



global child dental fund

Call for Action: improving dental services and oral health in India

Many of us left India and settled overseas but no matter how long ago we or our families left India the country has never quite left us. This report is part of a wider social movement to mobilise the global Indian Healthcare Diaspora to focus on the health needs of India

Professor Raman Bedi



Call for Action: improving dental services and oral health in India

This report and the discussions on the Facebook social networking group confirm that a call for action is needed to improve the dentistry in India and the widespread disparities between income groups. The call for action will develop over the next few years but for the present there are four actions points:

- ***A national and or state community programme to provide dental care for the underserved and health education to improve dental health literacy***
- ***Improvements in dental education at both the undergraduate and postgraduate level***
- ***The framework to allow senior members of the worldwide Indian Dental Diaspora to contribute to the above***
- ***Mentoring programmes from overseas Indian dentists to younger members of the dental profession in India***



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Executive summary

The strategy to engage with the Worldwide Indian Health professional community has been developed over the past two years. The creation of the Global Association of Physicians of Indian Origin (GAPIO) in 2010 was supported by the American Association of Physicians of Indian Origin (over 40,000 members) and the British Association of Physicians of Indian Origin (over 8000 members). In its first year, Professor Bedi was GAPIO's Secretary General. In 2011 Pfizer provided King's College London and Professor Bedi a grant of US\$100,000 to develop a framework for developing an Indian Health Diaspora. One outcome was the publication of the book "Indian health professionals around the world – a common agenda"

In 2012 it was decided to focus on dental professionals and in collaboration with Colgate-Palmolive a Facebook group was created and dentists in India were asked to engage. In the first three months 2000 members have joined and a weekly blog on caries management and prevention is uploaded. In September over 20 new members join per day. One outcome from this social networking group has been to create a depository of voluntary dental projects being undertaken in India – Smile India programme. This website will allow dentists in India to showcase their projects, for potential funding, to the world wide dental community especially dentists of Indian heritage.

A questionnaire was sent to dentists in India during the summer of 2012 and this report provides the results of the survey. Some top headlines are that periodontal disease is the major concern and tooth sensitivity scores low on the respondent's priority concerns. In addition the major request from Indian dentists, to their worldwide counterparts, is for mentoring.

The development of this programme has led to discussions within King's College London to the value of establishing an Indian Dental Institute to take this work forward. The Indian Dental Institute would mirror the already established Indian Institute which was launched at KCL in 2011 but focuses upon the social sciences.

The concept that is being developed at King's College London is a campaign "*Bringing our sons and daughters back home*". This campaign will focus upon engaging with the Indian Health diaspora in both hearts and minds. Hearts – will be getting Indian dentists to support voluntary dental projects in India whilst Minds will be undertaken by supporting technical exchanges, lectures by prominent overseas Indian dentists, webinars, mentoring etc. KCL will approach dental corporate sponsors and also develop a similar medical strategy and seek support from the medical pharmaceutical industry.

INFORMATION READER BOX

Document Purpose	For Information
Title	The Indian Strategy Project Report on the Indian Oral Health Survey: A Needs Assessment Questionnaire
Author	Professor Raman Bedi and Dr Smitha Kakde
Publication Date	September 2012
Target Audience	Dental Health Professionals, Dental Students, Colgate-Palmolive, IDA members, Dental Schools, Dental Council of India, members of Facebook group, delegates at the IADR Congress Conference (October 2012).
Circulation List	Colgate-Palmolive, members of Facebook group, delegates of the IADR Congress Conference, Chennai (October 2012)
Description	This is a summary of the response to the Indian Oral Health Survey: a needs assessment undertaken between July-August 2012. The survey establishes, through Indian dental health professionals currently practicing in India, the perceptions of the current state of Indian oral health and importance of improving; perception of the key issues in oral health and the barriers to resolving internally; perception on the current state of dental education; and the guidance on how the wider Indian Diaspora of dental professionals can help.
Cross Ref	N/A
Research group	Ms Noorie Beeharry and Professor Mahesh Verma
Action Required	N/A
Timing	N/A
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For Recipient's Use	

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September 2012

Acknowledgements

We are first and foremost grateful to the many healthcare professionals who have helped and contributed to this study. In addition we are grateful for the financial support from Pfizer who helped with the publication of the book “Indian Health professionals around the world – a common agenda”

I would also like to express my personal thanks to Colgate-Palmolive, the Indian Dental Association and members of our facebook group who helped distribute the questionnaire. In addition, without the help and collaboration of Noorie Beeharry, Smitha Kakde and Professor Mahesh Verma this project would not have been possible.

