Introduction

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Part 1  Introduction

What is dental public health?

Dental public health is the science and the art of preventing oral disease, promoting oral health and improving the quality of life through the organized efforts of society.

In contrast to clinical dental practice, where the focus is on looking after individual patients, in dental public health practice the focus is on populations or defined groups within a population. The definition here refers to science. Dental public health requires a sound knowledge of the factors influencing the aetiology, detection, measurement, description and prevention of oral disease and the promotion of oral health. It also refers to art. This involves advocacy, policy development and the politics of how dental care is prioritized, organized, monitored and paid for in societies.

The key components of dental public health practice and how these relate to one another are shown in Figure 1.1. The core values of public health practice are as in Table 1.1.

A comparison between clinical dental practice and dental public health practice is shown in Table 1.2.

The public health approach

The Faculty of Public Health, the professional body that is responsible for setting standards in public health practice in the UK, describes the public health approach as:

- population based
In order to practise dental public health, knowledge of the following disciplines is important.

**Key disciplines in dental public health**

In order to practise dental public health, knowledge of the following disciplines is important.

| Table 1.3 The public health approach as applied to dentistry

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<th>Dental public health:</th>
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<td>Is concerned with the oral health of populations</td>
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<td>in a city or defined geographical area</td>
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<td>in a particular group of the population defined by a common demographic, e.g. children, older people</td>
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<td>in a group of people with social circumstances in common, e.g. homeless people, people with drug and substance abuse problems</td>
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<td>Recognizes that responsibility for health and prevention of oral disease is shared between individual people and healthcare professionals, and that people should be empowered to look after their own health.</td>
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<td>Is conscious that as health is markedly linked to people’s lifestyles and life circumstances, it needs to take account of how the risk of poor oral health is not equal across populations, e.g. levels of dental caries in children are closely correlated with social and economic deprivation.</td>
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<td>Implies that to improve health, it is necessary to work on policy development at a high level and across disciplines. As an example, legislation making the wearing of seat belts compulsory is important in preventing facial injuries in road traffic accidents; taxing tobacco sales is important in moderating smoking. In health improvement programmes in schools, dental public health practitioners need to work outside health and collaborate with school teachers and education authorities.</td>
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**Oral epidemiology**

Oral epidemiology is the study of oral health and oral disease and their determinants in populations.

**Demography**

This refers to measurements and statistics that describe populations. It involves recording factors such as the age structure of the population, ethnic composition and educational attainment.

**Medical statistics**

Understanding numbers and the inferences that can be drawn from them in reviewing disease trends and service provision is a key skill, as is the ability to appraise and conduct dental research.

**Health promotion and health improvement**

Health promotion is the process of enabling people to increase control over their health and its determinants and thereby to improve their health. Health improvement recognizes that the determinants of health can be outside an individual’s control and is designed to address so-called wider determinants of health such as education, housing and employment. It is also designed to address the gaps in health between areas of high and low social and economic provision – gaps known as ‘health inequalities’.

**Sociology**

Sociology is the study of the development, structure and functioning of human societies. An understanding of these factors is important in improving health and organizing healthcare services.

**Psychology**

Psychology is the branch of science that deals with the human mind and its functions. In a public health context, an understanding of psychology is important in relation to behaviour change.

**Health economics**

Health economics concerns the need for, demand for and supply of health and healthcare. In the context of dental public health, it relates to how resources are distributed and the effectiveness and efficiency of services. How care is commissioned and paid for is an important element of how dentistry is organized and delivered, and dental public health practitioners need a clear understanding of these issues.

**Health services management and planning**

Dental services are in competition with other forms of healthcare, whether paid for by the state or by individuals. They therefore need to be organized, managed and planned. Allocation of resources within a publicly funded dental service should be done in proportion to need and likelihood of benefit. Dental public health practitioners will be called on to give advice to health service managers and finance officers on the appropriate allocation of resources and to offer guidance on how dental services are planned and delivered.

**Evidence-based practice**

Evidence-based practice is designed to ensure that wherever possible, the dental care that is delivered has been shown to be that which is most efficient and effective. It is the role of dental public health practitioners to facilitate such practice. Those responsible for dental public health need to understand the theory of evidence-based dentistry to support the improvement of oral health and the delivery of effective care.