



National University of Ireland, Galway  
*Ollscoil na hÉireann, Gaillimh*

Department of Health Promotion  
Outreach Courses in Health Promotion

*Evaluation of the Specialist Certificate  
in Health Promotion (Oral Health)*



DEPARTMENT OF HEALTH  
AND CHILDREN

AN ROINN SLÁINTE AGUS  
LEANAÍ



Dental Health Foundation  
Ireland

*"The Certificate in Oral Health Promotion provides a structured career pathway for professionals within the dental healthcare arena, which has been lacking up to now. This pathway is critical, as appropriate training and resources are two of the key objectives of our five-year campaign to push oral health firmly onto the mainstream health agenda."*

Dental Health Foundation (2001)

*"The Specialist Certificate in Health Promotion (Oral Health) is a key development which has proved successful in progressing the objectives for 'good oral health' of the National Health Promotion Strategy 2000-2005."*

Department of Health and Children (2004)

*"The Specialist Certificate gave me a deeper understanding of why and how some practices work and some do not. Most importantly it taught me that unless the client is empowered, no change will occur."*

Specialist Certificate in Health Promotion (Oral Health)

Graduate (2006)

# Evaluation of the Specialist Certificate in Health Promotion (Oral Health)

Thérèse Costello

Margaret Hodgins

Claire Connolly

Department of Health Promotion  
National University of Ireland, Galway

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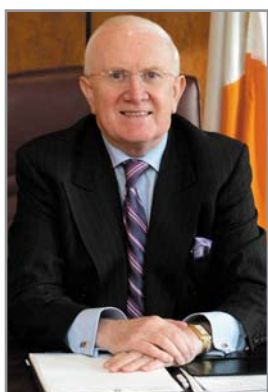
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## Foreword



I am delighted to be associated with this Report on the Evaluation of the Specialist Certificate in Health Promotion (Oral Health).

The Report's findings and recommendations are very welcome and timely, as it compliments the important body of research already carried out on the dental services in Ireland. This body of research will act to inform my Department's policies on oral health and improvements for the future.

I am particularly impressed with the foresight of the partnership of the Dental Health Foundation, the Society of Chief and Principal Dental Surgeons in Ireland, and the National University of Ireland, Galway, who in 1999 put in place the necessary training and accreditation programme for dental health professionals to develop and improve their oral health promotion skills while at the same time offering career advancements opportunities for the course participants. Simultaneously in 1999 in support of this initiative, my Department made provision for full time dental auxiliary posts to develop oral health promotion in the public dental services.

I understand that over one hundred and twenty students have successfully undertaken the course to date with a number of these graduates going on to complete higher training in Health Promotion. I note too, that these graduates are working to greatest effect when applying their skills in the delivery of dental services for people with disabilities and also working as part of multidisciplinary teams in health services delivery.

Finally, I would like to congratulate all those involved in the preparation of this important research report, including graduates of the Specialist Certificate and I look forward to being kept informed on progress on the recommendations set in this report.

Mr Pat the Cope Gallagher T.D.,

**Minister for Health Promotion and Food Safety**





## **Executive Summary**

The Specialist Certificate in Health Promotion (Oral Health) has been in existence since 1999. It was initiated by the Dental Health Foundation in response to the Department of Health and Children's 1994 Dental Health Action Plan. It was developed in collaboration with the Department of Health Promotion, National University of Ireland, Galway, and the Society of Chief and Principal Dental Surgeons in Ireland. Funding support was provided by the Health Promotion Unit, Department of Health and Children, to establish the development and inaugural year of the programme. The course is provided by the National University of Ireland, Galway, and the Dental Health Foundation. The 12-month part-time course aims to provide participants with a professional education and training in the principles and practice of oral health promotion. This evaluation was conducted to determine the effectiveness of the course in providing participants with the training required for the practice of oral health promotion. A survey methodology was employed for this evaluation involving graduates who have completed the course to date. A 57% response rate was achieved.

Results demonstrate that the course has predominately been up taken by women in the 35-54 age group, the majority of whom are Dental Nurses. 'Public Dental Practices' and 'Schools/Education' are the main areas identified by respondents as the settings where they provide oral health promotion, with children being the most popular population group in receipt of health promotion services from the respondents. The majority of the respondents perceive that their oral health promotion practices have changed towards a more holistic, lifestyle changing and client empowering approach as a result of their learning from the course. This is also reflected in comments from respondents in relation to changes in their knowledge, attitudes, behaviours and confidence levels. Respondents have also noticed improvements in their clients' knowledge, attitudes, behaviours and self-efficacy as a result of these changed practices but progress has been slow moving. Resources, time and support from colleagues have been experienced by respondents as being the main determinants of the use of health promotion methods and activities. A lack of these determinants in some workplaces and settings has resulted in an exclusive practice emphasis being placed on the treatment of dental caries and periodontal disease. These findings are consistent with the results of the report 'Oral Health in Ireland' (Department of Health and Children, 2003). Additionally respondents have indicated that "having a personal interest in the topic" and using the qualification to "enhance employment prospects" were the biggest influencing factors in all of their decisions to



undertake the course. The survey reveals that 19% of respondents have subsequently been promoted since qualification.

Overall, there have been positive and encouraging comments made in relation to the effect that the course has had on graduates' oral health promotion knowledge and practices. However, applying their learning from the course to practice seems to be influenced by structures and resources. From the findings of this evaluation, it is suggested that the determinants of oral health promotion within individual workplaces, settings and population groups are looked at and addressed where deficits are identified. As an improvement for the course, respondents have suggested that a practical element be introduced demonstrating the theoretical application of health promotion to the field of oral health.



## **1. Introduction**

Established in 1990, the Department of Health Promotion of the National University of Ireland, Galway is the only one of its kind in the Republic of Ireland and is the national centre for professional training and education in health promotion. The department is also a founding member of the European Masters in Health Promotion Training Consortium. Attached to the department is the Health Promotion Research Centre, which has an active multidisciplinary research programme in place. Specialist Certificates in Health Promotion are accredited by the Department of Health Promotion through the Adult and Continuing Education Department and the Arts Faculty within the National University of Ireland, Galway. These stand-alone courses have been designed to meet the needs of health promotion practitioners in specific fields and are run in partnership with specialist agencies to meet the needs of specific practitioners. Specialist courses are available in the following areas: Community Development Settings, Disability Services, Oral Health, Sexual Health and Youth-work.

These courses can meet the needs of practitioners in their attempts to continuously adapt and upgrade their knowledge, skills and competencies during a lifetime. Such lifelong learning has societal benefits but it also contributes to the personal development of individuals and their right to develop intellectually and holistically (Department of Enterprise, Trade and Employment, 2002).

The mission of the Dental Health Foundation is to promote oral health in Ireland by providing effective resources or interventions, and by influencing policy through a multi-sectoral, partnership approach (Dental Health Foundation, 2001). As part of the Dental Health Foundation's 'Five-Year Strategic Initiative', emphasis is placed on the importance of training health professionals so as to support the re-orientation of the delivery of health services to a health promotion approach. To achieve this objective, it states the necessity of providing training support in oral health promotion skills to dental teams and allied health professionals. The Specialist Certificate in Health Promotion (Oral Health) meets this objective. As a result the profile of oral health within the context of general health has been enhanced considerably.



## **2. Background**

The Specialist Certificate in Health Promotion (Oral Health) was launched in 1999 and is a partnership programme between the Dental Health Foundation, the Department of Health Promotion in the National University of Ireland, Galway and the Department of Health and Children. The course offers participants the opportunity to study from home and aims to provide them with a professional education and training in the principles and practice of oral health promotion. The course is open to any individuals who work in a professional capacity in oral health, such as dental nurses, dental hygienists and dentists or individuals who are in a position to promote oral health or simply those who have an interest in oral health. The content of the course seeks to develop in participants a critical appreciation of the current issues and dilemmas in oral health promotion. A professional attitude to practice is also enhanced due to the emphasis placed on the importance of oral health and progressing the participants' knowledge base and skills for oral health promotion. The course objectives are to ensure that participants acquire the knowledge and skills:

- To understand the theoretical background to the concepts and principles of health promotion and the application of theory to practice
- To describe the contributing factors that affect oral health
- To apply a range of different health promotion approaches and strategies across diverse population groups in relation to oral health.

The curriculum for the course, developed collaboratively by National University of Ireland, Galway, the Dental Health Foundation and Dr. Mary O'Farrell, Principal Dental Surgeon of the Health Service Executive North East, addresses these course objectives. Participants receive an open learning pack containing text, activities, progress checks and video material from the National University of Ireland, Galway. Contact workshops also take place for students throughout the year. The course is delivered by the National University of Ireland, Galway via three modules: two that include workshop participation and distance education materials for home study, and one module consisting of project work. Examinations on each module are by continuous assessment throughout the year, with the submission of a final year project also being required. The course modules are:



- Principles and Practice of Health Promotion
- Specialism in Health Promotion (Oral Health)
- Project for Specialist Certificate

Participants on the course are expected to draw upon the course learning and apply it to their professional practice. Participants who successfully complete the course obtain a professional qualification in oral health promotion and this has enabled past graduates to incorporate health promotion principles into their practice and/or secure dedicated positions as Oral Health Promoters. Students who also successfully complete the course can use the qualification as a credit towards the MA/ Higher Diploma in Health Promotion run by the Department of Health Promotion, National University of Ireland, Galway.

The first course in 1999 was initially run in Sligo, but in recent years it has been held exclusively at the Marino Institute of Education, Dublin 9. To date, 123 students<sup>1</sup> have graduated from the course.

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<sup>1</sup> Number of students based on details available in the Department of Health Promotion's Specialist Certificate Graduate Database.



### **3. Rationale for the Evaluation**

An important feature in the professional delivery of any training programme is the inclusion of an evaluation component. Evaluation is needed to determine whether the objectives of the Specialist Certificate in Health Promotion (Oral Health) have been met. These findings can then be fed back into the planning for the further development of the course. To date the evaluation of the Specialist Certificate in Health Promotion (Oral Health) has focused on looking at the experiences of the participants in relation to the course content and delivery methods of the modules. This end-of-year feedback report has been useful to lecturers in contributing to the changes of the course modules. As an example, web-based materials were developed and implemented for one year but an end-of-year evaluation established that the students had a number of issues concerning the materials and it was decided to provide these web-based materials on CD-ROM for subsequent years until the issues were resolved. Full details relating to the web-based materials are provided in Appendix One. In addition, the results of continuous assessments and project work also detail the theoretical learning that takes place for the participants and hence establishes the effectiveness of the course in terms of achieving the first two course objectives. To date however, no evaluation has taken place to investigate whether the oral health promotion practices of graduates have been enhanced as a result of learning from the course.

