



# ARCPH

**AUSTRALIAN RESEARCH CENTRE FOR  
POPULATION ORAL HEALTH**

**THE UNIVERSITY OF ADELAIDE**

**ANNUAL REPORT  
2002**

**THE UNIVERSITY OF ADELAIDE  
AUSTRALIAN RESEARCH CENTRE FOR POPULATION ORAL HEALTH**

**STAFF LIST 2002**

**PROFESSORS**

PROFESSOR A JOHN SPENCER (Director)  
PROFESSOR GARY D SLADE

**SENIOR RESEARCH FELLOWS**

DR DAVID S BRENNAN  
DR JANE M CHALMERS  
DR KAYE F ROBERTS-THOMSON

**RESEARCH FELLOW**

MS ANNE E SANDERS

**RESEARCH ASSOCIATES**

MS KELLY JONES (0.8 FTE)  
MRS ANNA PUZIO (0.5 FTE)

**RESEARCH OFFICERS**

MR JASON M ARMFIELD  
MR KNUTE D CARTER  
MS KENDALL GOLDSMITH (until December 2002)  
MS CARMEN KOSTER  
MS LIANA LUZZI (0.2 FTE)  
MRS JUDY F STEWART  
MS DANA TEUSNER (0.6 FTE)

**GENERAL STAFF**

MS CAITLIN HARRIS  
MRS LEONIE F JEFFERY  
MRS LORNA LUCAS  
MRS SILVANA MARVEGGIO (0.7 FTE)  
MS AMIRA MIKHAIL (0.3 FTE)  
MRS D RUTH WASS (0.3 FTE)

**PhD STUDENTS**

JASON ARMFIELD  
LOC DO  
LIANA LUZZI  
KAMILA PLUTZER  
SUZANNA MIHAILIDIS  
ANNE SANDERS  
ANU POLSTER (outside The University of Adelaide)

**MDS/DDS**

JENNY BRANSON  
RACHAEL MATHEW  
JANICE WIJAYA

**VISITORS**

DR EBRAHIM JABBARIFAR  
DR TETSUNORI OZAKI

# 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 the individual. Through such research improvement in oral health and better dental care are sought for all Australians.

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

For oral health to contribute 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.

## ARCPOH – 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, that is internationally recognized to be of the highest quality.

### Aims

To achieve that end, ARCPOH aims to:

- continue and 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 generally through ongoing interaction fostering synergies that will increase the Centre's scholarly output;
- attract postgraduate research students of the highest potential; and
- maintain, 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 Dental School, academic areas of Social and Preventive Dentistry and Oral Epidemiology, which in addition to core research and teaching personnel, includes the Australian Institute of Health and Welfare's Dental Statistics and Research Unit and the Dental Practice Education Research Unit funded by Colgate Oral Care.

Research collaborators include The University of Adelaide Department of Public Health, the dental schools of several universities particularly Melbourne, Sydney and Otago, as well as major health agencies such as the Australian Institute of Health and Welfare, the Commonwealth Department of Health and Ageing, the South Australian Department of Human Services and the South Australian Dental Service and commercial entities including Colgate Oral Care.

## **Internal collaborators**

### **Dental School**

- Social and Preventive Dentistry
- Oral Epidemiology
- AIHW DSRU
- Colgate Oral Care DPERU

### **Faculty of Health Sciences**

- Department of Public Health

## **External Collaborators**

### **Universities**

- Melbourne, Sydney, Otago

### **Health Agencies**

- Australian Institute of Health and Welfare
- Commonwealth Department of Health and Ageing
- South Australian Department of Human Services
- South Australian Dental Service

## **Governance**

In formal terms ARCPOH is organizationally a component of The University of Adelaide and its Director, like the heads of departments, centres and other academic units in the University, is responsible through the dean of the relevant faculty to the Vice-Chancellor and Council. However, ARCPOH is intended to play an important national role and the University therefore is guided in its management by an Expert Advisory Group 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 Expert Advisory Committee**

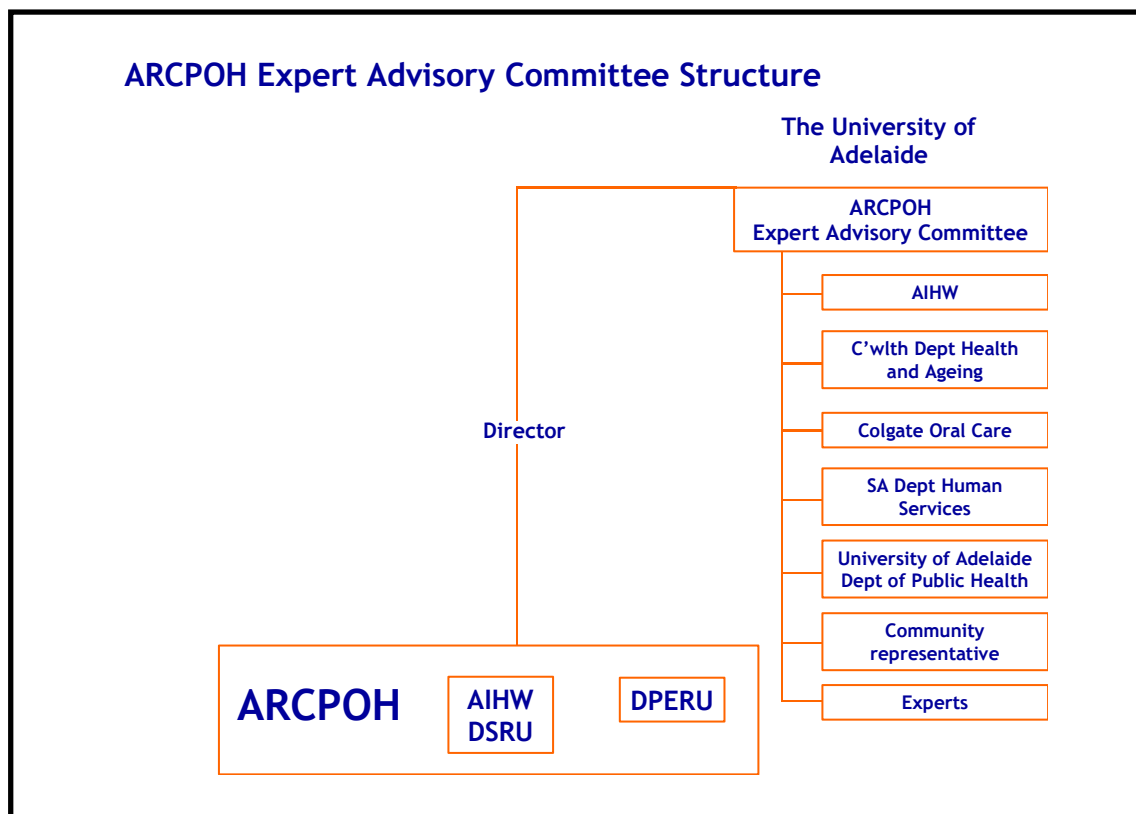
*Functions* – to advise The University of Adelaide, the Director of ARCPOH and where appropriate, collaborating organizations, on:

