



A REVIEW ON ORAL HEALTH CARE DELIVERY SYSTEMS IN INDIA

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ABSTRACT

Health is the level of functional or metabolic efficiency of a living organism. WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. As we know that social, political, environmental & prevalent morbidity as well as mortality factors play great impact on the health care delivery system of any country since it influences development and establishment of health care system. So health system should be organized in such a way that it meets the need of entire population and for which primary health care is best way to provide health services to the community. Attempts should be made to improve the quality of life of the population through education, services and through promotion of healthy policies. In order to improve a system within a country, it is important to gain knowledge from systems internationally.

Key words: Health Care System, Health Sectors, Components of Delivery System etc.

INTRODUCTION

Health is the level of functional or metabolic efficiency of a living organism. WHO defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Oral health is a state of being free from chronic mouth and facial pain, oral throat cancer, oral sores, birth defects, periodontal disease, tooth decay, tooth loss and other diseases or disorders that affect the oral cavity. Risk factors for oral diseases include unhealthy diet, tobacco use, harmful alcohol use, and poor oral hygiene. As we know that social, political, environmental & prevalent morbidity as well as mortality factors play great impact on the health care delivery system of any country since it influences development and establishment of health care system. So health system should be organized in such a way that it meets the need of entire population and for which primary health care is best way to provide health services to the community [1-2].

Objectives of Oral Health Systems:

1. To treat existing oral diseases.

2. To find new methods of preventing oral diseases.
3. Improving use of new approaches in eliminating the oral diseases through use of existing therapies [3].

Health Care Systems in India:

It is represented by 5 major sectors:

(A) Public Health Sector

- Primary Health Care: Village level, primary health centers.
- Hospital/Health Centers: Community health centers, rural hospitals.
- Health Insurance Schemes: Employee's state insurance scheme, central government health scheme.

(B) Private Sector

- Private hospitals, nursing homes, dispensaries and clinics.

(C) Indigenous Systems of Medicine

- Ayurveda, Unani, Homeopathy.

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D) Voluntary Health Agencies

E) National Health Programs

In 1977, rural health scheme was launched with the purpose of awareness among people and improving personal health standard in them. The government evolved a national health policy based on primary health care approach which focused on idea that the health care must penetrate into the far reach of every rural areas.

Focus was given to safe water supply, basic sanitation, prevention and control of locally endemic diseases, collection and reporting of vital statistics to provide better health care to everyone.

Different schemes and policies were also introduced to uplift the health level among common people like employees state insurance scheme which provided medical care in cash and benefited in the contingency. Other was the central government health scheme which provided comprehensive medical care including supply of optical and dental aids at reasonable rates.

There are different private and volunteer groups working in the process of providing health care to individual. These groups are non-government aided and work on their own private funds. Such groups include private hospitals, nursing homes, dispensaries, Indian Red Crosses Society, Indian Council for Child Welfare etc [4-6].

Different Components for Deliver System:

The different components for oral health care delivery system include:

1. Personal System: It includes personal training and education of the health care renderer who will in future render the health care to different people. e.g. If technician is not technically educated than it may lead to hampered health of patient and in turn leading to deteriorated community health.

2. System/Location: It includes places where individual can get health care. It can either be a government, private or volunteered organization. Patient enters the system by meeting requirements and overcoming different barriers. Providers and facilities influence the patient via transactions between the patient, oral health care professionals, third parties and social processes. Oral health promotion activities like diet counseling can be given based on the cultural practices e.g. a person can get oral health care delivered to him in government or private colleges/clinics or places where the facility of mobile dental van is available and not elsewhere.

3. Financing and Reimbursement: It influences the

structure and process of health care. It reflects how money gets into the system and the type of facilities an individual can afford. The growing awareness of oral health as a part of general health is also reflected in strategic planning for financing dental organization. There are many dental plans and programs for providing dental health care e.g. Stand Alone Dental Insurance Plan, Indian Health Service Dental Program, etc.

4. Function: It includes different policies and plans developed by the government to uplift the health of an individual. Different programs were introduced by the government for urban and rural population e.g. Oral health program, preventive and curative service programs. A dentist was also posted with sufficient dental equipments to provide oral health care at small scale.

5. Target/Populations: It is always important because resources will reach to those who are at the risk for development of disease or in the dire need of those resources. National oral health policy gave special emphasis to school children, nursing mothers etc. Stress was given on use of auxiliaries, community participation and dental health education [7, 8].

Present Status in India:

The status of oral health care system in India has not yet received due importance. During past 60 years of independence, medical sciences have made tremendous progress in combating most of the communicable & non-communicable diseases. Despite that it has been proved that oral health has a direct effect on the general health, still oral health care has been neglected. This is evident from the increased prevalence of dental diseases in recent years [9].

Remedial Package [10]:

- a) Training of trainer
- b) Oral health care education
- c) Dietary counseling

CONCLUSION

Even though India has created one of the largest health care delivery systems in the world, people of country still suffer from a multitude of preventable and treatable general and oral health problems. Opportunities exists to integrate oral health care with general health care but weak political will, less patient awareness and economic factors restricts this noble idea. Attempts should be made to improve the quality of life of the population through education, services and through promotion of healthy policies. In order to improve a system within a country, it is important to gain knowledge from systems internationally.

REFERENCES

1. Park K. Text book of preventive and social medicine. Banarsidas Bhanot publishers. 2012, 21st edition, 827 - 52.
2. Burt and Eklund. Dentistry, Dental Practice and Community. Elsevier publications. 2005, 6th edition, 128 - 37.

3. Everybodys business. Strengthening health systems to improve health outcomes, WHO's framework for action. WHO. 2007.
4. Sherry A. Health Care Financing, Efficiency, and Equity. National Bureau of Economic Research. March 2008.
5. How Private Insurance Works, A Primer by Gary Claxton, Institution for Health Care Research and Policy, Georgetown University, on behalf of the Henry J. Kaiser Family Foundation
6. Bloom G. Markets, Information Asymmetry and Health Care, Towards New Social Contracts. *Social Science and Medicine*, 66(10), 2076 – 87.
7. Von Otter C. Implementing Planned Markets in Health Care, Balancing Social and Economic Responsibility. Buckingham, Open University Press, 1995.
8. Kolehamainen-Aiken RL. Decentralization and human resources, implications and impact. *Human Resources for Health Development*. 2(1), 1997, 1–14.
9. Lucas H. Information and Communications Technology for Future Health Systems in Developing Countries. *Social Science and Medicine*, 66(10), 2000, 2122–32.
10. Turnock B. A conceptual framework to measure performance of the public health system. *American Journal of Public Health*. 91(8), 2001, 1235–39.