As already mentioned the immediate impact of the course on graduates' theoretical knowledge has been assessed through course work. Therefore, this outcome evaluation will focus on determining whether such theory has been translated into the practice of oral health promotion. The evaluation will address most particularly whether the third course objective: 'the practical application of health promotion approaches and strategies', has been achieved. It also seems logical to explore the determinants of the practical application of these approaches. These determinants can be the resources and support available to the participants in their work as well as the less obvious issues, such as participants' self-efficacy to implement new practices. Being aware of all these issues will provide the oral health and education agencies with a more comprehensive picture of participants' application of their learning to practice. It is also expected to briefly explore the career opportunities that graduates have availed of so as to inform the marketing of the course and contribute to the development of a career pathway for practitioners in oral health.



#### **4. Aim and Objectives of the Evaluation**

The aim of this evaluation is to determine the effectiveness of the Specialist Certificate in Health Promotion (Oral Health) in providing graduates with the professional education and training required for the practice of oral health promotion. Therefore the objectives of the evaluation are:

- ❖ To explore the opportunities that graduates have availed of in applying different health promotion approaches and strategies across diverse population groups in relation to oral health:
  - Categorise the population groups with whom graduates work
  - Identify the materials, methods and activities that are currently in use by graduates in their oral health promotion work
  - Investigate the graduates' perceptions on the actual impact of interventions on the client
- ❖ To explore the factors that graduates perceive to influence the practical application of oral health promotion approaches and strategies in graduates' work settings
- ❖ To determine graduates' perceptions of the influence of the course on their personal levels of self-confidence to perform oral health promotion practices
- ❖ To identify the career pathways taken by graduates of the course



## **5. Methodology**

To achieve the aim of the evaluation, it is necessary to obtain feedback from participants of the Specialist Certificate in Health Promotion (Oral Health) detailing the application of their learning to their professional practice.

### **5.1 Research Design**

A cross-sectional research design was deemed as being the most suitable methodology to guide the collection and analysis of graduates' feedback detailing the impact that the programme has had on their current professional practices.

### **5.2 Research Method**

A structured instrument (questionnaire) was used to gather the data for analysis (Appendix Three). The questionnaire comprises of open and closed questions and was developed and pre-tested with a random sample of 5 graduates from the sample population. Feedback from the Dental Health Foundation and the Department of Health Promotion in the National University of Ireland, Galway on individual questions, together with feedback from the pilot group, facilitated changes to be made to ambiguous questions and the questionnaire layout. Also recorded was the length of time required to complete the questionnaire so as to inform the recipients. The self-completion questionnaires were posted in envelopes from the National University of Ireland, Galway, with a cover letter (Appendix Two) and a freepost return addressed envelope enclosed. The survey questionnaire contained six short sections which were developed to reflect the objectives of the evaluation. The sections of the questionnaire were as follows:

- Section A: Demographic details
- Section B: Employment Information
- Section C: Oral health promotion practices
- Section D: Use of oral health promotion resource materials
- Section E: Opinion on the effectiveness of the Specialist Certificate in the provision of knowledge and skills for professional practice
- Section F: Employment opportunities since graduation.





The majority of the questions were closed with the exception of six open ended questions enquiring about:

- How graduates' practices have changed since completing the programme
- Graduates' best example of an implemented oral health promotion activity
- The knowledge, attitude, behaviour and self efficacy changes noticed in clients
- The determinants of oral health promotion in the graduates' workplaces
- Experiences of translating their learning into practice.

A filter question was applied in Section A to identify those who have been working in oral health within the last 12-months. The filter directed non-practitioners to the end of the questionnaire to just complete Section F. This was to ensure that:

- Feedback from current practitioners was obtained.
- Non-practitioners of oral health promotion did not have to complete all the other sections.

Exclusively taking account of the experiences of those who have been working in oral health most recently yields a more accurate account of current practices rather than those based on memory of events of over one year ago from those who are not currently working. Also, as the course is open to others who simply have an interest in oral health, they may not at any time have been working in an oral health related job.

To encourage graduates to respond, an incentive of a €100 voucher was offered as a raffle prize for those who returned their questionnaire.

### **5.3 Sample**

All of the graduates of the Specialist Certificate in Health Promotion (Oral Health) were identified as being key individuals from whom to obtain the data. The Department of Health Promotion's Specialist Certificate Graduate Database contains the names and details of the course's graduates from 1999 to 2006. Out of the 123 individuals who have completed the course since 1999, 122 graduates' records were complete, in that all assignment marks and



contact details were recorded. As a result, these graduates whose records were complete were used as the sample population.

No students from the course year 2002-2003 were surveyed as there was no record found of students' names and addresses in the Specialist Certificate Graduate Database. No course was held during this period of time.

A group of five graduates pre-tested the questionnaire and so the final sample size was 117 graduates. It was deemed important to address the fact that the postal addresses recorded by students at the time of engaging in the course may have since changed. As a result, all questionnaires sent to graduates had a sticker, detailing the sender's postal address, placed on the reverse of each envelope. This was done in the attempt to facilitate the returning of the undelivered questionnaire should the graduate no longer live at the address and thus be acknowledged in the calculation of a final valid sample size.

Two weeks following the posting of the initial questionnaire the returned questionnaires yielded a response rate of 23%. One reminder questionnaire was sent to all non-respondents and the response rate increased to 51%. In an attempt to further increase the response rate, telephone contact was made with about 10% of the non-respondents and these were encouraged to return their questionnaires as soon as possible. This resulted in the final response rate being 57%.

#### **5.4 Data Analysis**

The data has been analysed using the computer package SPSS version 12 for Windows. Descriptive statistics including frequencies and valid percentages are reported for each question. Content analysis has been used to identify the emerging themes from responses to the open questions.



## 6. Results of Questionnaire

### 6.1 Introduction

The aim of the evaluation is to determine the effectiveness of the Specialist Certificate in providing graduates with the professional education and training required for the practice of oral health promotion. Self completion questionnaires were posted to a sample of 117 graduates of the course. Six questionnaires were returned unopened, yielding a valid sample of 111 graduates. Of these 63 graduates responded, yielding a response rate of 57%.

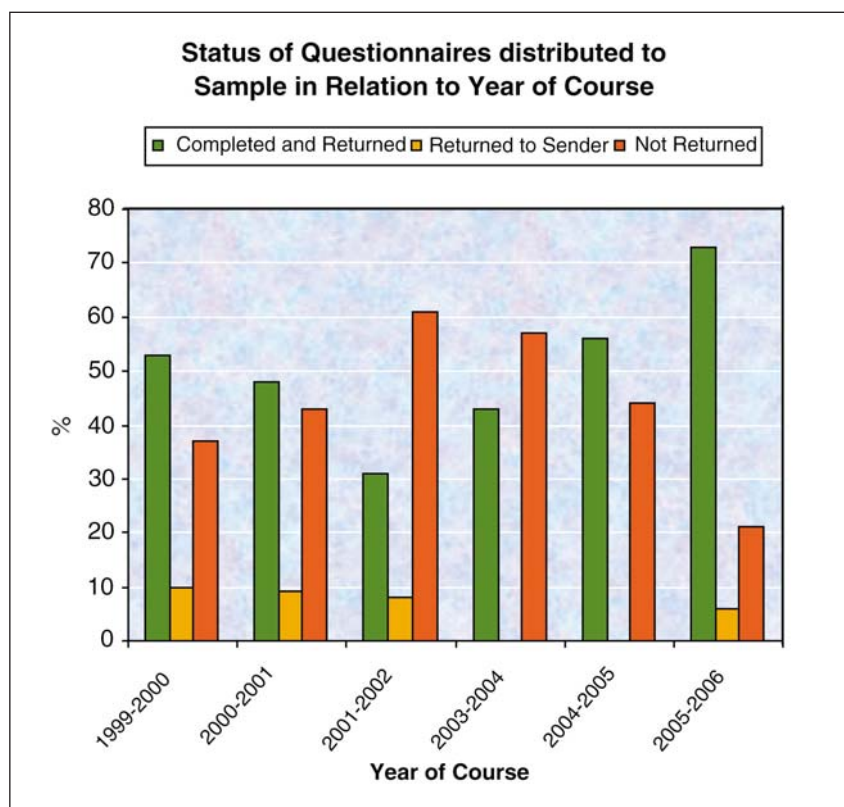
### 6.2 Respondents Demographic Details

In total, 98% ( $n=62$ ) and 2% ( $n=1$ ) of the respondents to the questionnaire were female and male respectively. This is representative of the general profile of individuals who participated in the course to date, of which over 99% have been female. The average age of respondents to the questionnaire was 42 years. The youngest and oldest respondents to have completed the course are currently 25 and 60 years of age respectively. The majority of respondents, 65% ( $n=40$ ), were in the 35-54 age-group. Table 1 below details the frequency of respondents according to their age group.

Age-Group	Frequency of Respondents	
	<i>n</i>	%
25-34	16	25
35-44	22	35
45-54	18	30
55-64	6	9
Missing Data	1	1
<b>Total</b>	<b>63</b>	<b>100</b>

**Table 1. Frequency of Ages for the Questionnaire Respondents**

The response rate of the graduates in relation to the year in which they embarked on the course is detailed in Figure 1. The 2005-2006 intake of students completed and returned the most questionnaires at 74% ( $n=14$ ), in relation to the total number of graduates surveyed from that year.



**Figure 1. Distribution of the Status of Questionnaires Distributed to the Sample in Relation to Year of Course**

Of those who completed and returned the questionnaire, 73% (n=46) have been working in an oral health related job within the last 12 months. The experiences of those who are not working in oral health will be taken account of again when discussing Section F of the questionnaire.

### **6.3 Work Context of Respondents Engaged in Oral Health Promotion**

Graduates were asked to select a job title from the listing that was provided on the questionnaire. Some selected more than one title and others provided a title for themselves in the space available for comments. Table 2 displays the job titles of the respondents with the majority (61%) of the respondents working as dental nurses.



Job Description	Frequency of Respondents	
	<i>n</i>	%
Dental Nurse	28	61
Dental Hygienist	5	11
Dental Nurse and Oral Health Promoter	3	6.3
Dental Hygienist and Dental Nurse	2	4.3
Dentist	2	4.3
Oral Health Promoter	2	4.3
Senior Dental Nurse	1	2.2
Dental Nurse with Senior Dental Nurse	0	0
Administrative Duties	1	2.2
Health Education Officer (Oral Health)	1	2.2
Hospital Based Dietician	1	2.2
<b>Total</b>	<b>46</b>	<b>100</b>

**Table 2. Job Description of Respondents who are Currently Oral Health Providers**

To identify the settings where graduates provide oral health promotion work, a variety of settings were offered which allowed for the selection of more than one choice. Table 3 displays the frequency with which respondents selected various settings options. The most frequently mentioned settings where respondents work is the ‘public dental practice’ and the ‘school/education’ setting, as over half of the respondents stated that they provide oral health promotion in each of these settings. A small percentage provides a service to the homeless but none of the respondents provide a service in palliative care units.

