Oral Health Promotion for the Auto-Apprentices of Jindabyne

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Introduction

An oral health promotion project was conducted for the auto-apprentices of Jindabyne, a small town located just five-hours away from Sydney, and almost at the border of New South Wales and Victoria. With a population of just under 2500 residents, trade workers account for 17.5% of occupations in Jindabyne, and coupled with limited dental services, this target group has multiple risk factors negatively impacting their oral health (Australian Bureau of Statistics, 2011, Maier et al., 1990).

Aim

The aim of the project was to assess the oral health needs of the auto-apprentices of Jindabyne and to develop and deliver an oral health program addressing modifiable risk factors, to promote positive behaviour changes.

Methods and Materials

Prior to the commencement of the program, a pre-oral health questionnaire was distributed to the 1st, 2nd and 3rd year auto-apprentices (n=22) at Cooma TAFE, addressing the importance of oral health, oral hygiene practices, signs of oral conditions, diet, alcohol consumption and smoking. From this, a tailored program was implemented to address the identified risk factors, focusing on prevention of oral conditions.

Deliverable components of the program included:
A. An Oral Health Promotion Presentation for the Auto-Apprentices
B. A Pocket Guide with Contacts of the Health Services in Jindabyne and Surrounding Areas
C. A Laminated Contact List of the Health Services in Jindabyne and Surrounding Areas
D. Resources for the Youth Workers

A process evaluation was conducted in the form of a pre and post questionnaire to evaluate any changes in these addressed areas (n=9). Resources including brochures, handouts and electronic copies of the presentation were provided to allow for future implementation of the program.

Results

From the initial 22 apprentices, the program was delivered to 9 participants.

The results elucidated an increase in confidence levels of oral health knowledge, brushing, interproximal cleaning, diet knowledge, and the effects of alcohol and smoking with at least 66.6% of responses being 4 – 5, an increase from 22.2%. The lack of time and cost of groceries were major factors contributing to poor oral hygiene and diet, respectively.

Discussion

The timing of program implementation resulted in only 9 who were able to participate in the program, due to a holiday break. The pre-oral health questionnaire showed that alcohol consumption and smoking were major risk factors, occurring in 68% and 50% of the apprentices respectively. Ensuring that there is maintenance of positive behaviour changes with the apprentices is difficult, as there is no governing body to enforce or monitor these changes, leaving it up to the individual apprentices to control.

Conclusion

Emphasis on re-orienting allied health services to provide a consistent oral health messages and reinforcement of a supportive environment is crucial in ensuring that positive behaviour changes towards good oral health and overall health are maintained (World Health Organisation, 1986). The program was successful in creating awareness about oral diseases and preventative measures with the apprentices committed to addressing their modifiable risk factors.

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References


