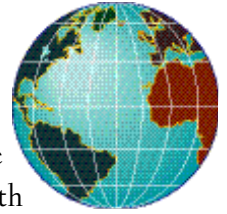


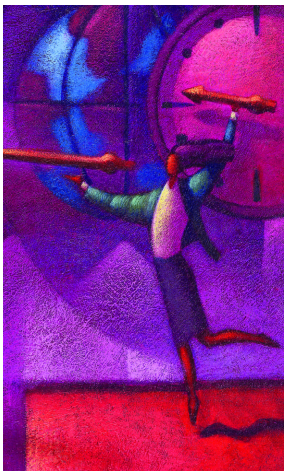


Women & Dentistry Reports

A Global Dialogue



Technology has transformed how we communicate with each other, and the marketplace is energized by global competition. It is no surprise then that *global health* is a more acceptable term now than it was in the past. Issues surrounding health and disease transcend geographic boundaries and, as health professionals, we are responsible for exchanging and sharing our own knowledge and expertise with others around the world.



Unless we consider gender issues in all aspects of oral health, including health professionals' education, practice, use of services and products by the public, and all the associated research, we will miss real opportunities to advance the quality of overall leadership in oral health. Women, as leaders in many of these issues, can embrace these opportunities for finding new solutions.

As contact increases among dental educators, the understanding and appreciation of different approaches to teaching and learning increases as well. DentEd, a project supported by the European Union's (EU) Directorate

for Education and Culture (www.dented.org), with more than 100 partners in Europe and links to the American Dental Education Association, was completed last September. A new 3-year thematic project, DentEd Evolves, has been approved by the EU, and includes a Global Congress on Dental Education. There is a challenge to think outside the box if we can open our eyes to the opportunity to compare and contrast experiences across cultures.

While leadership opportunities in dental education or research recognize no gender restrictions, this is a time for women's leadership styles to shine. Women more frequently display elements of negotiation, analytic listening, creating ambient environments, collaboration, and nurturing than men, yet it takes both genders to work together within our local or national contexts. There are many opportunities to raise gender issues on the global level and to explore and appreciate what we can learn from each other. If the momentum of sharing is primarily a feminine characteristic, it is also a great strength.

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Welcome

The impetus for improving communication among women dentists has come from the women themselves. A collaborative approach emanated from a desire to build a network of information, communication, resources, and mentoring. Candidness and openness to communicate leadership issues centered around women in dentistry and women's health permeate this new publication, *Women & Dentistry Reports: A Global Dialogue*.

Colgate-Palmolive is proud to gather and share the knowledge, scientific content, and topics relevant to the global community. We encourage you to contact us with your comments. If you wish to submit an article, contact Dr. Yolanda Bonta at 732-878-7601 or yolanda_bonta@colpal.com.

Yolanda Bonta, DMD, MS, MS
Director of Technology
Global Professional Marketing
Colgate-Palmolive Company

This series is sponsored by 

LEADERSHIP DEVELOPMENT

Our Life: Destiny or Choice?

Sometimes we think that life is something that occurs outside ourselves, and that the future is something that occurs to us. Others think that the future is a time that never occurs. Every moment is an opportunity to decide what kind of life we choose. If we choose the first interpretation, we will have to cope with whatever the circumstances are. We will feel like victims of what is happening. If we choose the second interpretation, we can use everything that happens as a tool to achieve what we want. We can be the creators, the leaders of our own life. We can touch the lives of others and make a difference.



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Leaders declare a reality that doesn't exist, and make it happen. We create our life in language, through conversations that we live in, through conversations with others. That is the difference between surviving or living the life we have chosen: Living through a vision. That is the challenge of this millennium.

Leaders are not born. Leaders learn to BE.

