

# Effect of a Community Health Advisors Curriculum to Address Oral Health Care in Mountain Area

Wu-Chih Huang, PhD  
College of Dental Medicine, Kaohsiung Medical University, Kaohsiung

Table 6. Comparison of DMFT Oral hygiene indicators between pre- and post-training (N=11)

Variables	Pre-Training	Post-Training	p-value	95% CI	Z-value
Annual visit	2143.00	2193.00	0	0.00-0.00	1
Number of visits	2624.91	2624.91			
Frequency of brushing teeth			0.24	-0.24-0.93	-0.096
1 times	1019.45	1019.45			
2 times	4185.46	4185.46			
Brushing method			0.30	0.24-0.30	0.029
1 toothbrush	715.76	715.76			
2 toothbrushes	4896.17	4896.17			
Brushing method			0.47	0.23-0.71	-0.172
Using toothbrush	1743.14	1828.09			
Using toothbrush	2104.86	2104.86			
Using toothbrush			0.08	0.13-0.18	0.028
11 months	3674.20	4170.09			
12 months	1325.45	1279.03			
Using dental floss			0.00	0.17-0.21	0.441
No	1443.00	1519.02			
Yes	2762.94	2613.98			
Using fluoride toothpaste			0.16	0.38-0.98	-0.091
No	2752.94	4394.24			
Yes	2617.94	2617.94			



Results: The level of oral hygiene knowledge, attitude and self-efficacy of dental care were significantly increased in CHAs after training. After training, CHAs were more likely to have modified their oral health behaviors. CHAs were more likely to have modified their oral health behaviors. CHAs were more likely to have modified their oral health behaviors. CHAs were more likely to have modified their oral health behaviors.

# Effects of a Community Health Advisors Training Curriculum to Address Oral Cancer Screening in Aboriginal Villages

Wu-Chih Huang\*, Chen-Hung Lee, Ted Chen, Tai-Shan Ho, Hsiao-Ling Huang, (Kaohsiung Medical University, Kaohsiung City, Taiwan)

**Introduction:** The level of tobacco, alcohol and betel nut chewing (pharyngeal) living in aboriginal communities are higher than the general population, lead to higher incidence rate of oral cancer. However, the oral cancer screening rate among them is still low (14%) because of the language and cultural differences. Medical care accessibility was also barriers. In order to increase access to care for the aboriginal population, we use the Community Health Advisors (CHAs) model.

**Community Health Advisors (CHAs):** The CHAs have been used to deliver the health care information to the communities, especially medically underserved population. The advantages of the model are low cost, low program start and easy to use. It also can reduce the barriers around the current prevention such as language, culture background, acceptance of social assistance.

**Objective:** The aim of this study was to evaluate the effectiveness of CHAs training curriculum for addressing and cancer screening in aboriginal villages in Southern Taiwan.

**Methods:** CHAs training were provided from aboriginal in mountainous areas. Before training classes were held. Each training cycle were for 4 consecutive weeks including 12-hour lecture and 1-hour self-learning. Each course was taught by oral health professionals. The training content included the knowledge on oral cancer, oral hygiene self-management and oral cancer screening. The training content included the knowledge on oral cancer, oral hygiene self-management and oral cancer screening. The training content included the knowledge on oral cancer, oral hygiene self-management and oral cancer screening.

**Conclusion:** The CHAs training course was effective to increase oral hygiene knowledge, self-efficacy, alcohol screening, and oral cancer screening. CHAs used tobacco, betel nut and alcohol, and their knowledge of oral cancer screening, and they can also communicate with the oral cancer screening.

