

DEPARTMENT OF PUBLIC HEALTH DENTISTRY
Post Graduate Session Reports
Reports for Week 11(22.06.2020 to 27.06.2020)

S.No	Date	Lecture Topic	Faculty	PG's
1.	22.06.2020	S1-Bias in research methodology & review of types of data	Dr. Jagannatha G V	Dr Sujatha
		S2 – Determinants of Health	Dr.Jagannatha G V	Dr. Sujatha
2.	23.06.2020	S1- Introduction to Kuppuswamy scale	Dr. Jagannatha G.V	Dr Sujatha
		S2-Kuppuswamy scale	Dr. Jagannath .G.V	Dr Sujatha
3.	25.06.2020	S1- Udhai Pareekh scale	Dr Jagannatha .G.V	Dr Sujatha
4.	26.06.2020	S1-Seminar on Theories of pain & Management of pain	Dr Jagannatha G.V	Dr Sujatha
		S2- Social determinants of health	Dr Jagannatha G.V	Dr Sujatha

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date22:-06-2020

Session I: 10.45 am – 11.30 am

Faculty: Dr. Jagannatha G.V

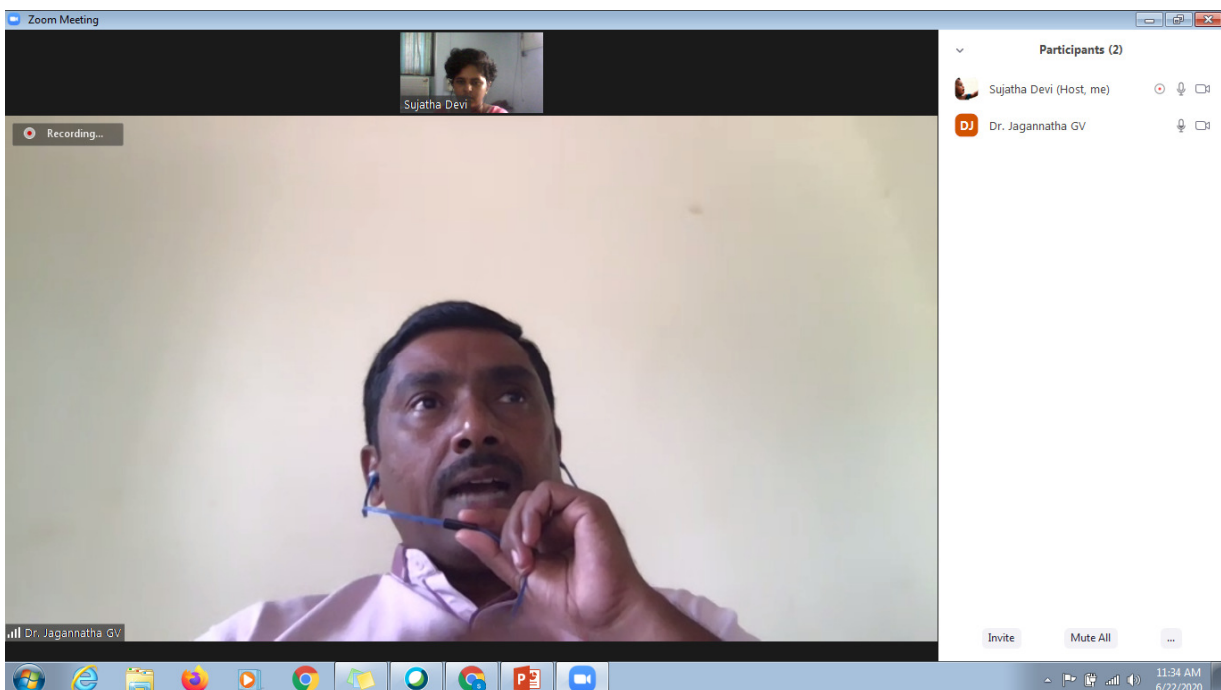
PG Students: Dr.Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Bias in research methodology & Review of types of data

Summary :

A presentation of the different types of data and the scales of measurement of data was gone with suitable examples. the concept of channeling bias and chronological bias was explained. The method of studies when channeling bias and chronological bias will occur and ways to prevent it were explained in brief with suitable examples. The concept of confounding and when it occurs was explained with suitable examples.