1. the important research questions in population oral health that could beneficially be addressed by ARCPOH and the relative priority of those issues;
2. in the light of 1), the formulation and regular updating of an appropriate strategic plan for the research program of ARCPOH;

3. operational planning for the research program of ARCPOH that encompasses collaboration and cooperation between relevant organizations and the avenues through which resources can be found to support the program;
4. means by which the outcomes of the Centre's research can be disseminated to inform public policy and professional practice;
5. within the research program, the development and enhancement of the Centre's postgraduate research training activities.

### **Membership**

- Vice-Chancellor of The University of Adelaide or nominee (Convener) (A/Prof. Viv Burgess);
- Director, Australian Institute of Health and Welfare or nominee (Dr Ching Choi);
- Nominee of Colgate Oral Care, Colgate Palmolive Australia (Dr Jackie Robinson);
- Nominee of the Commonwealth Department of Health and Ageing (Mr Chris Sheedy);
- Nominee of the South Australian Department of Human Services (Mr Chris McGowan);
- Nominee of The University of Adelaide Department of Public Health (Prof. Janet Hiller);
- Nominee of State and Territory Dental Services (Dr John Rogers);
- Nominee of the Universities of Melbourne, Otago and Sydney (A/Prof. Mike Morgan);
- Community representative nominated by the Australian Council of Social Services (Mrs Barbara Garrett)
- The Director of ARCPOH (Prof. John Spencer);
- Other representatives of the staff of ARCPOH (Prof. Gary Slade, Dr Kaye Roberts-Thomson, Dr David Brennan);
- Such other persons having expertise in public health including oral public health as may be thought desirable, including in the first instance the Executive Director of the Australian Dental Association (Dr Rob Butler).



## Research Plan

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

### 1) Distribution and determinants of oral health

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

### 2) Burden and impact of oral disease

Oral disease has traditionally been described in terms of clinical measures, e.g. teeth with experience of disease. This research area will extend the capacity to measure oral disease experience through measures of oral quality of life/well being and how states or oral disease impact on daily living, for instance 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 disease related quality of life. There is scope for increased research effort in exploring factors underlying such variation including individual behaviours and the individual, school/work and community circumstances that shape these behaviours and ultimately determine oral health.

### **3) Testing the efficacy/effectiveness of population oral health interventions**

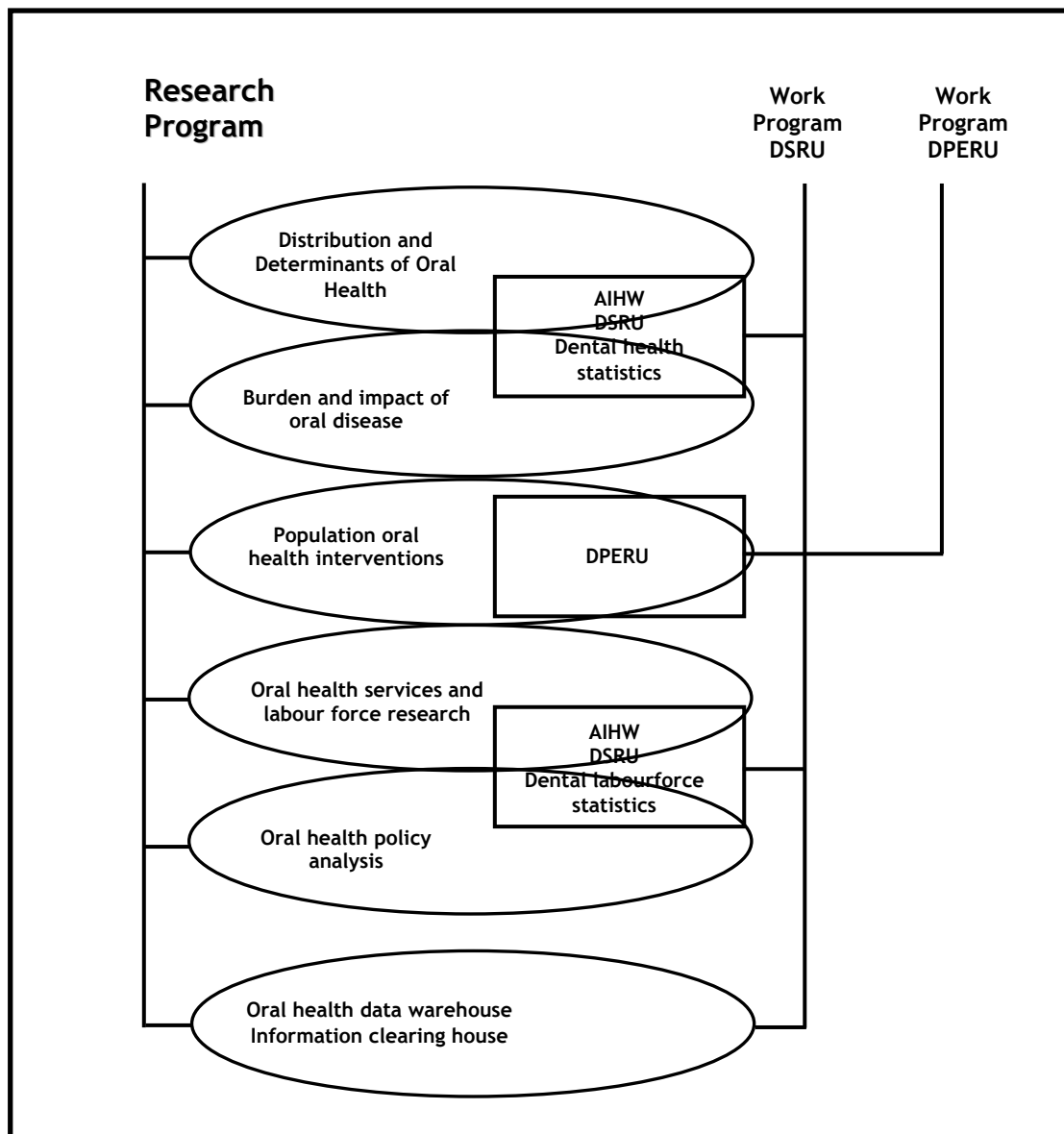
Previous research on water fluoridation and the prevention of dental caries and dental fluorosis will continue, with additional emphasis on effectiveness in adult and older adult age groups. Findings of research on the determinants of oral disease will be tested in demonstration interventions, e.g. support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

### **4) Oral health services and labour force research**

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 will be on public dental care program evaluation, private dental insurance, dental provider behaviour and dental labour force analyses.

