

COMMENTARY

Moving Beyond Charitable Dental Missions: *The Pursuit of Equitable Partnerships to Reduce Oral Health Disparities*

By
Joana Cunha-Cruz, DDS, MPH, PhD
Research Associate Professor
Department of Oral Health Sciences
University of Washington
School of Dentistry



and
Kirsten D. Senturia, PhD
Clinical Assistant Professor
Department of Health Services
University of Washington
School of Public Health



“The plain fact is that the planet does not need more successful people. But it does desperately need more peacemakers, healers, restorers, storytellers, and lovers of every kind. It needs people who live well in their places. It needs people of moral courage willing to join the fight to make the world habitable and humane. And these qualities have little to do with success as we have defined it.”

— David W. Orr

Earth in Mind: On Education, Environment, and the Human Prospect

In “What It Means to be Globally Competent and Locally Relevant,” Dr. Habib Benzian discusses educational aspects of global oral health and highlights the importance of developing sustainable models for student engagement. The author presents the *Oral Health Atlas: The Challenge of Oral Disease: A Call for Global Action* as a learning aid that can help achieve global health competence among dental students. He concludes by emphasizing that competence in

global health could bring more awareness to local problems because contextual factors in a low-income country may be similar to contextual factors in underserved communities in this country. The take-home message is a call for action: Think globally and act locally, and do so beyond clinical dental settings.

Systematic evaluative evidence is lacking that international service-learning benefits dental students, universities, and the U.S. healthcare system. Moreover, we could not find any research evidence of the impact of global oral health experiences on the institutional partners from the host country or on the communities being served.

Students who provide care to underserved communities in other countries may be exposed to a new culture, new ways of doing things, and sometimes a new language. This cultural experience is unique when the student is immersed in the community and must learn how to function in another environment, one that may be overwhelming and which places the student in the role of cultural outsider. Students also gain valuable clinical experience, practicing new skills and facing a range and severity of oral health problems that may not be seen in the academic clinical setting. The expectation is that the experience abroad will

nurture resilience, confidence, and, above all, empathy — the sense of “being in another person’s shoes.” Meanwhile, the underserved communities in other countries that receive visiting dental students welcome the needed dental services being provided and are also exposed to the visiting students’ culture and language. They can learn from these experiences as well, and local capacity may be built or nurtured.

However, systematic evaluative evidence is lacking that international service-learning benefits dental students, universities, and the U.S. healthcare system. Moreover, we could not find any research evidence of the impact of global oral health experiences on the institutional partners from the host country or on the communities being served. Without critical evaluation of global health experiences, we may be contributing to practices that are culturally inappropriate, reproduce colonialist traits, fail to engage with host partners, create health or care expectations that cannot be met by the host partners alone, and result in the untimely departure of the visiting team. Considering these issues, contemporary global health experiences require U.S. students and institutions to consider the host institutions or country as equal partners, and to carefully plan, implement, and evaluate the initiative. We propose a framework for global health initiatives with five steps (five As):

1. Ask:

- a. Identify the global health problem collaboratively with host partners, based on the self-identified needs of the community.
- b. Develop objectives and goals collaboratively

tively to answer the five W's: "Who, What, Where, When, for Whom?"

2. Access:

- a. Search for the best evidence available not only for the clinical procedures being proposed but also for methods for effective, equitable, and sustainable partnerships.
- b. Conduct an environmental scan of the current conditions of the host partner to identify the burden of oral health problems and available resources such as the health-care system and institutions.

3. Appraise:

- a. Consider the best evidence and environmental assessments to conduct a root cause analysis and develop a theoretical framework with barriers and facilitators to dental care.
- b. Select feasible and sustainable components of the intervention and mode of delivery that can overcome the modifiable barriers and enhance the facilitators, in conjunction with host partners.

4. Apply:

- Implement the initiative with shared leadership and continuous problem-solving, prioritizing the host partners' educational needs to build or nurture local capacity and sustainability of the initiative.

5. Assess:

- Evaluate the process of implementation and the impact of the initiative on true and carefully chosen outcomes from different stakeholders (host and visiting institutions, students and health workers, patients and community).

Structuring such initiatives would require operational, financial, and human resources with the active engagement of both partners. Until initiatives like these become standard, there will still be space for charitable missions. For example, highly specialized services such as cleft lip and palate repair surgeries may be welcomed in low-income countries that lack this expertise. Other countries experiencing humanitarian crises will welcome dental professionals and students as part of health teams providing emergency care in refugee camps and elsewhere.

As we move beyond the charity model and build true equitable partnerships in global health, students and professionals from visiting and host countries will be rewarded with deeper learning experiences and the opportunity to produce a bigger impact within the communities. While those of us arriving from U.S. dental programs share our technical expertise in dental research, education, and quality improvement of clinical practices and health systems, we will learn innovative local solutions from our partners. Beyond the institutional responsibility to teach global health to dental students, being global also means leaving our silos and fully participating in the communities we serve, both teaching and learning across languages and cultures. Global health initiatives give us the opportunity to be active partners in the pursuit of health equity in the world, be it down the street or miles away. ■