### Abstract:
Public health nursing practice should adopt a life course approach to the promotion of health and wellbeing. This requires a renewed focus on health promotion interventions focused on older adults, including those resident in nursing homes. The oral health status of older people in nursing homes has been reported as sub-optimal, predisposing to poorer health-related quality of life. Interventions for nurses, other caregivers and older adults, focusing on knowledge and behaviours related to oral health management have the potential to improve the provision of oral health care. This paper details a project undertaken by a team of pre-registration nursing students to plan and develop an integrated health promotion resource 'Healthy Smile, Healthy Me', comprising of a '5-Steps for Oral Health' poster and an 'Oral Health Box', aimed towards enhancing the oral health of older people in nursing homes.

### Keywords:
Oral health care, older adults, nursing homes, health promotion

### Additional Information:

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### Author Comments:
The authors have highlighted the changes made in yellow. Referencing format has been revised for et al authors.
Healthy smile, healthy me: developing an integrated resource to promote the oral health of older adults in nursing homes

Abstract
Public health nursing practice should adopt a life course approach to the promotion of health and wellbeing. This requires a renewed focus on health promotion interventions focused on older adults, including those resident in nursing homes. The oral health status of older people in nursing homes has been reported as sub-optimal, predisposing to poorer health-related quality of life. Interventions for nurses, other caregivers and older adults, focusing on knowledge and behaviours related to oral health management have the potential to improve the provision of oral health care. This paper details a project undertaken by a team of pre-registration nursing students to plan and develop an integrated health promotion resource ‘Healthy Smile, Healthy Me’, comprising of a ‘5-Steps for Oral Health’ poster and an ‘Oral Health Box’, aimed towards enhancing the oral health of older people in nursing homes.

Introduction
Public health is the responsibility of every nurse who must endeavour to maximise the health and wellbeing of individuals, the wider community and the population as a whole (Winslade 2013). Public health nursing practice needs to be embedded in the values, environment and culture of everyday nursing care. Everyday examples of public health practice when nursing older people include the promotion of oral health and the prevention of falls. It is not about ‘making’ additional time to carry out a health promotion activity or deliver an intervention. It is about making every contact count as a real opportunity to empower people to take responsibility for and to optimise their own health and well-being (Department of Health 2012, Nursing and Midwifery Council 2015). It is underpinned by the use of evidence-based knowledge and a diverse range of skills including needs assessment; collaborative working; development, implementation and evaluation of innovative health promotion programmes; leadership; policy and strategy development; and research.

Older adults have long been neglected as a target audience for public health nursing activities (Golinowska et al 2016). Until the late 1990s it was incorrectly assumed that older adults were not a good target for health promotion as it was considered too late to change their lifestyle. Encouraging older adults to increase physical activity levels, alter dietary habits, reduce alcohol intake or stop smoking was perceived as disturbing their ‘peace and
contentment’. It was not until publication of ‘A Life Course Approach to Health’ by the World Health Organisation in 2000, emphasising a healthy lifestyle at every stage of life, that health promotion initiatives directed towards older adults began to evolve. Evidence of the effectiveness of health promotion interventions in improving and maintaining the health of older adults continues to emerge (Golinowska et al 2016). The purpose of this paper is to outline a project undertaken by a team of nursing students to plan and develop an integrated health promotion resource, in the form of a ‘5-Steps for Oral Health’ poster and an ‘Oral Health Box’, aimed towards enhancing the oral health of older people in nursing homes.

