

Introduction

In a democratic form of government, due to among other causes, diversity of opinions in a parliamentary debate, does not all necessary resources are directed and reach their targets. The majoritarian decision is not necessary, many times, the best for majority in the society.

Education and Health of populations are the pillars on which a modern society must rest and further build the nation's economic and social welfare. Without an educated and healthy population any other governmental or societal engagement is deemed to fail. A healthy population has also positive effect on its education, hence these two societal factors are intimately associated to each other and cannot be analysed or handled disjointed. The saying "mens sana in corpore sano!" represents the quintessence of human being's endeavour for better life.

As top-down, centralized decisions do not always reach expected results; they must be complemented and supported by bottom up intervention, i.e. through participation of all community members. Commitment of community for enrolling to this task depends on their level of understanding which is connected to their education. Hence, the starting point is to educate, inform and communicate with policy-makers at various levels in society.

The YCBOHL Model addresses the dental health care and how to mobilize community resources for improving the youth dental health.

The YCBOHL Model

The goal of the Com4You is to develop a Youth Community-Based Oral Health Learning Model (YCBOHL Model) for enhancing the oral health literacy of young population and to prove how the implementation of the model can improve oral health of youth. As a good practice, the model will be implemented and demonstrated in Romania, one of the Member States most affected by oral diseases among youth.

The ultimate goal of the Youth Community-Based Oral Health Learning Model is to improve the dental health of youth through education. For this scope it is important to mobilize and orchestrate resources in the community for supporting dental education. Consequently, the first objective is to change perception on oral health among the community players.

The central target group in the YCBHL Model are the YOUTH. All community resources are directed to this target group for educating them in dental health care. (Naturally, the model can be implemented for other groups in community). Also, it is important to stress that in this context the Youth is regarded as a community group.



Karolinska
Institutet



AFRA



There are many actors in this context that act at different societal levels, European, national, regional and local. The success or failure of this concept depends to the extent to which this initiative raises the awareness and motivation of community players.

According to the YCBOHL Model all community target groups and other stakeholders are both recipients and delivers in a complex interplay within a well-defined but dynamic framework. There are three forms of tools used to transfer knowledge from donors to receivers:

- (i) Education,
- (ii) Training and
- (iii) Information & Communication

These tools are differentially used depending of the target group or stakeholders responsibility in community.

There are two target groups that are the subject to education

1. Youth distributed in age groups
2. Students at dental schools

Youth are the core target group to which all other educational efforts are concentrated.

Dental students are receiving both formal education at academic level and they are trained to understand the social and ethical problems related to the dental health of youth. They are trained to develop to children and youth a healthy dental care, an alert mind and sound emotional attitudes. Dental health education aims at bridging the gap between the dental health literacy and dental health care of youth. In many dental schools, the emphasis is still on the academic type of education without proper consideration of knowledge and skills acquired through training. After leaving the dental school, each student is called to become not only dental care provider but above all dental health educator.

In order to understand how to orchestrate all the community resources towards youth dental care education it is important to understand how the three types of tools are used to transfer knowledge in the YCBHL Model.

1. The dental students

- a. Are receiving academic education and training. The knowledge and skills are primary provided by the academic staff in medical schools. A part of knowledge is provided through the natural exposing in the community during various work participations, by contact to other community groups, in an informal way.
- b. Hence, the received knowledge through a combination of formal and informal education and training.

There are two important issues in building the model:

- Understanding the problem
- Understanding the role that each community actor has to play

The YCBHL Model is created in two tiers.

A. First tier knowledge transfer (bottom-up transfer)

2. Academic staff in dental faculties is the main contributors to education and training of students. They play several roles in the YCBHL model by using all three types of tools to reach community stakeholders:
 - (i) Education and training tools for students
 - (ii) Information of and communication with National Health Institutes, Health Organizations, scientific journals, medical forum and networks.
3. National health Institutes and other Health organizations inform and communicate with Ministry of education and Ministry of Health. (step 1, 2 and 3 are bottom-up approach)
4. Ministry of education and Ministry of health have the authority to take governmental decisions and to propose parliamentary changes in legislation to support the development of the YCBHL Model framework. (Top-down approach).
5. Further, Ministry of health, Ministry of education and national governments inform and propose to EU-Commission legislative measures at transnational level.

There are in this model political aspects there are indispensable in the development of YCBHL Model. To implement political decisions might take long time but with determination and commitment any barrier can be surpassed. The YCBHL model's framework has legislative, social and political aspects. The successful of the model in Youth education and further their dental health improvement depends to large extent how well the areas are unified in well-orchestrated manner.



