

How to apply the CPD on the 10 essential Public Health Services?

Outcome of the Continuing
Education Program (CEP) – FDI
Fédération Dentaire Internationale
– World Dental Federation

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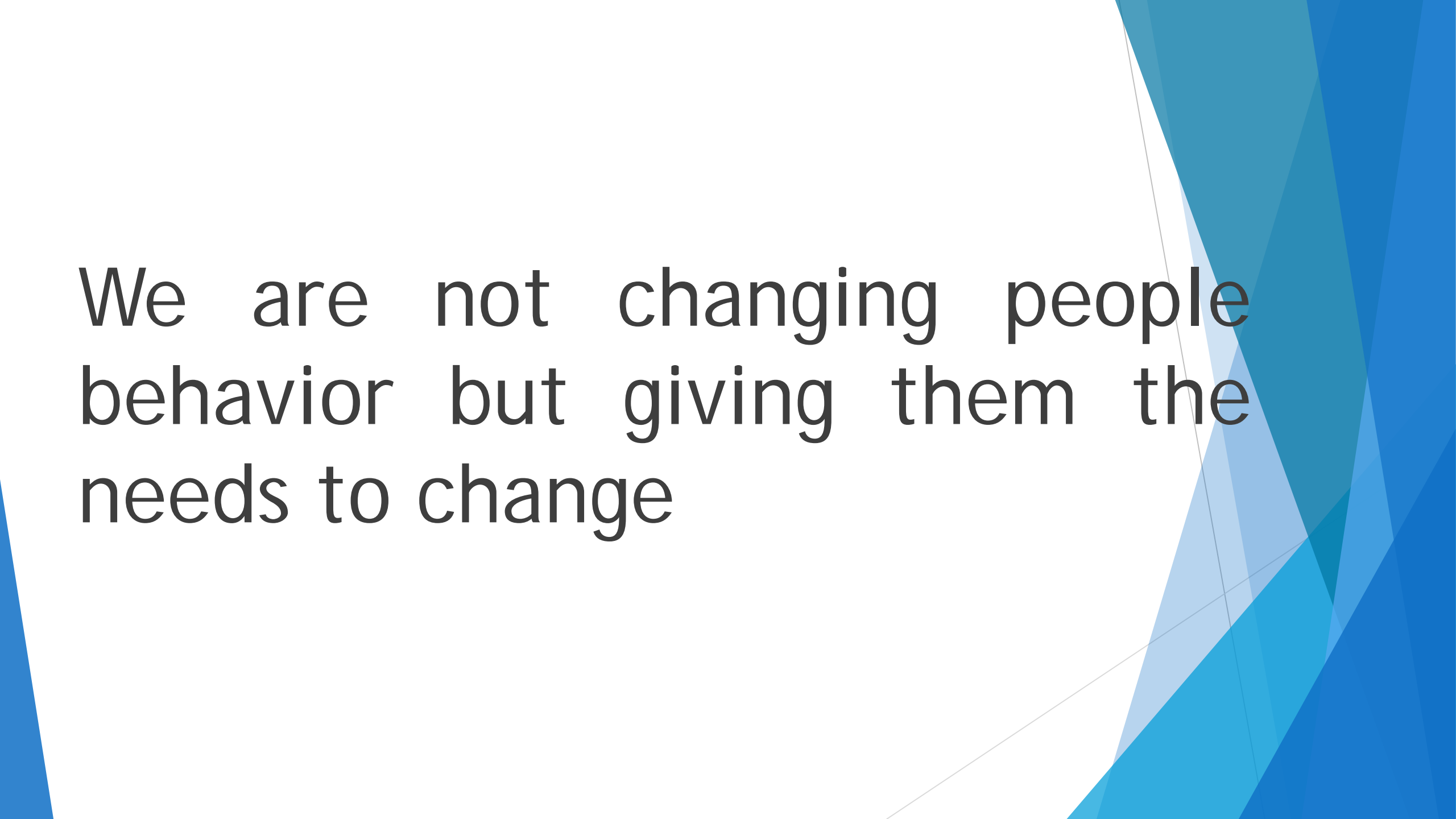
Professor (P.D.H.) and former
Dean of the School of Dentistry -
Lebanese University

What Does CPD Mean?

Continuous Program Development

It works to solve current problems and change thinking processes and behaviors

It is “Problem Focus” and
“Action Oriented” to achieve
desire goals.

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We are not changing people
behavior but giving them the
needs to change

Four Different levels of CPD are designed as below:


- ▶ Executive Development Program (EDP)
- ▶ Managerial Development Program (MDP)
- ▶ Professional Development Program (PDP)
- ▶ Supervisory Development Program (SDP)

Final Objectives:

- ▶ To increase productivity;
- ▶ To improve the ability to communicate, negotiate, and influence;
- ▶ To infuse a high level of confidence and competence;
- ▶ To present a practical concept that can be applied in the workplace;

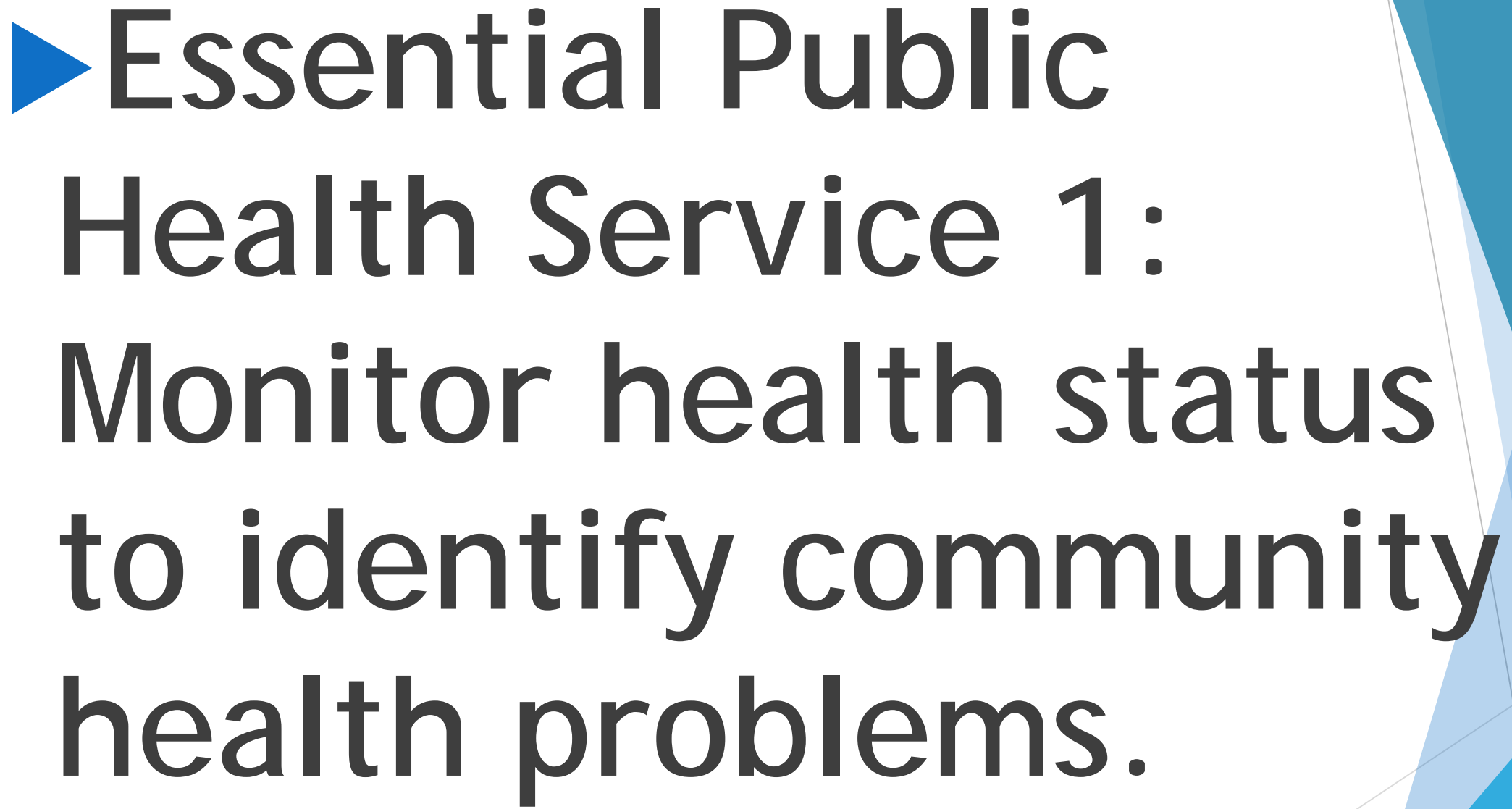
In the (CE) Continuing Education Program FDI for the Middle East, we try to attain these objectives to provide a better service to the patient

