



A Monthly Newsletter from Executive Director Richard W. Valachovic, D.M.D., M.P.H. The views and opinions expressed in this letter are those of the author and do not necessarily reflect those of the American Dental Education Association.

*In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, looks at the burgeoning commitment to global health within universities and what it means for ADEA and its members.*

### **A Small Step for Global Health with Big Implications for Dental Education**



*“Dental education will become increasingly involved as global health programs evolve and the field becomes more established.”*

We hear the words “global health” more and more these days, but I am guessing that many people are wondering what that phrase means exactly. The [Consortium of Universities for Global Health](#) (CUGH), a group of major higher education institutions with programs in global health, was started in 2008 to support the growth of global health as an academic field of study. It uses the following [working definition](#) articulated by Dr. Jeffrey Koplan of Emory University and his co-authors in a 2009 issue of a leading medical journal, *The Lancet*: “Global Health is a field of study, research, and practice that places a priority on achieving equity in health for all people. Global Health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-based prevention with individual level of clinical care, promotes inter-disciplinary collaboration and emphasizes transnational health issues and determinants.”

So what does that mean for an association rooted in North America such as ADEA? To start, our latest [Strategic Directions](#) prioritize providing “access to ADEA’s programs, products, and services to the global dental education community to strengthen the quality of dental education worldwide.” Further, ADEA’s institutional members (dental schools and many advanced dental and allied dental education programs) are situated within universities, which are increasingly emphasizing global health. What started as a group of discrete courses in a variety of curricula is rapidly becoming a field unto itself. At last count, more than 290 North American universities had some sort of global health activity; more than 80 of these had education programs spanning multiple schools with research and service components and a long-term relationship with an academic partner institution in a low- or middle-income country. The first two graduate programs in global health were launched in 2009, and a CUGH survey currently underway will certainly discover more.

Global health is intrinsically interprofessional, drawing on fields such as engineering and agriculture in addition to all of the health professions. Dental education will become increasingly involved as global health programs evolve and the field becomes more established. That is why I traveled to Montreal last month for the [third-annual meeting](#) of CUGH. An impressive 1,400 participants came from 62 countries to attend the gathering. Although most attendees were health professionals or students of global health, a great deal of attention was focused on other issues that impact health. The keynote address by Canadian Senator Roméo Dallaire, best known as the former commander of the United Nations Assistance Mission for Rwanda (UNAMIR), on the role of security forces in addressing the needs of child soldiers indicates just how widely the discussion ranged. Climate change and violence against women shared the spotlight with more traditional health topics such as AIDS, infant mortality, and food security.

In between learning about these pressing issues, the dental community took a concrete step toward addressing one facet of the world’s health problems with the inaugural meeting of the Global Oral Health Interest Group (GOHIG). GOHIG hosted a symposium titled *Integrating Oral Health into Global Health*, which drew about 50

attendees. Speakers from Great Britain, Germany, and Canada, and the deans of two ADEA member institutions, Dr. Jeff Hutter of Boston University and Dr. Tim DeRouen of the University of Washington, shared their inspiring work in research, practice, and education on four continents.

While at the GOHIG meeting, I joined Dr. Christopher Fox, my counterpart at the [International Association for Dental Research](#), and about two-dozen other people committed to global oral health issues at the group's business meeting. GOHIG aims to advance oral health worldwide in concert with the mission of its parent organization: "The Consortium of Universities for Global Health (CUGH)...builds collaborations and exchange of knowledge and experience among interdisciplinary university global health programs working across education, research, and service. It is dedicated to creating equity and reducing health disparities, everywhere. The Consortium also promotes mutually beneficial, long-term partnerships among universities in resource-rich and resource-poor countries, developing human capital, and strengthening institutions."

Those attending the business meeting agreed that GOHIG would advocate and work actively for inclusion of global oral health issues in all CUGH activities. Given this ambitious agenda, I was especially pleased by the group's decision to begin its work with the development of global oral health competencies, something that will immediately benefit ADEA's members and, over time, the public at large.

I recently spoke with Dr. John S. Greenspan, who initially led GOHIG's creation. John is Distinguished Professor and Associate Dean for Global Oral Health at the [University of California, San Francisco](#) (UCSF), which convened the inaugural meeting of CUGH in 2008 and established one of the first graduate programs in global health the following year. John told me that one of the sets of global oral health competencies GOHIG will define is intended to address the fact that, in the developing world, parents and others often mistake rampant caries for staining.