Settings for Oral Health Promotion	Frequency of Respondents	
	<i>n</i>	%
Public Dental Practice	35	76
Education (e.g. schools, dental school, nurse training course)	24	52
Hospital	12	26
Community (e.g. Dental clinics, GP practices, PHN clinic, mother and baby clinic, clients home, pre-employment groups)	10	21.2
Nursing Homes and Residential Care	7	15.2
Older Persons Day Centre	6	13
Private Dental Practice	4	8.7
Hostel for the Homeless	1	2.2
Palliative Care Units	0	0

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 3. Respondents’ Settings for Oral Health Promotion**



The questionnaire asked graduates to select the frequency with which they provide an oral health promotion service to a variety of population groups. Table 4 details the frequency with which respondents meet with, and provide an oral health promotion service to, the suggested population groups. The majority of the respondents seem to work with children ‘always’ and people with disabilities, older people and adults ‘sometimes’.

Population Group	Always		Sometimes		Never		N/A	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Adults	7	15.2	20	43.5	3	6.5	16	34.8
Children	31	67.4	12	26.1	1	2.2	2	4.3
Travellers	9	19.6	17	37	5	10.9	15	32.6
Homeless	1	2.2	5	10.9	16	34.8	24	52.2
Older People	3	6.5	21	45.7	5	10.9	17	37
People with Disabilities	11	23.9	24	52.2	1	2.2	10	21.7
Refugees/Asylum Seekers	4	8.7	17	37	6	13	19	41.3

**Table 4. Frequency with which Respondents meet with Various Population Groups**

When asked, 80% ( $n=37$ ) of the respondents have a working relationship with other individuals who have also completed the Specialist Certificate in Health Promotion (Oral Health). The numerical replies of respondents when asked about the number of graduates that they have a working relationship with are detailed in Table 5. Over half of the respondents work with three colleagues or less who have completed the Specialist Certificate in Oral Health Promotion. The mean value is 4 and the mode value is 2 individuals with whom graduates work. The range value is 11 as 5.4% ( $n=2$ ) respondents work with 12 individuals who have also completed the Specialist Certificate.

Number of Working Colleagues with Specialist Certificate	Respondents	
	<i>n</i>	%
1-3	19	51.5
4-6	10	27
7-12	5	13.5
Missing Data	3	8
<b>Total</b>	<b>37</b>	<b>100</b>

**Table 5. Frequency of Working Relationships with other Graduates of Specialist Certificate in Health Promotion (Oral Health)**



The perceived priority status of health promotion in graduates own working practices and those of their workplace is detailed in Table 6. Graduates were required to select the most appropriate answer from the choice available. Health promotion is perceived as being a priority ‘to a great extent’ in both personal and workplace practices.

Priority of Health Promotion in:	To a great extent		To some extent		Rarely		Not at all	
	n	%	n	%	n	%	n	%
Respondents’ own personal working practice	30	65.2	13	28.3	1	2.2	2	4.3
The overall practice of Respondent’s workplace	27	58.7	18	39.1	0	0	1	2.2

**Table 6. Priority Status of Health Promotion**

The first qualitative question sought graduates’ opinions on the facilitating factors as to their oral health promotion practices. About 87% (n=40) of the respondents who currently work in oral health provided suggestions. Comments of a similar nature were categorised together and this generated eight different themes or facilitating factors. The frequency of these themes arising in the data is detailed in Table 7. Support from respondents’ management and working colleagues was the most popular factor. “*Line managers dedicating time for interested staff to run projects/programmes*” and providing “*encouragement and being allowed to do the job*” were some comments in relation to having support from management. “*Having a good working relationship with colleagues*” and “*teamwork and communication*” were also important in facilitating respondents to practice oral health promotion. Having the “*ability to visit schools and day care centres...to convey oral health message in a positive light*” is also seen as a facilitating factor to respondents practising oral health promotion. The “*experience and knowledge of concepts and principles of health promotion*” and having “*the confidence in my ability due to having done the course*”, seems to contribute to “*the belief that I have in it and that it is something everyone can achieve and benefit from*”. Having the “*time to talk to clients*” is sometimes obtained “*when the dentist is in conversation with parents, I usually, if time allows, discuss oral health with the child*”. Also, “*the dentist I work with does not have this course done and so she gives me time with the children to talk to them about diet and oral hygiene*”. Working with projects such as “*Mighty Mouth*” and other “*school based programmes*” also acts as a facilitating factor.



Facilitating Factors to Oral Health Promotion	Frequency of Respondents Expressing Facilitating Factors*	
	<i>n</i>	%
Support from workplace: management and colleagues	22	55
Ability/permission to visit settings	7	17.5
Having time to practice oral health promotion	7	17.5
Knowledge and confidence gained from having completed Specialist Certificate	5	12.5
Having resources available (personnel, time, knowledge, demo aids)	4	10
Having access to funding	2	5
Presence of projects	2	5
Miscellaneous job related comments	4	10

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 7. Factors that Facilitate Respondents Practicing Oral Health Promotion**

About 93% (*n*=43) of those currently working in oral health provided a qualitative comment in relation to the barriers to oral health promotion that they experience. Comments with similar themes were grouped together and again yielded eight categories or themes. These are displayed in Table 8. The most frequently mentioned barriers are in relation to those experienced in the workplace, such as ‘*lack of support*’ and also ‘*a lack of time*’. It was suggested by over 42% of respondents that ‘*a lack of support*’ from their workplace was a barrier. Some respondents are “*not always given the opportunity to give advice to patients*” and that health promotion “...is not perceived as relevant”. Also, “*busy clinics don’t allow time to do oral health promotion outside of clinic time*” and there is “*not enough time to speak to parents*” and “*children*” as the modest “*time allocated to each patient is a barrier*”. Also, as one respondent explained, she does not have the role as an oral health promoter, therefore she “*cannot go out to schools or set up programmes. I can only give the children oral health education whenever the children attend the clinic*”. Some respondents have encountered “*disinterested*” clients, with some clients being “*very busy...in a hurry, sometimes only want to know about treatment*”. A shortage of nurses “*sometimes...cannot do oral health promotion – have to work in surgery*” as there is “*too much to do and not enough staff to do it – plenty of work for more Oral Health Promoters*”. Respondents have also commented that “*rapid staff changes in group houses/institutions and day centres*” are a barrier to oral health promotion. Others are “*unable to promote oral health in schools before children start to attend clinics at age 6-7 years*”, with some having “*no access to the schools*” or “*not being allowed to visit schools/ organisations to promote oral health*”.





These logistical barriers can then be compounded by “the fact that oral health promotion is by nature intangible and it can be difficult to measure results”, which can lead to a “lack of understanding at times of the concept of oral health promotion from clients/parents.” “No follow-up after programmes completed each year” is also suggested as being a barrier by one respondent.

Barriers to Oral Health Promotion	Frequency of Respondents Expressing Facilitating Barriers*	
	<i>n</i>	%
Lack of support from workplaces	18	42
Lack of time to conduct oral health promotion	16	37
Lack of funding	7	16.3
Negative feedback from clients	5	11.6
Staffing issues	5	11.6
No barriers experienced	4	9.3
Not allowed access to settings	3	7

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 8. Barriers to Respondents Practicing Oral Health Promotion**

#### 6.4 Oral Health Promotion Practices of Respondents Engaged in Oral Health Promotion

The majority of the respondents, 91% (*n*=42), believe that their oral health promotion work practices have changed to some degree as a result of their learning from the Specialist Certificate. Table 9 details the frequency for each answer rating.

Change in Oral Health Promotion Practices	Frequency	
	<i>n</i>	%
Changed a lot	19	41.3
Changed somewhat	20	43.5
Minimal change	3	6.5
No change	4	8.7
<b>Total</b>	<b>46</b>	<b>100</b>

**Table 9. Change in Personal Oral Health Promotion Work Practices**



To gain more of an insight into respondents' change in practices as a result of the Specialist Certificate, an open ended question sought qualitative data on practice change examples. About 90% ( $n=38$ ) of current oral health practitioners who experienced a change in their practices provided feedback. Content analysis of the data revealed that respondents provided examples of changes in their oral health promotion knowledge, attitudes and behaviours. Over 26% ( $n=26$ ) of respondents provided examples of knowledge change but the vast majority of respondents, 81%, provided examples of behaviour change in relation to their oral health promotion practices (Table 10).

### Knowledge Change

One respondent expressed that *"The Specialist Certificate gave me a deeper understanding of why and how some practices work and some do not. Most importantly it taught me that unless the client is empowered, no change will occur"*. Another respondent has stated that she can now *"understand how oral health contributes to holistic health"*. She has *"better knowledge and understanding of the meaning of oral health"* and as a result *"I have started to think about how to put my knowledge into use at work as I would be fully supported to do it"*. However, some graduates are aware *"of the barriers to oral health"* and *"accept... that oral health is not top of everyone's priority in health"*. *"The years after I got the certificate, I practised health promotion both in schools and hospitals but due to staff shortages that is not possible anymore"*. This indicates that adequate staff, as a resource, are an important determinant that can influence the sustained practical application of learning to practice.

### Attitude Change

The Specialist Certificate has re-orientated respondents' attitudes as they have *"changed from a 'victim-blaming' to a more understanding one"*. *"I have a much broader outlook on oral health now than before"* and as a result *"take...other peoples' lives and way of life into consideration"*. One respondent's *"attitudes...have altered due to knowledge of concepts and principles"* and this has the repercussion of respondents taking a *"different attitude and approach to clients and parents, i.e. encouraging and supportive"*. The approach taken by some respondents has also changed in that they are now taking a *"bottom up approach"* and *"working with people where they're at, focus on positive, promoting oral health in the context of general health"*. In conjunction with respondents' attitudes, their confidence levels have been positively affected. As a result of the course, one graduate feels *"100% more confident speaking to people. I feel I know what I'm talking about much more so now"* and *"I approach clients in waiting rooms with*



*more positivity and chat about oral health while bringing them into the surgery*". This increase in confidence has also had other knock-on effects, as one graduate now states that she is *"more confident and qualified to be giving talks and presentations"* and *"speaking to people"*.

### Behaviour Change

Three main themes seem to be emerging from the changes expressed by graduates.

- Improved Communication Skills

*"I have learned to listen more to what people want me to hear and be aware of some problems people may have and how to help them". "I have learned how important it is to listen...not to judge people" and "encourage rather than criticise". "It's all about communication, not dictation"*.

- Improved Programme Delivery

Respondents seem to work using the *"common risk factor"* approach, as it is *"very informative to make links between general and oral health"*. Respondents feel that they are *"better able to produce programmes targeted to a specific group"* as *"I look for individual ways for getting oral health message across"*. *"Programmes are better planned, designed, delivered and evaluated, based on scientific evidence and needs considered"*.

- Outputs

*"I'm allowed do more oral health promotion in schools"*. *"We now have an oral health promotion team...it's only one day a week but it frees me up to offer the service to other target groups"*. Even the *"dental environment has changed – child friendly waiting rooms"* was one respondent's comment in relation to the influence that learning from the Specialist Certificate has had on their practices.



