Mental Illness: An Overlooked Minority
by Michael Gray, JD, MUP
Executive Director, NAMI Louisville

Our society contains many underrepresented minority groups, designations of people whose portion of the population is not reflected in political leadership, higher education enrollment, high-paying jobs, and other functions, and some institutions take proactive steps to include minority groups in life-enriching activities. In many cases, they are required to do so by federal law. Underrepresented minorities continue to make progress towards full inclusion in education and the job market, but one sizable group of people faces an uphill battle with public perception that impairs their ability to thrive: people suffering from severe mental illness.

The public tends to think of the mentally ill as violent, unpredictable people with little chance of functioning in society, but health care professionals know that is untrue. In fact, people suffering from mental illness, or “consumers” as they are generally known among mental health providers, given the correct diagnosis and a treatment plan that manages their symptoms, are just as capable as the general population. However, inconsistent outcomes from treatments and an overwhelming social stigma over both the illnesses and their external symptoms prevent consumers from obtaining college degrees, employment, and even the personal relationship that most people take for granted. Their struggle for inclusion is tragically similar to other minority groups in this country’s past and present.

What is a Minority?

Think about what it means to be a minority. It is not simply a matter of population statistics, i.e. there are fewer members of one group than there are of another. It also means that a group of people have little or no voice in their community’s leadership structure. It means that when they go to work, take their children to school, visit a doctor’s office, or vote, the supervisor, classroom teacher, physician, and politicians on the ballot look, sound, and maybe even think differently than them. People who look and sound different from you do not always understand and appreciate your values. Even when they do, perceived differences among people of different ethnicities, national origins, religions, sexual orientations, etc. create communication barriers and prevent the cooperation necessary to advocate for inclusion in society.

Minorities in Louisville and across the country made enormous strides towards inclusion and better representation throughout the twentieth century, and they continue to do so today. Women, while not a statistical minority, had no physical presence in the business, academic, or political world until after decades of fighting for reform. While women continue to increase their numbers in professional fields, they are still significantly outnumbered by men in the most fulfilling professions, including healthcare, where male physicians earn twenty-five percent more than their female counterparts. People of color fought a similar struggle in the mid-twentieth century and they continue to strive for workplace equality today. More recently, the LGBT community has been on a rollercoaster ride of victories and setbacks as public policy adapts to prevent discrimination on the basis of

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The Importance of Oral Health in Children

by Liliana Rozo Gaeth, DDS
Clinical Assistant Professor, Department of Orthodontics, Pediatric Dentistry, and Special Care

Ideally, oral health education related to children starts when parents are informed by their physicians about the importance of dental care for pregnant women. However, many parents are still unaware that optimal maternal oral hygiene during pregnancy may decrease the amount of caries or cavity-producing oral bacteria that can be transmitted to their baby. Mothers with cavities can transmit caries-producing oral bacteria to their babies when they clean pacifiers by sticking them in their own mouths or by sharing spoons. Poor oral health also contributes to a person’s low self-esteem and poor social interaction.

Dental caries, tooth decay, is the single most common chronic childhood disease and often remains a chronic disease throughout the lives of many in the United States as well as around the world. The recommendations regarding how to prevent tooth decay, and create a lifetime of healthy habits for children includes establishing a dental home for your child and making regular visits for checkups with a pediatric dentist. It is very important that parents recognize the need to establish a dental home as soon as their baby’s first tooth erupts, as recommended by the American Academy of Pediatric Dentistry (AAPD).

A dental home will help parents become familiar with their child’s dental and oral health milestones, such as oral hygiene habits, normal

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And the 2014 UofL Dental Hygiene Hinman Recipient is...

by Rachel Quick, MEd and Linda Lewis, RDH, MEd

When the presence of DH Senior April Key was requested for a faculty meeting, she had no idea what to expect. In fact, she thought it may have been in reprimand from a clinic incident involving her hunger pains and a piece of chocolate that mysteriously disappeared. Anxiously awaiting her requested time, she found relief and joy as she realized the faculty had selected her as the 2014 ULSD Dental Hygiene Hinman Scholar. The DH Program was proud to capture this photo moment surprise. Every year, a dental hygiene and dental student are awarded this honor and receive a partial expense paid trip for the ceremonial event, which occurs annually in Atlanta, GA at the Georgia World Congress Center. Scholar recipients receive a $750 scholarship and are honored during a luncheon held at the Hinman Meeting.

