In the 21st century, our understanding of human health and well-being is expanding beyond its previous boundaries. Although one-on-one relationships between individuals and their health care providers remain essential, the concept of human health is now viewed more holistically, as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,” and including how the socioeconomic determinants of health and ecosystem affect health and well-being. Certainly, the current Ebola epidemic has brought home to Americans the shared global interconnectedness within which human health must be considered. This new awareness is reflected in the recent report of United Nations Secretary-General Ban Ki-Moon, which advocates Sustainable Development Goals that include not only human but environmental concerns.

How do we situate global oral health in this expanded understanding? Progress is occurring in overlapping stages. A foundational stage is the acceptance that oral health is a global public good and a basic human right. Another stage is the recognition that oral health is an integral part of non-communicable diseases and an important part of infectious disease. Along with this recognition comes a focus on diabetes, cardiovascular disease, strokes, and the priorities of strengthening health systems and promoting universal health coverage and primary health care. Another stage results from the acknowledgment that oral health must be an integral part of all challenges that face humanity and those directed at ameliorating the unstable and ballooning threats not only in infectious and non-communicable diseases but regarding displacement of populations resulting from civil wars and terrorism especially in Africa, Asia, and parts of Europe and severe stresses that cross political boundaries.

A stage of particular relevance for educators is the development of socially accountable educational goals, competencies, and curricula. Professions, philanthropies, and governmental and non-governmental organizations that have human well-being as their ultimate mission have a particular obligation to involve themselves in the promotion of global equity, health for all, and social and economic health in the broadest terms. As academics and professionals, how do we ensure that our students as future leaders and change agents bring fresh ideas, ideals, and energy to bear on global health problems? The competencies and curricula that we design must be mission- and service-driven and mindful of needs and goals that align with the societies they serve. The crucible for developing, testing, and improving such curricula is the real world of poverty, discrimination, human rights violations, and limited resources.

Three years ago, Dr. John Greenspan of the University of California, San Francisco School of Dentistry spearheaded formation of the Global Oral Health Interest Group of the Consortium of Universities for Global Health (CUGH) (http://cugh.org). This group recognized the lack of consensus on global oral health competencies as a major gap in educating professionals for the 21st century. When we in the CUGH Educational Subcommittee on Interprofessional Global Health Competencies embarked on our work to propose a set of interprofessional global health competencies a year later, very little information existed on the subject.

Since then, four landmark documents are making significant progress in establishing and promoting such competencies. The first three are “FDI Vision 2020: Shaping the Future of Oral Health” of the FDI World Dental Federation; the “IADR Global Oral

The most recent landmark document is published in this issue of the Journal of Dental Education. Benzian et al.’s “A Competency Matrix for Global Oral Health” (pp. 353-61) lays the critical foundation for the broad discipline of global oral health encompassing professionals in North America and elsewhere. The authors, members of the CUGH Global Oral Health Interest Group, make recommendations for including core oral health competencies in the education of all health care professionals and specific groups of the public who are relevant to oral health in a global context. The preliminary competencies they propose are designed to be responsive to local needs but connected globally. The authors thus bring together oral health professionals and the global health workforce, a critical move for maximum impact on the global oral disease burden. I applaud these authors for making the case that global health is a collaborative and interprofessional field and our joint task is to create a shared knowledge base.

These landmark documents extend previous work in this area. Two articles described the work of the CUGH Educational Subcommittee on Global Health Competencies and identified global health and interprofessional competencies to prepare 21st century global health professionals. Competencies applicable across disciplines for students in fields ranging from medicine and public health to pharmacy and oral and mental health were defined—several of them borrowed from a model developed by the Association of Schools and Programs of Public Health. Beyond those reports, two articles on global nursing health are examples of competencies developed in a single field. More work and resources are needed to develop and implement competency domains and innovative modes of assessment, building programs that take into account local contexts. At CUGH, we are currently working on costing global health competencies and obtaining input from stakeholders in low- and middle-income countries to complement feedback from North America and Europe.

Prestigious journals such as The Lancet and the Journal of Dental Education (JDE) are extremely important as platforms for educating their constituents about global health challenges and promoting actions to address those challenges. Toward that end, I was excited to see Dr. Nadeem Karimbu discussing the JDE as having become a “global village” in bringing together perspectives from around the world and to read Dr. Greenspan’s guest editorial pointing to steps needed for U.S. dental education programs to contribute to global health. Publishing the competencies article in this issue and others on global health helps to show how oral health is taking its place in this exciting arena and demonstrates the important role to be played by oral health educators to prepare students, fellow health professionals, community and policy leaders, and the general public to understand the broad context in which oral health should be addressed.

REFERENCES


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