Karolinska
Institutet

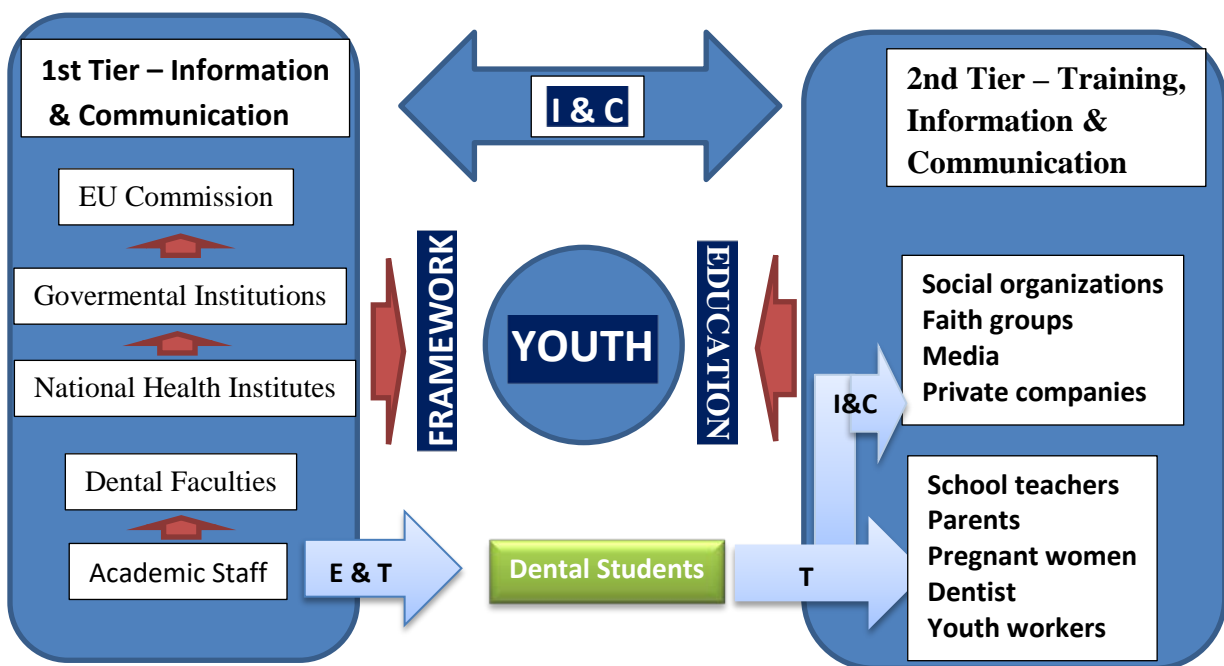


AFRA



The decisions from the top of the 1st tier will regard the creation of the YCBHL model. Decision from Ministry of Education will concern for instance mandatory adoption in the curriculum of primary and secondary schools of dental health educations. From Ministry of Health important decisions associated to the framework is gratuity of dental care for youth, and above all establishing the profession of dental hygienist in countries where does not exists yet. In this respect, dental hygienist will replace the work performed in this model by dental students.

It has to be stressed that the model does not substitute dental hygienists in this model, only it is complementing their work in order to demonstrate the importance of dental hygienists on one side and the second to pave the ground for dental hygienist profession establishment.



E – Education
T – Training
I&C – Information and Communication

The first tier of knowledge transfer, primary through information and communication tools, has the primary objective to develop and to consolidate a well-founded framework.

A. Second tier knowledge transfer (level transfer)

In this tier, training tools are developed by academic staff at universities and research institutes. The training tools are used then by dental students to performed training of school teachers, parents, pregnant women, youth workers, district physicians and nurses.

In this tier, also academic staff and other stakeholders will develop informational and communication material for raising the awareness and motivation of community actors: Social organizations, media, internet, private company, pharmaceutical companies, individuals engaged in social works.

All this community actors will use then their own channels to reach youth with the purpose of education in dental health care. They will communicate among them and built social networks.

Media plays an important role in education and therefore special education programme will be made available.

YCBHL Model Architecture

The architecture has been designed to support various functions:

1. Information and communication between target groups, stakeholders and other external players
2. Educational, training and informational material
3. Relationship database to represent the correlation between the knowledge level and dental health status. The database will also be used to monitor the progress during the project and after its end.

