

cation of the community health problems and planned, developed, implemented, and evaluated tailored interventions to address those problems. After approval from Cayetano Heredia administrators, the project was awarded a W. K. Kellogg grant in 1969, and the new dental school was founded.

In a few years, Cayetano Heredia Dental School attained international recognition due to its innovative curriculum and the quality of its graduates. Dr. Beltrán served as the Dental School's first dean and later as the university provost for planning and de-

velopment.

Simultaneously, Dr. Beltrán developed a long-term relationship with the Pan American Health Organization Oral Health Unit. As such, he provided consultation to dental schools, community dentistry departments, and dental units at ministries of health in the Latin American region and the Caribbean for almost 20 years. In 1980 Dr. Beltrán was appointed associate director for the W. K. Kellogg Foundation, and it was in that position that Dr. Beltrán was instrumental in the foundation's financial support given to salt fluoridation programs in Costa Rica,

Mexico, and Peru. During that time, he directed the publication *Innovaciones*, financed by Kellogg Foundation, to disseminate ways to teach and practice dentistry based on the community needs of Latin America and the Caribbean countries.

Dr. Beltrán continues to teach on a part-time basis at Cayetano Heredia and provides consultation on issues of health education and community care practices. He has published two books on dental education and currently is working on a third dental book and a book of short stories.

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## Remarks on Receiving the Special Merit Award for Outstanding Achievement in Community Dentistry—International

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**Roberto Beltrán-Neira, DDS**

First, let me express my deepest appreciation to the members of the American Association of Public Health Dentistry who were kind to bestow upon me this year's Award for Outstanding Achievement in Community Health—International. I am very happy and honored to receive this distinguished recognition.

Please allow me in the next few minutes to share with you three issues that I think have tremendous importance in our professional work.

The first one is a question: Are public health problems the accumulation of individuals' diseases? Or are the individuals' health problems the result of inadequate public health conditions?

I think you would agree with me in the belief, or should I say certainty, that human beings are social creatures—we need others as others need us. Therefore, it should not be surprising how important the social milieu is in health, life expectancy, and quality of life. Assuring healthy environments makes people healthier.

And by extension we know that by improving the health of a single individual, little is done in the overall health of the population. Public health, therefore, is more than just the sum of everybody's health. Ends are alike;

means are different.

As a citizen of this world, my second question has to do with the health conditions around the globe as a consequence of the present distribution of wealth. I think, as public health professionals, we still have a lot to do for our fellow women and men, no matter who they are or where they live.

I believe that international cooperation in dental public health should be not just an expression of good will, but of solidarity with those less fortunate.

My third and last question has to do with philosophical concepts in the teaching and practice of dentistry.

I have heard in my 51 years of professional activity that teaching dentistry to future professionals should integrate basic and clinical sciences, the mouth with the rest of the body, and dentistry with medicine. That was precisely what, back in 1969, a group of young dentists and I used as the basis to design and develop the curriculum for a new dental school. But these integrations were superseded by an even higher level: the integration of the individual, student and patient, with their own communities. In practical terms, about one-third of the curriculum time was dedicated to expose dental students to the dental problems in peri-urban and rural communities

in Peru. The students were challenged to integrate their basic and clinical knowledge and skills in diagnosing and providing solutions to the dental problems they encountered.

Such curriculum broke with traditional concepts of educating clinicians by disciplines or departments. We had only three departments, and the central one was community dentistry—because it took up concepts that even today are still being considered frontline in the dental educational arena, such as integrated learning, problem solving, competency-based clinical learning, function and task analysis, and others. Our first discussions centered on the concept and practice of intensive clinical learning and a taxonomy of dental competencies. Our success, as the saying goes, is in our graduates.

Finally, let me share this honor with my professors at San Marcos University, with my advisers at the University of Pennsylvania back in the 1960s, Dr. Alvin L. Morris and Dr. George A. Krikos, and with my mentor and friend at the Pan American Health Organization, Dr. Mario M. Chaves.

In my name and on behalf of Lida, my wife of 48 years, my children, their spouses, and my grandchildren, thanks again for this honor.

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