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Indian Dental Association



MAHARASHTRA STATE BRANCH

Community Dental Health Guidelines (2014)

**INDIAN DENTAL ASSOCIATION
MAHARASHTRA STATE BRANCH
CDH TEAM**

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INDIAN DENTAL ASSOCIATION

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CDH TEAM

PREFACE :

What is the need of CDH Guidelines?

CDH Guidelines are prepared with the intention of promoting CDH activities through the Local Branches of the IDA.

We are well aware that in our society dental negligence is very common and though about 90% population has one or the other kind of dental or oral disease/s, only a few seek dental care. Awareness about possible treatment options with present modern and progressive techniques will certainly reduce the fear psychosis of the patients and increase their wellness index.

Certainly, we dental surgeons can help the Indian society in this regard.

Oral healthcare is all about the health of people. It is an integral aspect of health. The oral health has a major role in improving the quality of life. However, the oral health scenario in our country has been causing grave concerns over the past few years. The next few years can change all this for the better.

Oral diseases qualify as major public health problems owing to their high prevalence and incidence. The aim should be to spread the message among the people to take care of their oral health and not neglect. That's the message we want to convey.

We, at IDA, are all set to achieve our goal of '**Optimum Oral Health for All**' and we will be continuing and adding up new programs so as to maximize our efforts in reaching out to all the branches, spreading the message.

As we look back on the performance of IDA on Oral Health in the year just gone by, it gives us immense satisfaction about our accomplishments during the year.

Foremost, among all is our success in bringing out the publication devoted to oral healthcare and hygiene, including a few special issues befitting certain appropriate occasions like the World No Tobacco Day, Elders' Day and the Children's Day; consistent with our campaign of building the awareness and improving oral healthcare and hygiene in the country.

IDA has been able to: organize activities aimed at awareness generation on the World Oral Health Day; launch Tobacco Intervention Initiative and SPOT Centers, Child Dental Centre, Emergency Dental Centre, National Oral Health Programs; conduct school dental check-ups and dental check-up camps for different segments of the population as a part of Oral Health Month observation. Our oral health campaigns have helped to a great extent in improving oral health awareness level among the people.

These activities have certainly raised our performance bar and are instrumental in generating a new wave of oral healthcare awareness in the country. We are hopeful of scaling newer heights with the continued patronage of our friends. Encouraged by the success of these efforts, IDA is determined to move ahead in our goal at improving oral health and hygiene with programs and projects that would target various segments of the population. The aim is to spread the message among the people to take care of oral health as a means of achieving general well-being.

How this can be achieved?

We are well aware that a lot of energy and funds will be required to assimilate the data in the prescribed formats that are required to initiate the action, which will lay foundation in redressing this grave problem.

Also, we intend to appeal to all pharmaceutical and dental companies to reserve 2% of their total turnover for this very essential, useful and noble cause of delivering dental care to needy and underprivileged people of our society. IDA should work towards integration of the efforts of all stakeholders of oral health.

The CDH guidelines presented herewith outline several activities and programs that can be implemented by the local branches for bringing about a real and meaningful change in the current oral health scenario.

IDA has dental professionals as its members spread across the state and local branches. IDA MSB has been one of the leading state branches and a pioneer in various activities over the years. IDA MSB has 52 local branches and has about 10,000 members.

Being the exclusive body of dentists in India, the IDA has effectively harnessed its vast resources to attain professional excellence in day to day clinical and research activities, and ensure optimal oral health for all. The aim of IDA is to achieve optimal oral health for every Indian by 2020. Moreover, the second most important objective of IDA as per our constitution is “ To encourage IDA members to undertake measures for the improvement of public oral health and dental education in India”. Being the second most important objective, the importance of the CDH activities need not be overemphasized.

Hence, the very important responsibility of IDA is to serve as a custodian of oral health in the country and work towards the betterment of community dental health. IDA MSB has therefore prepared these guidelines to help each and every IDA local branch and its dentist members to carry out activities for optimal dental health of people.

These CDH guidelines shall be applicable to all CDH, activities throughout Maharashtra carried out by any local branch.

