

Dental Hygienists

Home & Away



Lessons Learned from a Journey in Global Oral Health

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In the year 2000, I had just returned from my first volunteer 9-week trip to West Africa where I provided dental hygiene services to people who had previously never had access to care. I wrote about that experience, and it appeared in an issue of CDHA's journal, *Probe*, in early 2001.¹ Subsequent trips to West Africa to conduct similar work started me on a journey that changed how I viewed the approach to the massive oral health challenges faced by much of Africa. I am now deeply involved in a program in Tanzania that comes from 24 years of learning, adapting, and walking in directions opposite to what I might normally choose.



My partnership with Provision Charitable Foundation (PCF; provisioncharitablefoundation.org) since 2017 has allowed for the implementation of a new method of addressing oral disease in the rural town of Ifakara—one that is sustainable and community led. The prevalence of dental caries is high in the primary and permanent dentitions of children, as assessed in 2017. The affordability of carbonated beverages, lack of education on the negative effects of these drinks and sweets, and the inability to pay for professional oral health care has created a situation in need of change.



The World Health Organization (WHO) published *Promoting Oral Health in Africa* in 2016 and stated the following:

“ Since oral health professionals are relatively scarce in the Region, additional oral health training for non-oral health professionals such as doctors, nurses, clinical officers, and other health care workers, can help to address some of the unmet needs related to the prevention and control of oral diseases and the provision of a public dental service. ”²

Community health workers exist across Africa and are uniquely trained to engage directly in their communities in the provision of supportive and educational interventions. If oral health training could be provided to these often-unemployed professionals, the message of prevention could potentially be delivered directly into the community by people who speak the same language and have similar lifestyles and cultural practices.



To that end, the Community Oral Health Program of PCF employs 8 community dental workers (CDWs) who were trained by me and other Canadian dental hygienists in a 5-day oral health education module (also designed by Canadian dental hygienists). The CDWs work in two teams delivering education and resources to Reproductive and Child Health (RCH) Clinics, schools, and community groups. Colgate Palmolive's Bright Smiles, Bright Futures® has provided the program with toothbrushes, toothpaste, and Swahili brochures on oral health; program evaluation has been conducted jointly by Saint Francis University College of Health and Allied Sciences in Ifakara and Dalhousie University's Faculty of Dentistry in Halifax. Another PCF program in Ifakara generates revenue that is re-invested into the salaries of these 8 oral health champions (CDWs).

Tanzanian CDWs Richard, Ally, Harid, Prodensiana, Amiry, Shaban, Beatrice, and Teresia are equipped with teaching materials, smart phones, bicycles, and motorcycles. They are driving the shift from treatment to prevention in the Ifakara area and believe strongly in the message they are delivering. The community recognizes them as leaders in preventing oral diseases in a manner that never has existed previously. They wear their role with pride, and I am in awe of the skill, talent, commitment, and initiative they demonstrate in their work.

Most recently, this Community Oral Health Program has published a children's oral health book titled, *Meno Bora, Maisha Bora—Healthy Teeth, Healthy Life*, designed in collaboration with Tanzanian and Canadian partners. This book was launched in September 2024 with pre-book and post-book surveys conducted by the CDWs to evaluate the impact of the book on the community of Luhombero, where no oral health education had ever been delivered previously.



On my journey from 2000 until 2024, my belief in and approach to addressing oral health challenges in Africa have led me to the following conclusions:

1. Prevention is a necessary solution to achieve long-term change.
2. As a Canadian dental hygienist, the best use of my knowledge and skills is through education and support of initiatives that are community led.
3. Change will happen when local people become the drivers of the intervention and believe in what they are teaching, not just because someone told them so.
4. The role dental hygienists can play in global oral health is limitless. Explore, ask, teach, and believe in change, because if you do, others will too.

I have gained more value in doing this work than I ever thought possible. Pushing past the typical clinical role of a dental hygienist that tends to lock us into one place is a challenge I would issue to all dental hygienists. I strongly believe we have only scratched the surface of where and how our profession can be involved in bringing about meaningful change at a global level.



References

1. Mabey K. A dental experience in West Africa. *Probe*. 2001;35(1):23–24.
2. World Health Organization Regional Office for Africa. *Promoting oral health in Africa: Prevention and control of oral diseases and noma as part of essential noncommunicable disease interventions*. Republic of Congo: WHO Regional Office for Africa; 2016.