April has 3 sisters and 1 brother. Her parents have always taught her to do her best and made her feel like she was capable of anything. Key’s family has been very supportive throughout her entire life and she thanks God for all of them. Aside from God, her family comes first. Key attended Iroquois High School, which had amazing faculty that really wanted their students to succeed. After she graduates, Key plans on becoming a pilot and spreading the gospel through Dentistry. Then, she would love to get her Master’s Degree in Public Health so she can have more opportunities to do that. Ultimately, Key would want people to know that her faith has been in God for everything and that through God all things are possible. “I pray that God would use me in a mighty way and to be the woman of God he has called me to be. Without him, everything is meaningless and I give him the glory.”

Did you know?

- Tooth decay is the most common chronic disease of children, five times more prevalent than asthma
- Children living below the poverty level are more than 100% more likely to have experienced dental caries than children in families with incomes above the poverty level
- Mexican-Americans and non-Hispanic Blacks experience the greatest racial/ethnic oral health disparities among children
- Approximately 30% of Louisville-area children have untreated tooth decay

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School of Medicine

The Puzzler

by Lawrence Wasser, MD, FAAP
Associate Professor of Pediatrics

Students and residents who rotate through the Newborn Nursery at University Hospital get an education in newborn care. They also learn a few words in crosswordese. I have been making crossword puzzles for residents and students since I joined the faculty in 2004. The puzzles have lots of information on normal newborn care as well as a fair amount of trivia, pop culture and local information.

I first became interested in crosswords while in college. We had the New York Times delivered every day, and I remember a classmate who would take out his pen and solve the puzzle from 1 across in just a few minutes. I was quite impressed, and I started to try to duplicate his feat. It was hard at first, but practice definitely led to improvement.

As you may know, the puzzles get progressively harder from Monday through Saturday. A beginner could find more success in a Monday puzzle that a Friday or Saturday. Practice definitely improves performance. There are many words that appear in crossword puzzles that are not part of normal discourse. Most of these have a preponderance of vowels, as vowels make it easier to form crossing words. Words like epee, (Olympic sword), Odie (Garfield’s canine friend), alee (away from the wind), and jai alai (a 3-walled ball game) occur quite frequently. Once you learn these words, getting a start in a puzzle becomes easier.

FITB clues (fill in the blank) are often easier and provide a starting point. Once you have a word entered, look at the crossing entries, starting with the most unusual letter. Try to build on what you know. One thing I like about crosswords (as opposed to word search puzzles), is that you can learn stuff. You may not know an answer at first, but if you can solve the crossing entries, you will learn the answer.

The internet is a good source of puzzles. As I explored crossword sites, I learned of the American Crossword Puzzle Tournament, run by Will Shortz, the editor of the gold standard for puzzles, the New York Times crossword puzzle. By 1993, I had progressed to nearly equal my college classmate, being able to solve nearly all the daily crosswords completely, so I decided to enter the tournament. There were about 250 entrants, and I did fairly well, coming in at ~113. Some of the puzzles were quite challenging, and I had many errors. The atmosphere was very friendly, and I was hooked.

In 2006, the documentary Wordplay was released. It gives a great view of the crossword world, featuring the 2005 tournament. The following year the attendance at the tournament ballooned from ~400 to over 700. The tournament outgrew its hotel in Stamford CT and moved to its current location in Brooklyn NY.

I have been to 15 tournaments. On several occasions I was able to complete all the puzzles without any errors. In 2012 I had my best year, finishing 49 out of 700 and winning trophies for finishing 2nd in the south region and 2nd in the sixties age group.

