

# Healthy Smiles At Your Doorsteps – Out Reach Programmes- A Review

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## Abstract

Oral health is determined by oral hygiene practices, diet and the pattern of dental visits. Bad oral health has significant social and economic results. Accessibility, affordability and availability of oral health facility have been major hurdles in addressing the oral disease burden in developing countries like India. Outreach programs offer an unique opportunity of taking oral health facility to the doorsteps of the needy for provision of some necessary preventive and restorative measures. One of the chief goals of public health dentistry is to deliver dental services to the community especially in the rural areas and to the underprivileged. The world wide prevalence of dental disease is the continuous reminder of the almost universal requisite for effective dental health education programmes.

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## Introduction

Oral health has long been recognized as a critical component of overall health and wellbeing, millions of Indians lack access to affordable dental services. The Oro-dental diseases are emerging as considerable public health problems in India.<sup>1</sup>

Dental diseases affect large number of people and cause much discomfort and pain. Their impact is therefore considerable, both to the individual and wider society. Unlike most other chronic conditions, the causes of dental diseases are well known and numerous effective preventive measures have been identified. However restorative/curative services dominate all oral health systems.<sup>2</sup>

As we enter the new utopia the complete picture can be seen against the current background of rapidly escalating cost in dental care delivery, a drastic cut back in government spending in developing countries like India and the low priority that the oral health receives.<sup>3</sup>

All the problems can be approached by reducing disparities which requires far reaching approaches that target population at high risk of specific oral disease and involves improving access to existing care.<sup>3</sup> It has been seen in various developing countries, the greatest challenge is to offer necessary oral health care in the context of primary health programs.

Alternative approach of oral health care delivery is required to meet the overwhelming need of the underserved and less privileged rural and urban population.<sup>3</sup> The challenge that survives today in many countries is to reach the whole population with sufficient health care services and to ensure their utilization.<sup>4</sup> Hence, delivering dental treatments to the unprivileged community can be through organized dental health camps mainly in the rural areas, which can be accessed through mobile dental vans. The success of dental camps depends mainly on how it fulfils the needs and expectations of the target population.<sup>5</sup>

Provisions of dental care for the underprivileged segments of the society, continues to be a subject of great interest to

dentistry and social welfare. These underserved segments can be chiselled out of the general population by factors such as age, socio-economic status, race, geographic location, and those having special needs.<sup>6</sup>

**The two main aims of outreach programs are:**

- To provide experience of treating patients in a primary care setting, to promote team working, and to develop an understanding of the wider context in which dentistry is practiced.<sup>7</sup>
- To enable students to grow an understanding of the lives and social circumstances of patients, the organization of health and social care, the delivery of dental services, health promotion and public health.<sup>7</sup>

## Principles of Outreach Programs for the Students

### 1. Professional Responsibility:<sup>8</sup>

- To make dental students admire the ethical responsibility of dental professionals for the oral health of the entire community.

### In Particular The Student Should Have

- An understanding of the changing needs and expectation of the community.
- An awareness of the dental professions wider role e.g. in health promotion emergency services and domiciliary care.
- The knowledge of links with other services within health services.
- Recognized the various ways dental services can be set up to meet population needs and admire the strengths and weakness of the different approaches.
- An understanding of the relative contributions made by the environment (physical, economical and social) and dental services to the dental welfare of the public.
- Admire the needs for the time management and settings priorities with a view of planning of patient care.
- Recognize the role of clinical governance and its implementation in the practice environment.
- Admire the significance of the team work

within the dental team.

## Need For Outreach Programs

A need for medical care breathes when an individual has an illness or disability for which there is an acceptance treatment or cure.<sup>2</sup>

About 72% of Indian population is rural who doesn't have easy access to oral health care and the challenge is real, and till now oral health is given low priority. According to National Oral Health Survey Fluoride Mapping (2002-2003), 80.2% subject experienced caries in 35-44 years old patients.<sup>9</sup> It has also been noticed that 58.1% of subjects in age group of 35-44 years old patients was suffering from periodontal diseases.<sup>9</sup> Some oral conditions like periodontal diseases may contribute to cardiovascular disease, diabetes, pre-term low birth weight and other serious systemic conditions. Poor oral health can affect the quality of life, appearance, and self-esteem and optimal functioning of a human being. Although India may be progressing economically, but its oral health status is yet far from satisfactory.<sup>10</sup>

- The need for oral health care services is increasing in rural areas, to serve the indigent people with the goal of reducing the shortage of healthcare professionals in rural population and the discrepancy in health status between rural and urban communities.<sup>8</sup> Before looking for an outreach program, oral health professionals need to have appropriate information regarding:<sup>11</sup>
- Have you determined who your users are (or should be)?
- Do you know what the best ways are to reach and serve your users?
- Have you identified any gaps in use of your program or service?

