AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH

Annual Report 2009
INTRODUCTION

Population oral health is concerned with the community’s oral health, access to dental care, provision of dental care and the labour force which produces dental care. It is that part of research in dentistry which focuses on the population as the patient, rather than on the individual. Through such research, improvements in oral health and better dental care are sought for all Australians.

Collectively, oral diseases and disorders create substantial impact and disability. The challenges of improving oral health and providing better dental care are far from fully addressed and warrant attention as public health issues. Oral health problems share many risk factors and directions for intervention with wider general health problems, including health promotion and access to primary care. Special attention needs to be paid to particular groups in the community; for example, those dwelling in rural and remote areas, Indigenous persons, migrants, the aged and the deprived.

For oral health to make a stronger contribution to public health in Australia, improved information and understanding of oral health and dental care is needed as a prerequisite for the development and implementation of informed public health policy.

AIMS

ARCPOH aims to:

- continue to extend the research program and associated research training that is currently undertaken in Adelaide and with colleagues elsewhere in Australia and overseas;
- extend and strengthen collaborative relationships with researchers in Australia and overseas, bringing distinguished and stimulating visitors to Adelaide and, through ongoing interaction, fostering synergies that will increase the centre’s scholarly output;
- attract postgraduate research students of the highest potential; and
- increase and diversify the financial support for the centre’s research, including necessary infrastructure.

CONTRIBUTORS TO THE ARCPOH RESEARCH PROGRAM

The hub of ARCPOH is The University of Adelaide School of Dentistry’s academic areas of Social and Preventive Dentistry and Oral Epidemiology. In addition to core teaching and research personnel, ARCPOH includes the Australian Institute of Health and Welfare’s Dental Statistics and Research Unit (DSRU), the Dental Practice Education Research Unit (DPERU), funded by Colgate Oral Care, and the National Oral Health Promotion Clearinghouse (NOHPC).

Research collaborators include The University of Adelaide Discipline of Public Health, Centre for Military and Veterans Health, Monash University Centre for Health Economics, Deakin University, and Menzies School for Health Research; the dental schools of several universities (particularly Melbourne, Sydney, North Carolina at Chapel Hill and Otago); major health agencies such as the Australian Institute of Health and Welfare (AIHW), the Australian Government Department of Health and Ageing (AGDHA), the South Australian Department of Health (SADH) and the South Australian Dental Service (SADS); and commercial entities including Colgate Oral Care.

ARCPHO – FOUNDATION AND MISSION

The Australian Research Centre for Population Oral Health (ARCPOH) was established by The University of Adelaide in 2001 to undertake research and research training in population oral health at a standard that is internationally recognised to be of the highest quality.
Internal collaborators

School of Dentistry
- Social and Preventive Dentistry
- Oral Epidemiology
- AIHW Dental Statistics and Research Unit (DSRU)
- Colgate Oral Care Dental Practice Education Research Unit (DPERU)
- National Oral Health Promotion Clearinghouse (NOHPC)
- Colgate Australian Clinical Dental Research Centre (CACDRC)

Faculty of Health Sciences (FHS)
- Discipline of Public Health, School of Population Health and Clinical Practice
- Centre for Military and Veterans Health (The University of Adelaide)

External collaborators

Universities
- Melbourne, Sydney, Monash, Deakin, Otago, North Carolina, Menzies School for Health Research, Centre for Military and Veterans Health (The University of Adelaide)

Health agencies
- Australian Institute of Health and Welfare (AIHW)
- Australian Government Department of Health and Ageing (AGDHA)
- South Australian Department of Health (SADH)
- South Australian Dental Service (SADS)

ARCPOH MANAGEMENT

Across the last six years ARCPOH has had a team approach to its management.

ARCPOH commenced in 2009 with the following management positions:

- Professor John Spencer (Director, ARCPOH)
- Associate Professor Kaye Roberts-Thomson (Deputy Director, ARCPOH; Director, DPERU; Director, NOHPC)
- Associate Professor David Brennan (Director, AIHW DSRU)
Management profiles

**Professor A John Spencer**
**Director, ARCPOH**
**Professor of Social and Preventive Dentistry**

John Spencer, MDSc, MPH, PhD, is a leading contributor of information and research around oral health and dental services in Australia through active involvement in surveillance activities, grant-funded research and higher degree student supervision. The main monitoring and surveillance activities with which he was associated in 2009 were the preparation for the National Survey of Child Oral Health and its initial implementation in Queensland, social inequality in oral health (periodontal disease) and access to dental services, the dental labour force in Australia and the monitoring of the implementation of the National Oral Health Plan through a set of key performance indicators.

Professor Spencer was involved in research leading to publications on fluorides, fluorosis and caries, and oral health inequalities. He was a significant contributor to national health policy debate in 2009 through ARCPOH policy bites following the recommendations of the National Health and Hospitals Reform Commission.

**Associate Professor Kaye F Roberts-Thomson**
**Deputy Director, ARCPOH**
**Director, DPERU**
**Director, NOHPC**
**Principal Research Fellow**

Kaye Roberts-Thomson, BDSc, MPH, has research interests in epidemiology and dental public health, particularly in inequality in oral health and access to dental care. Her current work is in Indigenous health and health promotion for oral health.

In 2009 Kaye was involved in a Workshop for the National Oral Health Promotion Clearinghouse on evidence for research on periodontal disease among Indigenous adults. She was also involved in convening a Workshop on Oral Health Messages for the National Oral Health Promotion Clearinghouse.

**Associate Professor David S Brennan**
**Director, AIHW DSRU**
**Principal Research Fellow**

David Brennan, BA (Hons), Grad. Dip. (Computer & Information Science), MPH, PhD, undertakes health services research and oral epidemiological analysis. Originally from a biological sciences background, he also has qualifications in computer and information science and in public health.

He held a NHMRC Public Health Postgraduate Research Scholarship at The University of Adelaide in 1997–99, where he conducted his PhD research investigating the influence of provider, practice and patient factors on variation in rates of service provision. He has worked on projects involving both cross-sectional and longitudinal analysis of dental service provision, such as the Longitudinal Study of Dentists’ Practice Activity. More recently he has conducted research into the burden of oral disease, tooth loss and use of services, chewing ability and nutrition, and determinants of oral health between adolescence and young adulthood.

(Photographs courtesy of P Liu, ARCPOH)
GOVERNANCE

In formal terms ARCPOH is organisationally a component of The University of Adelaide. Its Director, like the heads of departments, other centres and academic units in the university, is responsible through the Dean of the School of Dentistry and Executive Dean of the Faculty of Health Sciences (FHS) to the Vice-Chancellor and Council.

The three component units of ARCPOH are also responsible to their respective stakeholders. Through the Director of DPERU there is a responsibility to Colgate Oral Care, and through the Director of DSRU there is a responsibility to the Director and Board of the Australian Institute of Health and Welfare.

The National Oral Health Promotion Clearinghouse is located within ARCPOH. The Clearinghouse has a separate Advisory Committee. It has a responsibility to state/territory dental authorities and the Monitoring Group for Australia’s National Oral Health Plan (NOHP) which reports to the Australian Health Ministers’ Advisory Council.

However, ARCPOH is intended to play an important national role, and the university is therefore guided in its management by an Expert Advisory Committee that has the best possible appreciation of the state of population oral health research and major public policy issues that might be informed by that research.