"We need to teach the public about prevention, but we also need to teach them what oral disease is," John believes. "We've done that well with AIDS. Here in San Francisco, we were able to teach the gay community how to recognize oral lesions. Our work on AIDS can serve as a blueprint for this." John is also the Director of [UCSF's AIDS Research Institute](#) and is a leading researcher into the oral aspects of HIV infection, so he should know.

These new global oral health competencies will be useful both within U.S. institutions and beyond U.S. shores. The pace of growth in the number of U.S. dental schools might seem breathtaking, but it is nothing compared with the growth of dental schools in places like India. Ten years ago, India had 50 such institutions. Today, the [International Federation of Dental Educators and Associations](#) (IFDEA) lists 94 dental schools in that country, 41 in China, and dozens more throughout the globe. New schools are being created rapidly, especially in countries where income growth has fueled a demand for oral health care.

ADEA's Strategic Directions make a commitment to working with dental programs throughout the world. This represents a natural outgrowth of ADEA's past involvement with global dental education efforts. In addition, the focus in recent years on making ADEA's resources more broadly available to and user-friendly for members has made them more accessible to colleagues abroad. The move to a paperless admissions process, for example, contributed to ADEA's ability to expand admissions services to international students through the [ADEA Centralized Application for Advanced Placement for International Dentists](#) (ADEA CAAPID). Likewise, the move to online submissions for the [Journal of Dental Education](#) (*JDE*) has made it easier for scholars outside North America to contribute and for reviewers from Asia, Europe, South America, and Australia to lend their regional perspectives to the appraisal of international submissions. In the coming year, the *JDE* plans to begin translating its abstracts into other languages, further expanding its reach and impact.

ADEA has also seen an increased use of [MedEdPORTAL](#) resources by educators outside of North America, with users in 123 countries accessing dental curricula in the past year alone. These modules can also be accessed through the [IFDEA Global Knowledge Center](#), where several of ADEA's member institutions have posted open courseware. I expect that modules developed for the recently launched [ADEA Curriculum Resource Center](#) or those that will be developed through collaboration with the American Association of Medical Colleges (AAMC), [Building Oral Health Capacity in Medical Education](#), will one day contribute to the global dissemination of oral health knowledge, as well.

The timing of these developments could not be better. Just one year ago, [The Lancet](#)

published an influential report titled [Health Professionals for a New Century: Transforming Education to Strengthen Health Systems in an Interdependent World](#) (available for free). The report articulates a vision of education for the health professions that requires “three fundamental shifts: from isolated to [harmonized] education and health systems; from standalone institutions to networks, alliances, and consortia; and from inward-looking institutional preoccupations to harnessing global flows of educational content, teaching resources, and innovations.”

These are precisely the types of transformations that ADEA, GOHIG, and the universities affiliated with CUGH are trying to facilitate. ADEA will have the opportunity to pursue this agenda as a partner in a new consortium formed by the [Institute of Medicine](#) (IOM) to study global interprofessional education in the health professions and implement many of the recommendations from *The Lancet* report. The IOM plans to convene stakeholders to share ideas and to “incubate and evaluate new ideas.” According to the IOM’s request for proposals, “This incubator mechanism or ‘innovation collaborative’ will be multifocal, interprofessional, and global.” This is a wonderful follow-up to ADEA’s work in the last year on interprofessional education. I promise to pass along additional information as this effort takes shape.

Before I close, I want to share the [conclusions of a 2009 report](#) on global health published by the [Center for Strategic and International Studies](#) (CSIS). The report makes clear that U.S. universities are uniquely positioned to be major players in “shaping the emerging field of global health [and] solving some of the most pressing health issues facing humanity today.... By enlisting multiple disciplines to unravel the complex determinants of health, by harnessing the passion and energy of students who benefit from formative global health education and service opportunities, and by being on the forefront of scientific discovery and health care delivery, universities are poised to change the landscape of global health and ultimately improve the human condition.”

These changes within universities will also change the landscape of dental education. As the CSIS report points out, student awareness of the world’s interconnectedness is one of the drivers of this movement. Taking steps to integrate oral health into global health within our institutions or through participation in groups such as GOHIG are clearly worthwhile for their positive impact on people’s health, but such gains will take time. In the short term, this integration will have a more parochial benefit: making dental education more responsive to the current generation of students, who are eager to play a role on the international stage. For both reasons, I am glad to see dental education getting in step with global health.



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