The book “Indian Healthcare Professional’s around the world – a common agenda” was dedicated to my parents and in the same spirit this report is also an acknowledgement to their tremendous support.

“This report is dedicated to my parents Mr Satya-Pal Bedi and Mrs Raj Bedi who left India in the 1950’s to seek a better life for themselves and more importantly their four children. Although leaving India the country never quite left them”

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1. Introduction

The Global Child Dental Fund (GCDFund) is a leading British dental charity for children that work to improve access to quality dental care for the world's poorest children through a number of programmes. The charity is well reputable for its investments in dentists chiefly by equipping them with essential leadership skills through both Senior and Young Dental Leadership Programmes. These programmes are aimed at improving child oral health, promoting public oral health agendas and developing social responsibility. The GCDFund also runs Smiles & Hopes projects in various parts of the world primarily amongst disadvantaged children who suffer from war and poverty. For instance, in Timor Leste, a place affected by civil war and severe poverty, the GCDFund has partnered with local charitable trusts as well as the Ministry of Health to raise much needed resources in terms of finance, manpower and dental equipment in order to address important issues including the lack of vital dental equipment and oral health professionals.

Professor Raman Bedi is currently the Chairman of the GCDFund and oversees all the programs undertaken by the charity. In addition, he is the Head of the Centre for International Child Oral Health at the King's College, London and was the former Chief Dental Officer in England.

The Indian Strategy Project was initiated in May 2012 and is a response to the findings of the book by Professor Raman Bedi, Dr Emma Davidson and Jing Jing Liu titled, "*Indian Health Professionals around the World: a Common Agenda*". This book was a joint venture by the GCDFund and GAPIO (Global Association of Physicians of Indian Origin) and focuses on health disparities faced by the Indian Diaspora while urging Indian healthcare Professionals, living in India and overseas, to work together towards a common goal of improving the health conditions amongst Indians. Having considered the findings of this book, the GCDFund decided to rise to the challenge and address vital issues to help tackle India's most pressing oral health needs. The Indian Strategy focuses specifically on the requirements of the people in India and aims to mobilise dental health professionals in India to improve oral health. This report briefly summarises the results generated from the Indian Oral Health Survey and the GCDFund's strategic programmes to remit and influence the current hurdles encountered in improving current oral health conditions in India.

2. Indian Oral Health Survey: A Needs Assessment Questionnaire

The Indian Oral Health Survey was designed by Richard Thorogood, VP Global Oral Care Insights at Colgate-Palmolive (New York) on the request of the GCDFund. The survey was finalised after a process of vigilant refining and modification by the Indian Strategy team and Jay Jayaraman (Colgate-Palmolive, New York). Considering the survey was intended for self-completion with limited expert support, it was kept simple with limited open-ended questions to facilitate better response collation.

The aim of this survey was to gain insight and learning on the perceived issues & challenges facing dental professionals within India and to provide guidance on how the wider Indian Diaspora may be able to help solve them. The survey was intended to be completed by dental professionals, at all levels, who are currently practicing within India, IDA members, members of Dentistry India, contacts of Colgate-Palmolive (India) and members of the Facebook group established by Professor Raman Bedi: *“Indian health professionals around the world – a common agenda”*.

The survey looks to establish understanding and learning in 4 main areas

- Perception of the current state of Indian Oral Health & Importance of Improving
- Perception of the key issues in Oral Health & the barriers to resolving internally
- Perception on the current state of Dental Education
- Guidance on how the wider Indian Diaspora of Dental Professionals can help

Following an assessment of available options for setting up an online survey questionnaire (survey monkey, kwicksurveys.com etc.), the GCDFund decided to create a web link on the GCDFund website. After a period of pilot testing this online survey, the GCDFund published it in the summer of 2012. This survey was then widely advertised through the Facebook group, IDA, Colgate-Palmolive (India) and Mahesh Verma, editor of Dentistry India.