Examples of Changes in Oral Health Promotion Practices	Frequency of Respondents Expressing Examples*	
	<i>n</i>	%
Knowledge Change <ul style="list-style-type: none"> <li>Principles of health promotion</li> <li>Determinants of oral health</li> <li>Barriers to oral health promotion practice</li> </ul>	12	28.6
Attitude Change <ul style="list-style-type: none"> <li>Holistic / Bottom-up approach</li> <li>Increased level of confidence</li> </ul>	15	35.7
Behaviour Change <ul style="list-style-type: none"> <li>Improved communication skills</li> <li>Improved programme delivery skills</li> <li>Outputs</li> </ul>	34	81

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 10. Examples of the Changes in Respondents' Oral Health Promotion Practices as a Result of Learning from the Specialist Certificate**

To establish if graduates' changes in practices have yielded any returns for their clients, an open ended question was asked seeking graduates' perceptions of outcomes that they have noticed in their clients. Prompts for data were stimulated by using the headings of: 'clients' knowledge', 'clients' attitudes', 'clients' behaviours' and 'clients' self-efficacy of oral health practices'. About 78% (*n*=36) of those currently working in oral health provided comments in relation to this question.

### Client Knowledge Change

It seems that clients' knowledge of oral health issues ranges from poor to improving. One respondent states that clients are "*unaware of the sugar levels in a lot of foods and drinks*" and so "*unless a client understands the problem, no change will occur*". This outcome can vary "*from one client to another, most clients increase knowledge, some stay the same*". This was further developed upon by another graduate who works "*with people with special needs and sometimes it takes time to see a change in this client group*". However, for one graduate, her clients "*have more of an interest when you spend time going over oral health and the routine with them*" and also "*clients have learned how to identify food contents and brush correctly*". Another graduate "*regularly return(s) to the same target group and we notice they now have the knowledge*" as "*repeating oral hygiene advice makes the client more aware*".



### Clients' Attitudes

Over three quarters of the respondents perceive that clients have a positive attitude to oral health promotion. Clients are *“much more open to why, what, where and why not, as regards healthy eating”*. Clients seem to be *“more responsive to change”* and have a *“better attitude once you display an interest in them and listen to them”*. One respondent receives *“regular requests from schools, public health nurses, and carers of special needs for oral health presentations”*.

Clients' willingness to participate and *“to identify areas of diet that could change”* displays their *“readiness to change oral health behaviour in their setting”*. However, one graduate has experienced clients' attitudes to be a barrier, such as *“a parent defensive because their children have lots of dental decay”*.

### Clients' Behaviour

Clients' behaviours seem to be improving but also slow to change as *“behaviour can be very much a habit so it can be difficult to form new habits – this often needs to be a gradual process”*. However, it has *“improved in some areas, especially the schools that have a healthy eating policy but a lot more could be done”*. Regarding the school setting, one graduate feels that *“in general I find school visits do make a difference, having met you in school they (children) react better to you in clinic”*. *“A change in buying and eating habits”* has been noticed by another respondent. With another reason for clients' perceived behaviour change being as a result of questioning by the oral health practitioners; *“now the dentist and I question them about their oral health”*.

### Clients' Self-Efficacy of Oral Health Practices

Respondents believe that clients self-efficacy has improved by way of *“greater understanding”* and *“achievement of oral health skills”* but that it has been *“improving slowly”*. It has been *“hard to determine how much change but often they tell us they have more changes in their diet”* but *“often we don't make recall visits to determine how effective their brushing is”*. *“Gradual progress with positive reinforcement would seem to work best at effecting and maintaining a change”*. This topic of clients' self-efficacy generated the least amount of feedback as displayed in Table 11, and as a result is an area that *“requires future monitoring”*.



Examples of Changes in Oral Health Promotion Practices	Frequency of Respondents Expressing Examples*	
	<i>n</i>	%
Clients Knowledge <ul style="list-style-type: none"> <li>• Low in some aspects</li> <li>• Have basic understanding</li> <li>• Improving</li> </ul>	30	83.3
Clients Attitude <ul style="list-style-type: none"> <li>• Positive toward oral health promotion</li> <li>• Willingness to engage</li> </ul>	27	75
Clients Behaviours <ul style="list-style-type: none"> <li>• Improving</li> </ul>	27	75
Clients Self Efficacy <ul style="list-style-type: none"> <li>• Improving</li> </ul>	23	64

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 11. Respondents' Perceptions of Outcomes in Clients**

Graduates were asked to consider the majority (75%) of their oral health promotion work and to identify the extent to which they facilitate clients to engage in the planning of their own care. Four choices were given illustrating differing levels of client participation in oral health promotion. Respondents were asked to select the most appropriate statement in relation to their own personal oral health promotion practices. Table 12 displays the findings in relation to each statement.

Statement	Respondents	
	<i>n</i>	%
I facilitate the client to identify issues, choices and actions to take	29	63
The client and I share ideas and a mutual decision is made	11	23.9
The client and I share ideas, but I make the final decision	1	2.2
I make the decisions without consulting the client	1	2.2
Missing	4	8.7
<b>Total</b>	<b>46</b>	<b>100</b>

**Table 12. Extent of Client Participation in Oral Health Promotion**



Graduates were also asked to consider their approach to health promotion, again in relation to the majority (75%) of their oral health promotion practices. Table 13 demonstrates that most respondents have adopted a ‘behaviour change’ approach for the majority of their oral health promotion practices. However, 13% (n=6) work using the ‘bio-medical’ approach alone and use it to inform the majority of their working practices.

Statement	Respondents	
	n	%
My practice emphasis is on the lifestyle and behavioural change of a client, through education and awareness raising, to address the risk factors to his/her oral health	20	43.5
My practice emphasis is on facilitating the client to think critically about the determinants of his/her health and for s/he to create an environment more conducive to oral health and health overall	18	39.1
My practice emphasis is on the treatment of dental caries, periodontal disease and other oral pathologies	6	13
Missing	2	4.3
<b>Total</b>	<b>46</b>	<b>100</b>

**Table 13. Approach to Health Promotion Adopted by Respondents**

To determine graduates use of the ‘bio-psycho-social’ model of health, graduates were asked to rate their consideration of this holistic model in their clients’ oral health assessment. Respondents seem to ‘always’ and ‘often’ consider clients’ social and environmental determinants of health more frequently than clients’ biological and psychological determinants of health, as demonstrated in Table 14.

Population Group	Always		Often		Sometimes		Rarely		Never		N/A	
	n	%	n	%	n	%	n	%	n	%	n	%
Biological	11	23.9	13	28.3	7	15.2	5	10.9	4	8.7	6	13
Psychological	9	29.6	13	28.3	11	23.9	7	15.2	1	2.2	5	10.9
Social	24	52.2	11	23.9	3	6.5	3	6.5	1	2.2	4	8.7
Environmental	22	47.8	12	26.1	3	6.5	2	4.3	3	6.5	4	8.7

**Table 14. Frequency of Respondents’ Consideration of Bio-psycho-social Health Determinants in Clients Oral Health Assessment**



To gain an insight into the overall health promotion practices of graduates, an open ended question sought their suggestions for the best health promotion activity that they have implemented and the rationale for why it is the best example. About 47.8% ( $n=22$ ) of those currently working in oral health provided a suggestion with 41% suggesting a programme as being the best health promotion activity that they have implemented (Table 15). These programmes focus on increasing knowledge and skills of a target group; the majority seem to be in a school setting and these sessions are provided over a defined period of time. Other population groups who have been targeted by these programmes have been individuals with special needs and asylum seekers/refugees. Repeated visits, as part of the programme, have helped in the enforcement of new behaviours. These programmes include:

- Super Smile Award
- Mighty Mouth Schools Programme
- Better Brushing for a Better Smile
- Fluoride Mouth Rinsing Programme
- Eat Right, Smile Bright
- Oral Health Promotion Programme for Pre-school Children
- Oral Health Promotion Programme for Special Needs Adults in Residential Care
- Oral Health Promotion Programme for Special Needs Children.

Another health promotion activity undertaken by respondents is the use of a combination of oral health talks, demonstrations, behaviour modelling and displays. These workshops provide the target group, usually children, with the information and rationale for the importance of oral health. Participation is necessary as the children are required to demonstrate what they have learned to the workshop facilitators e.g. brushing technique. Oral health talks with accompanying sugar displays are activities used by nearly a quarter of respondents; with sugar displays alone being used by 13.6%. Two respondents are involved in mother and baby clinics and provide information and advice to mothers regarding their children's oral health. The same respondents state leaflets as being the best example of health promotion activity that they implement. These leaflets usually provide information on the sugar content of foods and drinks.





Examples of Health Promotion Activity	Frequency of Respondents Expressing Examples*	
	<i>n</i>	%
Programme/Project based	9	41
Oral health workshops/Behaviour modelling	5	23
Oral health talks with displays	5	23
Displays	3	13.6
Mother and baby clinics	2	9.1
Leaflets	2	9.1
Other (Healthy eating at work; Sweet Free Day; Healthy food/drink policy in school; diet sheets; Super Smile Award)	5	23

\*Multiple responses provided so numbers and percentages do not cumulate to n or 100%

**Table 15. Respondents' Best Example of Implemented Health Promotion Activity**

Respondents provided rationales as to why these activities are their best practice examples of oral health promotion that they have implemented. For some respondents it is the only example of oral health promotion that they have been involved in to date or are able to do. The Mighty Mouth Schools Programme is delivered in conjunction with 'Social, Personal and Health Education' in schools and therefore is delivered in a supportive environment where the messages are being constantly reinforced. A lot of the respondents cite the feedback and reactions that they get from parents and clients in relation to the sugar displays as being indicative that these practice examples are their best cases of oral health promotion.

Respondents were asked to select on a scale of 1-10, their own perceived levels of self confidence in relation to performing oral health promotion practices for 'before' and 'after' completing the Specialist Certificate in Health Promotion (Oral Health). Figure 2 indicates the change in ratings perceived by each respondent for 'before' and 'after' completing the course. Nearly two-thirds of the respondents, 74% (n=34) rated their confidence for 'before' as being in the score ranges of 1-5 inclusive. However, for 'after', 74% (n=34) of respondents rated their self confidence in performing oral health promotion as being in the score range of 8-10 inclusive. For the majority of respondents there was a dramatic improvement in perceived self-confidence rating scores. This is demonstrated by the differences in the mean, median and mode scores for 'before' and 'after' completing the Specialist Certificate in Health Promotion (Oral Health) as demonstrated in Table 16.

