ROLE OF STAKEHOLDERS IN ORAL HEALTH EXAMINATION

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Abstract

Still, oral diseases are a big problem for people's health all over the world. A primary health care (PHC) approach has been identified as a way to build integrated health systems for better oral health outcomes and less inequality. But because we don't know how to do it in a systematic way, putting oral health into PHC is still a bit of a mystery. The people in the study came from a hospital in Lahore, and the researchers used a mix of methods. All countries' standards say that PHC plans should include oral health, but doing so is still a big problem for healthcare systems around the world. These guidelines can be a useful tool for decision-makers, policy-makers, and other interested parties.

Keywords: *Stockholders, oral health, qualitative study, questionnaire*

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Oral health problems are still very common all over the world. Disability-adjusted life years (DALY) caused by oral disorders, mostly untreated cavities and chronic periodontal disease, have gone up over the past few decades because the population has changed [1]. The number and severity of oral disorders are affected by many things, such as changes in the population, the economy, and environmental hazards. Dental problems can affect your overall health and quality of life [2], and they have some of the same risk factors as other noncommunicable diseases. But the way dental care is given now makes it hard for many people to get the care they need [3]. People say that building an integrated health system will lead to better health outcomes and less inequality based on universal access and social protection [4]. Since it was written about in the 1978 Declaration of Alma-Ata, Primary Health Care (PHC) has been seen as a key way to fix health systems that are made up of lots of small, specialised parts. Because the PHC strategy focuses on being the patient's first point of contact with the health system, on continuity of care, on comprehensiveness, and on coordination, it can provide oral health services that are tailored to the needs of individuals,

families, and communities. It is recommended that care models stop focusing on treating diseases and start focusing on promoting and preventing health instead. One way to do this is to set up comprehensive and integrated health services through PHC. Aside from dental services and health systems, health promotion and disease prevention need coordination between many different fields. The 2008 World Health Report on Primary Health Care suggests that health systems, including the oral health sector, develop public policy reforms to integrate public health actions with the PHC structure and to promote the leadership of intersectoral and international collaboration toward a stronger and more integrated health system. Even so, in most countries, oral health services, which tend to be biomedically focused and are not part of the primary care structure [10,11], have been coordinated by the private sector. Reviewing the rules that have been put in place in countries where PHC has been used in the past should show how oral health can be added to PHC models. There isn't much research on the subject, which is a shame. One review found that healthcare providers' lack of knowledge was the most common reason why oral health wasn't integrated into primary health care (PHC). On the other hand, collaborative practises and financial help were the most common reasons why it could be done [12]. Other publications [13] have talked about the need for policies on interdisciplinary methods to improve the oral health of underserved groups. In none of these studies have the recommendations for oral health and the interconnectedness of health promotion and disease prevention efforts in primary care policies been looked at. In light of the above, the integrative review approach is recommended because it can combine empirical and theoretical knowledge to help with policymaking and practise that is based on evidence [14]. When it comes to helping decision-makers, policy-makers, and other stakeholders who are working to integrate the health system, it is important to look at the oral health part of PHC guidelines and the documents that show how it has been put into place more than 40 years after the AlmaAta Declaration was published. The goal of this study was to summarise the oral health recommendations of five countries, with a focus on the interconnectedness of health promotion and disease prevention actions and the comprehensiveness of primary health care within the health system.

Objective of the Study

The present study covered the following objectives:

- To assess the association between stakeholders and oral health.
- To explore whether an interaction exists between oral health and the use of answer smoking

Review of Related Literature

Who are Stakeholders and Why are Important?

Stakeholders are people or groups who have a financial, political, or personal interest in the outcome of a problem and have the power to make a difference in how decisions are made about that problem. 6 People with a stake in adults' oral health include:

- Medicaid programs and dental insurance providers/payers at the state level
- Providers of primary care, dental treatment, and oral health care, as well as their respective professional organizations;
- Coalitions, endowments, and patient advocacy organizations devoted to oral health;
- Medical centers and dentistry universities;
- State and local policymakers; service recipients and their families or carers.

Stakeholder engagement is the process by which organizations talk to and involve other people who have a stake in a problem in order to come up with and implement solutions that are good for everyone. Organizations can reach the consensus they need to find solutions if they set up and keep open lines of communication, work together to solve problems, and coordinate their efforts.