I obtained some crossword constructing software and began creating crossword puzzles with medical themes for the students and residents during their pediatric rotations at UCHS Broadway. I continue to construct puzzles with newborn nursery topics. I also have created puzzles for family occasions, such as weddings or

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From Turkmenistan to UofL: My Journey

by Anna Jorayeva, MSN
Doctoral Student

Each person has their own story of how they happened to be who they are today. Mine began with a multi-racial, multi-religious family. Early on, I had been taught to see life through my own eyes, making choices that would be right for me, yet respecting those around me and accepting the differences. Growing up in the former Soviet Union (Turkmenistan), I got to witness times of high economical and ideological uncertainty. It was the time when everyone had to learn how to be flexible yet stay true to oneself. I have learned the value of loyalty to your roots, a solid education, and a good network of support structures. I was fortunate to be among the finalists of the Future Leaders Exchange program in what would be comparable to my junior year of high school, which brought me to US to study for one year in New Mexico. Although I took my first flight when I was only two weeks old (I was born in Uzbekistan and my family resided in Turkmenistan), this was the first trip I had to take by myself. Being only 15 years old, I found myself in a foreign country, with no friends or family to guide me and no one around that I knew who even spoke any of my two native languages. As liberating as this may seem, it was a trying experience to fit in and make the best of this new found freedom. Although I was placed with a host family, I had to learn to plan, carry out, and manage my own affairs, from lunches to finances. What an experience that was!! I have to say, being away from all the comforts that we so often take for granted (from family members’ care to a familiar way of life) makes one appreciate even the smallest things. I have learned to be independent and believe in the fact that I can do things for myself without undue reliance on others. On the other hand, I have also learned how much others do, in fact, build us up. To me, that is what the American dream really stands for.

When I was in Turkmenistan, I was involved in many small non-profits, taking part in their small-scale projects and upon my return from the US, I offered to reach out to Embassies and other funding organizations for grants for larger impact initiatives. And so we did. Remarkably, we received funds to make it happen, almost every time we applied. A few months later, I got recruited to work for an international non-profit organization, where I oversaw a resource center and managed outreach relations with different Embassies. I also got to travel internationally, attending and presenting at multiple conferences. About a year later, I decided to grow myself academically as I did professionally, so I applied to American University Central Asia in Kyrgyzstan. I was accepted and was offered a scholarship sponsored by the Soros Foundation. However, I was not able to go, as the same year my mother was diagnosed with breast cancer and had to have multiple surgeries. Family is my number one priority. So, I stayed at home. Next year, when things became a little more stable with my mom, I reapplied and was selected for a 4-year renewable full-ride scholarship to the same university under the Turkmen American Scholar Program.

Six months into my studies, I was chosen to participate in an Undergraduate Exchange program, which brought me to the US for another year; this time for college studies. It was then when I realized I wanted to go into health care. So, I applied to a small school in Kentucky – Berea College, to their nursing program. I was offered admission and I came here after I finished my exchange year in Washington state. I have done community service throughout my life, yet it was the experience with my mother’s illness that made me realize that health is at the foundational level of ensuring societal well-being. Berea’s spir-

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This spring, as we have for the past several years, students and faculty from the health sciences will travel to the south-central African country, Botswana on a service learning project. Bordered by Namibia, Zambia, Zimbabwe and South Africa, Botswana is culturally and environmentally diverse. Home to one of the few remaining tribes of hunter-gathers (!Kung people of the Kalahari Desert), Botswana is, by African standards, a wealthy country due to its diamond, nickel and cattle exports.

However, it also has among the world’s highest infection rates of HIV/AIDS (1 in 6 Batswana is infected). Governmental prioritization of public health initiatives and global funding has led to universal access to treatment and a reduction of vertical HIV transmission from mothers to child to 4% from 40%.