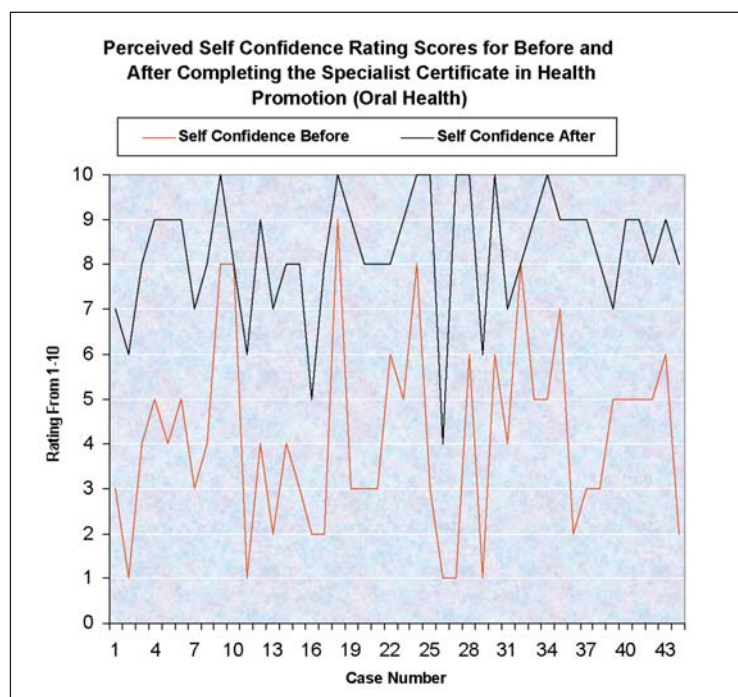


Figure 2. Perceived Self-Confidence Rating Scores for Before and After Course

		Self-Confidence before Specialist Certificate	Self-Confidence after Specialist Certificate
N	Valid	44	44
	Missing	2	2
Mean		4.16	8.25
Median		4.00	8.00
Mode		3*	8*
Std. Deviation		2.134	1.400
Range		8	6
Minimum		1	4
Maximum		9	10

Table 16. Descriptive Analysis of Self-Confidence Scores

### 6.5 Use of Oral Health Promotion Resource Materials by Respondents Engaged in Oral Health Promotion

Graduates were asked if they referred to the Specialist Certificate’s course literature to inform their working practices or for background reading. Table 17 demonstrates the responses from respondents. The majority of the respondents, 78.4% (n=36) refer to the course material ‘Often’ and ‘Sometimes’, using it as a resource to inform their working practices or for background reading.



Population Group	Always		Often		Sometimes		Rarely		Never	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Reference to Course Literature	0	0	16	34.8	20	43.6	7	15.2	3	6.5

**Table 17. Frequency of Reference to Course Material to Inform Working Practices or for Background Reading**

Participants were also asked about their use of other resource materials to complement their working practices. Participants were invited to select ‘yes’ or ‘no’ and a multiple choice of resource types, or select reasons for not using resources. Over 89% ( $n=41$ ) said ‘yes’ and therefore use a variety of resource materials to complement their practices. The most frequently used materials are ‘text and picture leaflets’, ‘display charts’ and ‘models’ as displayed in Table 18.

For the 11% ( $n=5$ ) who do not use resource materials to complement their practices, 60% ( $n=3$ ) gave ‘lack of time’ and ‘lack of funding’ as being reasons for not using resource materials to complement their practices and 40% ( $n=2$ ) did not comment.

Resource Materials	Frequency of Respondents Expressing Resource Material*	
	<i>n</i>	%
Text and picture leaflets	38	93
Display charts	32	78
Models	29	70.8
Picture only leaflets	15	36.6
Websites	14	34
Sugar Display and other Props (e.g. toothbrushes, feeding cups, bottles,	5	12.2

\*Multiple responses provided so numbers and percentages do not cumulate to  $n$  or 100%

**Table 18. Resource Materials used by Respondents to Complement their Practices**

Participants were also asked about where they got their resource materials. Numerous choices were presented for graduates to select from with some respondents providing other suggestions. Table 19 demonstrates the most popular choices.



Source of Resource Materials	Frequency of Respondents Expressing Source*	
	<i>n</i>	%
Health Promotion Unit	33	80
Dental Health Foundation	24	58
Healthcare Companies/Dental Supply Companies	25	61
Developed own	22	54
Irish Dental Association	10	24.4
Websites, Library, Medline, NGO's	3	7.3

\*Multiple responses provided so numbers and percentages do not cumulate to *n* or 100%

**Table 19.** Source of Resource Materials Used by Respondents

### 6.6 Effectiveness of the Specialist Certificate in Providing Knowledge and Skills for Professional Practice for Respondents Engaged in Oral Health Promotion

Graduates' current knowledge of the Specialist Certificate was assessed by asking the graduates for their own perceptions of their knowledge status. The course's learning objectives were presented in statement form and the graduates were asked to select the most appropriate answer in relation to their perceived knowledge state. Tables 20 a, b, c below demonstrate the respondents' rating of their current knowledge in relation to each of the statements. The majority of the respondents perceive themselves to be 'knowledgeable' in the 'theoretical background to the concepts and principles of health promotion', as well as in the 'application of theory in planning health promotion activities'.

	Very Knowledgeable		Knowledgeable		Unsure		Poor Knowledge		Very Poor Knowledge	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Theory</b>	9	19.6	33	71.7	3	6.5	0	0	1	2.2

**Table 20a.** Frequency of Respondents' Perception of Knowledge Status in Relation to the Theoretical Background to the Concepts and Principles of Health Promotion

	Very Knowledgeable		Knowledgeable		Unsure		Poor Knowledge		Very Poor Knowledge	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<b>Application</b>	12	26.1	28	60.9	5	10.9	0	0	1	2.2

**Table 20b.** Frequency of Respondents' Perception of Knowledge Status in Relation to the Application of Theory in the Planning of Oral Health Promotion Activities



	Very Knowledgeable		Knowledgeable		Unsure		Poor Knowledge		Very Poor Knowledge	
	n	%	n	%	n	%	n	%	n	%
<b>Application</b>	32	69.6	11	23.9	2	4.3	0	0	1	2.2

**Table 20c. Frequency of Respondents’ Perception of Knowledge Status in Relation to the Causes of and the Contributing Factors to Oral Ill Health**

Graduates were then asked to rate their satisfaction levels in relation to the learning and training that they received from the Specialist Certificate. The majority of the respondents, 95.6% (n=44) state that they are ‘very satisfied’ and ‘satisfied’ with the Specialist Certificate in providing them with the skills and knowledge required for oral health promotion (Table 21).

	Very Satisfied		Satisfied		Neither Satisfied nor Dissatisfied		Dissatisfied		Very Dissatisfied	
	n	%	n	%	n	%	n	%	n	%
<b>Learning and Training Received</b>	19	41.3	25	54.3	2	4.3	0	0	0	0

**Table 21. Respondents’ Level of Satisfaction with Learning and Training Received from Specialist Certificate**

An open-ended question was asked looking for graduates’ comments on their experiences of translating their learning from the Specialist Certificate into practice. In general, respondents seem to have used this section for general overall comments on the course and its application. About 72% (n=33) of the respondents currently working in oral health provided feedback. Content analysis of the data revealed two main subject areas: comments relating to the course and comments relating to practice translation experiences.

### Course Related Experiences

*“The Specialist Certificate gave me good grounding in the theoretical concepts of oral health promotion to become competent and confident”*. Many respondents commented on the skills that they learned and developed in general as a result of the course. *“I only started working in the baby clinic while doing the course, but I feel so much more confident now”*. *“It facilitated me by enabling me to make qualified decisions”*. Another respondent stating that *“I feel much more confident when talking to parents and children about their oral hygiene and giving them*



*advice on diet*". Comments specifically in relation to the course regarding "a little more help in devising the final project, it can be daunting to be left with lots of information and given an assignment to do – especially if you haven't completed one before that". "I found it difficult as the certificate is almost entirely theoretical and I think perhaps more time could be devoted to the practical side i.e. delivery of programmes." "The theory and practice are far removed. It could benefit from some hands-on practice of delivery of a programme".

### Practice Translation Experiences

Two sub headings for practice translation experiences came out from the content analysis of respondents' answers.

- Time

There seemed to be insufficient time to practice oral health promotion in their work settings. "We need more time allowed to us for oral health promotion. Clinics are very busy and no time allowed for oral health promotion. But I always take time and care to encourage patients and educate them". However one respondent states that "Most of the focus is on treatment".

- Support

Respondents comment that they need more back up from line managers. Not having the support and other resources has resulted in one respondent stating that "having not used this course in everyday practice it is disappointing after all that work was done during the course".

### 6.7 Career Pathways for all Respondents

The data received from all of the questionnaire respondents are included in this section of the results findings. Graduates were asked to identify the influencing factors which contributed to them undertaking the course. A range of choices were presented for selection and new comments were also sought from respondents. More than one choice could be selected by graduates as an answer. Table 22 demonstrates that 'Having a personal interest in the topic' and using the qualification to 'Enhance employment prospects' were the biggest influencing factors in all of the respondents' decisions to undertake the course.



Influencing Factor	Frequency	
	<i>n</i>	%
Enhance employment prospects and have a personal interest in the topic	16	25.4
Personal interest in topic	13	20.6
Enhance employment prospects	10	15.9
Sent by employer ( <i>in conjunction with a variety of other choices</i> )	9	14.3
Enhance employment prospects, personal interest in topic and formalise experience	6	9.5
Enhance acceptance on other courses, personal interest, enhance employment prospects	6	9.5
Other combinations of choices	3	4.8
<b>Total</b>	<b>63</b>	<b>100</b>

**Table 22. Influencing Factors on Decision to Undertake Course**

Table 23 categorises the career pathways that all respondents have taken since completing the course. The majority have remained in their same job as when they were completing the course.

Pathway	Frequency	
	<i>n</i>	%
Remained in the same oral health job	29	46
Been promoted in oral health as a result of having the qualification	12	19
Remained in the same non-oral health related job	9	14.3
Been promoted and got new non-oral health related job	5	8
'Returned to study'/'Completed degree and now full time mother' / 'Studying Dental Hygiene'	3	4.8
Been promoted not as a result of qualification	1	1.6
Missing Data	4	6.3
<b>Total</b>	<b>63</b>	<b>100</b>

**Table 23. Career Pathway of Respondents**



Participants were also asked if the Specialist Certificate had opened up any educational opportunities for them. A slight majority were not actively looking for further educational opportunities but for nearly a third of respondents the course has opened up other education opportunities for them (Table 24). One respondent has achieved credits towards her psychology degree and a small numbers of others are currently undertaking other dental health related courses.

Response	Frequency	
	<i>n</i>	%
Yes	20	31.7
No	17	27
Not Actively Looking	24	38
Missing Data	2	3.3
<b>Total</b>	<b>63</b>	<b>100</b>

**Table 24. Frequency of Other Educational Opportunities Opened Up**





## **7. Discussion**

### **7.1 Introduction**

The data generated from these respondents cannot be generalised to all the graduates of the Specialist Certificate. However, exploring the experiences of over half the graduates has revealed an insight into their perceptions of how the course has influenced their practices. It is not known why other graduates did not respond to the questionnaire and thus response bias should not be disregarded.

