I think there are a number of reasons for this lack of data. For example, oral health promotion has taken some time to be accepted and implemented into higher education. One of the main obstacles however is that the ethos of dentistry itself is still very much centred on individual-treatment care, rather than a holistic approach. This is deeply ingrained in the culture of the profession, making it difficult to implement oral health promotion.

Dentistry is also firmly rooted in the medical model of health, which does not fit well with the underpinning ideas of oral health promotion.

Why is training in oral health promotion generally needed in dental education? In Australia and similarly in other countries, there has been a push to focus on prevention of diseases rather than a reactive approach to treating them. Dental diseases have been highlighted as preventable and costing a substantial amount of money to treat. With this push towards prevention, we will need trained dental professionals to undertake these prevention efforts.

I think that by not providing oral health promotion training to dental professionals a key aspect of the overall picture is missing. It is like training students in one aspect of health care and leaving out the rest. Dental professionals need to be trained in dental procedures, but they also need to see the bigger picture of a whole person and how the environment affects their patient. Oral health promotion training can provide students with this holistic view.

Despite international efforts like World Oral Health Day in March, oral health promotion still appears to play a minor role in daily practice in general. Is there any evidence that increased oral health promotion has an impact on disease rates for example?

There is evidence to support oral health promotion. One of the major oral health promotion efforts was and still is water fluoridation; this has been attributed to a decline in caries rates. Using history to demonstrate the effectiveness of oral health promotion, we know dental caries rates peaked in the 1960s and then a decline in rates was seen from the late 1960s until the early 1990s in industrialised countries. Although the decline cannot be credited to any single cause, it is thought that factors such as dietary changes, daily use of fluoridated toothpaste and the use of systemic (water) and topical fluoride may have all played a part in decreasing caries rates. All of these factors that contributed to the decline are oral health promotion efforts.

If we look to other success stories in population health, like the decreasing smoking rates, it was health promotion that made the difference. A whole of community approach using solid health promotion theory was taken towards smoking, with strategies such as legislation, smoking bans and taxation on cigarettes making the difference.

Should dental schools generally be required to offer more oral health promotion in their degree courses? In Australia and other countries, health promotion is a competency for dentists and oral health therapists (hygienists and therapists). Therefore, health promotion training does occur to some extent in these courses. In theory, graduating dental professionals should be able to understand oral health promotion and be able to apply this knowledge in the field.

However, there needs to be evaluation of this training in my opinion. At this stage, oral health promotion training is often a tick-box exercise: it just has to be somewhere in the course to meet this competency. There appears to be little regard as to whether the students’ understanding of health promotion is adequate and whether this will lead to long-term application once they have graduated. What I would like to see are dental professionals who have a solid understanding of things like the social determinants of health and have the ability to take these into account when treating patients.

Are dental schools adequately prepared to teach oral health promotion? To some extent, dental schools are prepared. In Australia, this training is actually happening and it differs between schools as to who delivers this training, either dental professionals or public health professionals.

However, I think for oral health promotion training to be successful it needs to be integrated into the whole course and not separated from the clinical content. It must also be monitored and evaluated. At this stage, I do not think that this is being done adequately, so there is definitely room for improvement.

Thank you very much for the interview.

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