



Introduction to Oral Health

For MO





ORAL HEALTH (WHO, 2012)



State of being **free from**

Mouth and facial pain

Oral and throat cancer

Oral infection and sores

Periodontal diseases

Tooth decay and loss

Other diseases

that **limit an individual capacity** in biting, chewing, smiling, speaking, and psychosocial well-being.

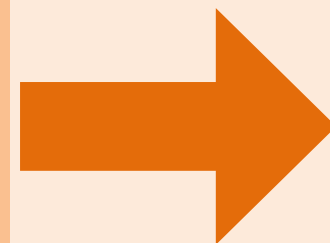


ORAL HEALTH (WHO, 2012)



CONSEQUENCES OF POOR ORAL HEALTH

- Deteriorate individual's health and wellbeing
- Decrease economic productivity
- Significant risk factor for other systemic ailments



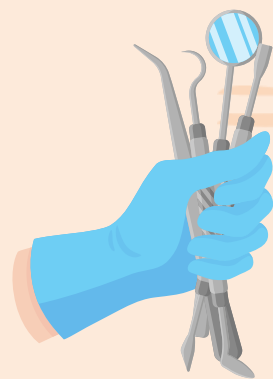
- Personal level
- Population level
- Health Systems level





CAUSES

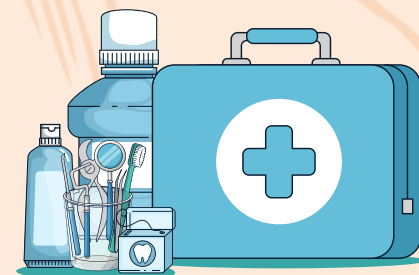
- Limited access to oral health care services at the primary care level
- Huge unmet need
- CHC/DH- Comprehensive oral health care unavailable due to inadequate



Instruments



Equipments



Dental Material



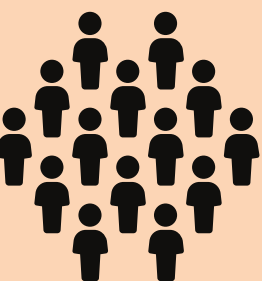
EPIDEMIOLOGY



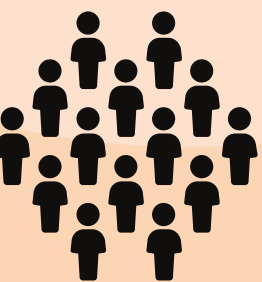
- High incidence/prevalence of dental caries
- 16% with periodontal diseases
- 1/3rd population – dental caries a treatment required
- Enormous disparity in access to quality oral health care between urban and rural populations.



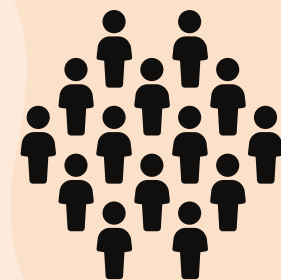
60-65% population – rural population



19-32% population > 65 yrs – edentulous



12.6 per one lakh population – oral cancer (Burden of oral diseases, Multicentric survey 2007)



