

Focus on Global Oral Health: *What It Means To Be Globally Competent and Locally Relevant*

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Going global is a hot topic these days — on university campuses, among faculty, and even more so among students. In an increasingly globalized world, health disciplines are part of a rapidly expanding web of global connections and interrelations. This is true for oral health in the broadest sense, though global oral health as a distinct and defined topic area is perhaps not yet comparable to other biomedical disciplines in terms of global reflection, research, and analysis. Nevertheless, the exponential increase of global programs, international collaborations, and global (oral) health courses testifies to the power of the “going global” trend.¹

While global oral health is complex, with many layers, stakeholders, challenges, and potential solutions, the fact is that increasing numbers of students — motivated by a desire to address pressing oral health needs of less fortunate populations or countries — are seeking volunteer opportunities to provide care abroad. Combining such engagement with educational goals for dental students is appealing and would appear to be a win-win.²

The Need to Develop Sustainable Models for Student Engagement in Global Oral Health

Much has been written about the ins and outs of such volunteer interventions, be it on a personal, NGO, or academic basis.³⁻⁶ The challenges and limitations inherent in making meaningful contributions to weak local health systems are huge, and the impact on the burden of oral diseases through clinical interventions is rather minimal on a population basis. Faculties and organizations are still searching for consensus concerning sustainable and impactful models for didactic, service, or research learning in global oral health, including during the March 2016 ADEA workshop on global best practices (see <http://bit.ly/1RhBWZv>).

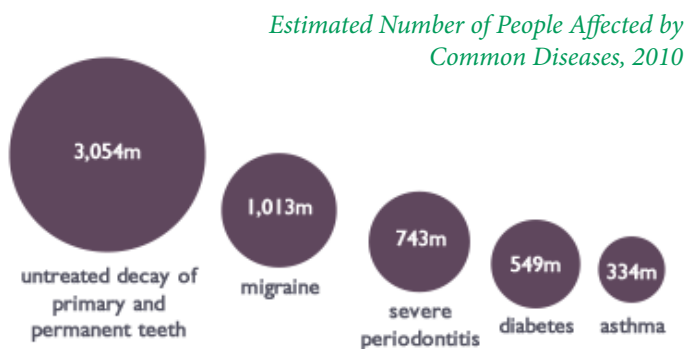
Fundamental to the development of sustainable models for student engagement in global oral health is a profound understanding of the complexities that shape and determine global oral health, the disease burden, the various health systems around the world, and, eventually, possible solutions. Moreover, while the basics of global public health, international health policy, health systems research, and health economics apply to global oral health as well as to other healthcare disciplines, there are a number of topic areas and challenges that are specific to oral health that must be identified and addressed. For the dental educator this poses a distinct challenge, as the availability of basic textbooks and additional teaching materials has been limited at best. However, with the publication last year of the second edition of the FDI's *Oral Health*

Atlas: The Challenge of Oral Disease — A Call for Global Action, finding appropriate global oral health teaching materials has become much easier.

The FDI's Oral Health Atlas: An Innovative Learning Tool in Global Oral Health

Published by the FDI World Dental Federation in Geneva, Switzerland, in October 2015, the Atlas was originally conceptualized as an advocacy tool for policy and decision makers, as well as interested professionals and lay people. Publication of the 2015 Atlas builds on and expands the relevance of an earlier work, the first *Atlas of Oral Health — Mapping a Neglected Global Health Issue* (2009), which reflected recognition by the FDI World Dental Federation, the professional umbrella organization representing dentistry worldwide, of the need for a broader understanding of oral health and dentistry. The original book was a huge success, particularly in the context of teaching global oral health in an academic setting. The second edition, which has been completely revised and updated, is available in Spanish and French, as well as English.

The new edition aims to facilitate understanding of the various areas of global oral



From *Oral Health Atlas, Second Edition (2015): The Challenge of Oral Disease — A Call for Global Action*

health, the global challenges, and underlying causes. It presents information, data, and facts on a broad range of topics from a public health and population-focused perspective, and outlines areas for action and solutions.

In creating this second edition, the editors asked themselves: “Are we really developing the ‘generalist’ skills of our students by emphasizing minute details and facts? How do we best provide a broad bird’s-eye view of topic areas

and foster a sense of their deep interconnect-edness?” The response was to provide information in a comprehensive yet executive style by presenting only the respective key facts — an approach that is often overlooked in creating ambitious curricula and dense teaching schedules in dental education. It is therefore not surprising that certain dentistry textbooks targeted to allied personnel featuring exactly this kind of simplified and less detailed presen-



tation of knowledge are also extremely popular among dental students.

