

Blue print- Oral Health Care policy framework

EDITORIAL

Dear Colleagues,

Warm wishes from the Editorial Board. Our team is completing one year in the office of IJRIDJournal. My retrospect memory takes me back and at the same time on behalf of my editorial board I would like to thank all my reviewers and readers.

In this editorial of this journal. I have discussed about Oral Health Care Delivery in India. OralHealth care should be made accessible, affordable and equitable across regions, age, and sex and socio economic condition to all. It is recognized that vast differences exist in urban and rural areas for availability of oral health care and it was necessary to bridge the gap. Several measures can be taken to improve oral health care delivery to the masses like-

Health infrastructure and manpower planning is required for meeting the oral health care needs of the population. Towards reaching this goal, oral disease burden should be known. Hence oral health surveillance at periodic intervals of 5 years is important and should be emphasized

Under National Rural Health mission (NRHM), all accredited Social Health activists (ASHA workers) and Health Care Workers at all levels should be trained in oral prevention, early detection and referral at community level. Each Dental College should adapt 1-5 villages or urban slums in their district for oral health care.

Public private partnership must be established to meet oral health goals. Professional organizations like dental and speciality associations, various concerned institutions, nongovernmental organizations (NGOs) and industries can be involved to supplement government programmes on oral health

Proper dental and para dental man power with specific assigned duties at PHC, CHC, and subdistrict level should be employed. The infrastructure and its maintenance and regular supply of consumables must be made available, under the charge of district level dental/medical officer.

School teachers should be trained to cover the vast population of children and adolescents at schools.

At college and University level, Oral health awareness generation can be conducted through National Social Service.

Above are all the steps to collaborate as much information as possible to create a marked difference in dentistry and its ancillary fields.

BIBLIOGRAPHY:

1. Curnow MMT, Pine CM, Burnside G, Nicholson JA, Chesters RK, Huntington E. A randomized controlled trial of the efficacy of supervised tooth brushing in high caries risk children. *Caries Res* 2002 36:294-300
2. Kwan SYL, Peterson PE, Pine CM, Borutta A. Health-promoting schools: An opportunity for oral health promotion. *Bull WHO* 2005; 83:677-685
3. Shah N. Oral and Dental Diseases : Causes, prevention and treatment strategies. Burden of Disease in India 2005. National Commission on Macroeconomics and Health, Ministry of Health & Family Welfare, Government of India

EDITOR IN CHIEF

DR. RAVINDRA S.V.
PRINCIPAL
MNR DENTAL COLLEGE AND HOSPITAL
SANGAREDDY