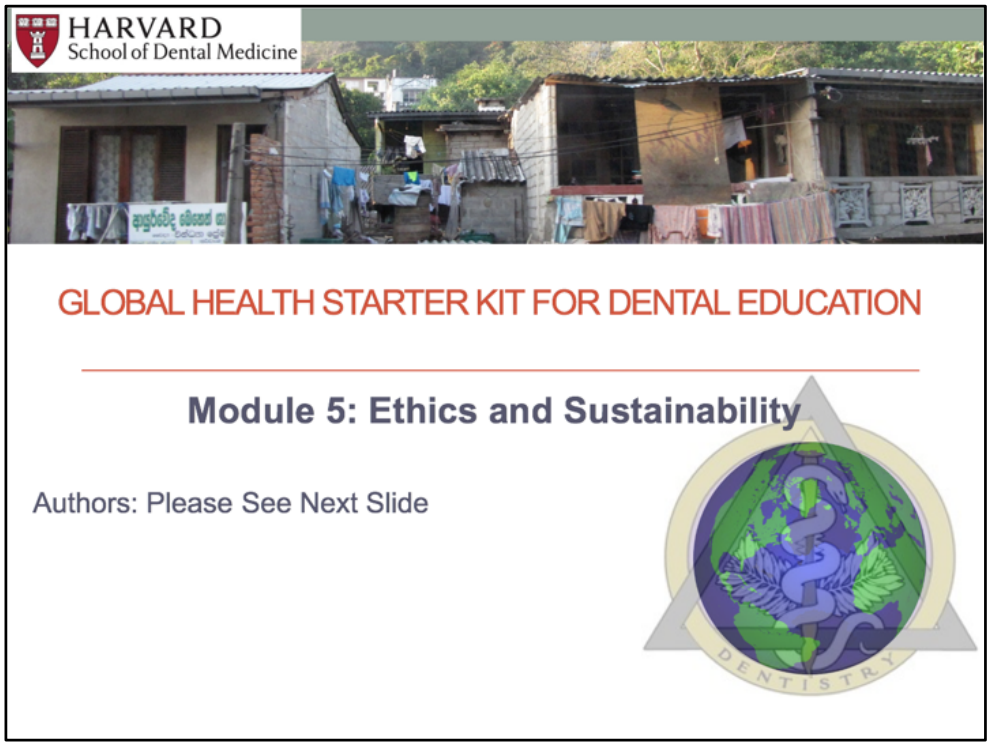


This module introduces concepts of sustainable and ethical global health programs, including research, service delivery, and training experiences, their potential unintended consequences for communities, and suggested solutions for optimizing positive impacts for all involved through practiced self-reflection and partnership.

While there are numerous resources and references available about these topics, for the purpose of this module, we have curated a small sample of high quality resources to support the learning outcomes. We encourage learners (and educators) to explore the literature further, beyond what is contained in this module.

This module is designed to be presented in approximately one and ½ hours. To extend the learning experience, **OPTIONAL IN-CLASS ACTIVITIES** have been inserted along the way. These learning activities allow for approximately one additional hour of active learning during the module.

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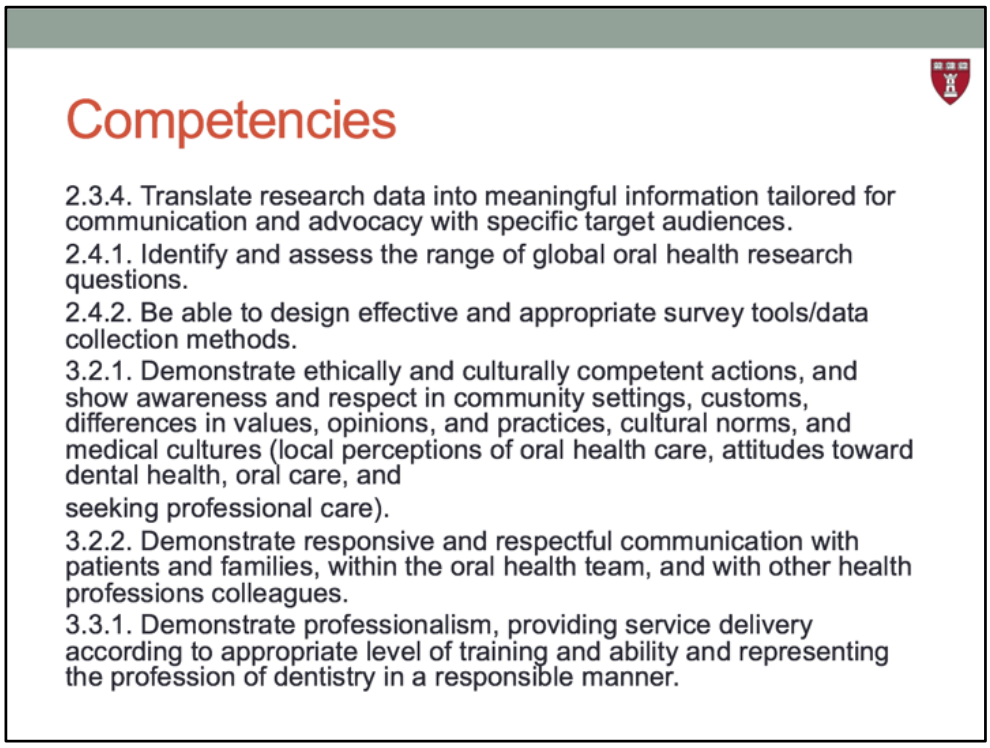



This module is related to the above competencies. While these competencies cannot be met through a single teaching module, this module is working toward competency-based best practices in global health for dental education.

From:

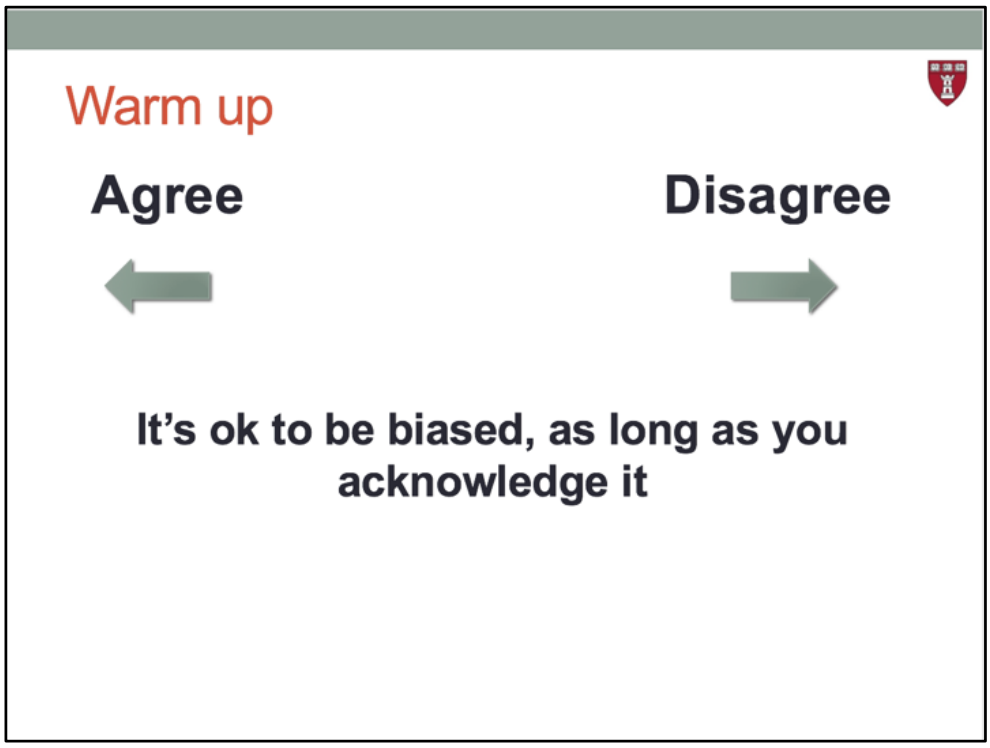
*Benzian, H., Greenspan, J.S., Barrow, J., Hutter, J.W., Loomer, P.M., Stauf, N. and Perry, D.A., 2015. A competency matrix for global oral health. Journal of dental education, 79(4), pp.353-361*

*Seymour B, Shick E, Chaffee B, Benzian H. Going global: toward competency-based best practices for global health in dental education. J. Dent. Educ. 2017;18(6):707-15.*

# Learning Objectives

By the end of this module, students should be able to do the following:

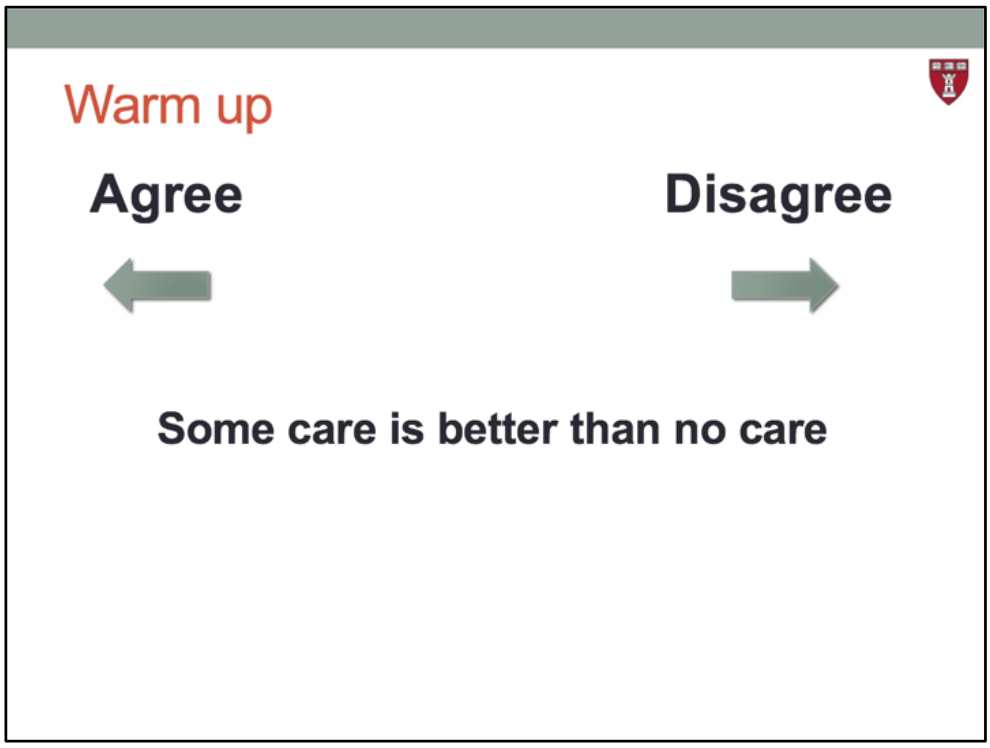
- Discuss issues of global health conduct and regulation, including ethical concerns
- Practice performing self-checks in order to recognize one's motivations
- Identify how a volunteer's presence in a community could lead to unintended negative impacts
- Analyze the differences between vertical and horizontal approaches to health, and formulate a combination of the two approaches (a "diagonal" approach) when considering global oral health improvement programs




Warm up activity:

- Have the students stand up
- Ask them to decide on one answer for each topic and move to the corresponding side of the room to which their selected answer arrow is pointing (right or left)
- Ask students why they chose one or the other and have a discussion

To stimulate discussion, the game works best if you have only one rule: students must select one. There is no right or wrong answer, which can make selection difficult. Having students commit to an answer encourages engagement and thoughtful reflection during discussion. The overall objective is to get the students talking, no matter how they choose.

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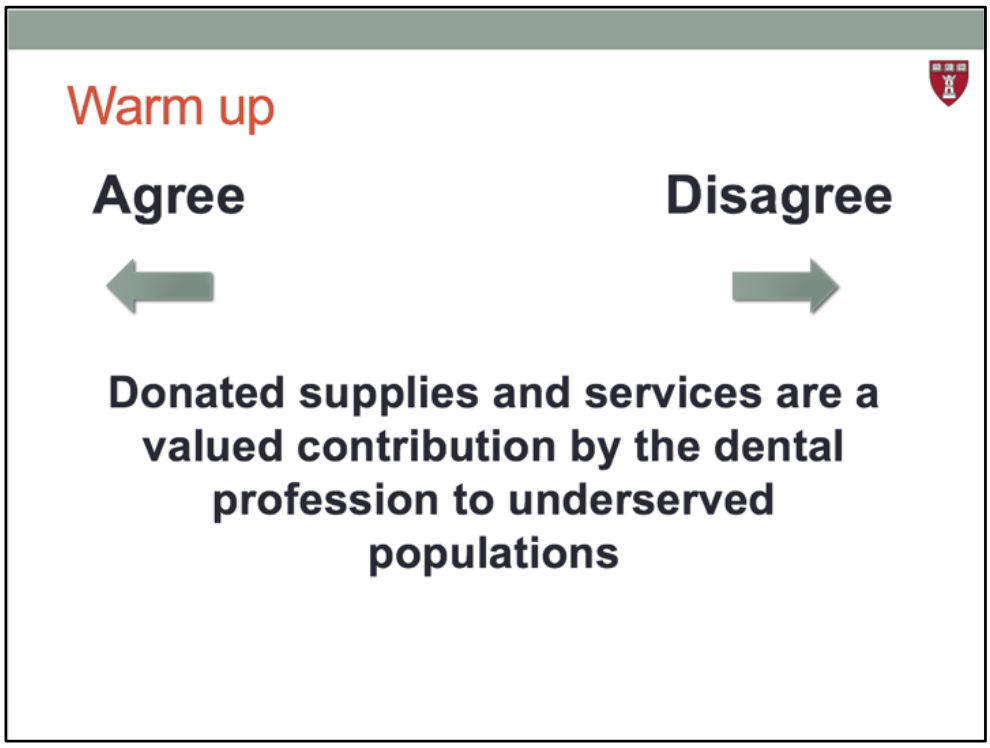


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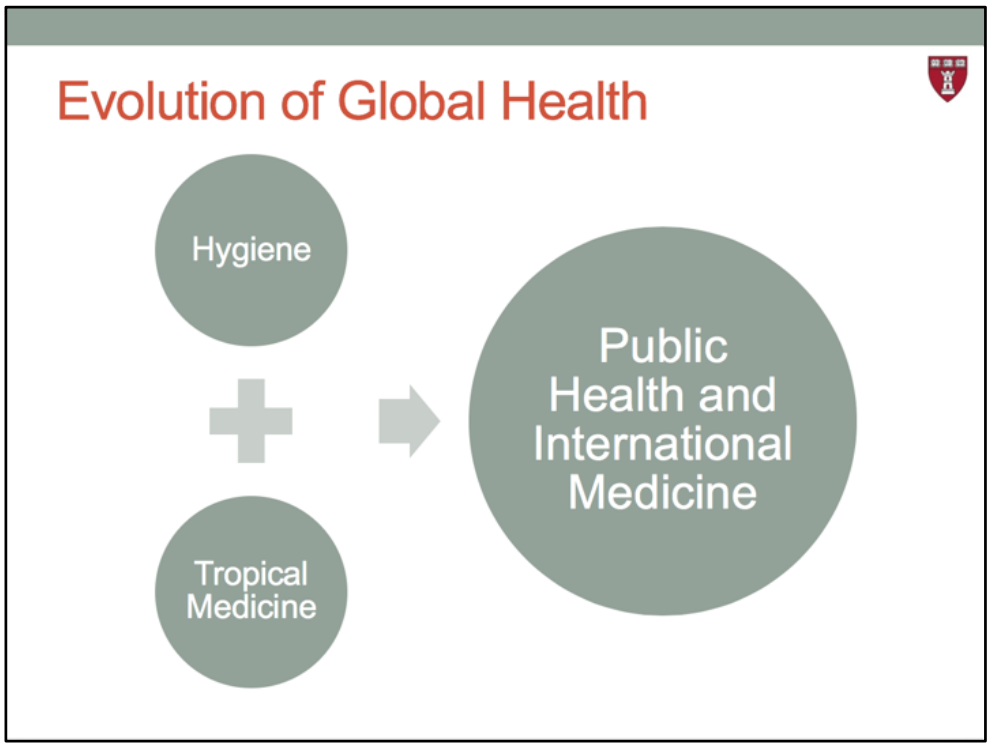


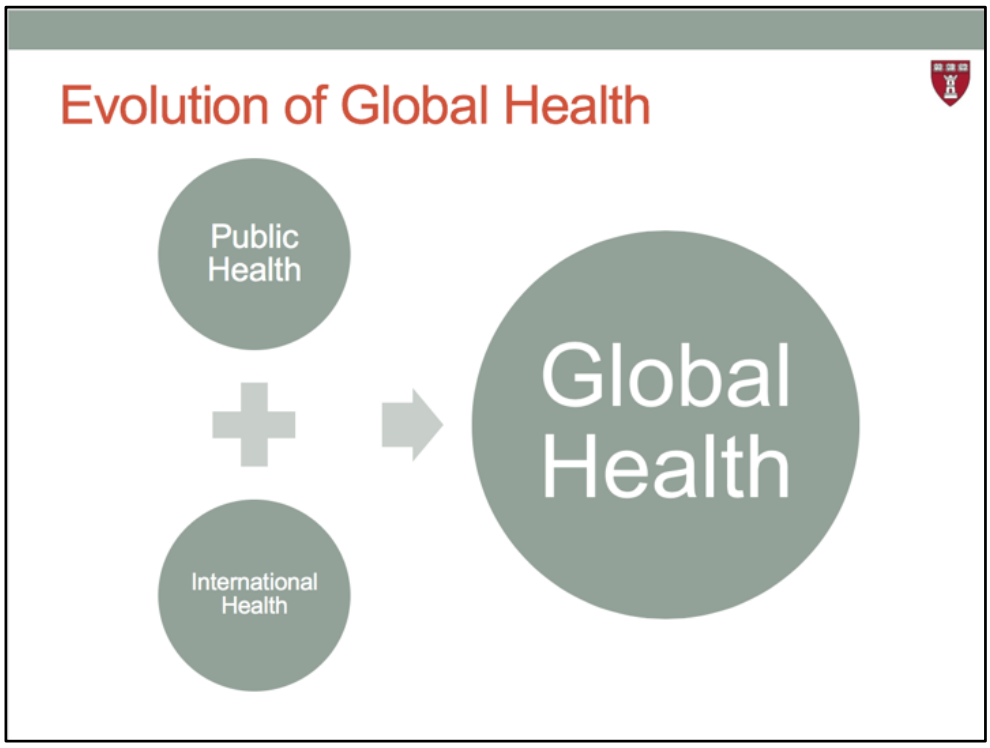

Understanding the history and roots of global health assists to appreciate current models and methods, as well as their limitations. Because global health is not currently a distinct field, profession, or discipline per se, as opposed to public health for example, global health's definition and activities continue to evolve and have been somewhat amorphous in the past, drawing from related models and practices as it has taken on its own form today. In fact, the term 'global health' itself was not commonplace until after the new millennium.

