

I am convinced that it is in our own national self-interest to look globally, expanding our horizons to explore research talent, public health issues, and unique solutions that may not be so visible within one's own borders. The articles in the *Journal of Public Health Dentistry* should be read with a view that they may represent a sample of lessons learned, which have potential relevance for our own public. We need to encourage more high-quality research from many nations, if only to release our imaginations to a future of public health dentistry marked by creative ideas and new effective solutions. Think also about how we might collaborate with scientists outside our national borders, meeting more regularly in scientific conferences and smaller workshops, encouraging joint training activities and programs, facilitating collabora-

tive research projects, and thus generating collaboratively authored articles to be submitted for global peer review.

Global health research should be a national R&D investment strategy for the United States, if not also for other major industrialized nations. Oral health research should be a vital part of that strategy. But research investments that address problems and solutions only relevant to one country may not allow any donor country the freedom to imagine the full range of potential benefits for global health. The problems and solutions found in developing countries or in countries of economic transition may serve as the stage for projects to open our eyes to innovative possibilities for solving our own national or local dilemmas. Science is global by its very nature, and trying to confine those activities to

geographic boundaries is akin to putting blinders on our eyes – preventing us from viewing the world of opportunity and public good.

Lois K. Cohen is a Paul Rogers Ambassador for Global Health Research and formerly the Associate Director for International Health, National Institute of Dental and Craniofacial Research, National Institutes of Health, US Department of Health and Human Resources.

References

1. Connelly E, Probst S. Investment in U.S. health research. Research!America; 2005. Available from: <http://www.researchamerica.org/publications/appropriations/healthdollar2005.pdf>
2. Barmes D, Cohen LK, Hunter PBV, Ship II. Oral health care systems. London: Quintessence Publishing Co., Ltd.; 1985.
3. Marburger J, III. Editorial — wanted: better benchmarks. Science. 2005 20 May; 308(5725):1087.

Erratum

In JPHD 66-4, p. 292, "Childhood Overweight and Orthodontists: Results of a Survey," the following error was published:

"Over thirty percent of adolescents in the United States are overweight (BMI (body mass index) > 95% for age and sex) or at risk for overweight (BMI > 85% for age and sex) (1)."

The BMI definitions of at risk for overweight and overweight were not correctly represented. The correct definitions are as follows: at risk for overweight (BMI $\geq 85\% < 95\%$ for age and sex) and overweight (BMI $\geq 95\%$ for age and sex).

We apologize for this error.

Reference

Huang JS, Becerra K, Walker E, Hovell MF. Childhood overweight and orthodontists: results of a survey. J Public Health Dent. 2006;66(4):292-4.