"Rational people adapt themselves to the circumstances. Irrational people adapt circumstances to themselves. Progress depends on irrational people."
—George B. Shaw

Selected Reading

Man's Search for Meaning
Viktor E. Frankl

A Brief History of Everything
Ken Wilber

Living Deliberately: The Discovery and Development of Avatar
Harry Palmer

Business Web sites:

www.team-work.com
www.icpweb.com.ar

Favorites:

www.hbsp.harvard.edu
www.leadership.com



HIV/AIDS: Impact on the African American Community

HIV has had a devastating impact on African Americans. In the United States, almost 70% of HIV cases in women occur among black women. AIDS, which results from HIV infection, has become a leading cause of death of African Americans between the ages of 25 and 44. Denial regarding how the disease is spread, particularly among heterosexuals, and stigmatization about the disease continue to be barriers to effective prevention campaigns within African American communities. Aggressive cultural and ethnic-specific educational campaigns, focusing on prevention, are needed to curb the current spread of HIV within this population.

(Adapted from: *Compend Cont Ed Dent* 22 (special issue 3):52-55, 2001.)

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Global Congress a Success

A “Global Congress on Dental Education” was held in Prague, Czech Republic, March 28-April 1, 2001, under the auspices of DentEd Evolves, a thematic network project of the European Union’s Directorate of Education and Culture. The American Dental Education Association (www.adea.org) and Association for Dental Education in Europe (tmk.odont.ku.dk/adee), with corporate sponsors such as Colgate-Palmolive, contributed resources and expertise in planning and conducting the Congress. The primary objective was to pool intellectual resources, experience, innovations, and best practices for the benefit of industrialized and emerging countries of the world.

Five thematic groups addressed different facets of globalization in academic dentistry. These included “Cognition and the Dental Student,” “Assessment and Continuous Quality Improvement,” “Recruitment and Maintenance of an Effective Faculty,” and “The Virtual Potential and Future Challenges.” Topics discussed within each theme ranged from the science of cognition and related assessment methods; future challenges in research; demography of oral diseases; ethics and equity; and the potential of a shared global repository of interactive Web-based learning programs.

The Congress included 243 participants representing over 160 dental schools and institutions. Women dental administrators and faculty from around the world served as section chairs and rapporteurs. Participants came from Europe, North America, Asia, Australia, and Africa to network and develop professional links for future collaboration. An interim meeting of the Global Congress may occur in Spring 2002 in Southeast Asia, with the final phase occurring in Washington, DC, in 2003.

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AUSTRALIAN WOMEN DENTISTS MIRROR MIGRATION PATTERNS

The number of women in their final years at the University of Sydney mirrors Australian post-World War II migration patterns. I uncovered this pattern in my recently concluded PhD research.

For example, in the 1950s women students came from war-torn Eastern Europe, while in the 1960s and 1970s women came from southern European, Dutch, and German backgrounds. In the late 1980s and 1990s, women in dentistry reflected the multicultural diversity of Australia’s population. Increased numbers of women from second-generation southern European stock combined with first-generation Indo-Chinese women. The strong presence from Indo-China arose from the mid-

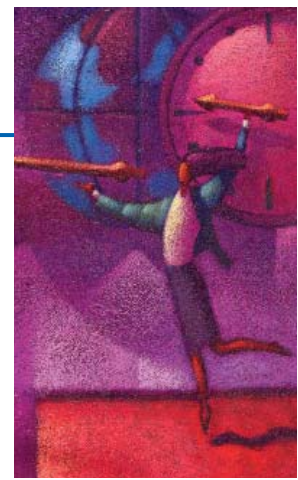
1970’s refugee immigration. These trends continued in the 1980s and 1990s. With the impact of immigration, multiculturalism has emerged in visible terms in the postwar period. Immigrants from countries where women have had a strong presence in professions, especially medicine and dentistry, transport these cultural values to Australia, whereas the presence of women from Anglo origins is related to economic and political factors such as wars, high male employment, and women’s movements.

The immigration factor has played a strong role in transforming the Australian dental profession from a homogeneous, masculine culture to a more heterogeneous one.