Among the earliest roots of modern day global health were sanitation and tropical medicine. In the 19$^{th}$ century, a cholera outbreak in Europe triggered the first International Sanitation Conference. Around the same time, early medical missionaries were accompanying colonization activities, which led to the creation of the London School of Hygiene and Tropical Medicine, which began as a dockside hospital to provide care to ill missionaries returning from their travels. Activities such as these examples, among many others, coalesced over time to form the fields of public health and international medicine. The London School began an epidemiological research expedition which led to the discovery that mosquitos were linked to malaria transmission for example. The Sanitation Conference continued for nearly a century and eventually led to the creation of the International Sanitary Office of the American Republics, now the Pan American Health Organization.

References:

Seymour B, Barrow J. A historical and undergraduate context to inform interprofessional education for global health. J Law Med Ethics. 2014 Dec;42 Suppl 2:9-16.

Melby MK, Loh LC, Every J, Prater C, Lin H, Khan OA. Beyond Medical "Missions" to Impact-Driven Short-Term Experiences in Global Health (STEGHs): Ethical Principles to Optimize Community Benefit and Learner Experience. Acad Med. 2016 May;91(5):633-8.

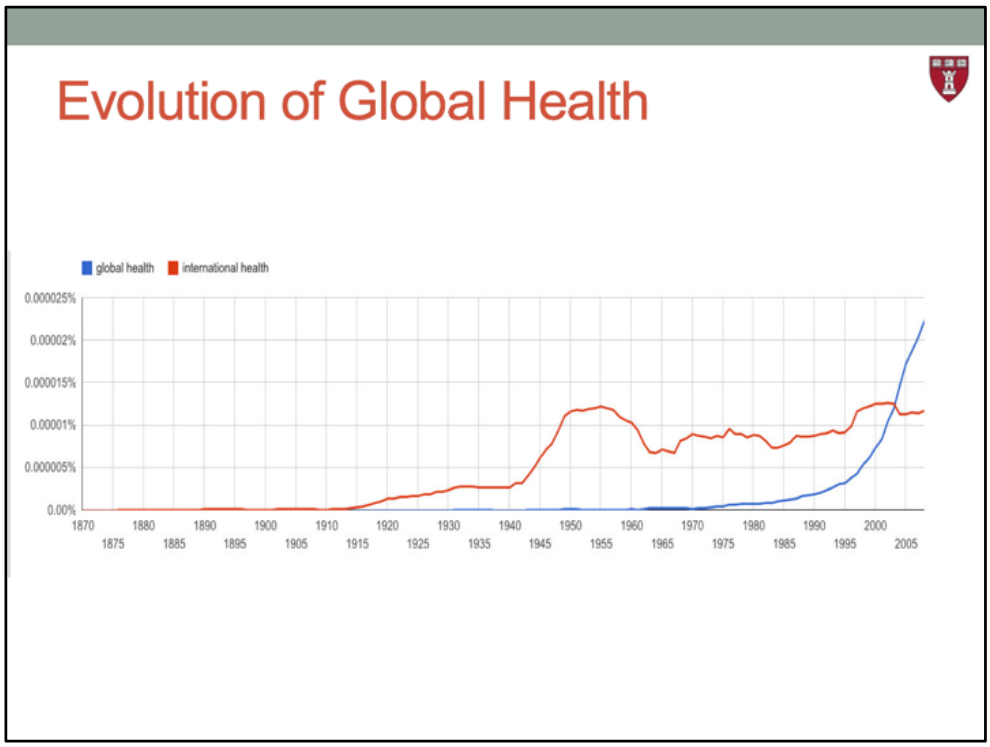



International health began to grow during much of the 20th century. Public health today is a robust field with many direct synergies with global health; oftentimes, they cannot really be distinguished.

References:

Seymour B, Barrow J. A historical and undergraduate context to inform interprofessional education for global health. J Law Med Ethics. 2014 Dec;42 Suppl 2:9-16.

Melby MK, Loh LC, Every J, Prater C, Lin H, Khan OA. Beyond Medical "Missions" to Impact-Driven Short-Term Experiences in Global Health (STEGHs): Ethical Principles to Optimize Community Benefit and Learner Experience. Acad Med. 2016 May;91(5):633-8.




After the new millennium, the term 'global health' began to replace 'international health.' This change in terminology marked a significant change in philosophy and recommended practice for health endeavors internationally.

Ask the students why they think the term changed. Use prompt questions if needed:

1) What does the term 'global' encompass to you?
2) What might the term 'international' imply that is becoming obsolete in today's globalizing world?

The reference to 'global' encouraged a broader understanding of health and disease, including recognition of shared risks and determinants of disease that cross borders and even oceans. This change also recognizes potential for shared solutions and global innovations. In addition, 'global' encourages broad collaboration across disciplines, regions, income levels, and societies. It works to eliminate merely a geographic or economic focus on health, by only the health sector, for example.

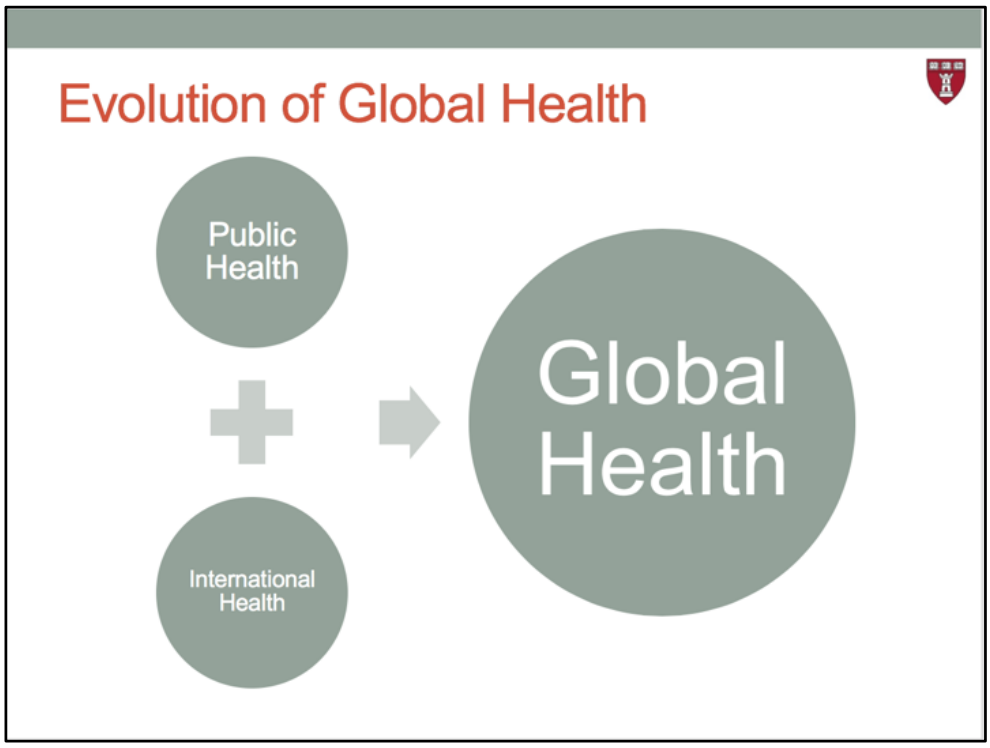
The above Google ngram shows trends in the appearance of "global health" and "international health," two bigrams (composed of 2 grams or words) in a large Google sample of books written in English and published in the United States between 1870 and 2008. The y-axis shows the percentage of all the bigrams that are "global health" and "international health." This ngram illustrates a change in terminology from "international health" to "global health" near the beginning of the new millennium

with a frequency cross-over around the 2003 year point.

Graphic Source:
Seymour B, Barrow J. A historical and undergraduate context to inform interprofessional education for global health. J Law Med Ethics. 2014 Dec;42 Suppl 2:9-16.

References:
Seymour B, Barrow J. A historical and undergraduate context to inform interprofessional education for global health. J Law Med Ethics. 2014 Dec;42 Suppl 2:9-16.

Melby MK, Loh LC, Every J, Prater C, Lin H, Khan OA. Beyond Medical "Missions" to Impact-Driven Short-Term Experiences in Global Health (STEGHs): Ethical Principles to Optimize Community Benefit and Learner Experience. Acad Med. 2016 May;91(5):633-8.

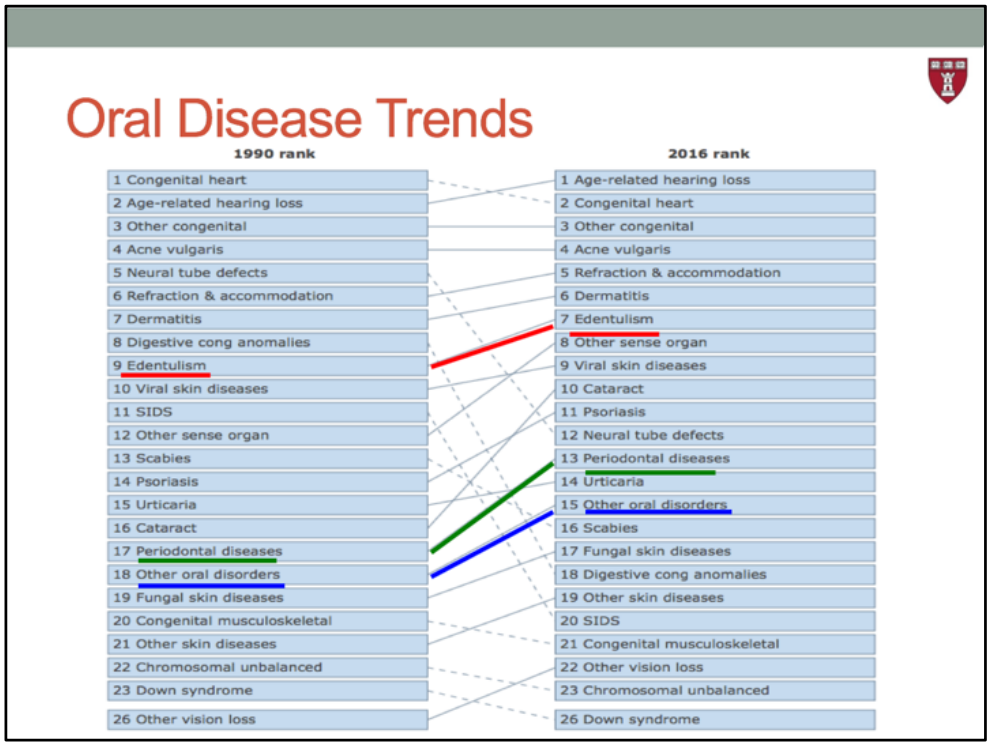



Today, global health is fast becoming a vigorous model for improving health worldwide, grounded in principles and practices of public health, with a global approach and mindset.

References:

Seymour B, Barrow J. A historical and undergraduate context to inform interprofessional education for global health. J Law Med Ethics. 2014 Dec;42 Suppl 2:9-16.

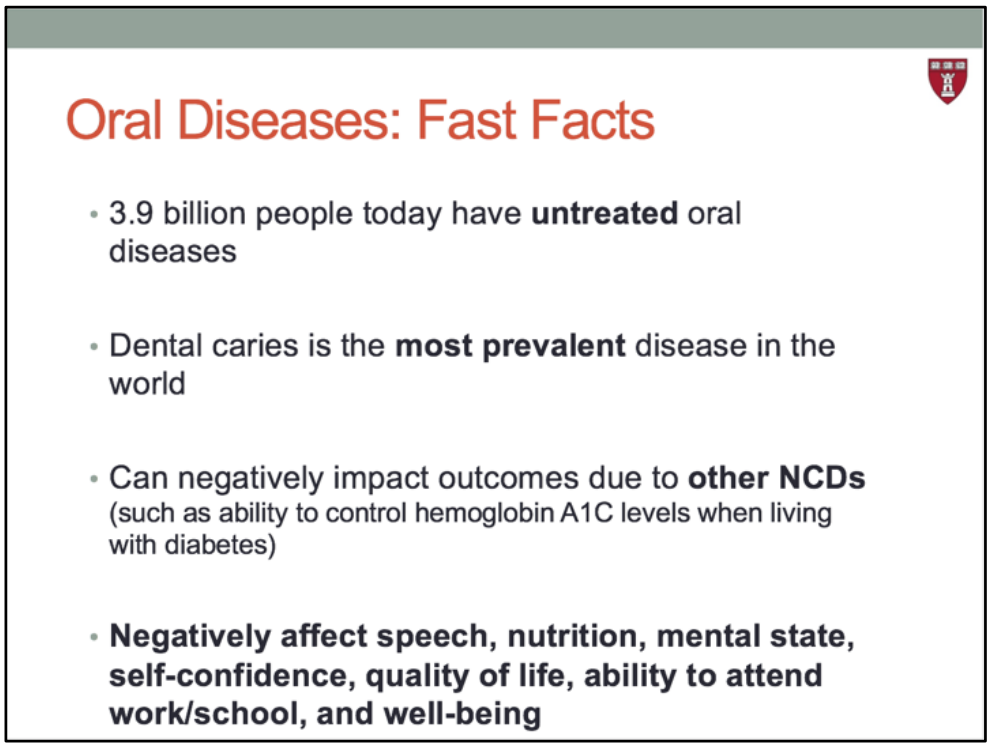
Melby MK, Loh LC, Every J, Prater C, Lin H, Khan OA. Beyond Medical "Missions" to Impact-Driven Short-Term Experiences in Global Health (STEGHs): Ethical Principles to Optimize Community Benefit and Learner Experience. Acad Med. 2016 May;91(5):633-8.




In Module 1, we explored the oral burden of diseases worldwide. We learned that oral diseases are one the rise, and are among the most common conditions in the world. When understood through the global lens, the burden of oral disease is immense and continues to be relatively neglected.

Reference:
Kassebaum NJ, Smith AGC, Bernabe E, Fleming TD, Reynolds AE, Vos T, Abyu GY, Alsharif U, Asayesh H, Benzian H, Dandona L, Dandona R, Kasaeian A, Khader YS, Khang YH, Kokubo Y, Kotsakis GA, Lalloo R, Misganaw A, Montero P, Nourzadeh M, Pinho C, Qorbani M, Rios Blancas MJ, Sawhney M, Steiner C, Traebert J, Tyrovolas S, Ukwaja KN, Vollset SE, Yonemoto N, Murray CJL, Marcenes W. Global, regional, and national prevalence, incidence, and disability-adjusted life years for oral conditions for 195 countries, 1990–2015: a systematic analysis for the Global Burden of Diseases, Injuries, and Risk Factors. *Journal of Dental Research*. 2017 Apr;96(4):380–387.
Summary accessed on 1/19/18 at http://www.healthdata.org/research-article/global-regional-and-national-prevalence-incidence-and-disability-adjusted-life.

Figure source:
https://vizhub.healthdata.org/gbd-compare/arrow




The oral disease burden is compounded by the rising burden of non-communicable diseases globally, and vice versa. This is explored further in Module 3. The tremendous burden of oral diseases and their sequalae have persisted for decades, and centuries in some regions of the world. As a result, the dental profession has traditionally been altruistic, with a history of volunteer services and efforts to address the burden. This sense of altruism takes many forms in the dental profession, and students today are engaging in various activities globally, inspired by the profession's historic and altruistic response for oral disease reduction in the world's most vulnerable communities.

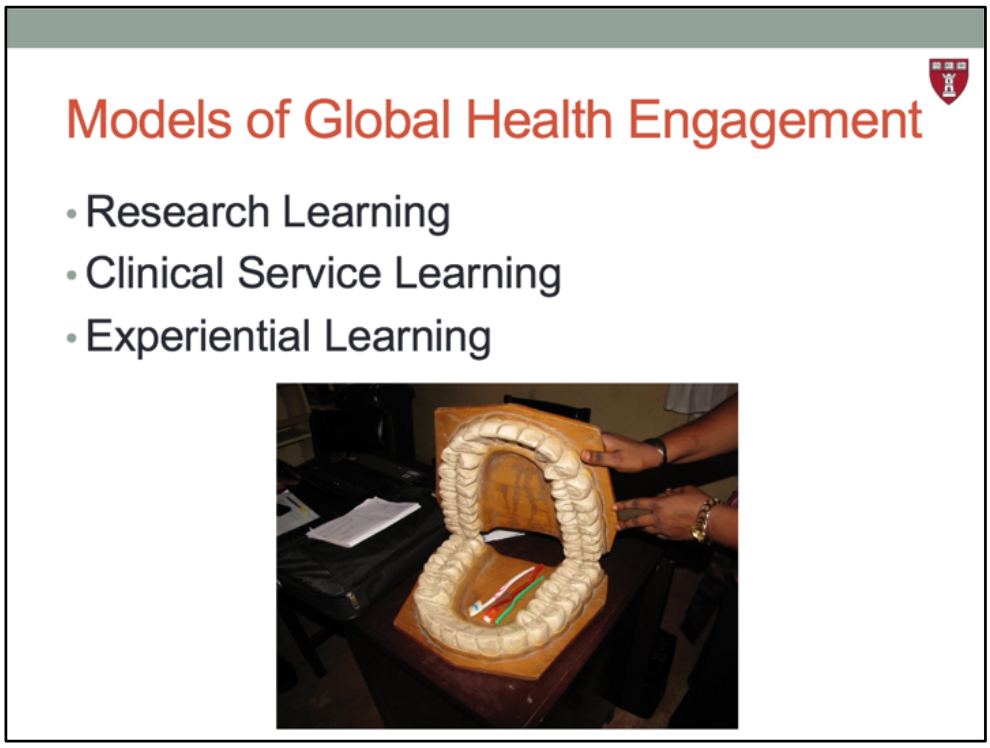
References:

The Challenge of Oral Disease – A call for global action. The Oral Health Atlas. 2nd ed. Geneva: FDI World Dental Federation; 2015.

