

## REVIEW ARTICLE



## Approaches to improve access to dental care services

Sakshi Khemka, Sudhindra Baliga, Nilima Thosar,

Department of Pedodontics & Preventive Dentistry, Sharad Pawar Dental College, Wardha, Maharashtra, India

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### Correspondence

Dr. Nilima Thosar, M1-11, Meghdootam Apartments, Sawangi, Meghe, Wardha - 442 004, Maharashtra, India. Email: drnthosar@rediffmail.com

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### Abstract

Dental health contributes to general health, wellness as well as self-esteem and quality-of-life. Cost and fear are routinely cited as the largest barriers to care. Dental health neglect, particularly that of professional dental care is quite widespread in the entire world. The traditional office and clinic-based oral health care delivery system is failing to reach a large segment of the population particularly in the developing nations. It would be useful to understand the factors which influence the underutilization of available dental health care services. This would help in designing suitable interventions to reduce dental neglect around the world. The present review article covers similar issues and provides some innovative methods that may help in augmenting the utilization of dental care services.

### Introduction

Appropriate utilization of dental care services is still dubious in most of the developing nations. In a country like India, methods to improve the access to these services need to be thought of and implemented to bring about a change in the perception of the citizens regarding oral health. India is a diverse country comprising of populations that are not only distinct in terms of religious and cultural beliefs, but also health concerns. The prevalence of dental disease worldwide is a constant reminder of the almost universal need for effective dental health.<sup>[1]</sup> The high prevalence of oral health problems may be attributable not only to behavioral risk factors, but to barriers that prevent access to oral health care. In India, these barriers primarily include poverty and a paucity of oral health providers in the rural and tribal regions of the country.

In the past years, there has been a perceptible augmentation in the dental health care services for the Indian populace; however, these improvements are not being experienced evenly across the population. The health promotion needs special attention in the context of tribal communities of India.<sup>[2]</sup>

Large amounts of dental needs go unmet each year implying that dental services in our country are probably prioritized and rationed. Moreover, statistics clearly reflect a critical need for significant expansion and improvement of public health services. There is a need for comprehensive national educational programs to improve the oral health practice, knowledge, and

attitudes of the general population in the country as a whole. Thus, it would be beneficial if dental health aide therapists could provide cost effective, geographically accessible and sufficiently high-quality oral health care to the underserved populations. The major missing link causing this unfortunate situation in a country like India is the absence of a primary health care approach in dentistry. With the goal of improving oral health in rural India, keen focus on prevention should be recognized as a priority.

### Obstacles in Access to Dental Care in India

In order to improvise the dental care access in India, one needs to localize the barriers concerned with individual groups of population. A clear understanding of the specific issues related to access for each group and the design of programs aimed at addressing those issues when they are identified is essential for success. First, taking the rural population into consideration, a major discrepancy exists between oral health professionals and the population they serve. A poor oral healthcare seeking behavior of the people in the rural areas may be primarily attributed probably to the low socio-economic status. In addition, the oral health care services provided are relatively inadequate, and there is a lack of awareness pertaining to the existing ones. A higher likelihood of seeking preventive dental care is found to be associated with dental health knowledge. Dental health professionals are, therefore, laden with the responsibility of educating the people for the optimal utilization of the existent

dental health services. Most of them live in remote, locations at a great distance from any oral health service centers which makes geographical accessibility of high-quality oral health care quite difficult.

Another disadvantaged group is the tribes, who usually inhabit the isolated villages or hamlets in the under-developed areas of the country. The tribes have major nutrition and medico-genetic problems that present a formidable challenge to the general, as well as dental health. Moreover, there are no communication facilities available between the various isolated tribal groups.

The picture in the rural areas is almost similar when dental health care seeking behavior is taken into account. The high cost of treatment and limited self-reporting tendency may influence access to treatment. Another imperative group that needs particular attention is the pediatric age group. Targeting children and adolescents can be quite beneficial in improving the dental health scenario in India.

### **Fact Sheet – Is There Unavailability or Under Utilization of Dental Services in India?**

There is a workforce of approximately 1,18,000 qualified dentists in the country at present, but the most basic oral health education and simple interventions are also not available to the vast majority of the population.<sup>[3]</sup> According to 2011 census, around 68.84% of Indian people live in rural areas.<sup>[4]</sup> The dentist to population ratio in India clearly indicates that there is a major rural and urban divide in the availability of dentists in India. This ratio is 1: 10,000 in urban areas and 1: 250,000 in rural areas. Hence, there is an urgent need to improve the access to dental care for the Indian population especially those belonging to the underserved parts of the country.

Methods to improve access to dental care: Conceptualizing the difficulties people experience when accessing dental care. It is our responsibility to make the timely use of personal health services possible to achieve the best health outcome. There are several ways that can help to improve the access to dental care in our country.

