INTRODUCTION

The Australian population is ageing; more people over the age of 65 years require dental care because they have retained some or all of their natural teeth. We are now faced with a unique opportunity for oral health promotion in this niche demographic. Older people living in residential care were the target group of this project. Good general health is directly related to good oral health. Healthy ageing is particularly reliant on a good quality of life. Being able to speak, smile and eat without discomfort from poor oral health is the cornerstone of ageing well. There are several issues at work when considering the dental management of older Australians, even more so when they reside in rural communities. Lithgow sits at the foothills west of the Blue Mountains, west of Sydney. The community runs mainly on industry and tourism. Becoming fluoridated in 2011, oral health is a hot topic in the area. Three of the largest aged care facilities in the Lithgow area were contacted and they were more than happy to have oral health promotion and education conducted with residents and nursing staff.

AIM / HYPOTHESIS

The aims of this project was to assess the oral health needs of the three major aged care facilities in the Lithgow area of NSW. Elderly people in rural communities represent a population at high risk of poor oral health and one which would benefit from assistance in this area. No oral health promotion or education programmes had ever been conducted in this area with the aged care demographic. This initial needs assessment should lead to the production of an oral health promotion programme. Any programme developed in the future should target these particular needs so it can be re-implemented and continued in years to come.

METHODS

An initial needs analysis of the oral health status of the residents of the aged care facilities in Lithgow was carried out in April 2014. The three aged care facilities: Tanderra Nursing Home, Cooinda Nursing Home and Three Tree Lodge were visited over a two week period. Interview and questionnaires were conducted in order to determine the oral health requirements of these facilities and if there were any areas where knowledge and understanding was lacking. The needs analysis resulted in the production of an hour long information session and practical workshop conducted with the nursing staff at the three facilities. Both pre and post questionnaires were completed by the participants of the workshop. 33 initial needs analysis questionnaires were completed by both nurses and management staff of Three Tree Lodge, Cooinda and Tanderra Nursing Homes. 12 members of the nursing staff attended the presentations.

RESULTS

![Figure 1: Common Oral Hygiene Care Problems in Residents Faced by Nurses in Aged Care Facilities Across Lithgow](image)

![Figure 2: Pre-Workshop Evaluation (Nurses: Prior Knowledge and Oral Health Care Practices to Aged Care Residents)](image)

![Figure 3: Pre- and Post-Workshop Confidence Levels of Nurses in Providing Effective Oral Care to Aged Care Residents)](image)

DISCUSSION

Post questionnaires revealed an 80% increase in confidence in identifying and using different dentifrices and methods to treat common oral conditions of elderly patients. At the same time there was an initial 25% decrease in confidence in providing good oral hygiene to residents as nurses came to recognise through the delivery of our programme that their previous methods were incorrect (particularly in regards to tooth brushing and denture care). After specific issues were discussed, the nursing staff felt much more confident in using the new oral care techniques we demonstrated to them. The practical session of the workshop also assisted in putting theoretical techniques we had discussed into practice. Staff were surprised by the effectiveness of new techniques and were excited to use them in daily oral hygiene routines. Our programme highlighted that there are several confounding factors at work in these aged care facilities, including time constraints and lack of staff training. These constraints can easily be overcome however, through education and training as well as ongoing support from allied health professionals in the rural community. Developing a team approach and assigning staff members as “champions” for oral health may help with high staff turnover rates and assist in making daily oral health a priority.

CONCLUSION

Further work in this area, using our needs analysis as a starting point, needs to be accomplished in order to make an effective oral health promotion package which can be evaluated and re-implemented. The information that was provided by our needs analysis and programme was well received both by management and staff at the aged care facilities. They are all more than happy for further work to be done in the future. Lithgow in the Blue Mountains area of New South Wales provides a wonderful starting point for an effective and very successful oral health promotion programme to be implemented. Since there has been no oral health promotion conducted previously the area is a clean slate of very willing and capable nursing staff and management staff, eager to implement and reinforce good oral hygiene messages for the older high care patients of residential care facilities.

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