Kassebaum NJ, Smith AGC, Bernabe E, Fleming TD, Reynolds AE, Vos T, Abyu GY, Alsharif U, Asayesh H, Benzian H, Dandona L, Dandona R, Kasaeian A, Khader YS, Khang YH, Kokubo Y, Kotsakis GA, Lalloo R, Misganaw A, Montero P, Nourzadeh M, Pinho C, Qorbani M, Rios Blancas MJ, Sawhney M, Steiner C, Traebert J, Tyrovolas S, Ukwaja KN, Vollset SE, Yonemoto N, Murray CJL, Marcenes W. Global, regional, and national prevalence, incidence, and disability-adjusted life years for oral conditions for 195 countries, 1990–2015: a systematic analysis for the Global Burden of Diseases, Injuries, and Risk Factors. *Journal of Dental Research*. 2017 Apr;96(4):380–387.

Summary accessed on 1/19/18 at http://www.healthdata.org/research-article/global-regional-and-national-prevalence-incidence-and-disability-adjusted-life.

Demmer, RT, et al. "Periodontal status and A1C change: longitudinal results from the study of health in Pomerania (SHIP)." Diabetes Care, 2010; 33(5), 1037-43




In this module, we focus on three common student activities for global health learning in dental education today: research learning, clinical service learning, and experiential learning. Because there is certainly overlap among these three kinds of learning activities, we will focus on some of the unique considerations for each. In this module, research learning refers to systematic investigation of a research question or hypothesis. Clinical service learning consists of providing direct patient care as a trainee/student under the supervision of a dentist. Experiential learning involves having a concrete experience related to but beyond content taught within the four walls of the classroom that informs how students perceive a given concept. For example, students might learn about the social determinants in class and then visit a community without running water and learn first hand how that directly and indirectly impacts the health of community members.

References:

Crump JA, Sugarman J, Working Group on Ethics Guidelines for Global Heatlh Training (WEIGHT). Ethics and best practice guidelines for training experiences in global health.
Am J Trop Med Hyg. 2010 Dec;83(6):1178-82.

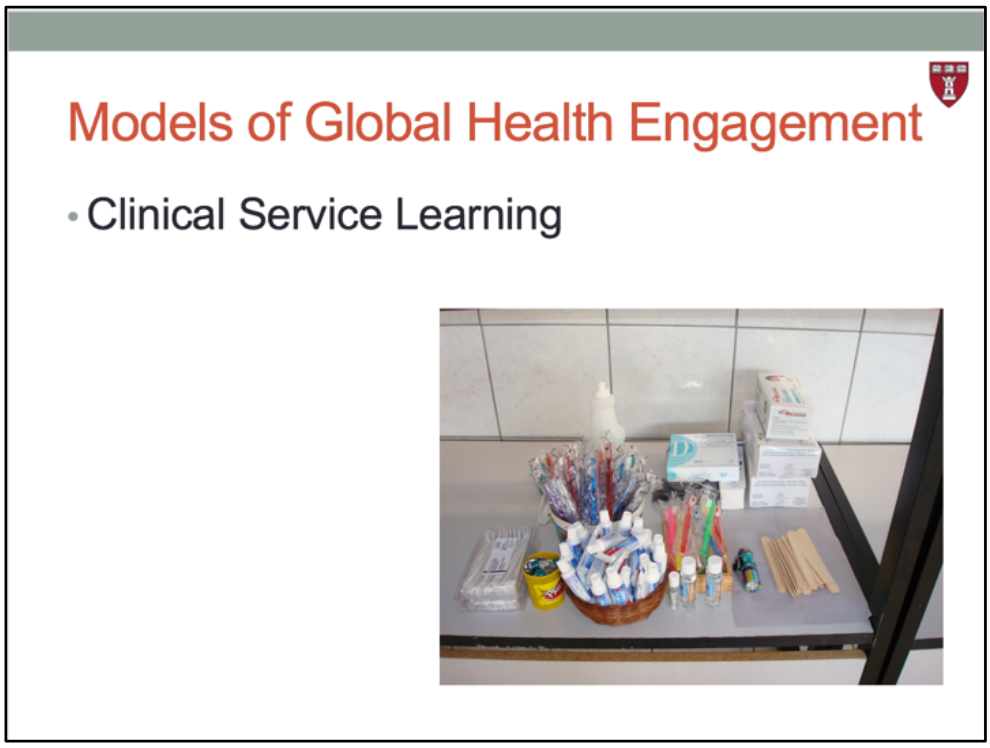
Holmgren C, Benzian H. Dental volunteering: a time for reflection and a time for change. Br Dent J 2011;210(11):512-6.

Seymour B, Benzian H, Kalenderian E. Voluntourism and global health: preparing dental students for responsible engagement in international programs. J Dent Educ. 2013 Oct;77(10):1252-7.

## Models of Global Health Engagement

- Research Learning

Research is a robust method for understanding and addressing oral diseases worldwide. The National Institute of Dental and Craniofacial Research is an example of a leading funder of global oral health research activities. Increasingly, dental students and trainees are seeking research experiences in communities around the world.




Voluntary clinical services provided for free or at a reduced cost is arguably the most common outreach model for the dental profession currently, including for dental students. In the United States, thousands of dental teams provide care each year to low income and underserved children. To date, approximately 5.5 million children have received dental services during the annual "Give Kids a Smile" day for example. Mission of Mercy collaborates with state dental societies annually and provides approximately 25,000 free dental screenings and limited clinical services appointments each year. Voluntary clinical services such as this example can provide an entryway into the dental care system for children and families who have otherwise been denied access to care for a multitude of reasons. Clinical service outreach activities are extremely popular with dentists and dental students alike, both in the United States and increasingly around the world.

References:

American Dental Association Foundation. Give Kids A Smile®. More information can be found at https://www.adafoundation.org/en/give-kids-a-smile.

Mission of Mercy. More information can be found at https://www.amissionofmercy.org/about-us/.

Holmgren C, Benzian H. Dental volunteering: a time for reflection and a time for change. Br Dent J 2011;210(11):512-6.

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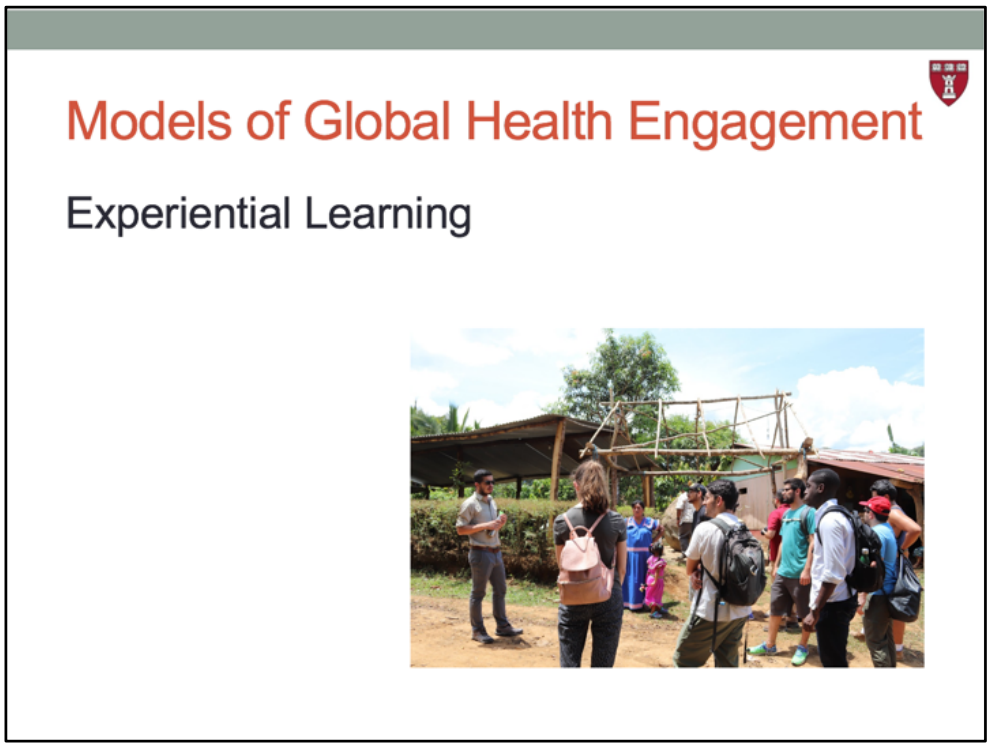



Although this model shares many similarities with clinical service learning, it is a growing and distinct model for global engagement by dental students as a learning experience, not merely a clinical volunteer experience. Dental service trips and global health educational experiences should not be conflated, but often are. While service learning is centered on direct patient care, experiential learning is structured as a concrete educational experience tied to a course or curriculum structure with measurable learning objectives. Experiential learning may include a clinical component, but is not limited to that aspect, which is why we are considering it as a separate model here.

According to recent surveys of Deans, Department Chairs, and dental students, a majority of dental schools offer global health opportunities to students, over 80% of students who responded are interested in an opportunity while in school, and over 90% are interested in participating in a global health opportunity at some point in their career. For U.S. dental schools, the definition of global health, and thus the corresponding activities offered and undertaken, vary widely, from one week service trips to multi-year, multi-institutional partnerships. The companion paper to this module series, A Definition of Global Oral Health for U.S. Dental Schools, attempts to address this inconsistency and offers some guidelines for defining opportunities for students. A series of global health competencies for dental students have also been published to provide a foundation for teaching and learning about global health in dental education. These competencies highlight how experiential learning includes

but is not limited to clinical skill development; it also considers other areas of knowledge, skills, and attitudes such as the social determinants of health, prevention and health promotion, the relationship between oral and overall health, cultural humility, partnerships and team work, interdisciplinary and inter-professional collaboration, advocacy, and policy work. In other words, students can continue learning in the field about concepts that may first be introduced in a classroom setting. Another major difference between a clinical service trip and experiential learning is pre-departure and post-travel education, training, and reflection, which may be more likely to take place within an educational framework of experiential learning, but not with a volunteer service trip. Addressing each of these additional aspects goes beyond the scope of this module, but they are important components of experiential learning.

References:

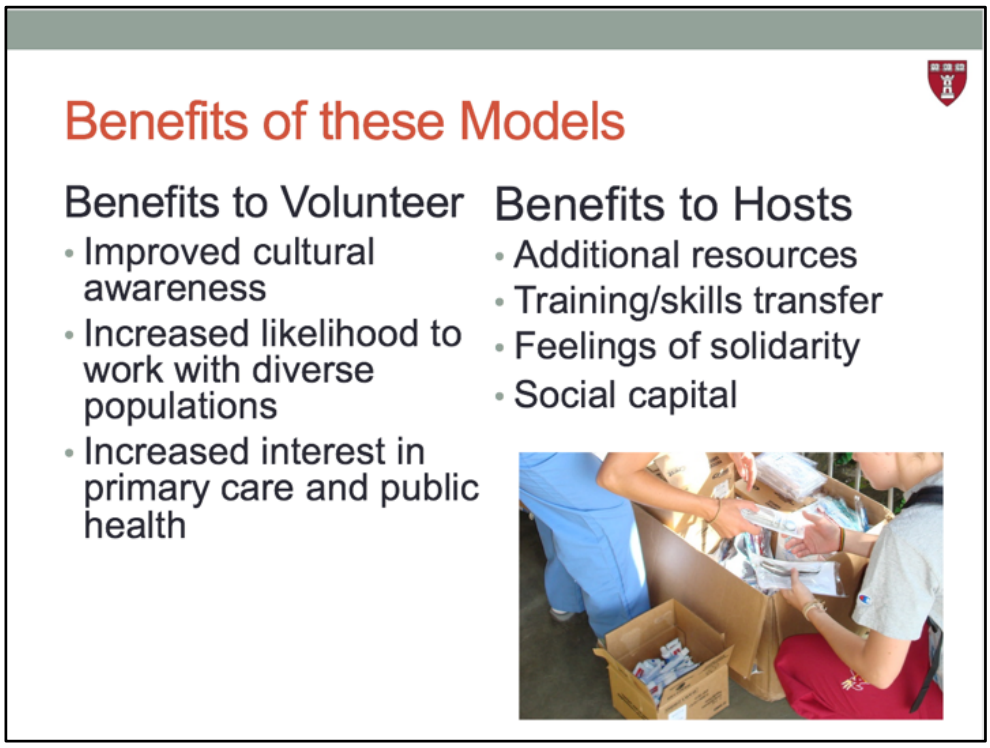
Woodmansey KF, Rowland B, Horne S, Serio FG. International Volunteer Programs for Dental Students: Results of 2009 and 2016 surveys of U.S. dental schools. J Dent Educ 2017;81(2):135-9.

Lambert F, et al. A national survey of United States dental students' experiences with international service trips. J Dent Educ, forthcoming 2018.

Benzian, H., Greenspan, J.S., Barrow, J., Hutter, J.W., Loomer, P.M., Stauf, N. and Perry, D.A., 2015. A competency matrix for global oral health. Journal of dental education, 79(4), pp.353-361

Seymour B, Shick E, Chaffee B, Benzian H. Going global: toward competency-based best practices for global health in dental education. J. Dent. Educ. 2017;18(6):707-15.

Loh LC, Cherniak W, Dreifuss BA, Dasco MM, Lin HC, Evert J. Short term global health experiences and local partnership models: a framework. Global Health. 2015 Dec 18;11:50.




Benefits to students who engage in a community-based learning experience are well-documented. Reported positive outcomes from community and global health learning include increased likelihood to care for patients who are economically and socially disadvantaged in the future, improved cultural awareness, and increased interest in public health and primary care career-related opportunities. Though less is known about positive outcomes for host communities, particularly long-term, there are some documented benefits. These include an influx of resources, including extra hands (literally) as well as supplies and equipment. The presence of well-trained and skilled volunteers can lead to skills transfer, either intentionally through education or more indirectly. Volunteers and hosts may develop a sense of solidarity, and hosts may gain social capital with peers because members of other countries have spend time in their communities.

Though there are other documented benefits, as more systematic research is conducted on the outcomes of global health engagement, evidence of unintended consequences is rising.

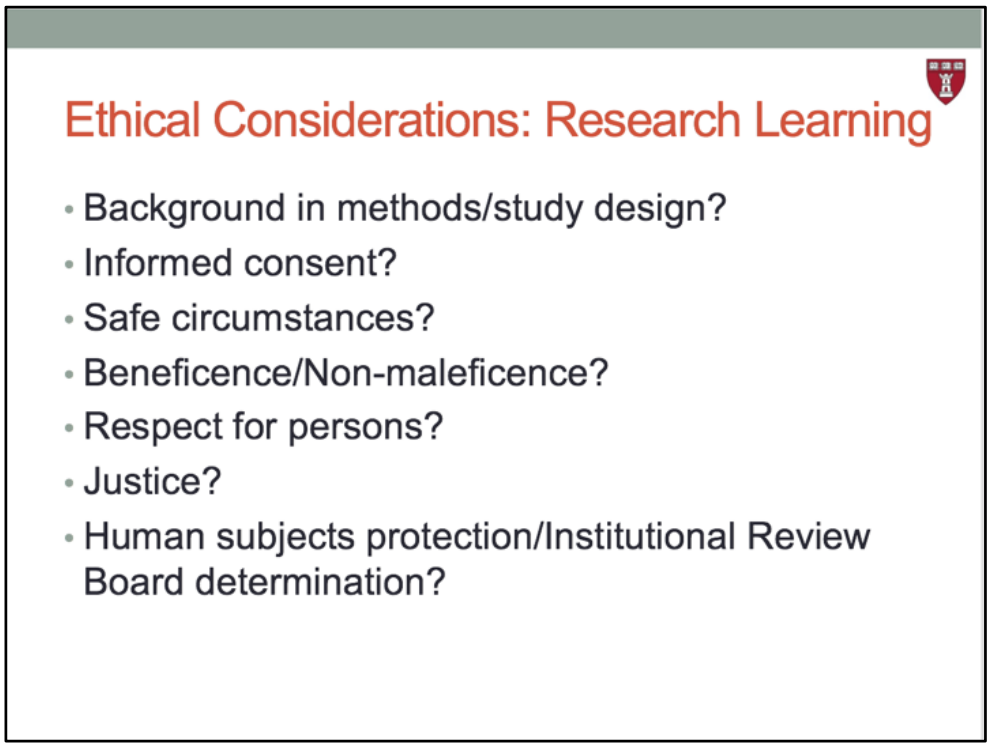
References:

Crump JA, Sugarman J, Working Group on Ethics Guidelines for Global Heatlh Training (WEIGHT). Ethics and best practice guidelines for training experiences in global health.
Am J Trop Med Hyg. 2010 Dec;83(6):1178-82.