Key issues arising from the data will now be discussed in relation to:

- Respondents' profiles
- Respondents' practices of oral health promotion
- Respondents' learning as a result of the Specialist Certificate
- Effect of the Specialist Certificate on respondents' career pathways
- Respondents' suggestions for changes

### **7.2 Respondents' Profile**

It was to be expected that the graduates of 2005-2006 would yield a higher questionnaire return rate than the graduates of preceding years. This is most likely as a result of more up to date contact details thus ensuring that the majority, if not all of the current years graduates received a copy of the questionnaire. Over 57% of the respondents have been finished the course for two years or more, thus ensuring that there is a mixture of feedback from recent and not so recent course participants. Predominately females have undertaken the Specialist Certificate in Health Promotion (Oral Health) as demonstrated by 99% of the total graduates and 98% of the questionnaire respondents being female. This finding should be placed in the context of the sex distribution of dental practitioners in Ireland. According to the Dental Council in Ireland, who are responsible for maintaining the Irish register of dentists and dental specialists, there seems to be an even sex distribution with 49% and 51% of registered practitioners being male and female respectively<sup>2</sup>. Hence, from this study's findings there seems to be a bias toward females participating on the course. In addition, it also seems that participation on the course is influenced by the category of dental practitioner, as will be discussed later.

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<sup>2</sup> Details gathered upon personal correspondence with Dental Council, September 5th 2006. The dental nurse registrar is voluntary.



The average age of respondents is about 42 years with the range of ages spanning 35 years. This reflects the life stage that respondents have been at when starting to undertake the course, as at this young middle age many have had a number of years work experience behind them.

Analysis of respondents' motivating factors reveals that many have undertaken the course to enhance their employment prospects, possibly for promotion, which is most appropriate for this age-group and their level of work experience. Only 13% of the respondents were 30 years of age or less. It has been stated by younger graduates, that having the qualification has benefited them in obtaining a place in other courses, such as Dental Hygiene training. However overall, this age profile suggests that the course is seldom considered by younger oral health practitioners as being part of their career development following their initial qualification.

Approximately 27% of the respondents expressed that they have not been involved in oral health promotion for the last 12-months. Rationales for this have included respondents being on career breaks, being full-time mothers and some having returned to study. This suggests that natural staff wastage and turnover has contributed to over a quarter of respondents not working in oral health promotion at the moment. Other contributors to this 27% include those who simply were not working in oral health at the time of the course and thus remain not working in oral health.

Those who have classified themselves as working in the provision of oral health promotion within the last 12-months are varied in their job descriptions. The majority of respondents are dental nurses with some seeming to have had their roles expanded to incorporate additional responsibilities as a result of having completed the Specialist Certificate. The titles of 'oral health promoter', 'health education officer (oral health)' are mentioned, as well as one dental nurse having 'senior dental nurse' administrative duties. What can be taken from these findings is a brief analysis of the profile of individuals whom, to date; have participated on the course, but also the roles in which graduates are currently employed. According to the Dental Council in Ireland, there are 3,127 registered dentists, dental hygienists and dental nurses in Ireland<sup>3</sup>. Despite 77% of this figure being registered as dentists (64% being male), only two dentists were surveyed and therefore only two dentists to date have participated in the course. There seems to be a bias toward dental nurses and dental hygienists participating on the course, despite these roles accounting for only 23% of the practitioners registered with the Dental Council. This indicates that a very low number of dentists have completed the Specialist Certificate. While the

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<sup>3</sup> Details gathered upon personal correspondence with Dental Council, September 5th 2006. The dental nurse registrar is voluntary.



primary work of the dentist is treatment, the dentist does have an important role in the promotion of oral health with clients and in facilitating the health promotion work of colleagues. A lack of support has been identified by respondents as being a major barrier in the promotion of oral health.

The most frequently mentioned workplaces for respondents are in the 'public dental practice' and the 'school/education' setting. The population groups that are present in these settings are reflected by the frequency with which the respondents provide oral health promotion. Children, adults, travellers, older people and people with disabilities are the groups which feature most frequently. The respondents' expanded roles also seems to have facilitated access to this variety of population groups. Respondents seem to realise the importance of reaching target population groups in their everyday setting and building capacity for oral health promotion in the delivery of other services, such as being involved in 'public health nurse clinics' and 'mother and baby clinics'. A lot of activities with children and schools have been mentioned. Hospitals, clinics, homes, day centres, nursing homes and residential care settings are also mentioned as other sites for the provision of oral health promotion. Less frequently mentioned, the homeless, with only about 11% of respondents working with the homeless as a population group and only 2% selected a homeless hostel as being a setting where they provide oral health promotion. As a result this population group seems to be in receipt of very little oral health promotion from respondents as well as the setting not being targeted. The means of how the 11% of respondents met with people who are homeless was not established. Palliative care units are also not a setting for oral health promotion with any of the respondents. The oral health of people with a terminal disease is important. Sufferers may not be capable of eating; with others on medication, whose side effects can compromise the condition of the mouth and of general health (Elad *et al.*, 2005). The staff of these units may be providing oral hygiene but it is important that any knowledge deficits are addressed and that practices are monitored by specialised oral health practitioners.

Approximately 8% of respondents stated that they both work, and provide oral health promotion in private practices. It may be that few staff in private practices are encouraged and facilitated to undertake the course as this is reflected in the low numbers of respondents who state that they work in a private practice. This may also suggest that there is an imbalance in the qualification levels of staff between public and private dental practices. It seems that a lot of staff in public practices have health promotion knowledge and skills in comparison to those working in private



practice. Thus, this implies that a lot of health promotion activities seem to be going on in public practices, schools/education and a variety of community based settings, and are being implemented by graduates of the Specialist Certificate in Health Promotion (Oral Health). With more staff employed in public practices, this seems to facilitate more time, staff and resources being available to deliver health promotion. Having a lack of time, support and funding has been identified as barriers to the practicing of oral health promotion.

### **7.3 Respondents' Practices of Oral Health Promotion**

It is positive to note that the majority of the respondents' oral health promotion practices have changed to varying degrees as a result of their learning from the Specialist Certificate.

Respondents have stated that their knowledge and attitudes have changed in that they now have a more holistic understanding of health. The social and environmental determinants of health are being considered more frequently by respondents than the biological and psychological determinants, when respondents are assessing clients' oral health. As a result of this broader understanding of health and its' determinants, respondents have adopted a more encouraging and supportive approach when interacting with clients and/or parents. Comments made suggest a re-orientation away from their 'victim blaming' nature of before. The majority of the respondents also perceive that in most of their practices, client empowerment occurs as they believe that they facilitate the client to identify issues, choices and actions to take in relation to oral health. However, these actions seem to be predominately in relation to the lifestyle and behavioural issues as when asked, a majority have stated that their practice emphasis is to address the risk factors to their clients' oral health. This also reflects the common risk factor approach as stated by numerous respondents which has been informing their health promotion practices and the promotion of oral health in the context of general health.

Respondents have also expressed that their communication skills have improved as a result of the learning obtained and skills acquired from the Specialist Certificate. Respondents have emphasised the importance of listening to clients, being aware of their problems and not dictating to clients actions that are needed. This reflects the earlier finding of respondents facilitating clients to identify choices and actions required. Also, respondents seem to have developed the ability to critically appraise their practices and have verbalised that "*programmes are better planned, designed, delivered and evaluated*". Respondents feel more confident in verbal exchanges and/or presentations with clients, colleagues and other target groups on the issue of oral health promotion. In general, as a result of the Specialist Certificate, retrospective



perceived self-confidence levels of the respondents for performing health promotion activities has increased from an average score of 4.16 out of 10 for 'before the Specialist Certificate' to a score of 8.25 out of 10 for 'after the Specialist Certificate'.

As a result of these changes in their personal knowledge, attitudes, behaviours and confidence levels, respondents have expressed examples of the changes they have noticed in overall practice and client outcomes which they associate with the change in their own personal working practices. Examples of practice outcomes mentioned are: being allowed to do more health promotion in schools, now having an oral health promotion team and an environmental change taking place i.e. child friendly waiting rooms. Client outcomes cited reveal knowledge, attitude and behaviour changes. Respondents perceive that clients' knowledge of oral health issues is gradually improving and with regular reinforcement, can improve further. This increase in clients' awareness has resulted in the majority of respondents perceiving that clients have a positive attitude to oral health promotion. The interest demonstrated and approaches used by respondents seem to have had the effect of enhancing clients' willingness and readiness to participate in the change of oral health behaviours. Clients' behaviours also seem to be improving as there is a perceived change in food buying and eating habits, especially in schools, which is one of the main settings where respondents provide oral health promotion. However, respondents note that improvements in clients' behaviours are slow moving. Clients' levels of self-efficacy has been hard to determine for some respondents but they express that positive reinforcement of oral health messages would work best at maintaining changes and recommend that this is an area that requires future monitoring.

However, about 15% of respondents have experienced minimal to no change in their oral health practices as a result of learning from the Specialist Certificate. One respondent's scope for change in her oral health promotion practices is restricted as a result of her not being in an 'oral health promoter' position. As a result she is not able to implement programmes she considers are necessary and is not able to visit schools. For other respondents it can only be presumed that perhaps support for a change or resources were not available in their setting so as to facilitate the transition. On the other hand, these respondents may have been competent and capable of delivering oral health promotion and therefore did not benefit from the educational content provided by the Specialist Certificate.

Respondents seem to have adopted numerous methods of working in relation to their health promotion activities and have classified them as being the best examples of health promotion that they have implemented to date. A lot of the suggestions provided occur in the schools



setting with children being the target group. Special needs groups and asylum seekers/refugees have also been identified as main targets with programmes being developed specifically for these population groups by some respondents. Some of the respondents' activity's main aim is to increase clients' knowledge and awareness of oral health determinants and thus aspire to changing behaviour. Oral health talks, sugar displays and leaflets are methods regularly used by respondents to address the oral health knowledge and awareness levels of clients. However, other activities adopted by respondents incorporate the teaching of a skill and thus provide the client with the knowledge, skills and supportive environment to elicit a change in their behaviour. Specifically in schools, one-day workshops or the use of existing or new oral health promotion programmes seems to be the most popular method in increasing clients' awareness levels and skills profile. The one-day workshops provide clients with knowledge and skills but the programmes go one step further by delivering a similar content over a sustained period of time. These programmes are popular as they contain key components such as talks, demonstrations using mouth and teeth models and practical workshops for clients. All these components are then reinforced regularly as a result of numerous sessions which are provided over a pre-defined period of time and as a result seem to bring about a perceived sustained change in client behaviour. These examples demonstrate the best examples of oral health promotion that respondents implement. From earlier points, it seems that clients do have the knowledge and positive attitude in relation to oral health promotion, however behaviours have been slow to change. It is therefore important that activities which contribute to changing behaviour are implemented in a sustained fashion or follow-up activities conducted, with outcome evaluation being a feature.

The resource materials that respondents seem to use most frequently to support their practices are leaflets, display charts and models. However, there still appears to be an over-reliance on the commercial sector (healthcare/dental companies) for health information (MacDougall, 1998). Also, 54% of respondents stated that they develop their own written literature which can indicate the development of literature for specific population groups that are being targeted or that funding does not allow for pre-developed, literacy assessed literature to be purchased. Over 34% of respondents use the Internet to complement their practices. Sources such as Medline or websites of non-governmental organisations representing specific population groups are used to source background information. Websites in general have also been mentioned but it is important to consider that some sources may not be consistent with best practice. Respondents also indicate that they are intent on keeping their practices inline with recommendations as over



78% of respondents reported using the course literature 'often' and 'sometimes' for background reading or for informing their working practices.