### **5) Oral health policy analysis**

Research in population oral health has concentrated on documentation of problems, 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. Examples of areas into which such analysis would be directed include cost analysis of public dental care programs under a range of assumptions and with differing approaches to the management of demand and patient flows.



In addition to the five research areas, ARCPOH has functions as a data warehouse and as an information clearing house.

These five research areas encompass an extensive range of potential projects. It is envisaged that at regular intervals there will be 'research agenda setting' meetings of the ARCPOH participants (Expert Advisory Committee) and other consultations that determine the best means of pursuing the research and thus arrive at an operational research plan for the immediate future and provisional plans for the medium to longer term.

# Director's Report

This report covers the period of January to December 2002.

## The environment

Four key developments in oral health and dental care are shaping the environment in which ARCPOH conducts its work.

- NHMRC's Strategic Research Development Committee (having listed oral health research as a priority in 2001) has injected some \$1.8 million into oral health research.
- The National Advisory Committee on Oral Health (NACOH) has been formed and has met twice. NACOH has an ambitious agenda. Much of the agenda relates to issues upon which ARCPOH collects information or conducts research.
- A number of parties are expressing interest in re-initiating the push for periodic national oral health surveys, especially the foreshadowed National Survey of Adult Oral Health (NSAOH). Interest varies from surveillance of oral health so as to inform policy discussions to linked research on quite specific themes.
- There is growing alarm at both the aggregate shortage of capacity to supply dental services and recruitment and retention issues leading to marked maldistribution of resources.

## Highlights

There have been a number of highlights in both ARCPOH itself and its work program.

### ARCPOH

1. The formal recognition of ARCPOH as a research centre of The University of Adelaide, and the steps taken to alter the structures within, and work practices of the area is a significant highlight.

The University of Adelaide has gained national reputation for its research in population oral health and has developed extensive collaborative linkages. The designation of ARCPOH as a research centre gives greater visibility and coherence to a number of separate activities that have previously occurred under external funding, facilitating further development of collaborative work, enhancing the capacity to secure external research grants and extending the contribution to the formation, implementation and evaluation of public policy for improved oral health and better dental care.

ARCPOH consists of four previously separate (but closely related) groups within the Dental School: the areas of Social and Preventive Dentistry and Oral Epidemiology; the AIHW Dental Statistics and Research Unit (DSRU); and, the Colgate Oral Care supported Dental Practice Education Research Unit (DPERU). Both DSRU and DPERU continue to exist within ARCPOH. However, they are now positioned within a wider entity that can better support and utilize their respective roles.

ARCPOH's Expert Advisory Committee has been formed, built around the previous DSRU Management Committee. The ARCPOH Expert Advisory Committee will subsume the role of the DSRU Management Committee and DPERU Advisory Committee.

Accountability and reporting responsibilities are still being developed between ARCPOH, DSRU, DPERU and funders, but the first meeting of the Expert Advisory Committee represented progress and offered an opportunity for wider input into shaping the final processes.

2. The appointment of Gary Slade as the Professor of Oral Epidemiology at The University of Adelaide gives a substantial boost to the academic leadership in ARCPOH.

The establishment of the Professorship in Oral Epidemiology enables a differentiation in the academic roles of the two professors within ARCPOH and a seamless transition in the leadership of the area from the Professor of Social and Preventive Dentistry to the Professor of Oral Epidemiology at a later time.

The Professorial Unit in Oral Epidemiology is supported by the University, AIHW and the SA Department of Human Services.

## **Work Program**

### **Distribution and determinants of oral health**

- The Child Dental Health Survey reporting is consistently improving, with a more informative national report. The CDHS has acted as a platform for the implementation of the Child Oral Health Study (aka Child Fluoride Study Mark II) in South Australia. Victoria and Tasmania should commence over the next few months and Queensland in mid-2003. A nested study on dental fluorosis in SA is being pursued as a PhD by Loc Do.
- In 2002 three NHMRC oral epidemiological research projects were in the field (Young Adults Study; Child Oral Health Study; and the SA Dental Longitudinal Study).
- The first foray into social determinants of oral health has produced an extraordinary data set and many new areas of investigation. Anne Sanders (PhD student, now Research Fellow) was awarded both the ADRF Australian Dental Industry Research Award 2002 and IADR ANZ Division Travel Award for this research.

## **Burden and impact of oral disease**

- David Brennan and John Spencer have completed a project on oral diseases and disorders and their associated disability. The project produced algorithms to quantify oral conditions using numerical weights as part of the estimation of the burden of oral disease. Application of the new weights places oral disease into the leading causes of disability-adjusted life years (DALYs). Work is to begin with SA Department of Human Services on refining the assumptions behind the estimation of the burden of oral disease as part of a new cycle of such studies in Australia.
- The arrival of Professor Gary Slade has stimulated involvement in measurement of oral health related quality of life.

## **Population oral health interventions**

- ARCPOH is involved in several intervention projects. These include 'Health promotion and early childhood caries' (Kamila Plutzer – PhD, Channel 7 Children's Health Research Foundation of SA); 'A best practice oral health model for Australian residential care' (Chalmers, Spencer, Wright, King – NHMRC SRDC); 'Fluoridation of water supplies in remote Indigenous communities in the Northern Territory: requirements, feasibility and cost-effectiveness' (Baillie, Spencer – NHMRC SRDC; and 'Remote Indigenous oral health – testing a community-based model for oral health promotion' (Roberts-Thomson – NHMRC SRDC).
- The dissemination of information on preventive interventions for dental caries has been the dominant program activity of DPERU. This activity will be boosted by the extension of the Colgate Caries Control Program into NZ. Materials have been drafted for an involvement in smoking cessation. Two areas of ARCPOH activity have reasonable amounts of material prepared as possible future topics: geriatric oral health; and, maternal and child oral health.

## **Oral health services and labour force research**

- Over the last three years DSRU (and now ARCPOH) has put renewed emphasis on dental labour force issues. This has culminated in the ARCPOH/AIHW DSRU Workshop on the Dental Workforce on 14 November 2002. In preparation for the workshop, working papers were prepared on:
  - the dental workforce in Australia 2000
  - projections of the workforce
  - projections of the demand for dental services
  - a scoping paper for policy directions.

