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A Scoping Review of the Roles, Training, and Impact of Community Health Workers in Oral Health Supplemental Tables

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Supplementary Table 1: Sample search strategy used in OVID Medline

1	exp community health worker/ or (lay health advisor* or health auxiliary or health auxiliaries or health navigator* or peer educator* or (community adj3 worker*) or promotora or (promotor adj3 salud) or promotoras or promotores).mp.
2	exp oral health/ OR exp oral hygiene/ OR exp dentistry/ OR exp silver nitrate/ OR exp "pit and fissure sealants"/ OR exp mouth diseases/ OR exp oropharyngeal cancer/ OR exp tooth diseases/ OR exp jaw diseases/ OR exp school dentistry/ OR exp dental health education/
3	(oral health OR ((oral OR mouth) adj3 hygiene) OR dentistry OR periodontics or scaling or debriding or endodontics or root canal or orthodontics or malocclusion or ((dental or tooth or teeth) adj3 alignment) or prosthodontics or dentures or dental care or preventative dentistry or preventive dentistry or ((dental or tooth or teeth) adj3 cleaning) or fluoride or fluoridation or silver diamine or teeth brushing or tooth brushing or flossing or floss or silver nitrate or (screening adj5 (oral or dental)) or sealant* or mouth disease* or gum disease* or gingivitis or halitosis or xerostemia or dry mouth or oropharyngeal cancer or mouth cancer or tooth disease* or caries or cavities or tooth decay or dental health or dental health education or dental health promotion or (patient education and dent*) or dental information or (prophylaxis adj4 (dental or tooth or teeth))).mp.
4	2 or 3
5	(interprofessional and (dent* or oral)).mp.
6	(medical-dental integration or (medical and dental and integration)).mp.
7	1 and 4
8	1 and 5
9	1 and 6
10	7 or 8 or 9
11	10, limit to English or Spanish

Table 2: Study characteristics of studies, N=36

<i>Reference</i>	<i>Study Aim/ Program purpose, Location</i>	<i>Study Design/ Program description</i>	<i>CHW title & Training</i>	<i>CHW role & activities</i>	<i>Outcomes</i>
Access to Dental Care (N=10)					
Alvarez 2017	Patient navigation program for patients being treated by the Rutgers School of Dental Medicine Dental Clinic	Patient navigation program at Rutgers School of Dental Medicine in Newark, New Jersey	Dental Comprehensive Care Coordinator; Training not described	Manage the clinic schedule, provides administrative support for day-to-day operations, manages communication with patients and students	N/A
Harrison, Li, Pearce, Wyman 2003	Report outcomes for program intended to facilitate access to funding for dental care for children in Vancouver, British Columbia, Canada	Assessment of dental benefits coverage before and after one year from hiring community dental facilitator	Community Dental Facilitator; trained in procedures to help families apply for the Healthy Kids government funding	Promote their role in the community through letter writing, educational activities, facilitating access to care, and providing transportation	Significant increase in the number of children that enrolled for Healthy Kids government funding at the one-year follow up
Hodgins, Sheriff, Gnich, Ross, Macpherson 2018	Evaluate the effectiveness of an intervention at linking targeted families with young children in Scotland to primary care dental practices	Quasi-experimental approach, which captured the natural rollout of the DHSW intervention across the country	Dental Health Support Workers (DHSW); Training not defined	Facilitate attendance of the family at a dental practice, support oral health behavior change, and link the family with community initiatives, DHSWs are expected to tailor interventions to individual families	DHSW intervention effective at linking families with young children to dental health services at an early age for ongoing prevention. Highest rates of dental attendance for children who received intervention
Grover 2014	The Community Dental Health Coordinator (CDHC) program promotes oral health and connects vulnerable populations (children, seniors, women) to dental health care	CDHC program launched in the United States by the ADA meant to serve as a connector between patients and the dental office	CDHCs; Selection not described. Training consists of an online program and internship that lasts around a year	Provide oral health education, patient navigation and case management, provision of limited preventive services. CDHC in program developed transportation program, coordinated screenings, located resources, and promoted oral health awareness	In the pilot phase of the CDHC program, more than 11,000 individuals were impacted by a CDHC
Ismail 2009	Community Dental Health Coordinator (CDHC) model launched by the American Dental Association to improve access to dental care in underserved communities	The CDHC model provides oral health promotion, care coordination, and provision of dental care for underserved communities at three pilot sites	CDHCs; recruits must be members of the same underserved communities; Training provided through an accredited dental education institution and consists of 12 months education followed by 6 months internship	CDHC will conduct oral health education, care coordination, home visits, assessed need for social support and transportation, dental disease screenings, and assist supervising dentists to expand dental care	N/A