The perceived priority status of health promotion in respondents' personal work practices and that of their workplaces is high. It is important that the priority statuses of both parties are similar so that few barriers and more facilitating factors are encountered when either party is considering introducing new ways of health promotion practice. To maintain the positive momentum for health promotion activities it is important to be aware of the factors that can influence this momentum. Over 55% of respondents expressed that having support from management and colleagues to implement oral health promotion is an important facilitating factor. Having this support is also influenced by having the appropriate time and resources available to implement actions that are required. However, the main barriers identified are the opposite of the primary facilitating factors. A lack of time and support has been experienced by respondents when questioned about their experiences of translating their learning from the Specialist Certificate into practice. One respondent mentioned that her health promotion activities in schools and hospitals have been curtailed as a result of staff shortages in her clinic. Respondents have also mentioned that on occasions there is insufficient time to practice oral health promotion as busy clinics require rapid client turnovers and therefore results in practices reverting back to a treatment focus alone. Interacting and working with staff and colleagues who are not informed or knowledgeable in the concepts of oral health promotion is described as being challenging when getting them to consider how oral health promotion should be considered for holistic health. For 20% of respondents this may be an issue as this figure did not work with other graduates of the Specialist Certificate. These factors which have been discussed have their origins in the organisation where graduates are working. As a result it is important that they are kept at a level of high importance within the organisational ethos so as to maintain and/or enhance health promotion practices.

For the 80% who do have graduates as working colleagues, over half of them have one to three colleagues working with them who have also completed the Specialist Certificate. With 40% having 4-12 individuals in their workplace who have also completed the Specialist Certificate, this indicates that the staffing numbers in specific dental workplaces are large but also that it is seen as important for some practices to have much of the workforce with health promotion knowledge, skills and the Specialist Certificate qualification. Colleagues with similar or the same qualifications i.e. health promotion, often have similar ideologies and thus as a result can



use their collective force to ensure that health promotion remains a priority in personal and workplace practices.

#### **7.4 Respondents' Learning as a Result of the Specialist Certificate**

A majority of respondents have expressed their satisfaction with their learning and training received from the Specialist Certificate. From analysis of the data it is evident that attempts have been made by respondents to provide oral health promotion in their practices. A bio-psychosocial approach is implemented in client assessment; a variety of methods used and numerous strategy levels are addressed in the activities that respondents use to promote oral health. Respondents have expressed that changes have occurred in relation to their knowledge, attitudes and skills and examples have been provided. Levels of perceived self-confidence have also increased in relation to developing and providing oral health promotion. Currently, respondents perceive themselves to be 'very knowledgeable' in relation to their knowledge of the causes and contributing factors to oral ill health. This is in comparison to the majority 'knowledgeable' status in relation the theoretical background to health promotion and its' application to practice. However, from the results discussed already, it does seem that respondents are aware of the importance of holistic assessment and client involvement in planning or oral health care and the use of a range of methods and approaches when implementing practice. Respondents have attempted to incorporate their learning of the Ottawa Charter strategy levels into their practice by developing clients' oral health skills; involving clients in their own care; involving parents and care providers so that a supportive environment can be provided at home in which to sustain new behaviours as well as a re-orientation of the delivery of care away from the treatment of dental caries to that of a common risk factor approach and client empowerment. Some respondents have also mentioned being involved in policy development, but only at a local level, such as a school's healthy lunch policy.

#### **7.5 Respondents' Suggestions for Change**

Specifically in relation to the course, respondents credit it for providing them with the knowledge and skills to deliver informed working practices. However some have expressed that the theoretical and practical application of theories were not demonstrated. Hands-on experience in the practice of programme delivery has been suggested by some in that it would aid in the translation of learning to practice. This may be useful considering that some course participants do not work in the field of oral health and as a result may not readily have the opportunity to adapt what they have learned into practice in an oral health setting.





### **7.6 Effect of the Specialist Certificate on Respondents' Career Pathways**

A majority of the respondents to the questionnaire undertook the course to enhance their employment prospects but also as a result of having a personal interest in the topic. Of all respondents, 46% have remained in the same oral health position as when they were participants of the course. From this figure it suggests that those with the qualification are remaining on the ground in contact with the public and other health care providers thus ensuring a sharing of the ideology of health promotion to these individuals. However, it is important that those with the qualification are also employed in higher positions where they have the capacity to be able to influence the delivery of oral health care. Having the support of colleagues and line managers has been identified as being a facilitating factor toward the promotion of oral health in the settings where respondents work. About 19% of respondents have been promoted within the oral health field as a result of having the qualification. But when one considers the job descriptions of the respondents, job promotion beyond the generic health providers has been to 'oral health promoter' or 'health education officer'. This medium to low figure of promotion perhaps suggests that the opportunities for promotion are rare with there being a high degree of competition for promotional posts that are advertised. Some respondents have also been promoted in their non-oral health related jobs. Other respondents have used the course as a stepping stone toward further education. It seems that for 31% of the respondents, having the qualification has opened up further educational opportunities for them. It has been used as credit points toward the attainment of degrees but has also helped in others obtaining places on other competitive oral health education courses. The majority, 38%, are not actively looking for further educational opportunities thus suggesting that they are content with the qualification that they have for the role that they work in.



## **8. Conclusion**

Early middle aged female dental health nurses seem to be the most likely individuals to participate in the Specialist Certificate as indicated by the extreme ratio of women to men who have graduated from the course. Dental nurses make up the majority of respondents who are currently providing oral health promotion. Other grades of staff also feature but not in as frequent a manner. Public dental service practices, schools, hospitals and a variety of community settings are the settings where the majority of the respondents work. Numerous population groups are targeted by respondents in their day to day practices; however it is influenced by the settings in which respondents are allowed work in. The homeless and those in palliative care units are minimally targeted by respondents along with their employing agencies, for health promotion activities. However, health promotion is generally perceived by respondents as being a priority in their own personal work practices and those of their workplaces. As a result of learning from the Specialist Certificate, the majority of respondents' work practices have positively changed to varying degrees in relation to knowledge, attitudes, behaviours and confidence levels. More holistic client assessments take place and client participation in the decision making process is facilitated. The focus of practice is mainly on lifestyle and behavioural change of clients, but there is also a similar emphasis on facilitating clients to consider their own determinants of health. A variety of methods are used to deliver oral health promotion messages and skills and can be dependent on the presence of facilitating factors such as support from colleagues and having adequate time and resources to implement these interventions. Respondents have noticed improvements in clients' knowledge, attitudes, skills and self-efficacy levels as a result of practices that are more health promoting. However, respondents have suggested that reinforcement and further monitoring of client outcomes is required. Overall, respondents are satisfied with the learning that they have received from the Specialist Certificate in relation to providing them with the knowledge and skills required for oral health promotion. The only suggestion of improvement for the course is that perhaps a practical element could be introduced that would demonstrate to respondents the practical application of health promotion theories and interventions to a practice setting.



## **9. Additional Issues/ Limitations**

It is important to consider the limitations of the research process used for this evaluation when considering the implications of these findings for future developments of the Specialist Certificate. Outdated postal addresses may be responsible for negatively impacting upon the questionnaire response rate. Making telephone contact with some graduates was conducted prior to surveying to inform them of the study and to verify postal addresses but not all graduates could be contacted due to outdated telephone numbers. As a result it is reasonable to assume that those who did receive the questionnaire completed and returned their copy. Making contact with graduates and using a snowball sampling method with them to identify others who also work in the same workplace was also considered. Numerous copies of the questionnaire could then be sent to the workplace address and may have resulted in a higher response rate. However, this approach may influence the responses given in the questionnaire by graduates. For future evaluations, it would be useful to combine various sampling procedures to ensure that as many graduates as possible receive the questionnaire and are able to provide feedback. It was deemed suitable to include recent graduates of the course (2006) as they may already be using their learning in their everyday practices.

The answer options presented to graduates in relation to their work setting question was limited. Options to select for a variety of other settings were not presented and no opportunity was given to graduates to provide their own comments. This has the implication that a variety of other settings where respondents may provide health promotion have not been identified.

The large amount of missing information in relation to the question asking graduates about the population groups that they meet may be related to the wording of the question. If this question was to be used again, it would be important to ask graduates to provide an answer for each population group and to increase the options available. Due to time and resource limitations, it was not possible to conduct a more extensive evaluation, for example to include a survey of other oral health practitioners in practices where graduates work.



## 10. Recommendations

The evaluation of the Specialist Certificate in Health Promotion (Oral Health) provides a useful insight into graduates' learning from the course, their practices of oral health promotion, and their career pathways since graduating. Changes for the course are also suggested. Overall it seems that respondents to the questionnaire are satisfied with their learning from the course as it has positively influenced their knowledge and skills base and, in conjunction with resources and support, they have used a variety of methods to implement health promotion interventions. The following recommendations are suggested and can contribute towards enhancing and further developing the Specialist Certificate in Health Promotion (Oral Health) and for oral health promotion in general:

- Explore the option of including a practical element to the course demonstrating the application of theory to practice.
- Explore methods of targeting male dental health professionals to undertake the course.
- An emphasis be placed on encouraging staff in general dental practice to undertake the course, specifically those providing services under the Dental Treatment Services Scheme (DTSS).
- Consider running workshops based on oral health promotion for dentists and managerial staff of dental practices so as to aid in the facilitation of health promotion activities in the workplace.
- To facilitate the availability of appropriate resources throughout the public health services in order to support the development and practice of oral health promotion.
- The competencies and skills of the graduates of the Specialist Certificate in Health Promotion (Oral Health) should be included in:
  - « HSE service plans for a co-ordinated, targeted and prioritised dental services delivery for the future.
  - « Plans for the development of health promoting professionals as part of the new infrastructure being put in place for health promotion at HSE level.
  - « Inclusion of Oral Health Promotion in a multidisciplinary approach to healthcare delivery in the primary, secondary and tertiary care settings.



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## APPENDIX ONE

### Oral Health Course Materials Development

#### Editorial Panel 1999

Ms D Sadlier, Executive Director, Dental Health Foundation.

Mr S McDermott, Principal Dental Surgeon, Eastern Regional Health Authority.

Dr Gerard Gavin, Chief Dental Officer, Department of Health and Children.

Mr Philip Watt, Director, National Consultative Committee on Racism and Interculturalism.

Dr Patricia Noonan Walsh, Director, Centre for the Study of Developmental Disability, National University of Ireland, Dublin.

#### Department of Health Promotion, National University of Ireland, Galway Team 1999

Professor Cecily Kelleher, Academic Director, Department of Health Promotion, NUI, Galway.

Dr Margaret Barry, Project Manager, Course Director MA / Diploma Health Promotion, Department of Health Promotion, NUI Galway.

Ms Jane Sixsmith, Project Co-ordinator, Director of Outreach Health Promotion Courses, Department of Health Promotion, NUI, Galway.