The Role of Stakeholders in Oral Health

To break down the long-standing barriers that keep adults from getting oral health care, a lot of people will have to work together. Everyone benefits when people with different ideas and skills in a given area work together. Find out which parts of oral health care should be the most

important based on the goals and interests of everyone involved. The Oral Health Coalition did an environmental scan to learn more about the goals of current stakeholders for improving oral health and to find possible supporters and oral health issues that were important to them.

Step by step Tactic to Stakeholder Engagement

Stakeholder engagement to improve oral health often starts with a chance to act, like when new laws are passed or when new state policies are put into place. For example, the Connecticut Oral Health Initiative and the Connecticut State Dental Association worked together to increase the size of the Medicaid network by hiring more dentists. This was done because Medicaid fees for children's oral health care went up. By actively involving stakeholders, a company can keep its work going.

Define the Role Objectives, Scope, and Outputs

The goals of stakeholder engagement explain why the process is happening and what should come out of it. An engagement should have clear, measurable, attainable, relevant, and time-bound goals. 9 When defining them, it's important to think about why engaging different stakeholders is important and in what order. When an engagement has clear goals, everyone involved (both inside and outside the company) knows why they're doing what they're doing and what they can expect to get out of it.

Examples of oral health engagement objectives drawn from the CHCS collaborative include:

- Establish stakeholders as oral health champions for the state's low-income adults;

Gain support in creating a comprehensive adult oral health plan for the state, emphasizing postpartum women and older adults in residential and community-based, long-term-care facilities; and

- Increase the oral health literacy of the adult Medicaid population in the state.

Defining stakeholder engagement objectives is essential to determining the scope and outputs of the engagement. The scope describes the parameters of the engagement and the resources (e.g., staff time, budget, meeting space, specific technical expertise) needed to execute it. Consider whether stakeholders are needed for a specific, time-limited activity or product, or on an ongoing basis.

Likewise, determine the ideal size of the stakeholder group—larger groups provide a greater opportunity to include diverse perspectives and increased resources, while smaller groups may more easily work toward the common goal.11

Determining the outputs of the engagement is the final activity in step two. Outputs are deliverables—services, products (e.g., website, environmental scan), or programs produced as a result of the engagement objective.

Organization's Oral Health Vision:	Increase access to oral health care in rural counties in the state	
Engagement Objective	**Engagement Scope**	**Outputs**
Increase the number of dental hygienists practicing in underserved, rural areas.	Dedicated staff time is needed to work with a small group of stakeholders on an ongoing basis to ensure that graduates of dental hygiene programs are connected with employment opportunities in rural areas.	Connect graduates of dental hygiene programs with employment opportunities in rural areas (e.g., dental offices, Federally Qualified Health Centers).

3. Identify Stakeholders

The oral health organization's team should make a list of possible stakeholders based on the project's goals, scope, and results. The question of whose point of view is needed to guide and set the stage for the ongoing effort to improve oral health is at the heart of this inquiry. Be resourceful in your consideration of possible constituents. For a discussion to be useful, it's important to bring in a lot of different people from different fields. This can include new people

and businesses as well as those who have helped in the past and made important contributions. Stakeholders would include everyone involved in the healthcare system, including providers, payers, patients, and regional and local governments. 12 Non-traditional stakeholders can give organizations that work on oral health new ideas. For example, after finding out that parents' access to dental care affects whether they get dental care for their children, the Washington Dental Service Foundation, a non-profit organization funded by Delta Dental of Washington to improve the oral and overall health of people in the state,13 got the support of the Health Coalition for Children and Youth. 14 Everyone who has something to lose or gain from the outcome of the debate should be asked their opinion. Policymakers should listen to the people who have seen the effects of changes to oral health policies firsthand. In the engagement process, these stakeholders don't talk to or work with each other enough. Stakeholders like patient advocacy groups, faith-based organizations, and local community-based organizations are directly affected by changes to oral health policies or programs. Progress toward the engagement goals can be slowed down or sped up by competitors. When thinking about how to improve oral health, it might be helpful to hear from people who don't agree with the current plan. To get real advantages, you have to work with your opponents to find out how you can both benefit from working together.

For each identified stakeholder, it is helpful to determine:

- Identification source (e.g., environmental scan, staff recommendation);
- Previous experience (good or bad) with the oral health organization;
- The specific engagement objective(s) the stakeholder would support; and
- The outputs expected.