To date, there has not been an indigenous woman dentist graduated from the University of Sydney. Australian aborigines did not have easy access to tertiary education during the 20th century.

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Genes and Periodontal Disease

In a paper to be published later this year, researchers at the University of Queensland studying the progression of periodontal disease have found that genes count. Combine a particular genotype with risk factors, such as smoking, and the presence of *Porphyromonas gingivalis* in plaque, and the result is **70%-80%** more disease.¹

Smoking ages you by 36 years!

Smokers have worse periodontal disease than nonsmokers, and their response to periodontal treatment is not as good. Smoking interferes with the natural healing process that occurs between bouts of disease progression. If we don’t smoke, the balance is in favor of healing until we reach our mid-80s; if we do smoke, that balance only lasts to about age 50. This translates to smokers having a healing capacity only **28%** of that of a nonsmoker of the same age and gender.²

References

1. Faddy MJ, Cullinan MP, Palmer JE, et al: Anti-dependence modeling in a longitudinal study of periodontal disease: the effect of age, gender, and smoking status. *J Periodontol* 71(3):454-459, 2000.
2. Cullinan MP, Westerman B, Hamlet SM, et al: A longitudinal study of interleukin-1 gene polymorphisms and periodontal disease in a general adult population. *J Clin Periodontol*, 2001. In press.

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PRACTICE NOTES: OLDER ADULTS WITH DEMENTIA

In a study of older adults with dementia living in Adelaide, Australia, the rates of past caries and the development of new caries were both found to be high. This research also identified that the onset of severe coronal and root caries, as well as high plaque levels, in cognitively impaired older adults generally starts in the moderate-to-late stages of dementia, when they are still able to live in the community with support.¹

A preventive oral care program must include an assessment of the patient's and caregiver's life characteristics, the patient's behavioral problems and com-

munication abilities, and the patient's coronal and root caries risk status. It is essential to thoroughly investigate the patient's historic and current stages of dementia, medical condition comorbidity, medication history, polypharmacy, adverse effects of medications, functional status (activities of daily living), social support, financial status, nutritional problems, swallowing problems, as well as the caregiver's characteristics and involvement in oral hygiene care, behavioral problems, and communication abilities.¹ Any specific behavioral and communication problems related to oral hygiene need to be discussed, including refusing to open the mouth, forgetting to do oral hygiene care, biting the toothbrush or caregiver, aggression, resistance, and inappropriate times for oral hygiene care.² Strategies to assist dental professionals in providing care for patients with dementia include using a toothbrush bent backwards at 45 degrees to break perioral muscle spasms, and using the bridging technique during oral hygiene care and dental treatment, in

which a toothbrush is placed in the hands of the person with dementia.³

References

1. Chalmers JM: *The oral health of older adults with dementia*. [PhD thesis]. Adelaide, Australia; Adelaide University, 2001.
2. Chalmers JM, Levy SM, Buckwalter KC, et al: Factors influencing nurses' aides' provision of oral care for nursing facility residents. *Spec Care Dentist* 16(2):71-79, 1996.
3. Chalmers JM: Behavior management and communication strategies for dental professionals when caring for patients with dementia. *Spec Care Dentist* 20(4):147-154, 2000.

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- Federation of Special Care Organizations in Dentistry and the *Special Care Dentistry* journal—annual product guide (Nov/Dec, Vol 20(6), 2000) www.foscod.org
- National Oral Health Information Clearinghouse
www.nohic.nidcr.nih.gov
- International Association for Disability and Oral Health www.iadh.org
- British Society for Disability and Oral Health www.bsdo.org.uk

Do Women Change the Profession or Does the Profession Change Women?

Over 100 years ago, Dr. Lucy Hobbs Taylor was the first woman to receive a dental degree from a United States dental school. Before she was allowed to study and receive her degree she was an apprentice, practicing alone for many years. She was known as the “woman who pulled teeth.” She lectured at her state dental meeting and was a delegate to the ADA national convention.