These guideline can be divided into the following :

- 1. Community Oral Health**
 - 2. Education Aids/ Tools**
 - 3. Community Focus**
 - 4. Community Health initiatives**
 - 5. Community Services**
 - 6. Community Education Programmes**
 - 7. Community Events**
- Appendix I: Healthy And Smiling India Initiative (HASII)**

1. Community Oral Health

IDA strongly believes in its ethos and thus has segregated its community work into Ten Essential Public Health Services.

1. Identify the community oral health problems
2. Diagnose the oral health problems and their effects on the community.
3. Create public awareness on the oral health issues
4. Organize informative programs with the help of community helpers
5. Develop policies and plans supporting individual and community oral health efforts
6. Highlight the necessity for a healthy mouth and its benefits
7. Promote and improve access to health services
8. Ensure presence of competitive oral and general health care workforce
9. Assess the effectiveness, accessibility and quality of oral health services periodically
10. Utilize the outcomes of the assessment for future development.

All the CDH activities should

- a) aim at creating awareness among general public and acquiring data on the present community oral health status
- b) assess the availability of oral health care services to the public
- c) identify the effects of oral health problems on general health
- d) mobilize communities to advocate policies and activities that improve oral health
- e) organize programmes involving voluntary contributions to identify and solve the public health problem
- f) help the government develop various policies for betterment of oral health of people
- g) lead or lend support to comprehensive services that cover prevention, diagnosis and treatments of oral health

- h) train, develop and promote volunteers to cater to people's needs
- i) identify the need for preventive services and to take part in some research activities.

Thus, the CDH activities carried out by any local branch should be valuable to people in terms of oral healthcare.

2. Education Aids/ Tools

To help ensure optimal oral health status, local branch members need to increase individuals' oral health literacy and make oral health care more accessible to the community. Efforts to promote collaboration among public agencies, professional organization and practitioners need to be accelerated. This will especially develop or expand preventive and early intervention programmes. The resources that will bring about the change are given below :

- 1) **Publications:** The publications help the health professionals, programme administrators, educators, researchers, policymakers, parents and other persons working in different settings prevent diseases and promote oral health in children and adolescents.

The local branch can come up with an oral health magazine for public awareness annually to inform and aware general public about dental diseases and also their correlation to systemic diseases or give articles in various news papers and local magazines from time to time.

- 2) **Educational Leaflets and Brochures :** Brochures are information resource for the community packed in simple, crisp, creative style which appeals to all. Leaflets and brochures are tools to promote sound oral health policy, increase awareness of oral health issues and assist in the development in initiatives for prevention and control of oral diseases. Leaflets impart information with facts, tips and information about common oral health issues. IDA's Tobacco Intervention Initiative (TII), Oral Cancer Foundation (OCF) and Child Dental Centres (CDC) leaflets impart knowledge and skills. These leaflets are easily available at the head office. Leaflets on various dental problems and diseases can also be made by the local branches if necessary for promotion of good oral health.
- 3) **Online Resources :** Websites make it easier for the end- users to gain knowledge through their content, images and graphics. Local branches can have informative pages on their websites for the general public.
- 4) **Flip Charts :** Flip charts are useful teaching aids when a number of people have to be taught at the same time to ensure optimal oral health. Flip charts are mostly designed to aid school nurses, school office personnel, teachers and parents for the effective early management of minor dental emergencies. The aim is to increase the individual oral health literacy and make oral healthcare more accessible to the community.

3. Community Focus

Community focus is on the oral health, which is an essential component of health throughout the life. Poor oral health, untreated oral diseases and conditions can have a significant impact on the

quality of life and general health. They can affect the most basic functions such as the ability to eat and drink, swallow, maintain proper nutrition, smile and communicate.

IDA perceives the oral health of community as essential for not only good overall health but also freedom from the pain and suffering associated with dental problems. The association realizes that oral health also affects the self esteem, quality of life and performance at school and at work.

A glimpse into the oral health activities organized by IDA for different segments of society are follows :

- Women
- Mother and Child
- Under-privileged children
- Senior citizens

The role of IDA is to generate awareness and create of network of dentist who are motivated and inspired to meet specific dental needs.