ARCPOH governance
ARCPOH EXPERT ADVISORY COMMITTEE

Functions
To advise The University of Adelaide, the Director of ARCPOH and, where appropriate, collaborating organisations on:

- the important research questions in population oral health that could beneficially be addressed by ARCPOH, and the relative priority of those issues
- the formulation and regular updating of an appropriate strategic plan for the research program of ARCPOH
- operational planning for the research program of ARCPOH that encompasses collaboration and cooperation between relevant organisations, and the avenues through which resources can be found to support the program
- the means by which the outcomes of the centre’s research can be disseminated to inform public policy and professional practice
- the development and enhancement of the centre’s postgraduate research training activities, within the research program.

Membership

- Vice-Chancellor of The University of Adelaide or nominee (Convener) (Prof. Andrew Somogyi, Prof. Johann de Vries)
- Director of the Australian Institute of Health and Welfare or nominee (Ms Julie Roediger, Ms Susan Killion)
- Nominee of the Australian Government Department of Health and Ageing (Ms Veronica Hancock, Ms Margaret Noris)
- Nominee of Colgate Oral Care, Colgate-Palmolive Australia (Dr Barbara Shearer)
- Nominee of the South Australian Department of Health (Mr David Banham)
- Nominee of State and Territory Dental Services (Prof. Ian Meyers)
- Nominee of the Universities of Melbourne, Otago and Sydney (Prof. Murray Thomson)
- Nominee of The University of Adelaide, Discipline of Public Health (Prof. Christian Gercke)
- Community representative nominated by the Australian Council of Social Services (Mr Gregor Maclie, Dr Tessa Boyd-Caine)

Such other persons having expertise in public health including oral public health as may be thought desirable, including in the first instance a nominee of the Australian Dental Association:
- Dr Karin Alexander (ADA)  
- Dr Peter Hill / Prof. Clive Wright  
- Assoc. Prof. Bruce Hollingsworth  
- Prof. John Lynch  

- The Director of ARCPOH (Prof. John Spencer)
- Other representatives of the staff of ARCPOH (Assoc. Prof. Kaye Roberts-Thomson, Assoc. Prof. David Brennan).

ARCPOH Expert Advisory Committee

- The University of Adelaide
- Australian Institute of Health and Welfare
- Australian Government Department of Health and Ageing
- Colgate Oral Care
- SA Department of Health
- State and Territory Dental Services
- Universities of Melbourne, Otago and Sydney
- The University of Adelaide Discipline of Public Health
- Australian Council of Social Service (ACOSS) – Community representative
- Other experts
- Director and other ARCPOH staff
**RESEARCH PROGRAM**

ARCPOH is pursuing a broad strategy of coordinating the relevant research activities of the contributing organisations and units so as to enhance progress in the following main areas.

**Distribution and determinants of oral health**

Oral diseases and disorders remain widespread and extensive in the population. There is a fundamental requirement for research in documenting and exploring trends in oral diseases and their distribution in the population. Research that seeks to understand the determinants of change over time or variation between subgroups in the population is fundamental to the process of improving oral health.

**Burden and impact of oral disease**

Oral disease has traditionally been described in terms of clinical measures; for example, teeth with experience of disease. This research area extends the capacity to measure oral disease experience through measures of oral-health-related quality of life / wellbeing, and how oral disease impacts on daily living; for example, disability-adjusted life years. Such research has become crucial to identifying priority areas in national health agendas.

Research has identified marked variations in oral disease measures; for example, social gradients in oral-health-related quality of life. An increased research effort is exploring factors underlying such variation, including individual behaviours and the individual, school/work and community circumstances that ultimately determine oral health.

**Effectiveness of population oral health interventions**

Previous research on water fluoridation and the prevention of dental caries and dental fluorosis continues, with additional emphasis on effectiveness in adult and older adult age groups. Findings of research on the determinants of oral disease will be tested in demonstration interventions; for example, support for carers of functionally dependent older adults. Research will continue on the effectiveness of office-based distance education of dental care providers in reorienting dental service provision towards preventive services.

**Oral health services and labour force research**

Access to high-quality dental care is fundamental to oral-health-related quality of life and improved oral health. Too little research has been conducted on what works and why in the effective and efficient delivery of dental services. The particular focus in this research is on public dental care program evaluation, private dental insurance and dental provider behaviour. The dental labour force necessary to provide dental services is an area of increasing attention, given concerns over health labour force supply and distribution.

**Oral health policy analysis**

Research in population oral health has concentrated on documentation of problems and analysis of their distribution and influences. There is great need for an extension of this research into the area of policy analysis, related especially to the provision of public dental care. Such analysis is directed into cost analysis of public dental care programs under a range of assumptions and with differing approaches to the management of demand and patient flows.

These five research areas encompass an extensive range of potential projects. Research agenda setting meetings of the ARCPOH participants (Expert Advisory Committee) are held, together with other consultations, to determine the best means of pursuing the research, and thus arrive at an operational research program (work programs) for the immediate future and provisional plans for the medium to longer term.

**Oral health data warehouse and information clearinghouse**

In addition to the five research areas, ARCPOH functions as a data warehouse and an information clearinghouse.
Framework for research program and work programs within ARCPOH

Research program ARCPOH

- Distribution and determinants of oral health
- Burden and impact of oral disease
- Effectiveness of population oral health interventions
- Oral health services and labour force research
- Oral health policy analysis
- Oral health data warehouse and information clearinghouse

Work program DSRU:
- AIHW
- Dental health statistics

Work program DPERU:
- DPERU

Work Program NOHPC:
- AIHW
- DSRU
- Dental labour force statistics
- National Oral Health Promotion Clearinghouse
**THE ENVIRONMENT**

The environment in which ARCPOH operates has been shaped by a number of key events:


- The continued growth in opportunities to bid for competitive research funding.

- The agreement on the Council of Australian Governments (COAG)/National Healthcare Agreement indicators and the funding for the development and ongoing reporting in the 2009 Federal Budget.

- Reaching the five-year mid-point in the National Oral Health Plan 2004–13 and its associated reflection on the Monitoring of Key Performance Indicators (KPIs).

**HIGHLIGHTS**

There were some notable highlights in 2009 including the following:

- The University of Adelaide and the Australian Institute of Health and Welfare (AIHW) signed a new four year agreement (2008–2012) for the operation of AIHW’s Dental Statistics and Research Unit (DSRU).

- AIHW DSRU was funded under AIHW to develop as required, and report where possible, on the two performance indicators for dental services under the COAG Health Care Agreement.

- Surveillance activities associated with the AIHW/Australian Government Department of Health and Ageing on adult oral health and access to dental care continued. The National Dental Telephone Interview Survey 2008 was successfully completed with approximately 7,600 interviews conducted.


- Research staff enjoyed further success in the 2010 National Health and Medical Research Council (NHMRC) round. Professor John Spencer and Associate Professor Kaye Roberts-Thomson were chief investigators (CIs) on a successful Centres of Clinical Research Excellence (CCRE) bid. ARCPOH will house a ‘Data Management and Biostatistics Core’ as well as conduct three out of nine projects under the grant. Dr David Brennan, Dr Loc Do, Professor John Spencer, Dr Ping Liu, Dr Jason Armfield and Dr Jane Harford commenced four new NHMRC Project Grants, which include collaborations with Monash and La Trobe Universities.

- Dr Jason Armfield commenced his NHMRC Training (Postdoctoral) Fellowship in mid-2009. He will spend two years at the University of Washington in Seattle, USA, before returning to Adelaide for the final two years of his fellowship.