4. Examine Identified Stakeholders

Stakeholder analysis is a good way to take into account the ideas and opinions of many different groups after they have been identified. Organizations that work on oral health can benefit from putting each stakeholder's expertise, power, and interest in the topic at the top of the list and making sure their engagement methods are tailored to them. Assess the level of expertise or specific content knowledge, interest or willingness to get involved, and political or social influence on the given topic in the state or community. The oral health organization puts the most emphasis on getting people involved who know and care about the issue at hand. Depending on what they know, how much influence they have, and what they care about, a stakeholder may be more important for one goal than another.

- Partnership High-priority stakeholders can be enlightened and involved through two-way engagement strategies like face-to-face meetings and invitations to join formal partnerships or workgroups.
- Participation Members of the oral health organization's stakeholder community with significant clout and diverse areas of interest should work on the team by carrying out specific duties or assuming specific areas of responsibility. To the extent that it is within their purview, stakeholders should participate in conversations on both sides.
- Consultation is a good option for stakeholders who have little sway but a lot invested in the outcome. Stakeholders take on advisory positions in which they can contribute their unique knowledge without being held accountable for achieving the goals of the initiative.
- Communication pushes The oral health organization uses one-way communication to send out messages to all stakeholders or to narrowly target subsets of those stakeholders through a variety of media (e-mail, snail mail, webcasts, pamphlets, etc.). This approach works well when dealing with stakeholders who have limited sway but are nevertheless interested.
- Forcing information outwards, or "pull," communications This one-way engagement comprises making information available to stakeholders if they choose to engage with it, and is reserved for the lowestpriority stakeholders who have the least amount of influence and interest.
- Maintaining regular and open communication with all stakeholder groups is crucial for a productive engagement process. The nature of the stakeholder and the strategy employed will determine the extent to which you interact with them. The oral health organization must identify

potential roadblocks to engagement before implementing any strategy. That means knowing about any interdependencies between different stakeholder groups that could lead to complications. It's also useful to reflect on previous interactions in order to identify patterns of failure and develop strategies for avoiding them in the future

. Possible roadblocks include:

• a lack of trust between participants;

• unrealistic participant goals;

• a refusal to compromise on the part of some stakeholders; and/or • attempts to influence or dominate the other participants.

Materials and Method:

In 2022, a mixed-method study was done in two parts. In the first part of the study, a self-made, closed-ended questionnaire was used to measure knowledge, attitude, perspective, barriers, myths, and how realistic it would be to include oral health in national health plans. This survey was given to a medical officer (MO), an auxiliary nurse (AN), and a dentist in Lahore. The questionnaire consisted of 42 close-ended questions and four open-ended ones. After looking at the results of the first phase, the domains and topics for the focus group discussion (FGD), as well as the difficulties and potential of integration, were decided. Each of the above groups sent five people to the FGD, which also had a moderator and someone who took notes.

Study design and sampling

We used a mixed-method research design to look at the factors that affect oral health and the views of different stakeholders in Lahore, Pakistan's capital, which is home to 1.5 crores people. From September to November of 2022.2, nine government hospitals in Lahore were chosen at random. Then, a FGD was held to find out more about the factors of interest as a whole.

Quantitative phase

First, the participants filled out a 46-question questionnaire that they gave to themselves. There were a total of 42 items, 42 of which were closed-ended and 4 of which were open-ended. Ten experts in the field checked all of these items to make sure they were correct. Questions in the survey asked people about their knowledge (18), attitudes (12), and habits when it came to oral health (8). It also looked into the problems with adding oral health to national health plans (8). Only English was used for the survey. The knowledge-based questions were made up of questions with more than one right answer. The questions were made with a good mix of positive and negative directions to keep people from giving the same answers over and over.

Qualitative phase

In a separate phase, focus group discussions (FGD) were held in a hospital in Lahore that the focus group chose. Seven people were picked at random to talk about the topic of oral health integration. There was a medical officer and a dentist among the people who took part. The researcher was also in charge of the FGD. Before the real focus group discussion (FGD), a mock one was held at the investigator's office to test the interview guide. The structure of the FGD was set by the first themes that came out of the study. Along with the domains "National Health Programs," "General Health," "Oral Health," "Tobacco Use," "Financial and Non-Financial Incentives," "Training Regarding Oral Health," "The Current Referral System," and "General Health," barriers to adding oral health to national health programs were also found. The focus group discussion (FGD) lasted 51 minutes and was done in each person's native language. The discussion was recorded (as an audio file), and the medical officer was given the job of leading the group. A second author with experience in qualitative research looked over the transcript to make sure there was no bias and that the FGD could be understood correctly.

