

Dental Public Health Capacity Worldwide: survey results

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Methods

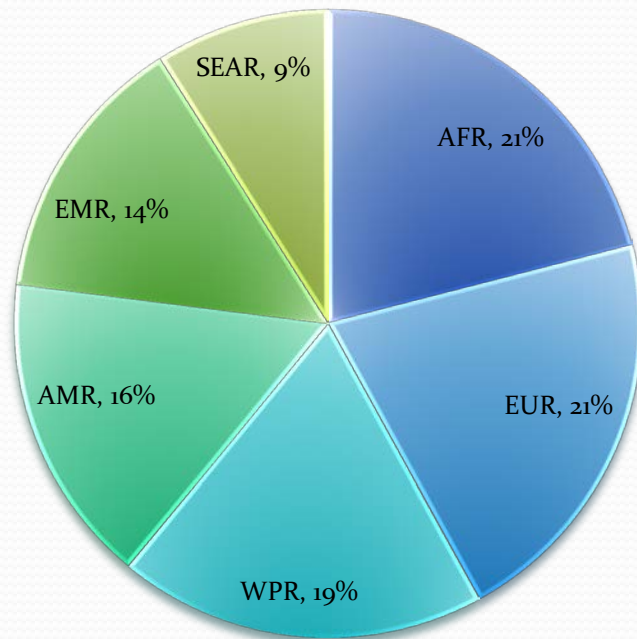
- Aim: determine DPH capacity worldwide
- On line survey
- Target : main Dental Public Health stakeholders worldwide

- Recognition of DPH
- Dental & DPH education
- DPH workforce
- DPH services
- DPH funding
- Links between public health and DPH

- Quantitative & qualitative data

Results

124 surveys - 73 countries



Stakeholders:

- Male
- 52% working in the academia
- 38% working for the government
- 51% degree in DPH
- 34% degree in dental surgery
- 15% degree in public health

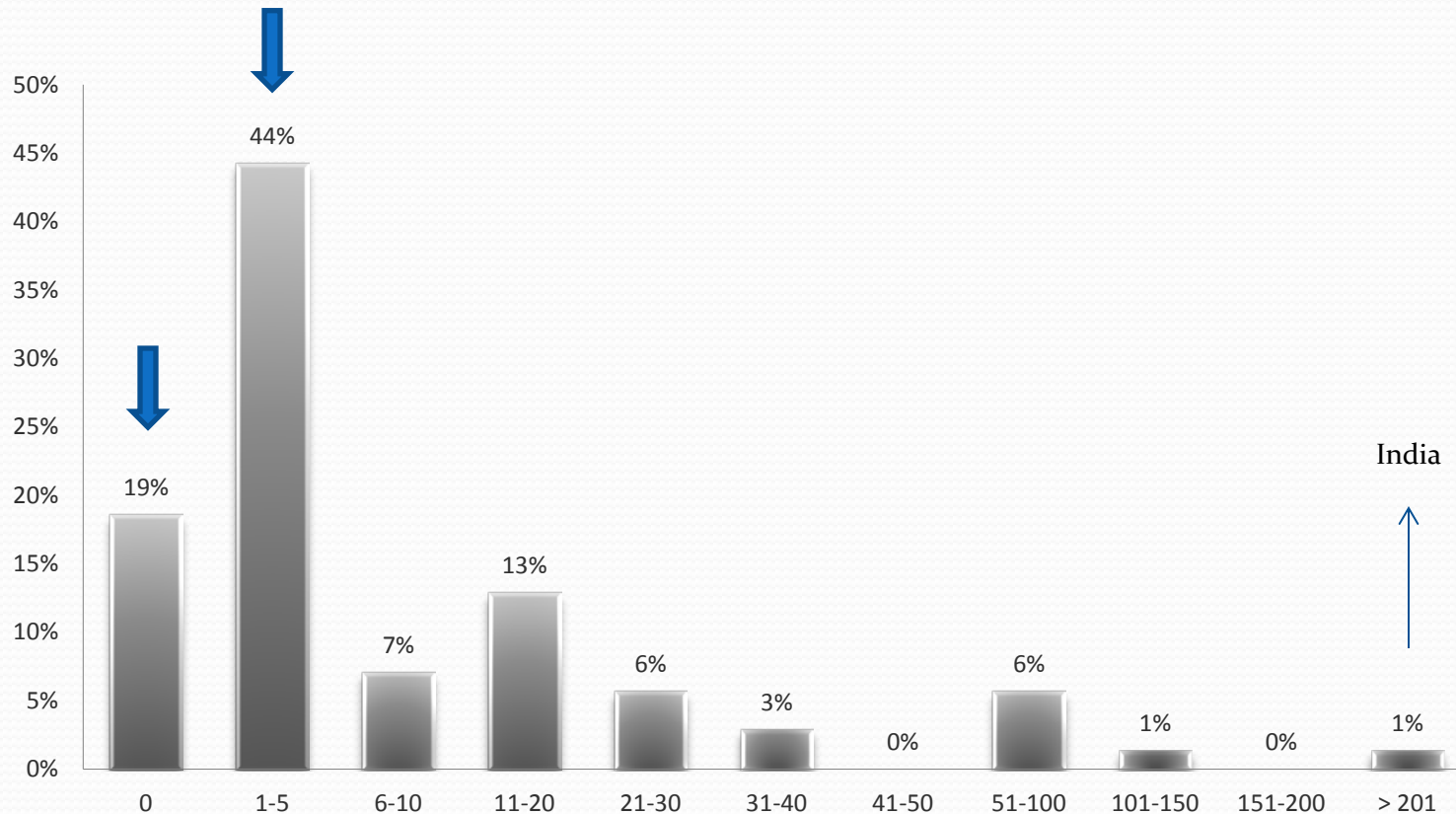
Survey ranked as very or somehow useful/relevant by 88% of countries