Do more numbers guarantee that women will be fully involved in the profession, or will it be another 100 years before real change occurs? What can women in the United States and around the globe learn from each other? Supporting each other should empower networks to better the profession, continue effective patient care, and live creative, healthy lives.

www.ada.org
www.fdi.org.uk
www.womendentists.org
womencentral.msn.com

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Vice-Chairman of the FDI Congress and Education Committee
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Who Are We?

We are specialists in oral medicine. We can evaluate and treat conditions of the mouth that are difficult to diagnose. We are on the faculty of dental schools and large medical centers. We can train students to do a thorough physical examination and review of the patient's medical history before the patient is assigned to a level of care within the school. Most of the patients we see have complicated medical histories, with symptoms of xerostomia, burning mouth, or unusual pain. The management of oral soft tissue lesions, infectious diseases of the mouth, and oral manifestations of systemic diseases are appropriate referrals to us. We may actually perform the treatment and immediate follow-up. The project ahead is establishing information for referring dentists on the Web. Through online education (www.nova.edu) we can discuss a typical referral so that

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general dentists and physicians learn the benefits of oral medicine specialists. Consultation services are there; it is our goal to make you aware of who we are!



EDUCATION REPORT CARD



Allied dental health care providers have been an integral part of the dental team since the turn of the 19th century, and women have traditionally dominated allied dental careers. Allied dental education's history includes



a transition from apprenticeships and proprietary school settings to dental schools and community technical colleges. In the United

States there are currently 258 dental assisting programs, 255 dental hygiene programs, and 28 dental laboratory programs, according to the American Dental Association's Commission on Dental Accreditation.

Challenges facing allied dental education include addressing the dental community's perception of a dental assistant/hygienist shortage and increasing pressure for career tracks that do not

require education in ADA-accredited programs.

Dental hygiene programs enrollment increased 9.5% from 1995-1999, indicating an increased interest in the profession, probably driven by strong workforce demand and competitive salaries. The allied dental workforce may be called on for innovative approaches to improving access to oral health care and reducing oral health care disparities.

Dental assisting programs enrollment has remained constant, while dental laboratory technology has experienced a steady decline in applications and first-year enrollment since 1994. In 1998, these programs were only 48% full. Both dental assisting and hygiene graduation rates increased by 27% and 36%, respectively, from 1990 through 1997, while dental laboratory technology rates decreased by 36%.

As policymakers consider future dental workforce needs, they should consider the effect of the declining ratio

of dentists-to-population on oral health care disease prevention and the role allied dental care providers can play in oral health care.

(Adapted from: Haden NK, Morr KE, Valachovic RW: Trends in allied dental education: an analysis of the past and a look to the future. *J Dent Educ* 65(5):480-495, 2001)

Full-time Enrollment in Dental Hygiene (DH) and Dental Assisting (DA) Programs by Ethnicity: 1998/99

Ethnicity	DH	DA
White	5,059	4,234
Black	187	693
Hispanic	281	494
Native American	37	52
Asian	259	201
Unknown	42	277

(Source: ADA 1998/99 Survey of Allied Dental Education. Chicago, American Dental Association, 2000.)

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Educational Trends for the Dental Hygiene Profession in Europe

The dental hygiene profession was founded in the United States in 1906 and is now a highly regarded field in more than 25 countries. In most European countries dental hygiene is a paramedical profession, generally studied at institutions of higher education. The course of this education spans 3 to 4 years and requires a diploma for university entry. The curriculum aims at qualifying students for clinical, teaching, administrative, and scientific tasks. The education is financed mostly through the ministries of education. Professional prophylactic treatments are financed by the state in most cases for children and youth only.