The objectives listed previously
are our aim for the continuing
Education Program (CEP) with
the FDI in the Middle East

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We try our best in applying the ten essential Public Health Services.
Therefore, we can assure to serve our patients in a better way.

The Ten Essential Public Health services

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► Essential Public
Health Service 1:
Monitor health status
to identify community
health problems.

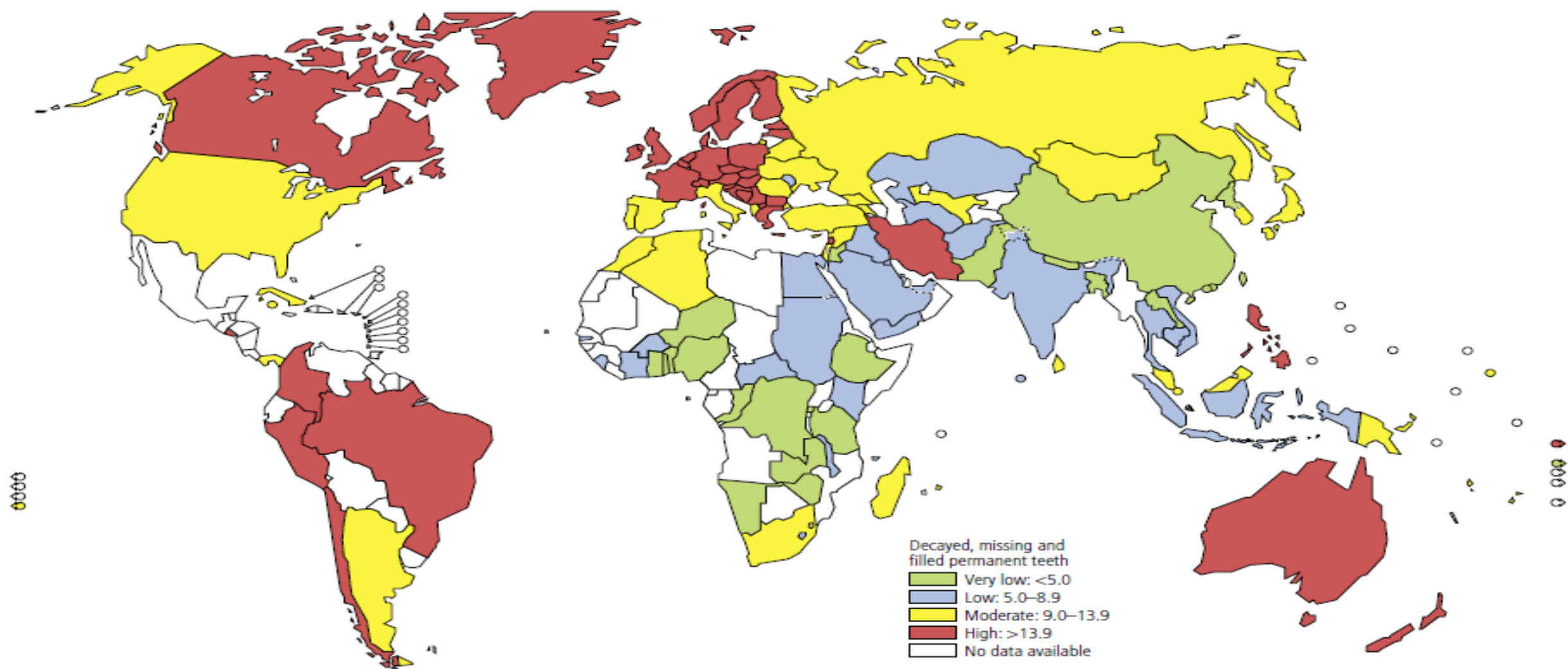
Obtain and share data that provides information on the community's oral health (e.g., prevalence of early childhood caries and dental caries, untreated caries, oral cancer rates).