DPH education

DPH recognized as

- specialty by government or dental association : 63% to 70% of countries
- sub-specialty of community dentistry, dental medicine, and public health by at least 20%

N° dental schools: 63% of countries has no (19%) or very few (1 to 5; 44%) dental schools



DPH programs (1)

DPH is integrated in the **curricula of medicine, nursing and public health** in 51%, 43% and 54% of countries respectively

DPH master programs

- Available in 44% of countries
- 1 to 5 programs available in 78%
- 6 to 15 programs in 18%
- India > 31 programs
- Professionals eligible: dentists (97%) – other professionals can apply in few countries (range: 6% to 24% of countries)
- Practical training included in 69% of countries
- Yearly up to 50 **dentists** successfully complete the programs in 87% of countries and this number increases up to 200 in 10% of countries
Up to 100 **public health professionals** (MPH) graduate in 28% countries while 7% of countries graduate more than 200 MPH professionals in DPH per year.

DPH programs (2)

DPH residency programs

- Available in 17% of countries
- 1 to 5 programs available in 69%
- Professionals eligible
 - Dentists: 92%
 - MPH: 38%
- Practical training always included
- Yearly, up to 50 professionals complete successfully the program in 86% of countries (1 to 10: 57%; 11 to 50: 29%).

PhD/FRACS programs

- Available in 26% of countries
- 1 to 5 programs available in 72%
- Practical training included in 58% of countries
- Yearly, 1 to 10 professionals successfully complete these programs in 65% of countries

DPH workforce (1)

DPH workforce distribution varies a lot among countries when considering the profession or the working sector

Public Sector	0 to 10		11 to 50	51 to 100	101 to 200	201 to 300	301 to 400	401 to 500	> 500	Uncertain
Dentists	42%	(45%)	23% (26%)	6%	5%	2%	0%	3%	12%	7%
Dental Assistants	39%	(56%)	11%	8%	0%	3%	3%	0%	16%	20%
Dental Hygienists	44%	(52%)	8% (9%)	13%	8%	0%	5%	0%	8%	14%
Dental Therapists	54%	(58%)	9%	3%	3%	0%	3%	0%	6%	22%
Denturists	55%	(56%)	6%	0%	0%	3%	0%	0%	3%	33%
Medical Doctors	44%	(47%)	13%	3%	3%	0%	0%	0%	19%	18%
Nurses	44%	(46%)	9%	6%	0%	3%	3%	0%	13%	22%
Oral Health Therapists	57%	(58%)	0%	0%	3%	3%	3%	0%	3%	31%
Public Health Professionals (MPH)	53%	(58%)	17%	0%	6%	0%	0%	0%	6%	18%
Supp. Caregivers	50%	(52%)	4%	4%	0%	0%	0%	0%	4%	38%

DPH workforce (2)