In Austria (as well as in France, Belgium, and Germany) this profession is largely unknown. Numerous adverse consequences in health and vocational politics result from the failure to implement the

dental hygiene profession in Austria, such as lack of information about the prevention and treatment of periodontal disease, inadequate professional preventive services, and lack of access to the qualification for a highly sought-after profession. It is thus recommended that this profession not only be legally recognized, but that the study curricula, when implemented, exhibit a quality that will result in a reciprocal recognition of diplomas in the European Union.



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DENTOFEMINIZATION



The significant gender distribution change in dentistry in Bulgaria is occurring within a radically changing social, political, and economic environment. Because of these changes, dentists became an autonomous professional group. They had the ability to practice freely, but they faced a severe lack of security in their professional and personal lives. Women dentists were successful in adapting to the new conditions and to their development as private practitioners.

Year	Candidates		Enrollees		Postgraduates	
	Men	Women	Men	Women	Men	Women
1997	23	73	7	36	14	92
1998	30	55	9	23	16	58
1999	40	67	17	18	10	44
2000	63	82	14	22	10	31

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- ⊙ Women comprise 73% of all dentists in Bulgaria, providing dental care to 8.5 million people.
- ⊙ Before the reforms, women dentists were usually given lower-prestige jobs and were paid less compared to men in the public health system. They also were not encouraged to maintain or raise their qualification levels.
- ⊙ Despite these challenges, for the first 5 years (1991-1996), more than 50% of the newly opened private practices in Bulgaria were owned by women.
- ⊙ After the introduction of new regulations related to postgraduate studies, training, and qualifying examinations, women dentists in Bulgaria showed greater interest in improving their qualifications. They are successful in obtaining specialty status.

The transition from public service to entirely private practice lasted about 10 years. While in public service, women dentists still enjoyed some social assistance in raising their children; now they are self-employed and the duty of covering their maternity is almost entirely their own. During the next 10 years, the mean age of women dentists will fall below 39. All of them will be self-insured and will need extra qualifications to reenter the profession. Equal opportunities for women dentists will soon be the main issues in the dental profession.



Thinking About a Research Project

If you are thinking about beginning a research project, consider these points to maximize your likelihood of success:

- ⊙ You need a good idea or question for your research. You should feel the question is important, and answering the question should be part of your career path.
- ⊙ Ensure that you have the skills to perform the research. If you are working in a new area, be sure to ask for the necessary training or collaboration. Remember—clinical research is not identical to clinical care.
- ⊙ Plan your research protocol before you begin. This should include the number of patients to be studied and an analysis plan.
- ⊙ Give thought as to how the ultimate results may impact on oral health or patient care.

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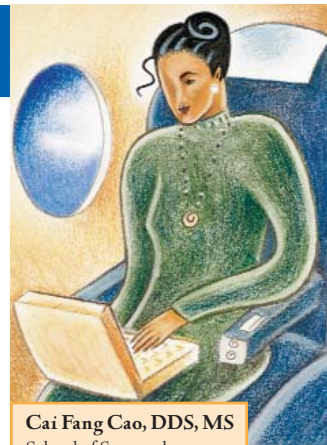
www.nih.gov
www.fda.gov
www.dentalresearch.org
www.ada.org

BRAZIL São Paulo State, the largest state in Brazil, has the fourth largest city in the world, São Paulo, with a population of almost 18 million people. It is here that most of Brazil's dentists are concentrated. Of over 154,000 dentists in Brazil, over 50,000 are in São Paulo State. Of these, 27,439 are women and 26,435 are men. More than 60% of dentists younger than 30 years of age are women, but of those over 50 years of age, only 4,885 are women compared with 19,586 men. The interest of women in the dental profession is growing and most graduating classes now show at least a 3:1 ratio of women to men.