Additional measures were taken to ensure a large number of dentists took part in the survey. For instance, the GCDFund sent individual e-mails to all Facebook group members, posted the survey invitation on other Indian dental Facebook groups, articles – both as short communications and news posts, were published in the IDA Times and New Indian Express as well as journals including Dentistry United and Indian Journal of Multidisciplinary Dentistry. Furthermore, reminder e-mails and posts were sent to Facebook group members, IDA, Colgate-Palmolive (India) and Mahesh Verma.

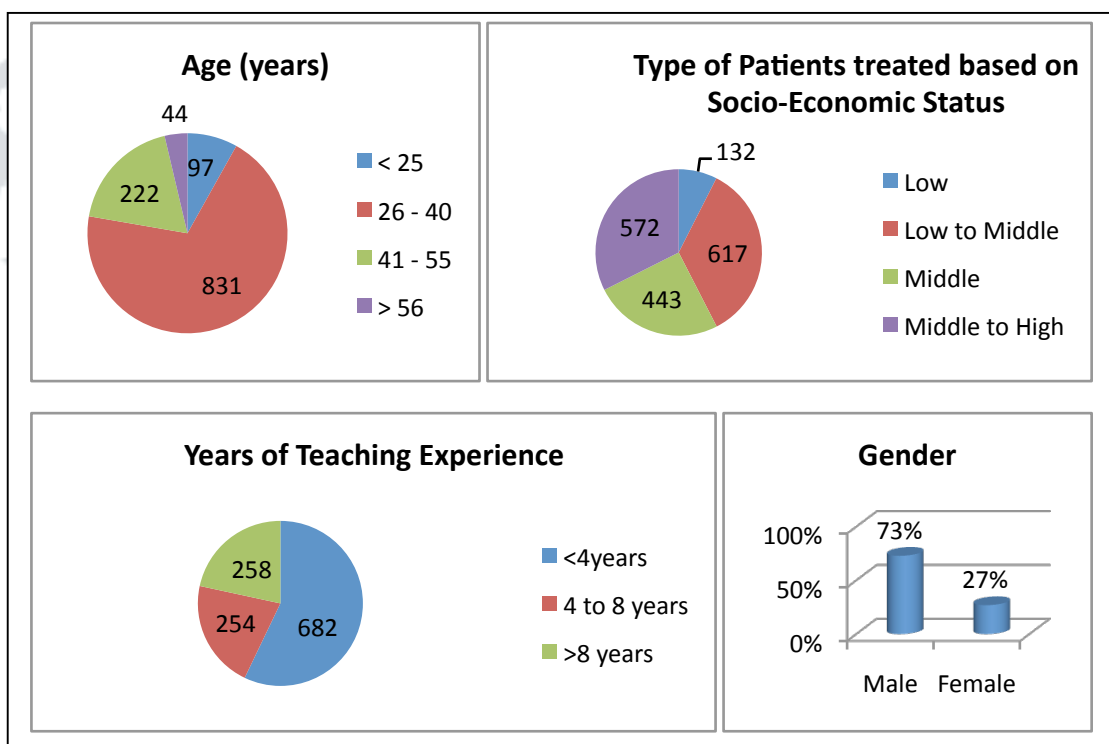
The GCDFund decided to close the *“Indian Oral Health Survey: A Needs Assessment Questionnaire”* on the 30th August 2012. During the 5 weeks when the survey was open, 1194 dentists completed the survey. The data generated from the survey was collected on Excel sheets and analysed by the GCDFund team. These results are displayed below. It should be noted that based on the methods employed for the distribution of the survey (stated above), response rate could not be established.

3. Results of the Indian Oral Health Survey: A Needs Assessment Questionnaire

Demographic Characteristics of dentists who completed the survey

Of the 1194 individuals who completed the survey, 73% were men; 70% were aged between 26-40 years; 97% are currently practising in India; 54% and 39% completed their B.D.S and M.D.S respectively with a small fraction that did their PhD. When asked what group of patients, dentists treated based on socio-economic status, 1764 responses were generated and unsurprisingly only 7.4% of individuals represented the low socio-economic status. Figure 1 below give further details on the demographic characteristics of individuals who completed the survey.