The International Service Learning Program (ISLP), directed by Dr. Tom Jackson Jr., Vice President of Student Affairs, is a semester-long immersive learning activity wherein students study the culture, history, politics and related factors of the country and then develop a series of workshops pertaining to the country’s stated needs. Students, with minimal faculty input, develop discipline specific educational programs and cross-train with other disciplines to create a fast-paced but comprehensive and engaging series to be delivered to middle school aged children.

Once in Botswana, students teach in three junior secondary schools (two in the capital city of Gaborone and one in a rural village, Molepolole) on topics that have ranged from leadership, justice, anti-bullying, oral health, sports, and stress management. Dental students, under the direction of Dr. Tom Clark, gain hands-on experience by working alongside dentists in the public health clinic. Afternoons are spent at Hope Mission, a residential school for street kids and orphaned boys. Arts, crafts and sports, followed by fellowship and singing, forge lasting bonds between students of UofL and Africa. The 10-day trip also includes a safari at a South Africa game reserve, some shopping, pool-time and site seeing.

Following exam week this spring, seven faculty and 45 students from public health, communication, nursing, engineering, and sports administration, will embark on another transformative cross-cultural experience.
Conscious of the Unconscious
by Brian J. Davis, BSBA, Unit Business Manager, HSC Office of Diversity and Inclusion and University of Louisville Area Health Education Center (AHEC)

When I think of unconscious bias I always think back to when I was an Audit Manager and was recruiting students for internships and full-time positions to work at the firm. I was always partial towards the students who seemed reserved, but had great resumes because I knew that although they struggled with interpersonal communication as I did at that stage of my life, they would ultimately be hard workers who would get the job done and who could develop their soft skills over time. While it was important for me to notice and advocate for those who were like me at that age, I was also unconsciously making it more difficult for extroverts to land the job because I feared they would spend their day talking and not completing their necessary tasks on time and on budget for our respective audits. This was my prime example of how I was unconsciously biased as described by Howard Ross during the "Understanding and Addressing Unconscious Bias in the Healthcare Environment" lunch-and-learn and break-out sessions on April 29. It was in these sessions that Ross communicated that health professionals need to be aware of their unconscious biases to ensure they are intentional about providing equitable healthcare to patients.

Howard Ross began his presentation by highlighting the fact that we are not as observant as we claim to be and by saying that "you see what you want to see and you hear what you want to hear from who you want to hear it from." Ross went on to say that "we make the conscious decision to allow interactions to paint a broader brush than we should." This idea is particularly concerning when we consider the context in which we operate at the Health Sciences Center (HSC) wherein we exist to educate those entering health professions and serve those in need of healthcare. Ultimately, patients will be at the center of each decision HSC graduates will make, which is why it is imperative that they be observant and attentive with regards to patient care. It is most risky to the health of the patient if we form conclusions about patients before hearing their concerns based on preconceived ideas.

Although, bias is not necessarily negative, as Ross communicated, professionals entering health careers need to be aware of their preconceived ideas and understand where they originate from to ensure they are providing equitable healthcare to patients. This is due to the fact that those entering health careers may unintentionally or subconsciously subject those under their care to judgments and ideas that should not factor into the equation when it comes to equitable healthcare. As a prime example, Ross shared statistics with the audience that reveal that doctors listen to and heed the concerns of white males more so than concerns from ethnic minorities. Statistics also reveal that concerns of overweight patients are minimized, which is particularly concerning seeing as obesity in the U.S. is becoming an epidemic.

This was captured by the notion that we all see life through a lens. When faced with a similar fact pattern, a nurse and an accountant would likely focus on different aspects when coming to a conclusion regarding the situation, with each of them viewing their different points of view as truth and not simply as differing viewpoints. The solution to this situation would not be to "agree to disagree" on what each views as important, but to

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sexual orientation and gender identity. All of these beleaguered groups have one thing in common: they seek equal opportunity for inclusion in society.