- ARCPOH initiated a new series called ‘Policy Bites’ to stimulate discussion about oral health policy matters. The first four Policy Bites focus on the National Health and Hospitals Reform Commission (NHHRC) recommendations on dental services. In addition, ARCPOH hosted a ‘Roundtable Discussion’ with six invited participants from health economics, health policy, health services consulting, community welfare and dentistry backgrounds. A community consultation was held in November 2009. Reports on both of these activities have been added to the suite of Policy Bites.

**LOWLIGHTS**

Unfortunately, 2009 also included some challenges and setbacks:

- ARCPOH (AIHW DSRU) continued to have difficulty with access to unit record datasets on the Child Dental Health Survey (CDHS). No Victorian data have been received for the 2005, 2006 or 2007 years, despite numerous requests. A decision was made to push ahead with the reporting on the CDHS noting the absence of Victorian data.

- Whilst COAG proposed two performance indicators on dental services, the budget for resources to more fully report on these indicators was only partially successful. This has left AIHW DSRU with the need to make bids to ‘enhance’ the NDTIS 2010 and onwards and to re-establish the ADPS.

- ARCPOH bid for continuation (2009–10) of Australian Health Ministers’ Advisory Council (AHMAC) funding the National Oral Health Promotion Clearinghouse. However, this bid was unsuccessful leaving funding for the Clearinghouse in short-term difficulty and longer term uncertainty.

- A large number of competitive research grants lodged at the end of 2008 or early 2009 were unsuccessful. This included two NHMRC Partnership Project Grants applications, one of which was a key line of support for the National Child Oral Health Survey (NCOHS).

- ARCPOH advertised three positions across 2009 where the field of applicants has been limited and no applicant was considered suitable for appointment. It is uncertain whether this is an ARCPOH issue or symptomatic of a wider labour force issue.

- The outcome of several bids for funding under AHMAC 2010/11 for the National Oral Health Promotion Clearinghouse and the Monitoring of KPIs for the National Oral Health Plan 2004–13 were unsuccessful. A proposal will be put to the AHMAC Monitoring Group for funding under Federal/State funding formulas.

**WORK PROGRAM**

**Overall**

- The work program with the AIHW, AGDHA and now COAG has all been incorporated into schedules attached to the agreement between AIHW and The University of Adelaide with appropriate deliverables and acceptable timelines.

- There was a sensible rationalisation of the number of deliverables in both the AIHW and AGDHA Work Program. This has brought the Work Program into better alignment with the funding support received.
Distribution and determinants of oral health

- ARCPHO committed considerable effort in preparing and launching the Queensland Child Oral Health Survey (COHS). This survey serves as both the baseline for the study of the benefits of water fluoridation and the Queensland contribution to the planned National Child Oral Health Survey (NCOHS). The agreement between Queensland Health and The University of Adelaide is yet to be finalised.

- Research staff contributed to the preparation of the NSW Health Child Oral Health Survey report on the NSW Child Dental Health Survey 2007, particularly in validating key analyses. ARCPHO is also collaborating with the planning and preparation for a NSW Teen Dental Survey 2010 (it is hoped this will contribute to the NCOHS).


- The NHMRC-supported research ‘Caries initiation from childhood to adulthood’ commenced fieldwork oral epidemiological examinations in rural areas of South Australia.

- Professor Spencer joined an International Association for Dental Research (IADR) Global Oral Health Inequities (GOhI) Task Group. He will serve on the Task Group 6 – Implementation and Delivery, headed by Professor Aubrey Shieham.

Burden and impact of oral disease

- Professor John Spencer and Associate Professor David Brennan are members of a World Health Organization (WHO) Global Burden of Disease Oral Health Expert Group looking at the burden of oral disease. This is progressing very slowly.

- Dr Len Crocombe was awarded his PhD for his research project on ‘The impact of dental services on quality of life’ based around the Tasmanian component of the National Survey of Adult Oral Health (NSAOH) 2004–06.

- A project on food choice, socioeconomic status and tooth loss funded by the Australian Dental Research Foundation (ADRF) was completed and reported.

Effectiveness of population oral health interventions

- ARCPHO staff (Dr Haiping Tan, Mrs Leonie Jeffery, Ms Kelly Jones and Professor John Spencer) contributed to an evaluation report on the Better Oral Health in Residential Aged Care project under Encouraging Best Practice in Residential Care (EBPRAC).

- A report on a pilot study of screening and oral health care support for chronic heart failure patients at an Adelaide teaching hospital was prepared by Dr Archana Pradhan.

- The Strong Teeth for Little Kids oral health intervention in Aboriginal communities in the Northern Territory reached an advanced stage in the analysis and reports are being submitted for publication.

- Slow progress is being made in the long-term follow-up of the ‘Cavity free children’ project. With consent of parents obtained, SA School Dental Service (SDS) records are being traced for approximately 280 out of the 441 original randomised control trial (RCT) participants and up to 200 additional comparison five to six year-old children.

Oral health services and labour force research

- The data collection for the National Dental Labour Force Data Collection (NDLFD) 2008 was completed. This is likely to be the second-to-last round of labour force data collection before the new national registration arrangements are introduced, with subsequent changes to annual monitoring of the labour force.

- An AIHW DSR Series Report ‘Adult access to dental care: National Dental Telephone Interview Survey 2008’ is soon to be finalised.

- A proposal for enhancement of the National Dental Telephone Interview Survey 2010 was prepared and forwarded to AIHW.

- Professor Spencer and Associate Professor Brennan engaged in early discussions about a possible Cooperative Research Centre (CRC) in the Future Health Workforce.

- Data collection for the sixth wave of the Longitudinal Study of Dentist Practice Activity (LSDPA) was completed, with the response being encouraging.

- The Study of Private Subsidisation of Dental Care in Australia (SOPS) (ADRF) has stalled due to the movement of an academic into another area of research with the School of Dentistry.

- The report on ‘Dentists, specialists and allied practitioners: the Australian dental labour force, 2006’ is in production. Progress was delayed due to a staff member’s maternity leave and another staff member’s transfer into a PhD program and the necessary induction of a new researcher.

Oral health policy analysis

- A new level of communication to inform policy was established on the ARCPHO website. Policy Bites are short communications intended to stimulate discussion on oral health reforms.

- The data collection for the ‘Willingness to pay for public dental services’ project and data entry were completed. Data cleaning is progressing. Analysis will involve collaborators at Monash and Deakin Universities.

- A novel ‘Community consultation’ with a random sample of people from Adelaide and surrounds was held on 21 November 2009. The focus was on the oral health reforms put forward by the NHFRC.

Oral health data warehouse and information clearinghouse

- A ‘state of the state’ report card on oral health and dental services in 2008 was prepared. This is a deliverable under the agreement for SA Health/SADS support for the Research Unit in Oral Epidemiology.

