Dental public health training: time for new models?

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NOHC, May 2-4 2005, Pittsburgh PA
History

- 1950: Public health dentistry recognized as a specialty by the ADA, American Board of Dental Public Health founded
- 1951: Dr. Viron “Dief” Diefenbach becomes first DPH resident under direction of Dr. George Nevitt
- 1963: DHEW-PHS Div. of Dental Health established 1st formal residency
- mid-1960s to 1981: DHHS grants to support DPH residencies
- 1996: HRSA begins grants for DPH residencies

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Number of Active Diplomates of ABDPH, 1986-2005

Source: Minutes of ABDPH meetings published in *J Public Health Dent*; online roster of diplomates 3/30/05

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How Many “Public Health Dentists” Are There?

Sources: ABDPH diplomate roster 3/30/05; AAPHD Online Directory 3/29/05; ADA Online Directory 3/30/05
Employment Setting of Board Certified PH Dentists

- Dental School: 35
- Federal Govt.: 35
- State Govt.: 14
- Private Org.: 7
- School of Public Health: 6
- County/Local Govt.: 5
- Other: 20

2001 Survey of Diplomates of the American Board of Dental Public Health
n=125

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DPH Training among non-Diplomate Dental School Faculty Teaching DPH

Sources: Kaste et al. J Public Health Dent 2001;61:114-9;
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The Model of DPH Certification

“Eligibility requirements for board examination are based on standards that were developed in 1951-1953.”

Eligibility Requirements for ABDPH Board Eligibility

1. Moral and ethical standing in dental profession satisfactory to the board.
2. Graduation from accredited dental school.
3. Professional experience and advanced education in public health include:
   a. completion of $\geq 2$ years of advanced education
   b. $\geq 2$ years of full-time experience in DPH practice

Adapted from ABDPH eligibility available from www.aaphd.org

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Educational Preparation for ABDPH Boards

The requirement of two years of advanced preparation can be satisfied by:

- 1. Completion of 1 academic year in CEPH-accredited program leading to a graduate degree in public health, plus DPH residency accredited by the Commission on Dental Accreditation (CODA);
- 2. Two academic years of study in CODA-accredited program that leads to graduate degree in public health;
- 3. Completion of ≥2 years of advanced education in DPH from an institution outside U.S. followed by completion of CODA-accredited residency program.
Median Annual Tuition, US Schools of Public Health*
2004-2005

*Accredited by CEPH, N=36; Source: ASPH 2005 and individual schools

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Average Debt of Dental School Graduate

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<thead>
<tr>
<th>Year</th>
<th>Debt</th>
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<tbody>
<tr>
<td>1980</td>
<td>$18,500</td>
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<tr>
<td>1984</td>
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<td>2000</td>
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<tr>
<td>2003</td>
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Incentives for Board Certification among Non-Diplomate DPH Faculty

Sources: Kaste et al. J Public Health Dent 2001;61:114-9;
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National Survey of Dental Public Health Activities in Schools of Public Health, 2001 (n=27; RR=77%)
Dental Public Health Training at Schools of Public Health

MPH in DPH concentration? Advanced training in DPH?

MPH in DPH concentration: No 85%, Yes 15%
Advanced training in DPH: No 81%, Yes 19%

National Survey of Dental Public Health Activities in Schools of Public Health, 2001
N=27 (RR=77%)
Preventive Medicine vs. Dental Public Health Training

**Preventive Medicine**
- 3 Years
  - Clinical
    - Most do not offer
    - Prefer 1 yr in clinical residency
  - Academic
    - Leads to MPH
  - Practicum
    - Supervised experience
  - Support includes MPH

**Dental Public Health**
- 2 Years
  - 1 Yr. Accredited MPH or equiv. program
  - 1 Yr. CODA-accredited Residency
    - OR
    - 2-yr CODA-accredited Program leading to graduate PH degree
  - MPH generally not supported financially

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Deficiencies with Current Structure

- Many MPH programs not CEPH-accredited
- Few PH schools have DPH faculty or courses
- MPH generally at trainee’s expense
- 2-3 year F/T commitment often not feasible
- Educational indebtedness of dental graduates
- Limited clinical practice during residency
- DPH separated from clinical dentistry during training
Current Problems

- Many barriers, few incentives for DPH specialty training
- Almost no "front-line" DPH practitioners are board-certified specialists
- Unknown what proportion of county/local dental directors have public health training
- Unknown what proportion of county/local dental programs provide core PH functions
- Currently no model for establishing minimal DPH competency among DDSs functioning as dental directors
One Potential Solution

- Link DPH training with clinical dental residencies, e.g. Pediatric Dentistry or AEGD
  - Approximates Preventive Medicine model
  - Creates clinicians with understanding of DPH principles and practice
  - More marketable grads, better income potential
  - Could provide graduate degree (MPH, MS) for programs that currently provide just certificate
Another Potential Solution

- Distance-learning “mini-residency” for current DPH clinical personnel
  - Overview of PH principles
  - Need for and methods of surveillance
  - Community-based prevention
  - Planning process
Plans in the Sunshine State

- Hired full-time U Florida College of Dentistry faculty member as county director for Duval Co. (Jacksonville)
- Pediatric and DPH residents to work at county health dept.
- Developing 3-year joint Pediatric Dentistry/MPH program
- Creating new Dept. of Community Dentistry and Behavioral Sciences to enhance linkages among clinical service, research, and teaching
Conclusions

- Few incentives and many barriers to pursuing advanced DPH training with current models
- Few specialists, especially in front-line DPH positions
- Potential need for “non-specialty” DPH training of clinician/administrators
- Partnerships between DPH faculty, clinical programs, schools of public health, and health departments could be win-win-win-win-win situation