4. **Community Health Initiatives**

Oral health in India is relatively neglected due to various factors. The lack of oral health education and proper medical facilities has compounded this problem to epidemic proportions. Based on an assessment of oral health care needs, IDA has implemented several initiatives with an integrated approach to the core areas of oral health care: prevention, diagnosis and treatments.

There is a need to empower the community to take responsibility for their health. The endeavour aims to provide access to improved oral healthcare services for the community and to build awareness on preventive oral health and hygiene through dissemination of information within the community.

- IDA Oral Cancer Foundation : OCF envisions a future, when cancer incidence and mortality will be significantly reduced through preventive measures like regular screening. The foundation undertakes education and counseling for prevention through lifestyle changes to enhance the quality of life. This also includes SPOT centres.
- Tobacco Intervention Initiative : TII is a professionally-led call to action to eradicate tobacco addiction, strive for a tobacco free India and thus improve oral and general health of Indians by the year 2020. Under this venture the dental professional would be trained and certified for the Tobacco Intervention. Dental clinics and institutions can register as the TII centres across the various branches.
- A few other activities that can be taken up are: Brush-up Challenge, National Oral Health Survery, HASII (Healthy And Smiling India Initiative) as proposed by Dr. Ashwin M. Jawdekar (Thane): **See Appendix I** for details.

5. Community Services

Oral health is the focus and the ultimate goal of Indian Dental Association's entire workforce! To achieve it, we have to organize activities, programs, lectures and publish magazines, etc. But is it enough to meet the requirements of the Indian population?

We believe a LOT needs to be done! To begin with, the oral problems are tackled in two ways: 1. Creating awareness through community education programmes and 2. Providing resources (especially for those with little or no access of facilities) for the community-oriented services.

To facilitate these services, IDA is always in need of volunteers from all strata of society; especially those in dental and allied professions, public and administrative services, etc.

This can facilitate the functioning of IDA Community Dental Centres and services like oral check-up camps, dental treatment camps, dental services to children and elderly, etc.

6. Community Education Programmes

Community Education Programmes focus on the oral health of individuals and families of today and also for future generations. We are united by our oral health focus, addressing the key goal that every citizen will be cavity-free by the year 2020.

- Activities for children
- School Education Programmes
- Anganwadi Programmes
- Teachers' Training Programmes
- Parents' Training Programmes
- Other Activities for Creating Mass Awareness

7. Community Events

Community events offer a platform to invest in people. Dedicated to heighten the awareness about preventative oral health care and to help our citizens understand the role and importance of the dental professionals; the community events also provide an opportunity for the professionals to network with colleagues, share knowledge and learn the latest techniques.

IDA MSB recommends all its local branches to celebrate few days throughout the year by organizing activities and initiatives aimed at increasing awareness for the oral health as well as the impact of oral diseases on general health, well being and economy.

The list of events in a calendar year is as follows:

4th February – World Cancer Day

- Though this day is marked as the World Cancer Day, local branches can observe this as the Oral Cancer Awareness Day.

- Reports suggest that nearly 50 % of all cancer cases in India fall in the category of oral cancers. According to the WHO, oral cancer is one of the 10 most common cancers in the world accounting for 5.75 lakh new cases and deaths of nearly 3.20 lakh patients every year.
- The WHO report emphasizes that about 1/3rd of cancers can be cured if detected early and treated adequately.
- Using the IDA platform, the local branches can specifically target oral cancer detection at the OCS, SPOT Centers, TII Centres and through other initiatives.

6th March – World Dentist Day

- Local branches can celebrate this day by arranging picnics, family get-togethers, outings, group movie screenings, etc. Also from CDH point of view, the members of any local branch can provide treatments either free or at a subsidized rate to financially disadvantaged families during the month.
- An event can be organized in collaboration with the IMA.

8th March – International Woman Day

IDA focuses on women as they may have special oral health needs. Hormonal fluctuations, puberty, menses, pregnancy, menopause and the use of contraceptive medications may influence women's oral health and treatment. We at the IDA, should make efforts to inform women regarding the hormonal effects on the oral cavity during various stages such as the adolescence, menopause, pregnancy. With the use of educational material.

