

Public Health in Dentistry

European Dental Students' Association

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1. Introduction

Dental caries, periodontal disease, oral cancer, and edentulism are among the most common and avoidable non-communicable diseases (NCDs) globally, affecting roughly 3.5 billion people by 2023 (WHO, 2023). These conditions disproportionately affect vulnerable and marginalised populations, exacerbated by social, commercial, and environmental determinants such as poverty, limited education, poor nutrition, and restricted access to care.

Public health in dentistry, also referred to as dental public health, is an essential component of a well-functioning health system. It recognises oral health as a fundamental human right and promotes population-based strategies, including surveillance, policy reform, prevention, and health promotion to reduce disease burden and health inequities.

WHO's Global Oral Health Action Plan 2023 - 2030 and the FDI's Vision 2030 underscore the urgent need to move beyond individual, curative care and towards systems-level public health integration. Dental students, as future leaders, must be equipped with the competencies, ethics, and interdisciplinary knowledge to shape and implement equity-driven public health policies for oral health improvement across Europe and globally.

2. Purpose

This policy document intends to:

- Promote public health in dentistry through education, clinical practice, and policy.
- Encourage a systems-thinking approach to oral health through governance, crosssectoral collaboration, and proactive interventions.
- Promote universal oral health coverage and integrate it into primary healthcare and public health systems.
- Assist EDSA, its members, and stakeholders in developing capacity for populationlevel health planning, equity, and evidence-based decision-making.



3. Scope

This policy applies to:

- Dental education institutions, universities, and student groups across Europe and affiliated regions.
- Public health departments, ministries of health, primary healthcare providers, nongovernmental organisations, and advocacy coalitions.
- Collaborating with dental practitioners, academics, and interdisciplinary teams on neighbourhood, school, and national public health initiatives.
- Looking for students and early-career professionals interested in public health dentistry and health systems science.

4. Definitions

- Public Health in Dentistry: Organized community efforts using evidence-based policies, population surveillance, and preventive strategies to promote oral health and reduce disease and disparities.
- Oral health surveillance is the systematic collecting, analysis, and interpretation of oral health data to guide planning, execution, and evaluation.
- Universal Healthcare Coverage (UHC): Ensure that all people have equal access to necessary health services, such as preventive, promotional, curative, and rehabilitative care, without financial hardship.
- Health equity is the absence of avoidable, unfair disparities in health status among population groupings as defined socially, economically, or geographically.
- Social Determinants of Oral Health: Non-clinical factors such as education, income, employment, and housing that influence oral disease risk and outcomes.

5. Policy Statements

1. Public Health Competence in Dental Education

- Incorporate public health disciplines including epidemiology, health policy, environmental health, and behavioural science into dentistry curricula to match with ADEE and EADPH competency frameworks.
- Encourage dental students to specialise or pursue graduate studies in dental public health, such as through MPH programs or intercalated degrees.



- Promote systems-based learning by using simulations, case studies, and policy mapping to study health system governance, finance, and oral health inequities.
- Increase field-based training in public health departments, NGOs, refugee clinics, and rural outreach, incorporating structured reflective learning and measurable competencies.
- Encourage student-led policy innovation laboratories and hackathons to create scalable, technology-driven oral health solutions.

2. Integrating Oral Health into Health Systems.

- Encourage integration of oral health screenings in primary care, including caries, periodontitis, oral cancer, and behavioural risk factors like tobacco, sugar, and alcohol use.
- Utilize teledentistry and task-shifting models (e.g., dental hygienists, community oral health workers) to improve access to care in underserved areas.
- Encourage national policies that include oral health in universal health coverage, especially for maternal, child, and elderly health services.
- Coordinate national oral health programs with NCD plans, such as combined risk reduction campaigns and data exchange.
- Encourage interprofessional collaboration among dentists to contribute to public health goals such as vaccination, nutrition, and antimicrobial stewardship.

3. Surveillance, Monitoring, and Research

- Build robust oral health surveillance systems, coordinated with the European CDC and WHO, to collect standardised data on disease prevalence, risk factors, care utilisation, and inequalities.
- Promote geospatial mapping and disaggregated analysis (by age, income, gender, and ethnicity) to identify vulnerable groups and target interventions effectively.
- Fund implementation studies for community-based models, mHealth innovations, and school-based programs.
- Evaluate public oral health efforts based on cost-effectiveness, equity impact, and population health outcomes.
- Use open-access platforms to share findings and engage students in citizen science and participatory research.



4. Health Promotion and Community Empowerment.

- Work with communities to create national and local oral health promotion campaigns that highlight food, hygiene, fluoride, and habit modification.
- Prioritise life-course interventions such as pregnancy counselling, fluoride programs for children, adolescent hazardous behaviour prevention, and geriatric dental function preservation.
- Teach students about health literacy communication strategies such as motivational interviewing, plain language, and culturally relevant treatment.
- Empower community health providers to promote oral health, educate others, and make recommendations.
- Work with schools, religious institutions, and the media to shift community beliefs and stigma regarding oral health.

5. Policy, Legislation and Advocacy

- Use a Health in All Policies (HiAP) strategy to include oral health considerations in transportation, education, food, labour, and housing policies.
- Support tax and regulation policies, including:
 - Sugar-sweetened beverage taxes
 - o Tobacco control legislation include plain packaging and point-of-sale bans.
 - o Advertising restrictions on junk food for children.
 - o Mandatory front-of-pack labelling for sugar and trans fats.
- Advocate for essential oral health services and fluoride products to be included in essential health benefits and procurement lists.
- Train students in advocacy strategies: policy brief development, stakeholder engagement, public speaking, and social media mobilisation.

6. Roles & Responsibilities

- **EDSA and National Associations** provide leadership in policy creation, capacity building, and interprofessional partnerships.
- **Dental faculties** should integrate public health into all stages of education and encourage community-based training and research.
- **Governments and Ministries of Health** should fund, monitor, and regulate national oral health plans to integrate oral health into universal health coverage (UHC).
- NGOs and Public Health Institutes offer technical expertise, innovative service delivery, and track progress towards oral health equity.



• Students and practitioners may promote oral health through lifelong learning, equity advocacy, and community leadership.

7. Related Documents and Frameworks

- WHO Global Oral Health Action Plan 2023 2030
- FDI Vision 2030: Delivering Optimal Oral Health for All
- Platform for Better Oral Health in Europe Policy Recommendations (2022)
- EADPH and ADEE Core Competencies in Dental Public Health (2024 update)
- UN Sustainable Development Goals (SDGs)

8. Conclusion

Public health in dentistry is not optional; it is essential for reducing oral disease burden and achieving health equity. This policy encourages EDSA members, academic institutions, and policymakers to adopt prevention and system-wide policies that prioritise innovation, inclusion, and collaboration.

9. Frequently Asked Questions (FAQs)

If you have any further inquiries regarding this policy, please contact the EDSA Policy Officer at policy_officer@edsaweb.org.

10. Policy Review

This policy will be reviewed every two years by the current Policy Officer of EDSA.

11. References

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