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 & quantiative 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 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 distribution varies a lot among countries when considering the profession or the working sector

<table>
<thead>
<tr>
<th>Public Sector</th>
<th>0 to 10</th>
<th>11 to 50</th>
<th>51 to 100</th>
<th>101 to 200</th>
<th>201 to 300</th>
<th>301 to 400</th>
<th>401 to 500</th>
<th>&gt; 500</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>42%</td>
<td>(45%)</td>
<td>23% (26%)</td>
<td>6%</td>
<td>5%</td>
<td>2%</td>
<td>0%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>39%</td>
<td>(56%)</td>
<td>11%</td>
<td>8%</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>16%</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>44%</td>
<td>(52%)</td>
<td>8% (9%)</td>
<td>13%</td>
<td>8%</td>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>Dental Therapists</td>
<td>54%</td>
<td>(58%)</td>
<td>9%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Denturists</td>
<td>55%</td>
<td>(56%)</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Medical Doctors</td>
<td>44%</td>
<td>(47%)</td>
<td>13%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>19%</td>
</tr>
<tr>
<td>Nurses</td>
<td>44%</td>
<td>(46%)</td>
<td>9%</td>
<td>6%</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>13%</td>
</tr>
<tr>
<td>Oral Health Therapists</td>
<td>57%</td>
<td>(58%)</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Public Health Professionals (MPH)</td>
<td>53%</td>
<td>(58%)</td>
<td>17%</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td>Supp. Caregivers</td>
<td>50%</td>
<td>(52%)</td>
<td>4%</td>
<td>4%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
</tr>
</tbody>
</table>
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
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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