Oppressive Stigma

Any group seeking equal opportunities must fight to overcome stigmas held by the majority. Generally the stigma against minority inclusion is that they cannot or should not participate at the same level as members of the majority. This attitude, although pervasive throughout history, is both morally repugnant and illegal when it influences hiring, promotion, or school admissions. One group that faces an uphill battle against stigma but is often overlooked in diversity efforts is people with disabilities. Federal and state law bans discrimination based on disability. Whether caused by physical trauma, birth defects, genetic components, or any number of issues, disabilities are misunderstood by the public and can impact a person’s professional and social opportunities. Mental illnesses are the leading cause of disabilities in the U.S. and Canada and they carry an unfair public perception that limits opportunities for people who can and should be treated like everyone else.

Inclusion—Seeing the Person, Not the Illness

Mental illness does not necessarily affect a person’s intellectual abilities. Although it is not easy, people suffering from mental illness can lead productive professional lives, fulfill family responsibilities, and engage with social networks of friends and colleagues. One of the major obstacles to these individuals experiencing healthy and fulfilling lives is a lack of understanding among the people closest to them at work, at home, and in social circles. The key to including those suffering from mental illness in a diverse workplace, school, or social setting is understanding the illness and appreciating the ways it does and does not affect one’s abilities.

Mental illnesses are brain disorders that may have environmental triggers and they are common in all races, genders, and socioeconomic levels. One in four people are affected by a mental illness each year and one in seventeen people have a severe and persistent mental illness (SMI). The latter group includes major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, posttraumatic stress disorder, and borderline personality disorder. These conditions are so pervasive that many great leaders and dynamic personalities suffer from SMI. Abraham Lincoln and Winston Churchill both had bouts with chronic depression that some believe strengthened their leadership capabilities. In our own time, Professor Elyn Saks of the University of Southern California was awarded a McArthur Foundation Fellowship despite living with schizophrenia. People with SMI can achieve success at the highest levels of any field because the illness does not have to control their lives. The person with the illness is still a person, and there are over eighteen million of them in the United States. Together, these people are a sizable population that deserves attention from public and private organizations nationwide.

People living with mental illness are a minority group that must be given consideration in any effort to diversify a workplace, school, or social setting. The number of people suffering from these illnesses in every community combined with the stigma preventing their full acceptance into the workplace, schools, and social settings requires greater efforts to include them in every aspect of society.

The National Alliance on Mental Illness provides a number of programs and services for persons living with mental illness, their families, and the Louisville community. For more information on NAMI visit http://www.namilouisville.org/
instead respect the other's viewpoint and receive it as an opportunity to broaden their respective viewpoints to be more inclusive of other perspectives.

One of Howard Ross' final remarks was that power diminishes empathy. When we are far removed from people in terms of their realities and lifestyles we tend to have a hard time beginning to understand their reality because it does not reconcile with our own. He also recommended we do the following: (1) recognize and accept that we have bias; (2) develop the capacity to use a flashlight on ourselves wherein we understand ourselves and identify who and what triggers us; (3) practice constructive uncertainty by reflecting-on and questioning our biases instead of working to find an answer to them; (4) explore awkwardness and discomfort; (5) engage with people we consider "others" and expose ourselves to positive role models in those groups; and, lastly, (6) to seek feedback from our "others."

The Area Health Education Center (AHEC) rotations provide the opportunity for students entering health careers to immerse themselves into clinical rotations serving rural and underserved populations. While the rotations may appear as check-the-box exercises at the outset, they provide students with an opportunity to learn from underserved populations within the context of the rural areas. Living in a rural area will contrast significantly with life in the "big city" as Louisville is often times referenced in other parts of the state, which will assist in self-reflection, living outside of our comfort zones, engaging with "others" in addition to providing us with the opportunity to seek feedback from "others." It will provide practitioners the opportunity to develop a more rounded approach to providing equitable healthcare to more diverse populations than one will find practicing solely in urban settings. Additionally, the AHEC rotations and rural experiences help to address the empathy that practitioners will develop for underserved populations as they will gain experiences and develop a bedside manner for people they may not otherwise have any contact.

