

Barriers to Oral Health Care Delivery System in India

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Abstract

Among health problems, oral health problems are given less priority by the people and the government. Utilization of dental services and its barriers are important parameters in oral health care planning. Often, because of difficulties in defining and measuring the term, legislatures equate access with insurance coverage and with having enough doctors and hospitals within a given area. While access has been used by some to refer to coverage and proximity, the extent to which a population “gains access” to health care depends, instead, upon financial, organizational, and social or cultural barriers that may limit utilization.

Introduction

Regular home oral care and a yearly dental check-up are the best means for saving one's own teeth, but it appears that in spite of the information on adequate dental care provided by the dental professionals and the mass media many people fail to take these precautions. Although social factors are included in several models explaining the use made of health services or health behavior, individual factors are also emphasized presenting thorough discussion of subjective and environmental constraints regarding the adoption of ideas arising from health education. In order to take care of his or her teeth in a regular manner, a person has to introduce an “innovation” into his or her life - a new attitude to dental health. The reasons which prevent the change to the desired dental behavior are viewed as various forms of rejection of the “innovation”.¹

Barriers exist that prevent many school aged children, not all of whom are poor, from accessing dental care that cannot be overcome by traditional private practice. These barriers include the high cost of fee for service; geographical maldistribution of dentists; disinclination of many dentists to treat poor and minority children. No less significant are the social barriers that include ethnic/cultural attitudes and values, deficient education and inadequate transportation. The reasons for lack of progress are many, including federal and state budgetary constraints, wasteful expenditures on unproven programs, misidentification of the problem as a shortage or unwillingness of providers to provide care, and failure to convince the public to adopt positive oral health habits.^{2,3}

While dental disease is itself a discrete health concern, like many other chronic diseases it has broader health impacts. Poor oral health has been linked to increased risk for cardiovascular disease, diabetes, and

other chronic conditions. Among adults who have lost their natural teeth, studies have shown that there is a significant impact on nutritional intake, resulting in the consumption of little or no fresh fruit and vegetables. Poor oral health also exacerbates other underlying chronic diseases. For example, diabetic patients with periodontitis are six times more at risk for worsening glycemic control and are at increased risk for other diabetic health complications (Mealey and Rose 2008).⁴

Barriers to oral health care delivery can be divided as:

I. Barriers in Affordability

1. Inadequate Financial Coverage or High Cost

Financing dental services remains one of the most significant barriers to afford necessary oral care. For many underserved populations, financial barriers account for their failure to obtain oral health care at the primary, secondary, and tertiary level. If oral health care of all have to be taken care, rich and poor alike, then better ways to bring oral health care have to be considered.^{1,5}



Poverty the Biggest Barrier

1. Poverty- the Biggest Barrier

William Alison, Professor of Medical Jurisprudence at Edinburgh University, described the association between poverty and disease during his experience with epidemic typhus and relapsing fever in 1827, and again during the cholera epidemic of 1831. The common risk factor for most adverse health conditions was, and continues to be, poverty. These individuals and families

do not have adequate financial resources to avail themselves of appropriate dental care.^{5,6}

II. Barriers in Accessibility

1. Geographic Barriers

Even though the number of active private practitioners seems adequate, disparity in the geographic distribution of these providers remains a barrier to service because dentists are not equally accessible in all regions. In very rural areas, it often is not economically feasible to establish and maintain a private dental practice. Therefore, people who live in these areas must travel to the nearest jurisdiction where dental care is available.^{5,6}



Services Difficult To Access Due To Geography

2. Age, Gender and occupation

Age, gender, race, and ethnicity affect the prevalence of oral diseases; one must seriously consider issues of education, income, and geographic locale in describing community-based needs of the underserved and the impact of these factors on oral health needs.⁵

3. Social and Cultural Barrier

Lack of cultural understanding occurs in both rural and inner city areas, the greater availability of dentists in urban areas provides better access to other providers (Buckley 1974). Characteristics and practice behaviors of some dentists result in rural people seeking treatment only for emergency care. A dentist who does not understand a rural culture, for instance, can become a barrier to the successful delivery of oral health services in these areas.⁵

4. Lack of Clear Information for Beneficiaries about Dental Benefits

One of the consistent challenges associated with raising dental utilization rates

has been the lack of awareness among beneficiaries of the importance of oral health
III. Barriers in Sustainability

1. Workforce Barriers

The infrastructure of dentistry, the willingness of dentists to provide high quality treatment to all populations, and reimbursement mechanisms can either become barriers or enablers to oral health services. Oral healthcare delivery system is a loosely organized patchwork comprised largely of private practices serving the vast majority of residents.^{5,7}

2. Barriers Within the Dental Profession

The practice behaviors of dental professionals can have a considerable impact on the oral health of populations, and practitioners can differ greatly in their approaches to care of different populations. Dentists who do not value and practice in a

culturally competent manner and who blame patients for being noncompliant may, themselves, be barriers to improving the oral health of the people they serve.⁵

Summary

Social and economic inequality is detrimental to the health of any society, especially when the society is diverse, multicultural, overpopulated and undergoing rapid but unequal economic growth. Regular home care and yearly dental checkups are the best means of dental care. In spite of the information on oral care, many people fail to take these precautions. "Access" is a term used for a broadset of concerns that center on the degree to which individuals and groups are able to obtain needed services from the health care system. The extent to which a population "gains access" to health care depends, upon the financial, organizational,

and social or cultural barriers that may limit utilization of oral healthcare.²

References

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