Introduction

Lack of access to dental education and services enables high prevalence of preventable chronic dental diseases in the elderly population of Dubbo. Key concerns in the aging population of rural Australia include: the development of chronic dental disorders, increase in the prevalence of dental caries and periodontal disease. This inclusively increases the prevalence of edentulism.¹ According to a prospective survey by AIHW Dental Statistics and Research Unit, “The percentage of edentulism was higher for patients from rural compared to urban locations in all age groups older than 25 years”. This is directly a result of the lack of health care resources, availability of nutritious and fresh foods, health care and transportation services.²

Implementing a project that is aimed at improving oral health of the residents in aged care facilities by exploring these enabling factors would therefore be highly beneficial due to their close correlation. Effective strategies can then be implemented based on the findings including: oral health education, policies for prevention and an increased awareness of the problems to be addressed.

Aim

This project aimed to prevent oral diseases and improve the oral health of residents by improving the knowledge and confidence of residents and staff in aged care facilities through oral health education and resources.

Method

Initial contact to aged care facilities was made via email and phone addressing the facility manager. This allowed for arrangement of attendance dates, contact with relevant staff and access to available resources.

Deliverable components of the program:

- Oral health power point presentations, question & answer discussion, verbal pre and post evaluation questionnaire, brochures and dental products delivery for independent residential facilities at Orana Gardens Retirement Village and Horizons Village
- Oral health presentations, question & answer discussion, verbal pre and post evaluation questionnaire, brochures and dental products delivery for low care facilities at Orana Gardens Lodge and Holy Spirit Aged Care
- Oral health power point presentations, question & answer discussion, written and verbal evaluation questionnaire, distribution of brochures and Better Oral Health booklets to staff of high care facilities at Holy Spirit Aged Care, John Whittle House and Bellhaven Nursing Home
- Oral health promotion discussion and distribution of brochures to practitioners in allied health including: 2 x pharmacists, 1 x doctor, 2 x dentists, 1 x nutritionist, 2 x physiotherapists, 2 x speech pathologists

All presentations were delivered between 7th-18th April.

Results

Staff and residents’ knowledge increased by 11% and 22% respectively, and an increased confidence level by 44% and 24% was achieved. Verbal feedback indicated greater understanding of the relationship between oral care and dental caries and periodontal disease.

Immediate evaluation identified changes in understanding and confidence about oral health. From process evaluation, it was gathered that the session was applicable, engaging and clearly presented. It is concluded from impact evaluation that improved assessment of the projects impact would have been achieved through a follow up evaluation. Outcome evaluation was potentiated through initiation of project to be carried on by Dubbo community Dental Clinic.

Discussion

Our project aim of raising oral health awareness was achieved. This is evidenced through the improvement in the knowledge and confidence of staff and residents, though greater time would have allowed for a more thorough evaluation and project deliverance to a larger audience. One strategy to achieve this is mimicking current staff training strategies which involve the delivery of a seminar for staff of different facilities hosted at one facility. The resources provided to facilities were viewed as useful, as shown in the process evaluation feedback from care and management staff of aged care facilities. However the nature of information that needed to be imparted to members of allied health identified that current knowledge of oral health topics was limited. As a result of this project the opportunity for Dubbo Community Dental Clinic to continue the exploration of oral health needs, especially in palliative care, has been confirmed in the prospective continuation of this project.

Conclusion

Increased knowledge, understanding and confidence of residents and staff of the six aged care facilities, evidenced a promising outlook for oral health among Dubbo’s aging population. The identification of needs and the delivery of this initial educational intervention revealed the potential for development of similar ongoing projects in the future.

References


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Figure 1.1 The increase in knowledge of recommended oral health care practices at Horizons Village (23%) was slightly greater compared to Orana Gardens Village (22%), and the pooled mean score was 6.4 before and 8.8 after the delivery of oral health education, an increase of 22%.

Figure 1.2 The increase in confidence in ability to implement good oral health practices at Horizons Village (37%) was significantly greater compared to Orana Gardens Village (18%), and the pooled mean score was 6.3 before and 8.7 after the delivery of oral health education, an increase of 24%.

Figure 1.3 The increase in knowledge of recommended oral health care practices was greatest at Orana Gardens (19%), Bellhaven (11%), Holy Spirit (9%) respectively. The pooled mean score was 7.8 before and 8.9 after the delivery of oral health education, an increase of 11%.

Figure 1.4 The increase in confidence in ability to implement good oral health practices was greatest at Holy Spirit (51%) Orana Gardens (40%), Bellhaven (38%) respectively. The pooled mean score was 5.2 before and 9.6 after the delivery of oral health education, an increase of 44%.

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