

POPULATION ORAL HEALTH UNIT (COMMUNITY DENTAL UNIT), DENTAL INSTITUTE, COLOMBO

The primary objective of the Population Oral Health Unit (Community Dental Unit), Dental Institute, Colombo is to develop self empowering, targeted, best practice models in resource constrained settings for reducing the high burden of oral diseases among disadvantaged population groups in Sri Lanka. Polarization and the social gradient in dental caries is a universal finding as the highest burden is carried by the minority of disadvantaged population groups. There is an important need to cater to these groups. Moreover, oral health is considered as an integral component of general health and well-being and 'Common Risk Factor approach' is being practiced integrated into existing primary healthcare services aimed at narrowing down social inequalities in oral health. A series of activities are conducted to achieve this objective as follows:

- Oral health promotion for socially disadvantaged, culturally diverse preschool children in the Colombo Municipal Council (CMC)-Division 1
- Oral health promotion for pregnant mothers in the CMC antenatal clinics at Forbes Lane and Modera
- Conducting a Preventive Dental Clinic for toddlers and children aged 1 year to 10 years
- Capacity building of preschool teachers, health workers for oral health promotion among high risk groups
- Conducting oral health promotion programmes for diverse population groups in diverse settings

Oral health promotion for socially disadvantaged, culturally diverse preschool children in the Colombo Municipal Council (CMC)-Division 1

ECC is a global public health problem with the highest burden among socially disadvantaged minority groups of children. The prevalence of ECC among the preschool children aged 3-5 years of our target area was 63% with a mean of 6 decayed teeth. These children are from very low socioeconomic backgrounds with highly cariogenic dietary patterns, poor brushing habits and low value placed on oral health.

Preschool oral health programme is organized liaising with Health Instructors of the Medical Officer of Health (MOH) office of the CMC-division 1. This programme

consists of an interactive oral health awareness programme for parents/primary care givers of children, children themselves, advice for teachers on oral health promotion activities eg. mid-day meal policy, brushing drills etc., screening of children for oral diseases and referral to the preventive dental clinic. Mothers are invited to bring other children and toddlers in the family too for oral health care.



Oral health promotion for pregnant mothers in the CMC antenatal clinics at Forbes Lane and Modera

As oral health care has been incorporated into the existing National Maternal and Child health care package, this programme is conducted integrated to monthly Lactation Management programme. Urban and rural antenatal women in Sri Lanka carry a high burden of oral disease (**Karunachandra NN, Perera IR, Fernando G, Oral health status during pregnancy: rural urban comparisons of oral disease burden among antenatal women in Sri Lanka. Rural and Remote Health 2012; 1902 (online). Available:ww.rrh.org.au**). Accordingly, the prevalence of oral diseases: dental caries and periodontal disease among pregnant mothers of above two antenatal clinics is 71%. Oral health programme consists of an interactive oral health awareness session, screening for oral diseases and referral to near by CMC primary care dental clinics thereby improving the utilization of such care.



Conducting a Preventive Dental Clinic for toddlers and children aged 1 year to 10 years

It caters to preschool children referred from our preschool oral health programmes and from Outpatient Department of the Dental Institute, Colombo. All these toddlers and children are at high risk for ECC. An attractive child friendly environment has been set up for behavioural management thus making the child cooperative for dental care. The risk assessment is conducted for each child. The procedures include oral hygiene instructions, dietary counseling, fluoride varnish and gel application, simple restorations with Glass Ionomer Cements (GIC), application of fissure sealants and referral for pulp therapy. Depending on the risk status monthly, 3-monthly follow up visits are done aimed at zero caries increment, optimal plaque control and healthy dietary pattern. Special consideration is given on influential social determinants of oral health status of children in order to make desirable outcomes.

According to performance statistics for the year 2012, 2221 toddlers/children have received care from preventive dental clinic (14.7% from preschool programme and 85.3% from OPD referrals).



Capacity building of preschool teachers, health workers for oral health promotion among high risk groups

Preschool teachers have a great potential to be harnessed for promoting oral health status of preschool children. Periodic capacity building programmes conducted for preschool teachers of CMC-Division 1 to compliment the preschool oral health programme conducted by the Unit. Moreover, Similar programmes are conducted for middle and junior oral health care workers attached to Dental Institute and health workers of Volunteer Organizations in order to address their knowledge gap in oral health promotion among high risk groups.



Conducting oral health promotion programmes for diverse population groups in diverse settings

Population Oral Health Unit, Dental institute, Colombo conducts oral health programmes in diverse settings and among diverse target groups: street children, elderly, occupational groups, school children etc. Vibrant population oral health approach is practiced thus making use of Social Marketing Events aimed at promoting healthy lifestyles and oral health promotion is showcased as an essential component in out-door health fiestas. Child Development Centers, Homes for Elders and Health camps conducted for urban-underprivileged kids are the other venues used for oral health promotion activities by the unit.



Problem- based visits, poor compliance to referrals and being incorporative to dental care are common problems among high risk groups of children from disadvantaged social backgrounds. Population Oral Health Unit, Dental Institute Colombo was able to improve the compliance for referrals from 52% to 74% and 71% of uncooperative children during the first visit to become corporative for preventive dental care during the second visit.