Le 2017	Patient navigation program at Asian Health Services, a FQHC in San Francisco, California that serves Chinese, Vietnamese, Khmer, Filipino, and Mongolian populations	Patient navigation program at an FQHC for a wide range of patients who speak 13 different Asian Languages	Patient Navigator, Training not described	Manage day-to-day operations of the clinic, serve as patient-provider liaison, advise patients on insurance choices	N/A
Levine, Clark, Ganem, Deinhardt, Ismail 2012	ADA Community Dental Health Coordinator (CDHC) pilot program in North Philadelphia, Pennsylvania targeting underserved populations like people living with HIV	CDHC pilot program improves access to dental care and promotes oral health in underserved communities.	CDHCs; recruited from the communities they serve. 50 credit hour college level certificate program consists of an 18-month educational program including didactic work, clinical experience and assessment, and an internship	Scopes of practice include oral health prevention and recognition of dental diseases under the supervision of a dentist, community health promotion, oral health behavior management	One of the CDHCs described that working with dental professionals has helped dental hygienists to get an increase in patients due to their scheduling of patients and conducting screenings
Olsen, Brown, Wright 1986	To test the proposal that the dental health of children from high risk groups (Greek migrant families living in Melbourne, Australia) could be improved through organized social intervention led by a community health worker	One year cross-sectional and longitudinal design to test a CHW-led oral health intervention held at a three sites	Community health worker; bilingual with a background in social work; Instructed in the basics of dental disease and prevention	Used resources network to assess eligibility and refer families to dental care, conducted home visits, provided assistance with preventive care; Interviewed parents	No significant difference in DMF-T was obtained between schools A&B. however a significant change was detected between these schools from baseline to re-examination
Soble, Chaiklin 1973	Preventive dentistry program to provide comprehensive and total dental care to preschool children of families enrolled in the Family Living Project (a rent subsidy program)	A preventive dental program within the Family Living Program that provided services and education; families were also provided with supportive backup services	Family Aides; Underwent a brief, intensive training program conducted by dental school faculty and students.	Family aides provide oral health education, plan dental services for families, help dental students gain insight on how to relate to patients	N/A
Zandee, Bossenbroek, Slager, Gordon 2013	To explore the effectiveness of CHW/nursing student teams in promoting oral health and improving access to care for residents of three urban underserved neighborhoods in Michigan	Quasi-experimental/non-experimental designs using pre/post testing of residents, satisfaction survey of CHWs and participants, and a community assessment survey	Community Health Workers; CHWs trained in January and paired with nurses between February and March	CHW/Nurse team spend 3 hrs per week promoting oral health and access, either door to door or locating in a community site; CHWs continue to promote access to care outside of general program months	Increase of knowledge regarding access to care; decrease in emergency usage; decrease in individuals not visiting clinics; resident satisfaction was consistently high for the program.

Oral Health Promotion (N=9)