The working papers follow workforce reports prepared for both Victoria (2001) and New South Wales (2002).

- A major report has been published on dental practice in Australia, presenting information on changes over the 1983–84 to 1998–99 period.

## **Oral health policy analysis**

- The establishment of the National Advisory Committee on Oral Health (NACOH) was the focus of ARCPOH's work on dental health policy issues. ARCPOH was involved in the Workshop on Aboriginal Oral Health held in September 2002 and conducted the Workshop on the Dental Workforce on 14 November 2002.

## Competitive grants

There has been a surge in both the number and support into ARCPH from competitive grants. These are listed separately.

ARCPH staff were successful in two NHMRC project grants for 2003. The outcome of a CRC Oral Health Research bid with the University of Melbourne and The University of Adelaide, in which ARCPH plays a substantial role in two of five research projects, was announced in December 2002.

## Consulting and contract research

A number of consulting and contract research projects were completed during 2002. These include:

NSW Health, Oral Health Branch	NSW Oral Health Labour Force Project
NSW Health, Oral Health Branch	Evaluation of the NSW Priority Oral Health Program
Hospitals Contributors Fund	Dental Satisfaction Survey, 2002
AusAID East Timor National Oral Health Project	East Timor National Oral Health Survey, 2002
SA Dental Services/NSW Health, Oral Health Branch	Relative Needs Index Study

In the later part of 2002 ARCPH finalised two contract research projects with the SA Dental Service. These are associated with simulation modelling and then conducting a demonstration project on the Relative Needs Index Study. They will run through to the end of 2003.

There is also a high probability of being contracted to conduct a SA dental labour force project.

## Staffing

(The ARCPOH staff list is presented on page 2.)

During 2002 several staff have been recruited to work with ARCPOH:

Ms Carmen Koster		NHMRC Child Oral Health Study
Ms Caitlin Murray		
Dr Jane Chalmers	} (both continue with ARCPOH)	NHMRC South Australian Dental Longitudinal Study
Ms Leonie Jeffery		
Dr Chris Patrick		
Mr Greg Sampson		3-month contract to assist with computer server and backing-up/archiving facilities
Ms Kendall Goldsmith		Finished working with ARCPOH on the NHMRC Young Adults Study after nearly two years.

## Visitors

Dr Ebrahim Jabbarifar, Isfahah University, Iran – 5 months.

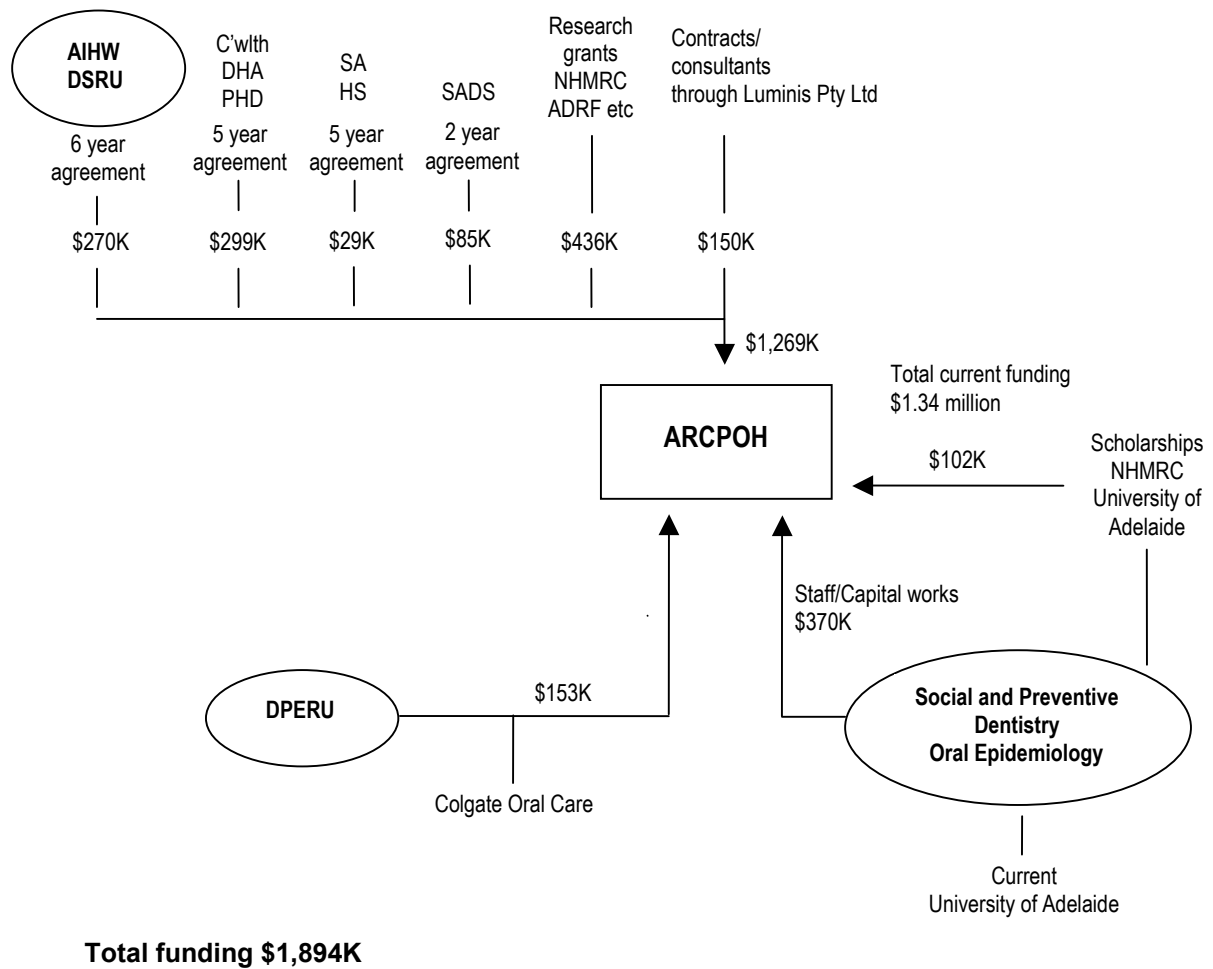
Dr Tetsunori Ozaki, Nihon University, Tokyo, Japan – 5 months, October  
2002–February 2003

## Finances

ARCPOH had funding support through its stakeholders of approximately \$1.89 million. This was made up of Social and Preventive Dentistry and Oral Epidemiology staff and capital works expenditure supported by The University of Adelaide (\$370K); scholarships held by postgraduates (\$102K); AIHW DSRU (\$270K); DHA PHD (\$299K); SA HS (\$29K); SADS (\$85K); and DPERU (\$153K). Support through Research Grants (\$436K) and Contracts (\$150K) underpin a large amount of the fieldwork research and associated research staff.

