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## A Brief Visit to Chiang Mai: Oral Public Health in Action in Northern Thailand

Arthur Cooper

### A Brief Visit to Chiang Mai: Oral Public Health in Action in Northern Thailand

### Abstract

Thailand has become well-known in Asia for its innovative public health programs and has also made significant strides towards improving oral health. The Thai approach to providing accessible healthcare for all its citizens could serve as a potential model for other countries throughout Southeast Asia. Based on a 3 week visit to shadow a practicing public health dentist, I was able to gain an insight into how their universal healthcare system functions – both its successes and challenges. Brief interactions with 20 patients who were receiving oral care helped put a face to the system and provided an additional perspective on the oral health issues facing people in rural areas. Problems specific to oral health included missing teeth, and severe caries – problems which were directly related to other serious health issues such as malnutrition. Observations showed that, despite limited resources, under-served populations have begun to receive the care they critically need. The efficient use of both finances and manpower to provide healthcare in even the remotest parts of the country could serve as an example to other communities facing similar healthcare challenges. Relevant background information on dentistry in Thailand as well as the specific oral health care issues I encountered will be presented in the poster.

### Keywords

dentist, rural health, dental health, healthcare challenges

### Disciplines

Dental Public Health and Education | Public Health





# Introduction

- Thailand has made significant strides towards improving oral public health.
- Outreach programs focusing on oral health are especially vital for underserved populations.

# Background

## UNIVERSAL COVERAGE

• Annual funding per capita: 10 Baht for dental care (~30 cents)

## ACCESSIBILITY

- Total Population: 67 million
- 43 million (~65%) in rural areas
- **3-tiered system**:
- Sub-district Small local clinics. Clinics serving > 10,000 people have one dedicated dental nurse (2 year degree, simple procedures)
- District Small hospitals with on staff dentists (who make subdistrict clinic visits once a month)
- Province Large hospitals with surgeons and dental specialists
- Medical charts are organized by family to efficiently track community members

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Arthur Cooper, Department of Community and Environmental Health, College of Health Sciences

# Methods

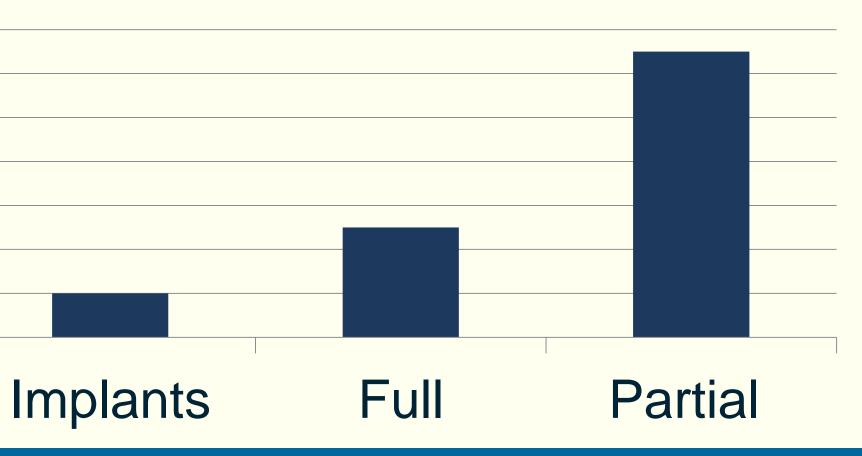
- Shadowed a public health dentist Ο for 3 weeks in rural Northern Thailand
- Interacted with 20 patients Ο receiving oral care at the Chai Sathan Sub-district Community Clinic
- Participants were all in the senior Ο outreach free denture / implant program.
- Average Age of Participants: 74

# Participants





- All patients were missing critical upper or lower molars, usually both.
- 10% needed molar implants, 25% needed full upper and lower denture, 65% needed upper or lower partial dentures



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# Discussion

## ntal health challenges & solutions

## DUCATION:

community classes on basic oral ygiene

## UTRITION:

lesearch shows a statistical ssociation between the number of atural teeth and below average reight in Thai older people.

## OW QUALTIY PROSTHETICS:

In the other of the other othe ggravated by ill fitting, low quality rosthetics made outside of a lab by alesmen lacking proper training in ental prosthetics.

## 'HYSICAL LIMITATIONS:

ome seniors have difficulty grasping ne small handle of a toothbrush. ictured:

simple solution



# Conclusion

Despite limited resources, healthcare has become accessible in rural areas due to efficient use of manpower

Thailand can serve as an example to other communities facing similar healthcare challenges.