**Background**

Advancements in early diagnosis, improvements in medical treatments (Putten et al 2013), and implementation of national and international strategies directed towards minimising socio-economic inequalities, have all contributed to people living longer (Public Health England, 2015). As people live longer, they face increased level of health problems, associated with physical and mental decline (Reddy 2016). This includes oral health problems which are largely associated with the ageing process (Lewis et al 2015). Despite increasing research into healthy ageing and improving independence in older age, there is relatively less emphasis on oral health problems (Petersen and Yamamoto 2005). Oral health is an important aspect of people’s health, and has an impact on general health, well-being and quality of life (Royal College of Nursing (RCN) 2011, Porter et al 2015, Hoben et al 2016). Poor oral health is associated with poor nutritional intake, diabetes, cardiovascular and pulmonary disease, mainly aspirational pneumonia (RCN 2011, World Health Organisation 2012). It affects not only a physical health but also psychological well-being, and may alter communication abilities, cause pain and discomfort (RCN 2011, Lewis et al. 2015). Poor oral health amongst older people is a significant global problem with the Global Burden of Disease 2010 Study reporting that oral health problems accounted for 15 million disability-adjusted life years, suggesting a health loss of 224 years per 100 000 population (Marcenes et al 2013). Although edentulism (complete loss of natural teeth) has declined in recent decades, older people depend more on others to maintain their oral hygiene (Zenthofer et al 2014, Porter et al 2015, Oral Health Foundation 2017). In addition, poor self-rated oral health and conditions such as periodontal (gum) disease, tooth loss and dry mouth present considerable health challenges for older people (Lindqvist et al 2013, Marcenes et al 2013, Ramsay et al 2015, Patii et al 2016).
An increasing older population has led to a greater number of people requiring nursing home care (Zenthofer et al 2014, Hoben et al 2015). Indicators of poor oral health (for example; chewing difficulties, caries and gingivitis), together with pain and discomfort, have been reported among nursing home residents in different countries (De Visschere et al 2006, Gluhak et al 2010, Hopcraft et al 2012). Porter et al (2015) point out that poor oral health is more prevalent among older people in care facilities as compared to a similar group of older people living in the community. This finding has been supported by other studies and reports (British Dental Association (BDA) 2012, Regulatory and Quality Improvements Authority (RQIA) 2012, Porter et al 2015, Reigle and Holm 2016). In Northern Ireland, it has been reported that over 70% of care home residents had poor oral health (RQIA 2012), and that their oral needs had not been met (BDA, 2012). These findings confirm those of an earlier Scottish study by Sweeney et al (2007) who found that more than 75% of residents had received no basic oral hygiene. As the cognitive impairment and care dependency increases so also does older people’s inability to attend to their own oral hygiene (Janssens et al 2014). In many situations, older adults in care settings greatly depend on caregivers to assist and perform oral hygiene (Weening-Verbree et al 2013).

Although nurses have a legal and professional obligation to maintain the oral health of older people requiring care (RCN 2011, Willumsen et al 2011, UK Government 2014, NMC 2015, National Institute for Health and Care Excellence (NICE) 2016), it has been shown that they often fail to do so (BDA 2012, Francis Report 2013). Porter et al (2015) claim that oral health is not a priority for many caregivers, including nurses, with Reigle and Holm (2016) pointing to oral hygiene being described as a low priority and unpleasant task. The BDA (2012) highlighted that some caregivers’ attitudes towards oral health were very negative, with oral hygiene being described as a “repulsive activity”. Caregivers have reported that facilitating oral hygiene for older people can be challenging due to individuals’ disruptive behavioural responses, and lack of compliance with offered care (Lindqvist et al 2012, Yoon and Steele 2012). Additionally, caregivers have also reported that insufficient time, training and resources have further impacted on their ability to effectively carryout oral health care (Willumsen et al 2011, McKeown et al 2014, Hoben et al 2016).

Nevertheless, evidence suggests that providing nurses and other caregivers with appropriate up-to-date oral health education and supplemented resources can significantly improve oral care delivered for older people, thereby improving older people’s oral health and quality of
life (Kullberg et al 2010, Willumsen et al 2012, McKeown et al 2014). Weening-Verbree et al (2013) further report that improving oral health reflects a combination of knowledge, competence and behaviour changes among caregivers. Consequently, planning and development of the ‘5-Steps for Oral Health’ poster was directed towards increasing caregivers’ awareness and knowledge of oral health care whilst the ‘Oral Health Box’ sought to foster behavioural change by increasing compliance and concordance with the delivery of an oral hygiene daily routine for older adults in nursing home settings.

5-Steps for Oral Health Poster

It is accepted that posters are a valid way of transferring health information; adding value to any health message, overcoming misleading language, presenting a unified vision and promoting a strong sense of ownership amongst its target audience (Kolhi et al 2017). A laminated poster was designed to provide a concise overview of a 5-step guide to delivering oral health care. The poster incorporated simple but clear written messages together with pictorial designs (Evans et al 2017) to outline five steps of daily oral care, including day and night routines. The written messages and pictorial designs aimed to aid information recognition and readability. The five steps for oral health reflect NICE (2016) recommendations with respect to brushing natural teeth at least twice a day with fluoride toothpaste and the individual’s choice of toothbrush; providing daily oral care for full or partial dentures using the individual’s choice of cleaning products; and using daily use of mouth care products as prescribed by dental clinicians. It is envisaged that the poster will be placed at eye level in bathrooms within nursing homes where it will be easily accessible to caregivers, older people and their families.