Figure 1: Demographic characteristics of dentists who completed the Indian Oral Health Survey

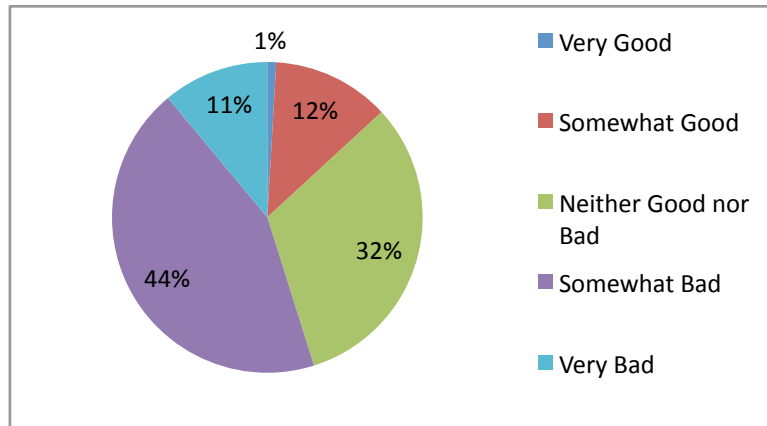


Q1: On average, how would you describe the Oral Health of the local Indian population?

What you told us

44% of the 1194 dentists described the oral health of the local Indian population as “Somewhat Bad” while a marginal 0.9% described it as “Very Good”.

Figure 2: Response to Question 1

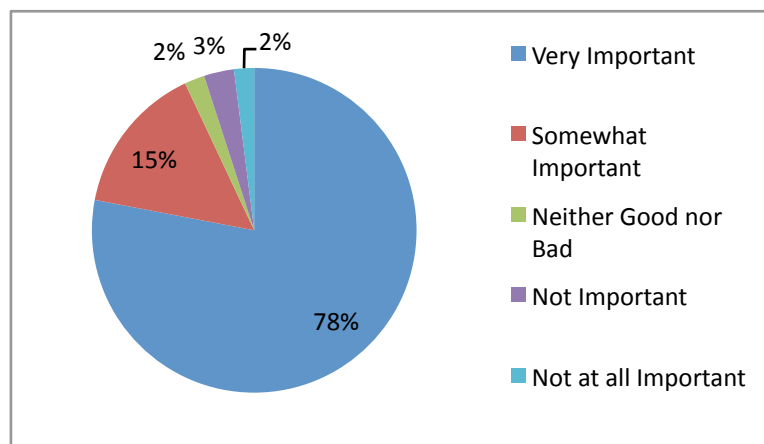


Q2: How important is it that the government (Federal and/or State) fund Community based Oral Health initiatives to improve the oral health of the local Indian population?

What you told us

A large majority of 78% were of the view that it was “*Very Important*” that the government of India funded community based oral health initiatives in order to improve the oral health conditions of the local Indian population.

Figure 3: Response to Question 2

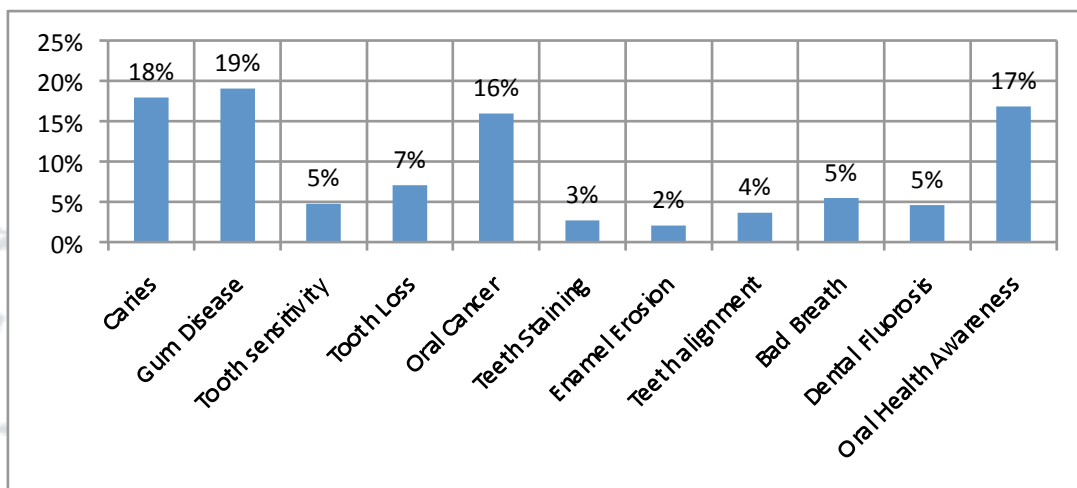


Q3: Across is a list of Oral Health Issues. Please identify those issues that you believe to be in need of improvement in the next 5 years