Identifying and
[Plast Reconstr Surg. 2010 A](#)

Plastic and reconstructive surgery

Author Manuscript

HHS Public Access

Identifying and Avoiding Bias in Research

Christopher J. Pannucci, MD and Edwin G. Wilkins, MD MS

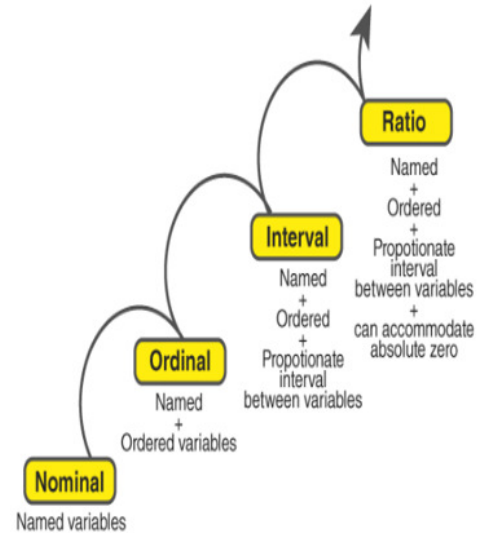
[Additional article information](#)

Abstract

This narrative review provides an overview on the topic of bias as part of *Plastic and Reconstructive Surgery's* series of articles on evidence-based medicine. Bias can occur in the planning, data collection, analysis, and publication phases of research. Understanding research bias allows readers to critically and independently review the scientific literature and avoid treatments which are

Provides:	Nominal	Ordinal	Interval	Ratio
The "order" of values is known		✓	✓	✓
"Counts," aka "Frequency of Distribution"	✓	✓	✓	✓
Mode	✓	✓	✓	✓
Median		✓	✓	✓
Mean			✓	✓
Can quantify the difference between each value			✓	✓
Can add or subtract values			✓	✓
Can multiple and divide values				✓
Has "true zero"				✓

LEVELS OF MEASUREMENT



TYPES OF VARIABLES

QUALITATIVE DATA

- it is a variable or characteristic which cannot be measured in quantitative form but can only be identified by names or categories.

More exploratory than conclusive in nature

Example: stages of cancer, pain scale, types of bristles of brush, contents of a tooth paste

QUANTITATIVE DATA

- it can be measured and expressed numerically and it can be either discrete or continuous.

Example: number of teeth present, number of workers in a hospital, composition of a tooth paste.

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date: 22-06-2020

Session II: 3.30 pm – 4.15 pm

Faculty: Dr. Jagannatha G.V

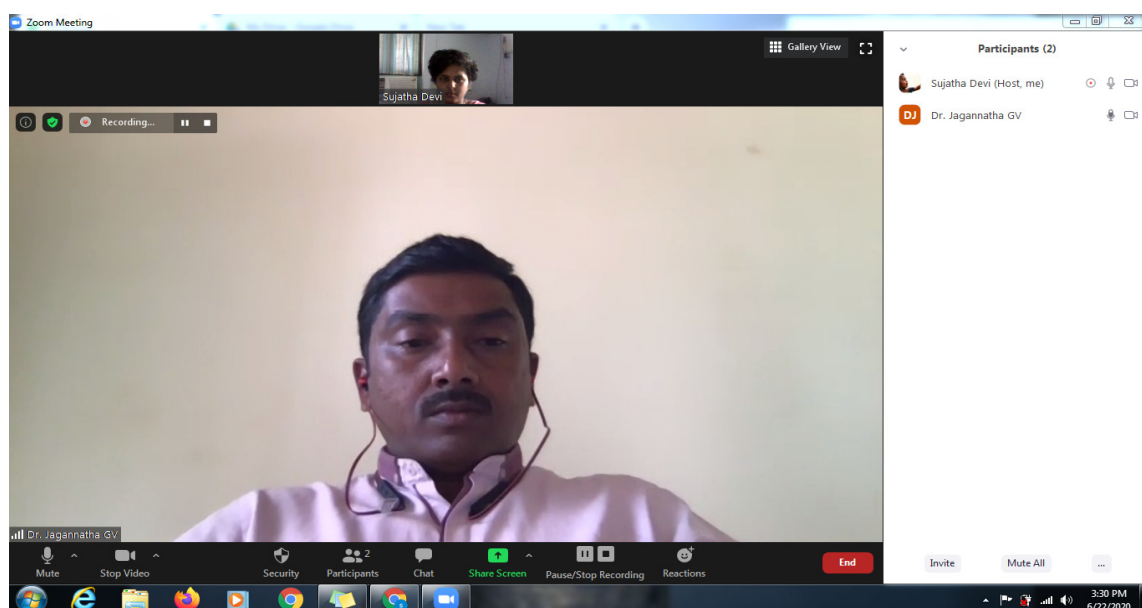
PG Students: Dr. Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Determinants of health

Summary :

A basic idea of health and the determinants was given. The three main determinants of health like social determinants, biomedical risk factors and behavioral risk factors were explained in brief. Biomedical risk factors like high blood pressure, high blood glucose levels, behavioral determinants like alcohol consumption, illicit drug usage were explained with suitable examples. The factors influencing the socio economic status like the educational attainment, occupation and income were explained. The student was asked to read about the health determinants, socio economic scales for better understanding.



Zoom Meeting

Recording...

Sujatha Devi Dr. Jagannatha...

ahw.gov.au

(3) - studentphoto@gmail.com - G... determinants of health and disease... Frequently Asked Questions | Social... Australia's health 2016, Chapter 4 D...

cohesive; which promote physical and psychological wellbeing; and protect the natural environment, are essential for health equity (CSDH 2008).

