

Oral Health in the Serbian Rural Districts

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Providing the full access to high-quality, affordable oral health care cannot be achieved over night nor by “one program applied” in Serbian rural patients. Generally, numerous factors should be included when supplied rural population. At first, the oral health practitioners must focus on prevention rather than just identification and treatment of existing disease. Further thorough analysis of regulations, policies, and programs to meet the needs and bridge the gaps are required. The mentioned will request dedication and political will from policymakers at all levels of government, from faculty and administrators in oral health programs in Serbia, and from oral health providers themselves. Association with the European oral health programs has found to be very suitable. If implemented, the recommendations presented in the form of the “Good Dental Practice Guides” can help improvement the oral health care, something that rural Serbians need and deserve. Access to oral health services has become an increasingly important health issue among rural patients. Previous foreign studies and reports have shown that there are significant disparities in levels of oral health care as well as access to oral health services for rural populations in comparison to their urban counterparts as “Rural populations have fewer dentists, lower dental care utilization, and higher rates of dental caries and permanent tooth loss than urban populations”. The disparities in rural oral health can be attributed to several factors including: inadequate supply of dentists, lack of dentists accepting Medicaid and other subsidized insurances, poverty, geographic isolation, and absence of a coordinated screening and referral network. Many specific and urgent intervention are required in rural population who usually don't have insurance. Above all, rural population also include children, aged, pregnant women or women in labor, and persons with specific needs. All of them have to deal with many barriers that influence on their subjective treatment need. Significant improvement was made in past few years especially in Primary health care (PHC). However, disparities in oral health – as well as access to oral health care services – continue to exist among rural populations and the low-income, elderly, and additional underserved communities that inhabit rural Serbia. Poor oral health is still very serious problem in rural communities of Serbia [1-7].

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