This description of sources of funding does not include support through external academic collaborators, or support that was being explored. This latter area included The University of Adelaide and SA Dental Service support for a post in Geriatric Oral Health and Dental Care and the CRC in Oral Health Research with the University of Melbourne.

### Current agreements, grants and contracts, 2002



ARCPOH's budget has been elevated in 2002 by the AIHW Collaborating Health Units' Review recommendation that AIHW appropriation funding increase from approximately \$243,000 to \$350,000. This includes support of \$56,500 in a full financial year for the Professorial Unit in Oral Epidemiology. New funding has also been received from the SA Department of Human Services for the Professorial Unit in Oral Epidemiology (\$56,500 in a financial year). Additional funds have become available under agreement with Colgate Oral Care for the activities of DPERU. These include retention of revenues raised from the sale of patient education brochures.

Competitive research grant income is at a new high, due to both the diversity of grants and success at NHMRC in the 2001 round of project grants and SRDC Research in Oral Health round.

Financial reports for ARCPOH are evolving from the previous reporting on AIHW DSRU and DPERU. As the reporting cycle varies from financial to calendar year, reports are being presented for six-monthly blocks of time that can be amalgamated into either reporting period. Budget planning has been integrated so as to optimise the allocation of the many individual lines of support.

	AIHW	C'wealth Pop Health Division	SA Dept Human Services	SADS	Competitive research grants	Contracts/ consultancies	Scholarships	Colgate Oral Care	ARCPOH general operating	Centre
Total operating revenue	269,686	298,878	28,500	85,000	436,879	149,527	102,241	153,364	370,190	1,894,265
Total expenses	281,317	348,038	0	89,256	317,319	115,606	95,527	128,917	315,070	1,691,050
Operating surplus (deficit)	(11,631)	(49,160)	28,500	(4,256)	119,560	33,921	6,714	24,447	55,120	203,215
Accumulated funds (deficit) at the beginning of reporting period	(26,702)	74,447	0	(6,418)	(5,700)	83,070	0	32,664	0	151,361
Accumulated funds (deficit) at end of reporting period	(38,333)	25,287	28,500	(10,674)	113,680	116,991	6,714	57,111	55,120	354,576

1. Contracts/consultancies are administered through Adelaide Research and Innovation (Luminis Pty Ltd).
2. Scholarships includes only the three NHMRC scholarships held during 2002. Further University of Adelaide scholarships do not appear in the Centre's financial accounts.
3. ARCPOH general operating includes the full salary costs of the academic and general staff linked to ARCPOH. In 2002 it also includes the establishment and capital works costs for the Professorial Unit in Oral Epidemiology.
4. All the major sources of support into ARCPOH have been summed into a Centre operating line.

The financial position is satisfactory as indicated by the 2002 financial year reports on AIHW (appropriation funds) and the Commonwealth DHA Population Health Division funding under the Memorandum of Understanding (MoU) between DHA and AIHW. During that year AIHW had a small deficit (slightly increasing the accumulated deficit), while Population Health Division had a reasonable deficit (reducing the accumulated surplus which included a provision for increased field work in 2002).

The SA Department of Human Services funds were not spent during 2002 as the Professor of Oral Epidemiology position was only filled at the end of October and further appointments had not been made. Support from the South Australian Dental Service was slightly overspent, marginally increasing the deficit in that funding line. Competitive research grants, contracts and consultancies (managed through Adelaide Research and Innovation), scholarships and Colgate Oral Care were all in surplus, both for the year and in accumulated funds.

The financial position revealed by the calendar year financial reports is very acceptable.

## **Accommodation and facilities**

ARCPOH is working under some duress in terms of accommodation, largely created by the pressure of casual staff and research materials associated with many research projects currently in the field. For instance, the Workroom was taken over as the NDTIS 2002 CATI facility.

The establishment of the Professorial Unit in Oral Epidemiology adds the requirement for offices for the Professor, a half-time Lecturer and half-time Administrative Officer. Space has been gained on the 3<sup>rd</sup> Floor Medical School South, just across 'the bridge'. When completed this will ease the accommodation difficulties.

There is an increasing call for a greater 'public face' to ARCPOH. It is planned over the next six months to refurbish some of the 3<sup>rd</sup> Floor, Dental School area to create a more visible and better integrated ARCPOH area.

The main issue with regard to facilities is computer equipment. ARCPOH has installed a local area server for automatic backup of PCs and with DVD capabilities for archiving of data. This equipment has only just been installed and its use is yet to become commonplace.

A reasonable number (6) of new PCs have been purchased throughout the area in an effort to upgrade facilities. New computing facilities will be installed in the Professorial Unit in Oral Epidemiology.

## **Future developments**

The most pressing new development in 2002 was the creation of an academic position linked to Geriatric Oral Health and Dental Care.

A subsequently key development is the filling of the Half-time Lecture position associated with the Professorial Unit in Oral Epidemiology. Both positions are important to the enhancement of research training available through ARCPOH and ARCPOH's contribution to undergraduate teaching.

Future developments are then largely dependent on successful application for projects and/or support. These include:

- the NHMRC Capacity Building Grants in Population Health;
- the National Survey of Adult Oral Health;
- the Dental Insurance Database or similar developments related to DVA;
- the CRC in Oral Health Research.

# External support through Agreements 2002

STAKEHOLDER	AGREEMENT	FUNDING		
		Period	2002	Total
Australian Institute of Health and Welfare (AIHW)	AIHW Dental Statistics and Research Unit	1997–2002  2002–2008	2001–02 \$243,000 2002–03 \$350,000	\$2,100,000
Commonwealth Department of Health and Ageing via AIHW under an MoU	Adult oral health and access to dental care	2000–2005	2001–02 \$298,500 2002–03 \$298,500	\$1,492,500
SA Department of Human Services	Professorial Unit in Oral Epidemiology	2002–2007	2002–03 \$56,500	\$282,500
Colgate Oral Care	Dental Practice Education Research Unit	Rollover of agreement	2002	\$140,000
South Australian Dental Service	Contract research including Relative Needs Index	2002–2003	2002	\$85,000