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GREETINGS FROM AROUND THE GLOBE

CHINA In China, women dentists comprise more than 50% of dental professionals. For instance, in the School of Stomatology at Peking University, 53% of the faculty and 66% of the dental students are women. In general, Chinese women dentists enjoy equality with men dentists. Women head many dental departments, practicing everything from pedodontics, a specialty that requires patience and caring, to oral maxillofacial surgery, where decisiveness, endurance, and physical strength are needed. However, only a relatively small portion of women reach a certain level of leadership, such as dean of a dental school or director of a stomatological hospital. Among the 37 existing stomatological schools in China, fewer than 5 schools have women deans, although a number of other schools have women associate deans. As Mao Ze Dong said some 60 years ago: "Women hold half of the sky." Women dentists have contributed much in the past, yet we could and should do even better in the new millennium.



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INDIA Since winning independence from Britain in 1947, dentistry in India has seen a slow influx of women. We now have 135 dental colleges with open entrance, and an exclusive all-girls' dental college that admits 100 students per year. Out of 50,000 registered dental surgeons, 11,000 are women. During the last 7 years, admissions in dental colleges have shown an almost equal number of boys and girls—for girls interested in pursuing science as a career, dentistry is a major preference. More and more women are doing their postgraduate programs. Women are now principals and deans of dental colleges. The women of India have come a long way, but there is still much to be achieved.

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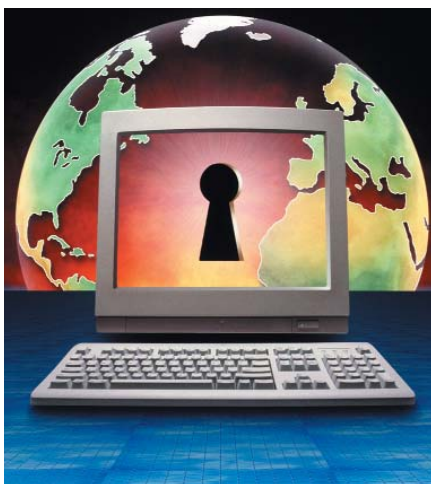
IPSEITY DO-DA ALL RIGHT, EVERYBODY OUT OF THE BOX!

Ipsesity – (n.) personal identity and individuality; selfhood.

The technical side of Web site publishing is a complicated task better left to professional Web developers. However, Web site owners should focus on conceptualizing their Web plan by capitalizing on the following principles of Internet "ipseity":

Information Centered

Information is power and niche is nice. The Internet is an ideal channel for providing niche content to a niche community. Devote your mental resources toward marketing to a niche dental community with a content need that isn't yet met.



Paradigm Shift

From mass products for mass markets to mass customization for individuals, patients have more specific demands, ask more informed questions, and are more knowledgeable about dental procedures and products.

Style

Who is your target patient? What is their "mind-set"? Who you are trying to attract to your practice will determine the style of your Web site. Keep it as simple as possible and remember that the "less is more" principle is critical.

Evolving

Leverage success by expanding your Web site based on the most-downloaded pages. Publishing a Web site is a dynamic, ever-changing process. It's OK to stay a step behind the cutting edge of Web-publishing technology. There's a reason it's called the "bleeding edge."

Immediacy

Time is compressed. Don't make visitors download the latest Netscape® version to view your site! Bandwidth-hogging graphics will do nothing but frustrate visitors. Don't hyperlink visitors into a hole.

Tangible

If a site doesn't offer something that makes life more convenient, valuable, or—at the very least—fun, then getting all the commas in the right place won't make any difference. Don't keep visitors "trapped" on your site. Live hyperlinks to relevant outside sites can encourage return visits.

Yahoo

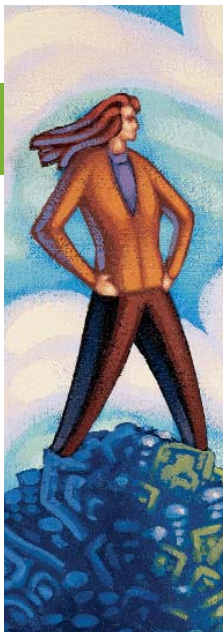
Last but not least, there is "yahoo." First coined by author Jonathan Swift in *Gulliver's Travels*, a yahoo is a tough, tenacious, roughneck individual. The ipseity of the Internet will always have an element of "yahoeness."