Björnheden, Sithole 1994	Oral health promotion for school aged children in grades one and six and preschool	A pilot program of preventive dental care established in 1989 adopted by the Ministry	Community-based health workers (Village Community workers and	Oral health promotion and education using a modified version of pamphlets on basic knowledge was	No outcomes reported for the CHW portion of the program
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	children with their parents in Zimbabwe's Mashonaland East Province adopted by the Ministry of Health	of Health targeted toward school children and preschool children	farm health workers); 6 to 8-week training covering oral-health theory and practice translated into local Shona language and regularly reviewed	issued to community-based health worker trainees for distribution to preschool children and their parents	
Finlayson, Asgari, Hoffman, Paloma-Zerfas, Gonzalez, Stamm, Rocha, Nunez-Alvarez 2017	To report on formative research activities during a year long CPBR planning period for the "Boca Sana, Cuerpo Sano (BSCS)" oral health literacy program for Spanish-speaking migrant workers in North County, California	A CBPR approach that included: partnership with local agencies, key informant surveys/interviews, community focus groups, and curriculum development and community review to develop a program	Líderes Communitarios or Líderes; Trained in BSCS program curriculum as well as provision of fluoride varnish, and enrollment	Pairs of líderes Led a 5-week family oral health program for migrant workers focused on oral health education, promotion, and access; Provided fluoride varnish at a partner sponsored health fair	To address barriers to care (dental cost and lack of insurance) and cultural concerns of líderes and community partners, the intervention was expanded to a whole family focus.
Gibbs, Waters, Christian, Gold, Young, de Silva, Calache, Gussy, Watt, Riggs, Tadic, Hall, Gondal, Pradel, Moore 2015	Aimed to establish a model for child oral health promotion for culturally diverse communities (Iraqi, Lebanese, or Pakistani) in Moreland, Melbourne, Australia and assess feasibility and acceptability	Exploratory trial implementing community-based child oral health promotion intervention for Australian families from migrant backgrounds using mixed-methods, longitudinal evaluation, and community partnership	Peer Educators; from the same cultural and language background as participants, fluent in English and their own language, Trained by Teeth Tales Staff	Delivered the intervention via curriculum and discussion with participants, about OH practices, beliefs, and change; assisted in recruitment and sent follow up messages to participants	Increase in toothbrushing/technique, increase in confidence from parents to take care of their children's teeth; difficulties in recruitment due to cultural differences
Horowitz, Bradley, Hupp, Morrison 1975	A preventive dentistry program based on fluoride tablet use ran by West Central West Virginia Community Action Association in rural Appalachia in West Virginia, providing care to rural families	Training for home visitors and the implementation of a daily fluoride tablet application for rural Appalachian families with children already enrolled in Home Start	Home visitors; The initial training session (lasted 1 ½ day) used discussions, films, and hand-on practice to cover oral health topics which was followed by a second review training	Teach parents and children preventive behaviors and practices; and show families how to use fluoride tablets correctly and adhere to continued daily use	Complaints about the taste of the tablets were found, but response to fluoride was generally favorable; Issues with families not adhering to regimen was handled by division of dentistry representative and local personnel working with those families, with families responding positively do these visits
Mathu-Muju, McLeod, Walker, Chartier, Harrison 2016	To explore the experiences and opinions of First Nations families whose children had been enrolled in the Children's Oral Health Initiative Program in Manitoba, Canada	Qualitative approach to explore the opinions of COHI from the perspective of community members whose children had participated in the COHI program	COHI Aides; lay community oral health workers living in the communities; Training not described	Collaborate with externally contracted dental therapists and dental hygienists to conduct caries screenings, provide oral health information and preventive care, and refer children to care	Program viewed as having a beneficial effect on children and caregivers' oral health knowledge and behaviors, with its community-based nature deemed as essential to its success; Program needs to be more culturally tailored

Mathu-Muju, McLeod, Donnelly, Harrison, MacEntee 2017	To describe the Children's Oral Health Initiative (COHI) intervention and outcomes in improving access to preventive dental services for First Nations children living on federal reserves in Northern Canada.	Secondary data analysis of prospective data of 25 communities enrolled in COHI during the 7 year period (2005-2012) to assess the role of COHI Aides on community access to preventive dentistry	COHI Aides; Training program was developed and implemented by Health Canada that outlines five areas of competency for the Aides to standardize their delivery of COHI oral health services	COHI aides initiate home visits, enroll families in the program, oral health education, refer families to care, and provide preventive care	High and uninterrupted service tend to have the highest rates of enrollment and service delivery (including for fluoride varnish and dental sealants)
Mathu-Muju, Kong, Brancato, McLeod, Bush 2018	Investigate the effect of the availability of local community health workers on access to the Children's Oral Health Initiative (COHI) program's preventive dental services for children in Canada	COHI was piloted in 41 communities and measured through percentages of the preventive procedures performed for the eligible population, as well as the number of communities participating in the program	COHI Aides; They share attributes with the community members they serve; Training program delineating five areas of oral health competencies designed by Health Canada	Link families to care, conduct home visits and introduce program, obtain consent, schedule appointments with dentist or hygienists and provide preventive care	COHI Established in 320 communities; 50% of children living on reserves have participated in COHI\
Ponce-Gonzalez, Cheadle, Aisenberg, Cantrell 2019	Evaluation of an oral health education program designed to increase knowledge of oral health practices and understanding of the KAB regarding oral health among migrant workers and refugees in Washington State, US	pre-post uncontrolled design to assess the impact of the program on knowledge about oral health practices utilizing a mixed methods approach with a survey, group discussions, and figure drawings	Lay Leaders; Trained in the 4 hr oral health curriculum	Lay leaders, along with a master trainer, led the two programs, with didactic and interactive components including small group discussions and a figure drawing exercises, gallery, and "fish tank" demonstrations	There were statistically significant increases in knowledge for all of the pre/post survey questions (7% to 27%) and a significant benefit to incorporate the use of art and drawings in engaging and assessing individuals with regards to oral health
Saparamadu 1986	The family health worker is intended to look after health needs of a population of about 3000 on Sri Lanka	Village dental health programs in Sri Lanka used to address oral health issues in rural areas	Family Health Workers; trained through 3-day workshops about basic oral health	Family Health Workers provide oral health messages in maternal oral health clinics and in home visits. Family health workers are very close to their community and have high credibility.	N/A