In closing, as Howard Ross communicated, we have to be intentional about relating to people, ensuring we understand them and their concerns so they are receiving equitable healthcare. That will require us change our perspective with regard to experiences we must complete such as AHEC rotations, in addition to engaging with "others" with whom we may not otherwise interact.

Examine your own biases through the Implicit Association Test (IAT) available through Harvard University. The IAT measures attitudes and beliefs that people may be unwilling or unable to report. The IAT may be especially interesting if it shows that you have an implicit attitude that you did not know about. Multiple tests exist, measuring a variety of associations including skin tone, gender, weight, disabilities, religion, and many more!

In case you missed it, click here to view Howard Ross' talk to the HSC community.
Thanksgiving. Crosswords can be educational and fun. They can help keep you mind sharp, and have been touted as ways of keeping Alzheimer’s and senility at bay. I hope so!

Diversity Crossword Puzzle

Across
1. Gay
10. ___ Coalition
14. Actor/singer Ives
15. Expressed joy
16. Cornfield cry
17. Hug or espouse
20. The study of cultures
23. ___ Arizona, sunken ship in Oahu
24. Oh the places you’ll ___!
25. Help
26. Bone (lat.)
27. Ratio of circumference to diameter
28. Headway
30. Online chuckle
31. Headliner
32. You lose it when you stand
34. Older than me
39. Caste
42. A corner of Monopoly board
43. That’s ___ folks!
45. Oz visitor
46. WWII leader and POTUS #34
48. Without a proportional voice
51. Degenerative disorder seem most often in Ashkenazi Jews
52. You won’t find this in the NL
53. Consumed
55. Jr. or Sr.
56. One of the 12 Tribes of Israel
57. ___ Velvet
59. Charge
60. ABBA hit, or maritime distress call
62. Util.
63. Difficult exams
65. Ambulance dest.
66. Board game of world domination
68. A note to follow la
69. Gig or troth
72. Kipling’s 1901 Tale of Adventure
74. Mining suffix
75. MLB datum
76. Addition
78. NYSE listing
80. It can be toasted, or used in a toast
81. Message of less than 141 characters
82. Degree obtained after 21 years of education
83. Unfairness
84. Views
85. The smaller group
86. Uncertainty
87. Where to pick up a kitten
88. Gerund ending
89. Springfield tyke
90. Views
92. It precedes beauty
93. ___ it soup yet?
94. Inconvenient Truth
95. Habit/desires relating to the reproductive act
96. Seat near a prie-dieu
99. Only ___ a hit from the Platters
102. Stood
103. Points of view
105. Other
106. Zoo beast, or prefix meaning nose
109. Mountain where Ten Commandments were given
110. Came down
111. Hispanic
112. About 50% of humans
113. Nanki ___ minstrrel From The Mikado
114. Eye afflications
115. Part of LGBT
116. Sub or saviors

Down
2. Current epidemic related to calories
3. ___ the word
4. Heavenly body
5. Camera type
6. Purpose
7. Before noon
8. Way of living
9. Concepts
10. Indian princess
11. MP’s quarry
12. Start
13. Chief ___ Cleveland Mascot
16. Graphic symbol, or the way one thinks, acts or behaves
18. Long ___ In a galaxy far, far away…
19. Minor player in a larger scheme
21. Bob tube
22. Designer’s inits.
23. Shipper’s inits.
28. Pride and ___ Austen title
29. Holds dear
30. Those in the Vanguard
32. Anita ___ author of Gentlemen Prefer Blondes
33. Sub-atomic particle containing a quark and an antiquark
35. Han’s buddy from Episode V
36. Accomplished
37. Supreme Court Justice Kagen
38. Shortening
39. Unfairly lump all members of a class into some category
40. Pierre’s st.
41. Discrimination based on gender
44. CD forerunner
47. Branch of science started by Mendel
49. Judaism, Christianity, or Islam
50. It can be toasted, or used in a toast
51. Degenerative disorder seem most often in Ashkenazi Jews
52. You won’t find this in the NL
53. Consumed
58. Bush Supreme Court appointee Samuel
59. Sensations
61. Roulette bet
64. Charged particle attracted to the anode
65. Sch. in Richmond, KY
66. Board game of world domination
70. These can be sour, or of wrath
71. French cleric
73. O sole ___
77. Cruel exertion of authority
80. It can be used to keep things on or take $5 out
81. Degree obtained after 21 years of education
83. Unfairness
84. Views
85. The smaller group
86. Uncertainty
90. His chariot pulls the sun, and his program got us to the moon
91. Message of less than 341 characters
94. They often have it
96. Child’s song refrain
97. Most humans are this
100. Annapolis is its acad.
102. Harvests
104. Hook
106. Long John Silver’s creator
107. Kind of trick or dance
108. Never in Nuremburg

