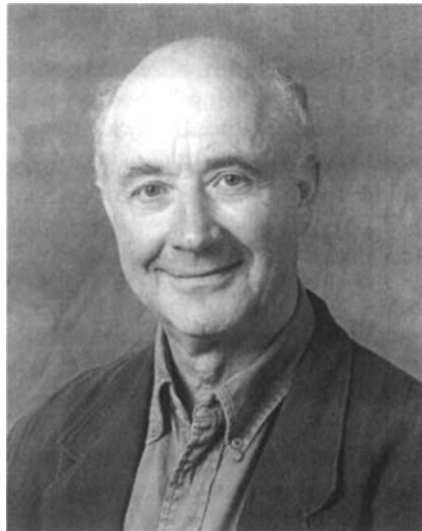


## Remarks on Receiving the 2003 AAPHD Special Merit Award for Outstanding Achievement in Community Dentistry—International

**Aubrey Sheiham, BDS, PhD, DHC**

Unlike clinicians, we “public healthers” do not receive the day-to-day personal recognition and thanks from patients. When they go home at night, they can say “That was a good day’s work, my patients are so thankful.” By contrast, we sit in offices and plan health promotion and how to make dental services more accessible and acceptable. Much of our time is spent in meetings where we get little gratitude. No warm handshakes and expressions of thanks. Our greatest satisfaction, therefore, is from our ideas being used and the approval and public recognition of achievements by colleagues. So, being selected for the Special Merit Award for Outstanding Achievement in Community Dentistry—International for 2003 gives me immense pleasure and great joy. I should like to sincerely thank those who proposed me and who decided that I deserved the honor and award.

Public health dentistry needs to



*Dr. Aubrey Sheiham*

shift direction away from charity dentistry, the residual welfare model, to a whole population strategy. We should acknowledge that the high-risk approach has severe limitations and

should be used sparingly. Modern epidemiology and prevention is oriented to explaining and quantifying the variations in personal health like the bobbing of corks on the water, while largely disregarding the stronger undercurrents that determine the distribution of where the corks end up along the shoreline of risk and the average level of the population’s health. For common dental diseases, it is not enough to influence risk factor levels in patients and high-risk persons. This will only prevent some of the total burden of disease occurrence in the population, because most cases occur among persons with relatively small elevations of risk factors. To make a large impact in terms of public health, risk factor reduction at the population level is needed, besides state-of-the-art clinical care. My small contribution to public health dentistry is to try to encourage the shift to a population approach.