



Community



Lec. 1

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**Community
Dental public health**

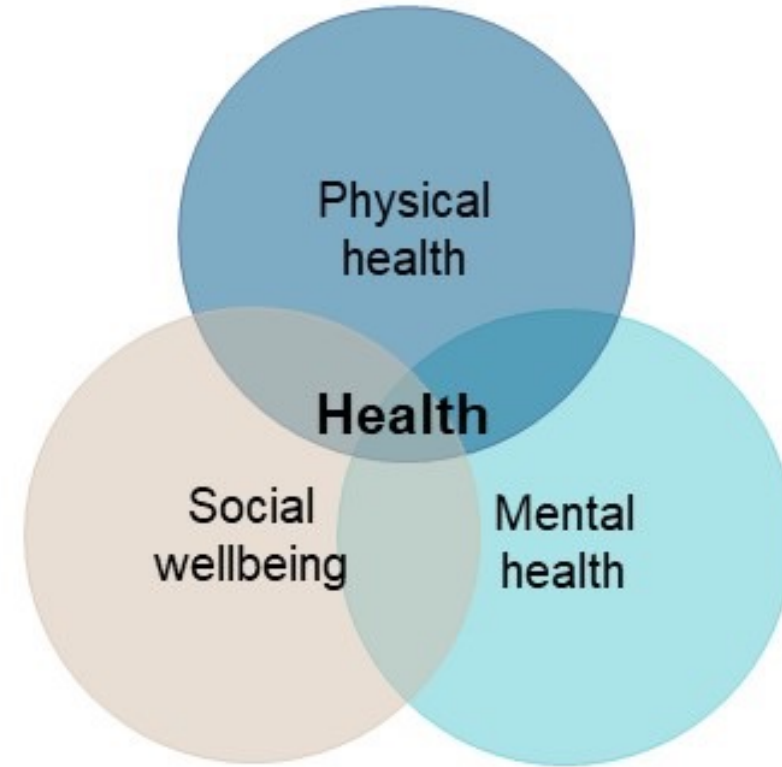


Topics Of This Lecture

- Health
- Public Health
- Dental Public Health
- Community
- Community Dentistry
- Guide Line Of DPH
- Tools Of DPH



Health:



According to definition of World Health Organization WHO (2002), it is a state of complete physical, mental and social well-being and not merely the absence of disease infirmity and the ability to lead a socially and economically productive life.



Public health: WHO defined it as the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community efforts for the control of communicable infections sanitation of the environment, organization of medical and nursing services for early diagnosis and preventive treatment of disease, and education of the individual in personal hygiene.



Examples of common public health measures include promotion of hand washing, breastfeeding, delivery of vaccinations.

Dental diseases are very prevalent and their impact on both society and the individual are significant so that they are considered important public health problems.



Dental public health: the science and art of preventing and controlling dental disease and promoting dental health through organized community efforts.



It is that form of dental practice which serves the community as a patient and focus on entire population not on individual patient or disease.



Community: it is a group of people or population having common organization, living in the same region or area following similar rules and regulations under the same environment.



Community dentistry: it is specialized branch of dentistry, concerned with identifying and attempting to resolve problems related to dentistry at the community level.



Dental public health concerned with:

1. Dental health education of the public.
2. Research and application of the research finding.
3. Administration of programs of dental care.
4. Prevention and control of dental diseases.

The most common oral diseases which the dental public health concerned with are:

- 1) Dental caries
- 2) Periodontal diseases
- 3) Oral cancer
- 4) Developmental anomalies / acquired disorders of the oral structures.

Unique characteristics of these diseases are:

- 1) They have universal prevalence.
- 2) They do not undergo remission or termination if left untreated.
- 3) They usually require more time and cost for treatment.

Tools Of Dental Public Health

1-Epidemiology

2-Biostatistics

3-Social science

4-Principles of administration

5- Preventive dentistry



1. Epidemiology: It is a study of **distribution and determinants** of health related events in population. and the application of this study to control health problems.

The word epidemiology is derived from-epi=on or upon, demos=people and logos=science. It is "the branch of medical science dealing with epidemics".



2. Biostatistics: It is that branch of statistics concerned with mathematical facts and data relating to the biological events.