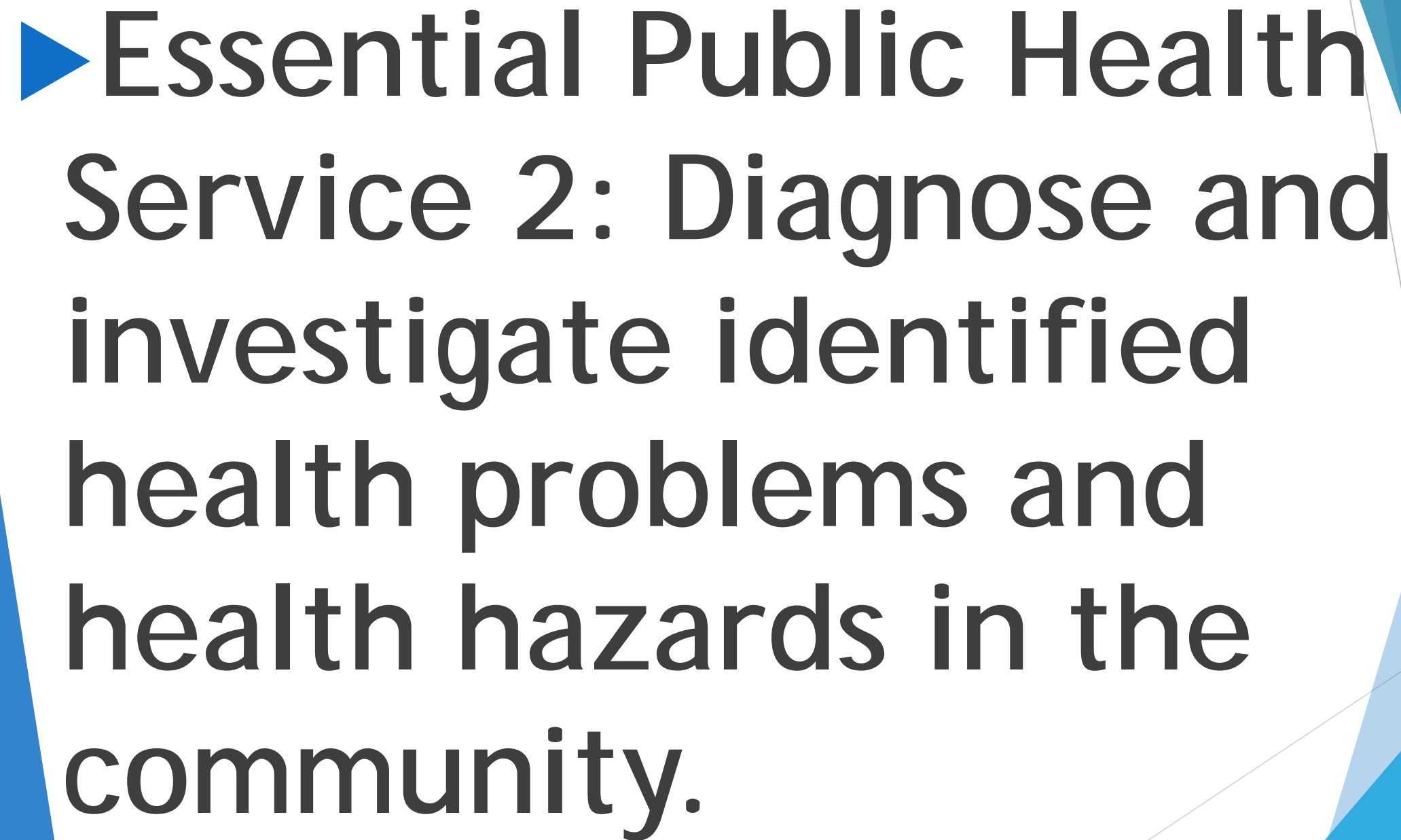
Analyze data to identify trends and population oral health risks (e.g., poverty levels, undocumented immigrants, lack of water fluoridation, adverse pregnancy outcomes, cardiovascular disease).



WHO 05.113

Fig. 3. Dental caries levels (Decayed, Missing and Filled Teeth (DMFT) index) among 35–44-year-olds worldwide, December 2004



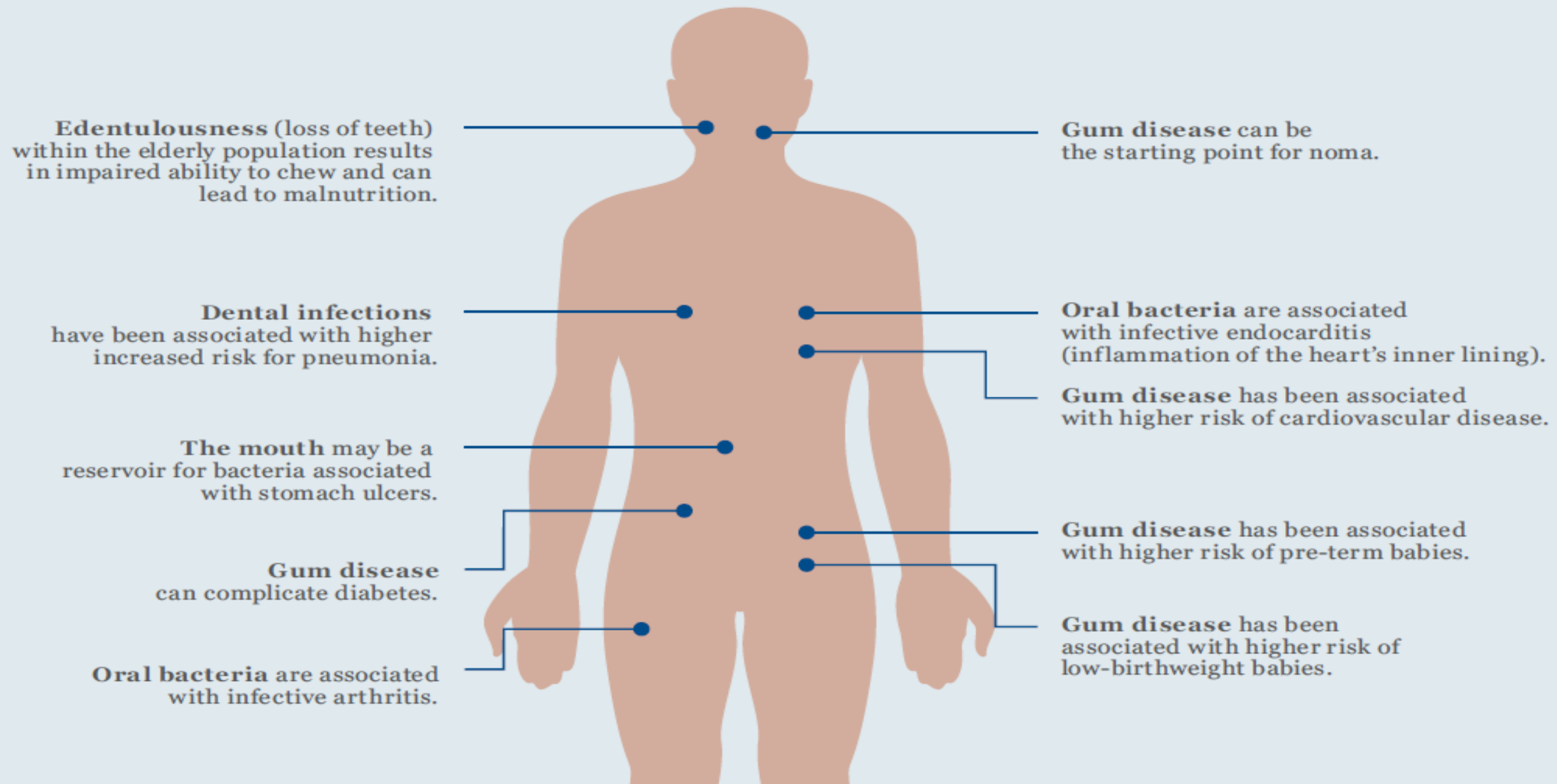
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► Essential Public Health
Service 2: Diagnose and
investigate identified
health problems and
health hazards in the
community.

Track trends and behaviors that identify emerging oral health problems (e.g., diabetes, obesity, lack of dental insurance, insufficient number of oral health professional.

Identify and advocate for changes in social and economic conditions that adversely affect the public's oral health.