1. Proper referrals from medical professionals: For every common man, general health is a priority when weighed against dental health. Dental diseases are usually considered non-life threatening which leads to the conception of a sheer ignorance. Increasing the number of referrals from the medicos can help in improving the present scenario. Informative sessions for medical personnel can be beneficial in this context. They can be imparted knowledge regarding basic oral health problems so that they can make appropriate referrals. Anticipatory guidance forms the basis for quality dental care for children and adolescents. This timely intervention helps in precluding the most potential dental threats during advancing years of life. Qualified pediatricians could play a crucial role in encouraging the parents to actively go in for regular dental consultations for their children. Coordinated care with the pediatricians and the obstetricians

enable the dentists to plan and to adequately counsel the parents regarding the expecting mother's or infant's oral health. Catching hold of the dental disease such as dental caries in its formative years can reduce the economic load in future. Programs similar to Christina's Smile and Give a Kid a Smile if put into action in India could provide free dental care to children in need. Such programs are delivering quality comprehensive charitable dental care to children in the impoverished communities of America since 25 years. Children requiring dental treatment are identified through social and community service organizations, who receive comprehensive, "most needed" dental treatment at no charge. Children may also be referred to community organizations for follow-up care, and numerous volunteer dentists invite children to their private practices to complete necessary dentistry at no charge. These programs are committed to eliminate the silent epidemic of dental disease for millions of children across the country.

2. Compulsory rural postings or internships for the dental students: The need for dental treatment in rural setup with compulsory postings of 3 months has been the top agenda in the last few years which is backed by the Ministry of Health and Family Affairs. In addition to this there is a need for the colleges to coordinate with the primary health centers for catering to patients who are underprivileged and needy. Most dentists and other health professionals prefer urban or capital areas as their workplaces, and a less value is placed on the rural areas. This leads to under availability of skilled manpower in rural and remote areas that presents a challenging problem. The Dental Council of India had initiated steps to reintroduce internship recently in 2011 and also to make 3 months of rural posting compulsory. A study was recently conducted to know the willingness of dental interns from Haryana to serve rural population and factors associated with their decision. A total of 504 participant interns were questioned, and the attitudes of the dental students towards practicing in rural areas were found to be good.<sup>[5]</sup> Living and working conditions also need to be improved in rural settings. Moreover, extra incentives for those serving in rural areas might help in attracting young dentists to opt for these places, thereby helping to balance the biased urban-rural skew.
3. Teledentistry: The Indian perspective: There has been an enormous development in the world of telecommunication in the past few years. Internet is now a fascinating way of mass or personal communication. Teledentistry is defined as "The practice of using video-conferencing technologies to diagnose and provide advice about treatment over a distance."<sup>[6]</sup> Dental health professionals can make use of this to educate and create awareness among the general population. It can also serve as a valuable tool to provide to provide health care services to rural or remote communities and other underserved patients. It could provide a new clinical dimension to the new patient-doctor relationship. Teleconsultation could be direct (between the patient and the expert) or indirect (between the patient's medical doctor/

general practitioner and the expert). The main categories of teledentistry that can be considered are:

- The web-based self-instruction educational system in which already stored data that can be accessed by the patient for his/her understanding and queries if any. However, it lacks the advantages of personal interaction with the doctor and moreover this information could be adversely utilized for the purpose of malpractice.
- Interactive video conferencing includes both, live interactive and supportive information. The advantage of this is that the user can receive immediate feedback and can send pictures of the oral cavity if any visible pathology is there.
- Dental chat rooms are available through numerous dental organizations and study clubs, as well as through individual practitioners, who exchange information on a variety of topics.<sup>[7]</sup>

The teenagers of our country need to be given special consideration when dental health education is taken into account. This is a group that is increasingly getting indulged in hazardous oral habits which may be due to peer pressure or stressful environments. Their general and oral health is of prime concern for the betterment of the society. Information regarding management of sport injuries can be provided at the school or college levels. They can be taught to handle some common mishaps like tooth avulsion before reporting to a dentist. They can be provided an insight about the esthetic dentistry and its fascinations. This group should be acquainted with the consequences of perilous oral habits and poor oral hygiene. Since his group is actively involved in the internet and other means of telecommunication, it could be a suitable means in improving the access to dental health education and care for them. Government should take the initiative to highlight the importance and benefits of teledentistry in the society by providing infrastructure and basic facility by diverting some of the responsibility of higher institutions and centers located all around the states<sup>[8]</sup>

