Commentary:
As we know the cost and access to dental care remains a worldwide problem, especially in developing country like India. It is the largest democratic and second most populated country in the world. More than 70% of the people of India’s population are residing in the villages\(^1\). As far as dentists and their availability are concerned, the demand and supply ratio is drastically imbalanced. The population to dentist ratio is 1:250000 in rural India\(^2\). Inadequate rural healthcare is a major concern facing the country\(^3\). In order to meet the health care needs of the population, it is essential to formulate a workforce with necessary number, knowledge, and skill sets to meet the increasing health care needs of the large rural population.

In such scenario, the most vital part of the workforce would be the community health workers who are members of the community, selected by and answerable to the community they work for, supported by the health system\(^4\). They can be integrated into both individual & community services system and at health-social service system to form a chain between the disadvantaged rural population and the health care services.

The major core competencies of these workers are:

A) **TO WORK AS COMMUNITY ORGANISER AND CAPACITY BUILDER** - To build individual and community capacity

B) **TO WORK AS HEALTH WORKER** - To advocate for individual and community needs

C) **TO BE PART OF ORAL HEALTH CARE DELIVERY TEAM** - To assist and provide direct services

D) **TO WORK AS A HEALTH EDUCATOR** - To promote wellness by providing culturally appropriate health information to community and providers

E) **TO WORK CONSTANTLY IN OUTREACH AND ENROLLMENT ACTIVITIES** - To assist in navigating health service system.

In conclusion, they are considered “another pair of hands” as they are helpful in rendering services to underserved populations\(^5\). Hence, “community health workers can be rightly called as a navigating tool for accessible and affordable oral health”.

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References


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