Holmgren C, Benzian H. Dental volunteering: a time for reflection and a time for change. Br Dent J 2011;210(11):512-6.

Seymour B, Benzian H, Kalenderian E. Voluntourism and global health: preparing dental students for responsible engagement in international programs. J Dent Educ. 2013 Oct;77(10):1252-7.

Lasker, J. N. (2016). *Hoping to help; The promises and pitfalls of global health volunteering*. New York: Cornell University Press.




Research is a robust method for understanding and addressing oral diseases worldwide. The National Institute of Dental and Craniofacial Research is an example of a leading funder of global oral health research activities.

Increasingly, dental students and trainees are seeking research experiences in communities around the world. In addition, many of these project experiences are not with research institutions formally, but are instead with non-governmental organizations and private philanthropies. It is difficult to gauge how consistently students and hosting organizations adhere to important research principles, such as those outlined in the Declaration of Helsinki and the Belmont Report, for example. Are the circumstances safe for the community member research subjects and based on prior knowledge? Can the research be stopped at any point? Can research subjects consent, are they fairly selected, and do benefits of the research outweigh any risks? Have students obtained proper human subjects protection determinations from both their own institutions and their host or sponsor organization? Additionally, poorly designed research can produce misleading results and waste time and resources.

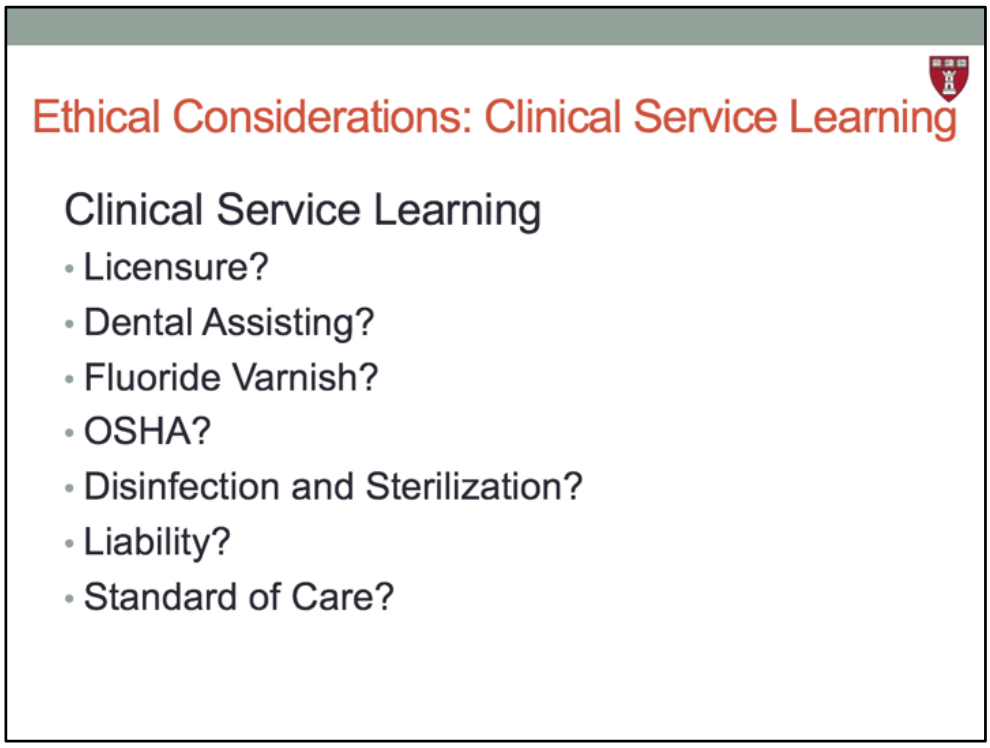
Currently, there is no enforceable global standard for research and no formal regulatory body at the global level. Thus, vulnerable communities are particularly at risk for ethics violations due to disparities in regulations, education level and literacy, and ability to understand consent, not to mention power and resource differentials.

References:

Seymour B, Benzian H, Kalenderian E. Voluntourism and global health: preparing dental students for responsible engagement in international programs. J Dent Educ. 2013 Oct;77(10):1252-7.

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Belmont Report: Ethical Guidelines for the Protection of Human Subjects of Research. April, 1979. Accessed on February 21, 2018 at http://ohrp.osophs.dhhs.gov/humansubjects/guidance/belmont.htm.

World Medical Association (WMA), Declaration of Helsinki. (1964, 1983, 1989, 1996). Recommendations Guiding Physicians in Biomedical Research Involving Human Subjects. In The Ethics of Biomedical Research: An International Perspective, Appendix 1.2, 214-216.




Practical regulatory challenges arise when clinical services are rendered outside a student's typical setting, particularly internationally. Dental student volunteers often do not comply with rules and regulations where they are volunteering, the same kinds of rules that would guide the safe ethical treatment of patients in the United States. Adhering to these rules isn't always possible in global settings where resource and infrastructure challenges exist, but it is essential to do so.

Yet, many countries have licensure regulations for international volunteer dentists in place; an volunteer participating in clinical activities should be aware of and respect national policies for temporary licensure to provide dental care. The process can be as simple as providing US dental education and licensure status, and sometimes paying a nominal fee. Often, providers do not realize there are regulations in place and that they are in violation of national law by providing unlicensed dental treatment. For these reasons, among others, it is never acceptable for dental students to provide clinical care without a supervising faculty member present and accountable.

Students and trainees who do not provide direct dental treatment during their global volunteering may still provide dental assisting services. In the United States, many states have dental assistant licensure requirements including training requirements. Students should perform assisting duties responsibly in the global community, just as would be expected at home, including respecting licensure regulations in-county for

assistants.

Fluoride varnishes are approved as Class II Medical Devices by the FDA and must be administered by a licensed health care provider in most states in the U.S. Fluoride varnishes are not approved for the prevention of dental caries, but are instead used "off-label" for prevention, meaning dentists, as licensed professionals, may use fluoride varnish according to their best knowledge, clinical judgment, and best interest of their patients. If dentists use fluoride varnish for prevention purposes, they have the responsibility to be well-informed about the product, its scientific basis for use, and they must maintain records of the fluoride varnish's use and effects. Furthermore, for optimal effectiveness, fluoride varnish must be applied at least twice a year for at least two years. In global settings, volunteer dentists may not be familiar with patient histories, records may not be available, and thus, clinical judgment may be compromised, and regular follow up and timely reapplication may not be possible. The problems presented by fluoride varnish also underscore the importance of knowing the licensure regulations in-country. While risk to patients may be minimal, it is still necessary to understand and adhere to the local rules and regulations for fluoride varnish application.

Volunteers should be familiar with how OSHA's standards for blood borne pathogens will be maintained in a volunteer setting, including for exposures, personal protective equipment, regulated waste, including biohazard, and medical waste. Although providers may be unable to practice the standards to which they are accustomed, it is still possible to meet OSHA standards using alternative, but not lesser, approaches. Providers more familiar with the local community and resources can often provide important insights. Volunteers should never assume that a lower standard is necessary.

Similar to OSHA standards, it can be challenging to meet disinfection and sterilization standards in under-resourced communities, particularly those without electricity or running water. The CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities includes a section specifically to help dental teams maintain appropriate standards in atypical treatment settings.

Legal liability is determined by each provider's carrier, but their malpractice insurance policies may not apply outside the United States or the state where the provider is legally licensed. Additionally, adequate follow-up and long-term regular case monitoring is atypical in clinical service learning models, raising questions about accountability to patients in the case of malpractice and neglect. This problem alone creates significant challenges in maintaining appropriate and ethical standards for patients and outside providers delivering limited and short term treatment.

Key Message: In summary, volunteer clinical services in global settings should be held to the same standards as in the United States. Alternatives are possible without lowering the standard of care or compromising patient and provider safety. If alternative standards are not possible, it may be that the local circumstances are not appropriate for outside volunteers to provide services or for dental students to participate as a learning experience. Extreme caution should be taken on the part of the volunteers, and leadership and decision-making should come from within the community at each step, not from the volunteers. Ideally, volunteers will find alternative ways to support the community, or find an alternative community to provide care in cases when potentially unsafe compromises will be required.

References:

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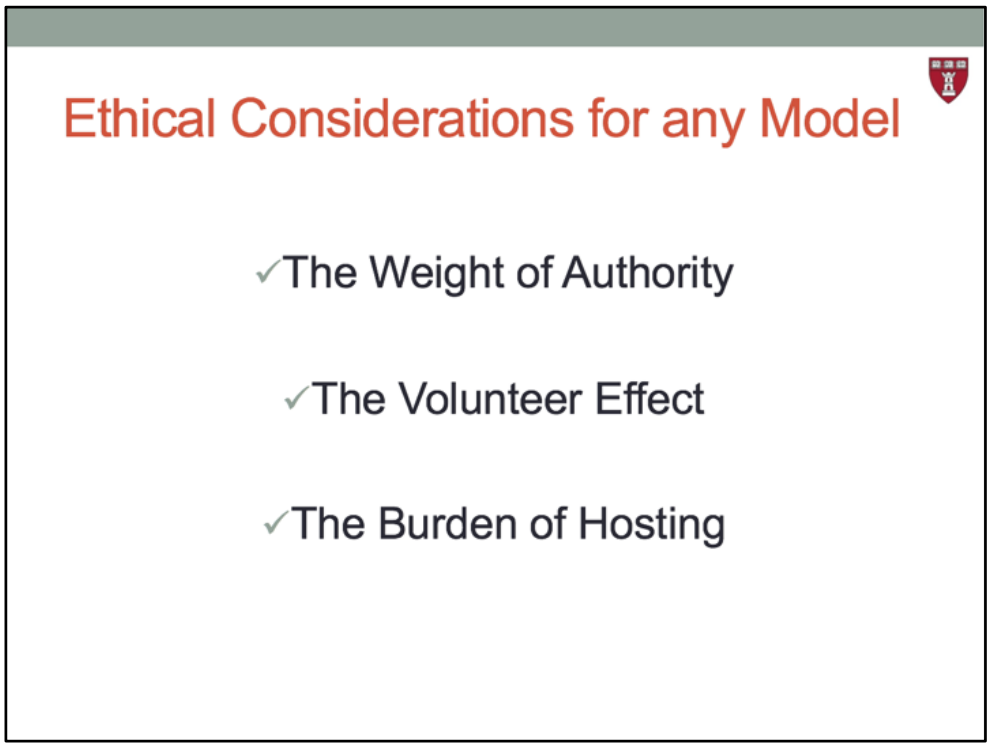
Commonwealth of Massachusetts Division of Health Professions Licensure Board of Registration in Dentistry. 2014. *Initial Dental Assistant Licensure Application Instructions.* http://www.mass.gov/eohhs/docs/dph/quality/boards/dentist/dental-asst-appl.pdf (Accessed September 1, 2016).

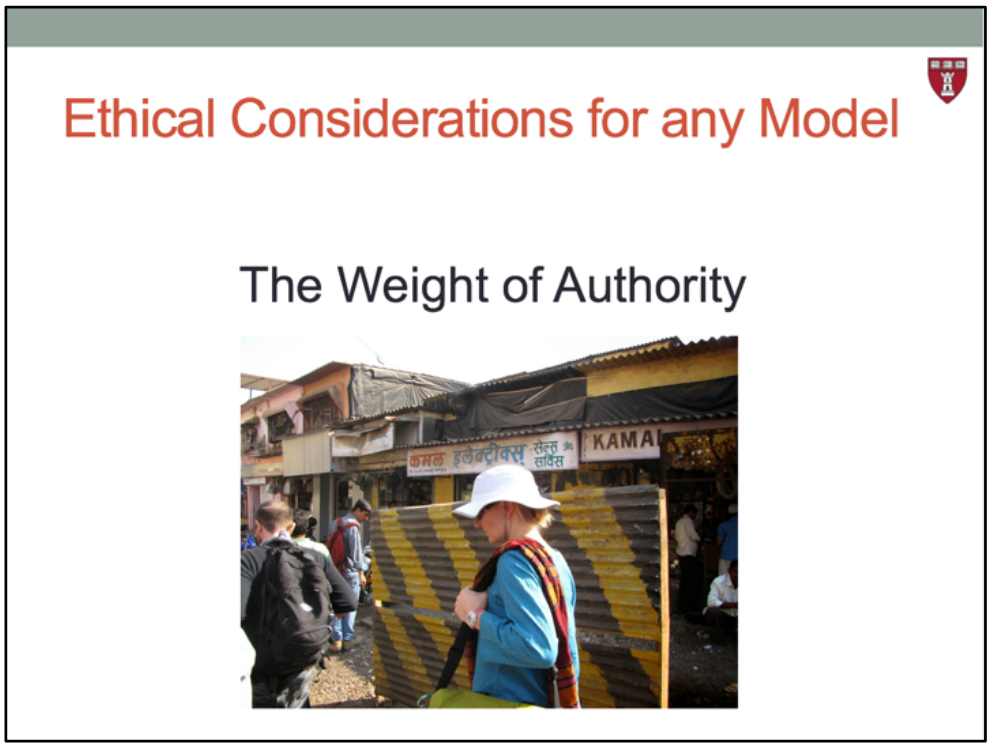
Commonwealth of Massachusetts Division of Health Professions Licensure Board of Registration in Dentistry. 2011. *Portable Dental Operation (PDO) – Permit M- Dentist Application information and Instructions*. http://www.mass.gov/eohhs/docs/dph/quality/boards/dentist/dentist-permit-m-pdo.pdf (Accessed September 1, 2016).

Dental Assisting National Board, Inc. Adopted August 2007, Revised April 2015. *DANB's Professional Code of Conduct*. http://www.danb.org/The-Dental-Community/Professional-Standards.aspx. (Accessed July 10, 2016.)




Experiential learning can assist in managing the ethical considerations that arise with research and clinical service, primarily because it is structurally set up as a 'learning' experience, rather than a 'doing' experience. That being said, with any global health activity, major ethical considerations exist.

These considerations become particularly notable when dental students are engaging in global communities, whether conducting research, delivering clinical care, or engaging in an experiential learning endeavor. We've touched on some of the specific ethical concerns related to research and clinical learning because they are unique to these models. For the remainder of the module, we will focus broadly on ethical considerations for any kind of global health learning model. No matter what kind of global health activity students plan to participate in, they should be familiar with three main ethical considerations: 1) The Weight of Authority, 2) The Volunteer Effect, and 3) The Burden of Hosting.




When students participate in global health learning, they should be aware of their authority in hosting communities, whether real or perceived, due to power differentials that often exist between volunteer and host community. Here, we use the term "Weight of Authority," (Minkler 2004) an expression used by Native coalition members to describe their feelings toward a health education professor who was conducting an evaluation of New Mexico's Healthier Communities Initiative. Although her intentions were positive, she carried a weight of authority that created distrust because she was of a dominant culture (urban, white), received significant financial support for the project, and came from an outside institution.

Power differentials come in in many forms, including financial, racial, educational, and even institutional. Power dynamics are deeply embedded in the political, social, and economic histories of the community, and students often present to new communities without full awareness of these factors or how they contribute to the weight of their authority merely by being present. This can lead to unintended consequences and unintentional harm. It can influence every stage of the visit, including the kinds of activities students conduct, any supplies or services provided, the length of the interaction, any outcomes from the activities, and the kind of follow up that occurs, if at all. Potential for coercive participation in student activities by community members rises with increasing weight of authority. This weight of authority can, at its worst, put students completely in the driver's seat and suppress the desires, interests, and autonomy of the host community.

References:
Minkler M. Ethical challenges for the "outside" researcher in community-based participatory research. Health Educ Behav. 2004 Dec;31(6):684-97.

Crump JA, Sugarman J, Working Group on Ethics Guidelines for Global Heatlh Training (WEIGHT). Ethics and best practice guidelines for training experiences in global health.
Am J Trop Med Hyg. 2010 Dec;83(6):1178-82.

**OPTIONAL IN-CLASS ACTIVITY: BLOOD JOURNEY**

Researchers from the University of Arizona settled a lawsuit by the Havasupai Indians in the Grand Canyon after conducting diabetes research in the tribal community. Although informed consent was provided, tribe members felt they had not been fully informed of how blood samples taken from their community members would be used, and researchers caused unintentional harm by using the samples to study not only diabetes, the agreed upon intention, but additional aspects such as mental health and the tribe's geographic origin. The research violated tribal tradition and beliefs. The settlement required the University to return all blood samples back to the tribe and pay the tribe $700,000 to help "remedy the wrong that was done." This case is an example of unintended harms that can occur under the weight of authority.