# Grant Status 2002

2002				
GRANT	GRANTEES	TOPIC	FUNDING	
NHMRC Project Grant	Spencer AJ, Armfield JM, Roberts-Thomson KF	The effectiveness of consuming fluoridated water in reducing children's caries experience	2002 \$175,000	Total \$505,000
ADRF	Sanders AE	2001 Australian Dental Industry Research Award Workplace environment, social inequality and oral health	2002 \$5,000	
NHMRC Project Grant	Chalmers JM, Spencer AJ, Carter KD, Roberts-Thomson KF	The South Australian Dental Longitudinal Study	2002 \$115,000	Total \$225,000
NHMRC SRDC	Chalmers JM, Spencer AJ, Wright FAC, King P	A best-practice oral health model for Australian residential care	\$58,900	
NHMRC SRDC	Roberts-Thomson KF, Simmons B, Brocklebank C	Remote Indigenous oral health – testing a community based model of oral health promotion	\$77,152	
NHMRC SRDC <i>Administered by Menzies School of Health Research, NT</i>	Bailie R, Spencer AJ	Fluoridation of water supplies in remote Indigenous communities in the Northern Territory: requirements, feasibility and cost-effectiveness	\$72,559	
NHMRC SRDC <i>Administered by Rogers in the Dental School, The University of Adelaide</i>	Rogers A, Gully NJ, Brennan DS	Analysis of the effectiveness of a simple, inexpensive saliva-based caries-risk test	\$27,688	
University of Adelaide Health Sciences B1 Funding	Spencer AJ, Roberts-Thomson K	Fluoride exposure and dental fluorosis in South Australian children	2002 \$12,000	
ADRF	Sanders AE, Spencer AJ	Social determinants of oral health	2002 \$13,200	
University of Adelaide Small Research Grants Scheme	Spencer AJ, Dunt D, Turrell G, Marcenes W, Hicks N, Sanders AE	Explaining social inequality in population oral health among Australian adults	2002 \$9,000	
ANZAOMS	Spencer AJ, Brennan DS, Thomson WM	Oral and Maxillofacial Surgeons 2000 Workforce Study	2000 \$2000	Australian component of \$14,803
University of Adelaide Small Research Grants Scheme	Brennan DS, Spencer AJ	Perceptions of the burden of oral disease	2001 \$5,000	
ADRF	Brennan DS, Spencer AJ	Measuring the burden of oral disease in general dental practice	2001 \$6,000	
Channel 7 Children's Research Foundation	Spencer AJ	Health promotion and early childhood caries	2001–02 \$7,467	2002–03 \$7,000

## Grant Status 2002 *(continued)*

2003				
GRANT	GRANTEES	TOPIC	FUNDING	
NHMRC	Spencer AJ	Explaining social inequality in population oral health using a multilevel approach	2003–2004 \$100,000	2003 \$67,500
NHMRC	Brennan DS, Spencer AJ, Roberts-Thomson KF	The impact of declining tooth loss on oral health status and dental care utilization	2003–2005 \$137,500	2002 \$72,500
ADRF	Chalmers JM	2002 Australian Dental Industry Research Award Practical oral care video – evaluation of a dental awareness month initiative	2003 \$5,0000 (Alzheimer's Association and Colgate Oral Care)	
ADRF	Chalmers JM	A best-practice oral health model for residential care	2003 \$8,000	
ADRF	Do L, Spencer AJ, Puzio A, Armfield JM	Fluoride exposure and dental fluorosis in South Australian children	2003 \$4,600	

## Consultancies/Contracted Research 2002

GRANT	GRANTEES	TOPIC	FUNDING	
NSW Health	AIHW DSRU Spencer AJ Teusner DN, Jones K, Carter KD	2002 New South Wales Oral Health Workforce Planning Project	2001–02 \$57,170	Total \$65,095
HCF	Spencer AJ, Do L	HCF Dental Centre Satisfaction Survey	2002 \$13,093	Total \$15,705
AusAID	Roberts-Thomson KF, Spencer AJ	Australia–East Timor National Oral Health Project Output 1.8 National Oral Health Survey	2002 \$22,484	
NSW Health Oral Health Branch	Jones K, Roberts-Thomson KF, Spencer AJ	Evaluation of the NSW Priority Oral health program	2001–02	\$49,823
South Australian Dental Service	Spencer AJ, Roberts-Thomson KF	Relative Needs Index Study	2002 \$85,000	
Victorian Auditor-General	Spencer AJ	Community Dental Services	2002 \$5,260	

## ARCPDH Postgraduates 2002

STUDENT	DEGREE	TOPIC	TIME PERIOD
Anu Polster	PhD	Risk assessment and oral health outcomes in child dental services	1999–2003
Anne Sanders	PhD	Social determinants of oral health	1999–2003
Jason Armfield	PhD	A cognitive theory of the aetiology of specific fears	2000–2004 (part-time)
Do Giang Loc	PhD	Fluoride exposure and dental fluorosis in South Australian children	2001–2004
Kamila Plutzer	PhD	Health promotion and early childhood caries	2001–2004
Liana Luzzi	PhD	Use of emergency dental services among adults eligible for public-funded dental care	2001–2004
Suzanna Mihailidis	PhD	Efficiency in provision of private dental services in Australia	2001–2003
Jenny Branson	MDS	Risk indicators associated with the development of nursing caries	1999–2002
Janice Wijaya	MDS	Infection control activities and factors influencing the activities in Australian general dental clinics	2000–2002
Rachael Mathew	DClinDent	Orthodontic work force practices in Australia	2000–2002

## Continuing Scholarships 2002

NHMRC, Dental Postgraduate Research Scholarship (PhD) Narayanan A	NHMRC, Public Health Research Scholarship (PhD) Luzzi L
NHMRC, Dental Postgraduate Research Scholarship (PhD) Mihailidis S	Herbert Gill Williams Scholarship, The University of Adelaide (PhD) Plutzer K
Adelaide International Scholarship (PhD) Do L	University of Adelaide, Postgraduate Research Scholarship Sanders A

# ARCPOH Work Program 2002

## Distribution and determinants of oral health

Milestone	Target date	Revised from
AIHW Dental Statistics and Research Series Child Dental Health Survey 1999 2000	October 2002 June 2003	March 2002
Research Reports on Aboriginal and Torres Strait Islander Oral Health Oral Health of Aboriginal Australians Tooth loss and general health in Aboriginal adults	October 2002 March 2003	November 2001
Regional Reports on Aboriginal Oral Health Nganampa 2001 Nunkawarrin Yunti 2001 Nganampa 2002	October 2002 October 2002 May 2003	
Research Reports on Adult Oral Health Caries experience among public patients Periodontal conditions among public patients Oral health of public dental care users in rural/remote areas	October 2002 November 2002  November 2002	June 2002 September 2002  December 2001

