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The ANZJDOHT congratulates

Dr Helen Tane PhD, MPH, PG Cert TT, RDT. on the completion of her PhD (Dec 2015).

Current role: Discipline Leader Oral Health Therapy, School of Dentistry & Health Sciences, Charles Sturt University

Thesis Title: **Health promoting practice of oral health therapists**

Abstract

The oral health therapist has evolved today to be part of a primary oral health team. The oral health therapist has skills in early diagnosis, and core dental treatments with an emphasis on the prevention of oral diseases and timely referrals for specialist care when necessary. Australian oral health therapists are named dental practitioners when they gain entry to practice. The current Australian and New Zealand registering bodies which regulate the oral health therapy profession, requires that therapists promote and improve health of individuals and the community by understanding and applying principles of primary health care, health promotion and disease prevention. The oral health therapy profession has the capacity to improve health outcomes at an individual and wider community level. How oral health therapists go about implementing their approaches to oral health promotion is central to this thesis. The main research questions of this thesis were; do oral health therapists undertake oral health promoting practise in their routine day-to-day practice; do they consider they hold competency in this scope of practise; do they have knowledge about the most up-to-date methods in oral health promotion. Skills in detection, prevention and protection from disease form an essential function in the public health sector; but the significance of this role within the public oral health sector has not received noticeable consideration, despite a long history of identifying this is an essential part of oral health care.

Methods

A comprehensive literature review compared the development of health promoting knowledge, to the development of the oral health therapy profession.

Information about current practises was sourced from three rural and regional areas of New South Wales, Northland and Mid Region New Zealand, as well as those attending an international oral health therapy conference workshop. To analyse the data, a pure phenomenology approach was utilised in parts of the questionnaire and conference proceedings question design, and hermeneutic phenomenology utilised in both data interpretation as well as questionnaire and conference proceedings question design. A statistical test of independence using a Fisher's exact test was applied for relevant questions in the postal questionnaire.

Results

A significant finding in this thesis was that although the oral health

therapy profession was introduced to have a focus on prevention, a high number of oral health therapists surveyed considered that oral health promotion is not their practising role definition, neither was it supported by management in some public health settings. Whilst there is significant interest in the scope of practice and levels of competence in clinical tasks, little interest has been paid to competency and capability in health promotion. The most significant finding was that the "place of work" had an impact on the currency of health promotion knowledge of the oral health therapists as well as their health promotion level of activity. Published literature has highlighted some areas where health promotion capacity building has occurred, and study participants from these areas indeed did show a higher level of engagement in oral health promotion and they had been supported by management to participate in courses to update their skills.

Conclusions

The findings of this study can be used to guide practice, to better utilise the health promotion role of the oral health therapist, and to inform curriculum development on strengthening capacity building within undergraduate and continuing professional development courses. These include the exploration of individual approaches to improve health in dental settings and how 'entry to practice' oral health therapists can better utilise their levels of health promoting competencies gained in their undergraduate degree courses, in the current understaffed public oral health system.

Conference abstracts and government report arising from this thesis:

Tane, H R. (2014). What Does Improving Oral Health Outcome Really Mean? 5th ADEA International Women's Leadership Conference Barcelona, Spain 14 – 16 September*.

Tane, H R. (2013) The role of prevention in public health clinics. Dental Health Reform Summit. Informa Health Series. Sydney 25 & 25 March

Tane, H R. (2013). Bridging the Gap. Report into the Inquiry into Adult Dental Services. House of Representatives Standing Committee on Health & Ageing Canberra. H Tane's Report represented ADOHTA, Dubbo NSW 17 May.

Tane, H R. (2012) Is oral health improved by the way therapists provide care in a clinical setting? Capital Ideas in Health, ADOHTA Conference Canberra 18 – 20 August

Tane, H R. (2010). The changing role of the dental therapist. Greater Southern Area Health Services, NSW Health, In-service Training Day, Wagga Wagga November.

Tane, H R. (2010). The changing role of the dental therapist. The New Wave NSW Dental and Oral Health Therapists Conference New Castle 29 – 30 October.

Tane, H R. (2010). Do we promote and improve health with the way we deliver our clinical care to patients? Teeth Talk Oral Health Conference, Auckland New Zealand 28 – 30 May.