

ANNUAL REPORT

2018/19



evident
Foundation

Level 3, 10 Yarra Street, South Yarra VIC 3141
PO Box 9015 South Yarra VIC 3141 Australia
P +61 3 8825 4603 F +61 3 8825 4644
E ask@evident.net.au
W www.evident.org.au
ACN 152 078 487

VISION

Better oral health for all Australians

MISSION

Translating oral health research into better general health for all Australians

The Australian Taxation Office has endorsed the eviDent Foundation (ABN 81 152 078 487) (ACN 152 078 487) as a Deductible Gift Recipient (DGR) and for charity tax concessions.

The eviDent Foundation's Fundraiser Registration Number is 11984-18.

Its registered office is located at Level 3, 10 Yarra Street, South Yarra, Victoria, 3141.

Feedback

We welcome feedback on this annual report, and on our operations and conduct more generally. Please send any feedback to ask@evident.net.au or write to: eviDent Foundation Board, PO Box 9015, South Yarra, Vic, 3141.

eviDent Foundation

PO Box 9015, South Yarra, Vic, 3141

Tel: 03 8825 4603 Fax: 03 8825 4644

Email: ask@evident.net.au

Web: www.evident.org.au



CHAIR'S REPORT

As I take the position of Chair of the eviDent Foundation, I would like to thank and congratulate Dr Jeremy Sternson for his energetic leadership. His enthusiasm and ideas allowed eviDent to achieve its goals and invigorate its purpose. I hope that with the support of the Board we can maintain the momentum.

One of our key strategic objectives is to achieve financial sustainability. Over recent years this has been achieved with various fundraising events such as Mouthguard March, Tea for Teeth, private film screenings and our charitable walks. These have been very well supported by the profession, and we will continue to run these events and develop new ones to promote our cause.

It is encouraging to see that our third walk involving the "Three Capes" in Tasmania has been oversubscribed. We have managed to attract not only dentists, but a number of people from outside the profession. From a financial perspective, the walks have been very successful for us.

Professor Stuart Dashper joined the Board this year. Stuart is Director of Research at the Melbourne Dental School and we look forward to his valuable insight into the world of dental research.

The support we receive allows eviDent to continue and expand its exciting and unique research. The collaboration between general practitioners and Melbourne Dental School academics has created a research platform that only exists in a couple of other locations around the world. The eviDent model brings practising dentists into the world of dental research in a simple, accessible and sustainable manner while allowing academics access to the wealth of information contained within dental practices.

The eviDent projects are now bearing fruit with the release of a number of excellent publications that have been accepted by peer review journals. Everyone is to be congratulated for these achievements.

An umbrella research agreement has now been formalised with The University of Melbourne. This should allow eviDent to further expand its research base.

eviDent continues to engage with new donors and supporters, and we appreciate the incredibly generous in-kind support provided by the profession at large. We continue to receive tremendous support from the Australian Dental Association Victorian Branch (ADAVB) and Melbourne Dental School. As a dental research body, we have a natural appeal to the profession, but the eviDent research impact is broader – affecting the everyday dental patient.

Our work would not be possible without the generous contribution of many people. I would like to specifically acknowledge the dedication and energetic support provided by our CEO Meaghan Quinn and the honorary staff team. Without them, we would not be where we are today.

A handwritten signature in black ink, appearing to read "Stephen Cottrell". The signature is written in a cursive style and is positioned above a horizontal line.