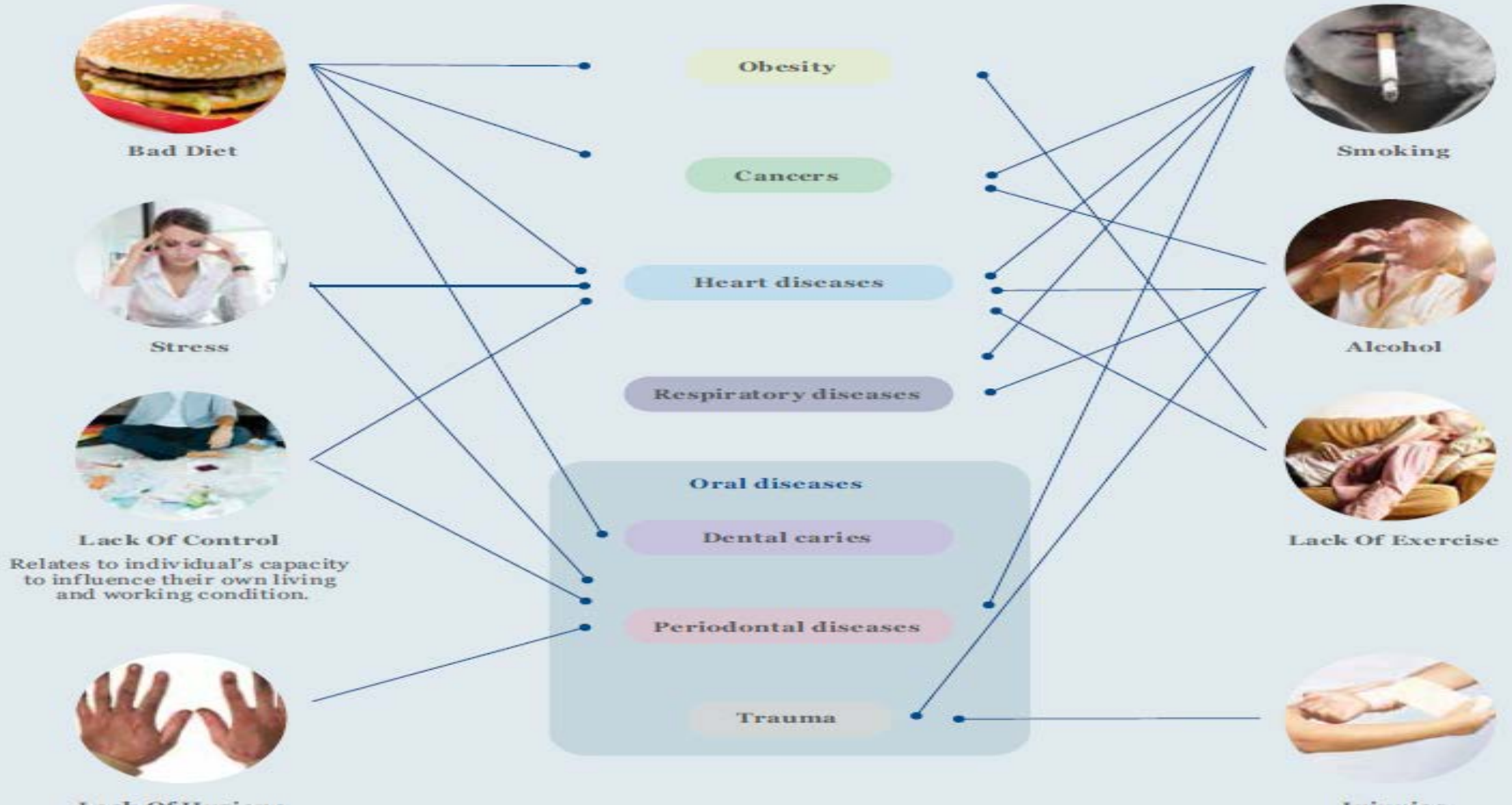
IMPACTS OF ORAL CONDITIONS ON GENERAL HEALTH

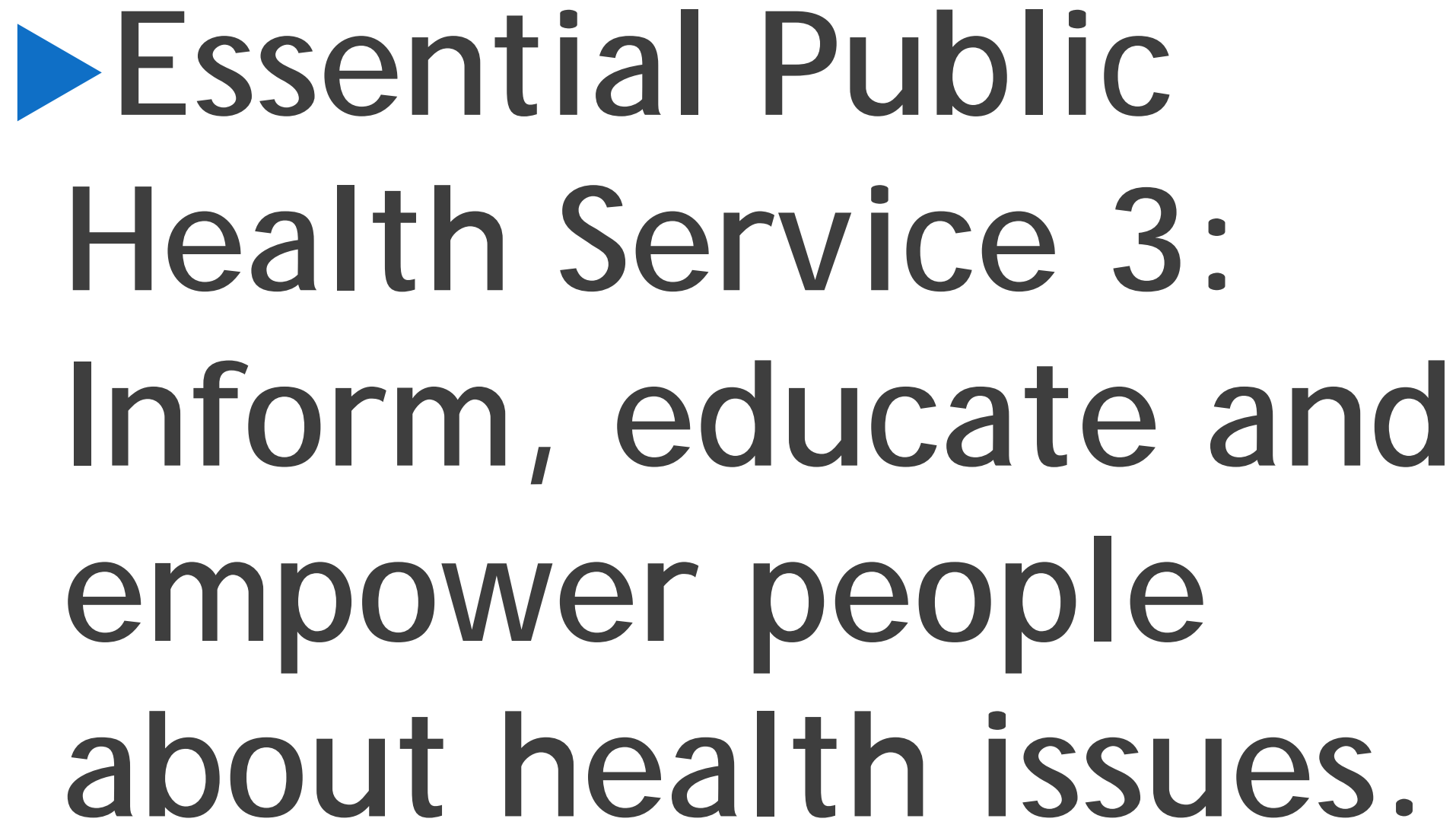


RISK FACTORS FOR IMPAIRED HEALTH

COMMON RISK FACTORS

COMMON RISK FACTORS



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► Essential Public
Health Service 3:
Inform, educate and
empower people
about health issues.