To that end, health-promoting modern urban environments are those with appropriate housing and transport infrastructure and a mix of land use encouraging recreation and social interaction.

Measuring socioeconomic inequalities in health

Since social determinants are often pinpointed as a key cause of health inequalities, measuring the size of the health gap between different social groups is important. This provides essential information for policies, programs and practices which seek to address social determinants in order to reduce health gaps (Harper & Lynch 2006).

A common approach to measurement is to: (i) rank the population by socioeconomic position; (ii) divide the population into groups based on this ranking; and (iii) compare each group on health indicators of interest. To rank the population by socioeconomic position, factors such as education, occupation or income level are commonly used, although many other factors, such as housing, family structure or access to resources, can also be used. These factors closely reflect social conditions, such as wealth, education, and place of residence (WHO 2013a). Similar associations between socioeconomic position and health are generally found regardless of which factor is used.

Although individual measures of socioeconomic position are included in some health data sets, area-based measures can be calculated from most collections. An example is the Australian Bureau of Statistics (ABS) composite Index of

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6/22/2020


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Sujatha Devi Dr. Jagannatha...

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 In general, people from poorer social or economic circumstances are at greater risk of poor health, have higher rates of illness, disability and death, and live shorter lives than those who are more advantaged (Mackenbach 2015). Generally, every step up the socioeconomic ladder is accompanied by an increase in health.

Historically, individual indicators such as education, occupation and income have been used to define socioeconomic position (Galobardes et al. 2006).

- **Educational attainment** is associated with better health throughout life. Education equips people to achieve stable employment, have a secure income, live in adequate housing, provide for families and cope with ill health by assisting them to make informed health care choices. An individual's education level affects not only their own health, but that of their family, particularly dependent children.
- **Occupation** has a strong link to position in society, and is often associated with higher education and income levels—a higher educational attainment increases the likelihood of higher-status occupations and these occupations often come with higher incomes.
- **Income** and wealth play important roles in socioeconomic position, and therefore in health. Besides improving socioeconomic position, a higher income allows for greater access to goods and services that provide health benefits, such as better food and housing, additional health care options, and greater choice in healthy pursuits. Loss of income through illness, disability or injury can adversely affect individual socioeconomic position and health (Galobardes et al. 2006).

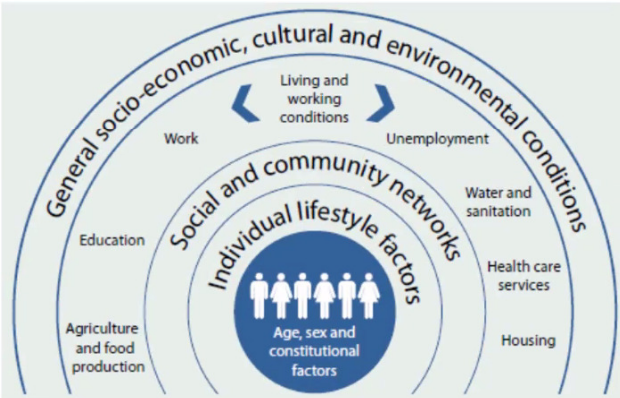
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3:53 PM
6/22/2020

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Figure 4.1.1: A framework for determinants of health



Source: Dahlgren & Whitehead 1991

3:36 PM
6/22/2020

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date: 23-06-2020

Session I: 10.30 am – 11 am

Faculty: Dr. Jagannatha G.V

PG Students: Dr. Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Introduction to kuppuswamy socioeconomic scale

Summary :

A brief about the various scales available to measure the socioeconomic status of a family was given. The various scales usage like the kuppuswamy scale used in the measurement of urban population, Udhay pareekh's scale used in the measurement of rural population and the Pradeep scale used in the measurement of both rural and urban population was explained. A brief discussion about the advantages and the disadvantages of the commonly used Kuppuswamy scale was given.

Journal of Family Medicine and Primary Care

Wolters Kluwer -- Medknow Publications

A Critical Appraisal of Kuppuswamy's Socioeconomic Status Scale in the Present Scenario

Rahul Sharma and Narinder K. Saini

[Additional article information](#)