Dr Stephen Cottrell
Chair

BOARD AND COMMITTEE MEMBERSHIP 2018/19

Board	Dental Practice Based Research Network Committee	Finance and Audit Committee	Development Committee
Dr Stephen Cottrell, Chair		Dr Jeremy Sternson, Chair	Mr Kenneth Harrison AM, Chair
Dr Anne Harrison, Vice Chair	Prof David Manton, Co-Chair (resigned June 2019)	Dr Felicity Wardlaw, Deputy Chair	Ms Karen Escobar
Dr Jeremy Sternson, Treasurer	Dr Tony Robertson, Co-Chair	Ms Gilda Pekin	Dr Michelle Middleton (appointed December 2018)
Dr Denise Addison (aka Bailey)	Dr Rita Hardiman	Dr Stephen Cottrell (resigned February 2019)	Dr Parul Marwaha (appointed December 2018)
Prof Stuart Dashper (appointed March 2019)	Prof Ivan Darby		Dr Rachelle Welti (appointed December 2018)
Dr Nadia Dobromilsky	Dr Mary Miller		Mr Mark Henderson (ex-officio)
Mr Kenneth Harrison AM	Dr Jaafar Abduo		Ms Meaghan Quinn (ex-officio)
Prof Mike Morgan (resigned December 2018)	Dr Jeremy Sternson, Deputy Co-Chair		Dr Ai Lin Tan (resigned November 2018)
Ms Angela Wheelton OAM	Dr Timothy Stolz		
	Dr Jeff Ward		
	Dr Antonio Celentano (appointed May 2019)		

GENERAL REVIEW

Key activities of the eViDent Foundation from 1 July 2018 to 30 June 2019:

- Vision and mission statements were reviewed and amended to:
 - Vision: Better oral health for all Australians
 - Mission: Translating oral health research into better general health for all Australians
- Dr Jeremy Sternson stepped down as eViDent Chair to take up the position as Treasurer. Dr Stephen Cottrell took over as Chair and stepped down as Vice Chair and Treasurer. Dr Anne Harrison was appointed Vice Chair.
- Prof Ivan Darby was named the leading researcher in the field of dentistry in *The Australian's Research magazine*. Prof Darby is a Chief Investigator and member of the Dental Practice Based Research team. He was Chief Investigator for the 'Diagnosis, treatment and maintenance of periodontal patients by general dentists' project and is currently involved with the following projects:
 - Say Ahhh: What do GPs, dentists and community pharmacists do about bad breath?
 - Dental health and attitudes in young adults aged 15–25 years with diabetes mellitus
 - Dentists detecting diabetes: improving diabetes outcomes by screening for undiagnosed diabetes
- Prof Stuart Dashper was appointed a Director
- Dr Parul Marwhaha, Dr Michelle Middleton and Dr Racelle Welti were appointed to the Development Committee, and Dr Ai Lin Tan resigned from the Development Committee
- Prof David Manton resigned from the DPBRN Committee, leaving a vacancy for the Co-Chair position, and Dr Antonio Celentano was appointed to the DPBRN Committee
- An Umbrella Research Agreement was signed with The University of Melbourne
- Policies EP001, EP003 and EP004 were reviewed and updated
- Procedures EPR001 and EPRI002 were reviewed
- Project 001 continues to plan for the next stage of the project
- Project 002 had a paper published in the *Australian Dental Journal*
- Projects complete are: 003, 004, 005, 006, 007, 008, 009, 011, 012, 018
- Project 010 is deferred
- Project 013 is collaborating with a number of other partners
- Project 014 is being reviewed
- Project 015 had a paper published in the *International Dental Journal*
- Project 016 had a paper published in the *Journal of Dentistry*
- Project 017 had a paper published in the *Australian Dental Journal*
- Project 019 commenced phase two
- Project 020 completed the pilot project
- Project 021 is being reviewed
- Approximately 50 people attended the Research Showcase on 11 October. The program included:
 - A publication preview of the Say Ahhh and oral health for children with cardiac conditions projects
 - A poster presentation of iDENTify
 - A summary snapshot of current project ideas, and how to participate
 - Networking.

OBJECTIVES

The object for which the company is established is to promote the prevention and control of dental and oral diseases in human beings by:

- Supporting practice-based research into dental and oral disease
- Providing information about dental and oral disease, and their prevention and control, to sufferers, health professionals and the public
- Developing or providing relevant aids and equipment to sufferers of dental and oral disease
- Conducting and promoting scientific research about how to detect, prevent or treat dental and oral disease
- Training health professionals to conduct scientific research about dental and oral disease
- Evaluating health programs and processes to prevent or control dental and oral disease
- Training health professionals and carers in methods of controlling dental and oral disease
- Developing and implementing cooperative and cross-disciplinary approaches to the treatment and prevention of dental and oral disease
- Seeking funds from grant-giving bodies, trusts, foundations, corporate sponsors, members of the dental community and public
- Doing all other lawful things that are incidental or conducive to achieving its object.