Share oral health and related information with individuals, community groups, agencies, and the general public to improve understanding of the issues affecting public health (e.g., social, economic, educational, and environmental issues).

Conduct health-promotion activities to improve the oral health status of the community (e.g., tobacco-cessation activities, oral -cancer-detection activities).

Mobilize the community to advocate for policies and activities that will improve the public's oral health (e.g., community water fluoridation policies).

Work with the media to convey information of oral health significance (e.g., relationship between diet and oral health).







► Essential Public
Health Service 4:
Mobilize community
partnerships to
identify and solve
health problems

Develop partnerships to generate interest in and support for improved community oral health status.

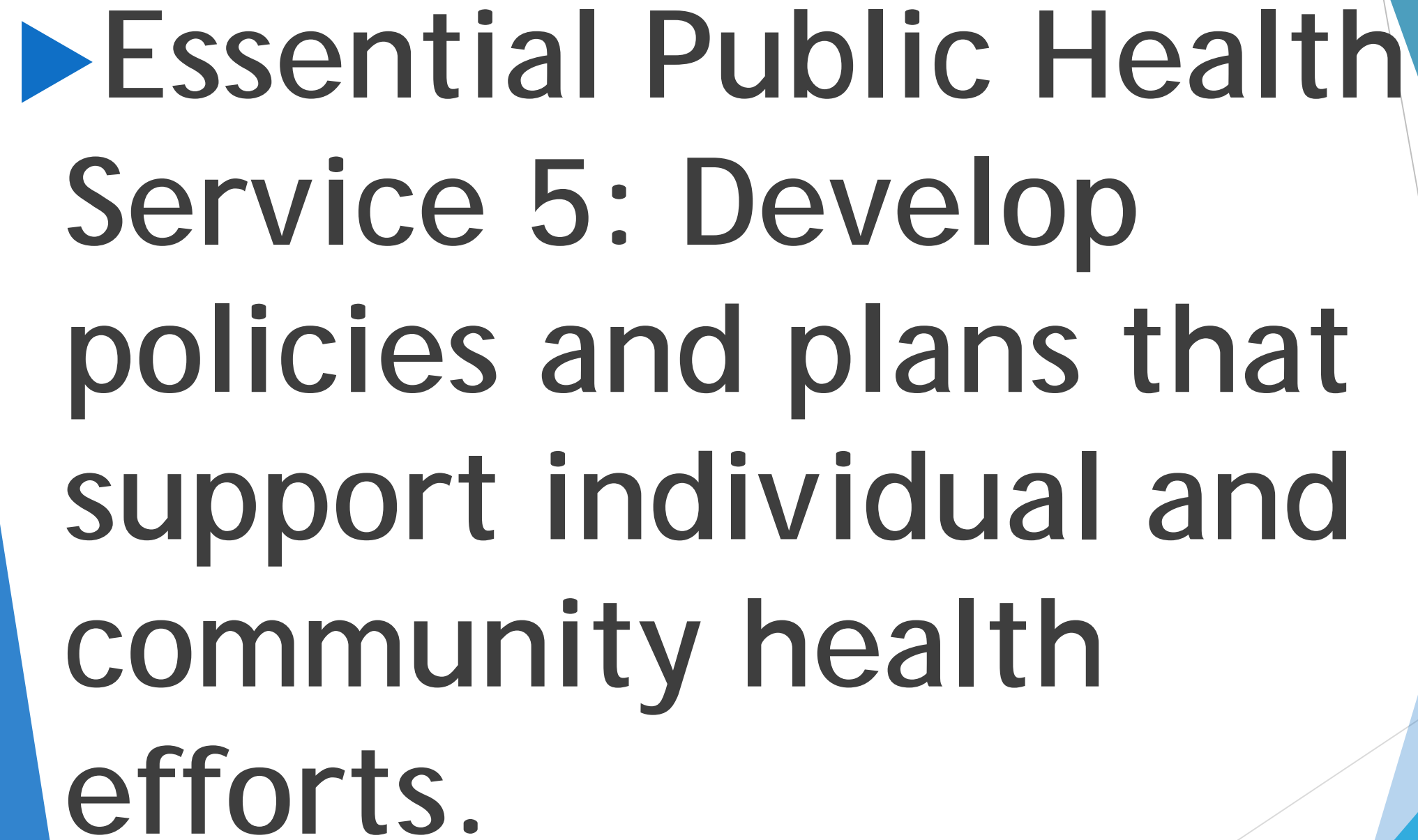
Develop advocates to support the development of community oral health programs.