Abstract

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date: 23-06-2020

Session II: 5pm - 5.30 pm

Faculty: Dr. Jagannatha G.V

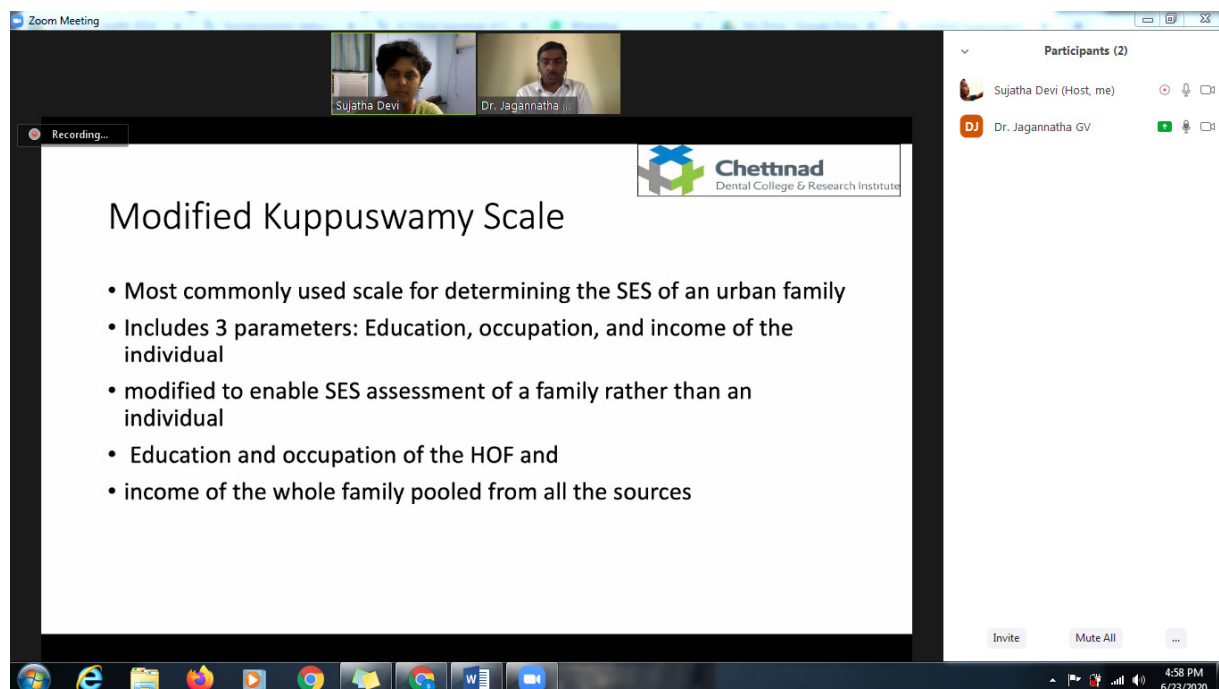
PG Students: Dr. Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Kuppuswamy socioeconomic scale

Summary :

A brief about the most commonly used kuppuswamy scale was given. The year it was introduced and its need for modification every year based on the Consumer Product Index (CPI) was explained. The method of grading by the use of education, occupation and income and its criteria was explained. The advantages and disadvantages of Kuppuswamy scale were explained. The student was asked to calculate the Kuppuswamy scale income criteria for the year 2020 using the formulae.



The screenshot shows a Zoom meeting interface. At the top, there are two video thumbnails: one for Sujatha Devi and one for Dr. Jagannatha G.V. Below them is a large presentation slide titled "Modified Kuppuswamy Scale" with the Chettinad Dental College & Research Institute logo in the top right corner. The slide lists the following bullet points:


- Most commonly used scale for determining the SES of an urban family
- Includes 3 parameters: Education, occupation, and income of the individual
- modified to enable SES assessment of a family rather than an individual
- Education and occupation of the HOF and
- income of the whole family pooled from all the sources

On the right side of the Zoom window, there is a "Participants (2)" list showing Sujatha Devi (Host, me) and Dr. Jagannatha GV. At the bottom of the Zoom window, there are buttons for "Invite" and "Mute All". The Windows taskbar is visible at the very bottom, showing various application icons and the system clock indicating 4:58 PM on 6/23/2020.

Zoom Meeting

Recording...

Sujatha Devi Dr. Jagannatha ...

 **Chettinad**
Dental College & Research Institute


Total score	Socioeconomic class
26–29	Upper class
16–25	Upper middle
11–15	Lower middle
5–10	Upper lower
Below 5	Lower

5:09 PM
6/23/2020

Zoom Meeting

Recording...

Sujatha Devi Dr. Jagannatha ...

 **Chettinad**
Dental College & Research Institute

A formula has been developed for future regular updating of the income limits, which uses the latest Consumer Price Index for Industrial Workers (CPI-IW). The latest CPI-IW is available on the web page at http://labourbureaunew.gov.in/LBO_indnum.htm. For facilitating the calculation of cut offs, **an online tool is available** at: <http://scaleupdate.weebly.com/real.html> , which calculates the cut offs once the latest CPI – IW is entered.

