



# HEALTH EDUCATION PROGRAM FOR DEVELOPING COUNTRIES ORAL HEALTH

## HOW THE PROGRAM HAS BEEN USED BY DENTAL TEAMS

### DENTAL TEAM GOALS:

To enable Dental Teams to have a long term culture changing influence by introducing high quality health care services to the community  
(Save the most lives and prevent the most suffering)

By:

1. Enabling the provision of **safe, high quality, individual** medical and dental care by **team doctors and local health care providers**.
2. Introducing desperately needed evidence-based (E-B) holistic health education services **for clinics, schools and churches to assist their communities**.  
(The information required for community health education is the very **same** information required for high quality individual health care)

The enclosed “Health Education Program for Developing Countries-Oral Health” is provided for your review prior to your upcoming dental trip. After using it in our clinics, please turn it in to your team leader for distribution to local educators.

The “Health Education Program for Developing Countries” is based on the most critical global health care needs as specified in the latest WHO reports. Most patients seen in developing countries are suffering from diseases that are preventable. Of all their medical/dental needs, the greatest by far is for high quality health care information. Although evidence-based life-saving guidelines are available from the WHO, CDC and other sources, they seldom reach our patients, or even their health care providers.

These selected illustrations and written sections from the “Health Education Program for Developing Countries” are provided to assist **Dental/Oral Surgeons** in the provision of high quality health care services.

1. The program enables the provision of evidence-based **preventive** care. Assisting local communities in their efforts to utilize high quality health education to reach out to their neighbors **enables Short Term Dental Teams** to have a **long term culture-changing impact** in the community.
2. Although the illustrations are almost self-explanatory and do not require interpretation (Doctor could just hand to patient to review while waiting) the effectiveness is enhanced by subsequent verbal counseling.
3. The written section is provided in Spanish, French and Mandarin as well as English to:
  - enable your literate patients to review while waiting to be seen, or waiting for the anesthesia to take effect.
  - enable use by assistants who may not be fluent in English (Interpreters also soon have the written portion memorized)
  - enable use by the local community in providing ongoing evidenced-based holistic health education services after we leave.
4. It is difficult to overemphasize the importance of appropriate **doctor/patient counseling** for patients in developing countries. Most patients have tremendous respect for doctors of western dentistry, so **even a few words in support of CDC/WHO guidelines such as the following can often be lifesaving**:
  - a. **WHO recommendations for breast feeding** until at least 2 years of age. Not only reduces dental carries from bottle feeding, but reduces deaths due to bacterial contamination with bottles, as well as saving numerous additional lives due to breast milk antibodies. WHO reports this would save **over 1 million lives** per year.

## **HEALTH EDUCATION PROGRAM FOR DEVELOPING COUNTRIES ORAL HEALTH (CONTINUED)**

b. **Under-nutrition** contributes to **53% of the deaths of children under age 5**. Yet poor families often spend their food money on sweets for their children as that is one of the few things they can afford to give them as treats. Educating parents to the harm this causes, not only prevents dental carries, but saves lives lost to the **deadly combination of under-nutrition and infectious disease**. It also offers the opportunity to provide holistic care by discussing better ways to show love for their children (See also Health Education Program for Developing Countries Sections 2B and 30B).

### c. **Smoking Cessation.**

-Smoking adversely effects post-op care “Adverse effects of smoking on **wound healing** have been well established”--Institute of Medicine Report 2001.

-Smoking is not only the “major cause of **oral cancer...peridonditis...Smoking is the single greatest cause of avoidable morbidity and mortality...harms nearly every organ of the body.**” -- Surgeon Generals Report 2004.

-Evidence-based sources report that although only 15% of our of our medical treatments for all other conditions have been shown to be beneficial, **doctor/patient education for smoking cessation meets the very highest possible evidence-based ratings for effectiveness.**

-**Your counseling saves the life of one of every two patients who decide to quit smoking.**

5. Perhaps most important, your use **introduces the program to the community**. As most patients have tremendous respect for doctors of western dentistry, this enhances patient acceptance of the program when later used by local educators to reach out to their community. (Long term **Culture-Changing** impact.)

6. **Doctors may also refer patients to Team Health Educators** who use the complete Notebooks (Written Handbook and 56 Illustrations) **for life-threatening conditions requiring more time-consuming counseling**. Although topics vary depending on the location, because of lack of physician time, conditions such as the following will nearly always require referral to the Health Educator:

-CDC/WHO Lifesaving Guidelines for Treatment of **Diarrhea** (19% of deaths of children) [Sections 22-27],

-**Problems with Breastfeeding** [often a death sentence in developing counties-Section 20],

-**Heart disease and Stroke** [Section 41], and

-**Type 2 Diabetes** [Sections 38 & 41]

[The WHO (Oct 05) reports that **at least 80% of Premature Heart Disease** (#1 Cause of Death), **80% of Stroke** (#3 Cause of Death), **80% of Type 2 Diabetes** (#6 Cause of Death), and **40% of Cancer** (#2 Cause of Death) **could be prevented** through the educational guidelines demonstrated **by the two illustrations for Section 41 alone**]

After clinics are over, the team leader will usually leave these program materials with the local educators. Although copyright protected, the entire program is available free for downloading and copying (for non-commercial use). Team members who wish additional copies of the complete Notebook for personal use, and prefer not to put together their own, may purchase them at cost via the website link. For further information and/or free downloading and copying of the program see [www.hepfdc.info](http://www.hepfdc.info)

The program will continue to be updated to incorporate evidence-based changes in medical/dental guidelines. Evidence-based recommendations for improvement are very much appreciated and may be sent to [edit@hepfdc.info](mailto:edit@hepfdc.info).

**Disclosure/Conflict of Interest Validation:** The author, illustrator and HEPFDC receive no royalties or compensation of any kind related to the "Health Education Program for Developing Countries" or its website.