Caries (N=8)

Chinn, Levine, Matos, Findley, Edelstein 2013	To share information about the planning, development, and pilot testing of My Smile Buddy (MSB), an electronic interactive ECC risk assessment application in Manhattan, New York City, New York	A pilot study using focus groups, app testing, and program evaluations with CHW surveys and participant focus groups	Community Health Workers (CHWs).;Two 2 hr sessions involving an overview of ECC and demonstration of MSB and practice/role-play	CHWs used MSB with Latinx mothers who were clients of the Northern Manhattan Perinatal Partnership; Included assessment of ECC risk, education of pediatric oral health, and goal setting,	Participants felt trusting of CHWs as opposed to dentists; CHWs reported ease of use with the MSB application
Harrison, Wong 2003	To design, implement and evaluate an oral health promotion program for inner-	Four Phases: Information Gathering, project planning, project implementation, and	Vietnamese Lay health Worker/Community dental health worker (CDHW);	Provide counseling to mothers with telephone follow-up telephone calls to mother of young children at well-	Participating children were 18 and older had significantly fewer decayed surfaces than baseline; Infant feeding

	city Vietnamese preschool children in Vancouver, British Columbia, Canada; Primarily targeted Vietnamese immigrants, mostly mothers	project evaluation with program evaluated through exams held at baseline and follow up exams and interviews with mothers	employed on a part-time basis (10 hours each week) Share similar culture and background to clients, also a mother; Training not defined	baby and immunization visits; Interviewed mothers to determine changes in attitudes and to receive suggestions for the program	and comforting practices were significantly better than at baseline; Significant decrease in caries
Hoefl, Rios, Pantoja-Guzman, Barker 2015	Describing development and acceptability for the Contra Caries Oral Health Education Program (CCOHEP) in a medium-sized city in an agricultural area of California, USA	Intended to address ECC prevention activities for low income, Spanish-speaking parents of children aged 1-5 years; Phase I: Focus groups to refine the draft CCOHEP curriculum ; Phase II: Curriculum implementation analyzed through pre/post survey data	Promotoras; chosen based on qualities of promotoras wanted by focus group participants; Trained over a five month period; Focused on teaching oral health info using the CCOHEP curriculum and skill development to lead classes	Promotoras were expected to lead CCOHEP classes, involving group discussion, sharing, demonstrations, interactive group problem-solving, visual story-telling, goal setting, check-ins, practicing skills, and giving and receiving feedback.	A majority of participants (95%) said that they liked the class very much; Acceptable in terms of content and format by target pop; target pop enjoyed group settings and being taught by lay people.
Hoefl, Barker, Shiboski, Pantoja-Guzman, Hiatt 2016	To determine the effectiveness of the Contra Caries Oral Health Education Program (CCOHEP), which was designed around constructs in the Social Cognitive Theory to improve Spanish speaking Latino caregivers' oral health knowledge and self-reported behaviors for their young children	Single group, pre- post- test design where questionnaires administered before and after the intervention, 1 month after baseline, and 3 months after baseline to measure impact of intervention on oral health knowledge and behavior	Promotoras (community outreach health workers); Four people with parenting or childcare experience were hired as promotoras; Trained using CCOHEP itself and with goal of skill development to lead classes	The promotoras aimed to increase parental knowledge and skills using the CCOHEP, which consists of four sessions focusing on; 1) caries; 2) toothbrushing and flossing; 3) sugar, diet, and bottle use; and 4) dental care reducing sugar	At baseline 13 % of parents self-reported providing optimal toothbrushing behaviors for their children, which increased to 44% immediately after attending CCOHEP and 66% 3 months after attendances
