



# Pension Level Supported Residential Services Oral Health Initiative

**Presented by:**  
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## Presentation Outline

Pension Level SRS Pilot overview

Oral health needs of SRS residents

Risk factors

Methodology

Challenges

Outputs

Significant findings

Evaluation Recommendations

## Pension Level SRS Pilot

Commenced June 2008

Partnering Agencies: Department of Health (DoH), Knox Community Health Services (KCHS), Inner South Community Health Services (ISCHS), Dental Health Services Victoria (DHSV).

DHSV:

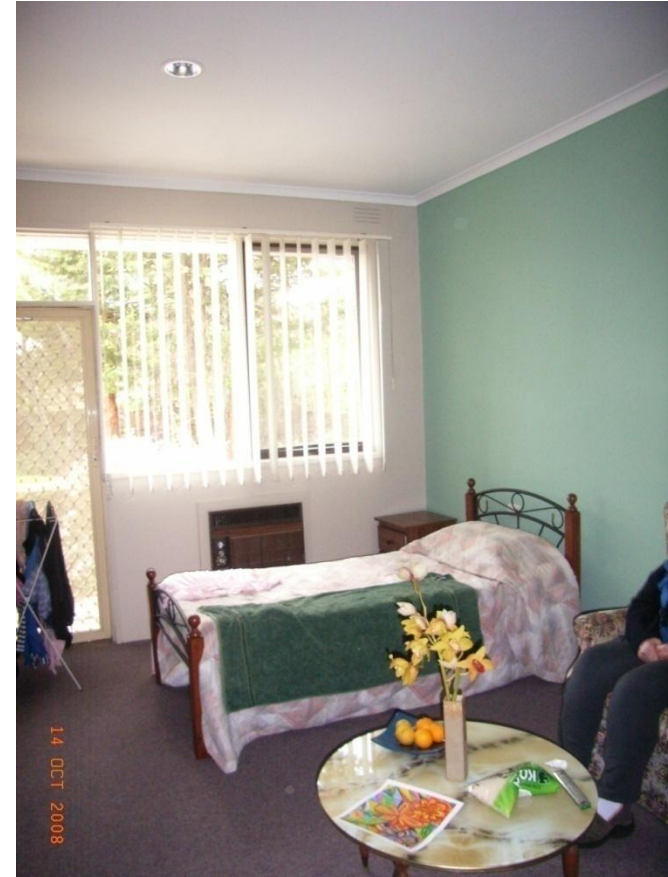
- Oral health kits - 72 pension level Victorian SRS
- Education sessions - 52 (non KCHS & ISCHS) pension level SRS
- Oral health DVD - 181 pension & non pension level SRS

Regions:

- KCHS: 9 Pension Level SRS in eastern metropolitan region
- ISCHS: 10 Pension Level SRS in Inner south metropolitan region

## Supported Residential Services

- Accommodation and personal care for those unable to live independently.
- SRS residents are generally mobile but need assistance with daily tasks, variable age range
- Complex physical and mental health needs
- Usually private businesses
- State Government registered with monitored standards of care & accommodation



## Identified Need

The National Oral Health Plan 2004-2013 & Victorian Government's Active Seniors policy identified residents of pension-level SRS as a priority target for oral health services.

Project Aims:

- Improve oral health amongst residents living in SRS facilities.
- Improve their access to oral health care by instigating settings-based outreach oral health assessments.
- Reconnect SRS residents with their local Community Health Services.



## Risk Factors

Health, in particular oral health, is generally not a high priority for pension-level SRS residents:

- Transient population
- Great unmet need for dental care: high levels of dental caries, poor periodontal health and higher than average levels of edentualism
- Limited contact/support from family and friends
- Co-morbidity: chronic substance and alcohol abuse
- Accommodation, often intolerant of recidivist behaviours
- Mental health issues: schizophrenia, depression, intellectual disorders, ABI.
- Low income: Up to 87% of pension to SRS for food and accommodation

## Methodology

### DHSV:

- Residents and staff of all 72 pension-level SRS facilities across Victoria
- Distribution of Oral Health Resource Kits – containing toothpaste, a toothbrush, dental floss and information material
- Information sessions on the importance of oral health and the re-distribution of kits. DHSV Health Promotion staff will visit each pension-level SRS between July 2008 and July 2009.
- Development and distribution of DVD