- The Data Watch series in the Australian Dental Journal continued with four further published papers:
# ARCPOH Project Summary

## Distribution and Determinants of Oral Health
- Child Dental Health Survey
- Adult Dental Programs Survey
- Indigenous Oral Health
- Aboriginal Birth Cohort Study – Wave 3 (NHMRC)
- A community-owned Indigenous oral health promotion initiative (AiATSIS)
- Caries Risk Assessment for South Australian Children (The University of Adelaide scholarship and ADRF grant)
- A cognitive theory of the etiology of fear
- Child Fluoride Study Mark II (NHMRC)
- Determinants of oral health of adults entering the fourth decade of life (NHMRC)
- National Survey of Adult Oral Health (NHMRC; AIHW; ADA; CDC; Colgate; states/territories)
- A life-course epidemiological approach to understanding oral health inequalities (NHMRC)
- Dentine sensitivity in Australia
- Social gradients in child oral health status and access to services
- Factors contributing to socioeconomic gradients in children’s oral health between 1993 and 2003 (NHMRC)
- Diabetes and periodontal health (NHMRC)
- Papua New Guinea National Oral Health Survey
- Home for Oral Health (ADRJ)
- Factors associated with water fluoridation support in Australia (ADRJ)
- National Dental Anxiety and Fear Survey (ADRJ)
- Oral health literacy among carers of people with disabilities
- Chronic heart failure project (in collaboration with SA Dental Service)
- Risk indicators for periodontal disease in an urban Aboriginal population (NHMRC project grant)
- NSW Teen Survey
- Caries initiation from childhood to adulthood (NHMRC)
- Natural history of fluorosis (NHMRC)

## Burden and Impact of Oral Disease
- Nutritional intake and dentition status (ADRJ)
- The impact of dental services on quality of life (APA scholarship)
- Food choice and tooth loss among the elderly (ADRJ)

## Testing the Effectiveness of Population Oral Health Interventions
- A best-practice oral health model for Australian residential care (NHMRC)
- Better Oral Health in Residential Care
- Northern Aged Care Dental Project
- Strong teeth for little kids (Menzies)
- Health Promotion and Early Childhood Caries (ADRJ; Channel 7 Children’s Research Foundation)
- The Dental Practice Education Research Unit

## Oral Health Services and Labour Force Research
- National Dental Telephone Interview Survey and associated activities
- National Dental Labour Force Data Collections
- The Longitudinal Study of Dentists’ Practice Activity
- Development of treatment choice factors over time/Study of Dental Services (ADRJ)
- Evaluating profile changes in first-year BDS students, Adelaide Dental School, over 10-year period
- Study of private subsidisation of dental care in Australia (SOPS) (ADRJ)
- Acquisition of treatment choice knowledge among dental undergraduates (ADRJ)
- Impact of insurance on use of dental services and oral health (NHMRC)

## Oral Health Policy Analysis
- Impact of changes in public policy on access to dental care
- Impact of ageing on dental costs
- Willingness to pay for public dental services
- Reasons for having/not having insurance
- Contribution to National Health and Hospitals Reform Commission

## Oral Health Data Warehouse and Information Clearinghouse
- Oral Health Promotion Clearinghouse
- ARCPOH website
### STAFF LIST

<table>
<thead>
<tr>
<th>ROLE</th>
<th>NAME</th>
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<tbody>
<tr>
<td><strong>PROFESSOR</strong></td>
<td>Professor A John Spencer, Professor of Social and Preventive Dentistry (Director, ARCPOH)</td>
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<tr>
<td><strong>ADJUNCT PROFESSOR</strong></td>
<td>Professor Gary D Slade (University of North Carolina)</td>
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| **ASSOCIATE PROFESSORS/PRINCIPAL RESEARCH FELLOWS** | Associate Professor Kaye F Roberts-Thomson (Deputy Director, ARCPOH; Director, DPERU)  
Associate Professor David S Brennan (Director, AIHW DSRU) |
| **SENIOR RESEARCH FELLOWS**                     | Dr Jason Armfield (overseas fellowship from June)                    
Dr Lisa Jamieson                                             |
| **RESEARCH FELLOWS**                            | Dr Loc Do                                                            
Dr Jane Harford                                             
Dr Liana Luzzi (maternity leave until October)            
Dr Anne Sanders (until March)                             
Dr Kiran Singh                                             |
| **LECTURER**                                    | Dr Haiping Tan (maternity leave until March)                         |
| **RESEARCH ASSOCIATES**                         | Dr Najith Amarasena                                                  
Dr Len Crocombe                                             
Ms Diep Ha (maternity leave until March)                  
Ms Kelly Jones                                              
Dr Pingzhou Liu                                             
Dr Kamila Plutzer                                           
Dr Archana Pradhan                                         |
| **ACADEMIC STAFF FROM THE SCHOOL OF DENTISTRY**  | Ms Sue Gardner                                                       
Ms Jenny Miller                                             
Ms Katrina Plastow                                         
Mr Clinton Kempster                                        
Dr Eleanor Parker                                           |
| **RESEARCH OFFICERS**                           | Mr Madhan Balasubramanian                                            
Ms Katie Beckwith                                           
Ms Anne Ellershaw                                           
Ms Xiangqun Ju                                              
Mrs Judy Stewart                                            
Ms Dana Teusner                                             |
| **ADMINISTRATIVE STAFF**                        | Mr David Harley                                                      
Mrs Leonie Jeffery                                          
Mrs Lorna Lucas                                             
Mrs Silvana Marveggio                                       
Ms Alison McLean                                            
Ms Thanh Nguyen (maternity leave from May)                 
Ms Teresa Phung                                             |
| **CASUAL ADMINISTRATIVE STAFF**                 | Mrs Beverly Ellis                                                    |


### STAFFING CHANGES

ARCPOH has adjusted to the resignations of Professor Gary Slade and Dr Anne Sanders. These resignations have been covered by the restructuring of the Research Unit in Oral Epidemiology with two academic research fellow positions now occupied by Dr Loc Do (Level C) and Dr Gloria Mejia (Level B).

A number of short-term appointments were made to adjust to different staffing matters. Dr Madhan Balasubramanian and Dr Xiangqun Ju were appointed in 2009 for input in AIHW DSRU dental labour force and the OMFS labour force study respectively. Ms Teresa Phung was appointed to cover the absence of Ms Thanh Nguyen on maternity leave.

A number of staff significantly changed roles. Dr Diep Ha moved from the Oral Health Promotion Clearinghouse to work on the AIHW DSRU Dental Health Survey and SADS Caries Risk Assessment Study. Dr Len Crocombe moved into the Clearinghouse role in 2009. Ms Katie Beckwith joined ARCPOH to work on fluoride-related research projects.

The most surprising issue has been the failure to fill several advertised research officer positions. As noted elsewhere, there has been some questioning whether this is an ARCPOH-specific issue or an indication of a wider skills shortage.

ARCPOH went into the last part of 2009 somewhat under-staffed given the resources available. This mostly reflected a degree of ‘husbanding’ of funds in case funding lines for ECRs on the NHMRC Capacity Building Grant were not successful in winning new lines of support from the end of 2009. The implication from this is potential to retain or recruit several additional researchers across 2010.

### SECURING KEY RESEARCH STAFF IN ARCPOH

During 2008 and then again in mid-2009, ARCPOH faced a challenge in retaining key research staff whose current external funding was terminating and who had received attractive offers of appointment elsewhere. In both cases, the Faculty of Health Sciences and School of Dentistry were able to respond with acceptable appointments, both in terms of tenure and level of appointment. In effect, The University of Adelaide agreed to ‘underwrite’ the positions, one as a five-year contract, another as ongoing.

Both researchers quickly won NHMRC personal awards (Jamieson & Brennan), basically truncating or avoiding the University salary commitment for the next four years.

The Faculty of Health Sciences subsequently discussed a not dissimilar concept for Early Career Researchers (ECRs) who need ‘bridging’ salary support. The principle raised here remains under discussion.

