“Make Your Smile a Priority”
An Oral Health Promotion Program for Neami National

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INTRODUCTION


Individuals suffering with a severe mental illness such as schizophrenia can lead to a deterioration in self-care, where oral health receives low priority (MIFA, 2011).

Periodontal disease, caries and tooth wear are linked to many lifestyle factors such as diet, tobacco use, as well as the use of medications resulting in a higher prevalence of dental disease amongst individuals diagnosed with a mental illness (Patel, 2012).

AIM

The objective of our rural placement was to develop an oral health promotion program which aimed to identify and address the oral health needs of Neami National consumers.

The purpose of this project was to help prioritise oral health in individuals diagnosed with a mental health disorder and to help prevent oral health disease amongst the NSW consumers of Neami National.

METHOD

An initial needs analysis was conducted via a face-to-face questionnaire with Neami consumers. In addition, discussions were held at the Ashfield and Pagewood offices where staff members were encouraged to identify key areas of concerns in regards to consumers’ oral health.

The findings were used to develop an oral health program aimed at educating the staff of Neami National and to provide them with the appropriate knowledge and resources needed to promote good oral health practices to their consumers.

A thirty minute staff presentation was developed along with staff laminates which highlighted key oral health information. An oral health promotion newsletter, diet brochure and “Make the Swap” and “Toothbrushing Tips” prompts were created for the consumers.

Impact evaluation was determined via pre- and post- presentation questionnaires in which staff selected responses distributed along a five-point Likert scale.

RESULTS

Table 1: Pagewood staff results from the pre-presentation (left) and post- presentation (right) questionnaires.

Table 2: Ashfield staff results from the pre-presentation (left) and post- presentation (right) questionnaires.

A total of 20 staff from Ashfield and Pagewood attended the presentation. Following the delivery of the presentation, results from both sites indicated an overall positive increase in knowledge and understanding. 65% of respondents “Strongly Agreed” and 35% “Agreed” that their knowledge and understanding of how risk factors affect oral health and cause disease had improved from 15% and 50% respectively.

In addition, the post-evaluation questionnaires also reported no “Uncertainty” with knowledge and understanding amongst staff following the presentation.

Staff also felt the resource package provided to them would benefit the consumers and staff alike. Staff also commented it was important to create a program that gave purpose and was relatable for Neami consumers.

DISCUSSION

Time constraints, initial staff uncertainty with communicating oral health advice to consumers and willingness of consumers to be interviewed were barriers in achieving our outcomes.

Furthermore, it was reported that some participants were overly confident in their ranking for knowledge in the pre-questionnaire which obscured the true changes in improvement of knowledge.

Staff also appreciated that a common risk factor approach was taken with regards to education of oral health and general health, since it gave purpose.

CONCLUSION

Implementation of the oral health program has given staff more confidence in providing their consumers with oral health advice, and has increased their knowledge and understanding of oral health promotion.

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REFERENCES