The Use of Lay Volunteers as Community Dental Health Workers in Jerusalem, Israel

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Introduction

This is an initial descriptive report on the use of volunteers as community dental health workers. The program is a two year field research project under the sponsorship of Hebrew University-Hadassah School of Dental Medicine Founded by Alpha Omega Fraternity. This project is presently being instituted in the Kiryat Hayovel section of Jerusalem. This is a suburban area of Jerusalem with a mixed socio-economic population.

Before we can discuss any sort of community programs we must first understand that the family is the underlying structure of all communities. Therefore, we must realize that there is, on a most basic level, the need for social, preventive, and curative programs to enhance family health. The family is one of the most significant social forces in human development, especially in Israel, where the Jewish tradition considers the family as a central unit of society.

The entire family plays a role in dental-decision making. Mothers hold the dental fate of their children in their hands in providing infant feeding practices. The extended family, aunts, uncles, grandparents, further affect the dental health of the child by the use of sweets as gift-giving and reward system. The family then both contributes to dental disease and at the same time attempts to function in support of the child in obtaining curative treatment.

Objectives

Most people, and mainly those on the lower socio-economic levels, have difficulty in seeking and obtaining dental care and using it effectively. They may have little or no experience in organizational life and are insecure in the middle class world. They are especially vulnerable to the impersonalization of massive medical organizations and large buildings. Complexity and bureaucracy lead to an unfriendly and impersonal atmosphere. The poor do not know how, nor do they have the resources to cope with the system; and they seldom have anyone to help smooth their path.[1]

Families learn to deal with the frequent crisis they face. They are generally uniformed about dental disease and seek treatment only when in pain and when that pain disrupts the family harmony. Families are generally skeptical about the value of prevention and early dental care and seek treatment relatively late.[2] Many families have little understanding of how to carry out routine home care.

Efforts to bring families into early dental care need the active support and participation of the professional community. The effective delivery system of dental health can best be achieved when the provider is sensitive to the families' cultural, social, and ethnic background. When the provider and patient have different backgrounds, success in obtaining patient cooperation depends on the provider's

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intelligent and thoughtful accomadation to the cultural, social, ethnic differences that present themselves.[3]

Since full curative treatment can only be given to the few, we are suggesting that to benefit the family in a more general sense, priority must be given to a preventive program and primary curative treatment, and families must be given help towards the enhancement of dental self-reliance. Too often, as WHO has stated: "It has been made painfully clear in recent years that health services too frequently lack relevance to the total needs of the people".

We called for a revamping and a rethinking of the present community dental care delivery system in order to give service to the many and not the few.[4] Following were our recommendations for the utilization of volunteer man-power for the dental delivery system.

1. To have a comprehensive preventive and primary curative program thereby reaching the maximum number of people with the present man-power available and facilities available.

2. The development and the promotion of research on the utilization of volunteers within the dental health team and the use of volunteers in the setting-up of community self-help groups.

3. To study the composition and training of these volunteers.

4. To devise preventive curriculum and training for the dental volunteers.

5. For the dental volunteers to help the community to become self-reliant in relation to dental health and to be able to dessiminate and operationalize information on dental health.

Use of Volunteers

The dental profession, we feel will be able to work with the people within the community (the dental volunteers) to act as a bridge between patient and provider. In addition to bring the patient towards dental awareness and care, the dental volunteer will also be needed to interpret, act as the patient's advocate, and to help the patient understand and effectively use treatment. This person can also facilitate follow-up the best care may be ineffective.

Besides being a disseminator of information and an educator in the field of dental health, the volunteer must have a sensitivity to the family's needs and perceptions for the dentist to function properly. The volunteer must be able to convey to the provider an understanding of why some families with strong orientation to their ethnic or racial backgrounds will not follow advice on medication or change their infant's eating habits.

The development and use of volunteers can be a significant and meaningful aspect of community dental health programs. Volunteer dental health support services include health education, case management, transportation where needed and advocacy. The volunteer helps to bridge the cultural gap between patients, professional staff and the community; improves communication between these groups and assists in the effective delivery of health care to patients and their families.

Volunteer dental workers will be under the supervision of a professional staff member. They will be trained to perform a variety of services based upon their capabilities and the needs of the communities into which they will go. Some of these activities are:

- *providing information on dental health related problems.*
- *assisting in the development and use of dental health educational materials in language and cultural content that is understood.*
- *assisting patients in follow-up therepeutic regimens.*
- *assisting families in obtaining and keeping appointments.*
- *conduct follow-up visits in homes.*
- *participating in community and health care team discussions.*
- *reinforcing within the families the need for regular dental care.*
- *recommending and reinforcing dental hygiene, tooth brushing and the use of fluoride when none is available in the water.*

- *counseling against sugar-loaded diets.*
- *counseling against sugar-loaded bottle feeding habits.*
- *to become knowledgeable about dental resources available to the family and the community.*

Conclusion

Though our initial objective in this field research project, which is presently being implemented in Jerusalem, is to ascertain the feasibility of the use of lay dental health volunteers, our long range target is to set-up a model of functioning for all countries facing a dental health crisis and for the creation of a new para-professional position, the community dental health worker.

We feel that lay volunteers should be only a stage in a process. The use of volunteers, in our view, has a definite purpose. It helps both society and the volunteer. When a society needs work that it is unable to pay for, it seeks volunteers. That is find as long as, in our view, the work itself is utilized as a training ground for future paid work.[5]

We believe that the sequence of self-training should go something like this:

1. A non-trained person takes on volunteer work.
2. The work acts as a training ground in the same or related field.
3. Para-professional work in the volunteers field is a next step towards self-training and self-development.
4. Finally, if the person so chooses, higher education in the chosen field should bring the person to full careerhood in his or her chosen field.

Under these circumstances, volunteer work is fair to both the people involved and to the society. We believe that this paradigm is the one that should be utilized by governments, and organizations generally in the use of lay volunteers to do the important work that is needed. This will benefit all.[6]

Therefore, we posit that a new emphasis in health care should be instituted. We believe that through the work of a volunteer comunity dental health work (a position which will evolve into a paid para-professional) a new shift in point of view might be attempted to provide universally accessable health information and conseling to all members of a society - as a basic health right, at a cost the community and country can afford. The dental health of a community is related and integrated with the general health of the community, and thus with the development of a competent and effective citizenry. A multi-disciplinary approach (both social science and medical) is necessary to accomplish this objective because of the many social factors affecting dental health.

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