CBA AND WESTPAC REFERRAL

eviDent is a referral partner of Commonwealth Bank and Westpac to bring banking discounts and benefits to our supporters. You can access discounts and benefits on a wide range of Commonwealth Bank and Westpac everyday banking products and services, such as loans, credit cards and bank accounts.

Find out more at www.evident.org.au/get-involved/corporate-partnership.



TREASURER'S REPORT

The terms of reference for the Finance and Audit Committee are to assist and advise the eviDent Foundation with:

- Matters relating to budget
- Oversight of the integrity of the financial statements
- Compliance with applicable laws and regulatory requirements
- Internal audits
- Monitoring the effectiveness and independence of the external auditor
- Resource allocation, investments, and effective management of financial and other risks.

The Finance and Audit Committee met twice during the financial year. I became Treasurer in March after stepping down as the Chair of eviDent.

As eviDent continues to grow, we are constantly seeking new and innovative ways to raise the capital we need to be sustainable. This year our ADAVB service agreement fee increased and we were able to meet it. The walks continue to bring in solid finances and plans are underway to embrace a Research Leadership Circle to share our journey with like-minded philanthropic leaders who share our passion for improving the oral and dental health of Australians, harnessing their generosity and influence to expand the evidence base for oral health care.

eviDent continues to work hard to ensure efficiency with all the funds we receive, which has allowed us to produce great research from very little funding. This funding will grow as eviDent continues to publish research findings in peer-reviewed journals.

Completion of the ATO's Review Worksheet for Income Tax Exempt Charities confirmed eviDent's tax status remains unchanged.

The committee has worked hard and I would like to thank members for bringing their expertise to the table and generously donating their time.

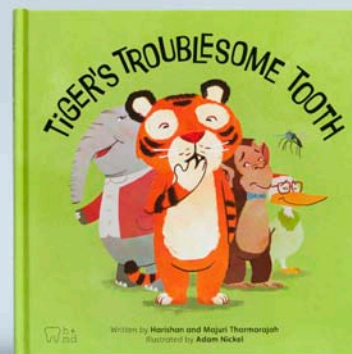


Dr Jeremy Sternson
Treasurer



Tiger's Troublesome Tooth

Harmony MD have created a timeless children's picture book with the aim to help children who are afraid of the dentist. They are generously donating 5% of proceeds to eviDent Foundation, to help fund vital dental research.



Buy it as a gift or add it to your waiting room:
www.tigerstroublesometooth.com/shop

DPBRN COMMITTEE CO-CHAIR'S REPORT

The eviDent DPBRN Committee's terms of reference are to encourage the conduct of evidence-based dental practice in Victoria by:

- Supporting collaborative practice-based dental research that makes a difference to health outcomes and experiences of care in areas in which the network has expertise
- Providing practices with the opportunity to engage in research, and access research expertise and other development opportunities available through the Oral Health Cooperative Research Centre (CRC), the Melbourne Dental School and The University of Melbourne
- Providing CRC researchers with access to practitioners' expertise and a practice base
- Actively disseminating research network findings to network members and to relevant policy-makers through the joint efforts of the ADAVB and the Oral Health CRC.

Major activities of the Committee in 2018/19:

- Dr Antonio Celentano was appointed to the Committee
- Three Associate Investigators recruited (65 recruited to date; 62 current members)
- Six Research Collaborators recruited (18 recruited to date)
- Two project proposals were considered
- Fact sheets developed by project 004 were incorporated as a link into the Therapeutic Guidelines
- The app developed by project 013 was integrated into a government project funded by the Department of Health and Human Services and led by Dental Health Services Victoria
- The manuscript from phase 1 of project 015 was published in the *International Dental*

Journal, and the findings from phase 1 and 2 were presented at the 2019 ADA Congress

- Findings from project 008 were presented at the 2019 ADA Congress
- The manuscript from project 016 was published in the *Journal of Dentistry*
- Project 017 submitted a grant application for the Perpetual IMPACT grant round
- Project 019 presented two posters at IADR in London, July 2018: Victorian oral health professionals' knowledge of Type-2 Diabetes, and Victorian Oral Health Professionals' Attitudes and Barriers to Diabetes Screening
- The Research Priority Areas Survey three top priorities were identified as: Preventive health care and reducing preventable hospitalisations, improving integration of oral health care into the health system, and establishing a stronger evidence-base for existing techniques or products.
- An Umbrella Research Agreement with the University of Melbourne was signed.