Martin, Lee, Landa, Minier, Avenetti, Sandoval 2018	Assessing feasibility and acceptability of a planned recruitment, data collection, and intervention for the COordinated Oral Health Promotion (CO-OP) Chicago trial targeting Primary care clinics and WIC centers serving Latinx families.	2-year formative research to establish the feasibility of a CHW-focused ECC program; Use of key informant interviews, focus groups, and site observations through the framework of grounded theory analysis	Community Health Worker. No Training Defined	CHW were to be used in a targeted intervention for children at high risk for ECC; CHWs could meet families however they preferred, using clinics and WIC centers as a "home base". Provided families with toothbrushes, tailored referral lists, and educational materials	Participants supportive of CHW intervention; feasibility concerns included a lack of private spaces in clinics and centers as well as concerns with safety for families allowing CHWs into their homes.
Milling, Davila, Tomar, Dodd 2019	To determine the impact of the Promotora Model as an educational strategy to increase the oral health knowledge of latinx/Spanish-speaking caregivers with	A quasi-experimental design with a 37 item questionnaire administered at a baseline and 3 months after intervention to assess Oral health literacy among latinx caregivers with	Promotora/Promotora de salud or Health Promoter (a term used to refer to female community health workers working with the spanish-speaking population);	Promotoras conducted a 30 minute educational activity with caries initiation and transmission, benefits to fluoride use, early childhood tooth decay, and appropriate oral hygiene techniques; Promotoras	Post intervention, more participants had what was ranked as good oral health knowledge (82.6% v 56.5% baseline)

	children aged 2-5 years old at risk for caries in Naples, Florida	children 3-5 years of age at high risk for dental caries	Training not defined	additionally answered any questions families had	
Smith, Blinkhorn, Moir, Blinkhorn 2018	To assess the effectiveness of Smiles not Tears, a dental health education program to reduce the prevalence of early Childhood Caries in young Aboriginal children in South Wales, Australia	Evaluation of community trial for a dental health education program using comparison dental exams of control group and active group of children being targeted for intervention	Aboriginal Health Workers (AHWs); 1 day training course at the Aboriginal Community Controlled Health Services (AC-CHS) that used multiple teaching methods to learn about early childhood caries (ECC)	Using the SnT program, taught Aboriginal families within their local community simple messages about preventing dental caries and provided culturally appropriate fridge magnets and pamphlets and offered screening examinations to detect early carious lesions in the primary dentition	In the active group, the majority of children (n=104 or 97.2%) were caries free; Four children (3.7%) were referred to dentists, three had caries and one had hypoplastic teeth; reduced DMFT and DMFS for children at the poorest level of oral health.
Vichanayrat, Steckler, Tanasugarn 2013	Reports on the findings regarding barriers and facilitating factors among primary care providers and lay health workers to promote oral health care in the Phan Thong District in Chon Buri Province, Thailand	Qualitative (focus groups) and quantitative methods during the implementation and evaluation of an oral health education program in rural Thailand based on the Social Ecological Model; focus group discussions were conducted with LHWs at 3, 6, and 9-month periods	Lay health workers; village health volunteers from four tambon health centers in Phan Thong, one day training involving rotating groups focused on different training activities	LHWs visited caregivers to provide education, assess oral health in children and the oral health behaviors of families, and provide emotional support to caregivers.	Barriers included assumptions of knowledge held by parents, conflicting info, and a lack of counseling skills; Facilitators included sharing social networks, acceptance, LHW confidence; and instrumental support availability

Oral Health Promotion and Treatment (N=5)