What you told us

Four thousand seven hundred and fifty-one responses were received for this question. Dentists thought it was essential to focus equally on gum disease (19%), dental caries (18%), oral health awareness (17%) and oral cancer (16%) in the next 5 years.

Figure 4: Response to Question 3



Additional comments from respondents for Question 3

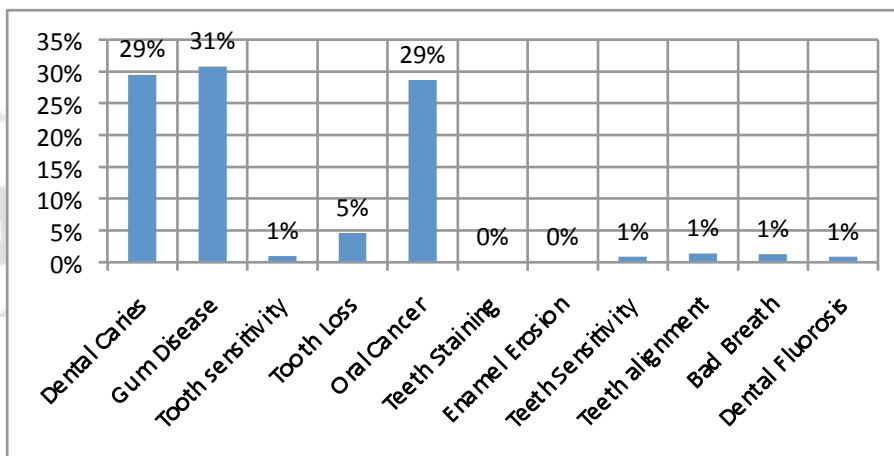
Some of the other issues raised by dentists were the importance of increasing awareness around tobacco use in particular, legislation as well as its associated conditions i.e. pre-cancerous lesions (Oral Sub mucous Fibrosis); attention to special populations including child and geriatric dental care; proper routine oral hygiene aids, techniques as well as the importance of visiting a dentist once every 6 months; and temporomandibular joint disorders.

Q4: And which is the one Oral Health Condition that you would most like to see become the main national focus for Oral Health Month

What you told us

We received one thousand one hundred and sixty-four responses for this question. Results dovetailed well with the responses from question 3 – dentists were keen to prioritise gum disease (31%), dental caries (29%) and oral cancer (29%) as key national focal points for the Oral Health Month.

Figure 5: Response to Question 4



Additional comments from respondents for Question 4

In addition to the above response, individuals considered it essential to address the importance of maintaining good oral health; tobacco use and its deleterious effect on health with a special reference on tobacco lobbying; and aspects around infection control and safety amongst practising dentists as this is thought to be low priority.

**Q5: When it comes to your personal work, what obstacles do you believe exist that prevents you from being as effective as you would like in helping to solve Oral Health issues?
(Please select as many options as you wish)**

