Changes in the oral health workforce: More prevention, public health and leadership

By Dr Jack Dillenberg, USA

While great progress has been made in the prevention of dental caries, the global incidence and prevalence of oral diseases has not diminished, especially among children. There are many preventive interventions available, including fluoridation, dental sealants, fluoride varnish, regular dental visits and good oral hygiene that can effectively reduce tooth decay and periodontal disease.

Current research and practice have continued to underscore the continuing lack of oral health maintenance among many groups throughout the world. Unfortunately, the low priority that is placed on oral health among many individuals from diverse cultures continues to affect the universal implementation of these effective and inexpensive measures negatively.

There is increasing evidence to support the association between oral health and systemic or overall health. The association between periodontal disease and a variety of systemic illnesses continues to emerge and underscores the need for an interdisciplinary approach to address both oral health and general medical care. These numbers are amplified in low income, disabled and other underserved groups. In the US, federal and state financial support for oral health services for low income populations and those with complex medical conditions or intellectual disabilities continues to erode.

The ageing of the dentist population, projected retirements and maldistribution of providers coupled with an increasing population support the projections of significant provider shortages in the decades to come. Health professions in general and the dental profession in particular have to recruit, educate and promote a new kind of health provider, one that is community minded, service oriented with leadership skills and committed to interprofessional collaboration and utilizing innovative technology (such as SMS) to meet the compelling societal needs the health system requires. This includes behavioural health, social determinants of health and population based health issues, in addition to the traditional dental issues of the past.

So what does this mean for the future of oral health care delivery, the type of systems that should be in place and the type of dentist needed to meet these needs? How will the dental professional workforce have to change to address the health and societal issues affecting health and wellness throughout the world?

The selection of dental school candidates in years past focused on candidates that were analytical and had a strong science background with good hand skills. The anticipated outcome after graduation from dental school was establishing a solo private practice in the geographic area of their choice. Not much attention was paid to community service or volunteer experience, leadership skills and an understanding of basic public health principles. The current societal needs and demands are changing the skill sets needed for success as a dentist and the practice environment in which dental graduates will find themselves.

Dental school applicants today must have the academic prowess to succeed in the rigorous science courses they will take in dental school, but they must have other critical skills to succeed and flourish. Dental students will now learn to a level of competency, not just productivity; they will treat patients with special needs, collaborate with other health professionals in friendly interdisciplinary settings, and participate in community-based activities to develop the communication and leadership skills to thrive in an interdisciplinary work environment.

This new culture of health care delivery incorporates prevention and personal responsibility for an individual’s health and well being. The new dentist will have to be comfortable practising in this environment, utilizing skills, training and experience reminiscent of the stomatological training of physicians-dentists of the past. Dr Norman Gevitz, a historian of the stomatological movement in American dentistry, notes, “Today’s dentists need to be more broadly trained in general medicine and public health in order more effectively respond to the oral and other related health needs of their patients and the larger community.”

This Wednesday, Dr Jack Dillenberg will be presenting a paper during the Dental Education Problems and Solutions Session, which is part of the AEEDC Dubai 2014 scientific programme. He is currently President of Dillenberg & Friends, a health services consulting provider in the US.