## Burden and impact of oral disease

Milestone	Target date	Revised from
Research Report Social determinants of oral health	October 2002	March 2002

## Population oral health interventions

Milestone	Target date	Revised from
Colgate Caries Control Program Round 6 The challenges of rampant caries Round 7 Caries in the ageing patient Round 8 Early childhood caries Round 9 Strategies for managing decay	February 2002 June 2002 November 2002 January 2003	

## Oral health services and labour force research

Milestone	Target date	Revised from
Research Reports on Access to Dental Care Child access to dental care Access to dental care in rural/remote areas Satisfaction with dental care Dental insurance and access to dental care Demand for dental care Social determinants of oral health	September 2001 July 2002 August 2002 August 2002 October 2002 October 2002	March 2001 March 2001 March 2001 June 2001 June 2001 March 2002
Technical reports on access to dental care National Dental Telephone Interview Survey 2002 Dental Satisfaction Survey 2002	June 2003 June 2003	
AIHW Dental Statistics and Research Series Dentists Practice Activity Dental Labour Force in Australia 2000 Projections of the Australian dental labour force	August 2002 November 2002 November 2002	November 2001 December 2001
Research Reports on the National Dental Labour Force Dental hygienist labour force, 2000 Dental therapists labour force, 2000 Dental labour force, 2000	October 2002 October 2002 October 2002	September 2001 October 2001 November 2001

## Oral health policy analysis

Milestone	Target date	Revised from

## Overall

Milestone	Target date	Revised from
Prepare scientific papers	On-going	

# PUBLICATIONS – 2002

## ***Research Reports***

DSRU. *Rural oral health and access to dental care – 1994–96 and 1999: research report No. 1.* Adelaide: AIHW, 2002. [DEN 86]

DSRU. *Access to dental services of Australian children and adolescents 1999: research report No. 2.* Adelaide: AIHW, 2002. [DEN 100]

DSRU. *The South Australian Dental Longitudinal Study five-year follow-up: research report No. 3.* Adelaide: AIHW, 2002. [DEN 102]

DSRU. *Trends in satisfaction with dental care – 1994–96 to 1999: research report No. 4.* Adelaide: AIHW, 2002. [DEN 85]

DSRU. *Dental insurance and access to dental care: research report No. 5.* Adelaide: AIHW, 2002. [DEN 105]

DSRU. *Dental Hygienist Labour Force Data Collection 2000: research report No. 6.* Adelaide: AIHW, 2002. [DEN 97]

DSRU. *Dental Therapist Labour Force Data Collection 2000: research report No. 7.* Adelaide: AIHW, 2002. [DEN 110]

DSRU. *Caries experience of public dental patients: research report No. 10.* Adelaide: AIHW, 2002. [DEN 112]

DSRU. *Periodontal disease among public dental patients: research report No. 11.* Adelaide: AIHW, 2002. [DEN 113]

DSRU. *Oral health of public dental patients in rural areas: research report No. 12.* Adelaide: AIHW, 2002. [DEN 114]

DSRU. *Service patterns of public dental patients: research report No. 13.* Adelaide: AIHW, 2002. [DEN 115]

## ***AIHW Dental Statistics and Research Series***

DSRU. *Public perceptions of dentistry: stimulus or barrier to better oral health.* Adelaide: AIHW, 2002 (Dental Statistics and Research Series no. 25; 178 pp). [DEN 96]

Brennan DS, Spencer AJ. *Dentists' practice activity in Australia: 1983–84 to 1998–99.* Canberra: AIHW, 2002 (Dental Statistics and Research Series no. 26; 73 pp). [DEN 101]

## **Working papers and reports**

Jones K, Roberts-Thomson K, Spencer J. *Evaluation of the New South Wales Priority Oral Health Program*. Adelaide: Australian Research Centre for Population Oral Health, The University of Adelaide, 2002. (Report; 100 pp).

Spencer AJ, Roberts-Thomson K, Luzzi L, Jones K. *Relative Needs Index Study, South Australia and New South Wales*. Adelaide: Australian Research Centre for Population Oral Health, The University of Adelaide, 2002. (Report; 173 pp).

## **Child Dental Health Survey State/Territory Reports**

DSRU. *The child dental health survey, Tasmania, 1999*. Adelaide: AIHW, 2002. (Report; 14 pp). [DEN 90]

DSRU. *The child dental health survey, Australian Capital Territory, 1999*. Adelaide: AIHW, 2002. (Report; 15 pp). [DEN 94]

DSRU. *The child dental health survey, Northern Territory, 1999*. Adelaide: AIHW, 2002. (Report; 22 pp). [DEN 93]

## **Book**

Truong TV, Trinh DH, Lam NA, Spencer AJ, Roberts-Thomson KF (2002). *National Oral Health Survey of Vietnam 2001*. Hanoi, Vietnam, Medical Publishing House.

## **Published papers**

Brennan DS, Spencer AJ. Evaluation of patients by private general practitioners: associations with patient, visit, and service characteristics. *Community Dent Health* 2002;19:109–15.

Brennan DS, Spencer AJ. Practice activity trends among Australian private general dental practitioners: 1983–84 to 1998–99. *Int Dent J* 2002;52:61–6.

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Brennan DS, Spencer AJ. Influence of patient, visit and oral health factors on dental service provision. *J Pub Health Dent* 2002;62:148–57.

Chalmers JM, Carter KD, Fuss JM, Hodge CP, Spencer AJ. Caries experience in existing and new nursing home residents in Adelaide, Australia. *Gerodontology* 2002;19(1):30–40.

Chalmers JM, Carter KD, Spencer AJ. Caries incidence and increments in community-living older adults with and without dementia. *Gerodontology* 2002;19(2):80–94.

Chalmers JM, Hodge C, Fuss J, Spencer AJ, Carter KD. The prevalence and experience of oral diseases in Adelaide nursing home residents. *Aust Dent J* 2002;47(2):123–30.

Sanders AE, Lushington K. Effect of perceived stress on student performance in dental school. *J Dent Educ* 2002;66(1):75–81.

Thomson WM, Spencer AJ, Slade GD, Chalmers JM. Is medication a risk factor for dental caries among older people? Evidence from a longitudinal study in South Australia. *Comm Dent Oral Epidemiol* 2002;30:224–32.

