

2015

# Dental Care Society

## Social Development Project

The Dental Care Society aims to increase awareness about dental and oral hygiene among parents with kids aged 5-12 years. The society requires a robust and effective means of communication to pitch to potential fundraisers for its dental care programs and also to increase awareness among parents about dental hygiene.

SDP Group 46  
Akshey Bhogra (PGP/18/178)  
Chellappan C (PGP/18/238)  
Kanika Singh (PGP/18/247)  
Kshitij Patil (PGP/18/260)  
Tejaswi K. Pukkalla (PGP/18/309/3/2015)



Contents

Dental Care Society ..... 2

Caries Free Generation Program ..... 2

Challenges faced by the society ..... 3

Camp Visit and Project Introduction ..... 3

Deliverables ..... 4

Survey Analysis ..... 4

Insights and Findings ..... 6

References ..... 6

## Dental Care Society

The Dental Care Society is a public charitable society constituted by personalities from areas like social welfare and dental hospitals, who are committed to promoting dental wellness and awareness including both preventive and social dentistry.

### Vision and Mission<sup>[1]</sup>

- ✓ “The Society aims to deliver comprehensive dental and oral health care to the masses, so as to improve the total dental and oral health of the community”
- ✓ “The objectives of the society will be achieved through dental health education, research and application of the findings of the research, administration of programs of dental care and the prevention and control of dental disease through a community approach”

### Objective

The society aims to enroll about 10000 patients for its dental care programs in next three years out of which 2000 children by 2016 and 5000 children in by 2017 in Kunnur district alone.

## Caries Free Generation Program

Caries Free Generation is a project promoted by the Dental Care Society aimed at achieving the dental wellness objectives of the society to conform to the standards laid down by the World Health Organization in dental and oral health of current and future generations. The main three focus areas of the project are<sup>[2]</sup>

- Prevention and interception of the all dental and oral diseases
- Preventions and mitigation of disabilities and
- Provide rehabilitation

The project encompasses development and implementation of all measures required to forefend the advance of dental disease and to effectively control the spread. The project scope covers the entire array of social, curative and preventive oral health and dental services.

### Processes involved in the program<sup>[2]</sup>

1. Selection of health workers
  - Energetic, well communicating ladies with science back up or experience in health related works are preferred.
  - One dental health worker for 1000 children.
2. Thorough training to dental health workers
  - Conduct survey and prepare data base
  - Conduct awareness programs in systematic and scientific way
  - Early detection of bad habits, dental & oral diseases, defective facial and dental development
  - Provide guidance for early preventive programs and treatment
  - Conduct regular check up
3. General Survey
  - To identify target groups (0 to 10 yrs.)

- Grouping of target group 0-3, 3-6, 6-10 yrs
  - Dental status and caries prevalence
  - Completion of data base.
4. Community dental awareness programs with the help of other organizations and institutions
  5. Pre-natal counselling
  6. Parent orientation programs
  7. Teachers training programs
  8. Establishing a preventive clinic and implementation of various preventive programs
  9. Early detection of caries and other oral diseases, bad habits, defective facial and dental development
  10. Guidance for
    - Early preventive treatment
    - Habit breaking
    - Developing good facial appearance
  11. Systematic follow up (Every child will be seen once in six months)
  12. Regular evaluation

## Challenges faced by the society

Dental Cares society is currently engaged with 100 children in the Naduvoli village. Gaining attention of parents and creating awareness about the program was a huge challenge when the program started. The society needs continuous support of Mahal (the mosque community) in the village. Mahal helps the society in the operational aspects of the camps, serves as a medium of communication and provides a sense of credibility to the locals. However, the society initially faced credibility challenges when initially negotiating with the Mahal. The program primarily focuses on proactive measures in children aged 5 to 8 and a more sustainable form of preventive education is preferred, which is currently a challenge. Ensuring parents follow the suggested preventive steps between the camp visits is key to the success of the project. While the Mahal does a good job in ensuring this, it is a highly informal channel and scaling up might pose a challenge.

Also, the sources of funding for the project are limited to locals and personal accounts of the Dental Care Society. The society aims to expand the reach of the program beyond the community, which requires far more funding than its current amount. It intends to reach out to individuals, private companies and government departments interested in its objectives, vision and mission. In order to get them on board, it needs to pitch itself in a robust and convincing way about the future expansion plans and the funding required for the same.

## Camp Visit and Project Introduction

We visited one of the dental checkup camps of the Dental Care Society in a village in Kannur district on March 15<sup>th</sup>, 2015. The camp was being organized in a community school and Dr. M Ravindranath was in charge of the camp along with a few volunteers. Only a few children were left for the checkup when we reached there. We took a look at how the camp was being organized there. There was a registration desk outside the classrooms. A van owned by the Dental Care Society and equipped with various medical equipment was being used as a mobile clinic for primary treatment. Dr. Ravindranath was doing

checkup himself on one desk and a few volunteer were also doing the same on another desk. Ms. Kanika also helped him checkup of few children. We also took some photographs of the camps.

After the camp came to an end, Dr. Ravindranath talked to us regarding the project. He discussed with us how Dental Care Society was organizing the “Caries Free Generation” program. He explained how he was planning to scale up his project to 1000 students. He wants us to help him in creating awareness among parents about oral hygiene and preventive dental care. Parents in the community there are not aware about the criticality of the age 5-10 years with respect to development of teeth. We discussed how we can create a presentation to make them aware of this preventive care. He also wants to approach to government authorities and other similar NGOs to take this project forward. We asked him a few questions regarding what challenges he was facing and what kind of help we could provide him. He wanted us to prepare a presentation to pitch to parents, government authorities, NGOs and potential sponsors. We noted down his requirements and discussed how we were planning to approach the project.