Embrace the Internet's ipseity. Your Web site can reaffirm your own "bigger picture." Discovering your site's ipseity is the most difficult task in Web development, but it is worth the effort. Optimizing these principles will fuel your conceptual energy. All right, everybody out of the box!

Next issue: 8 steps to creating your Web site

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RESOURCES



Women's health is a critical component of the research funded by the National Institute of Dental and Craniofacial Research (NIDCR). Conditions unique to, that disproportionately affect, or present differently in women are addressed.

The prevalence of temporomandibular disorders (TMDs) is higher in women. A series of studies is investigating the effects of the menstrual cycle, female hormone levels, pregnancy, and other gender-related factors on the appearance and severity of TMDs. The hormones estrogen and relaxin, which have a role in loosening the pelvic girdle during pregnancy, are being studied to determine if they promote systemic joint laxity. Investigators are also exploring the relationship between these conditions and fibromyalgia and other pain conditions.

Biological differences between men and women have been identified that may contribute to gender-based differences in pain conditions. Findings from one study suggest that sex hormones may heighten pain sensitivity in women during their reproductive years. Imaging studies reveal variations between men and women in the distribution of opioid receptors in the central nervous system.

A longitudinal study of subjects in the NIH Women's Health Initiative is examining the relationship between mandibular bone and hip bone loss. Preliminary findings have shown that individuals with hip bone mineral densities (BMDs) greater than one standard deviation below the reference value for young healthy women had higher rates of progressive oral bone destruction than women with BMDs within one standard deviation of normal.

Autoimmune disorders, such as Sjögren's syndrome, disproportionately affect women. "Dry mouth," one of the manifestations of Sjögren's syndrome, results in an inability to moisten foods and initiate the digestive process. Research has led to the development of drugs like pilocarpine hydrochloride, which improves salivary flow in affected glands. Current work with animals is focusing on gene replacement therapy to restore lost salivary gland function. In addition, studies are under way to develop an "artificial" salivary gland that can be implanted into various oral tissues.

For additional information on the NIDCR and women's health research, selected Web sites of interest include:

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- National Institute of Dental and Craniofacial Research www.nidcr.nih.gov
- Office of Research on Women's Health, National Institutes of Health www4.od.nih.gov/orwh
- TMD Interagency Working Group www.nidcr.nih.gov/tmdiwg

Two New Reports Focus on Sex and Health

"Exploring the Biological Contributions to Human Health—Does Sex Matter?" is a National Academy of Sciences Institute of Medicine (IOM) Committee report on understanding the biology of sex and gender differences. The committee was charged with considering biology at cellular, developmental, organ, organism, and behavioral levels. The report's conclusions were made from scientific experts across diverse disciplines:

- Sex matters—it is an important basic human variable to be considered in health research.
- The study of sex differences is evolving into a mature science.
- Barriers to the advancement of knowledge about sex differences in health and illness still exist and must be eliminated.

The full text of the IOM publication is available at www.nap.edu/catalog/10028.html.

"The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behaviors," released in June 2001, includes strategies focused on increasing awareness, implementing and strengthening interventions, and expanding the research base relating to sexual health. The report is a call to begin a mature, thoughtful, and respectful discussion nationwide about sexuality.

According to the report:

- We face a serious public health challenge regarding the sexual health of our nation.
- An estimated 800,000 to 900,000 people are living with HIV in the United States, with approximately 40,000 new HIV infections every year.
- Strategies include adequate training in sexual health to all professionals who deal with sexual issues in their work.
- There is a need to invest in research related to sexual health.

The report is available on the Surgeon General's Web site: www.surgeongeneral.gov/library/sexualhealth/default.htm

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