The second *Oral Health Atlas* brings together data and insights from various disciplines and fields, including health, economy, clinical care, and health and development policy, and shows how interconnected the areas are. This approach helps to reduce complexity since readers would otherwise need to refer to specific mono-thematic publications. The Atlas removes this barrier by breaking up the scholarly silo thinking that all too often prevails within the dental subdisciplines.

Structure and Design

The book opens with a body map of relations between oral and general health, thereby placing oral health directly into the broader landscape of health. The book's eight chapters deal with global oral diseases, risk factors and de-

terminants, inequalities, prevention and management, the global health agenda, and global challenges in education and research. The final chapter is a call to action with comprehensive and concise recommendations for advocacy and policy.

A contemporary visual and graphic approach is used to present oral health content in the context of the broader international health and development discourse. By complementing all sections with a succinct bibliography and data sources, as well as additional suggested readings, the Atlas provides an entry point for further study. Readers are encouraged and guided to study their particular areas of interest in more detail.

For readers who do not have an international background or perspective, many of the facts presented may be new and unanticipated. The key overall message is that there are a multitude of realities and settings, all with different challenges for oral health. Though the majority of readers from high-income countries or students from the U.S. may not be familiar with the challenges that exist in low- and middle-income countries or underserved populations, these different realities exist alongside one another and are affected by similar determinants that shape health and well-being in general. The traditionally perceived division of the world into developed and developing countries is no longer in accord with reality. Indeed, inequalities are everywhere, and they are growing.

The classic public health and health promotion topics, such as inequalities, disease burden, risk factors, and the international policy context, all play a central role in the Atlas. But

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“Students should also be aware that it is not necessary to travel abroad to serve those in need. There are many opportunities to help the disadvantaged and other underserved groups in the U.S. There are likely many worthwhile volunteer opportunities in your community, with many more around the country. Dental schools may be more impressed with what you can do to help close to home rather than while abroad.”

— ADEA Guidelines for Predental Students Providing Patient Care During Clinical Experiences Abroad, 2010

these are not simply topics for the study of global oral health, as they are equally relevant within the context of national and domestic oral health. Since public health is a niche topic within the typical dental curriculum, the Atlas also provides a perspective on oral health and dentistry that may be new to students who are typically focused on the clinical aspects of their studies. The broader population and public health view taken in the Atlas may provide for interesting and surprising new insights and a deepened understanding of the broader context of providing oral health care.

That it has become such a popular tool for teaching and student self-study in global health indicates the relevance and importance of the information, as well as the accessibility of the format in which it is presented.

Thinking Global, Acting Local: A Valid Paradigm?

What might happen if reflection on global oral health and its challenges were to initiate a thinking process that recognizes similar problems in our own communities and settings? After all, uncovering inequalities, understanding the role of risk factors and wider health determinants, as well as the relevance of preventive and protective public policies, is no different when analyzing oral health contexts in Honduras, Rwanda, Mongolia, or New York. Maybe we, as dental educators, should emphasize that “going global” is not always the best way or first choice for responsible public health engagement. Instead, we may want to promote a culture of “thinking global but acting local,” thereby developing the necessary broad under-

standing of the complexities and challenges in a globalized and interdependent world, while at the same time offering realistic entry points for each and every one to engage sustainably and realistically in improving oral health in the immediate environment.

The call to “act local” has long been included in the context of overdue action on the determinants of health.⁷ Such local engagement ideally goes beyond providing free clinics for the underserved or participating in school screenings in a nearby community. Acting on the determinants of general and oral health creates a much greater impact but requires a different type of engagement and skills. Advocating with decision makers, mobilizing communities for healthier environments, or acting to ban unhealthy foods and drinks from schools are just a few examples of meaningful oral health promotion that has nothing to do with the traditional approach confined to a dental chair and a clinical setting.

Looking at the broader, global picture of oral health will depend on such upstream, integrated action if we want to achieve a substantial reduction in the burden of oral diseases. If a sugary drink is cheaper and more easily available than a healthier option, people will always tend to choose the easier way, even if exposing their general and oral health to risks. The Atlas shows in many different ways how such factors and interventions shape oral health, and how the barriers to effective action can be overcome. It is thus also a tool for refocusing our thinking about the basic principles of health promotion by putting the generally dominating clinical “drill and fill” mentality into perspec-

tive and highlighting a broad variety of opportunities for action that go beyond the dental clinic setting.

Understanding global oral health is complex, but it provides opportunities to analyze and deepen understanding of challenges that are local and close. This is why a WHO report on the transformation of health professionals' education stated that we need "health professionals who are globally competent and locally relevant."⁸ The FDI's *Oral Health Atlas* is thus a welcome and much needed teaching tool to help achieve this goal. It reminds us that being a good oral health professional requires much more than clinical skills and that our responsibilities extend into areas that are only beginning to be recognized in the broader dental curricula. ■

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