4. Dental health in tribal children: Concern on the horizon: According to the 2001 census, tribal people constitute 8.3% of the nation's total population.<sup>[9]</sup> Tribes are ignorant of the intricate nature of the disease, and the treatment of disease is primarily based on the indigenous sources. A key public health challenge is to determine the health needs of such deprived populations using approaches that appropriately reflect their conditions and concerns while respecting their culture and identity.<sup>[10]</sup> There may be number of factors contributing to large unmet treatment needs among this community, of which lack of access to dental health care services at affordable costs is a major one. The ADA has recently established a new full-time position within the Association for an employee who would help coordinate the placement of dentists in Indian Health Service and tribal programs. A policy approach to improve the oral health of the tribe would be a policy which allows licensed hygienists to practice as dental therapists. The licensed dental hygienists

with advanced training can serve as dental therapists. It is likely that dental hygienists could be a principal component of the solution to the poor oral health status of these people. There can be a provision of dentists being posted in the tribal areas for some duration as a part of the internship program. The interns can convey the oral health care needs to the specialists via telecommunication which could provide immediate outcomes. Scheduling of visits by the postgraduate doctors in geographically isolated areas of the country could be done by the government. These specialized doctors could be paid additionally for any operational research works in various tribal habitations. Mobile dental vans providing high-quality preventive services (comprehensive examinations, digital x-rays, fluorides, varnishes, sealants and oral hygiene instructions), and dental education to children can be of great advantage.

5. Dental homes: By definition, dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health being delivered continuously in a family-centered way.<sup>[11]</sup> Inculcating good oral habits in a child patient can go a long way in preventing the occurrence of oral diseases during the later years of life. This can also help to decelerate the severity and treatment cost of the dental conditions. In addition, the child will be better able to appreciate the importance of a healthy mouth and its relation to the general health. Hence, the first dental visit should be around the age of 1-year. Dental home also serves as a locus for preventive oral health supervision and emergency care and can also serve as a repository for records.<sup>[12]</sup> The concept of the dental home is quite well established in the developed countries, but strategies should be developed to implement it well in India. The three level strategy consists of utilizing existing networks of health care delivery systems in India such as the Integrated Child Development Services Scheme and National Rural Health Mission and may include screening, information regarding basics of dental disease developmental processes and their early active intervention which may help us mitigate the scourge of dental diseases for a large extent in the Indian context. The rural should be provided knowledge about the advantages of seeking dental help in early ages of life. The villages and towns can be divided into areas that have their own dental homes, which will provide the basic oral health facilities at much more economic rates than private services.
6. Free dental aid for people in private services: One of the most significant impacts of globalization over the Indian employment pattern is the entry of multinational companies. The youth are being increasingly fascinated to work with these companies. An important step towards improving access to dental care could be targeting these service class people. The employees could be provided with dental cards with 3 monthly or 6 monthly scheduled dental appointments. This could be made mandatory if the state government in conjunction with the private authorities works it out. Free dental consultation could be provided for the employee's

children so that they can further be referred to specialists. Certain extra benefits can sometimes be provided to the highly competitive staff members such as dental treatment concessions and for other healthcare services that are not usually covered in standard healthcare plans. These added benefits can actually be viewed as perks or rewards for service to the company.

7. Dental insurance: Like other health insurances dental insurance could also be beneficial in expanding the dental health services in India. Insurances will help every individual from the society to go through minimal essential dental treatments at an affordable cost. This will benefit people, and they would happily pay the insurance premiums. However, in India, it is still in its nascent stage with very few insurance companies providing the service that too for the conditions that require hospitalizations. Dental insurance in India is mostly clubbed with health insurance and available under the general health insurance plans. Dental insurance companies of the country could join hands with the multinational companies to improve the access to dental care of their employees. The plans usually cover basic dental treatments for the patients. However, the Indian Dental Association is working on a standalone dental health insurance policy that includes all types of dental treatments and can be expected to be available soon for the people. Dental insurance for individuals meeting with road traffic accidents or sport injuries should be made available. Another special section of the society is the geriatric population who usually require prosthodontic care. If the provision for prosthodontic treatment or implant placement is covered under this, it will be given the much-needed help to the middle-class elderly patients. The dental insurance companies typically do not pay for purely cosmetic procedures, but if a fixed part of the total cost is covered under the plan, this could be beneficial for the underserved population, who otherwise will not undergo such treatments usually. In addition expectant mothers could be provided with cards such as "Dentacards" that enable them to undergo 3 monthly subsidized regular dental checkup or treatment.

## Conclusion

We as dental experts should seek for innovative solutions on issues affecting the dental health of our country by providing quality, comprehensive, patient-focused health care in a

culturally-sensitive manner while eliminating disparities and barriers to dental health. These measures discussed can help design a framework for appropriately expanding and improving access to care (dental services) in India. It's time to redefine our profession as a unified one, through initiatives in advocacy, education, research, and the development of standards.

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