Oral Health Box

Despite the recognised benefits of a poster, development of the ‘Oral Health Box’ was guided by evidence which suggests that a standalone poster should not be used in an attempt to achieve knowledge transfer but rather that, an integrated approach with supplemental material is required to achieve changes in user knowledge, attitude and behaviour (Ilac and Rowe 2013). Moreover, the lack of appropriate oral hygiene equipment has been cited by caregivers as one of the reasons for not providing oral hygiene for older people in nursing homes (Willumsen et al 2011, McKeown et al 2014). The ‘Oral Health Box’ was designed to promote behavioural change in caregivers through ‘nudge therapy’ (WHO 2017) and also to be used independently by the older person. Reigle and Holm (2015) report that encouraging,
educating and supporting older people will enable them to remain more independent with respect to oral self-care. The ‘Oral Health Box’ was designed to store the necessary oral hygiene resources in one place, and make it accessible for both the older person and the caregiver. The box also had a compartment for dental prosthetics as many older people in nursing homes wear partial or full dentures (De Visschere et al 2016). A person-centred approach was adopted as oral hygiene sundries contained within the box were specific to the older person. A mirror was included to encourage inclusion and partnership between the caregiver and the older person. Bright primary colours were used for the box whilst attached printed information was in black and white. The use of such colours was based on the idea that using colour and contrast draws the attention and may help older persons with impaired eyesight or dementia to identify required items (Dementia Centre 2017). Printed information on the box further emphasised the ‘5-Steps for Oral Health’. The older person’s name was included on the side of the box, with “hello my name is…” logo (NHS 2017), to promote a more personalised and individualistic approach.

**Piloting and future research**

To date, preliminary piloting of both the ‘5-Steps for Oral Health’ poster and the ‘Oral Health Box’ has been undertaken within one private nursing home. Caregivers have reported a greater awareness of and attention to the oral health care of older adults within the nursing home with comments such as ‘the poster reminds you to clean their dentures because to be honest, most nights I forgot …’ and ‘you can’t miss the box and everything is there in the one place, it makes it easier to encourage or help them to clean their teeth’. However, much greater insight into the potential feasibility, acceptability and efficacy of the ‘5-Steps for Oral Health’ poster and the ‘Oral Health Box’ is required. We therefore plan to conduct a pre- and post-intervention study across a number of nursing home settings within Northern Ireland to examine outcomes including the oral health of older people; and the oral health-related knowledge, attitudes and behaviours of both older people and caregivers.

**Conclusion**

Oral health care for older persons in nursing homes is less than optimal, predisposing to adverse consequences for individuals’ health and quality of life. To provide the best possible oral health care for older people, nurses and other caregivers need to develop innovative approaches. An integrated health promotion resource such as the ‘5-Steps for Oral Health’ poster and the ‘Oral Health Box’ has the potential to educate, encourage and motivate nurses,
other caregivers and older people themselves to perform oral health care. Future research is required to assess the effectiveness of this resource as the next step in establishing an evidence base on this topic area.
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World Health Organisation. (2017) Clean Care is Safer Care. Available at:  
[www.who.int/gpsc/tools/Five_moments/en/](http://www.who.int/gpsc/tools/Five_moments/en/)


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| Change ‘must’ to ‘should’ in the following sentence:  
*Public health nursing must adopt a life course approach to the promotion of health and wellbeing.* | The first sentence of the Abstract has been amended as follows:  
*Public health nursing practice should adopt a life course approach to the promotion of health and wellbeing.* |
| Use a different word for ‘business’ in the following sentence:  
*Public health is the business of every nurse who must endeavour to maximise the health and wellbeing of individuals, the wider community and the population as a whole (Winslade 2013).* | The first sentence of the Introduction has been amended as follows:  
*Public health is the responsibility of every nurse who must endeavour to maximise the health and wellbeing of individuals, the wider community and the population as a whole (Winslade 2013).* |
| *Public health nursing practice needs to be embedded in the values, environment and culture of everyday nursing care.*  
Give an example of everyday care and link to oral health. | The following sentence has now been included:  
*Everyday examples of public health practice when nursing older people include the promotion of oral health and the prevention of falls.* |
| Incorrect referencing format:  
(Royal College of Nursing (RCN) 2011, Porter et al. 2015, Hoben et al. 2016). | Referencing format for this and all other et al authors has been corrected to *et al* |
| Write BDA in full on first use:  
*In Northern Ireland, it has been reported that over 70% of care home residents had poor oral health (RQIA 2012), and that their oral needs had not been met (BDA, 2012).* | BDA had been written in full on first use earlier in the preceding sentence:  
*This finding has been supported by other studies and reports (British Dental Association (BDA) 2012, Regulatory and Quality Improvements Authority (RQIA) 2012, Porter et al 2015, Reigle and Holm 2016).* |