20th March OR 12th September – World Oral Health Day

- World Oral Health Day is the most important day for us as the custodians of oral health.
- It can be observed by arranging free check-up camps at the clinics during 10 am to 2 pm on this day or subsequent day if it is a Sunday. (IDA Latur Experiment)
- It can also be observed by carrying out screening camps for Oral Cancers.

7th April – World Health Day

Similar measures as described above can be taken up to celebrate this occasion, and also the "Importance of Tooth-brushing" can be emphasized for good oral health through the Brush up Challenge, School brushing event, Tooth Brushing – Day and Night Concepts.

31st May – World No Tobacco Day

- As we all know that the IDA has been fighting for a very long time for TOBACCO-FREE INDIA. The menace of tobacco is rising day by day, hence, as a premiere organization of dentists, we own the social responsibility for dealing with it with our full might.
- IDA MSB has requested all the local branches to celebrate this day with many activities which are listed elsewhere.

1st July – Doctors' Day

Events can be organized with IMA and presentations for general public and doctors can be arranged.

1st October – International Day for Older Persons

IDA MSB is committed to improve the oral health of older adults; activities for the propagation of geriatric oral health can be planned by local branches.

3rd October – World Smile Day

One smiley sticker with teeth can be given to all patients.

14th Nov – Children's Day (India)

- Endorsing the IDA- Child Dental Centre concept can be a step in improving oral health of children.
- The November month can be used for check-ups of children for early childhood caries detection.

3rd Dec – International Day for Disabled Persons

- September and October can be observed as the Oral Health Months (OHM) by dentists.
- BRIGHT SMILES BRIGHT FUTURE is a very good program run by IDA HO every year with Colgate-Palmolive, India, in which dentists can participate. The details for the same are provided in the month of June by the IDA Head Office or State CDH.
- Project of HASII (Healthy And Smiling India Initiative) as proposed by DR ASHWIN JAWDEKAR can be taken up by the local branches. For details see Appendix I.

Method and suggestion to organize CDH activities

IDA MSB has planned to focus CDH activities under the guidance of IDA HO. Earlier we have discussed the importance of oral health awareness and it need not be overemphasized.

IDA MSB is one of the leaders in the national picture and wants its local branches to emphasize on CDH activities throughout the year.

Few suggestion and ideas to celebrate various events under the banner of CDH are as follows:

- Conducting check up and awareness camp for children, women, elderly, disabled and in general, for all.
- Conducting treatment camps for children which include Atraumatic Restorative Treatment (ART), free denture camp etc.
- Publishing news paper articles, write-ups before and on specific day observations stressing the important of oral health, treatment information, anti – tobacco. Etc.
- Displaying hoardings for mass awareness for 15 days to 1 month giving information of the significance of oral cancer day, anti tobacco day, tooth brushing tips etc.
- Distributing leaflets, brochures, pamphlets distributions at public places such as: bus stands, railway stations, movie halls with IDA MSB and local branch name.
- Arranging lecture at various government offices, police, community centers, colony, at social organization platforms like Rotary, Lions, Giants etc. from time to time

- Conducting public two wheeler rallies on anti-tobacco day, oral health day with placards of slogan in hands.
- Propagating the concept of “NO TOBACCO ZONE” in dental clinics, hospitals, public places following government rules & regulations.
- Displaying the logos for each event; catch lines can be made for the same
- Celebrating the OHM, week, days, anti-tobacco day, week etc.
- Arranging lectures seminars in collaboration IMA & others
- Displaying anti Tobacco stalls and counters at different events and places
- Giving presentations for general public at public gathering through projector slide shows, at bus-stands or similar places
- Participating in the exhibitions at Ganpati Festival, Navratra Festival, etc.
- Conducting various inter branch competitions: Essay Competition, poster competition, etc.

Protocol and Reporting

- All the events should be conducted under the banner of IDA and organizer should be IDA MSB and the local branch.
- Plan the activities in advance, intimate the state office just by an email and send report of the activities with pictures post program to the state office.
- At the end of the year apply for award by filling the project report form, photos, news paper cuttings, etc.
- All the events require meticulous planning and consistency.
- Initial response to any activities will be lukewarm but later it picks up.
- All the decision of the activities should be passed by the EC of the local branch.
- Take feedback of all these events, learn from mistakes, take cognizance of suggestions made and improve upon it in the next programme.
- Also report with complete information, photos, press-release, press cuttings, promotion material, circulars, publications, appreciation letters, properly subtitled photos, etc. to the state office on regular basis and also keep your copy ready for applying for awards at the end of the year.
- Proper records and reporting will help IDA MSB and local branches to organize sponsorship from various companies.

