

The future direction of the Dental Public Health in Malaysia

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Abstract

The continued recognition of Dental Public Health as one speciality in dentistry provides an opportunity for the speciality to rediscover and re-evaluate itself. As a discipline, public health dentistry evolved for many years to address the issues faced by our dynamic society, particularly Malaysia. Increased investment is necessary to see a tangible improvement in oral health. In this light, public health dentistry represents the nation's dental conscience, as changes in DPH mirror both changes in society and the dental practice. Prevention and access to dental care for the underprivileged groups are as pertinent as providing medical and dental care for people with infectious diseases. Changes could be implemented through national oral health objectives and strategies and a myriad of new financing mechanisms. Despite the progressive changes in today's world, the speciality's goal to improve the public's oral health and its commitment to work through 'organised community efforts' to achieve this goal remains. This article highlights the need for a long-term solution that could ensure the sustainability of DPH in Malaysia. It empowers DPH specialists to use their expertise for patients' benefit across the three pillars of public health - health improvement, care, and protection. This could be achieved through the support of the dental community.

Keywords: *community, dentistry, Dental Public Health, Malaysia specialist*

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Introduction

Undoubtedly, 2020 has been an unforgettable, challenging year for everyone across the globe. The emergence of the highly contagious SARS-CoV-2 coronavirus in 2019 (Sakurai *et al.*, 2020) has shaken the world to its core. The whole world stood still as lockdowns were enforced to curb the spread of the virus. Covid-19 related lockdowns and restrictions have had a significant impact on a country's economy as well as people's social and emotional well-being (Duke Global Health Institute, 2020). As the saying goes, pandemics are lived forward and understood backwards. This statement reflects the situation during the COVID-19

pandemic where the public and dental professionals grapple with the reality of

living with COVID-19 restrictions (Che Musa *et al.*, 2021b; Epstein *et al.*, 2020). The profession is facing critical challenges to spread health promotion messages to the public more than ever. In this regard, there are concerns over what the future holds for dentistry and Dental Public Health (DPH) in particular.

In addition, the pandemic significantly affects patients and dental professionals (Guo *et al.*, 2020). Studies also found that oral health inequalities have increased during the pandemic due to economic and social restrictions (Marmot, 2020; Watt, 2020). Based on current demands (Ahmadi

et al., 2020; Epstein *et al.*, 2020), there is a need to explore sustainable ways for dental professionals to embrace the new norms. Such initiative could help convince the public and encourage them to seek high quality, safe dental care (Passarelli *et al.*, 2020; Watt, 2020).

DPH focuses on preventing and promoting oral health (Chesnutt, 2016) plays a significant role in ensuring access to dental health. The DPH ecosystem was working successfully before pandemic. This is evident in the success of DPH teams in disseminating dental agenda in Malaysia (Oral Health Division Malaysia, 2011; Oral Health Programme Malaysia, 2019), as it has provided significant input in improving access to dental care. To achieve and maintain these goals, DPH personnel must be skilled in various areas, such as population-based oral health planning, therapies and methods for oral disease prevention and control, as well as oral health promotion (Hiremath, 2007; Patel *et al.*, 2018). As DPH offers independent support and assistance to organisations throughout the health and social care system, it must be retained to guarantee that patient needs are fulfilled and acknowledged, and the population oral health is prioritised. Thus, DPH leadership and expertise are an essential component of the equation in improving population oral health and reducing oral health inequalities. While the linkages between oral and general health are well documented and understood within the dentistry community, there is much to do to ensure the proper integration of oral care into general patient care.

Influencing the broader social determinants of health is another crucial role for DPH, as to recognise the impact of adverse socioeconomic and environmental circumstances to poor oral health outcomes (Che Musa *et al.*, 2020). Such impact is linked to climate change and the dental profession needs to evaluate how dental public care could be more sustainable to fulfil the aspiration of the Ministry of Health based on their report in 2018 and 2020 (Ministry of Health Malaysia, 2018, 2020).

Moreover, this speciality is also responsible in setting the potential budget on public health and for prioritising disease preventive measures and health improvement at the local, regional, and national levels. In this light, higher investment is required to achieve measurable improvements in oral health for Malaysia (Che Musa *et al.*, 2021a). Funding could be channelled to local governments, which have legislative responsibility for health improvement to ensure health promotion programmes could be done with sufficient and sustainable. Moreover, it is necessary to increase dental health programmes' reach, engagement and impact to communities. Oral health improvement programmes such as community water fluoridation and tooth brushing supervision with fluoridated toothpaste should be intensified to emphasise the importance of dental health care among the public. It is a notion that needs to be spread through by all means necessary (Che Musa, 2017).

The DPH speciality also among other dental specialist's disciplines that experiences such regular upheaval. Hence, this speciality requires a long-term solution which allows this speciality to become sustainable and provide adequate dental care to the population health across the three pillars of public health - health improvement, healthcare public health, and health protection. Changes could be implemented through national oral health objectives and strategies and a myriad of new financing mechanisms. Despite the progressive changes in today's world, the speciality's goal to improve the public's oral health and its commitment to work through 'organised community efforts' to achieve this goal remains. It is hoped that, DPH specialists and other health professionals in Malaysia will have a solid and secure platform to work from in the future and that DPH workforce will receive the necessary support and funding from each relevant organisation.

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