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Table 1. The demographic data of CHA trainees (N=51)

Variables	N	%
Age	47.70	
Gender		
Male	8	15.48
Female	41	84.51
Ethnic		
Paiwan	70	38.22
Matsigen	38	10.37
Amis	8	17.42
Other	8	11.76
Educational level		
Elementary school	18	31.37
Senior high school	70	38.82
Master college	1	1.96
Experiences of oral cancer screening		
Yes	13	25.49
No	38	74.51
Experiences of oral cancer self-examination		
Yes	20	41.18
No	28	58.82



# Systematic Critical Review of Economic Evaluations of the Elimination of H. pylori as a Strategy for Gastric Cancer Prevention

Arianna Wayne, PhD, Karen J Goodman, PhD, & Philip Jacobs, PhD

University of Alberta, Edmonton, Alberta, Canada

**Background:** The elimination of H. pylori as a strategy for gastric cancer prevention has been evaluated in many northern Aboriginal communities. A systematic critical review of the economic evaluations of H. pylori eradication as a strategy for gastric cancer prevention was conducted. The review included studies published between 1990 and 2010. The review included studies published between 1990 and 2010.

Table 1. Summary of included studies

Study	Year	Country	Population	Intervention	Comparator	Outcome
1	2005	Canada	Aboriginal	H. pylori eradication	No intervention	Quality-adjusted life expectancy (QALYs)
2	2008	Canada	Aboriginal	H. pylori eradication	No intervention	Quality-adjusted life expectancy (QALYs)
3	2010	Canada	Aboriginal	H. pylori eradication	No intervention	Quality-adjusted life expectancy (QALYs)

**Results:** The review included three studies. The studies were conducted in northern Aboriginal communities in Canada. The studies were conducted in northern Aboriginal communities in Canada. The studies were conducted in northern Aboriginal communities in Canada.

**Policy Implications:** The review suggests that the elimination of H. pylori as a strategy for gastric cancer prevention is a cost-effective strategy for gastric cancer prevention in northern Aboriginal communities in Canada. The review suggests that the elimination of H. pylori as a strategy for gastric cancer prevention is a cost-effective strategy for gastric cancer prevention in northern Aboriginal communities in Canada.



Evaluating the Effect of a Community Health Advisors Training Curriculum to Address Oral Health Care in Aboriginal Villages in Mountain Area

Wei-Chih Huang, Chun-Hung Lee, Tzai-Chen, Tai-Shan Ho, Hui-Ling Huang, (Kaohsiung Medical University, Kaohsiung City, Taiwan)

Variables	N	%
Age	62	78
Gender	41	51.3
Male	41	51.3
Female	21	26.6
Ethnic	76	96.2
Formosa	16	20.3
Aboriginal	60	76.6
Other	0	0
Education level	16	20.3
Some high school	16	20.3
At least college	1	1.3
Experience of oral cancer screening	16	20.3
Yes	16	20.3
No	16	20.3
Experience of oral cancer self-examination	16	20.3
Yes	22	28.1
No	29	36.8

Effects of a Community Health Advisors Training Curriculum to Address Oral Cancer Screening in Aboriginal Villages

Wei-Chih Huang, Chun-Hung Lee, Tzai-Chen, Tai-Shan Ho, Hui-Ling Huang, (Kaohsiung Medical University, Kaohsiung City, Taiwan)

**Abstract:** The oral cancer survival rate is still low, especially in mountainous areas. The oral cancer incidence rate is higher in mountainous areas. However, the oral cancer screening rate is still low. In order to address this problem, the authors designed a community health advisors training curriculum to address oral cancer screening in mountainous areas. The authors conducted a survey in mountainous areas to assess the oral cancer screening rate and the oral cancer self-examination rate. The authors also conducted a survey in mountainous areas to assess the oral cancer screening rate and the oral cancer self-examination rate. The authors also conducted a survey in mountainous areas to assess the oral cancer screening rate and the oral cancer self-examination rate.

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**Figure 1. Kinds of betel nut in Taiwan**

**Figure 2. Aboriginals distribution**

**Table 2. The risk behaviors of CHA trainees (N=51)**

Variables	N	%
Betel nut chewing	28	54.9
Never	13	25.5
Ever	15	29.4
Current	11	21.6
Alcohol drinking	24	47.1
Never	10	19.6
Ever	14	27.5
Current	13	25.4
Cigarettes smoking	60	116.3
Never	4	7.8
Ever	56	108.5
Current	2	3.9

**Figure 3. CHA trainees' knowledge, attitude and self-efficacy change degree**

**Figure 4**