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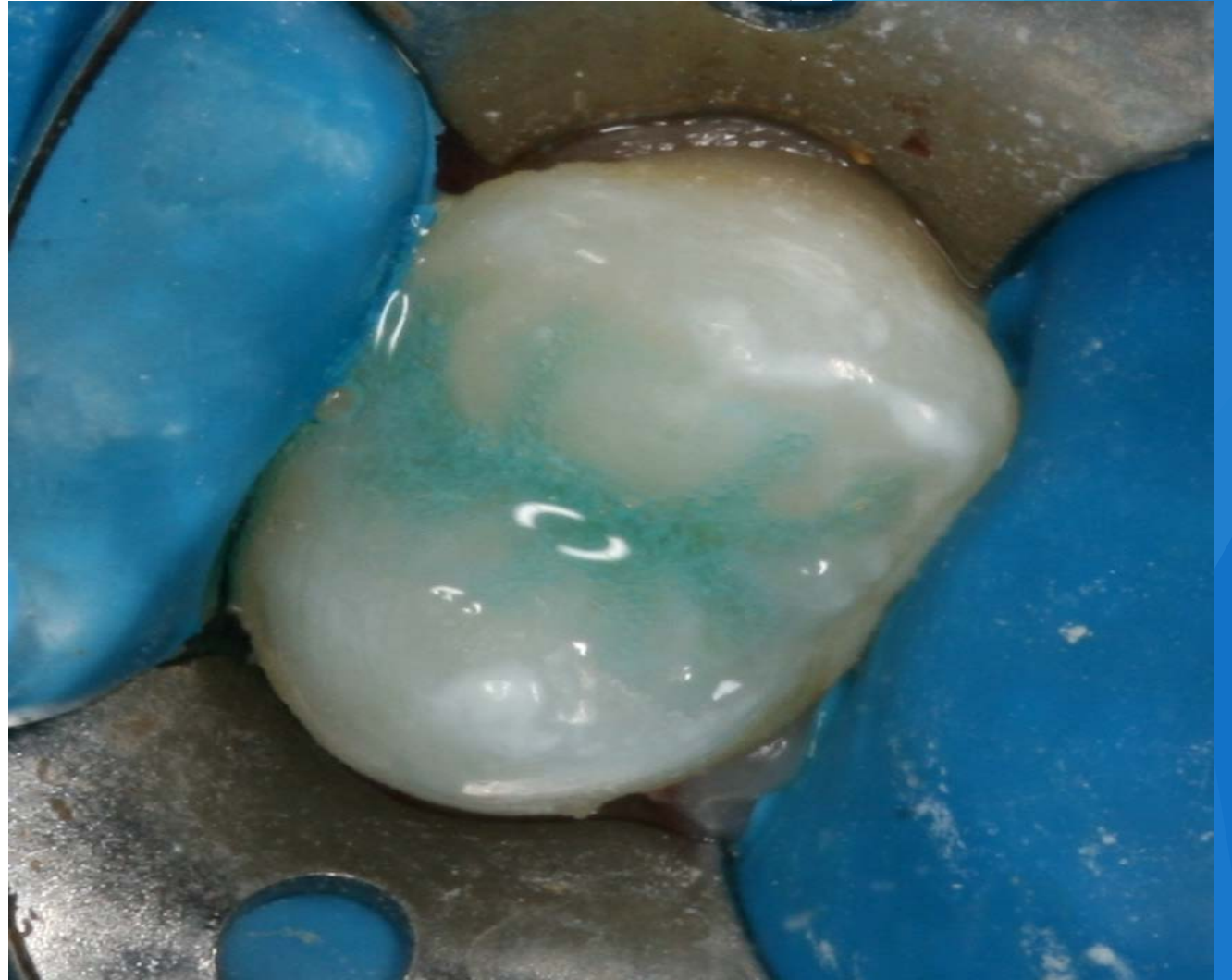
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► Essential Public Health
Service 5: Develop
policies and plans that
support individual and
community health
efforts.

Develop community oral health vision and mission statements and guiding principles that reflect the community's oral health needs.

Preventive Dentistry


FISSURE SEALANT



Preventive Dentistry

FISSURE SEALANT

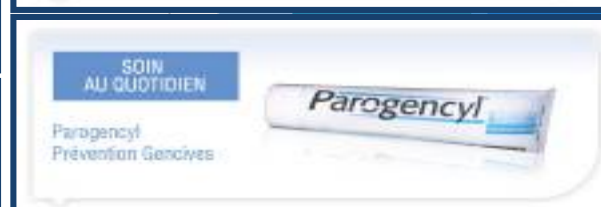
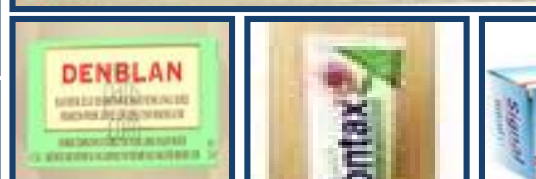
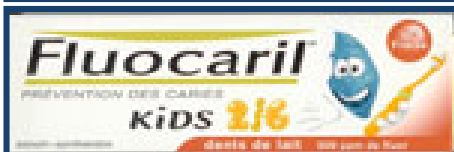




► Essential Public
Health Service 6:
Enforce laws and
regulations that
protect health and
ensure safety.

Educate policymakers on gaps in public health law, ordinances, regulations, and policies needed to protect the public's oral health (e.g., adult Medicaid oral services).

Inform and educate individuals and organizations about the purpose, meaning, and benefit of public health laws, regulations, and policies that impact oral health.

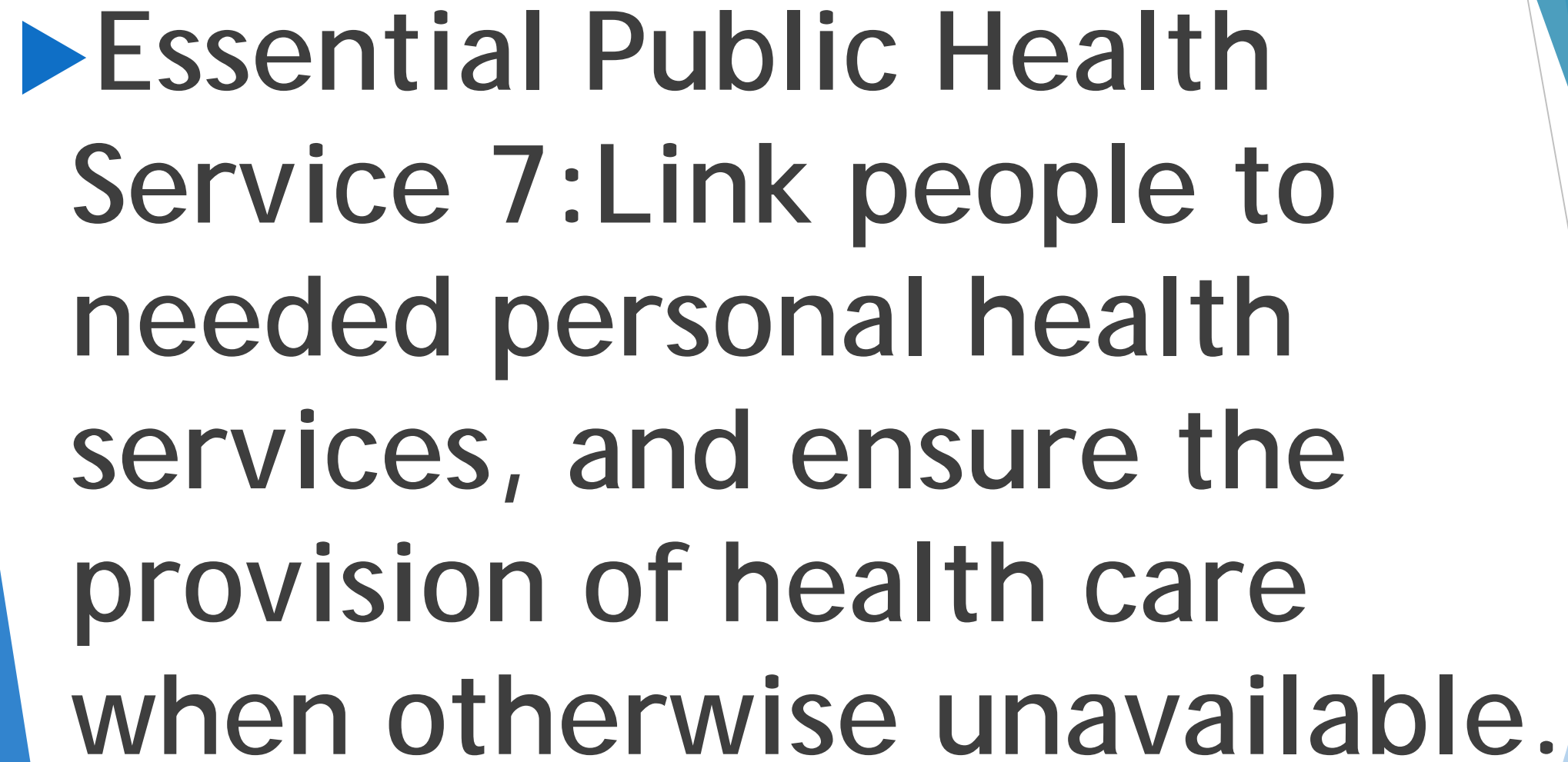




**Dentistry — Toothpastes — Requirements,
test methods and marking**

*Produits et matériel pour l'art dentaire — Dentifrice — Prescriptions,
méthodes d'essai et marquage*