What you told us

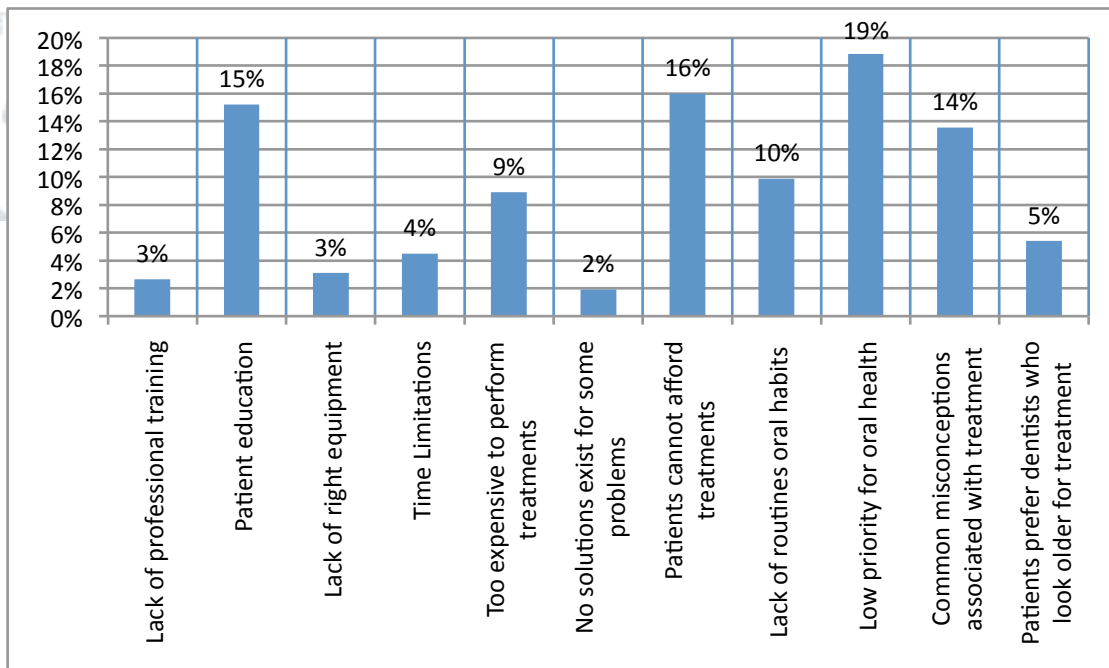
Four thousand eight hundred and seventy-five responses were received for this question. Some of the obstacles that currently prevent dentists from reaching their full potential include low priority

for oral health amongst patients (19%); patients cannot afford treatments (16%); low levels of patient education (15%); common misconceptions associated with routine procedures such as extraction and scaling (14%); lack of routine oral habits i.e. brushing flossing etc. (10%) and patient preference for dentists who look older irrespective of qualification and clinical skills (5%). Other reasons are further listed in figure 6 (below).

Additional comments from respondents for Question 5

Aside from the data above, dentists reported a range of obstacles when it came to achieving their full potential, in particular, the poor patient attitude in terms of a holistic approach to oral healthcare. Some of them were – limited patient knowledge, awareness, motivation and low priority for oral health; correcting and re-treatment done by “quacks” (unregistered individuals working as dentists); high treatment costs for patients and high cost of dental equipment i.e. RVG and microscope, for dentists; and the complete lack and/or limited government initiatives, bureaucratic hurdles, incompetent national level dental associations as well as the lack of effective policy implementation and foresight.