The people who need outreach services represent a different group, in terms of culture, language, race, values, education, economics or some other traits. The data can be gathered about constituents and their environments in numerous ways including conducting surveys, discussing with the focus groups and through interviews.<sup>12</sup> This information will help to

determine the essentials for programs success at places.

### Benefits of Outreach Programs

#### Benefits For Students

- Contact with real world patients and exposure to a greater variety of patients and procedures.
- The development of new skills, including time management four-handed working, workload management and team work.<sup>7</sup>
- Improved confidence and speed and improved communication skills.
- First-hand experience of health issues outside the protected environment of the dental teaching institution.<sup>7</sup>
- Contact with the other members of the health care team.

#### Benefits For Dental School

- Outreach teaching enhances links with the community.
- Provides a wider pool of patients.<sup>7</sup>
- Represents an opportunity for research.

#### Benefits For Host Organizations

- Improved staff motivation and recruitment.
- Link with an academic centre.<sup>7</sup>
- Opportunity to develop local service provision.

#### Benefits For Patients

- Improved local access to oral health services
- Accessibility and availability of low cost oral health services.
- Better awareness of oral health problems.
- Saves wasting of working hours of the patients.
- Beneficial for the underserved, medically compromised population of the society.
- Benefits for the women especially from lower strata of income.

### Limitations of Outreach Programs

#### Lack of integration and devaluation of the existing local healthcare system and its workers:

In many developing countries the healthcare system is often fragile, particularly so in rural areas. Instead of working to intensify the local healthcare system, dental NGO'S are often detached from it with attempt at integration.<sup>13</sup>

#### Access to services:

Economic downturns to result in budget cuts that diminish or eliminate programs, while families are losing jobs and dental insurance benefits that formerly covered their children's dental care.<sup>12</sup> Overburdened state budgets are forcing cuts to whole programs such as the school-based/school-linked children's dental disease prevention program.<sup>12</sup>

#### Equipment & Location Of Services:

Earlier version of portable equipment and poor mobile van design previously limited the scope of care that could realistically be provided.<sup>12</sup> Some dentists however are still apprehensive providing services in other than a stable clinical setting with complete dental operatories and support staff.<sup>12</sup>

### Financing & Reimbursement:

The bitterness of the budget allocation in India is that, out of the complete budget, the amount that is devoted to the health expenditure is very deficient, and out of this amount only a small percentage is allotted for oral health care related activities.<sup>12</sup>

### Inadequate Work Force In India:

There are has been a great imbalance in the dentist to population ratio in rural and urban localities. Presently, India has one dentist for 10.000 people in urban areas and about 2.5 lakh people in rural areas.<sup>17</sup> There are no registered dental nurses or chair side assistants and no denturists.<sup>14</sup>

By the above mentioned data skewed distribution between dentist and rural and urban population is seen, which will threaten to impair its ability to meet future demands for dental services. To decrease the cost of dental treatment, use of dental auxiliaries for providing basic preventive and curative services could be a viable solution.

### Scope & Future Trends In Outreach Programs

- \* Provision of culturally sensitive health care can be upgraded through specific courses or by appointing members of the same ethnic groups as those whose concerns are to be addressed.
- \* It is important to act to strengthen dental health policy and planning. Up-to-date oral health data are rarely available at national level.<sup>14</sup> A national oral health policy developed as a result of the processes will be both new and innovative, with the best chance of making real, sustainable improvements in the oral health of the population.<sup>14</sup> A national dental health policy must ensure there is an effective monitoring system in place so you can recognize problems as they occur and find solutions for them.
- \* A major hurdle in the success of utilization of any preventive program is lack of public sensitization.<sup>15</sup> Hence, before the start of any preventive program public should be positively sensitized regarding the benefits and feasibility of the preventive program will be successful.<sup>15</sup> This can be achieved through mass media or by neighbour o o d communication.
- \* Further, it is recommended for the future to incorporate the oral primary preventive as a "Best Fit into School" as a regular activity.<sup>15</sup> This ensures the long term carry on effect of preventive behaviour in the individuals' life.
- \* The dental education community will need to take a leadership role to ensure that graduates of current training programs as well as graduates form newly developed programs have the knowledge, skills and attitudes required to help patients overcome the complex socio-cultural and economic

barriers to care now experienced by so many.<sup>16</sup>

### Conclusion

The momentary benefits of oral health outreach programs are noticeable, the rendering of oral health care to tens of thousands of underprivileged patients in a year who would otherwise suffer without any care. The long term benefits may be somewhat less than obvious. The challenges of beginning and continuing an oral health outreach program over the long term are daunting.

However, for those ready to invest the time and effort, it is possible to achieve success in the long term with a resultant significant, positive impact on the oral hygiene care access crisis. Inherent in consideration of itself as a profession is the understanding by the component members of dentistry that it is indeed a responsibility, not simply an option, to deliver needed dental care to all citizens, especially the underserved & lower socio-economic groups.

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