It has been argued that the University should maintain an incentive for mixed internally and externally funded researchers to continue to apply for external support, the University should agree to a portion (say 50 per cent) of any ‘salary savings’ made when a researcher wins further external support being retained in ARCPOH. The retained funds might be used to support the researcher’s work program or accumulated so that ARCPOH could contribute to covering gaps in external support when they inevitably arise.

### ACCOMMODATION AND FACILITIES

There has been no change to ARCPOH’s accommodation. Some internal movements occurred to better use the Second Floor space and create offices for soon-to-be recruited staff. However, all remaining space at 122 Frome Street has been taken by health-related areas of The University of Adelaide and interest in ARCPOH’s space has increased from its other co-tenants.
AWARDS

- The project ‘Better oral health in residential care’ (BOHRC) ‘Encouraging better practice in residential aged care’ (EBPRAC) won the Premier’s Award (announced on 26 November 2009) for showcasing excellence in the public sector in the Improving Wellbeing Category. This project builds on the work of Dr J. Chalmers. This collaborative research with SADS has continued the excellent record in translation of ARCPOH research into public health practice.

- Dr Jason Armfield was awarded a four-year NHMRC Training (Postdoctoral) Fellowship to spend two years at the University of Washington in Seattle, USA, before returning to Adelaide for the final two years of his fellowship.

- Associate Professor David Brennan was awarded a four-year NHMRC Career Development Award (CDA) (Level B) to begin January 2010.

- Dr Haiping Tan was awarded the 2009 GM Gibson Scientific Research Fund Award from the Australian Association of Gerontology.

- Ms Dana Teusner was awarded the best PhD presentation in August 2009 at the School of Dentistry Research Day.

VISITING RESEARCHERS

Dr Najith Amarasena, Department of Community Dental Health, Faculty of Dental Sciences, University of Peradeniya, Sri Lanka, July 2008–June 2010.

Dr Herenia P Lawrence, Associate Professor of Community Dentistry, Faculty of Dentistry, University of Toronto, Canada, 31 August–2 September 2009.

Associate Professor John Broughton, Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, New Zealand, 1–2 September 2009.
FINANCES

ARCPOH receives its funding from a range of stakeholders. In 2009, under agreements, ARCPOH received $409,000 from AIHW as a collaborating health unit, $309,000 from the AGDHA via a MoU with AIHW, $22,000 from AhMAC via the Monitoring Group, $78,000 from the SA DH via SADS, $144,000 from SADS and $175,000 from Colgate Oral Care. In addition, ARCPOH received substantial research support, $679,000, via competitive research grants, $712,000 from scholarships and fellowships and $130,000 from research contracts/consulting services. An additional $140,000 was received in research maintenance support from the School of Dentistry. However, it should be noted that fall-in from the vacant Professor of Oral Epidemiology position was held by the School of Dentistry in General Operating.

This description of sources of funding does not include support through The University of Adelaide for academic staff (1.55 FTE), administrative staff (0.8 FTE), any internal scholarships held by students, or the in-kind support of external academic collaborators.

Agreements, grants and contracts, 2009

Competitive research grant income overall was considerably more in 2009 than the past few years because of success at NHMRC in the 2009 round of project grants. The equivalent to eight postdoctoral fellowships continued to create substantial funding for postdoctoral fellows funded by NHMRC through a Postgraduate Overseas Training Fellowship, a Career Development Award and five positions under the Capacity Building Grant in Population Health. However, 2009 was the final year of the Capacity Building Grant. This created an imperative to continue applications for Career Development Awards (CDAs), project grant salary support and School of Dentistry support for these Early Career Researchers (ECRs).
Financial status: cash flow 1 January to 31 December 2009 ($)

<table>
<thead>
<tr>
<th></th>
<th>AIHW1</th>
<th>AIHW Oral Epid.</th>
<th>AGDHA Pop. Health Division2</th>
<th>AGDHA Pop. Health Division NDTIS</th>
<th>SA Dept Health3</th>
<th>SADS4</th>
<th>Competitive research grants5</th>
<th>Contracts/ consultancies</th>
<th>Scholarships/ Fellowships7</th>
<th>Colgate Oral Care</th>
<th>Clearing-House</th>
<th>School of Dentistry ARCPOH/ Slade etc.8</th>
<th>ARCPOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total operating revenue</td>
<td>288,374</td>
<td>87,750</td>
<td>194,145</td>
<td>114,000</td>
<td>78,900</td>
<td>178,861</td>
<td>681,694</td>
<td>250,097</td>
<td>773,651</td>
<td>178,836</td>
<td>28,000</td>
<td>140,750</td>
<td>2,995,058</td>
</tr>
<tr>
<td>Total expenses</td>
<td>294,447</td>
<td>14,831</td>
<td>235,905</td>
<td>(7,639)</td>
<td>21,299</td>
<td>168,972</td>
<td>497,189</td>
<td>182,375</td>
<td>776,132</td>
<td>164,212</td>
<td>102,073</td>
<td>147,389</td>
<td>2,597,185</td>
</tr>
<tr>
<td>Operating surplus (deficit)</td>
<td>(6,073)</td>
<td>69,919</td>
<td>(41,760)</td>
<td>121,639</td>
<td>57,601</td>
<td>9,889</td>
<td>184,505</td>
<td>67,721</td>
<td>(2,481)</td>
<td>14,524</td>
<td>(74,073)</td>
<td>(6,639)</td>
<td>394,772</td>
</tr>
<tr>
<td>Accumulated funds (deficit) at the beginning of reporting period</td>
<td>13,491</td>
<td>15,044</td>
<td>19,995</td>
<td>(26,439)</td>
<td>(2,577)</td>
<td>8,917</td>
<td>93,511</td>
<td>92,789</td>
<td>226,951</td>
<td>(6,110)</td>
<td>58,149</td>
<td>6,392</td>
<td>470,024</td>
</tr>
<tr>
<td>Accumulated funds (deficit) at end of reporting period</td>
<td>7,418</td>
<td>54,875</td>
<td>(21,765)</td>
<td>95,200</td>
<td>55,023</td>
<td>18,806</td>
<td>278,016</td>
<td>161,083</td>
<td>224,471</td>
<td>8,514</td>
<td>(15,924)</td>
<td>(247)</td>
<td>865,470</td>
</tr>
</tbody>
</table>

2. Transfer of $114,000 made into NDTIS as provision for NDTIS 2010.
3. SADH income increased to $78,000 per financial year.
4. SADS income includes contract research and has increased to $144,000 per annum.
5. Reflects under-expenditure on some projects with funds carried forward into 2010.
6. Consulting figures include both the ARC consulting account and University consulting account. University consulting account deficit to be reduced with transfer out of expenses, such as postage and printing, to other accounts.
7. The accumulated surplus funds reflect some fall-in from maternity leave within the NHMRC Capacity Building Grant. The aim is to carry forward approximately $225K into 2010 as a means of funding two FTE Research Fellows across 2010.
8. ARCPOH School of Dentistry reflects RBG funding returned to researchers.

The financial position revealed by the calendar year financial report was of concern in relation to the growth of uncommitted funds. Some caution in making short-term appointments across the year has led to a bigger surplus. This applies especially to NHMRC Project Grants and the Capacity Building Grant.

