

Position Summary

Research dedicated to oral health science is vital to the disease burden in Australia and must be adequately funded by governments.

1. Background

- 1.1. Oral diseases and disorders are a major public health problem in Australia with a high economic burden. Current research in Australia and overseas is continuing to identify links between oral disease and broader health problems. Despite this, dental research continues to receive inadequate funding.
- 1.2. Australia has a long and internationally distinguished record of research into the prevalence, aetiology, control and treatment of oral diseases and disorders. This research has resulted in major improvements in Australians' oral and general health.
- **1.3.** The majority of dental research in Australia is conducted within the University Dental Schools.
- 1.4. Preventive dentistry is an important research area for improving national oral health.
- 1.5. The main sources of funding in health research are the National Health and Medical Research Council (NHMRC), Medical Research Future Funds (MRFF) and the Australian Research Council (ARC).
- **1.6.** Oral health sciences have the lowest and most inequitable level of support from the Australian government when compared with other research fields on burden of disease.¹
- 1.7. The share of oral health science in the Australian Research Council and Medical Research Future Fund is inadequate.¹
- **1.8.** The Australian Dental Association Inc (ADA) has played a supportive role to dental research through its involvement in the Australian Dental Research Foundation Inc.

Definitions

- 1.9. BOARD is the Dental Board of Australia.
- 1.10. ECONOMIC BURDEN is the total amount spent on dental treatment in the private and public sectors. It does not include associated costs such as time away from work.
- 1.11. NATIONAL ORAL HEALTH SURVEY is a comprehensive Australia-wide survey of the oral health status and treatment needs of the Australian community.

2. Position

- 2.1. National Oral Health Surveys should be conducted at least every ten years and reported in a timely fashion.
- 2.2. The Commonwealth Government must adequately fund National Oral Health Surveys.
- 2.3. Data collection for National Oral Health Surveys should be conducted through clinical examination by registered dental practitioners.
- 2.4. Research design, methodology and interpretation should be performed by appropriately trained researchers in collaboration with practising dentists.
- **2.5.** Government funding should be provided for appropriate research to collect and analyse oral health data.
- 2.6. Priority should be given to research into:

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- the prevention and control of oral diseases;
- the links between oral diseases and general health;
- economic benefit of oral health;
- regeneration and restoration of lost tissue;
- the maintenance of healthy oral function.
- 2.7. Governments, both Commonwealth and State, should allocate dedicated funding for dental research.
- 2.8. NHMRC, MRFF and ARC should make oral disease a research priority.
- 2.9. Additional support and funding for dental research from the community and dental profession are appropriate and should be encouraged. The ADA should encourage dental research through its continuing support of the Australian Dental Health Foundation and the Australian Dental Research Foundation Inc.
- **2.10.** Where dental research is funded by a commercial body:
 - such funding must be disclosed;
 - such funding should be acknowledged;
 - the findings of such research must not be influenced or suppressed in any way; and
 - the funding body must not use a link or connection to such research to mislead the public.

2.11. Research in University Dental Schools should be fostered and adequately funded.

Policy Statement 2.4

Adopted by ADA Federal Council, November 13/14, 2003. Amended by ADA Federal Council, November 15/16, 2007. Amended by ADA Federal Council, April 14/15, 2011. Amended by ADA Federal Council, April 10/11, 2014. Amended by ADA Federal Council, April 6/7, 2017. Amended by ADA Federal Council, August 21,2020 Amended by ADA Federal Council, November 20, 2020 Amended by ADA Federal Council, November 17, 2023