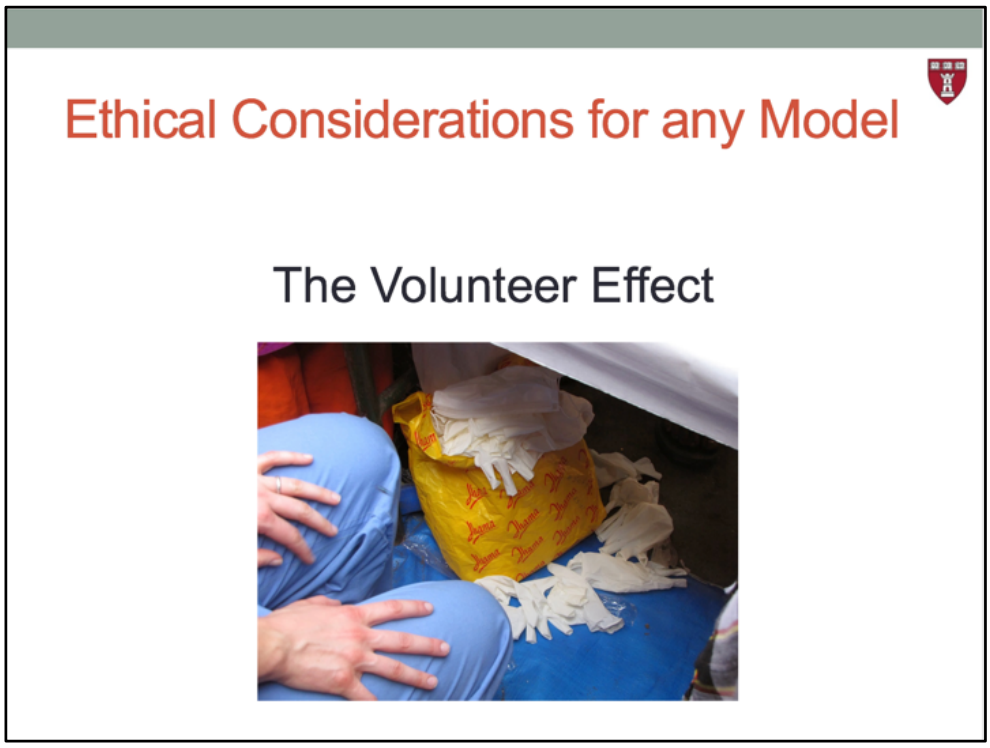
Have the students watch the video and then discuss the following questions;
- What is the meaning and value of the blood to the scientists involved? To the tribal members?
- Does it matter how knowledge is acquired? Why or why not?
- If the researchers are representatives of a "dominant culture" as defined by greater economic, political and scientific knowledge—what does this mean? In other words, how might their weight of authority influence the research interactions and outcomes?
- How does the concept of informed consent change under these circumstances?

Kassie Bracke and Amy Harmon. Blood Journey. New York Times Video. April 2010. Accessed at https://www.nytimes.com/video/us/1247467672743/blood-journey.html

Class Activity References:
Drabiak-Syed, Katherine (2010). "Lessons from the Havasupai Tribe v. Arizona State University Board of Regents: Recognizing Group, Cultural, and Dignitary Harms as Legitimate Risks Warranting Integration into Research Practice," *Journal of Heath &*

*Biomedical Law*, VI (2010) 175-225.

Cochran P.A., Marshall C.A., Garcia-Downing C., Kendall E., Cook D., McCubbin L., Gover R.M. Indigenous ways of knowing: Implications for participatory research and community. Am. J. Public Health. 2008;98:22–27. Published by: The University of Chicago Press on behalf of Wenner-Gren Foundation for Anthropological Research.



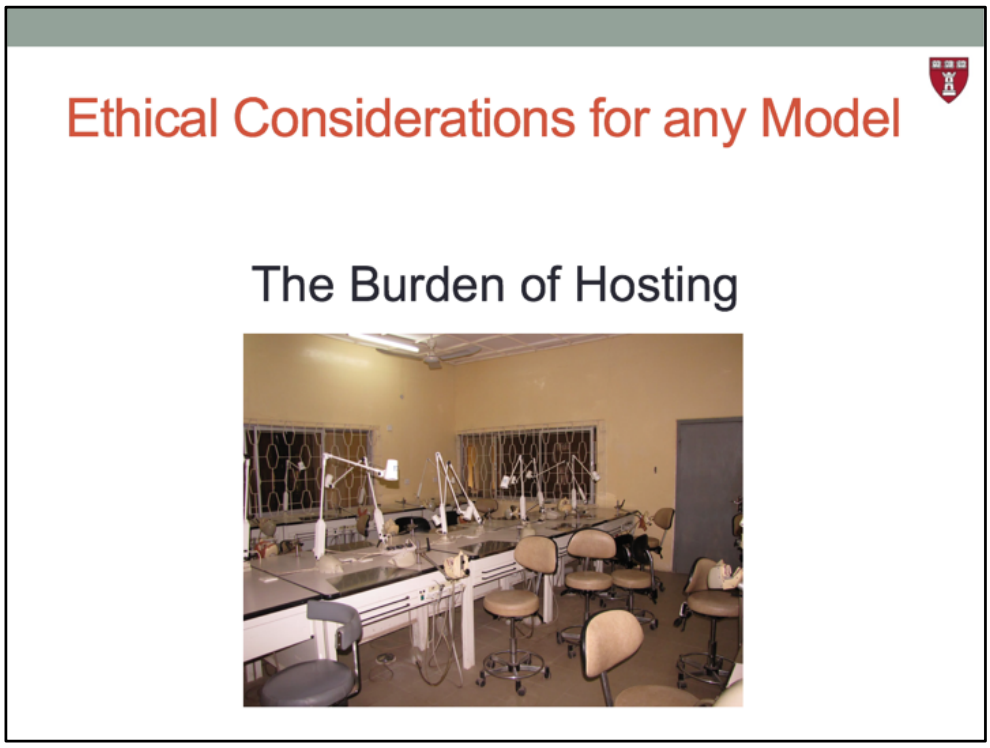

Students engaging in global health volunteer services and activities should be aware of what we are calling "The Volunteer Effect." Frequently, the reason volunteers travel to a particular community is because the existing health care system is weak and under resourced. Volunteers bring donated equipment and supplies or provide education and training in order to provide much needed services and treatments that the existing system is unable to provide. However, while volunteers are well-intentioned, their efforts are often disconnected from the existing health care system. They may be undermining local approaches and government programs underway to strengthen health care and training from the inside. Volunteers may be duplicating efforts and thus wasting valuable resources, creating education and care delivery models in parallel to community based efforts. For example, some communities report that they wait for volunteers to return with their supplies and equipment for their next visit, rather than seeking care from local providers, because volunteers' services are provided for free. These volunteer effects devalue local health care and education systems further, create dependency on volunteer donations and services, and lead to direct competition with local providers working to make their living in their own communities. Volunteers may relieve pain and address acute problems during their time in communities, but the risks of the 'volunteer effect' often outweigh these benefits in the long run.

References:

Holmgren C, Benzian H. Dental volunteering - a time for reflection and a time for

change. Br Dent J. 2011 Jun 10;210(11):513-6.

Lough BJ, Tiessen R, Lasker JN. Effective practices of international volunteering for health: perspectives from partner organizations. Global Health. 2018 Jan 24;14(1):11. doi: 10.1186/s12992-018-0329-x.




The third major consideration for ethical engagement is what we are calling The Burden of Hosting. Even though students often provide services and conduct activities in communities at no cost, there is still a significant burden on the hosting community. The costs of providing housing, food, transportation, and a translator must be considered. Additionally, hosts must defer their own work and commitments in order to accommodate students and keep them busy. Students cannot typically walk into global health learning opportunities, but instead, these opportunities are created for them. The creation of the learning activities and all the support necessary to keep students safe, healthy, and productive during their time on the ground can place an extensive burden on the hosts. Further, while most communities do their best to be good hosts, some volunteers forget about the necessity of being good guests. Volunteers should always treat hosts with respect and not expect accommodations to be like those at home. Students may provide inappropriate services or engage in inappropriate activities for the particular treatment and cultural context of their host setting, compared to their typical learning environment at home. Hosts must often be cognizant of what students are doing in order to minimize harm to both student and community and maintain appropriate standards for all involved.

We use the analogy of a potluck dinner. When a host holds a potluck, guests each bring a dish of some sort so that the host does not have to provide all the food. However, there are still significant costs to the host even though they save on food.

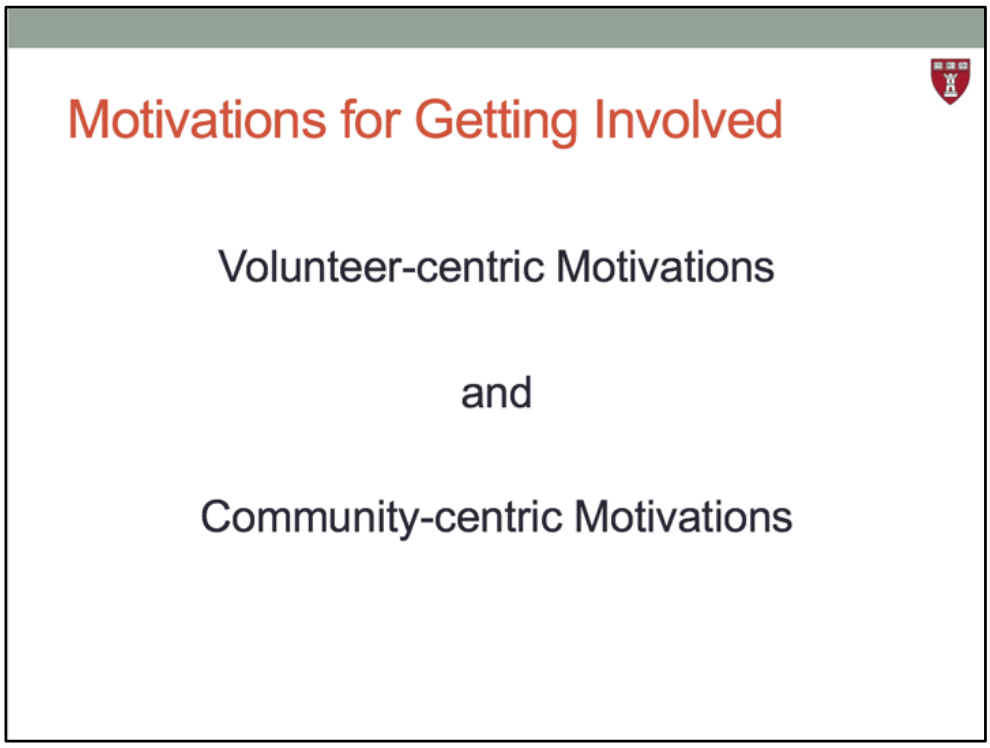
where to hang their jackets, knows where the restroom is, has enough seating and table settings, etc. So there is constant work in the background for the host, and the guests may not fully notice the host busily working from room to room as everyone socializes. Once the guests leave, there is clean up, disposal or storage of leftover food and food containers, figuring out the owners of items left behind (coat, cellphone, wallet), etc. At the end of it, even though the food was provided by the guests, the host still takes on a burden that often outweighs any savings on food.

Key message: In summary, students should never assume that because their intentions are good and their activities are free, they are doing no harm. Instead, through regular self-reflection, students should maintain the ethical principle of 'First do not harm," even before they attempt to do good. Further, as with any endeavor, students should consider themselves learners first, and practice observation and listening, rather than going straight to 'doing.'

References:

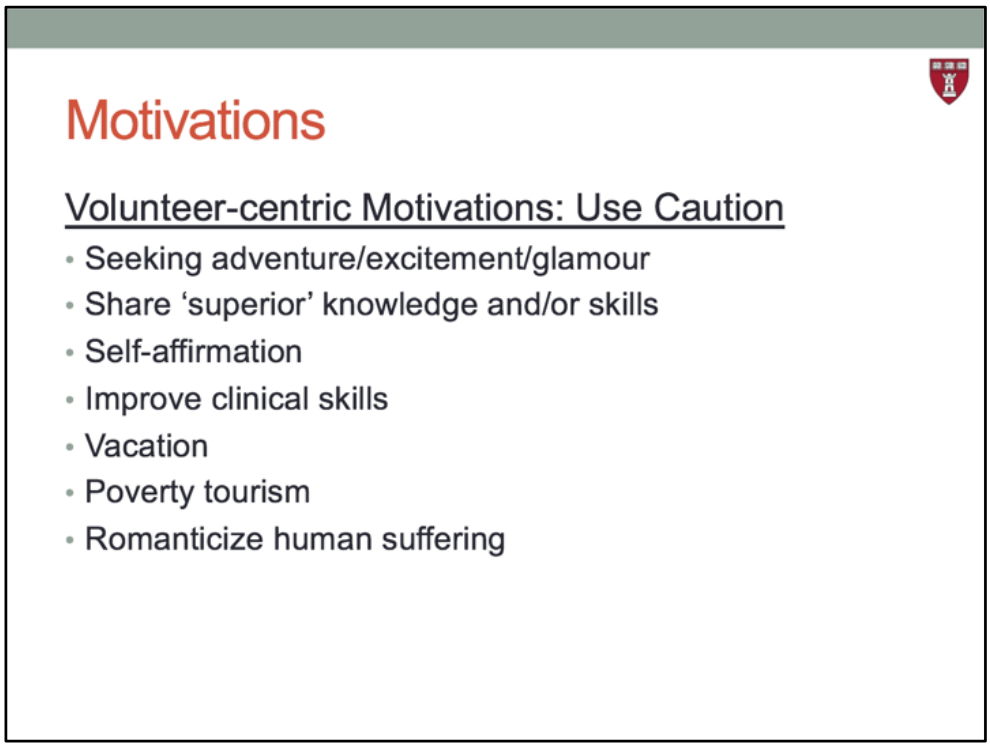
Lough BJ, Tiessen R, Lasker JN. Effective practices of international volunteering for health: perspectives from partner organizations. Global Health. 2018 Jan 24;14(1):11. doi: 10.1186/s12992-018-0329-x.

Suchdev P, Ahrens K, Click E, Macklin L, Evangelista D. Graham E. A model for sustainable short-term international medical trips. Ambul Pediatr. 2007 Jul-Aug;7(4):317-20.




An important part of self-reflection, and early steps to mitigating the weight of authority, the volunteer effect, and the burden of hosting, is to honestly assess one's motivations for engaging in global health learning. Students motivations often set the roadmap for the rest of the learning experience, including the kind of opportunity a student pursues, the host organization a student selects to work with, and the outcomes from student activities both in the short and long terms. Thus, early and frequent assessment of motivations can assist in drawing a roadmap that will take students down a path of optimal outcomes for all and minimal unintended consequences.

Student motivations generally fall into two buckets, volunteer-centric motivations that benefit the volunteer's goals and interests, and community-centric motivations that ultimately foster positive outcomes for the community.



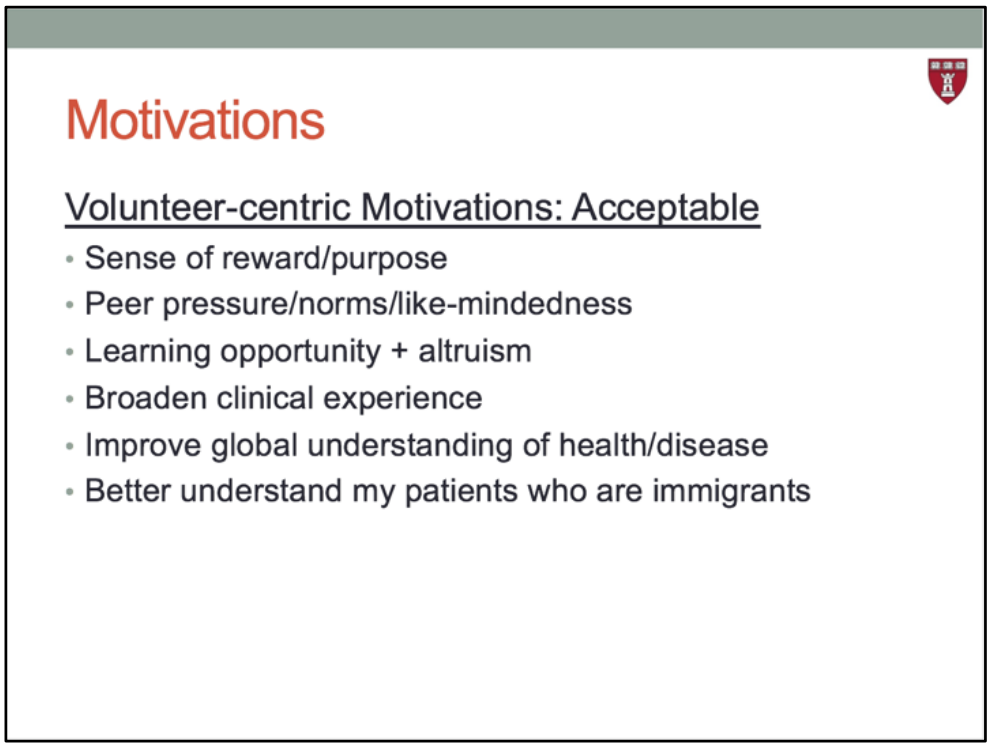

Some volunteer-centric motivations should be reflected upon and addressed with caution. While they may be natural reasons to want to engage in a global health learning experience, they are in danger of putting the student's interests above those of the community. If a student is unsure if their motivations are too volunteer-centric, they can ask themselves a series of 'self check' questions:

- Can I achieve my goal without volunteering in a community? (exciting travel doesn't need to have a clinical service component for example; clinical skill development may be better suited within a safe and controlled educational environment)
- Will this experience 'feed my ego' and make me feel good about myself?
- Will this experience contribute to biased views and stigma about poverty or low income countries, my own and/or others'?
- Am I interested in seeing extreme poverty and severe forms of illness while at the same time ill-equipped to do anything about it?
- Do I have any interest in continuing my learning once I return? Will I share my experience? Will I take next steps to deepen my learning? Do I see this as a one time experience for me?

Global health learning experiences are most appropriate for students whose motivations extend beyond those described here. There are other ways students can meet their goals if their motivations are primarily self-serving. If a student is honest about these questions and answers yes, they can work through these motivations

and proceed with caution. Acknowledging them is an important first step to reassessing one's goals and interests. Further learning and seeking mentorship are necessary if a student's motivations are at this stage.