FUNDS:

- IDA MSB requests the local branches to allocate some tentative funds for the CDH activities in the provisional budget of every branch every year before hand only.
- Any activity should be preplanned and approach pharmaceutical companies or any other sponsors well in advance.
- Feel free to approach the state office if there is any problem. The state will help in every possible manner to every local branch wanting to carry out the CDH activities.

- Try and avoid giving advertisements on the behalf of IDA in newspapers as it will not only burden the local branch accounts but also create rivalry with other newspapers where no ads were given. Instead, write and give pre and post program news with photographs.

Awards given by the IDA MAHARASHTRA STATE BRANCH :

- Best CDH activities of local branch
- Best Anti-Tobacco Day by local branch
- Best Services for school children
- Best Services for Geriatric Patients
- Best Services for Disabled Persons

Appendix I: HASII (Healthy And Smiling India Initiative) for Oral Health Promotion in Infants and Children [Proposed by: Dr. Ashwin M. Jawdekar]

Rationale:

What is the problem?

- Malnutrition, infections and tooth decay affect children physically, socially as well as psychologically, and their school performance.
- Malnutrition affects 48% Indian children (Central Statistics Office Ministry of statistics and Programme Implementation, Government of India, 2012)
- Diarrhoea, pneumonia and insufficient nutritional programmes continue to affect the health of children adversely.
- More than 50% 5 year-old children have tooth decay (National Oral Health Survey and Fluoride Mapping 2002-03)

What is the Current Effort in Oral Health Promotion?

Dental associations, dental colleges and other bodies with support from industry carry out community projects such as dental check-ups, awareness programmes, distribution of oral hygiene aids, free treatment provision, etc. The DCI has included a three month posting in Public Health Dentistry in internship curriculum, and recommended colleges to start satellite dental centres. Local dental associations are actively organizing dental check-ups, tobacco control and awareness programmes. However, following deficiencies can be identified:

- No central policy or regulatory control
- No common agenda (each college, each branch of dental association carries out different projects)
- Difficulty in measuring the impact of oral health promotion due to the variations in objectives, structures and implementation of programmes; or also because the current programmes are not making a significant impact on oral health of India children

It is difficult to expect substantial budgetary allocation for oral health promotion on the part of government due to the priority given to the burden of malnutrition and infectious diseases. Moreover, there is a need for developing an integrated approach to improve hygiene, nutrition and health that can reduce infectious diseases (respiratory and gastro-intestinal), improve nutrition and reduce dental

caries in children. There exists a need for establishing common grounds for different stakeholders of health and oral health to work together. The Oral Health Promotion Programmes, therefore, have to be SMART: Specific, Measurable, Achievable, Realistic (and), Time-bound.

Evidence from the Recently Successful Public Health Campaigns

The pulse polio has been upheld as an immensely successful public health campaign, publicised widely and implemented thoroughly. There exists an infrastructure of local community health workers (Anganwadi workers) who work under the district and Taluka health and education authorities. The campaign also made use of the wide network of primary health care centers throughout the country for the successful monitoring and control of the campaign.

An existing “Mid-Day-Meals Scheme” of the Government of India for the public schools across the country has demonstrated success over more than a decade.

An innovative, large-scale “Fit for School” programme in Philippines is a model for an integrated approach for children’s health (prevention of tooth decay and gastrointestinal infections through a school-based initiative). The program has three essential components: hand-washing, tooth-brushing with fluoride toothpaste and periodic deworming. It involves the participation of Parent-Teacher Community Association, teachers and a school nurse (for monitoring twice in a year). The costs for one toothbrush, 60ml toothpaste, soap and two deworming tablets are 0.5 Euros per year. The program has reported improvement in health indicators of children over the last few years.