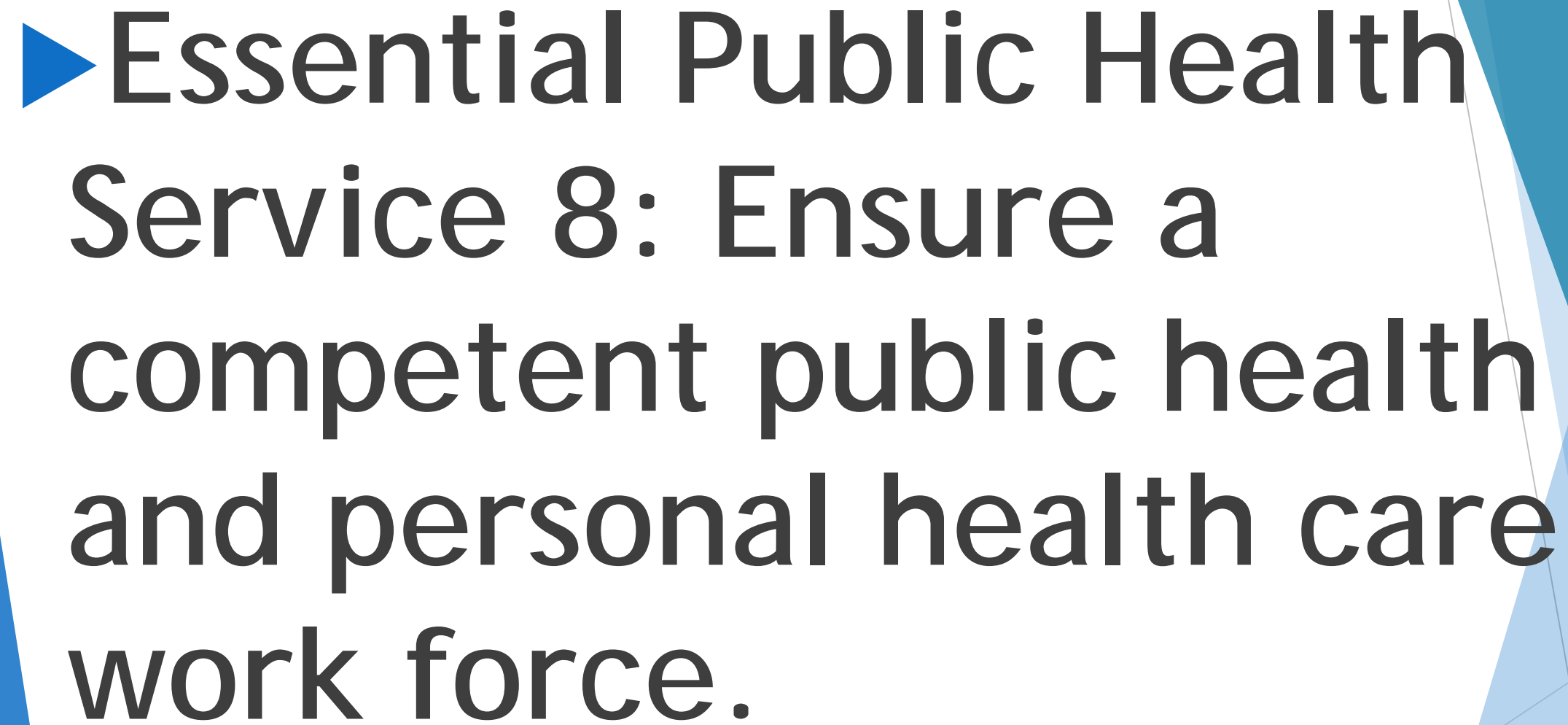


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► Essential Public Health
Service 7: Link people to
needed personal health
services, and ensure the
provision of health care
when otherwise unavailable.

Partner with the community, to establish systems and programs to meet oral health treatment needs. (e.g., for individuals with special health care needs, for families who are homeless).



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► Essential Public Health
Service 8: Ensure a
competent public health
and personal health care
work force.

Ensure appropriate presence
of community oral health
programs in the state
organizational structure and
decision-making processes.

Provide expertise in developing and implementing public health curricula through partnerships with academia (e.g., public health/dental/medical/ allied health students).

Provide educational
experience in community
oral health for the future
oral health work force.

Identify and address barriers
to the utilization of oral
health services
transportation, financial,
health literacy, language.



8.8

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8.8

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Clinical Examination



Clinical Examination





► Essential Public Health
Service 9: Assess
effectiveness,
accessibility and quality
of personal and
population – based health
services.

Review the effectiveness of oral health interventions provided by other health professionals (e.g., physicians, nurses) and agencies (e.g., head Start, maternal and child health).



Stop Caries NOW for a Cavity-Free Future

Alliance for a Cavity-Free Future Launch Agenda

12:15 – 12:20	Overview of the session	Prof. Nigel Pitts Chairman, <i>Alliance for a Cavity-Free Future</i> Director, Dental Innovation and Translation Centre, King's College, London (UK)
12:20 – 12:35	Alliance for a cavity-free future mission	Prof. Nigel Pitts Chairman, <i>Alliance for a Cavity-Free Future</i> Director, Dental Innovation and Translation Centre, King's College, London (UK)
12:35 – 12:45	Introduction to North Africa and Middle East Chapter of the ACFF	Prof. Jawad Behbehani Chairman, North Africa and Middle East Chapter - <i>Alliance for a Cavity-Free Future</i> Dean, School of Dentistry, University of Kuwait (Kuwait)
12:45 – 12:55	Caries: A chronic public health burden	Prof. Mounir Doumit Coordinator for Levant countries, North Africa and Middle East Chapter - <i>Alliance for a Cavity-Free Future</i> Honorary Dean, School of Dentistry Lebanese University (Lebanon)
12:55 – 13:05	Modern approaches to caries prevention	Prof. Ihsane Benyahya Coordinator for North Africa countries, North Africa and Middle East Chapter - <i>Alliance for a Cavity-Free Future</i> Head of Casablanca Hospital University Center (Morocco)
13:05 – 13:25	Cariology in Arab dental schools curriculum – A new look	Prof. Abdullah Al Shammery Coordinator for GCC countries, North Africa and Middle East Chapter - <i>Alliance for a Cavity-Free Future</i> Rector, Riyadh Colleges of Dentistry and Pharmacy (Saudi Arabia)
13:25 – 13:35	Signing of the Declaration to Stop Caries NOW	Facilitated by Prof. Nigel Pitts
13:35 – 13:45	Q&A	Moderated by Prof. Nigel Pitts

