

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**COMMUNITY
DENTISTRY
FOR THIRD CLASS
DENTAL PUBLIC HEALTH
SECOND LECTURE
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Community Medicine

Public Health [Winslow] 1920 :

The art and science of preventing disease , prolonging life and promoting physical and mental efficiency through organized community efforts.

Dental Public Health [The American Board of Dental Public Health] : 1970

The science and art of preventing and controlling dental diseases and promoting dental health through organized community efforts.

ICEBERG PHENOMENON OF DISEASE

Disease in a community may be compared with an iceberg.

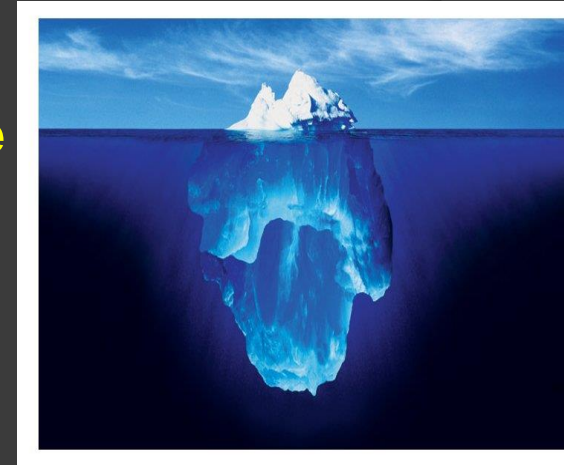
**Tip of iceberg → what the physician sees in the community
[clinical cases]**

**The vast submerged → Hidden mass of disease
iceberg**

- Inapparent
- Presymptomatic
- undiagnosed
- carriers
- during incubation period

**The water line → demarcation between apparent and
inapparent disease.**

**In hypertension , diabetes , etc, unknown morbidity far exceeds
known morbidity.**



Objectives in Dental Public Health

The immediate goal is the stimulation of behavior designed to minimize dental and oral diseases.

1. Reduce dental caries
2. Reduce untreated dental caries
3. Reduce the prevalence of gingivitis
4. Reduce destructive periodontal disease
5. Reduce death due to cancer of oral cavity or pharynx
6. Oral health screening, preventive and treatment services to the school-going children

The 5 points which are applied to each problem are:

1. **Definition to know what is the problem? . how it is identified ? What are the characters of the problem ? what are the terms and the Processes used to describe problem ? and why it is a problem .**
2. **Distribution or epidemiology .in relation to age, sex, region where the Problem is present. What is the distribution of the problem in the Specified population and the epidemiology. And how it frequently Observed .**

- 3. Causality. what factors were responsible for the problem beginning and what factors were responsible for the continuation of the problem, which variables are involved? And how do they Interrelate?**
- 4. Resolution, what methods or techniques have been or could be used to resolve the problem.**

5. Outcome. what were the outcomes of various methods used. And what are the potential outcomes of the most method to resolve problems? what have been or may be the outcome of failure to intervene

DPH is the form of dental practice which regards the community as a patients rather than the individuals.

It is concerned with administration of group of dental care programs as well as the prevention and control of dental diseases on a community bases.

Note: distribution e.g. dental caries as a problem . Age : it prevail mostly in children and continue, where as periodontal diseases prevail in patient who have been passed the fourth decade of age.

Sex: male and female are equally affected by dental caries

Dental caries prevalence vary in different region

CHARACTERISTICS OF AN IDEAL PUBLIC HEALTH MEASURE

- 1. Of proven efficacy in the reduction of the targeted disease.**
- 2. Medically and dentally safe.**
- 3. Easily and efficiently implemented, utilizing a relatively small amount of materials, supplies and equipment.**

4. Readily administered by non dental personnel.
5. Readily available and accessible to large numbers of individuals.
6. inexpensive, therefore affordable by the majority.

7. Uncomplicated and easily learned by the utilizers.

8. Administered with maximum acceptance on the part of the patient.

Dental public health & the private practitioner:

The private practitioner deals with individual patient, but the other people who can not go to the clinic must also receive a dental health care & this is done by dental public health programs & the need for the public health program is achieved by periodic survey of a cross section of public from time to time.

Because of misunderstanding between private & public sectors in health care the basic similarities between them should be clear.

A-Examination / Survey:

when patient first come to dental office, we do examination, chief complain, medical and dental history, extra & intra oral examination. But in the community, we'll call it "Survey" instead of examination, the survey deal with chief complain of population like lack of access to dental care for elderly people, or the survey may be an epidemiological assessment of oral diseases, problem of a chosen group.

So, in dental public health, the word survey: usually means clinical assessment, extent & survey of disease in population.

B- Diagnosis/ Analysis:

Private clinic following examination, next step is the diagnosis. In dental public health we do analysis of survey data by statistical methods to process & analyze the survey data.

C- Treatment planning / program planning:

Treatment planning in private clinic is complex because of many factors must be balanced, patient interest, cost, patient agreement on type of treatment. So, the patient is an active part in treatment decision.

Also in program planning for community, the health professional when do planning, the planning must be accepted by community.

Government may reject it or carry out part of it or adept a less costly alternative program, & decision depends on community health problem in comparison to other community problems that are in need of attention.

D- Treatment / program:

Clinics do specific schedule for carrying out the indicated treatment or referring patient to a specialist for certain procedures.

For community public health program, we do public health team i.e. for elderly people in nursing home, programs are involving supervision of the home, nurses, workers, private dental practitioners, dental hygienist & others.

E- Payment/ program funding:

The government may pay the program & in health professional must know the how to secure & then to manage.

F- Evaluation/ program appraisal:

Dentist evaluation of progress begins during course of treatment & is repeated at each visit, observation made during the initial examination, such as extent of plaque, calculus deposits & then evaluation is made from time to time. Similarly data collected initial survey series as the basic line against which program appraisal can be made to assist the effectiveness of public health program.

SIMILARITIES BETWEEN PERSONAL AND COMMUNITY HEALTH CARE

PATIENT

1. Examination
2. Diagnosis
3. Treatment planning
4. Treatment
5. Payment for service
6. Evaluation



COMMUNITY

1. Survey
2. Analysis
3. Programme planning
4. Programme operation
5. Finance
6. Approval



SERVICES PROVIDED THROUGH PUBLIC HEALTH DENTISTRY

- ◉ **Health education**
- ◉ **Dental Health camps**
- ◉ **Dental treatments**→Extraction
 - Oral prophylaxis
 - Flouride applications
 - Oral hygiene measure
- ◉ **School Health Programme**
- ◉ **Application of Caries Preventive measures**
- ◉ **Demonstration of dental preventive methods and procedures to the community**
- ◉ **Dental Public Health activities and field experiences for dental students**