**SUPPORT**

**External support through agreements**

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>AGREEMENT</th>
<th>AGREEMENT PERIOD</th>
<th>FUNDING PERIOD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Institute of Health and Welfare (AIHW)</td>
<td>AIHW Dental Statistics and Research Unit</td>
<td>2008–11</td>
<td>2008–09</td>
<td>$320,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009–10</td>
<td>$350,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009–10</td>
<td>$148,000</td>
</tr>
<tr>
<td>AHI/AC/APHDPC</td>
<td>Monitoring of KPIs</td>
<td>2009–10</td>
<td>2009–10</td>
<td>$22,000</td>
</tr>
<tr>
<td>AHI/AC/APHDPC</td>
<td>National Oral Health Promotion Clearinghouse</td>
<td>2008–09</td>
<td>2008–09</td>
<td>$54,000</td>
</tr>
<tr>
<td>SA Department of Health</td>
<td>Research Unit in Oral Epidemiology</td>
<td>2007–09</td>
<td>2009</td>
<td>$78,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010</td>
<td>$78,000</td>
</tr>
<tr>
<td>Colgate Oral Care</td>
<td>Dental Practice Education Research Unit</td>
<td>Rollover of agreement</td>
<td>2009</td>
<td>$140,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010</td>
<td>plus NZ $20,000 (~A$18,819)</td>
</tr>
<tr>
<td>South Australian Dental Service</td>
<td>Contract research</td>
<td>New agreement</td>
<td>2009</td>
<td>$144,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2010</td>
<td>$144,000</td>
</tr>
</tbody>
</table>
## GRANT STATUS

### 2009 Competitive grants – continuing

<table>
<thead>
<tr>
<th>GRANT*</th>
<th>GRANTEES</th>
<th>TOPIC</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHMRC 519246</td>
<td>Roberts-Thomson K, Bartold M, Daniels J, Magarey A and Meihubers S</td>
<td>Risk indicators for periodontal disease in an urban Aboriginal and Torres Strait Islander population</td>
<td>2008–10 2008 $106,075 2009 $165,038 2010 $55,250</td>
</tr>
</tbody>
</table>

### 2009 Competitive grants – new

<table>
<thead>
<tr>
<th>GRANT*</th>
<th>GRANTEES</th>
<th>TOPIC</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHMRC 565321</td>
<td>Brennan DS and Teusner D</td>
<td>The impact of insurance on the use of dental services and oral health</td>
<td>2009–11 2009 $63,625 2010 $66,000 2011 $66,000</td>
</tr>
<tr>
<td>NHMRC 565362</td>
<td>Do L and Spencer AJ</td>
<td>Natural history and long-term impact of dental fluorosis</td>
<td>2009–11 2009 $93,075 2010 $138,450 2011 $63,625</td>
</tr>
<tr>
<td>ADRF</td>
<td>Armfield JM</td>
<td>Development of an index of dental anxiety</td>
<td>2009 $7,000</td>
</tr>
<tr>
<td>ADRF</td>
<td>Teusner DN and Brennan DS</td>
<td>Dental insurance status and its relationship to dental services utilisation</td>
<td>2009 $8,000</td>
</tr>
<tr>
<td>ADRF</td>
<td>Kempster C, Roberts-Thomson KF, Luzzi L</td>
<td>The knowledge of clinical remittance and attitudes towards dually qualified therapist-hygienists amongst Australian dentists</td>
<td>2009 $8,000</td>
</tr>
<tr>
<td>RM Gibson Scientific Research Fund</td>
<td>CIA: Haiping Tan CIB: John Spencer CIC: Liana Luzzi</td>
<td>A pilot study on prevention of caries in older adults in residential aged care</td>
<td>2010 Total: $5,000</td>
</tr>
</tbody>
</table>
### CONSULTANCIES / CONTRACTED RESEARCH

<table>
<thead>
<tr>
<th>GRANT*</th>
<th>GRANTEES</th>
<th>TOPIC</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SADS</td>
<td>Spencer AJ et al.</td>
<td>Northern Aged Care Project</td>
<td>2007 $10,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2008 $5,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009 $5,000</td>
</tr>
<tr>
<td>SADS</td>
<td>Spencer AJ</td>
<td>Chronic Heart Failure Project</td>
<td>2008 $7,500</td>
</tr>
<tr>
<td>SADS</td>
<td>Spencer AJ</td>
<td>Population Oral Health Project</td>
<td>2008 $22,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009 $22,000</td>
</tr>
</tbody>
</table>

The above projects are subsumed under the SADS–ARCPOH agreement, but are separate payments.

<table>
<thead>
<tr>
<th>GRANT*</th>
<th>GRANTEES</th>
<th>TOPIC</th>
<th>FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>SADS</td>
<td>Spencer AJ</td>
<td>Evidence-based Best Practice in Aged Care</td>
<td>2008 $52,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2009 $52,000</td>
</tr>
<tr>
<td>NZ Ministry of Health</td>
<td>Roberts-Thomson KF</td>
<td>National Oral Health Survey of NZ</td>
<td>2009 –A$43,093</td>
</tr>
</tbody>
</table>

### FELLOWSHIPS

<table>
<thead>
<tr>
<th>GRANT*</th>
<th>GRANTEES</th>
<th>TOPIC</th>
<th>TIME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHMRC Capacity Building Grant in Population Health</td>
<td>Slade GD, Spencer AJ, Roberts-Thomson KF</td>
<td>Oral health research for the Australian population</td>
<td>2005–09 $498,638/yr Carry forward 2009 $236,646</td>
</tr>
<tr>
<td>NHMRC Sidney Sax Fellowship</td>
<td>Sanders AE</td>
<td>Explaining the social gradient in oral health</td>
<td>2006–09 2009 –$16,000 Resignation early March 2009</td>
</tr>
<tr>
<td>NHMRC Career Development Award</td>
<td>Jamieson LM</td>
<td>Associations between periodontal disease and cardiovascular surrogate endpoints in an adult Indigenous population</td>
<td>2009–2012 $92,500</td>
</tr>
<tr>
<td>NHMRC Postgraduate Overseas Training Fellowship</td>
<td>Armfield JM</td>
<td>Understanding the role of psychological factors in the etiology, prevention and treatment of high dental fear</td>
<td>2009–10 $103,776 pa 2011–12 $71,250 pa</td>
</tr>
</tbody>
</table>

*ADRF – Australian Dental Research Foundation; AHMAC – Australian Health Ministers’ Advisory Council; ANZAOMS – Australian and New Zealand Association of Oral and Maxillofacial Surgeons; APHDPc – Australian Population Health Development Principal Committee; NHMRC – National Health and Medical Research Council; SADS – South Australian Dental Service; UQ – University of Queensland.*
### ARCPOH POSTGRADUATE STUDENTS

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>DEGREE</th>
<th>TOPIC</th>
<th>TIME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diep Ha</td>
<td>PhD</td>
<td>Factors influencing the accuracy of caries risk assessment</td>
<td>2003–2010</td>
</tr>
<tr>
<td>Jocelyn Ho</td>
<td>PhD</td>
<td>The burden of oral disease in Australia</td>
<td>2004–2006 Intermittent</td>
</tr>
<tr>
<td>Kelly Jones</td>
<td>PhD</td>
<td>Relative needs validation and testing</td>
<td>2003–2010</td>
</tr>
<tr>
<td>Professor Eyiptope</td>
<td>PhD</td>
<td>Study of the impact of oral health on the dietary habits and nutrition of Nigerian adults</td>
<td>2006–2008 Commenced Semester 2 2006 Candidature suspended</td>
</tr>
<tr>
<td>Anu Polster</td>
<td>PhD</td>
<td>Risk assessment and oral health outcomes in child dental services</td>
<td>1999–2005 Intermittent</td>
</tr>
<tr>
<td>Sutee Suksudaj</td>
<td>PhD</td>
<td>Effects of social capital on oral health of Thai rural villagers</td>
<td>2006–2010</td>
</tr>
<tr>
<td>Dana Teusner</td>
<td>PhD</td>
<td>Dental insurance and use of services</td>
<td>2008–2010</td>
</tr>
<tr>
<td>Archana Pradhan</td>
<td>PhD</td>
<td>Oral health literacy among carers of people with special needs</td>
<td>2008–2010</td>
</tr>
<tr>
<td>Eleanor Parker</td>
<td>PhD</td>
<td>Indigenous oral health literacy</td>
<td>2009–2014</td>
</tr>
</tbody>
</table>