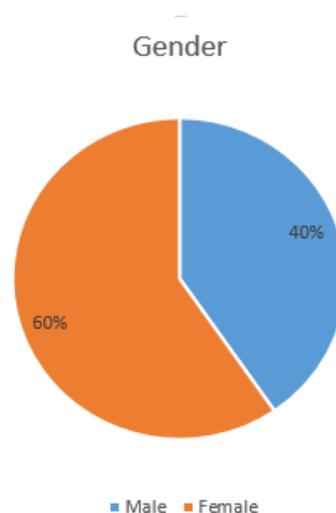
## Deliverables

As already discussed, we were supposed to two deliverables for the project. Before we could start working on the deliverables, we decided to conduct a survey taken among the communities that the organization is targeting and record responses so that we could work on the presentations accordingly. This was also so that we could target the audience accurately. We prepared survey questionnaire and handed it over to Dr. Ravindranath. He collected responses of the patients visiting his camps and gave us the survey responses. We have analyzed those responses and come up with various insights and finding. Based on these insights we have prepared a presentation about dental hygiene which he can show to parents to inculcate oral and dental care habits in their children at early age.

Regarding the second presentations, Dr. Ravindranath had provided us the financial and operations details of his camps and also the future funding requirements for this projects. We have prepared a power point presentation which he can use to pitch to investors and government departments to get funds.

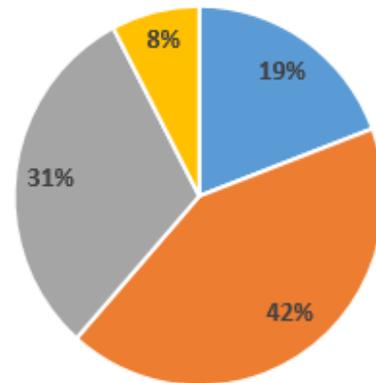
## Survey Analysis

1. The survey results show that number of girl children visiting the dental camps is 20% points more than boy children



- Most of the children visiting the camps belong to age group 5-7 years. This is the crucial age for tooth development and requires maximum care and hygiene.

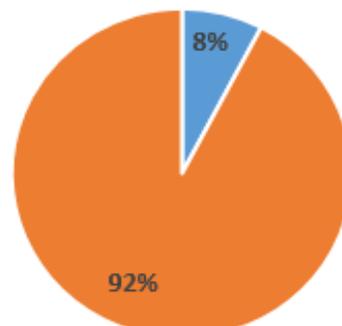
Age Groups



■ Below 5 years ■ 5-7 years ■ 7-10 years ■ Above 10 years

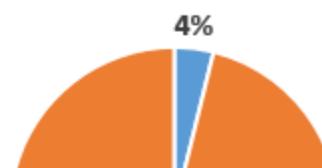
- All the parents know about the camps from the mosque community.
- Around 92% of the parents come for follow up visits. First timers are only 8%
- The survey results show that there is almost 100% retention of the patients as they always visit the camps whenever organized.
- Most of the parents come for routine checkup of their children's teeth for first visit

Nature of Visit



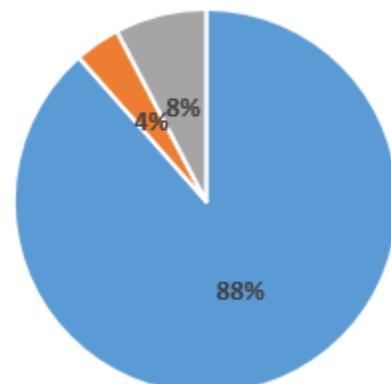
- Almost all of the parents said treatment was effective
- Almost all of the parents were asked to visit for the second time
- Most of the parents brought their children for the second visit owing to issues related to retention of milk tooth. Others came for routine follow up

Purpose of First Visit



Purpose of Second Visit

- Survey indicates that almost all parents think that the treatment was effectively completed after the second visit
- Almost all the parents visited the camps for third visit for dental caries
- Survey results show that all the parent



■ Retention of milk tooth ■ Routine Checkup ■ NA (First timers)

- were asked to visit the campus for the third time
13. Survey results also show that all the parents are satisfied with the treatment and the service. They also expected to recommend their family and friends for the camps.
  14. Almost all the parents responded that they would like to visit the camps after the treatment is over.
  15. None of the parents faced any inconvenience while availing dental care programs and none of them were consulting any other professional dentists.

## Insights and Findings

1. Girl children face more dental problems than boy children. Therefore parents need to be made more aware about dental hygiene of girls
2. Around 60% of all the children who face dental problems are below 7 years of age. So parents need to inculcate dental hygiene in children from early age.
3. All the parents had come to the camps through community information. There is a huge potential in other sources of information like friends/family, newspapers, advertisements/banners and other govt. hospitals.
4. Patient loyalty is very high among parents. Almost all the parents come for regular check-up. In this case, the source credibility depends on trustworthiness of the medical staff that organizes and executes the camps. This also shows the current source of information i.e. community has saturated. There is need to explore other sources of information as mentioned above.
5. Parents think that the treatment provided to their children has been effective and they are satisfied with the treatment and overall service of the dental care camps.

To summarize, all the parents who regularly attend the dental camps are satisfied and do not see any problem regarding accessibility and they are willing to attend the camps even after the treatment is over. The mosque community has played an important role in creating awareness among the people associated with the community. The problem lies in delivering the benefits of the camps to needy people beyond the mosque community. The current model of awareness through community can be replicated to extend the program's reach but other channels of awareness must be utilized in addition to community model if the true potential of such dental care program is to be realized.

## References:

[1] <http://itaspire.net/dental/pages/welcome.aspx>

[2] <http://itaspire.net/dental/pages/projects.aspx>