5:11 PM
6/23/2020

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date: 25-06-2020

Session I: 6pm-6.30 pm

Faculty: Dr. Jagannatha G.V

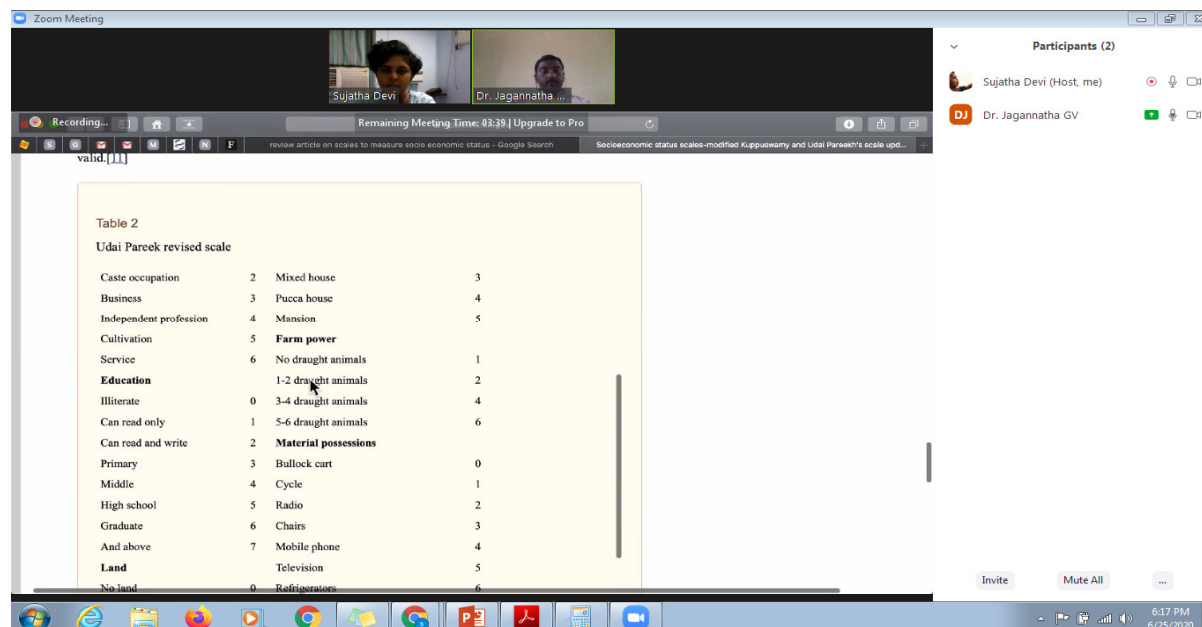
PG Students: Dr. Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Introduction to Udhai Pareekh socio economic scale

Summary :

A brief discussion about the Udhai pareekh's scale, its usage in the rural population, and the scoring categories was discussed. The method of calculating the income criteria for the kuppuswamy socio economic scale for year 2020 was discussed. The importance of consumer price index and its impact in the income status calculation was also explained.



The screenshot shows a Zoom meeting interface with two participants: Sujatha Devi and Dr. Jagannatha GV. The main window displays a presentation slide titled 'Table 2: Udhai Pareekh revised scale'. The slide contains a table with three columns: a category, a score, and a description. The categories include Caste occupation, Business, Independent profession, Cultivation, Service, Education, Illiterate, Can read only, Can read and write, Primary, Middle, High school, Graduate, And above, Land, and No land. The scores range from 0 to 6. The descriptions include Mixed house, Pucca house, Mansion, Farm power, No draught animals, 1-2 draught animals, 3-4 draught animals, 5-6 draught animals, Bullock cart, Cycle, Radio, Chairs, Mobile phone, Television, and Refrigerators.

Category	Score	Description
Caste occupation	2	Mixed house
Business	3	Pucca house
Independent profession	4	Mansion
Cultivation	5	Farm power
Service	6	No draught animals
Education	1-2	draught animals
Illiterate	0	3-4 draught animals
Can read only	1	5-6 draught animals
Can read and write	2	Material possessions
Primary	3	Bullock cart
Middle	4	Cycle
High school	5	Radio
Graduate	6	Chairs
And above	7	Mobile phone
Land	5	Television
No land	0	Refrigerators

Zoom Meeting

Recording...

Remaining Meeting Time: 08:09 | Upgrade to Pro

review article on scales to measure socio-economic status - Google Search

Socioeconomic status scales-modified Kuppuswamy and Udai Pareekh's scale upd...

Sujatha Devi Dr. Jagannatha ...

Monthly income of family			
In 2001 (Base year)	In 2017 (January 2017 CPI)	In 2019 (February 2019 CPI)	Score
≥15,197	≥41,430	≥52,734	12
7,595-15,196	20,715-41,429	26,355-52,733	10
5,694-7,594	15,536-20,714	19,759-26,354	6
3,793-5,693	10,357-15,535	13,161-19,758	4
2,273-3,792	6,214-10,356	7,887-13,160	3
761-2,272	2,092-6,213	2,641-7,886	2
≤760	≤2,091	≤2,640	1

Socioeconomic class		Total score
I	Upper	26-29

[Open in a separate window](#)

6:17 PM
6/25/2020

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date: 26-06-2020

Session I: 10.45 am – 11.30 am

Faculty: Dr. Jagannatha G.V

PG Students: Dr. Sujatha Devi

Total No of PG Students: 1/1

Seminar topic: Theories of pain and pain management

Summary :

The various theories of pain were explained in brief. The theories of intensity, specificity, Cartesian theory, Strong's theory, pattern theory, chemical theory, central summation theory, the fourth theory of pain, the sensory interaction theory, gate control theory, biopsychosocial theory and neuromatrix theory were explained in brief.