## Methodology

### Both KCHS & ISCHS:

- Dental hygienist, conducts out-of-clinic basic oral health assessments.
- Rapport: use of existing relationships with other health and general services
- Provision of health promotion and oral health education sessions to residents and staff.
- Facilitation of referrals for clinical treatment into mainstream oral health services.
- Provision of oral health resources (DHSV)



## Methodology

### KCHS

- Out reach team - hygienist & dental assistant/s
- Referred into local CHS oral health programs
- External agency community support
- Transport – disconnected

### ISCHS

- Dental hygienist & admin
- Mental health team
- Localised clinical referrals
- Transport –coordinated support



## Methodology

### Health Promotion

- Individualised oral hygiene and health promotion resources
- Personal goal cards
- Individualised posters
- Training day – SRS staff and support workers
- Dietary advice – meal planning
- Smoking



**Stop Toothache & Bleeding Gums**

**Look after your teeth and gums:**

- ▲ Brush your teeth after breakfast and before bed
- ▲ Use a fluoride toothpaste
- ▲ Spit out froth but don't rinse
- ▲ Visit your dental clinic every 12 months. Don't wait until you're in pain.



**Knox Community Health Service**  
For information dental and other health services, contact us on 0757 0200

## Challenges

Working with this marginalised group presents significant challenges:

- Possible unpredictable behaviours
- Low motivation to change
- Unstable health of residents
- Transport
- Limited access to SRS staff with varying levels of interest in oral health
- Challenging sensory environment
- Examination facilities adapted from a domestic environment
- Difficulty referring to other community health agencies

## Outputs

### Evaluation Report July 2009

Significant improvements to SRS resident access to oral health services were achieved.

### DHSV Service Data December 2009

- Southern: 2008 = 108 individuals  
2009 = 295
- Eastern: 2008 = 54  
2009 = 234



## Outputs

Project key performance targets:

- Oral health assessments – offered 90% ; received 62%
- Oral health instruction – residents 90%
- Oral health instruction – staff 10%
- Residents referred for treatment services 50%
- Residents receiving treatment 77%



## Outputs continued ...

- Successful use of hygienist outside of clinical setting.
- Growth of DA's and social worker with expansion of roles and knowledge
- Connection of residents to CHS
- Training of SRS staff in Oral Health and related issues.
- Creativity and testing of new health promoting concepts



## Significant Findings

### External Evaluation

- SRS staff and residents value oral health
- SRS residents valued treatment and contact with oral hygienists the most
- Rapport with residents and SRS staff is critical to success
- Model of using hygienists/dental assistants in an outreach model is successful
- Need to work collaboratively with other services involved with SRS
- Ongoing personal and practical support to residents is required

## Significant Findings

- Oral Health Kits were well accepted and liked by residents
- Oral Health Education is best delivered to residents on 1:1
- SRS staff education is best delivered as a group
- Oral Health Care Plans and resident goal charts usage increased over time



## Recommendations from Evaluation

- Include oral hygienists in future model options
- Support the continued distribution of oral health kits
- Encourage ongoing targeted 1:1 oral health education
- Promote a 'Whole of health' approach for SRS residents
- Encourage local service system collaboration
- Support increased collaboration between relevant Government Departments to create an increased focus on the needs of SRS Pension-level residents



## The Future

- Commitment to ongoing oral health service access to SRS residents
- Consideration of key successes and recommendations - Phase 1
- Priority access status
- Funded projects:
  - DHSV – public oral health agencies state-wide
  - ISCHS and KCHS Phase 2
- Expansion of pilot activity – additional SRS facilities

## References

<http://www.health.vic.gov.au/srs/>

Chalmers, J. (2003), Supported Residential Services (SRS), Dental Health Services Victoria. Melbourne.

Lime Management Group, Pension Level SRS Oral Health Initiative (Draft) Final Evaluation, October 2009, Melbourne.

# SRS Oral Health Initiative

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**Thank you**

## **SRS Project team:**

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