### **Accepted for publication**

Brennan DS, Spencer AJ. Diagnostic and preventive service trends: 1983–84 to 1998–99. *Aust Dent J.* (Accepted August 2002)

Brennan DS, Spencer AJ. Provision of diagnostic and preventive services in general dental practice. *Community Dent Health.* (Accepted June 2002)

Brennan DS, Spencer AJ. Service provision trends among Australian private general dental practitioners: 1983–84 to 1998–99. *Int Dent J.* (Accepted September 2002)

Chalmers JM. Oral health promotion for our ageing population. *Aust Dent J.* (Accepted August 2002)

Chalmers JM. Special needs dentistry – an evolving specialty in Australasia. Editorial. *J Disability and Oral Health.* (Accepted May 2002)

Chalmers JM, Carter KD, Spencer AJ, Hodge C, Fuss J. Oral diseases and conditions in community-living older adults with and without dementia. *Spec Care Dent.* (Accepted November 2002)

Roberts-Thomson KF, Stewart JF. Access to dental care by young South Australian adults. *Aust Dent J.* (Accepted January 2003)

Singh KA, Spencer AJ, Armfield JM. Relative effects of pre- and post-eruption water fluoride on caries experience of permanent first molars. *J Pub Health Dent.* (Accepted December 2001)

Ylipaa V, Szuster FSP, Spencer AJ, Preber H, Sandelin B, Arnetz BB. Health, mental well-being and musculoskeletal disorders: a comparison between Swedish and Australian dental hygienists. *J Dent Hygiene.* (Accepted 2002)

### **Submitted publications**

Armfield JM, Spencer AJ. Consumption of non-public water: implications for children's caries experience. *Community Dent Oral Epidemiol* (under revision).

Brennan DS, Spencer AJ. Restorative service patterns: amalgam, composite resin and glass ionomer rates. *Int Dent J.*

Brennan DS, Spencer AJ. Restorative service trends: 1983–84 to 1998–99. *J Dent.*

Chalmers JM, Carter KD, Spencer AJ, Hodge C, Fuss J. The oral health of Adelaide nursing home residents: a longitudinal study. *Australasian J on Ageing* (under revision).

Do GL, Spencer AJ, Roberts-Thomson K, Ha HD. Smoking as a risk indicator for periodontal disease among middle-aged Vietnamese population. *Community Dent Oral Epidemiol*.

Do GL, Spencer AJ, Roberts-Thomson K, Ha HD, Tran VT. Periodontal disease among middle-aged Vietnamese adults. *J Int Acad Periodontol*.

Slade GD, Nuttall N, Sanders A, Steele J, Allen F, Lahti S. Impacts of oral disorders in Australia and the United Kingdom. *J Dent Res (under revision)*.

Spencer AJ. An evidence-based approach to the prevention of oral diseases. *Medical Principles and Practice (under revision)*.

Steele JG, Sanders AE, Slade GD, Allen PF, Lahti S, Nuttall N, Spencer AJ. How do age and tooth loss affect oral health impacts and quality of life? A study comparing two national samples. *Community Dent Oral Epidemiology (under revision)*.

Thomson WM, Slade GD, Beck JD, Eller JR, Spencer AJ, Chalmers JM. Incidence of periodontal attachment loss over 5 years among South Australians. *J Clin Periodontol*.

### ***Published abstracts***

#### **80th General Session of the International Association for Dental Research, San Diego, California, USA, 6–9 March 2002**

Roberts-Thomson KF, Luzzi L, Jones K, Spencer AJ. A relative needs index for emergency dental care. *J Dent Res* 2002;81(Spec. Issue A):31 (Abstract no. 0013).

Steele JG, Sanders AE, Slade GD, Lahti S, Allen PF, Nuttall NM. Effect of tooth loss and age on oral health impacts. *J Dent Res* 2002;81(Spec. Iss. A):137 (Abstract no. 0929).

#### **34th Public Health Association of Australia Annual Conference, Adelaide, 29 September–1 October 2002**

Goldsmith K, Roberts-Thomson KF, Stewart J. Participant loss in a longitudinal study of South Australian young adults. *Program and Abstracts* 2002:82.

Jones K, Teusner DN, Patterson A. Educational integration: a foundation strategy for increasing job satisfaction within the oral health team. *Program and Abstracts* 2002:83.

Roberts-Thomson KF, Hayes M, Buchanan S, Patterson A. Effect of waiting time on oral health and use of dental services. *Program and Abstracts* 2002:81.

Stewart JF, Roberts-Thomson KF, Goldsmith K. Changes over time in the use of dental services among young adults. *Program and Abstracts* 2002:81.

# PRESENTATIONS – 2002

**5<sup>th</sup> Blackerby Lecture, School of Public Health, University of Michigan, Ann Arbor, Michigan, 13 March 2002**

Spencer AJ. Surveillance in dental public health.

**Commonwealth Department of Health and Ageing, Aged and Community Care Division, Canberra, 21 March 2002**

Spencer AJ. The challenge of healthy oral ageing.

**NSW Health, Workshop on Older Persons Oral Health Needs, Sydney, 26–27 March 2002**

Spencer AJ. Dental workforce: education and training needs.

**NSW Oral Health Branch Workshop, Sydney, 23 May 2002**

Luzzi L. Relative needs index study, emergency and general dental care, SA and NSW.

Jones K. Priority oral health project – preliminary results.

**South Australian Dental Service Demand Management Seminar, Adelaide, 30 May 2002**

Spencer AJ, Roberts-Thomson KF, Luzzi L, Jones K. Relative needs index study, emergency and general dental care, SA and NSW.

**Seminar Series, Department of Paediatrics, Flinders Medical Centre, Adelaide, 29 August 2002**

Spencer AJ. Early childhood caries.

**Postgraduate Committee in Dentistry I, course in The Mutilated Dentition, The University of Adelaide, Adelaide, 11 September 2002**

Spencer AJ. The mutilated dentition.

**National Aboriginal and Torres Strait Islander Oral Health Workshop, Adelaide, September 2002**

Roberts-Thomson KF. Information on oral health. Keynote address.

**42nd Annual Scientific Meeting of the International Association for Dental Research (Australian & New Zealand Division), Sydney, 29 September–2 October 2002**

Sanders AE. Explaining oral health-related quality of life with work-related factors.

Spencer AJ. Oral disease burden and provision of dental care in Australia. Keynote address.

**South Australian Dental Service Rural Demand Seminar, Adelaide, 25 October 2002**

Spencer AJ, Roberts-Thomson KF, Luzzi L, Jones K. Relative needs index study, emergency and general dental care, SA and NSW.

**ARCPOH/AIHW Dental Statistics and Research Unit Workshop on the Dental Labour Force, Adelaide, 14 November 2002**

Brennan DB. Changing dental practice.

Carter KD. Demand for dental care.

Jones K. Recruitment and retention.

Roberts-Thomson KF. Occupational distribution.

Spencer AJ. Policy directions.

Teusner D. Dental labour force supply and projections.