The management of pain by physical, psychological and pharmacological management was explained in brief. The physical methods like massage, positioning, hot & cold, acupuncture, TENS, progressive muscle relaxation were explained. The psychological management using cognitive behavioral therapy, mindfulness based pain reduction, acceptance & commitment, biofeedback, guided imagery and music therapy was briefed about. The pharmacological management method like using opioid and non opioid analgesics, anti depressants, skeletal muscle relaxants, anti depressants and topical analgesics was explained in brief.

A discussion about the management of oro facial pain was done and a suggestion to present about the oro facial pain management was given.

Zoom Meeting

Participants (2)

- Sujatha Devi (Host, me)
- Dr. Jagannatha GV

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morphine IM, but the response from kappa receptors does not increase with greater doses. When high doses of opioids are used, selective kappa agonists are viewed as safer, but less analgesic, compared with traditional mu agonists.

Knowledge regarding the kappa receptor spawned the synthesis of several novel compounds that act as agonists at kappa receptors but act as antagonists at mu receptors. Nalbuphine (Nubain) is an example (Table 2). These so-called agonist-antagonists are not constipating, produce less respiratory depression at higher doses, and have less potential for abuse, but their limited analgesic efficacy diminishes their value when postoperative pain is severe. Higher doses are no more effective than conventional doses. Because they act as antagonists at mu receptors, agonist-antagonists may precipitate a withdrawal syndrome in patients dependent on opioids. They are good choices for patients who have a previous history of drug seeking, but they must never be given to a patient who is currently dependent. Dysphoric reactions produced by these agents were formerly believed to be mediated by sigma receptors. However, this receptor is no longer considered an opioid receptor, and dysphoria is credited as a kappa receptor phenomenon.²²

Dependence, Tolerance, and Addiction

Fear of dependence and addiction often results in underprescribing of opioids for severe acute, chronic, and even terminal pain. This unfortunate practice is due to poor understanding of dependence, tolerance, and addiction.

Dependence occurs when the body accommodates to the influences of a drug and, upon sudden discontinuation, the patient experiences a withdrawal syndrome that generally includes reactions opposite those produced by the particular drug. For example, opioids produce sedation, lethargy, and constipation. A patient who is experiencing opioid withdrawal becomes excited and experiences abdominal cramping and diarrhea. If opioid doses are tapered gradually, a dependent patient will not experience withdrawal. Patients who consume opioids regularly for longer than a week can develop some degree of dependence. This may require gradual tapering of the dosage to avoid withdrawal symptoms, which can be confused as an exacerbation of the painful condition. However, this does not mean that the patient has become addicted.^{22,32}

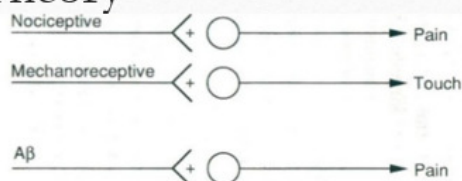
Drugs for pain. [Treat Guidel Med Lett. 2007]

Invite Mute All

11:39 AM 6/26/2020

Chettinad Dental College & Research Institute

Specificity Theory



- Was given by Von Frey, 1895
- One of the first modern theories of pain
- According to this theory specific pain receptors transmit signals to pain centers in the brain that produces perception of pain
- This theory considers pain as an independent sensation with specialized peripheral sensory receptors, which responds to damage and sends signals through pathway in the nervous system to the target centers in the brain
- These brain centers process the signals to produce the experience of pain.
- DRAWBACK- doesn't explain neuralgic, phantom & referred pain

CHEMICAL THEORY :

CHEMICAL MESSENGERS

ENDORPHINS, ENKEPHALINS,
GABA.

Produced in the brain.

These act as **pain Inhibiting substances** and Increase the patients pain threshold.

SUBSTANCE- P

Produced in the sensory Nerve, spinal cord pathways and some parts of brain they acts as **pain stimulant** and facilitate pain transmission

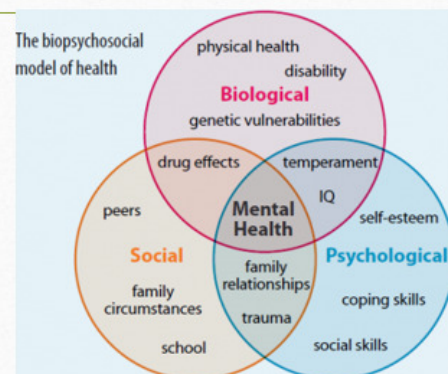
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❖ The balance between these two groups of chemical messengers determines the pain out come.