### ARCPOH HONOURS STUDENTS

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>DEGREE</th>
<th>TOPIC</th>
<th>TIME PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kostas Kapellas</td>
<td>Hons</td>
<td>Diabetes and periodontal health (Slade, Do)</td>
<td>2007–2009 Completed</td>
</tr>
<tr>
<td>Clinton Kempster</td>
<td>Hons</td>
<td>Allied dental labour force (Luzzi, Roberts-Thomson)</td>
<td>2008–2009</td>
</tr>
<tr>
<td>Mathew Lim</td>
<td>Hons</td>
<td>Perceived and actual oral health status in Australian migrant populations (Do, Slade)</td>
<td>2008–2009 Completed</td>
</tr>
<tr>
<td>Katrina Plastow</td>
<td>Hons</td>
<td>Diet and dental caries (Spencer, Roberts-Thomson, Armfield)</td>
<td>2007–2009 Intermittent</td>
</tr>
</tbody>
</table>
INTRODUCTION

The National Oral Health Plan (NOHP) ‘Healthy Mouths Healthy Lives’ was adopted in June 2004 to ‘improve health and wellbeing across the Australian population by improving oral health status and reducing the burden of oral disease’.

The middle of 2009 marked five years of operation of the NOHP and an opportune time to review the monitoring of the Plan and to reflect on the Plan itself. To that end a two-day workshop was held in Adelaide in September 2009. This provided a forum in which progress towards the goals of the Plan was reviewed and to issues highlighted by the monitoring process were discussed.

PURPOSE OF THE WORKSHOP

As part of a mid-term review process, the workshop had the following aims:

• update information on the activities that have been undertaken to date under the auspices of the Plan to implement the National Actions

• update information on progress against the key process and outcome performance indicators for the Plan

• consider opportunities to strengthen the monitoring process

• discuss issues highlighted by the monitoring process and their implications for ongoing operation of the Plan

• consider the need to modify or add to the National Actions.

PROCESS

A Report Card on the monitoring of key performance indicators including data to 2008 was distributed prior to the workshop. A short presentation on activities to date for each action area was led by the jurisdictions, where each jurisdiction presented on one Action Area. These were followed by a short presentation of monitoring data, then a facilitated workshop discussion of their interpretation, suggestions for refinements of the KPIs, and setting of benchmarks for future monitoring. Finally, the workshop canvassed the need for revision of the National Actions under the Plan.

The workshop was highly interactive with the purpose of arriving at a consensus on future monitoring needs and any revisions that might be made to the Plan. This is documented in the report.

The workshop was attended by 43 people and facilitated by Dr Arthur van Deth, former Chair of the National Advisory Committee on Oral Health, which was responsible for the production of the NOHP in 2002–03.

Outcomes of the Workshop

A draft report on the workshop was submitted to the National Oral Health Plan Monitoring Group for consideration at its November meeting. The following recurrent themes were identified from the workshop discussions:

• Focus on health promotion

• Integration of oral and general health care and promotion and Common Risk Factor Approach

• Fluoride

• Collaboration in data collection

• Use of non-dental health workers

• Appropriate use of allied dental workforce

• Workforce distribution

• Security of funding – programs and surveillance

• Denticare: Considerable support amongst the group, but not able to reach a consensus.

The final report is now with the Monitoring Group.
The University of Adelaide won four 2009 NHMRC Training (Postdoctoral) Fellowships, including two overseas-based fellowships.

Dr Jason Armfield, Senior Postdoctoral Researcher with the Australian Research Centre for Population Oral Health, will spend two years at the University of Washington in Seattle, USA, before returning to Adelaide for the final two years of his fellowship.

He will investigate the role of psychological factors in the causes, prevention and treatment of high dental fear.

“Despite dental fear being one of the most common fears experienced by Australians, the etiology of this serious condition is still not well understood, and both preventions and treatments for dental fear are not widely or effectively implemented,” Dr Armfield said.

His scholarship will give him first-hand experience at one of only a handful of dental fear research clinics in the world.

The staff of the National Oral Health Promotion Clearinghouse organised a two-day workshop in Adelaide on 30 November and 1 December 2009 based on presentations of invited reviews on specific areas of oral health promotion.

These reviews were made available to the invited participants two weeks prior to the workshop. The areas covered included diet, tooth cleaning, mouth rinses, chewing gum, safety, age of first visit, frequency of dental visiting and smoking.

The workshop also included presentations on general health issues related to oral health such as nutrition health visiting and aimed to establish an agreed set of evidence-based messages for oral health promotion.

Participants came from dental schools at various universities across Australia, areas responsible for health promotion (for oral and general health) in state and territory departments of health, public dental services and professional organisations.

The consensus of participants, having viewed the evidence and discussed the findings, will be published as a set of agreed oral health promotion messages. The set will be published as either an ARCPOH publication or a journal article, or both.
The University of Adelaide is seeking to restructure the teaching and research in Oral Epidemiology within the Australian Research Centre for Population Oral Health, in the School of Dentistry. This follows the resignation of Professor Gary Slade in December 2008. The proposed restructure is part of the strengthening of the University’s performance in competitively-funded research in Oral Epidemiology. The University also wishes to develop postgraduate coursework and to increase its involvement with higher degrees by research in Oral Epidemiology.

Background
A proposal to restructure a Research Unit in Oral Epidemiology was canvassed over eight months. The Research Unit would:

• maintain The University of Adelaide’s international and national reputation in ‘Oral Epidemiology’ (linked to the recognition of the Australian Research Centre for Population Oral Health)

• allow a differentiation in the academic research role of the existing early and mid-career researchers in ARCPOH so as to optimise activity in Dental Health Services Research, Oral Health Policy Research, Indigenous Oral Health and Oral Epidemiology respectively

• increase the potential of the Australian Research Centre for Population Oral Health to pursue further external funding opportunities through NHMRC, PHERP, DoHA and the dental industry

• position ARCPOH well in the recruitment of a successor to Professor John Spencer in one to two years’ time and prepare internal staff for leadership positions within ARCPOH to the long-term benefit of The University of Adelaide.

Current situation
External funding of the Research Unit in Oral Epidemiology has in the recent past been made available from:

• AIHW

• SA Department of Health through SADS.

AIHW has committed $56,500 each year across the current agreement (2008–2011) with the possibility of renewal.

SA Department of Health has recommitted $78,000 for 2010, but with the intention to negotiate a further agreement for five years. The discussions on how those funds will be used have been incorporated into a new agreement for 2010.

The University of Adelaide has re-committed approximately $117,000 to the proposal regarded as vice Slade fall-in and more recently committed a further $70,000 from the DVC-R and FHS Research Secretariat.