Figure 6: Response to Question 5

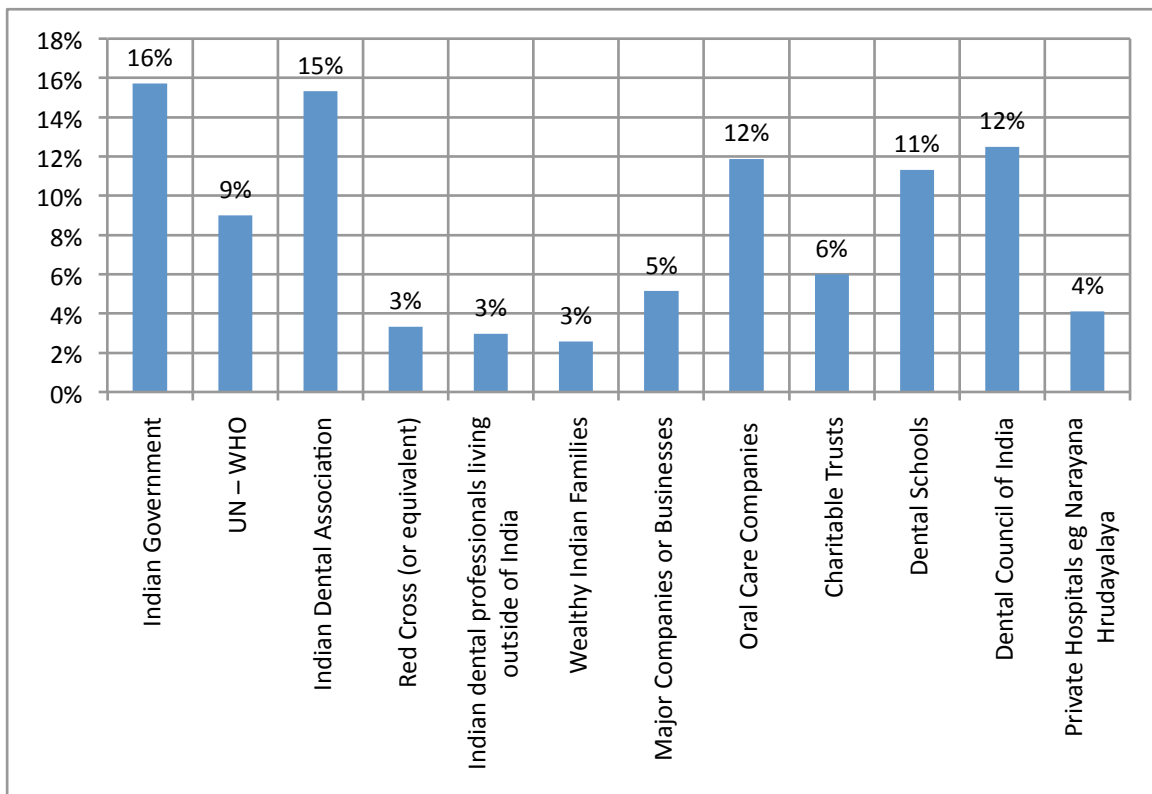


**Q6: Which of the following organizations or people do you personally think could do more to help improve the Oral Health of the local Indian population?
(Please select as many options as you wish)**

What you told us

A total of five thousand six hundred and fifty-two responses were generated from this question. While the majority of dentists thought that both the Indian Government (16%) and the Indian Dental Association (15%) could do more to improve the oral health conditions amongst Indians, respondents also felt that oral care companies (12%), the dental council of India (12%) and dental schools (11%) could also join forces to contribute towards enhancing current oral health status.

Figure 7: Response to Question 6



Additional comments from respondents for Question 6

A significant number of dentists believed that as a community of dental healthcare professionals, it was their duty and responsibility to improve the oral health status of the Indian population. It was reported that the key to convallescencing current oral health conditions of the population was through

awareness programs, particularly in schools in order to emphasise the importance of oral health at a younger age, organising treatment and oral health camps via mobile dental clinics. Additionally,

dentists considered tapping resources from charitable organisations, i.e. lion's club and rotary club, as they were well-positioned and accepted widely in the community. Respondents were also of a view that dental insurance schemes would motivate individuals seek treatment at least in the urban population.

Q7: Please indicate your level of agreement or disagreement with each of the following statements, when it comes to continuing education for Dental professionals

What you told us

All 1194 dentists answered this part of the survey. Question 7 sought to gain the perceptions on the current state of dental education via 10 statements (as displayed in Table 1). Respondents could either “strongly agree”; “agree”; “neither agree nor disagree”; “disagree” or “strongly disagree” to each statement.

As displayed in figure 8, dentists revealed diverse opinions in terms of their perception to current training. While 33% reported that good training was easily available, 31% stated the contrary, 19% were indifferent and only 6% strongly agreed that good training was easily accessible. While 30% respondents strongly agreed that undertaking additional training was often expensive, an additional 48% also acknowledged this as true.

41% of the respondents also highlighted that individuals attending further training considered it to be current and up-to-date. Dentists also believed that training was relevant to clinical problems encountered during day-to-day practice. On average 50% of the respondents had time for new training and a unanimous 90% were of the opinion that ongoing training is essential and vital for all dental professionals, while a majority (72%) also highlighted that doing post-graduation alone was not adequate. Additionally, although 17% of the respondents were of the view that the best training is only available abroad, 51% disagreed.

Some of the statements generated mixed responses. Though 33% of dentists believed that oral care manufacturers provided useful training materials, 29% disagreed and 28% neither agreed nor disagreed. Furthermore, when enquired if it was easy to find the kind of training dentists are looking for online, 34% respondents stated this as true while 28% disagreed and 29% neither agreed nor disagreed.