthodontists. Dr. Garcia was inducted into the International College of Dentists in 2013.

**Silvia Sánchez González, Ph.D.**
Dr. Sánchez is Associate Professor in the Department of Pathology and Experimental Therapeutics and Dean, Faculty of Dentistry, University of Barcelona. After completing the requisite degree in Pharmacy at the University of Barcelona, Dr. Sánchez earned her doctorate in Pharmacy in 1981. She went on to complete a fellowship at the University before joining the faculty in 1985 as Associate Professor. Dr. Sánchez has held appointments as Director of a postgraduate course in Pharmacology, Teaching Coordinator of the
JoAnn Gurenlian, RDH, Ph.D.
Dr. Gurenlian is President of the International Federation of Dental Hygienists (United States). She has been active in dental hygiene for over 35 years and served as Chairperson of the Department of Dental Hygiene at Thomas Jefferson University and President of the American Dental Hygienists Association. She is an entrepreneur, offering consulting and continuing education services to health care professionals. She has experience as a clinician, educator, administrator and researcher. Dr. Gurenlian also currently serves as Professor and Graduate Dental Hygiene Program Director at Idaho State University. She maintains adjunct faculty status with the Department of Dental Hygiene of Burlington County College and of Montgomery County Community College.

Olivia Johnson King B.Sc. (Hons)
Ms. Johnson King is a fourth-year dental student at King’s College London Dental Institute (KCLDI). She is the official representative for KCLDI at the British Dental Students’ Association (BDSA) and European Dental Students Association (EDSA). The BDSA Committee Board recently elected Ms. Johnson King as the Dental Student Trustee of the British Medical and Dental Students’ Trust. She currently holds the position of Volunteer Work Officer at the EDSA and is the European Team Leader of the Amchi Dental Volunteer Project in Ladakh, India.

Ana N. López, D.M.D., M.P.H.
Dr. López is the Community Dentistry Director, Executive Secretary of the University of Puerto Rico School of Dentistry (UPR SDM) President’s Board, and Consultant to the UPR SDM for Infection Control and Risk Management. She is also member of the ADEA Women’s Affairs Advisory Committee. Dr. López has served as the Women Liaison Officer to ADEA for UPR SDM since 2006. She lectures on infection control and community dentistry, and created the Professional Development II in Infection Control, Risk Management and Ergonomics course. She is a continuing education lecturer both island-wide and internationally in infection control and risk management. Dr. López is the creator and coordinator for Puerto Rico’s Give Kids A Smile Day in a partnership with private companies giving oral health education and treatment for underserved and special needs patients. She is past Associate Dean of the UPR SDM, and also served as Curriculum Director. Dr. López is a 2008 graduate of the Executive Leadership in Academic Medicine Program for Women and has participated in numerous faculty development workshops as a speaker.

Suhasini Nagda, B.D.S., M.D.S., FDS RCPS
Dr. Nagda is Dean of the Nair Hospital Dental College (India). She also holds appointments as Director of Medical Education and Major Hospitals under the Municipal Corporation of Mumbai; and Professor and Head of the Department of Prosthodontics at the Nair Hospital Dental College. Dr. Nagda was awarded the TC White Scholarship by the Royal College of Physicians and Surgeons, Glasgow, in 2006. Her many contributions include starting the Dental Education Technology Cell at Nair Hospital Dental College and conducting a nationwide study on oral and maxillofacial rehabilitation. She also developed a module for collaborative oral and maxillofacial rehabilitation. Dr. Nagda is the 2012–2013 FAIMER Fellow, a two-year fellowship for international health professions educators who have the potential to play a key role in improving health professions education at their institutions and in their countries.

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Dr. Naidoo is Deputy Dean for Postgraduate Studies and Research, Faculty of Dentistry, University of Western Cape (South Africa). She is also Senior Professor and Principal Specialist in Dental Public Health. Dr. Naidoo previously held the posts of Principal Dentist, Dental Researcher at the Medical Research Council.
and Senior Registrar in Community Dentistry. She is currently the Director of the World Health Organization Collaborating Centre for Oral Health. Dr. Naidoo’s primary responsibility is post-graduate education and training, and her main focus of research is on infectious diseases and infection control, with particular reference to HIV/AIDS, hepatitis and tuberculosis, and a specific focus on health education and health promotion; ethics, bioethics and research-related ethics; the disadvantaged with regard to provision of oral health care, oral health quality of life, trauma and child abuse. She has written about ethics, research ethics, HIV/AIDS and hepatitis B vaccination policies; and published and presented on ethics, child abuse, cross infection, hepatitis and HIV/AIDS. She has successfully supervised over 45 master’s and doctoral students.

Kofo Savage, B.D.S., M.P.H., M.Sc., FMCDS, FWACS
Dr. Savage is currently Head of the Periodontology Unit, Department of Preventive Dentistry, Faculty of Dental Sciences, College of Medicine at the University of Lagos in Nigeria. She lectures both undergraduate and advanced dental education students. She also serves as an internal and external examiner in Nigeria and abroad in addition to participating in local and international collaborative research. Dr. Savage’s currently is Coordinator of the GlaxoSmithKline Nationwide Survey on Nigerian Dentine Hypersensitivity using ESCARCEL, Principal Investigator for the Aggressive Periodontitis and Genetics study with the University of Iowa, and Principal Investigator for Malaria and Periodontal Diseases. She is the immediate Past Dean of the Faculty of Dental Sciences, College of Medicine, University of Lagos; Past Council member of the World Dental Federation; Past Vice President of the Commonwealth Dental Association (West Africa); Past President of the Nigeria Division of the International Association of Dental Research; and Past President of the Nigerian Dental Association. Dr. Savage mentors undergraduates, graduates and advanced education students in dentistry and participates in university administration.

Benoit Varenne, D.D.S., M.P.H., Ph.D.
Dr. Varenne is Regional Advisor on Oral Health, World Health Organization (WHO) Regional Office for Africa (Republic of Congo). He is also the focal point for the region for the initiative mHealth for non-communicable diseases (NCDs). The main objective of his position is to contribute to the promotion of oral health and the prevention and control of oral diseases, including noma integrated with NCDs policies in the 47 member states of the African region. Within the WHO Regional Office, the Oral Health Unit is part of the NCDs program area that emphasizes the links between oral health and NCDs prevention and control. Within the NCDs program and other WHO clusters, oral health links with several of its activities, such as health systems and services, monitoring and surveillance of risk factors, health promotion, diet and nutrition, school health and neglected tropical diseases. Dr. Varenne is currently working on the publication Oral Health Action Plan 2014–2020 for the WHO African Region—Prevention and Control of Oral Diseases Integrated with NCD. This strategic document is the first oral health policy aligned and interlinked with the Global NCDs Action Plan 2013–2020 and other NCDs policies.

Helen Whelton, B.D.S., Ph.D., M.S., F.D.S.
Dr. Whelton is Dean of the School of Dentistry, Faculty of Medicine and Health, University of Leeds (United Kingdom) and President of the International Association for Dental Research (IADR). She is also Professor of Dental Public Health and Preventive Dentistry in University of Leeds and an Adjunct Professor at University College Cork (UCC), Ireland. She currently directs a national research program to evaluate, where she was Vice Head of the College and Dean of the Graduate School in the College of Medicine and Health. She has expertise in national surveys, epidemiology, measurement methods, health services research and clinical trials. She consults widely on the measurement of dental fluorosis and dental caries and has trained teams of researchers in many countries in this respect. Outside of dentistry Dr. Whelton has served on the board of the Irish Health Research Board, the National Obesity Task Force and the Irish Women’s Health Council.
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