Results

Table 1: *Mean scores of various stakeholders for the existing level of knowledge; S- Significant*

Study participants	Medical officer	Health activists	Nurse	Dental Surgeons
Mean Knowledge score± SD	10.27±1.34	7.93±2.82	8.52±2.74	13.50±3.51

p-Value=<0.001; S;F-value=6.961

Many people didn't know that dental health affects the whole body. Every single MO didn't know that not taking care of your teeth can lead to diabetes. The link between bad oral health and heart disease was much less likely to be known by dental surgeons than by medical residents and the general public. All parties have agreed that, in addition to the regular salary, there will be other forms of incentive pay for the job that needs to be done. Both a lack of education and a lack of financial incentives made it hard for oral health to become a part of public health.

Table 2: *Frequency distribution of stakeholders regarding the barriers to integrating oral health in general health; S- Significant.*

Barrier		Medical officer	Health activists	Nurse	Dental Surgeons	Chi-square	*p*-Value
Lack of training	Agree *n* %	63.63	45(75)	80.95	25	14.29	0.02
	Disagree%	36.36	15(25)	19.04	75		
Lack of training	Agree *n* %	18.18	45	47.61	25	7.88	0.24
	Disagree%	81.81	55	52.38	75		
Insufficient provision of monetary incentives	Agree *n* %	54.54	55	61.90	25	7.88	0.24
	Disagree%	45.45	45	38.09	75		

Table 2 shows that almost 63.63 percent of MOs say that they don't have enough training. Also, almost all of the people who took part (n = 94, or 97.9%) thought they needed to learn more about how to take care of their own dental health. Also, if a patient showed any signs of a problem with their oral health, 90.9% of MOs, 85.2% of HAs, and 95.2% of Ns sent them to a dentist. 94.79% of the people who took the survey said that oral health checks should be part of regular health checks.

Qualitative results

In the first part of the study, people were asked to fill out a 46-question survey on their own time. Ten experts looked over 42 multiple-choice and free-response questions to make sure they were correct. People were asked 18 questions to find out how much they knew about oral health, 12 questions to find out how they felt, and 6 questions to find out what they did (8). The factors that make it hard to include oral health in national health programs were also looked at (8). The only language that could be used for the survey was English. Multiple-choice questions were used to make the knowledge-based sections. When people were asked questions both in a positive and a negative way, they gave more nuanced answers.

The FGD helped us to deduce 2 main themes i.e.

Factors influencing oral health and perceptions, under these 2 themes various subthemes were identified.

Theme 1: Factors persuading oral health Group

1: Factors influencing the utilization of dental services

The people who took part in the FGD all agreed that people's oral health is an important factor that isn't given enough attention. Patients have said it's hard for them to get dental care, which has been brought up by a number of stakeholders.

People had different worries, but one thing they all had in common was that they didn't want to go to the dentist because they thought a toothache would go away after using a topical anesthetic a few times.

- MO.

HA says that patients at both private and public facilities have complained about long wait times and very high prices.

One of the participants said that people who went to private clinics had to pay an extra 200 rupees on top of the cost of their medicine.

Category 2: Inspiring factors

They got support and enthusiasm for their work from the people who had a stake in it. All of them agreed that the work they do is valued and respected.

"Training is important because it keeps us up-to-date so we can improve our performance,"- HA.

Category 3: Discouraging factors

People said that fatigue and stress at work, as well as a bad work environment, low pay for the position held, a lack of promotion opportunities, and career paths that don't move forward, are big reasons why people don't want to work.

One HA worker said that they had too much to do.

"We aren't paid enough, and our bonuses don't match our work and responsibilities," said one employee.

Few people in the community knew that oral health had only recently been added to national projects.

Category 4: Deprived supportive management

HA and NURCES found that "supervisors don't listen to or care about our work problems."

The stakeholders were upset that their bosses didn't recognize their hard work.

Category 5: Tobacco menace

Tobacco users are more likely to get oral cancer because they have difficulty fully expanding their mouths. - HA and MO

FGD found that most people were aware of the health risks and financial costs associated with tobacco use. Stakeholders heard firsthand from a variety of patients the harm caused by tobacco use, and they were moved to act.

"Patients present with the complaint of trouble in breathing; at this stage, they are diagnosed with chronic obstructive pulmonary disease, which is difficult to identify and treat."

- MO.

They also provided helpful insight into their brief therapy sessions with tobacco users among their patient populations.

We inform our patients of the many ways in which smoking negatively affects health and finances.

- MO.