Lunch will be served following the Q&A

Members of the Middle East Oral Hygiene Advisory Board



Dr. Steven Morgano	Chief Executive Officer/Boston University Institute for Dental Research and Education — Dubai	Chairman
Prof. Sebastian Ciano	Distinguished Service Professor and Chairman, Department of Periodontics and Endodontics. Director, Center for Dental Studies at the State University of New York (SUNY) at Buffalo, New York	Guest International speaker
Dr. AbdulAziz Al-Suwayed	Head and Consultant, Dental Department at the Royal Clinics, Kingdom of Saudi Arabia	Board Member
Prof. Sultan AbdulAziz Al Mubarak	Senior Clinical Scientist/Consultant King Faisal Specialist Hospital & Research Center, Kingdom of Saudi Arabia	Board Member
Dr. Aisha Sultan	Head of Dubai Dental Services and Northern Emirates Services, Ministry of Health, UAE	Board Member
Dr. Dina Debaybo	Head of Pediatric Dentistry Department, Boston University Institute for Dental Research and Education - Dubai	Board Member
Dr. Khalaf F. Al Shammari	Vice-Dean for Research and Student Affairs, Kuwait University, Faculty of Dentistry	Board Member
Prof. Mounir Doumit	Professor and Dean, School of Dentistry, Lebanese University	Board Member

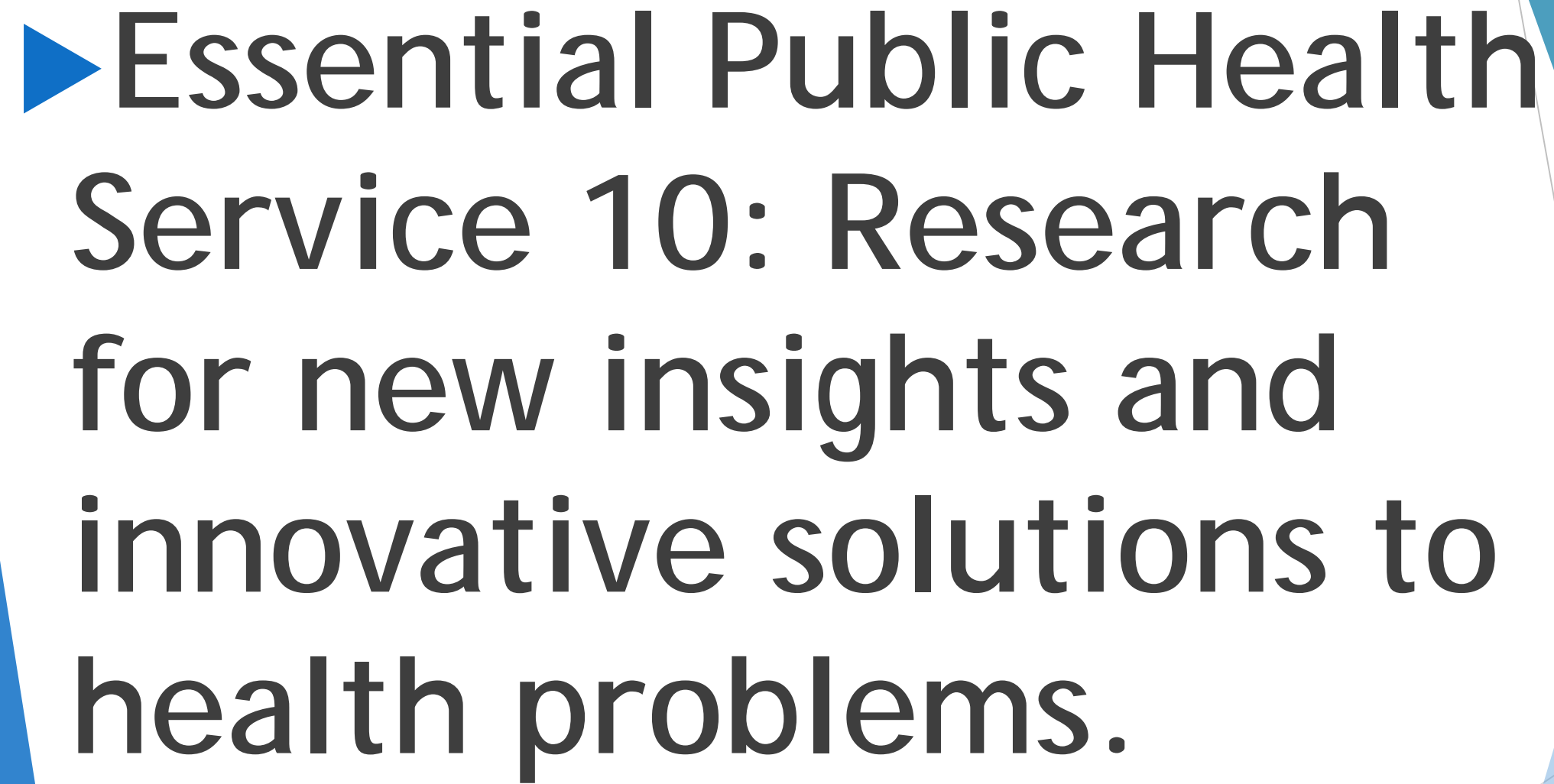


Stop Caries NOW for a Cavity-Free Future

ALLIANCE FOR A CAVITY-FREE FUTURE


North Africa and Middle East Chapter



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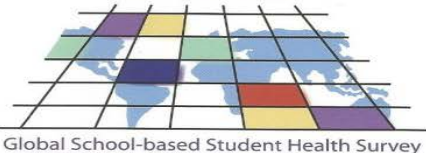
► Essential Public Health
Service 10: Research
for new insights and
innovative solutions to
health problems.

Use current data and research findings to develop evidence-based community oral health programs.

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Involve the community in developing,
conducting, and disseminating
research.

GSHS



Global School-based Student Health Survey

Lebanon, 2011 Global School-based Student Health Survey

GSHS Country Report

Finally, 71% of students had heard about HIV/AIDS, 37% stated they could protect themselves for HIV by being abstinent, and 58% stated that they knew how to tell someone they did not want to have sexual intercourse with them. Only 29% had ever talked about HIV/AIDS with a parents or guardian.

The results are presented overall, and by gender, school types (public/private) and grade level (7th, 8th, 9th). Where question wording is the same, comparisons are also made between results of 2005 and 2011, with very few significant differences noted. Results of the GSHS from Lebanon are compared with those of other Arab countries. Students in Lebanon are more protected in some areas such as teeth brushing and hand washing and parent monitoring. In all other areas, they fall within the range of Arab countries.

Recommendations are suggested for each of the health issues tackled in the GSHS. The most urgent need is for school-based curriculum to enhance mental health and control violence. More generally, it is recommended that the integrated school health curriculum be re-evaluated in light of results, and that schools in Lebanon move towards becoming health promoting schools by starting with a few pilot sites.

Thank you