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Location of Project : Jan Swasthya Sahayog, Ganiyari, Dist. - Bilaspur, State – Chhattisgarh

Concept Note/ Proposed Plan:

HUMAN RESOURCE DEVELOPMENT

(ORAL HEALTHCARE)

Creating - Community Oral Health Workforce (COHW) Model

Rationale

Dental caries is most common experience of all ages, while Oral cancer is the major killer with people habitual of some form of faulty oral habits. Poor oral hygiene, faulty oral habits and oral malformation has proven to be the root-cause of several systemic illness and death at some occasions. Also several systemic conditions are reflected into the oral cavity. Thus oral health forms the integral part of general health and cannot be kept in isolation from the health policy and planning. There is a need to bring national attention to a basic need in the Indian healthcare system to identify individuals with acute as well as chronic oral healthcare needs and ensure that they obtain timely and necessary treatment.

The public infrastructure for oral health is not sufficient to meet the needs of disadvantaged groups and private facilities are disproportionately available depending upon socioeconomic factors within the population. The oral health of low-income, underserved populations including millions of low-income children is at stake because of the extensive disparities in their oral and general healthcare.

An aging population, differentials existing between urban and rural service provision, geographic isolation of populations in rural areas, and the difficulties facing children and adults with disabilities in accessing oral healthcare are placing further pressures and demands upon our nation's oral healthcare system. With huge disparity in spread and distribution of oral health services within the nation, states, cities and villages; the demand for oral healthcare needs to move beyond the traditional model of services.

Economic factors hugely impact access to oral healthcare. Oral health insurance merely exists. Government programs other than CGHS and ESIC, does not cater to oral healthcare needs of huge population which suffer from acute as well as chronic oral ill health.

Early Periodic Screening, Early Diagnostic and Prevention are hardly given any priority by users as well as providers of oral healthcare.

In recent past India has witnessed a huge swell in number of qualified dental graduates being poured out of few of the government colleges and plenty of the private colleges. Still the huge shortage exists in rural and remote areas however in cities few pockets are becoming crowded with private dental operatories. The infrastructure and manpower for oral healthcare is lacking in the public sector in both rural and urban areas.

With an intervention by developing a team of committed middle level workers (similar in capacity of ASHA) who would come from the native community and shall be trained by experts in oral healthcare and having knowledge and experience in public health can be seen as an approach in the direction to achieve oral health for all.

PLAN OF ACTION

Phase 1: Situation Analysis: field situation

- a. Objectives:
 1. To study the current status of oral health of the community (knowledge, attitudes and practices in relation to oral healthcare)
 2. Mapping the oral healthcare services in and around the community
 3. To assess shortcomings in access, service provision, government policy and the availability of oral health workforce

Phase 2: Intervention Design

- a. Objectives:
 1. To analyse various models of middle level oral health workforce
 2. To design a training module for community oral healthcare workforce (COHW) model specifically suitable for the available community setting to fill the vacuum where there is no/ less oral healthcare provider (in consultation with local community leaders, stakeholders, public health experts, oral healthcare academicians, oral healthcare clinical experts)

Phase 3: Intervention Plan/Method:

1. To train the COHW as per the designed module

Phase 4: Intervention:

1. To intervene in the community oral healthcare problems through the agency of trained COHW

Phase 5: Evaluation of intervention:

1. To study and evaluate the impact of the training on COHW and on community (changes in knowledge, attitudes and practices in relation to oral healthcare)

I wish to describe the model and stages of development of COHW with an ultimate aim to propose to and offer assistance to the policy makers in health and dental education community in preparing for the evolution of this kind of new oral healthcare providers in the mission to achieve “**Oral Health for All**”.