Anumanrajadh on, Rajchagool, Nitisiri, Phantumvanit, Songpaisan, Barmes, Sardo-Infirri, Davies, Moller, Pilot 1996	The Intercountry Centre for Oral health established a program to demonstrate the value of a community care model in oral health based on a primary care model in Samerng and Pasang, Thailand	In 1984 the Community Care Model (CCM) in oral health, which is based on primary health care principles, was established as a demonstration project under a mandate from the Intercountry Centre for Oral Health with assistance from the World Health Organization and the Government of Thailand	Oral Health Examiners: Training courses, field training, and training to identify and refer emergency cases; Oral health Educators were trained on oral hygiene, health food habits, emergency and self-care; Village Scalers: 2-week training in scaling, sterilization, infection control; referral, and pain relief	Oral Health Examiners: record oral health status, record lesions of oral soft tissues, refer patients, and give pain relief; Oral Health Educators: instruction in hygiene instruction, general hygiene, health food, emergency care and self-care; Village Scalers: Removal of calculus and plaque	Survey administered in Samerng and Pasang, did not show, at this point, the impact of ICOH-trained personnel on caries prevalence, article calls for follow up.
Gereda 1972	A pilot program to train rural auxiliary promoters in oral health that was established in 1969 in the rural Province of Huehuetenango in Guatemala. The study was approved in November 1970 by the Second	This rural oral health promoter program was developed to address the lack of access to dental care in rural communities in Guatemala as well as the lack of dentists in such areas.	Rural oral health promoters; Health promoters were recruited and trained by dentists; Total 140 hour, 45 minutes of training; Supervised periodically by affiliated staff of the	Supervised by a dentist; Provision oral health education, promotion, and prevention care; Diagnosis and treatment of oral health issues	From January 1971 to February 1972 they gave services to 23,956 patients, exodontic care to 3,081, emergency care to 784, oral health chats to 714, chats about community development to 211, tooth brushing for school aged children to 209, and cases of general

	Congress of National Dentistry celebrated in the auditorium of the Bank of Guatemala (segundo Congreso Nacional de Odontología).		Jacaltenango hospital and a supervising professor from the dental faculty at Universidad de San Carlos		medicine to 12,382, and other services to 4,318.
Gereda, Fuentes Soria 1976	A program established in 1969 to train rural auxiliary promoters in oral health in the rural areas of Guatemala (Huehuetenango)	In 1969, the Departamento de Huehuetenango conducted the pilot program "Promotores Rurales en Salud Oral" to help improve access to dental care in rural areas of Guatemala	Rural health Promoters; Recruits must be residents from the rural areas where they serve and are preselected to serve as a promoter by the people that live in the rural communities; Training was led by the university of San Carlos and consisted of 277 hours and 15 minutes of training on oral health promotion, knowledge, prevention and dental care provision	Health promoters diagnose and treat dental diseases, link their community to dental care, provide preventive care, and provide oral health education	This program has been a success with participation from faculty and students in their last year of their dental program. This program demonstrates that training a rural health promoter is possible and should be extended to other rural areas in Guatemala.
Kamilot, Mejia, Leiner 1992	A pilot project established by the Asociacion Promotora de Desarrollo Comunitario para Centroamérica (APDCA) in El Salvador to train dental health workers to deliver necessary dental services in Central America	A program designed to train dental health workers in the organizational/technical skills to maintain dental services, in a way that could be reproduced elsewhere	Dental health worker/APDCA Worker; Selection not defined; 5-month course to prepare dental workers to provide full services. Additional training to run regional labs; trained to construct dental settings	Provide dental services such as scaling and extraction, health education, and referral of patients	N/A
Ogunbodede. Mickenautsch, Rudolph 2000	A primary oral health program established in 1997 at the Liberian refugee camp in Gomoa Buduburam, Central Region, Ghana sponsored by UN agencies, Dental retail companies, and dentists	Oral health program based on the Primary Health Care (PHC) approach aimed at promoting community involvement in the provision of health services in a refugee camp in Ghana	Community Oral Health Workers (COHW); 10-Week training course covered oral health care, promotion, surveys, and the use of Atraumatic Restorative Treatment; Based on WHO Training modules	Conducted oral health survey to identify oral treatment needs in camp, provided emergency relief and treatment, preventive oral health care and treatment of dental caries using ART, oral health education, organized oral health awareness weeks	N/A

Oral Cancer (N=4)