We would like to thank the members of eviDent and their project teams for their continued commitment and diligence over the past 12 months. We would also like to acknowledge the work and commitment of the committee members.



Prof David Manton
Co-Chair



Dr Tony Robertson
Co-Chair

FUNDRAISING HIGHLIGHTS



eviDent Foundation

2018 Tea FOR Teeth TAX RECEIPT REQUEST FORM

Fill in the host information section and donor information, donating \$20 or more and requiring a receipt, on the reverse side of this form. EviDent Foundation, PO 9015, South Yarra, VIC 3141

DONOR INFORMATION

Donation amount: \$ _____ Method: Cash Cheque Money Order

Full name: _____ State: _____ Email: _____

Address: _____ Postcode: _____

City: _____

Phone: _____

Yes, I would love to learn more about eviDent Foundation news and events*
 No, I would not like to receive info from eviDent Foundation

Donation amount: \$ _____ Method: Cash Cheque Money Order

Full name: _____ State: _____ Email: _____

Address: _____ Postcode: _____

City: _____

Phone: _____

Yes, I would love to learn more about eviDent Foundation news and events*
 No, I would not like to receive info from eviDent Foundation

Donation amount: \$ _____ Method: Cash Cheque Money Order

Full name: _____ State: _____ Email: _____

Address: _____ Postcode: _____

City: _____

Phone: _____

Yes, I would love to learn more about eviDent Foundation news and events*
 No, I would not like to receive info from eviDent Foundation

TEA FOR TEETH

Nothing you wear is more important than your smile, yet the impacts of oral disease are significant but often overlooked.

The impact of oral disease on people's everyday lives is subtle and pervasive, influencing eating, sleep, work and social roles. The prevalence and recurrences of these impacts are a silent epidemic.

Thank you to those who took a sip to save a smile during August, by participating in Tea for Teeth.

A particular note of appreciation goes to the Victorian Oral and Facial Surgeons, which generously paid for the full cost of the host kits so that all proceeds from Tea for Teeth go directly towards continuing the eViDent Foundation's work of funding practice-based research projects, and promoting the prevention and control of oral disease.

Thanks also goes to our Tea for Teeth Ambassador, A/Prof Matt Hopcraft.



ENCHANTED FOREST DINNER

The eViDent Foundation's Enchanted Forest Dinner welcomed back a number of people who attended the previous two dinners in 2014 and 2016, as well as new friends to help fund research that leads directly to improved treatment outcomes for patients, and addresses the connection between oral and general health.

Although still quite young as an organisation, eViDent is growing, and growing steadily. The seeds that were once sown are enabling growth in stature and maturity. Yet the plants and trees of this particular enchanted forest still require watering and nurturing. As Robert Frost wrote, 'Two roads diverge in a wood, and I, I took the one less travelled by, and that has made all the difference'.

Thanks to all those who joined eViDent for a wonderful night filled with laughter, friendship and amazing generosity, as well as those who supported the event with donations and bids on the auction.



A particular note of appreciation goes to Dr Adam Keyes-Tilley, whose charismatic and entertaining approach as MC and auctioneer were a winning combination.

We also thank our Shining Star Supporters:

- Guild Insurance
- Australian Dental Industry Association
- Moredent.

Thanks also go to those who generously donated items for the auction and door prize, or provided in-kind or discounted support, including:

- Armadale Cellars
- ADAVB
- Cakes by Liz
- Dentavision
- Gembrook Hill Vineyard
- Mr Ken Harrison AM
- Helping Hand Group
- Ms Meaghan Quinn
- Member Benefits Australia
- Metropolitan Golf Club
- Dr Jeremy Sternson
- Dr Tim Stolz

- Studio Star Photography
- Wheelton Philanthropy
- Velissaris Photography.

Seeing our community come together and generate an atmosphere of great connection and joy was very special. We thoroughly enjoyed spending the evening with supporters who share our passion and energy.