#### Author

Dr Mary O'Farrell, BDS, MSc

#### External Editor

Dr Richard Watt, Senior Lecturer, Department of Epidemiology and Public Health, University College London Medical School.

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## **APPENDIX TWO**

### **Specialist Certificate in Health Promotion (Oral Health)**

#### **E-Learning Evaluation**

Claire Connolly  
Patricia Gilsenan-O'Neill

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#### **E-Learning Evaluation**

The modules Causes of Oral Ill Health and Oral Health Promotion were converted into web-based materials and used for the first time on the student cohort 2004-2005 in an effort to use the most up-to-date educational tools available to enhance the students' distance learning experience. The use of these materials was evaluated by questionnaire administered to the students and by flip-chart evaluation within the classroom. The results of this evaluation showed that only 2 students used the materials, and many problems were described. The following 4 key areas were identified which will need to be addressed when considering future options for the web-based material:

- Accessibility
- Internet/IT Awareness
- Usability
- Online Content

#### **Accessibility**

Students found it difficult to get access to a PC and also to the Internet. Although in some instances students were able to avail of out of hours use of PC's in their workplace this did not provide sufficient study time.

#### **Internet/IT Awareness**

The students' lack of Internet and general IT knowledge hindered their learning through online training. It may prove beneficial to give full training to students on general Internet use and the functionality of the web-based materials in an effort to ensure students maximise their learning potential.



## Usability

IT training would solve a lot of the issues raised by students regarding usability. However, in general, the students found the web materials difficult to use and navigate.

## Online Content

The web-based materials are effectively an electronic manual. This resulted in the students, who were accessing the materials, printing the lecture notes rather than studying the material online. To make the course an effective learning tool an interactive section would need to be included such as links to online research sources/details of where hardcopies of relevant document can be sourced, or the addition of a discussion forum where students can interact with each other, exchange sources of information, discuss projects etc.

The National eLearning Group of the Health Service Executive following evaluation of their online training centre the 'Learning Centre', made the following recommendations regarding the future direction of the mainstreaming of online learning into the wider learning and development portfolio:

- “The existing technology infrastructure should be thoroughly evaluated and every staff member should be provided with access to eLearning.” (The National eLearning Group, 2005, pg 11). They pointed out that this does not mean that all staff must be provided with a PC. Their suggestions included availability of common PCs with limited Internet access in places like libraries, staff common rooms etc.
- The National eLearning Group noted that “senior/line managers must support staff involved in eLearning programmes by allowing scheduled time to undertake courses and by ensuring that the training is delivered in a standardised form.” We believe this to be a key factor in the success of eLearning in the work environment.
- Our study has shown conclusively that eLearning is an efficient way to deliver training to all staff. In the context of the new 'enterprise' culture of the health services, this facility should not be underestimated” (The National eLearning Group, 2005, pg 11).

Following the evaluation of the Specialist Certificate Web-based Materials it was agreed by the course organisers to provide the online materials to the students on CD-ROM. Although this





solved the problems of accessibility and Internet awareness, the other areas of concern remained, namely IT awareness, usability and content.

Whether the course material is presented on CD-ROM or is web-based, a review of the layout, functionality, content and usability of the electronic material needs to be assessed. Additionally, students may still have issues relating to PC availability and accessibility.

For the course to work in an electronic form and supersede the paper-based version it must appear a more attractive option for students. The course must provide functionality to the student that makes distance learning easy, accessible and above all, an interesting and enjoyable way to learn.



## APPENDIX THREE

### Cover Letter



National University of Ireland, Galway  
*Ollscoil na hÉireann, Gaillimh*

June 8th 2006

Dear Specialist Certificate in Health Promotion (Oral Health) Graduate,

The Specialist Certificate in Health Promotion (Oral Health) was established a number of years ago by the National University of Ireland, Galway and the Dental Health Foundation. To adapt the course to address the needs of prospective participants, employers and clients, the university's Department of Health Promotion, in conjunction with the Dental Health Foundation, wish to evaluate the Specialist Certificate in Health Promotion (Oral Health) in relation to the impact that the course has had on graduates' oral health promotion practices. Specifically we are looking to hear the views from you, as a graduate, in relation to your learning and how you have applied this learning to your oral health promotion practices to date.

Please take about 20 minutes to complete the enclosed questionnaire and return it in the freepost, return addressed envelope by Monday June 19th. Please be assured that all the information supplied by you will be kept strictly confidential and only used for the purpose of this evaluation. All returned questionnaires will be entered into a draw for a €100 voucher for the winner's choice of store. If you have any queries, please don't hesitate to call me at: 091 493642.

Thank you.

**Thérèse Costello.**

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*Researcher*



## APPENDIX FOUR

### Questionnaire

#### A. In this section we are asking questions about you

1. In what year did you complete/will you complete the Specialist Certificate?

2000  2001  2002  2003  2004  2005  2006

2. In what year were you born? \_\_\_\_\_

3. Are you working or have you been working within the last twelve months, in an oral health of any description) related job?

Yes

(Continue with the questionnaire)

No

(Please skip the following sections  
and only complete Section F)

4. Which of the following best describes your job?

Dentist

Dental Hygienist

Dental Nurse

Dental Technician

Other, please comment \_\_\_\_\_

#### B. In this section we are asking questions about your work

5. In which of the following settings do you provide oral health promotion?

(Please tick all that apply)

Hospital

School

Palliative Care Unit

Client's Home

Older Persons Day Centre

Nursing Home

Hostel for Homeless

Private Dental Practice

Public Dental Practice

Other, please comment \_\_\_\_\_

6. Do you provide an oral health promotion service to any of the following population groups?

General Population

Adults Always  Sometimes  Never

Children Always  Sometimes  Never

Travellers Always  Sometimes  Never

Homeless Always  Sometimes  Never

Older People Always  Sometimes  Never

People with Disabilities Always  Sometimes  Never

Refugees/Asylum Seekers Always  Sometimes  Never



7. Do you have a working relationship with individuals who have also completed the Specialist Certificate?

Yes  Number of persons \_\_\_\_\_ No

8. To what extent is oral health promotion a priority in:

	To a great extent	To some extent	Rarely	Not at all
Your own personal working practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall practices of your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In your experience, what factors facilitate you practicing oral health promotion?

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10. What barriers to oral health promotion do you experience?

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**C. In this section we are asking questions about your oral health promotion practices**

11. To what extent have your oral health promotion work practices changed as a result of your learning from the Specialist Certificate?

Changed alot  Changed somewhat   
Minimal change  No change  (Go to Q.14)

12. If you believe that your oral health promotion practices have changed in any way as a result of your learning from the Specialist Certificate, please give examples of how your practices have changed.

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13. As a result of your learning and the changes in your oral health promotion practices, what outcomes have you found in your clients? Please give examples in relation to the following:

Client's knowledge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's attitude: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's behaviour: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client's self efficacy of oral health practices: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Please think about your working practices and select the most appropriate answer in relation to A and B.

**A.** In at least 75% of my oral health promotion work:

*(Please tick one answer only)*

I make the decisions without consulting the client <input type="checkbox"/>	The client and I share ideas, but I make the final decision <input type="checkbox"/>	The client and I share ideas and a mutual decision is made <input type="checkbox"/>	I facilitate the client to identify issues, choices and actions to take <input type="checkbox"/>
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**B.** In at least 75% of my oral health promotion work:

*(Please tick one answer only)*

My practice emphasis is on the treatment of dental caries, periodontal disease and other oral pathologies <input type="checkbox"/>	My practice emphasis is on the lifestyle and behavioural change of a client, through education and awareness raising, to address the risk factors to his/her oral health <input type="checkbox"/>	My practice emphasis is on facilitating the client to think critically about the determinants of his/her health and for s/he to create an environment more conducive to oral health an health overall <input type="checkbox"/>
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15. In the assessment of your clients' oral health, do you find yourself considering any of the following determinants of health? (Please tick all that apply)

	Always	Often	Sometimes	Rarely	Never
Biological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Could you please give an example of the best oral health promotion activity that you implement or have implemented? Briefly describe it according to the following:

Title: \_\_\_\_\_

Aim of activity: \_\_\_\_\_

Methods used to implement activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what way is this activity your best example: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. On the two scales below, please circle the most appropriate number to indicate your level of self confidence in performing oral health promotion for 'Before' and 'After' the Specialist Certificate?

**Before Specialist Certificate**

No self confidence Self Confident  
to perform oral health promotion 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10

**After Specialist Certificate**

No self confidence Self Confident  
to perform oral health promotion 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10





**E. This set of questions asks for your opinion on the Specialist Certificates effectiveness in providing you with the knowledge and skills required to implement oral health promotion**

21. In your opinion, how would you rate your current knowledge in relation to the following statements?

Statement	Scoring				
	Very Knowledgeable	Knowledgeable	Unsure Knowledge	Poor Knowledge	Very Poor
The theoretical background to the concepts and principles of health of health promotion (approaches, programme development, evaluation, etc)	1	2	3	4	5
Application of theory in the planning of oral health promotion activities	1	2	3	4	5
Causes of and the contributing factors to oral ill health	1	2	3	4	5

22. Are you satisfied with the learning and training that you have received from the Specialist Certificate in relation to providing you with the knowledge and skills required for oral health promotion?

- Very Satisfied       Satisfied       Neither Satisfied nor Dissatisfied   
 Dissatisfied       Very Dissatisfied

23. Having taken the time to reflect on the Specialist Certificate and your clinical practice, can you provide any additional comments on your experiences of translating your learning from the Specialist Certificate into practice?

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**F. This set of questions asks you for information in relation to the employment opportunities that have been presented to you since completing the Specialist Certificate**

24. What influenced your decision to participate in the Specialist Certificate?

(Please tick all that apply)

- |                                     |                          |                              |                          |
|-------------------------------------|--------------------------|------------------------------|--------------------------|
| Sent by employer                    | <input type="checkbox"/> | Enhance employment prospects | <input type="checkbox"/> |
| Formalise experience                | <input type="checkbox"/> | Personal interest in topic   | <input type="checkbox"/> |
| Enhance acceptance on other courses | <input type="checkbox"/> |                              |                          |

Other, please comment \_\_\_\_\_

25. Since completing the Specialist Certificate, have you?

- |  |                          |
|--|--------------------------|
| Remained in the same oral health job                                 | <input type="checkbox"/> |
| Remained in the same non-oral health related job                     | <input type="checkbox"/> |
| Been promoted as a result of having the qualification                | <input type="checkbox"/> |
| Got a new job in oral health as a result of having the qualification | <input type="checkbox"/> |
| Got a new non-oral health related job                                | <input type="checkbox"/> |

Other, please comment \_\_\_\_\_

26. Has obtaining the Specialist Certificate opened up any other further education opportunities for you?

- Not Actively Looking  Yes  No

Please comment \_\_\_\_\_

**You have completed the questionnaire. Thank you.**



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Dental Health Foundation  
26 Harcourt Street, Dublin 2, Ireland  
T: +353 1 478 0466  
F: +353 1 478 0475  
[www.dentalhealth.ie](http://www.dentalhealth.ie)