

Resolution submitted to the policy committee by:

WFPHA Oral Health Working Group

Resolution title:

Dental Public Health Workforce Infrastructure

1.0 Introduction

Oral diseases are a neglected epidemic, eventually affecting all ages in every country throughout the world [1, 2]. Vulnerable populations and high risk groups such as children, the elderly, medically compromised, those with lower income and less education may have greater difficulty in accessing services and ultimately being free from pain and infection [3, 4]. In order to address this costly public health issue, a population-based approach is needed to make the maximum use of limited existing resources to respond to this neglected epidemic.

2.0 Scope and purpose

Oral Public health encompasses population - based dental health services and promotion of oral health [5]. There has been no previously published data on the breadth and scope of the dental public health workforce worldwide until now. In 2014, the World Federation of Public Health Associations' (WFPHA) Oral Health Working Group completed an international survey of its member countries on their dental public health workforce infrastructure [6]. The survey revealed that many countries do not have dentists, oral health professionals or allied health workers trained and experienced in public health responding to this neglected epidemic. This is particularly alarming since oral conditions affect more than 3.9 billion people worldwide. Dental caries in particular affects 60-90% of school-aged children [3] and has an overall global prevalence of 35% for all ages combined [7].

It is therefore crucial that specialists rigorously trained in the concepts of dental public health lead their countries to better oral health. Such individuals must be thoroughly equipped to devise

and implement appropriate preventative oral health programs that may reduce the significant burden of oral disease worldwide.

3.0 Fields of applications

- Policy/Decision Makers at the local, regional and national levels of government
- Schools of Public Health, Medical , Nursing, Dental, Dental Hygiene and Dental Therapist Schools
- Professional and Public Health Associations

4.0 Main content

The WFPHA recommends:

1. All countries should have an oral health professional with public health training and experience in the Minister of Health's Office to develop policies, plans and programs, promote oral health, prevent oral diseases and to make maximum use of oral health resources in their country to respond to this neglected epidemic.
2. Every country should have and/or develop a dental public health infrastructure, which consists of oral health professionals with training and experience in public health, working with or in local, regional and national health departments in developing and planning public health programs, which shall include oral health components.
3. All dental schools, hygiene schools, dental assisting, and dental therapy schools in every country should include dental public health in their curriculum, especially population-based prevention and services.

5.0 References

1. Allukian, M., Jr., *The neglected epidemic and the surgeon general's report: a call to action for better oral health*. Am J Public Health, 2008. **98**(9 Suppl): p. S82-5.
2. *Oral Health in America: A Report of the Surgeon General*. 2000, U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research.
3. Peterson, P., et al., *Policy and Practice: The global burden of oral diseases and risks to oral health*. 2005, Bulletin of the World Health Organization.

4. *Public Health Topics*. October 3rd 2014]; Available from: www.ada.org/en/member-center/oral-health-topics/dental-public-health
5. Allukian, M., Jr. and O. Adekugbe, *The practice and infrastructure of dental public health in the United States*. *Dent Clin North Am*, 2008. **52**(2): p. 259-80, v.
6. *Oral Health Capacity Mapping Worldwide* WFPHA Oral Health Working Group: Submitted.
7. Marcenes, W., et al., *Global burden of oral conditions in 1990-2010: a systematic analysis*. *J Dent Res*, 2013. **92**(7): p. 592-7.