Biophysio social Model

- Given by George Engel , 1977
- This model commonly used in chronic pain, with a view that pain is a psychophysiological behavior pattern that cannot be categorized into biological , psychological or social factors alone



TENS

- Transcutaneous electrical nerve stimulation (TENS) is an electrical device used to treat pain.
- It consists of battery-powered unit and has 2–4 leads connected to sticky pads, which are positioned over the skin to cover or surround the painful area.
- The TENS unit delivers a low-voltage electrical impulse to the padded surface electrodes in a series of alternating electrical current impulses.
- The larger impulses are postulated to activate large myelinated fibers.
- Large nerve fiber stimulation blocks small pain-transmitting fibers.
- TENS unit activates the release of natural endorphins at the pituitary level by using alternating low-540 frequency pulses



PHARMACOLOGICAL

Route	Class	Drug	Dose	Indication	Side Effects
Oral	NSAID	Ibuprofen	10-15 mg/kg PO q8h	Musculoskeletal pain, juvenile rheumatoid arthritis, inflammatory disease states	Dyspepsia, peptic ulceration, renal dysfunction
		Ketorolac	0.5 mg/kg PO q8h		
		Diclofenac	1 mg/kg PO q8h		
		Naproxen	10 mg/kg PO BID		
		Acetaminophen	20-30 mg/kg PO q6h		
	Opioid	Celecoxib	2 mg/kg PO BID	Severe pain not relieved by nonopioid analgesics, contraindications to all other appropriate medication classes, acute pain crises	Drowsiness, pruritus, constipation, hormone changes, hearing loss, tolerance, dependence, addiction
		Tramadol	1 mg/kg PO q6h		
		Morphine	0.15 mg/kg q4h		
		Codeine	0.5 mg/kg q4h		
		Oxycodone	0.1 mg/kg q4h		
		Hydrocodone	0.1 mg/kg q4h		
		Methadone	Seek pain specialist support		
		May have a role in certain neuropathic pain states			

Zoom Meeting | You are viewing Dr. Jagannatha GV's screen | View Options

Recording... | ncbi.nlm.nih.gov

Macbook Air - Bu... | Apple Macbook Ai... | (9) WhatsApp | studies on variou... | (PDF) Pain Manag... | Pain Management... | Procedural pain in...

NCBI Resources | How To | Sign in to NCBI

PMCID: PMC2866920

Journal List | Anesth Prog | v.57(2); Summer 2010 | PMC2866920

ANESTHESIA PROGRESS
The Journal of Sedation and Anesthesiology in Dentistry

Anesth Prog. 2010 Summer; 57(2): 67-79.
doi: 10.2344/0093-3006-57.2.67

PMCID: PMC2866920
PMID: 20553137

Pain Management: Part 1: Managing Acute and Postoperative Dental Pain

Daniel E. Becker, DDS

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This article has been cited by other articles in PMC.

Formats: Article | PubReader | ePub(beta) | PDF(552K) | Citation

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Similar articles in PubMed: Considerations for selecting effective analgesic regimens in dental practice. (Gen Dent. 1992); An update on analgesics for the management of acute postoperative dental pain. (J Can Dent Assoc. 2002); Analgesic update: tapentadol hydrochloride.

Mute | Stop Video | Security | Participants (2) | Chat | Share Screen | Pause/Stop Recording | Reactions | End

11:42 AM 6/26/2020

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Journal List | Springer Open Choice | PMC6208776

EUROPEAN ARCHIVES OF PAEDIATRIC DENTISTRY
springer.com

Eur Arch Paediatr Dent. 2018; 19(5): 365-372.
Published online 2018 Sep 7; doi: 10.1007/s40388-018-0388-2

PMCID: PMC6208776
PMID: 30194611

Procedural pain in routine dental care for children: a part of the Swedish BITA study

M. Ghanei,¹ K. Amrup,^{2,3} and A. Robertson³

• Author information • Article notes • Copyright and License information Disclaimer

This article has been cited by other articles in PMC.

Abstract | Go to: | Cited by other articles in PMC

Aim
To investigate the frequency and reported intensity levels of dental treatment pain and discomfort in children, in conjunction with regular dental visits.

Methods
The study included 2363 children in four different age cohorts. Data was collected from structured interviews by dental personnel regarding pain experiences or discomfort after treatments, including

Formats: Article | PubReader | ePub(beta) | PDF(780K) | Citation

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Similar articles in PubMed: Danish dentists' knowledge, attitudes and management of procedural dental pain in children: asso [Int J Paediatr Dent. 2005]; Attitudes of Swedish dentists to pain and pain management during dental treatment of children and adoles [Eur J Paediatr Dent. 2005]; Pain and fear in connection to orthodontic extractions of deciduous canines. [Int J Paediatr Dent. 2010]; Preoperative analgesics for additional pain relief in children and adolescents having dental tn [Cochrane Database Syst Rev. 2012]; Physical interventions and injection techniques for reducing injection pain during routine childhood immunizat [Clin Ther. 2009]; See reviews... See all...

