Chapter 4

4.1 The Oral Health of Older People in Care Homes

The impact of oral health problems on a person’s life can be profound. Good oral health can improve dignity, self-esteem, social integration and quality of life for an individual whether young or old. One of the key priority groups identified in An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland is that of older people. This group are being given priority because there is:

- an increasingly elderly population
- an increasing number of older people retaining their own teeth
- growing recognition that a healthy mouth can contribute to general health and quality of life.

A study was carried out in 2007 to investigate the provision of oral health care and support for older people in care homes in Scotland. The results show that the provision within a large proportion of care homes falls below standard.

Needs assessment
There are over 90 care homes across Lanarkshire providing care for approximately 4,500 residents. Dental Officers from NHS Lanarkshire’s Salaried Primary Care Dental Service carried out a baseline oral health screening of 400 residents within seven selected care homes. This provided a preliminary assessment of the residents’ oral health needs. A baseline questionnaire was also distributed to care home staff, to identify their oral health knowledge and training needs.

Actions from the needs assessment
The needs assessment highlighted that staff would benefit from additional resources and information on oral health care. It also identified that a tool would be helpful for care home staff to assess the oral health needs of residents.

Therefore, an oral health assessment tool was developed in partnership with nursing staff from NHS Lanarkshire’s Older People’s Directorate. The assessment tool records relevant risk factors which might influence the condition of the mouth and from this determines how frequently an assessment is needed. It is simple to apply, so that it can be used by all grades of care home staff.

A training programme for care home staff called Mouth Matters was developed according to best practice. The programme aims to update skills and knowledge for care home staff.

In May 2010, NHS Health Scotland, in partnership with the National Older People’s Oral Health Improvement Group, launched the national resource Caring for Smiles to support oral health professionals in delivering training to all care home staff. Essential components from this national resource have been incorporated into the Mouth Matters programme.
Key Points

• Needs assessment was carried out in seven selected care homes to provide information about the dental health of residents and the oral health knowledge of staff.
• A tool to assist care home staff in assessing residents’ oral health needs was developed.
• The *Mouth Matters* training programme for care home staff was implemented.

Priorities for Action

• Roll out the *Mouth Matters* programme to all care homes in Lanarkshire.
• Support care home management to develop a clear care pathway for residents to access dental services.
• Identify oral health champions among care home residents.

References


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4.2 Improving Oral Health in Prisons

Prisoners are vulnerable to poor oral health. They experience more decayed but fewer filled teeth than the general Scottish population and severe tooth decay is four times more likely in the male prison population.¹ The underlying causes of poor oral health such as deprivation, tobacco, alcohol and drug use, and poor oral hygiene routines are found in high prevalence within the prison population.¹

Oral health improvement programme in HMP Shotts

The Scottish Executive publication *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland* identified improving prisoner oral health as a priority for NHS boards.² Improving the oral health of vulnerable groups, such as prisoners, continues to be of importance to the Scottish Government.³

NHS Lanarkshire and HMP Shotts developed a three-year oral health improvement programme. This was designed to pilot a whole settings approach to improve the oral health of staff, prisoners and families within HMP Shotts. The programme aimed to create a healthier environment within the prison, developing policies which promote good oral health as well as providing health education. Workshops and activities supported particular initiatives such as ‘mouth cancer action month’. Further opportunities for education were provided during father and child visits, for example through growing fruit and vegetables.

**Evaluation**

The effectiveness of the programme in improving knowledge, changing behaviours, and in creating an environment supportive of health promotion was evaluated. Fifty-eight prisoners with most involvement in the project (the intervention group) and 49 prisoners with little involvement (the comparison group) completed questionnaires. Fourteen prisoners and 28 members of staff were interviewed about the experience.

As seen in Table 4.2.1, prisoners in the intervention group showed better awareness of oral health messages.

**Table 4.2.1 Prisoners’ awareness of oral health messages**

<table>
<thead>
<tr>
<th>Oral health messages</th>
<th>Intervention group</th>
<th>Comparison group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting down on sugar and sugary drinks**</td>
<td>82%</td>
<td>57%</td>
</tr>
<tr>
<td>Cleaning teeth regularly with a toothbrush and toothpaste*</td>
<td>91%</td>
<td>77%</td>
</tr>
<tr>
<td>Using fluoride toothpaste*</td>
<td>68%</td>
<td>45%</td>
</tr>
<tr>
<td>Using mouthwash*</td>
<td>77%</td>
<td>57%</td>
</tr>
<tr>
<td>That smoking can cause mouth cancer*</td>
<td>79%</td>
<td>57%</td>
</tr>
<tr>
<td>Getting a check-up at the dentist every 6 months**</td>
<td>63%</td>
<td>28%</td>
</tr>
<tr>
<td>Renewing your toothbrush every 3 months*</td>
<td>68%</td>
<td>47%</td>
</tr>
<tr>
<td>Cleaning false teeth</td>
<td>70%</td>
<td>32%</td>
</tr>
<tr>
<td>Leaving false teeth out at night</td>
<td>25%</td>
<td>16%</td>
</tr>
</tbody>
</table>

* and ** denote differences significant at 5% and 1% respectively
knowledge of oral health messages. However, this did not appear to change oral health behaviours. For example, 91% of the intervention group knew they should be brushing with toothpaste regularly but only 83% reported actually doing so.

Interviews with prison staff suggest that providing health education activities during father-child visits is a good way of improving knowledge. This was described by one interviewee: ‘I think it’s a clever approach ... Whilst their father as parent educator is involved in the process, they must be observing some of the messages themselves’.

The interviews also highlight the difficulty in changing the prison environment. The barriers to influencing diet within the prison were highlighted in one interview: ‘It’s hard to break the culture ... A lot of cultural aspects of living in a prison as a prisoner involve those types of commodities [sweets and fizzy juice] as barter’. This may help explain the limited success of the programme in changing behaviour to date.

Key Points

- An oral health improvement programme was developed in HMP Shotts in partnership with prison authorities.
- The programme increased prisoner knowledge but did not lead to changes in behaviour.
- Involving prisoners in the provision of health information to their family increases engagement in health improvement activities.

Priorities for Action

- Initiatives that influence prison environment and culture should be prioritised to help change behaviour.
- Learning gained from this programme should help shape future health improvement programmes with prisoners.

References


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