It is a method of **collecting, classifying, summarizing** and **displaying** a set of data, then **analyzing** and **interpretation** to find the results



SOCIAL SCIENCE

3. Social science: they usually include **sociology**, **cultural anthropology** and **psychology**, the social science becomes necessary when effort and effect do not match each other and want to know why.



4. Principles of administration:

The dentist with a leadership role in public health program needs to know many of the principles by which large enterprises are administered, these are:

A) Organization: deals with the structure of an agency and the way people are arranged into working groups within it.

B) Management: concerned with handling of personnel and operations in such a way that the work of the agency gets done.



5. Preventive Dentistry:

It is that branch of dentistry which deals with the prevention and interception of the progress of all dental and oral diseases.

The concept of prevention can be applied at any stage of disease and dental treatment.

Prevention is usually divided into three levels:

1) **Primary prevention :**

(pre pathogenic prevention) refers to those procedures applied prior to the inception of a disease, to prevent the occurrence of the disease by avoidance or removal of the etiological factors; e.g. **health education, oral hygiene measures, fluoridation and fissure sealants.**



2) **Secondary prevention** :
(pathogenic prevention): Refers to early diagnosis and stopping disease in its initial stages so that the damage and subsequent repair are minimized; e.g. **scaling and polishing, restoration.**



3) **Tertiary prevention:**
(post pathogenic prevention)

Refers to rehabilitation of the patient to reduce or limit impairment and disabilities caused by existing disease to restore function and esthetic: e.g. **prosthodontics and implant.**



Procedural steps in dental public health:

1. Survey:

It the first step in the public dental health procedure. Surveys are methods for **collection of data**, in order to determine the amount of disease problems in a community.

2. Analysis:

Information collected through a survey is subjected to an analysis in order **to define specific health problems in the community**.



3. Program planning:

The program must be accepted by the community and that the people show an interest in it or to partly accept it, or to find an alternative method which is comprehensive and cheaper.

4. Program operation:

When a specific public health program has to be adopted for a community, a public health team has to be employed for executing the program. This can be best illustrated with the example of **water fluoridation in a community**.



5. Financing:

Financing in public health programs are usually through the funds provided by the government or by the local authorities.



6. Program appraisal:

This is the final step in any public health program where the effectiveness of the program is assessed.



Similarities between personal and community health care:

It is the **names of the activities** carried out by both the personal and community health worker that varies while the aim of the procedure is basically the same:

1. **Examination/survey:** purpose of survey is to determine the nature and extent of the problem, just as an examination is done when a patient comes to a dental clinic with a complaint.
2. **Diagnosis/Analysis:** It is the procedure of converting data of survey by meaningful figures or statistics just as a dental clinician uses his examination data to guide him to an accurate diagnosis.
3. **Treatment Planning/program planning:** Once diagnosis is made one can proceed to make plans for effective treatment. Public health professional would like to have the ideal program plan

4. Treatment/program operation: Execution of the treatment or program once the plan has been made.

5. Payment/ program funding: The patient payment of the dental service can be in the form of cash payment or monthly billing and in community health care the government usually is responsible for funding.

6. Evaluation/program appraisal: is assessing the effectiveness of the treatment or the health program.

Differences between private dental practice and public health dentistry		
Characteristic	Private dental practice	Public health dentistry
1. Target	Individual patient	Community or group of individuals
2. Visiting	The patient comes to the practitioners	The public health practitioners go to the group of individuals
3. Taking information	History taking and oral clinical examination	Analysis of available health and morbidity records
4. conclusions	diagnosis	Situational analysis of oral health status, needs and utilization of services
5. Major emphasis	Curative and restorative care.	Promotive and preventive care.
6. Essential requirement for success	Patient consent and cooperation	Community participation
7. Service provider	Dentist alone sometimes with an assistant	Health team professionals and para professionals, community volunteers.
8. Intervention	Appropriate dental procedure	Promotive and preventive measures at individuals and community level
9. Supportive disciplines	psychology	Sociology, social psychology, education epidemiology and biostatistics
10.Perspective results	Immediate	Long term
11.Evaluation and results	Relief of symptoms and restoration of function	Formal program evaluation
12.Funding	By the patient	By government or local authorities

Thank you



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