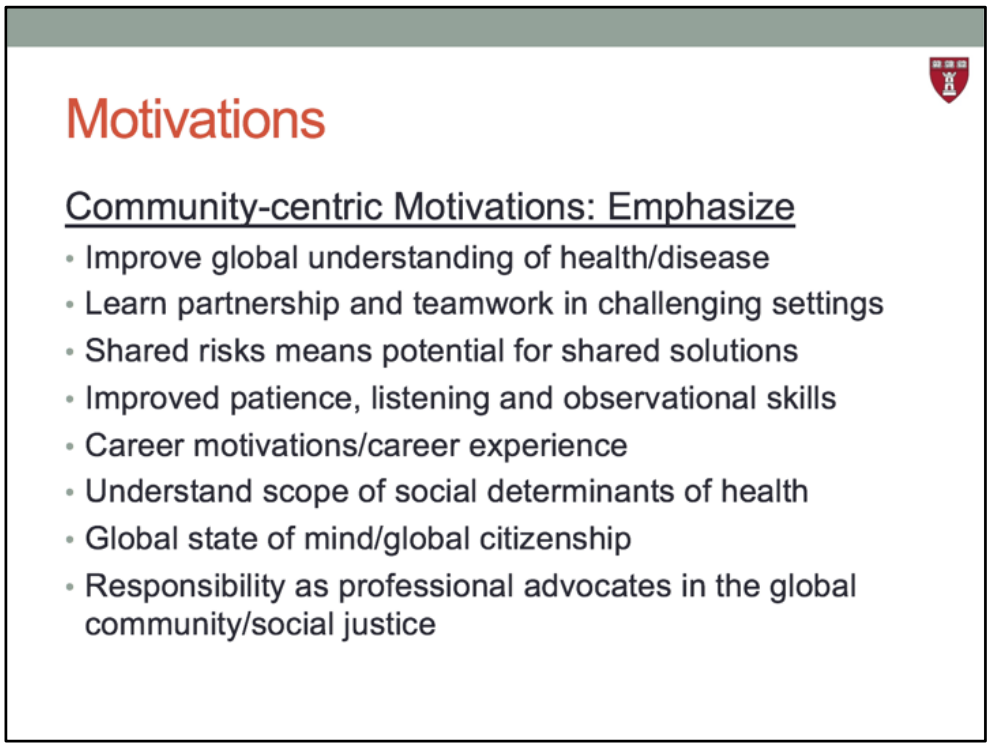
References:
Philpott J. Training for a global state of mind. Virtual Mentor. 2010 Mar 1;12(3):231-6.




Many volunteer-centric motivations are acceptable, as long as they are accompanied by a greater awareness of the community's goals as well. A good global health learning experience can benefit both the volunteer and the host community. Some students become interested because they see their classmates having positive learning experiences and become inspired. Students may be seeking fulfillment as they plan their future careers and think about how to optimize their knowledge and skillsets. Students may be interested in learning more about clinical dentistry in other settings through experiential learning, not just limited to their own clinical skills development. They may see connections to what they will learn in global settings and their own practices and patient populations. These motivations still serve the volunteer but also have the potential to contribute to health inequities and social injustices by strengthening student empathy and humility.

References:

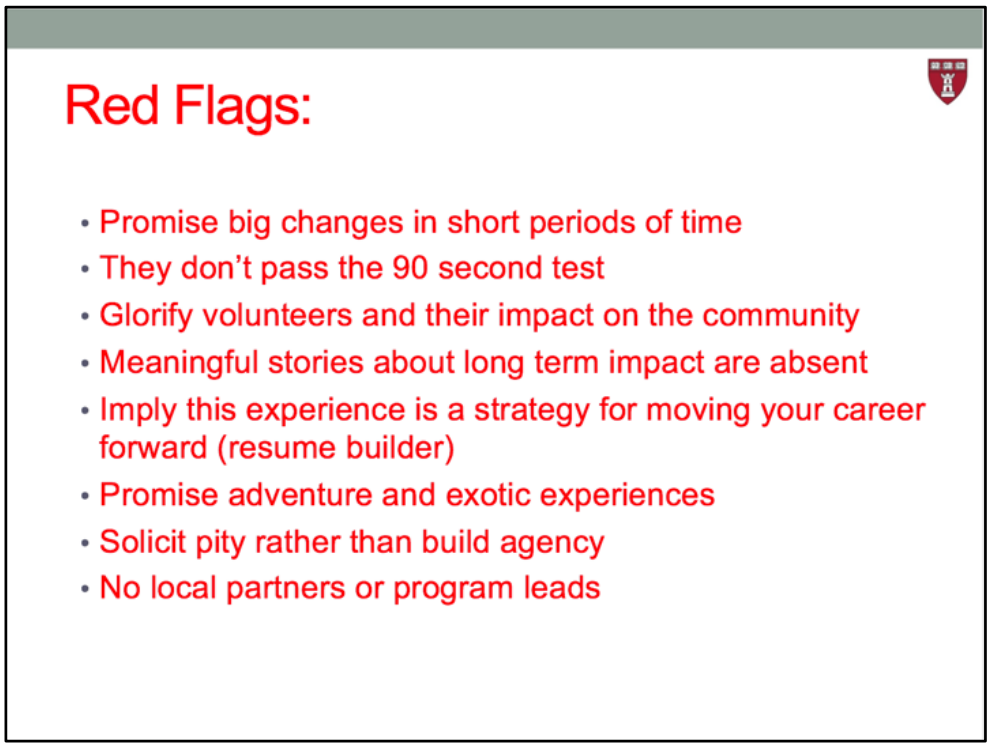
Philpott J. Training for a global state of mind. Virtual Mentor. 2010 Mar 1;12(3):231-6.



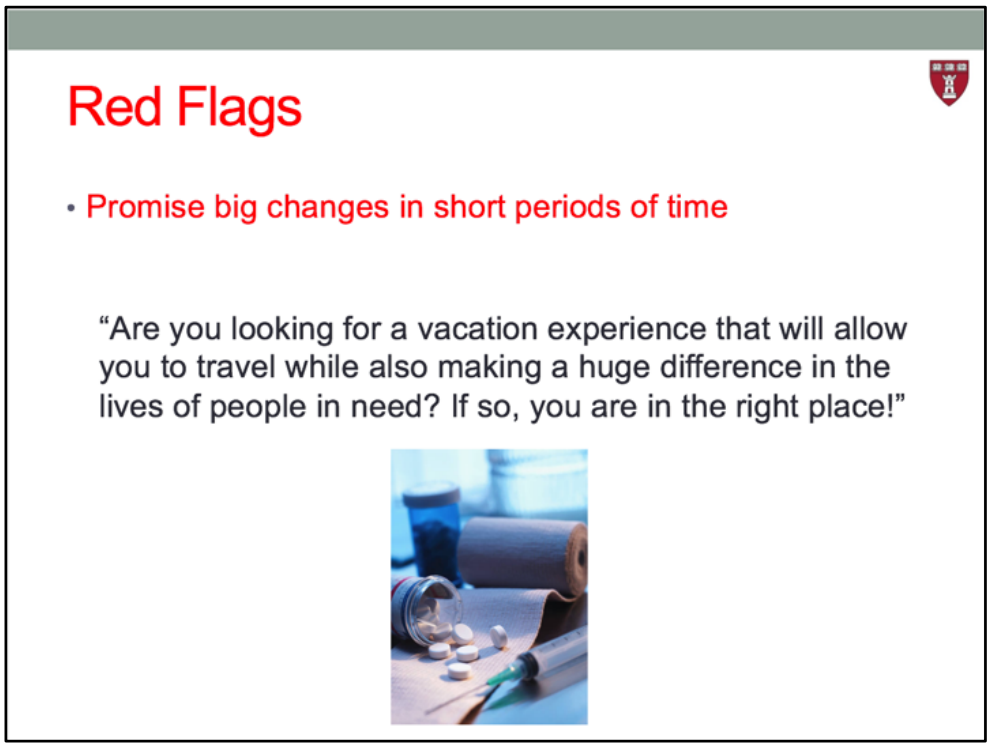

Optimal global health learning experiences center on foundational global health principles such as community development, capacity building, partnership, and health system strengthening. Students who are able to develop and nurture these motivations have improved potential to optimize the positive impacts on themselves and their host communities. These motivations open the door for students to connect their learning experience to broader concepts such as integration of oral health and overall health, prevention and health promotion, inter-professionalism, and the social determinants of health. Adequate mentorship and appropriate opportunity selection can lead to a success experience for all involved.

Reference:
Philpott J. Training for a global state of mind. Virtual Mentor. 2010 Mar 1;12(3):231-6.

Seymour B, Benzian H, Kalenderian E. Voluntourism and global health: preparing dental students for responsible engagement in international programs. J Dent Educ. 2013 Oct;77(10):1252-7.

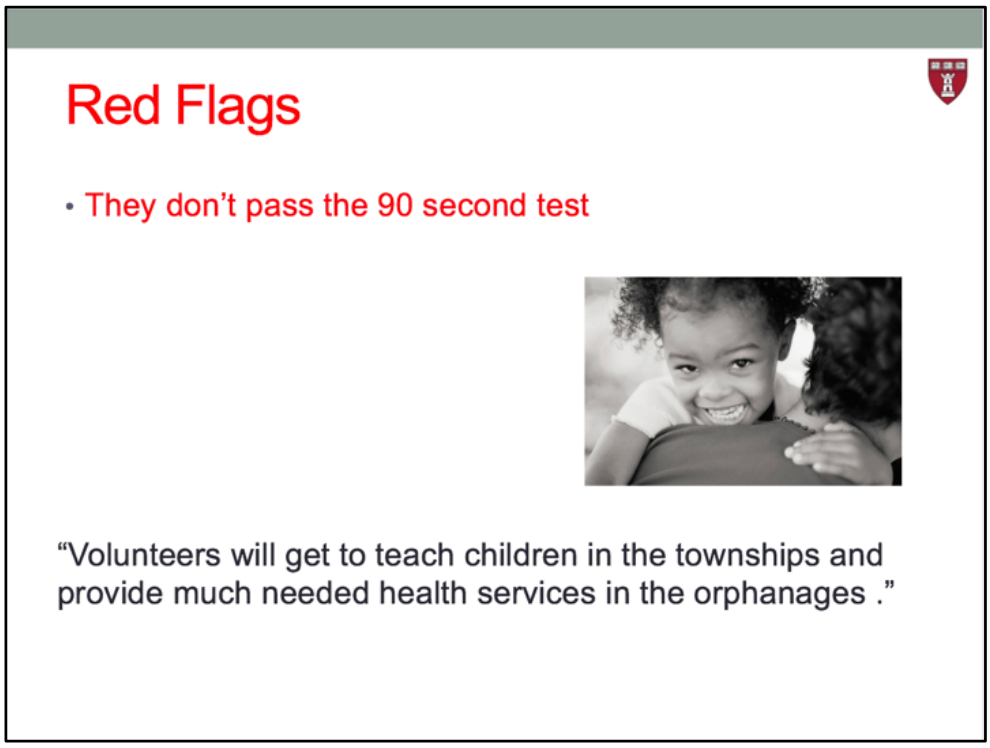



As students address their motivations, they can then become more critical of the kinds of opportunities they seek, and the types of organizations they work with. Here, we discuss some red flags students can watch for as they consider global health learning opportunities. These red flags help students assess the motivation of host and sponsor organizations providing global health opportunities. The quotes and examples are adapted from real organizations seeking to host students, though names and identifying details have been removed (our purpose with these red flags is to guide students, not shame organizations).




A "huge" difference in one week? In people's lives that you've never met and will never see again? Measureable community health improvement cannot be achieved through the brief experience of a volunteer. You should never be encouraged to celebrate high-volume treatments in short periods of time. These high-volume treatment brigades are rarely sustainable and do not address the underlying causes or risks for disease, nor do they integrate into or work to strengthen existing systems already in place.

Red Flags are adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).

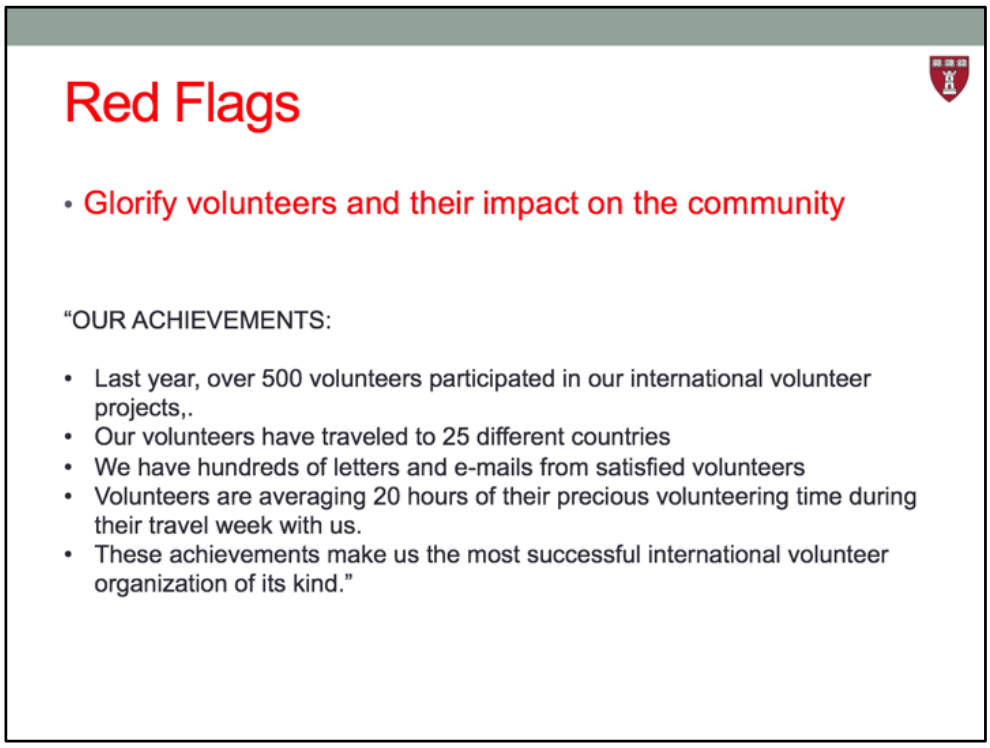



If you spend less than 90 seconds on an organization website and already see that they promise you will perform screenings, exams, treatments, or other skills on children before they've requested information about your training or background, they don't pass. Additionally, there is growing awareness of the harm and inappropriateness of orphanage-based volunteering. Children are a protected population and are often more vulnerable to risks and unintended negative impacts from volunteer efforts.

References:

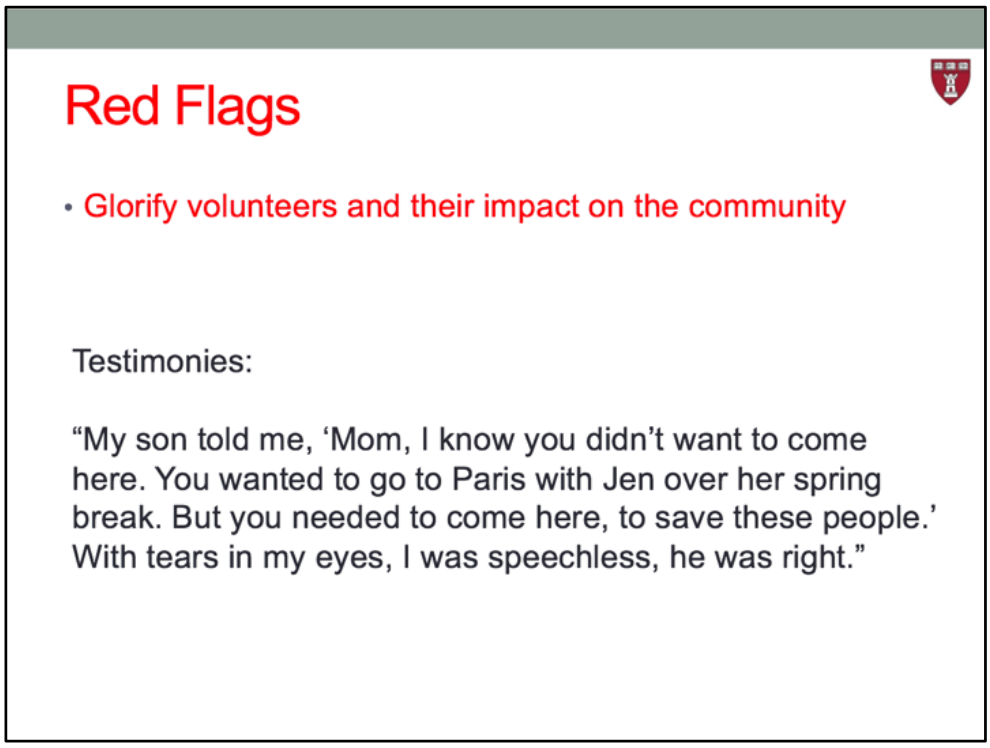
Richter LM, Norman A. AIDS orphan tourism: A threat to young children in residential care. Vulnerable Children and Youth Studies. 2010;5(3):217-29.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).




One can tell quickly if an organization is too focused on the impact it has on its volunteers, rather than within communities, by evaluating images and text on the organization website and/or printed materials. Glorifying volunteers devalues community partnership and local leadership. If their measures for success are all about the volunteers and not the community outcomes, that's a red flag that they are too volunteer centric and exploitive of the local circumstances.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).




One can also tell relatively quickly if an organization is too focused on the impact it has on its volunteers, rather than within communities, by evaluating images and text on the organization website. Glorifying volunteers devalues community partnership and local leadership and autonomy. If their measures for success are all about the volunteers and not the community outcomes, that's a red flag that they are too volunteer centric and exploitive of the local circumstances. This message perpetuates the myth that struggling communities are sitting around waiting to be 'saved' by volunteers. In reality, as discussed in Module 2, countries around the world are engaging in robust health improvement endeavors and efforts to achieve the global goals (SDGs and unfinished MDG agenda). Rather than supporting these efforts, organizations that glorify volunteers undermine them instead.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).