>90% population – periodontal diseases

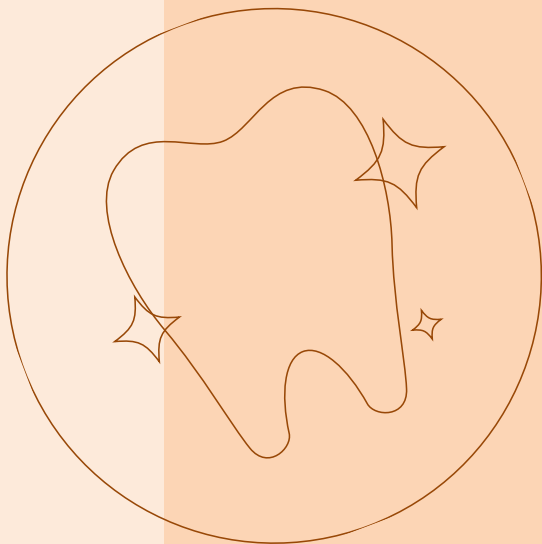


40-45% population – dental caries a dental caries



HWC AND ORAL HEALTH CARE

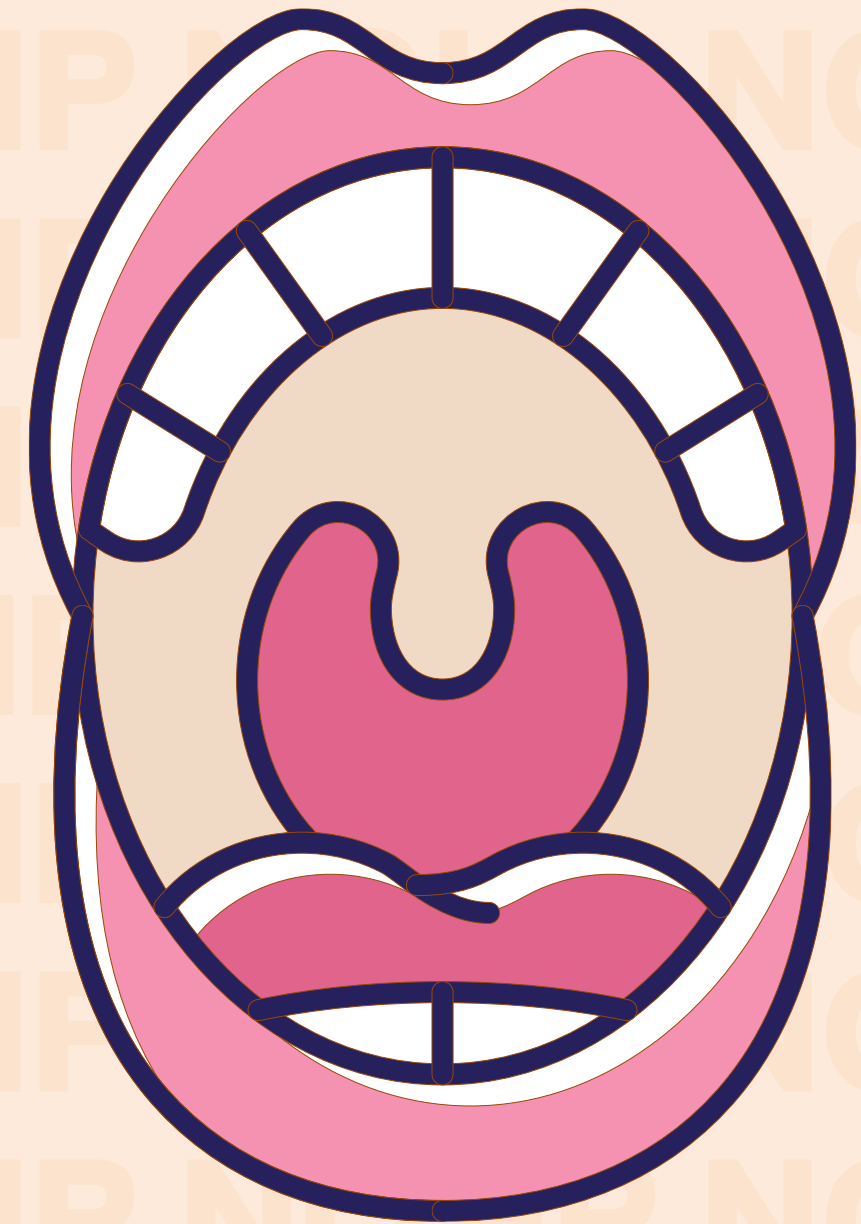
- Can provide **basic oral health care**.
- **Address the wide gap** between the rural and urban populations.
- **Accessible, affordable, and available** oral health care services.
- **Referral** to appropriate health facilities.
- Screening for oral cancer (Universal Screening of Common Non-communicable Diseases).
- Rashtriya Bal Swasthya Karyakram (RBSK).





NATIONAL ORAL HEALTH PROGRAMME (NOHP) (12TH PLAN- 2014-15)

- Aims to strengthen public health facilities.
- For accessible, affordable, and quality oral health care.
- Support to States to set Dental Care Units at DH or below.
- Equipping with manpower, equipment, consumables.
- Designing IEC materials, organizing national, regional nodal officers training program.





सत्यमेव जयते



Thank You