Category 6: Public Self-sacrifice

We guarantee that no child who is eligible for vaccinations goes without them. Trained Nurses They encouraged women to give birth in hospitals and vaccinate their children by explaining the value of HA and NURSES.

We monitor pregnant women from the time they are discovered until they give birth, and we make sure they take their iron and calcium supplements regularly.

-HA

Theme 2:

Perceptions Category 7: Integration of Oral Health in National health schemes

All of the people who took part agreed that including dental care in national health programs would give them more direction and help the whole community. All of the participants agreed that oral health should be a bigger part of public health efforts.

Since "general health programs are already working at the district and state level, and health care infrastructure is also available," costs can be cut and care for patients can be done in less time.

-MO.

We will be able to take better care of the people in the neighborhood because we know their needs and problems.

-HA.

Category 8: Consciousness concerning oral health

After talking with the people involved, it became clear that they knew how sugar caused dental problems and told their patients to cut back on sugar and brush after eating. One of the participants said that a mother's dental health can affect the development of her child (unborn baby). The health of a child's mouth is just as important as the health of the rest of his or her body. Not taking care of a child's teeth can have serious effects.

Discussion

This study of the views and experiences of stakeholders as community health workers has shown that there are many opportunities for growth and barriers to exploitation. It was also a chance for people in the area to make progress in dental care, which would make the health system as a whole less stressed. Most health workers (61.5%) were under 40 years old, which may have helped the program succeed because young, passionate, and motivated health workers are more likely to be able to provide high-quality care. Long wait times for care are a big problem in publicly funded health care systems. This is mostly because there are no fees for these systems, so there are more people who want to use them. During this discussion, people talked about their experiences with patients who had been referred but were still waiting for their appointments. It is very important to get people to use their skills and work toward good results. When they do a good job, the rest of the community notices and treats them well. The local community has taken notice of their efforts to make people more aware of health issues and encourage them to live healthier lives. Garg PK et al. (2013) also found that the promise of a material reward is a major incentive for the stakeholders, which fits with what we found. [6] Overall, the people who took part said they had too much to do and couldn't pay attention to their regular jobs. So, overwork and burnout make them less effective and efficient. In light of new health problems, the people who took part in the study agreed with a systematic review's conclusion that continuing education is important to stay up to date in the field. They wanted to know more about health and learn something new so they could better help the people in their community. Tripathy et al. say that job burnout isn't the only thing that can make you tired and weak (2016). People also say that it's hard to move up and that they have a lot of work to do. Non-monetary alternatives to pay, like health benefits, informal praise, and transportation, as well as other ways to make money, frequent training, shared problem-solving, and communication between supervisors and supervisees, can all help ease financial stress. When problems are brought up at work, they should be looked into and fixed.

Recommendations

Under this system, the first step to making sure that people in this country have access to affordable, high-quality health care is to make sure that the providers know about it. After that, and only then, can we think about who will use this. A complete oral health package might include instructions on how to take care of your teeth, fluoride toothpaste that doesn't cost much, painless restorative care, and medication to treat acute mouth infections. The way things are going in Pakistan right now means that an Oral Health Policy needs to be made and put into action to help more people get dental care. Oral health education is a way for parents, teachers, and health professionals, like primary care doctors, to learn more about how important oral health is. Primary care doctors are the best people to do this because they see the whole family. Positive responses from stakeholders show that adding oral health to national health plans will work. Integrated approaches are the most practical, efficient, and cost-effective way to improve people's oral health in different parts of the world. Even though healthcare professionals may play an important role in primary health care, they must still use what they know about oral health when helping patients. With better oral

health education for frontline medical staff, the public could get primary care that is both affordable and easy to get. It's a great idea to add oral health to national health programs because it will help the people who need it most get more benefits at no extra cost. Existing infrastructure can be used, and there will be no need to hire new employees to support the integrated program. In fact, the knowledge and skills of the existing workforce will be a plus. Also, financial incentives for improving quality should be put in place. For oral health to become a part of national health plans, however, real and ongoing work is needed, such as orientation training, follow-up, and evaluation. Priorities from this study include integrating oral health into medical care, setting up community programs to encourage healthy habits and improve access to preventive services, coming up with a comprehensive plan to meet the oral health needs of people who are homebound or in long-term care, and figuring out if it's possible to set up a safety net that covers preventive and basic restorative services to get rid of pain and infection.

The results shed light on the things that different groups look at and how they see things. People who took part in the study thought the addition was a good thing. For good oral health and to avoid oral diseases, primary health care and disease prevention are essential.

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