# 6-Day Visit To Rural African Village Completely Changes Woman's Facebook Profile Picture

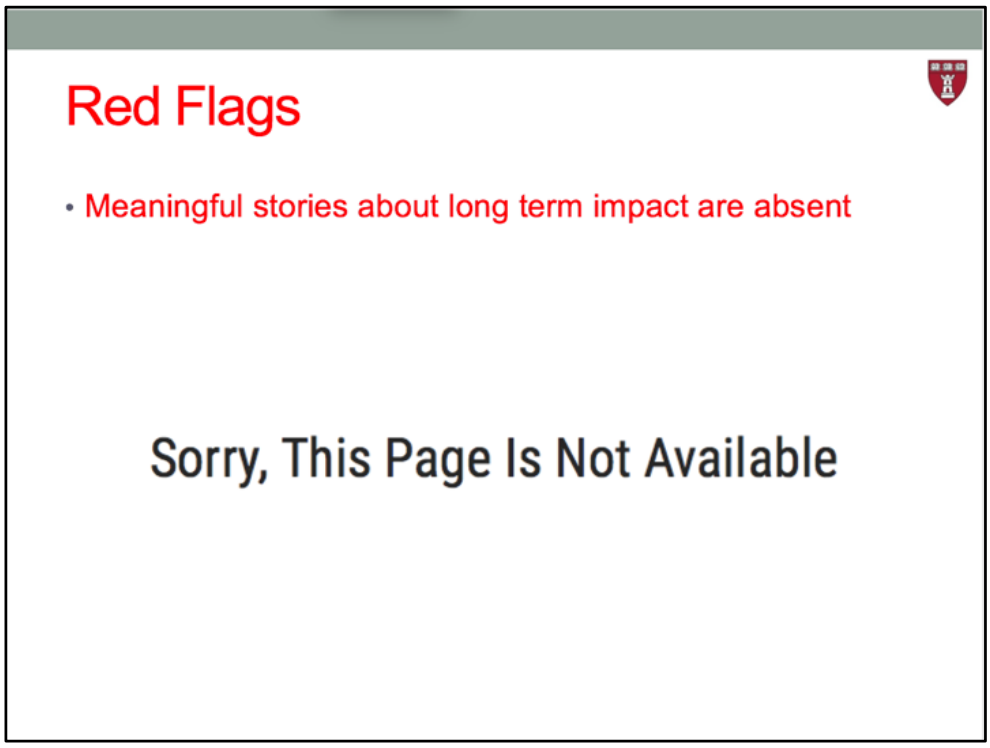
NEWS IN BRIEF
January 28, 2014

VOL 50 ISSUE 04
World · Travel · Internet · Our Annual Year 2014 · Social Media

ST. LOUIS—Calling the experience "completely transformative," local 22-year-old Angela

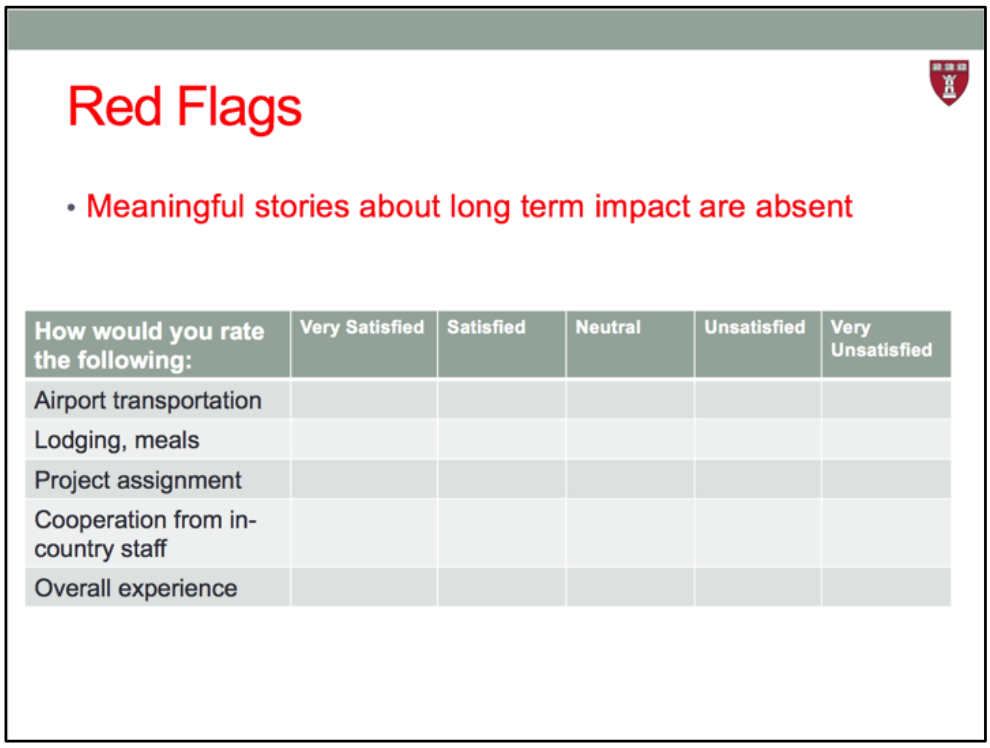
Here is a sardonic example of a glorified volunteer by the well-known satire news organization The Onion. While satirical, the article is meant to capture the problematic self-aggrandizement of global health volunteering.

Graphic Source: https://www.theonion.com/6-day-visit-to-rural-african-village-completely-changes-1819576037




If an organization is unable to demonstrate improvement in the health status of their community members long term, their activities are likely geared much more toward satisfying volunteer expectations and less toward the community's goals and interests. In this example, we looked for stories of the impact and experience of volunteers in several of their countries and kept coming to this page message "Sorry, this page is not available." The organization had no stories from the community, only from satisfied volunteers.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).




This is an example from a survey the organization uses to measure their impact:
-Orientation, airport pick up
-Living accommodations/meals
-Project
-Cooperation from in country staff
-Overall success of the experience

The survey questions are only about the volunteer experience; there are no surveys or survey questions addressing the impact on the host community.


The assurance of providing volunteer care should never be promised to any volunteer up front. As discussed earlier, most countries have licensure requirements for outside volunteers to provide any kind of care and laws in place to protect their communities from volunteer medicine. Furthermore, this reiterates the previous red flag as well, too focused on the volunteer and not enough emphasis on community interests.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).

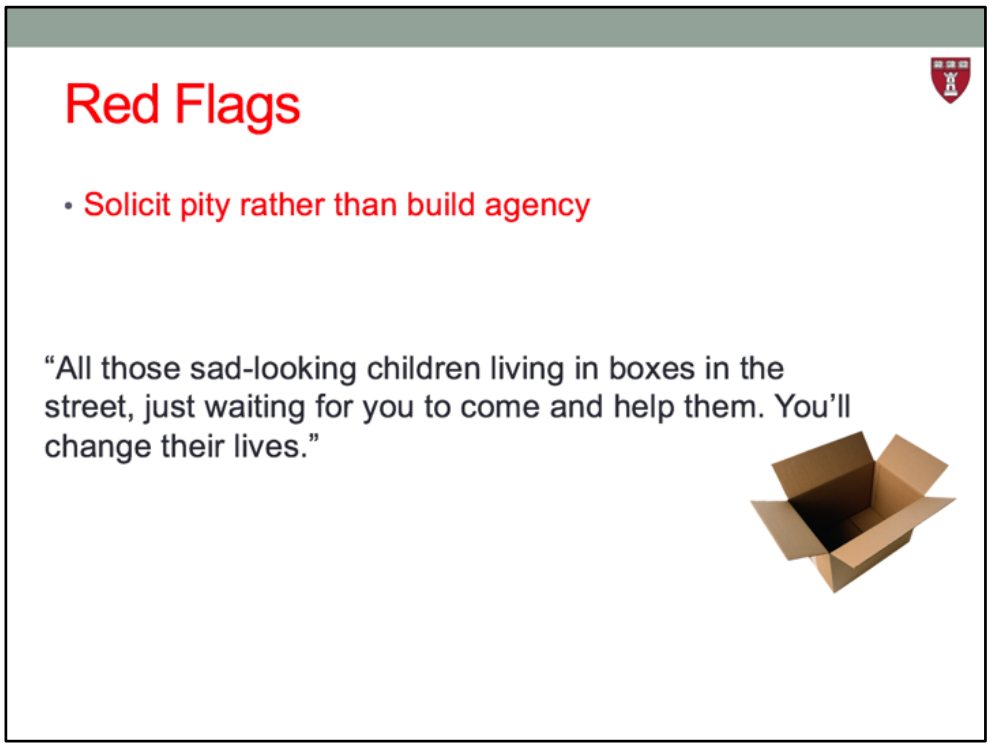
## Red Flags

- Promise adventure and exotic experiences

"Life begins at the edge of your comfort zone. A volunteer's day is jam-packed with action and amazing experiences!"

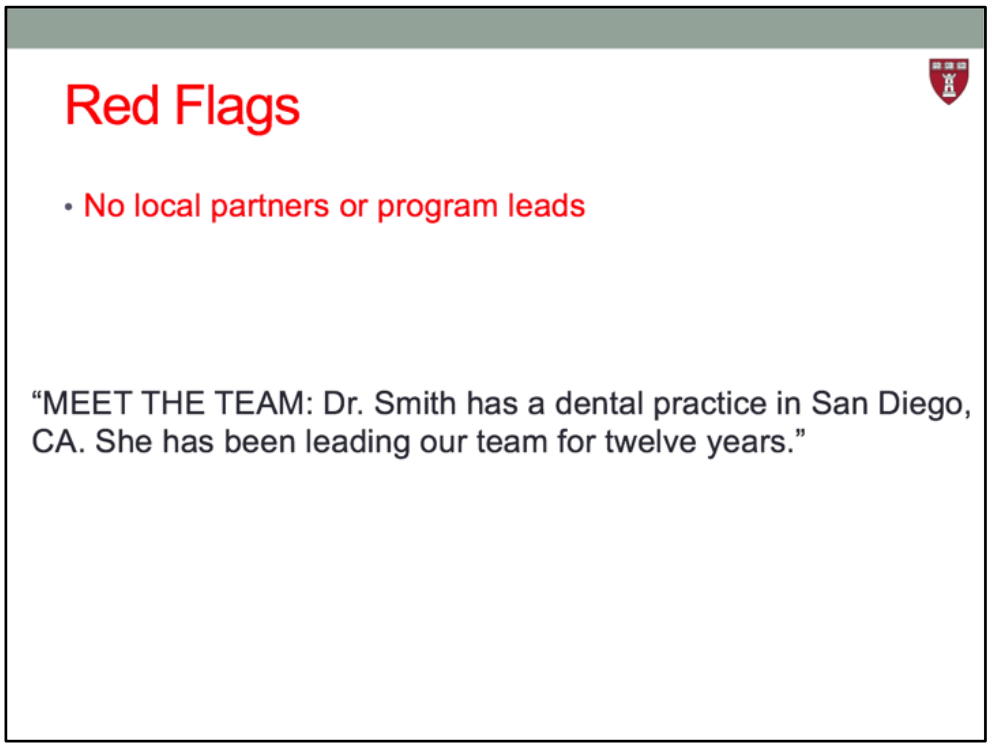
Motivations for engaging in activities geared toward a fascination with "the other," exotic experiences, and adventure are once again too volunteer centric and have proven to be harmful to local communities who have real needs and goals for their health improvement. In previous slides, we discussed these shortcomings for volunteer motivations; they are also shortcomings for hosting organizations. Short term engagement in a community because it's exciting or makes a volunteer feel good about themselves can undermine local efforts and displace local providers.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).



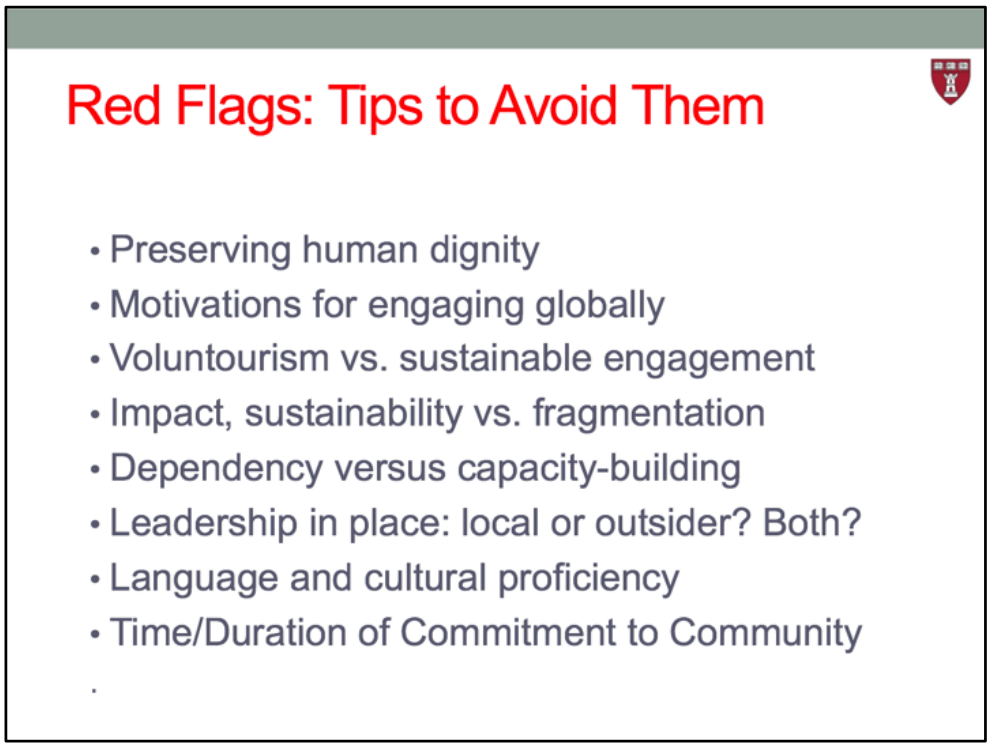

Global health is a goal and should build local capacity, empower community members, and strengthen health systems. Soliciting pity is disempowering and offensive. These images too often take advantage of challenging situations for the benefit of volunteers so they can feel good about themselves, and the pity approach often has a narrow focus on only the negatives of a given situation. We could do this right here in Boston!

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).




This red flag signals that the organization may be too reliant on volunteer time, donated supplies, and what's available and convenient for volunteers. "I can only come during my spring break. I hope you don't have any health needs until then!" When the leadership of an organization is primarily based in the United States (board members, the team, etc.) but the communities they work with are outside the Untied States, this is a red flag. This signals a lack of partnership, community autonomy, or sustainability of efforts and follow up when volunteers are not in country.

Adapted from: Hartman E.2015. *7 red flags when considering an international volunteer program. Matador Network*. http://matadornetwork.com/pulse/7-red-flags-considering-international-volunteer-program/ (Accessed September 1, 2016).




Sadly, global volunteering has become a lucrative industry; organizations charge volunteers hefty fees to engage in their programs and host communities may not see any financial or long-term health benefits from these activities. Worse, host communities may even be overly burdened and exploited by organizations eager to provide volunteers with an adventurous, 'feel good' time. By watching out for the red flags, students can begin to uncover more ethical and sustainable opportunities. Optimal opportunities adhere to important global health principles that preserve the dignity of the communities, engage proper motivations for their student volunteers, focus on ethical and sustainable activities, avoid 'the volunteer effect' through capacity building, local empowerment and local leadership. Additionally, evidence from host community perspectives demonstrates the value of language and cultural proficiency in volunteers, as well as a long term commitment from them. While these specifics may not be feasible for student volunteers with limited time and resources to commit to global health experience learning, students can look for opportunities where their hosts and faculty mentors are fulfilling these preferences.

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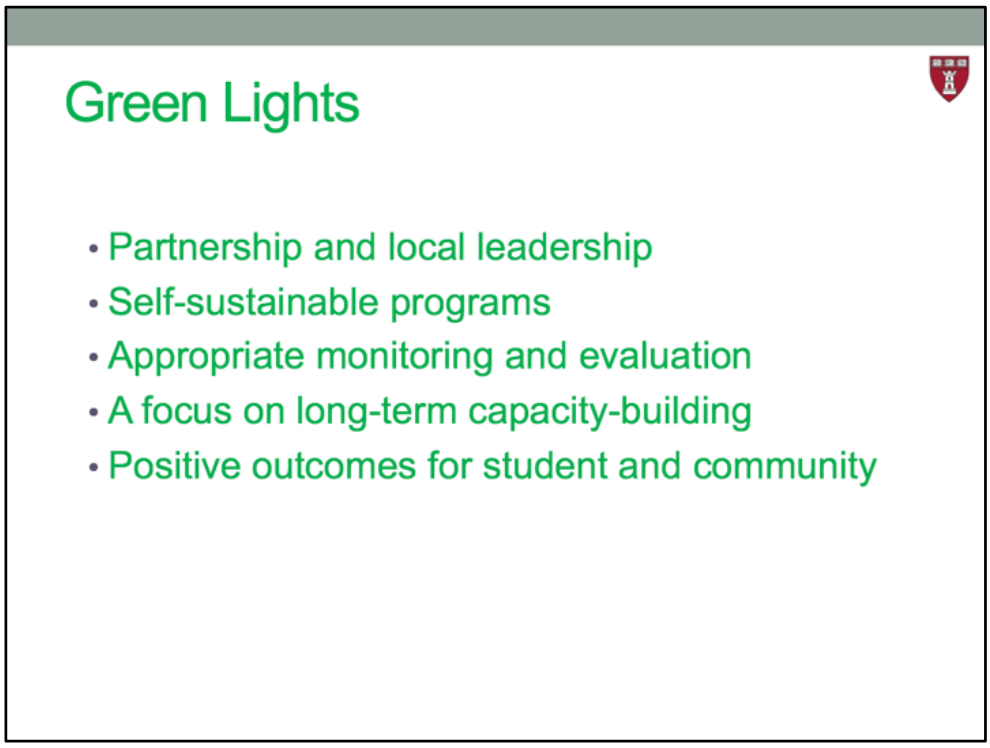


Again, as students address their own motivations and those of the organizations providing the learning experience, they can then become more critical of the kinds of opportunities they seek, and the types of organizations they work with. Here, we discuss some green lights students can watch for as they consider global health learning opportunities. These green lights help students assess the sustainability and ethical motivations of host and sponsor organizations and individuals providing global health opportunities.