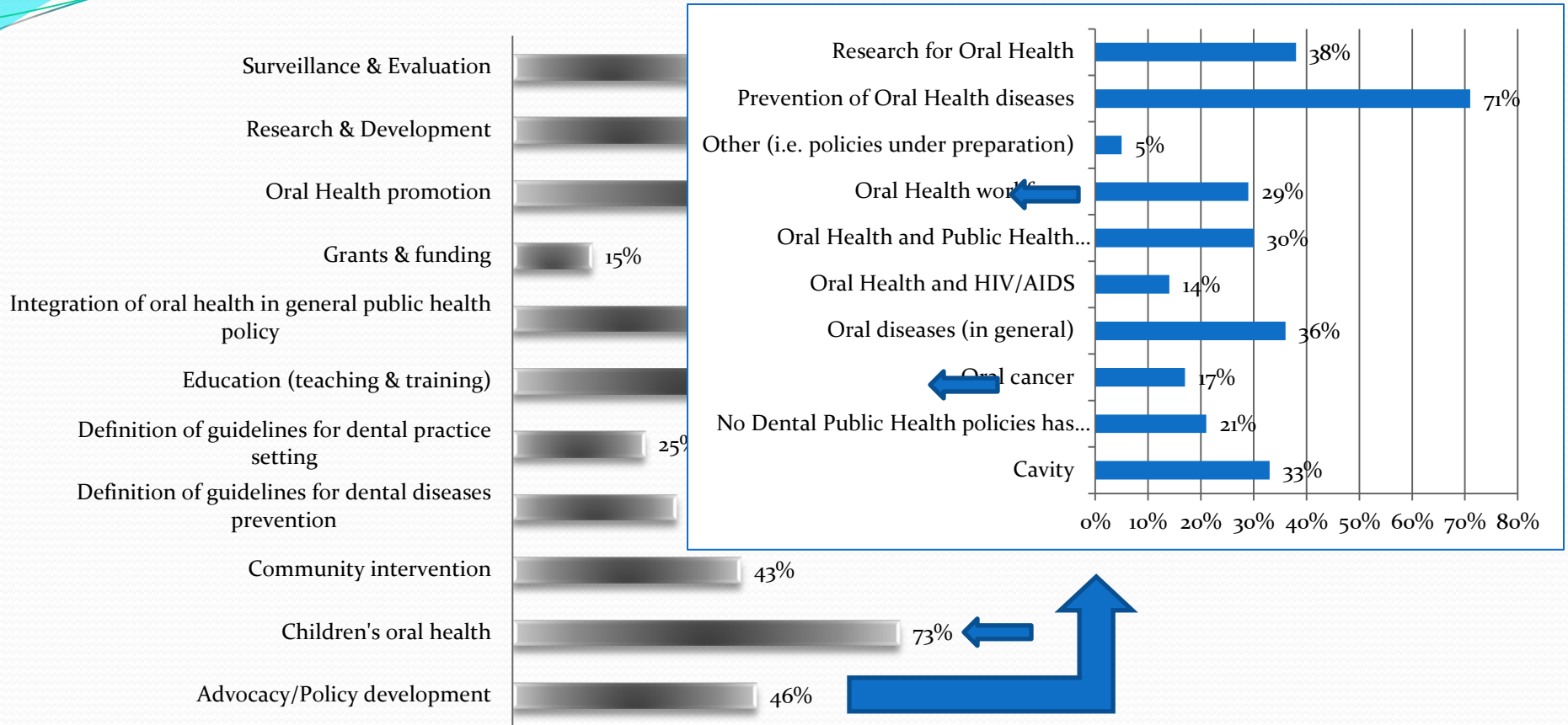
0 to 10 DPH **trained** professionals working in

- direct oral health care/service delivery : 56%
- academia : 62%
- local, state, county or national government including federal qualified health centers/government funded health centers: 65%

11 to 50 people in 14% and 51 to 100 people in 6% countries (three areas)

Over 100 people available in the three areas in few countries such as India, Mexico, **Senegal, Thailand** and USA

DPH services



Main targets:

- children and youth (78%)
- whole community (47%)
- pregnant woman (35%)

Role of DPH within the national health system

In 62% of countries DPH is partially integrated in the public health system, while it's not integrated in 25% of cases

1-10 % of the national health budget is spent on DPH/oral health in 82% of countries, no money at all spent in 16%

Main strong DPH points

↑ Governments' engagement

- integrating of DPH in the national health plan and budget
- recognizing to DPH a role among other public health issues
- incorporating DPH with other programs lead by different departments
- linking with corporates to support DPH interventions

Effective
community
based
intervention

↑ Education of children (school based) and professionals

↑ DPH workforce

↑ Advocacy/policy development

Main weak DPH points



Governments' engagement

- no/limited incorporation of DPH in the national health plan and budget
- no/limited recognition of DPH
- no/limited resources for DPH from government or corporates
- no/limited infrastructures and preventive/ care interventions



Education of professionals and children

Opportunities for DPH development

- Real government engagement
- Sustainable DPH financing
- Enhanced networking and cooperation nationally and globally
- Improved DPH education
- Development of effective infrastructures and interventions
- Research, surveillance and evaluation

Thanks a lot!

More information:

<http://www.wfpha.org/about-wfpha/working-groups/oral-health>

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