Mute | Stop Video | Security | Participants (2) | Chat | Share Screen | Pause/Stop Recording | Reactions | End

Participants (2): Sujatha Devi (Host, me) | Dr. Jagannatha GV

11:39 AM 6/26/2020

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

e-DISCUSSION FOR POSTGRADUATES

Date:26-06-2020

Session II:1.15 pm – 2.15 pm

Faculty: Dr. Jagannatha G.V

PG Students: Dr.Sujatha Devi

Total No of PG Students: 1/1

Discussion topic: Social Determinants of health

Summary :

- The major social determining factors like economic stability, education, social & community context, health & health care and neighbourhood and built environment was explained in brief. The effects of availability of resources to meet the daily needs, access to education, economic and job opportunities, access to health care services , quality of education and job training, ability to meet daily needs and safe housing, community living and opportunities for recreational activities,transport options, public safety , social support , social norms and attitudes, exposure to crime, violence and social disorders, socio economic conditions, residential segregation, language segregation, language / literacy, access to mass media and culture has on the individuals health was explained in brief with suitable examples .
-

Zoom Meeting

Recording...

ncbi.nlm.nih.gov

Cowling et al. *International Journal for Equity in Health* 2014, **13**:88
<http://www.equityhealthj.com/content/13/1/88>

Page 3 of 12

Table 2 Ten indicators across three dimensions that comprise the Multidimensional Poverty Index (MPI) [8]

Dimension	Indicator	Definition
Health	Child death	One or more children born in the household in the last five years have died
	Child undernutrition	At least one child in the household under the age of 3 is underweight
Education	Adult education	No household member has completed five or more years of schooling
	Child not in school	At least one school-aged child is not enrolled in school
Standard of living	Unimproved water	The drinking water source does not meet the WHO/UNICEF JMP criteria for "improved"
	Unimproved sanitation	The sanitation facilities do not meet the WHO/UNICEF JMP criteria for "improved"
	Indoor biomass fuel use	The household cooks food with biomass fuels, as defined in the MDGs
	Low quality housing	The main housing material is kachha or semi-pucca
	No electricity	The household has no electricity
	Limited assets	The household has no car or truck and owns at most one of these - bicycle, motorbike, radio, refrigerator, or television

Definitions presented here are those used in this analysis. The original MPI indicators and detailed descriptions of the rationale and methodology for each adaptation are included in Additional file 1: "Adaptions to the MPI methodology".

for seven of the ten indicators; however, only households used voting data from state elections between 1990 and 2013 to assess voter participation by gender and caste.

2:02 PM
6/26/2020

Zoom Meeting

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Cowling et al. *International Journal for Equity in Health* 2014, **13**:88
<http://www.equityhealthj.com/content/13/1/88>

 INTERNATIONAL JOURNAL FOR EQUITY IN HEALTH

RESEARCH **Open Access**

Social determinants of health in India: progress and inequities across states

Krycia Cowling¹, Rakhi Dandona¹ and Lalit Dandona^{1,2*}

Abstract

Introduction: Despite the recognized importance of social determinants of health (SDH) in India, no compilation of the status of and inequities in SDH across India has been published. To address this gap, we assessed the levels and trends in major SDH in India from 1990 onwards and explored inequities by state, gender, caste, and urbanicity.

Methods: Household- and individual-level SDH indicators were extracted from national household surveys conducted between 1990 and 2011 and means were computed across population subgroups and over time.

The multidimensional poverty index (MPI), a composite measure of health, education, and standard of living

2:02 PM
6/26/2020

Zoom Meeting

Recording...

Sujatha Devi

Health Literacy | NNLM

health care and to reduce costs. Individual patients and providers need to work together to ensure effective communication. Patients need to take an active role in health related decisions and develop strong health information skills. Healthcare providers need to utilize effective health communication skills. Health educators need to write printed and Web-based information using plain language.

Skills Needed for Health Literacy

Patients are often faced with complex information and treatment decisions. Patients need to:

- Access health care services
- Analyze relative risks and benefits
- Calculate dosages
- Communicate with health care providers
- Evaluate information for credibility and quality
- Interpret test results
- Locate health information

In order to accomplish these tasks, individuals may need to be:

- Visually literate (able to understand graphs or other visual information)

1:47 PM
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Zoom Meeting

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Sujatha Devi

Health Literacy | NNLM

Health Literacy

Definition

Health Literacy is defined in the Institute of Medicine report, [Health Literacy: A Prescription to End Confusion](#), as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Health literacy requires a complex group of reading, listening, analytical, and decision-making skills, as well as the ability to apply these skills to health situations. For example, it includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems.

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6/26/2020