The solution will be posted to our [website](#) the week of 5/27.
tooth development, teething, nutritional counseling, healthy snacks and trauma prevention. During the first appointment, the pediatric dentist also will discuss with parents the importance of regular dental visits. Contemporary guidelines on the management of oral disease recommend more emphasis on prevention. Educate yourself and your children about oral health in order to give them an opportunity to grow a healthy mouth and a healthy body. Oftentimes, parents do not make the connection between oral health and overall health, but they are related. The mouth is the open door for many microbial infections to enter the bloodstream. Poor oral health may be a risk factor for systemic disease. Oral health manifestations, such as bleeding or dry mouth can indicate the presence of a systemic disease or exacerbate the effects of an existing disease such as diabetes and heart disease.

The University of Louisville School of Dentistry has created an Oral Health Education program that welcomes children from ages one to 17. Both parents and children are educated in areas of oral hygiene techniques, adequate use of Fluoride products, importance of a non-cariogenic diet and the importance of primary dentition. Children and adolescents will be evaluated regarding their growth and development of healthy mouths, jaws, teeth and gums. We are specialists who provide expert care for all children, including those with special needs such as autism or other complex systemic diseases. Orthodontics is also an important aspect of our program for those who need it. We offer dental treatments under sedation or general anesthesia as well as emergency coverage 24 hours a day, seven days a week.

The University of Louisville, School of Dentistry Pediatric Clinic has two locations: UofL School of Dentistry, 501 S. Preston Street and UofL School of Dentistry at Kosair Charities, 982 Eastern Parkway. Call (502) 852-5642 to set up an appointment.

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Oral Health

it of service, inclusiveness, and hard work resonated well with my personal values in life and helped me grow stronger in them. As I finished my nursing program, I had a choice between practice and going back to school. I’ve chosen to continue my education, as I believe research allows for a bigger and more sustainable impact. So, I entered a PhD in nursing program at the University of Louisville, which was also generous to offer me a graduate assistantship that could not be beaten by the neighboring schools.

Although, succeeding academically was never my goal; it was a nice side effect of striving to make the best out of every situation and every opportunity. Yet what matters the most to me is the relationships I happen to build along the way. Each and every person I come around leaves a mark on my life and grows me in a different way, teaching me something I did not know about myself or life in general. I am endlessly thankful to my family, community, academic faculty, work staff, classmates, friends, patients, study participants and everyone else for not only making me who I am today but also inspiring me to continue to better myself and the world around me. I am a piece of everyone I come across, and I commit to giving it back in the same meaningful and positive way. I am the values and the people I represent. I am everything that builds me up!

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My Journey

Upcoming Events

- **KY College Women’s Leadership Conference**
  June 5–7
  Contact A’Yanna Eley

- **HSC Poverty Simulation**
  Sponsored by CODRE & the Office of Diversity and Inclusion
  Tuesday, June 17
  9:30am to 12:30pm, CTR Bldg.
  Faculty, Staff, and Students are encouraged to register
  RSVP to Ron Welch

- **UofL LGBT Center June HSC Networking Event**
  Thursday, June 19
  7:00 to 9:00pm, PLAY
  Faculty, Staff, and Students are encouraged to attend
  RSVP to Stacie Steinbock