The proposal
The proposal has been to establish a Research Unit in Oral Epidemiology. The Unit would consist of:

• two full-time academic researchers

• a 0.5 FTE administrative assistant – HEO3 on a limited term contract.

Advantages
The proposal has the potential to once again move Oral Epidemiology forward as a strength of ARCPOH. Further, it creates two academic research positions which will ensure the maintenance and growth of Oral Epidemiology research. The Research Unit in Oral Epidemiology will be surrounded by appropriate support staff, which will assist in making a strong return to the University from competitive and contract research funds.

Outcomes of relevance to stakeholders
The University of Adelaide

• strengthen the University’s international and national reputation in Oral Epidemiology (linked to ARCPOH)

• increase the potential of ARCPOH in successfully seek additional external funding opportunities

• allow differentiation in the academic research roles of the early and mid-career researchers within ARCPOH in teaching, research and service

AIHW

• strengthen and broaden the work program of the AIHW Dental Statistics and Research Unit especially in the areas of the surveillance on child oral health and adult oral health

SA Department of Health

• maintain South Australia as the national leaders in Population Oral Health and Oral Epidemiology

• increase the level of activity, prominence and impact of Oral Epidemiological research in South Australia

• develop Oral Epidemiology as a South Australian education and research ‘export’ activity

• strengthen a South Australian focus on Oral Epidemiology (monitoring and surveillance, research and policy development) relevant to the South Australian Dental Service

• to increase the advocacy for policy development based on Oral Epidemiological research at a State level
Health cardholders who visit a public dentist have who visit a private dentist.

This publication presents findings on health cardholders attending for dental care in the private and public sectors using data from the National Survey of Adult Oral Health Australia’s teenagers and pre-teen children: The Child Dental Health Survey, Australia 2004–06. Cat. no. DEN 199. Dental Statistics and Research Series no. 52. Canberra: Australian Institute of Health and Welfare.


**AIHW Dental Statistics and Research Series**


**AIHW DSRU Research Reports**


**ARCPOH published papers**


**Accepted for publication**


Armfield JM and Akers HF. Risk perception and water fluoridation support and opposition in Australia. J Pub Health Dent.


Do LG. Periodontal disease in the Australian adult population. Aust Dent J (Data Watch).


Submitted for publication

Akers HF and Armfield JM. Australian opinions on water fluoridation: do Queenslanders believe differently? Aust Dent J.

Armfield JM. Development and psychometric evaluation of the Index of Dental Anxiety and Fear (iDAF 4C+). Psychological Assessment.

Armfield JM and Akers HF. A national survey of community water fluoridation support and opposition in Australia. Community Dental Health.

Brennan DS, Singh KA, et al. Fruit and vegetable consumption among older adults by tooth loss and socio economic status. Aust Dent J.


Presentations

Australian Dental Association (ADA) Dental Workforce Prioritization Meeting, 5 February 2009, Sydney, New South Wales
Adult dental needs, unmet needs and the dental workforce in Australia. Spencer AJ.

Colgate Palmolive CEO, 12 February 2009, Sydney, New South Wales
Australia 2020 Summit; the long-term health strategies and their relevance to oral health. Spencer AJ.

Australian Dental and Oral Health Therapists' Association (ADOHTA) International Conference, 11–12 March 2009, Perth, Western Australia
Can periodontal disease be predicted without probing the gums? Kapellas K.

Bringing Clinical Cariology into the 21st Century, 24 March 2009, Sydney, New South Wales
Dental caries in Australia: epidemiology; burden; and service provision. Spencer AJ.

87th General Session and Exhibition of the International Association for Dental Research (IADR), 1–4 April 2009, Miami, Florida, USA
Trend of socioeconomic inequality in child oral health in Australia. Do L.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2009 Congress, 24–28 May 2009, Adelaide, Australia
Understanding adult dental fear and phobia: application of the Cognitive Vulnerability Model. Armfield JM.

5th Biennial Country Primary Health Care Conference – Stars in Our Backyards, 2–4 June 2009, Renmark, South Australia
How to help mothers in the prevention of early childhood caries. Plutzer K.

Pharmacy Guild of Australia Meeting, 14 June 2009, Sydney, New South Wales
Fluoride use in the 21st century: Australian recommendations. Roberts-Thomson KF.

New Zealand Society of Hospital and Community Dentistry (NZSHCD) Conference, 31 July – 1 August 2009, Queenstown, New Zealand
Brain drain, brain circulation, brain exportation: a case of Indian dentists migrating to Australia. Balasubramanian M* and Short S.

School of Dentistry Research Day, 14 August 2009, The University of Adelaide, South Australia
Dental insurance – level of cover and use of dental services. Teusner D (poster presentation).

Faculty of Health Sciences Postgraduate Research Expo, 1 September 2009, The University of Adelaide, South Australia
Dental insurance – level of cover and use of dental services. Teusner DN (poster presentation).

North Queensland Oral Health Convention, 21 August 2009, Cairns, Queensland
Fluoride use in the 21st century: Australian recommendations. Roberts-Thomson KF.

7th World Congress on Preventive Dentistry, 7–10 September 2009, Phuket, Thailand

Compensatory discretionary fluoride use among children not consuming fluoridated water. Armfield JM*, Spencer AJ Roberts-Thomson KF (poster presentation).

Reconstituting infant formula with fluoridated water reduces deciduous caries experience. Do LG*, Spencer AJ.

SA Ageing Research Expo, 17 September 2009, Adelaide, South Australia

Promoting oral health across the population – monitoring data. Spencer AJ.

Children and adolescents – monitoring data. Roberts-Thomson KF.

Older people – monitoring data. Harford J.

Low income and social disadvantage – monitoring data. Ellershaw AE and Brennan DS.

People with special needs – monitoring data. Spencer AJ.

Aboriginal and Torres Strait Islanders – monitoring data. Jamieson LM.

Workforce development – monitoring data. Teusner DN.

The ‘missing’ action area: rural dwellers – monitoring data. Brennan DS.

Brain drain, brain circulation, brain exportation: a case of Indian dentists migrating to Australia. Balasubramanian M* and Short S.
Invited presentation to Sansom Institute, University of South Australia; 29 October 2009

Oral health research among Indigenous Australians. Jamieson LM.

Australian Dental Association (ADA) Tasmanian Branch Meeting, 5 October 2009, Hobart, Tasmania

Improving access to dental care and oral health of Australians. Spencer AJ.

SA Parliament Social Development Committee, 12 October 2009, Adelaide, South Australia

Dental services for older South Australians. Spencer AJ.

Inaugural Meeting of the International Dental Graduates Assessment Review Committee, 13 October 2009, Melbourne, Victoria

Dental labour force: brushing up where we’re at. Spencer AJ.

National Oral Health Promotion Clearinghouse, Workshop on Evidence-Based Oral Health Messages for Australia, 30 November–1 December 2009, Adelaide, South Australia

Interdental cleaning. Crocombe L.

Soft drinks and sports drinks. Crocombe L.

Smoking and chewing tobacco/cannabis and oral health. Do L.

Age of first dental visit. Miller J.

Oral health promotion messages. Roberts-Thomson KF.

Frequency of dental check-ups. Spencer AJ.

2nd Transition Care Forum, 24 November 2009, Canberra, Australian Capital Territory, Australia


Can reason for dental insurance predict service use? Harford J.

Dental insurance status, level of cover and use of services. Teusner DN*, Brennan DS, Spencer AJ.

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