The HASII Model

Based on the above evidence, an oral health promotion program can be developed with three main components: health education, fluoride-use and nutrition. Following two tables outline the initiatives for the programme for Rural and Urban India:

HASII for the Rural India

Age-group	Settings	People to engage with	Tools	Scope
0-2 years	Primary healthcare centres, Anganwadi branches	Anganwadi workers, parents	DVD on infant oral care, printed booklets	Oral Health Education
2-3 years	Primary healthcare centres, Anganwadi branches	Anganwadi workers, parents	Printed booklets	Oral Health Education and Fluoride varnish programme in mobile dental van/or dental satellite centres
3-16 years	Preschools and Schools	Pre-school and school teachers	Printed booklets, tooth song audio	Survey, Oral Health Education and Preschool and school toothbrushing with fluoride toothpaste (in combination with the Mid Day Meals Scheme and Hand-washing)

HASII for the Urban India

Age-group	Settings	People to engage with	Tools	Scope
0-2 years	Well-baby clinics, hospitals, nursing homes	Gynecologists, pediatricians and family physicians	DVD on infant oral care, printed booklets	Oral Health Education
2-3 years	Well-baby clinics, hospitals, nursing homes	Non-dental health professionals (nurses, auxiliary staff)	Printed booklets	Oral Health Education and Fluoride varnish programme
3- 16 years	Preschools and Schools	Pre-school and school teachers	Printed booklets, tooth song audio	Survey, Oral Health Education and Preschool and school toothbrushing with fluoride toothpaste (in combination with Hand-washing); 6 monthly topical fluoride applications in schools and fissure sealants for 6 year molars

Education of community health workers means utilization of existing machinery that made successful the pulse polio campaign in India for the infant and child oral health promotion. A tool developed by Dr Gajanan Kulkarni at the University of Toronto, a DVD-video containing evidence-based information about infant oral health care and prevention containing comprehensive anticipatory guidance in the areas of pregnancy, oral development, teething, diet and nutrition, oral hygiene, fluoride use, acquisition of oral bacteria, feeding and oral habits, causes and consequences of early childhood caries, trauma prevention, early dental visits and regular dental visits, can be adapted with necessary translation, modification and validation for this purpose. Also, print material in the local languages can be developed for the purpose. An audio-visual tool; the video demonstrating tooth brushing technique and the song describing the importance of oral hygiene, healthy food habits and regular dental visits is developed by Dr Ashwin M. Jawdekar, a pediatric and public health dentist, in a regional language (Marathi) that has potential to motivate children for tooth-brushing and improve the tooth-brushing time, frequency and effectiveness. Fluoridated toothpastes and fluoride varnishes have been proved to be effective in caries reduction. For the manpower required for training the community health workers, carrying out fluoride varnish and/or sealant applications and initiating the pre-school and school tooth brushing programs; dental colleges across the country can participate. There exist close to 300 dental colleges in India. In the recently upgraded curriculum of dentistry by the Dental Council of India, emphasis is given on public health dentistry (wherein the interns need to be engaged in community programs for a period of three months). Each college has between 40 and 100 interns in each academic year; all together comprising a sizable manpower that can be utilized for the task. Also, most dental colleges have satellite dental centres and mobile dental vans for community

outreach programs which can be utilized, too. The academic staff of the dental colleges can avail of the research opportunities through the program, and be helpful in monitoring the implementation and evaluation. Members of local branches of Dental Association can be helpful in the propagation of the initiative and mentoring it.

Steps in the Implementation of HASII

HASII can be implemented locally, regionally, at the state level or even nationally.

Locally, even a small population such as an Anganwadi branch in a rural area or a small school in an urban area can start the HASII.

There are different arms in the HASII for the rural area, such as: Education, Varnish application, preschool and school tooth-brushing combined with Hand-washing and Mid-Day Meals; as well as in the HASII for the urban area, such as: Education, Varnish application, preschool and school tooth-brushing combined with Hand-washing and nutritional guidance and pit and fissure sealant applications. Implementation of the arms can take place either individually or in combinations, or in total, depending on the feasibility.

Permissions:

Permission should be sought from the District and Taluka Health and Education Officers for the implementation of HASII in the respective population. Permission also needs to be taken from the school authorities, and consent from the parents needs to be obtained for the procedures to be performed on the child (such as the varnish application and pit and fissure sealant applications).