Students should select opportunities that demonstrate established linkages between volunteer organizations/volunteers and host communities. These include continuous communication for program planning and assessment and ongoing dialogue for program improvement and outcomes. There are demonstrable efforts to engage with the local community and buy-in has been achieved with the local health care/dental workforce. Shared goals and objectives between the volunteer organization and the hosts are clear. The power dynamics have been mitigated through an invitation from the host community, rather than the feeling of 'being invaded' by volunteers with a potentially self-serving agenda. Both volunteer and host have equal voice in all stages, from planning to on site collaboration, establishing goals, developing measures of success, and long term management and operation of the program.

Photo credit: HSDM with permission through signed release of subjects and/or verbal consent for use for educational purposes

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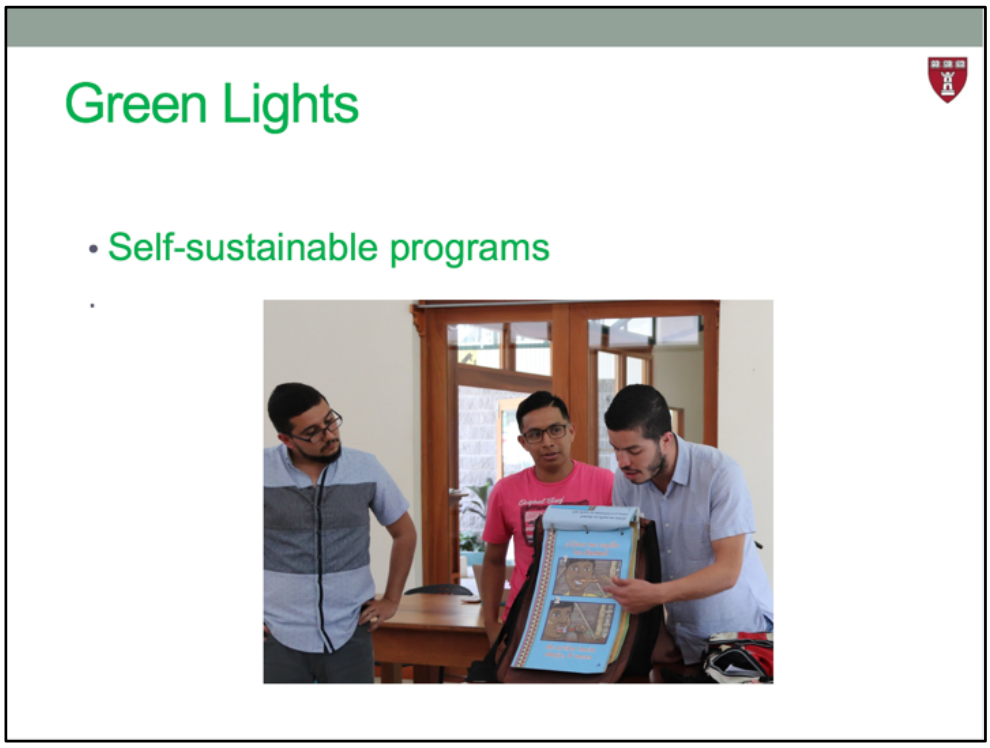


A program that is sustainable will have champions from within the community who oversee the program at every step, including after volunteers leave. Sustainable programs will have elements of prevention, education, and empowerment through local capacity-building present. The relationships between volunteer organizations and hosts are long-standing and have a track record of positive local impact.

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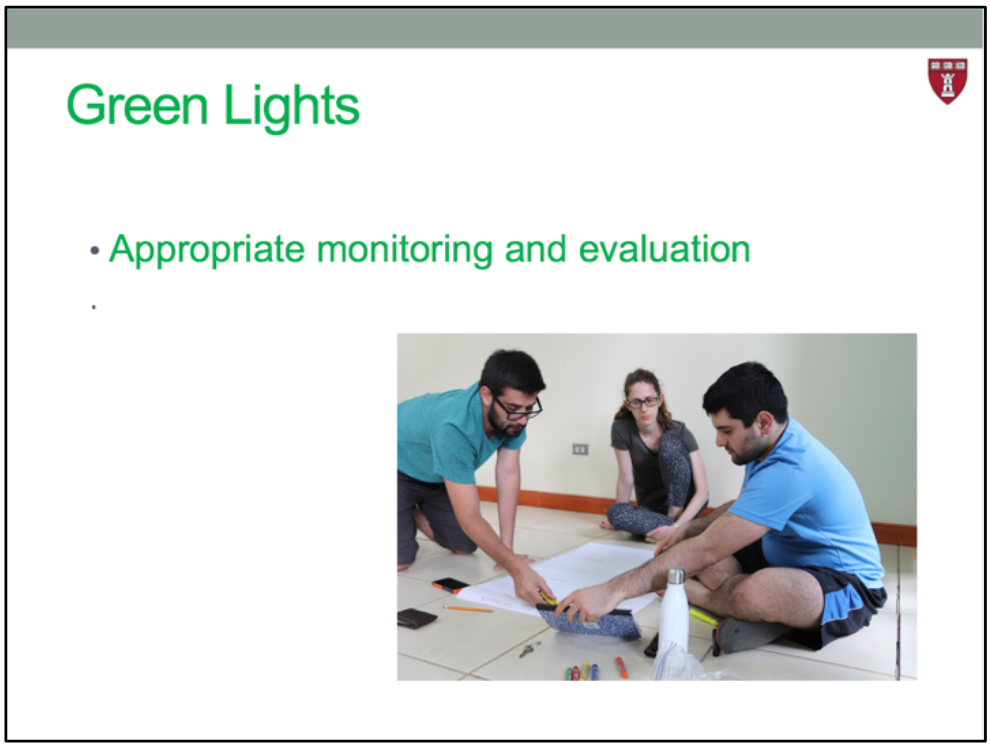


Appropriate monitoring and evaluation takes into account the experiences of everyone impacted by and involved with the program. Data collection should include long-term monitoring for improved health outcomes within the community over time, including once volunteers are no longer returning. Monitoring and evaluation should also include measures for community engagement that mitigate or even eliminate evidence of the weight of authority, the volunteer effect, or the burden of hosting.

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Capacity building includes a transition plan or 'hand off' where volunteers are able to reduce or eliminate the need for their time, resources, and presence in the community. Capacity building can be achieved through infrastructure development, education and training, establishing supply chains, and many other ways.

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Ultimately, programs should be able to readily demonstrate positive outcomes to both students and host communities not only in the short term, but in the long term over many months and even years. What to consider 'positive' and how to measure it should be established and undertaken together in partnership.

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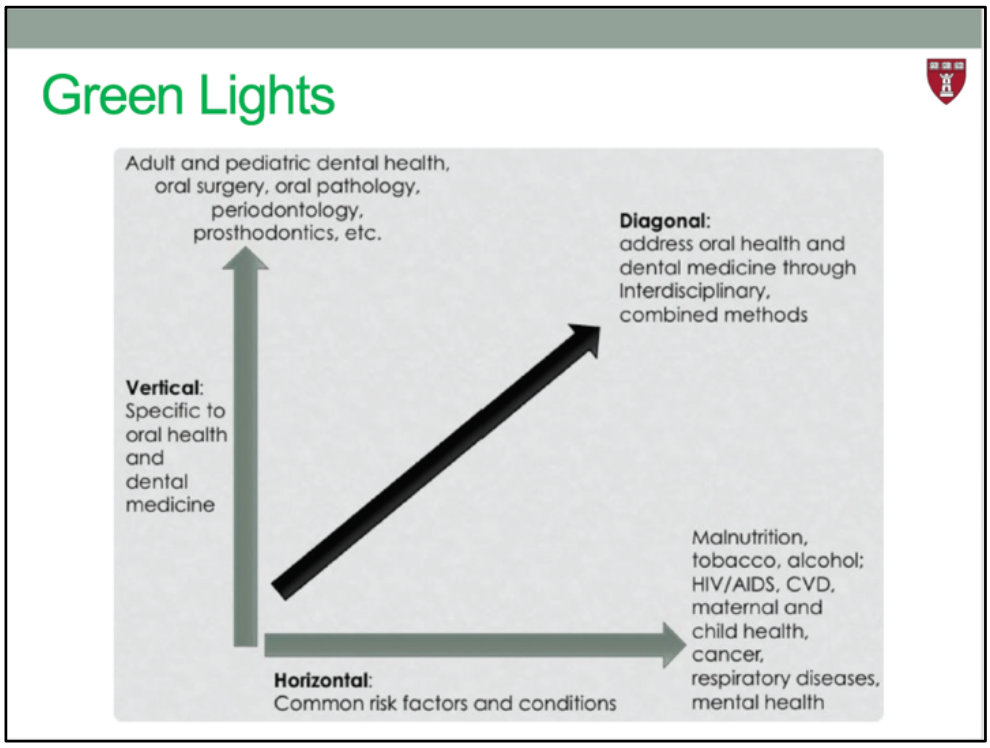


In summary, efforts to improve health globally are undergoing a paradigm shift from disease-specific interventions and technologies alone ('vertical' responses) to also strengthening the overall structure and function of the health system as a whole, including but not limited to specific intervention or disease priorities ('horizontal' responses.) This combined 'diagonal' approach requires interprofessional collaboration, addressing common risks and determinants for disease, and focuses on infrastructure and workforce development. This shift is echoed in concepts discussed in previous modules, including the Sustainable Development Goals and Universal Health Coverage.

Optimal global health learning opportunities will provide students with insights into a diagonal approach for oral health improvement. They combine necessary vertical interventions for the treatment and prevention of oral diseases, while also undertaking health system strengthening, capacity building, social determinants and common risk factors for a multitude of conditions. Students may perform activities along either axis of this model (vertical or horizontal) according to their experience level and support from their dental schools and faculty mentors. Student activities should contribute to the larger diagonal approach underway. Student contributions to these kinds of programs can integrate into and support long-term sustainable, community-led efforts while also providing a rich learning experience and meaningful impact for students. In the end, the outcomes are better for communities and prepare students for a more robust career where they can apply their unique skills

and knowledge as dentists in a globalizing world.

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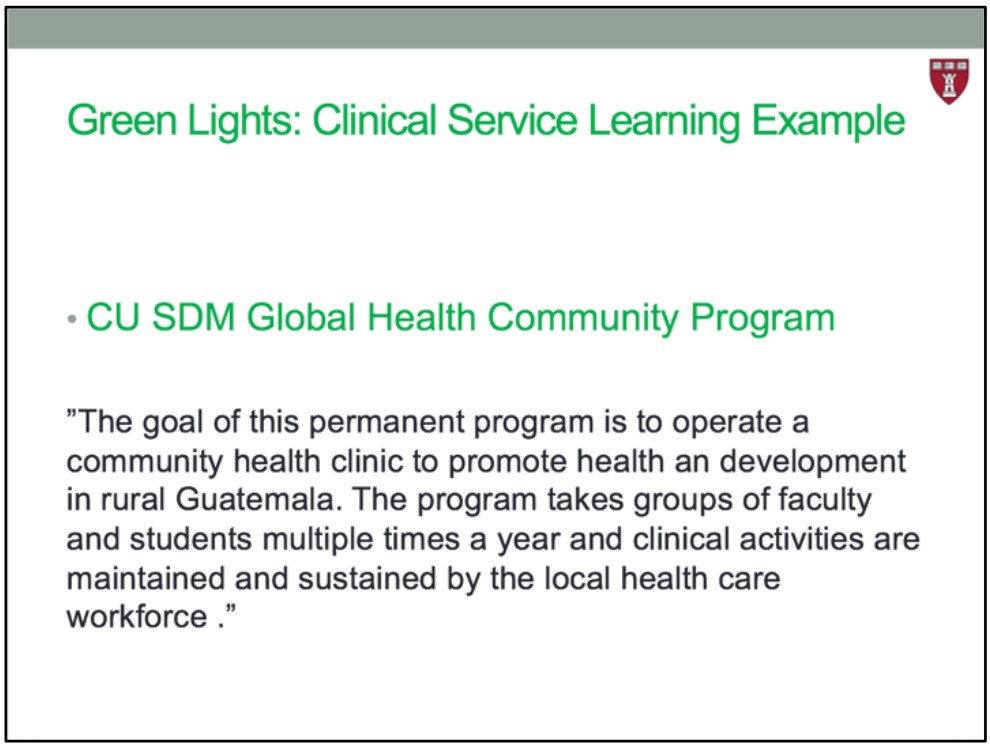
Graphic Source:
Seyour B, Muhumuza I, Mumena C, Isyagi M, Barrow J, Meeks V. Including oral health training in a health system strengthening program in Rwanda. Glob Health Action. 2013 Mar 8;6:1-6.


**Research Learning: University of California, San Francisco Global Oral Health Community Partnership**

Over the last four years, dental students and residents at the University of California, San Francisco (UCSF) School of Dentistry completed over 20 faculty-mentored global health research projects in 12 countries through the UCSF Global Oral Health Program. This program strives to add a rigorous evaluation or investigation component to an existing program, not to support one-off dental volunteering. Projects are selected after competitive review and require ethics board approval. Global oral health research fellows must meet progress milestones, must formally present their finished projects, and are encouraged to disseminate their findings through publications and international conferences. Trainees need not travel overseas to engage in a global health experience; many projects take place in California, for example, focusing on the oral health needs of migrant families or other disadvantaged communities. To prepare for their global health research experiences, students and faculty mentors alike can take didactic courses in clinical research design or program evaluation. Ultimately, these programs aim for sustainable oral health improvements by focusing on the structural causes of poor oral health around the world and in our own neighborhoods.

Excerpt from Table 2 in: *Seymour B, Shick E, Chaffee B, Benzian H. Going global: toward competency-based best practices for global health in dental education. J. Dent. Educ. 2017;18(6):707-15.*




**Clinical Service Learning: University of Colorado School of Dental Medicine's Global Health Program**

The University of Colorado (CU) School of Dental Medicine and the Center for Global Health at the Colorado School of Public Health have partnered with Agro-America, a private family-owned Guatemalan banana and palm oil agro-business, in an innovative private sector/university partnership. The primary goal is to operate a community health clinic to promote health and development and conduct health research in a rural, impoverished region of southwest Guatemala. The clinic serves approximately 5,000 workers and family members and 30,000 residents in the area surrounding one of Agro-America's largest banana farms. This interdisciplinary clinic provides primary medical care, prenatal and maternal health services, and comprehensive dental care to children and adults, as well as laboratory services. The CU School of Dental Medicine is committed to taking groups of faculty and dental students to work in the clinic 3-4 times/year. Essential aims of the program are 1) development of a school-based oral health and education program following the WHO model, 2) development of a community oral health and education program, and 3) the offering of comprehensive dental care including prevention, basic restorative, and extractions. Students are always supervised by CU dental faculty who maintain active temporary licenses issued by the Guatemalan Dental Board. The program implements U.S. regulatory standards of care regarding charting, sterilization, radiographs, and clinical protocols. The program is entrenched in the local culture by the local partnership, and community oral health programs are being

developed to make population- based changes to improve oral health. This is a sustainable permanent program that its supporters believe will have a positive long-term effect on the community.

Excerpt from Table 2 in: *Seymour B, Shick E, Chaffee B, Benzian H. Going global: toward competency-based best practices for global health in dental education. J. Dent. Educ. 2017;18(6):707-15.*


**HSDM/CISG Global Health Extension Course: Perspectives from Costa Rica**

Harvard School of Dental Medicine and the Interamerican Center for Global Health partnered to develop a unique experiential learning course for Harvard and University of Costa Rica dental students. HSDM students first completed a didactic course in their second year. Common themes, competencies, and learning objectives began in the classroom and continued into an experiential learning course, designed as an extension of their classroom learning, and taught in local communities in Costa Rica. Students spend a week in Costa Rica learning about the social determinants of health, health systems and policies, integration of primary care and oral health, and community partnership and program sustainability. Together Harvard and University of Costa Rica students visited rural hospitals and ministries of health and learned about the country's health systems. Afterward, they worked in teams to reflect, strategize, and create proposed solutions to challenges they saw in the field visits. Students reported that experiential learning successfully enhanced their learning of the concepts initially taught in the classroom.

Reference:
Heather Denny. Making global health a collaborative effort. Harvard Gazette: Health and Medicine. March 28, 2018.
Last accessed on May 3, 2018 on
https://news.harvard.edu/gazette/story/2018/03/dental-school-students-take-lessons-to-costa-rica/.


Selecting an ethical and sustainable global health experience is nuanced and can be challenging, particularly when students are also balancing their busy schedules and tight budgets. More dental schools are offering opportunities than in previous years, which may assist with some of the logistical and feasibility challenges. By avoiding red flags and focusing on green lights, students can increase the positive outcomes for both themselves and their host communities.

# To continue learning, please check out our other modules:

**Module 1: Global Trends**
**Module 2: Global Goals**
**Module 3: Back to Basics-Primary Care**
**Module 4: Social Determinants and Risks**

## Global Health Starter Kit for Dental Education

*Funding for the project "Toward Competency-Based Best Practices for Global Health in Dental Education: A Global Health Starter Kit" was provided by a Consortium of Universities for Global Health Dr. Thomas Hall Global Health Education Grant and the International College of Dentists-USA Section Foundation. We wish to acknowledge the CUGH Global Oral Health Interest Group for their support of this project and the competency work on which it was based.*

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