Basu, Mahajan, Patira, Prasad, Mogri, Muwonge, Lucas, Sankaranarayanan, Iyer, Naik, Jain 2019	Aimed to evaluate a novel delivery approach to provide early detection screening for common non-communicable diseases, including oral health, in a home setting conducted by CHWs for adults 30-60 in Udaipur district of Rajasthan, India	Community-based cross-sectional study conducted with the aim of screening 7000 participants for common non-communicable diseases (diabetes, oral cancer, hypertension)	Accredited Social Health Activist (ASHAs); 2-week training focused on knowledge development and skill acquirement; week of counseling/screening supervision; Reorientation training was held every three months	In their home visits, ASHAs educated individuals about the effects of tobacco/alcohol and the symptoms of various common cancers; All participants with high BP or glucose, abnormal OVE, or abnormal breast symptoms were advised to attend the nearest primary health center (PHC).	1988 of a planned 2000 men were screened and 4997 of a planned 5000 women were screened; Oral visual examinations were abnormal in 8% of men and .4% of women; none were found to have growth/ulcers; Low refusals of screenings and high compliance to positive screenings
Bhatt, Isaac, Finkel, Evans, Grant, Paul, Weller 2018	To determine key features of mHealth prototype for use in LMIC country settings as well as feasibility, acceptability, and improvements for the prototype, tested in Madhya Pradesh, Tamil Nadu, and Chattisgarh, India	A community-based cross-sectional study intended to evaluate the design and implementation of a mobile screening app for oral and cervical cancer including screening and key informant interviews	Community Health Workers (CHWs). CHWs and nurses received training (3-4 hr sessions) on the usage of the mHealth tool and were trained in methods of demonstration, role-playing, group activities, and practice exercises.	CHWs conducted oral cancer screenings through oral cavity inspections and patients with potentially precancerous lesions were referred to dental surgeons in health centers for further testing/treatment.	8516 screened for oral cancer, 490 tested positive, 151 attended follow up; mHealth found to be simple and easy to use; faster/real time case management; no difference in screening between nurses and CHWs
Birur, Gurushanth, Patrick, Sunny, Raghavan, Gurudath, Hegde, Tiwari, Jain, Imran, Rao, Kuriakose 2019	To evaluate the ability of CHWs to identify oral mucosal lesions with the use of mobile technology and determine the agreement between CHWs using mHealth and oral medicine specialists in India; examining men working in a pipeline factory	Cross-sectional analytical study of an mHealth-based oral cancer screening program in a workplace setting (oral cancer in a pipeline factory) conducted for 8 months; used mobile questionnaire with 17 items and captured images of lesions	Community Health Workers; 2 CHWs involved in a 3-day training that included a ppt presentation, discussions, and educational modules; Additionally trained to identify suspicious oral lesions and education on risk factors/habit cessation in a clinical setting	CHWs screened study participants (n=3445) in batches of 30-45 participants per day over 4 months; CHWs screened participants with a mobile questionnaire and captured images of oral lesions	3445 individuals were screened by CHWs followed by screening by onsite oral medicine specialist; CHWs identified 405 participants (11.8%) as having positive oral lesions and medical specialists identified 394 participants (11.4%) as having oral lesions; There a 96% agreement between CHWs and onsite specialist in identification of oral lesions
Lee, Ho, Wang, Hu, Lee, Huang 2019	Evaluation of the effectiveness of the Health Belief Model-based intervention program with a lay health advisor strategy on oral cancer screenings/ self-examinations among aboriginal communities in Taitung and Pingtung, Taiwan	A randomized controlled trial (RCT) involving a questionnaire before and after the intervention and a face-to-face interview based on 5 domains	Lay Health Advisor (LHAs) Chosen based on betel quid chewing experiences, a motorcycle license. and living within one of the targeted aboriginal communities; 5-weeks of training, consisting of one 3 hr session per week; included training manual and discussions	For individuals in the intervention group, a 3 hr lesson (three chapters and leaflets) was delivered, with one chapter delivered per week; Lessons were taught one on one by LHAs in the homes of participants followed by LHAs sharing their experiences with participants after each chapter	The LHA intervention and leaflet reading were found to reduce barriers to cancer screening, but only the LHA intervention resulted in significantly fewer barriers towards screening with a higher effect size than only leaflets