Team-building:

A dental team comprising of a trainer and a few dental surgeons (minimum 5) is essential for the implementation of HASII at a Taluka level. It is a good idea to include the dental colleges for the manpower support (interns and faculties). If available, an academician (a faculty in Pediatric Dentistry, Dental Public Health or other dental speciality) can participate from a research perspective. The team should receive training at the HASII workshop.

Training:

The training at the **HASII workshop** will include topics as below:

- How to start HASII at a local level: Obtaining the permissions, identifying the settings (e.g. PHCs, Anganwadis, preschools and schools), and networking with different stakeholders (Health officers at PHCs, school authorities, Anganwadi workers), etc.
- How to use the tools (DVD, print material, Tooth Song Audio, etc.)
- How to carry out varnish application and pit and fissure sealant applications in community settings
- Infrastructure requirement for Preschool and School Tooth-brushing and Hand-washing stations
- Guidelines for the use of toothpastes and tooth-brushes, and Handwashing
- How to create and sustain interest, and tackle resistance of people, if any
- How to evaluate costs and generate funds
- How to evaluate the programme which also includes record-keeping and reporting

Evaluation of HASII

The success of the proposed program will depend on the achievements in the measures of oral and systematic health. This program provides an opportunity to assess the following outcome measures:

A reduction in caries increment and improvement in oral health status can be considered as the long term oral health measures. Reduction in diarrhoeal and respiratory infections and improvement in the nutritional status of the children can be regarded as the systemic health measures. Also, whether the reduced hunger, improved nutrition and health have any influence on the

school attendance and performance of children can be evaluated. The improvement in the knowledge, attitude and behaviours of the children and their families can also be the measures of interest. In practical terms, the cost-benefit analysis and viability of the program need to be considered among the other measures. It could be possible to include a research component with following outcome measures for the oral health promotion evaluation:

- Indexes: dmft/DMFT, SiC, pufa/PUFA, Early Childhood Oral Health Impact Scale (ECOHIS) for 5 and 12 year-olds (WHO index ages)
- Assessment of knowledge and knowledge retention in Anganwadi workers, school teachers and parents (Using prevalidated questionnaires)
- Acceptance to and sustainability of fluoride varnish program in 2-3 year-olds (through qualitative assessment)
- Acceptance to and sustainability of the program of preschool and school tooth-brushing with fluoride toothpaste, fluoride varnish and sealants in 3- 16 year-olds (through qualitative assessment)
- Comparison of dental attendance pre- and post-program (based on health records)

HASII (Healthy And Smiling India Initiative) Highlights

- It is an evidence-based, cost-effective and practical model for Oral Health Promotion in Infants and Children of India.
- Based on the common risk factor approach, HASII aims at promoting oral and systemic health through a directed population approach with the use of existing machinery, infrastructure and manpower.
- HASII provides age-specific measures for the oral health promotion
- HASII has specified measures for both rural and urban settings
- HASII uses novel and useful tools (audio-visual and printed) that are reliable and valid
- HASII is an upstream approach
- HASII demands bridging the gaps: bringing together all the stakeholders in oral health promotion for children: dental associations, dental colleges, Industry, etc.
- HASII has a research objective: to measure the oral health status of children with the use of new indices (including the oral health related quality of life measures), assess the treatment-need for the planning of workforce and resources for dental care provision
- HASII is based on the motto “think globally, but act locally”

दाँती को ब्रश करने के लिए ५ सुनहरे नियम



१) ब्रश को बाहरी मसुडो की लाईन पर एंगल में रखें। धीरे-धीरे उपर-निचे और आगे-पिछे घुमाएं, हर दांत को इसी तरह साफ करे।



२) हर दात की भितरी सतह को उपर १ में बताए तरीके से धीरे-धीरे साफ करे।



३) हर दांत की चबाने वाली सतह को अच्छी तरह ब्रश करे।



४) सामने के हर दांत की ऊपरी और निचली सतह को पिछले हिस्से को साफ करने के लिए ब्रश के सिरे का इस्तेमाल करे।



५) और याद रखें, अपनी जीभ हमेशा ब्रश से साफ करें।

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ओरल चेक-अप रिपोर्ट

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Date :

Name :

नाम :

Age :

आयु :

Sex :

लिंग :

<u>Clinical Finding</u> अस्पताली परिणाम	<u>Treatment Suggested</u> इलाज के लिये सलाह	<u>Remarks</u> टिप्पणी
<u>Tartar/Statins</u> अम्ल / घब्वे	<u>Prophylaxis</u> चिकात्सा	<input type="checkbox"/> <u>Satisfactory</u> संतोष जनक
<u>Gingivitis etc.</u> पिलापण, आदि.	<u>Periodontal</u> आवर्तसारिणी	<input type="checkbox"/> <u>Advised oral Hygiene</u> संतोष जनक
<u>Caries</u> दरारे, सुराग	<u>Fillings</u> फिलिंग (भरणा)	<input type="checkbox"/> <u>Immediate attention reqd</u> तुरंत ध्यान की आवश्यकता
<u>Fracture</u> अस्थीव्यंग	<u>Crown</u> क्राऊन	<input type="checkbox"/> <u>Consult your Dentist</u> अपने दंत डॉक्टर से सलाह लिजीए
<u>Abscess</u> फोडा	<u>Extraction</u> उखाडना	
<u>Missing</u> दात नहीं	<u>Replacement</u> दुसरा बिठाना	
<u>Malocclusion</u> आडे/तेडे दात	<u>Orthodontic</u> सिघाई	
<u>Miscellaneous</u> विविध		

Dentists Signature
दांत के डाक्टर से हस्ताक्षर

इंडीयन डेन्टल असोसिएशन



जळगांव शाखा

दंतकथा

- रोज किमान दोनदा दात घासावे.
- जेवण झाल्यानंतर चुळ/गुळणा करून तोंड स्वच्छ करावे.
- दातामध्ये अन्न अडकत असेल किंवा ठणक लागत असेल तर लवकरच दातांच्या डॉक्टरांना दाखवावे, गोळ्या किंवा औषधांचा वापर टाळावा.
- दातांत त्रास असो अथवा नाही, दर ६ महिन्यांनी दातांच्या डॉक्टरांना दाखवावे

* दुधाच्या दातांचे महत्व *

- १) नवीन येणाऱ्या पक्क्या दातांची जागा सांभाळून ठेवणे
- २) वाढत्या वयात आवश्यक असलेले पोषण मिळवण्यासाठी अन्न खावु देणे
- ३) बोलणे / उच्चार सुधारण्यास मदत करणे
- ४) वरील सर्व बाबींमुळे मानसिक विकास होण्यास मदत मिळते.

- दुधाचे दात वाचवले गेले नाही तर नविन दात वेडे-वाकडे येतात : मुलांचे कुपोषण होते आणि मानसिक वाढ व्यवस्थित होत नाही.

* दातांबद्दलचे गैरसमज *

१. दात काढल्याने डोळ्यांवर त्याचा परिणाम होतो असा समज आहे. पण यात काहीही तथ्य नाही. एक दात काढल्यावर शेजारच्या दातांवर त्याचा परिणाम होतनाही तर डोळे खुप लांबची गोष्ट आहे
२. दात दुखल्यावर बाम/मलम लावणे, हा सुध्दा गैरसमज आहे. असे करू नये. याने सुज वाढून दुखणे चिघळते
३. ब्रश केल्याने हिरड्यांतून रक्त येते. हे सुध्दा चुकीचे आहे. जर ब्रश करून दात साफ केले नाही तर अन्नांच्या कणांमुळे हिरड्या सुजतात आणि म्हणून रक्त येते, त्यामुळे नियमित ब्रश केल्याने हे टाळणे शक्य आहे.

Indian Dental Association

Maharashtra State Branch

Anti Tobacco Day Activity

PROJECT REPORT FORM

Name of IDA Branch :

Project Name :

Project Incharge :Contact No. :

Period of Execution : From to

Beneficiary Community to

No. of Persons Benefited :

Involvement of IDA Members : Male Female :

Any involvement of other organisation :

Highlights & Description :

Please attach photographs, Paper cutting & Additional page if required.

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