Australians dispose of more than 30 million toothbrushes each year, equating to approximately 1000 tonnes of landfill. Toothbrushes are non-biodegradable, so they remain in landfill indefinitely. But there is a way to recycle your toothbrushes. In fact, most oral health waste, such as empty toothpaste tubes, floss containers and any outer packaging, can be recycled.



TerraCycle and Colgate have partnered to create a free recycling program for oral care products. Not only that – the program rewards eviDent with payments for those who choose eviDent as their charity of choice for each item they recycle!

This year eviDent encouraged dental practices and the public to take part to help the planet and raise valuable funds for eviDent's vital research to improve the oral health of all Australians by signing up for an account at www.terracycle.com.au, and collecting oral health waste so that it can be shredded and melted into hard plastic that can be remolded to make new recycled products.

VIN YIN AND VINO

Dr Michelle Middleton has been involved with yoga since she was 16 years old, and still enjoys it and the way it makes her feel. When she became a dentist, she found yoga was an excellent form of stress release.

There are many benefits to practising yoga, including increasing flexibility and energy, and lowering stress and anxiety levels.

Michelle tells us that, 'It has changed the way I think about things and how I approach life. It has given me greater body awareness and that has been of tremendous benefit to me as a person and as a dentist.'

On the last Friday of each month, Michelle generously donates her time and expertise to the eviDent Foundation to offer a Vin Yin and Vino session. The session involves 30 minutes of

a Vinyasa (gradually warming Yang) practice to increase energy in the body, followed by 30 minutes of Yin and relaxing into the deepest layers of the body. The evening wraps up with a glass of vino (because it's important to keep life in balance!). All proceeds from the classes go directly to supporting eviDent Foundation's research projects such as improving access to care for children awaiting heart surgery, teenagers with diabetes and helping dentists identify patients with body image disorder.



“

I donate my time and expertise to the eviDent Foundation to offer a monthly Vin Yin and Vino session

I've been involved with yoga since I was 16, and I still enjoy it and how it makes me feel. I became a teacher because I want to help other people enjoy it too.

- DR MICHELLE MIDDLETON

COLOR RUN

The Color Run, also known as 'the happiest 5km on the planet' not only helped to create colourful memories for Team eViDent but raised valuable funds to support eViDent's work.

Our colourful crew enjoyed the party with lots of music, bubbles, clouds of colour and giant unicorns! After all, why run/walk/skip 5km when you can do a 5km covered in rainbow colours?



Personal bests and favourite activewear were put to the side in favour of colourful fun.

Flemington Racecourse was far less competitive than its usual springtime affairs during the untimed 5km event. Participants were just as colourful, though, as they were pelted with coloured powder and foam throughout the race until they were covered from head to toe as they walked, ran and danced across the finish line.

A huge thank you to Team eViDent and their generous supporters!

MOUTHGUARD MARCH

Only 36 per cent of Australian players wear a mouthguard when playing a contact sport, and even less wear a mouthguard during training! Furthermore, sports-related injuries account for nearly 40 per cent of dental injuries.

A custom-fitted mouthguard not only protects your teeth but can prevent or reduce the impact of injuries to other parts of your head and jaw.

In 2019, the following practices participated in Mouthguard March to provide custom-fitted mouthguards that not only be protected a smile, but helped to improve the oral health of all Australians, as a percentage of the profits from the mouthguards were donated to the eViDent Foundation:

- Angle House Orthodontics
- Dr Ruth Burns
- Camberwell Children's Dentistry
- Gentle Dental
- Dr Jeremy Sternson, Melbourne Dental Group
- Parkmore Family Dental
- Smile Line Dental
- South East Orthodontics
- Yarra Valley Dental.



.....

RESEARCH HIGHLIGHTS

.....



015

SAY AHhh: WHAT DO GPs, DENTISTS AND COMMUNITY PHARMACISTS DO ABOUT BAD BREATH?

Halitosis or bad breath is a common and widespread problem faced by individuals of different ages, with many causes, both intraoral and systemic. Although halitosis treatment depends on the cause, little is known about the perception of halitosis causes by health professionals.

The 'Say Ahhh' study is a collaborative project between eViDent and the Victorian Research Network (VicReN) that looks at the management of this common yet potentially complex condition by general practitioners (GPs), dentists and community pharmacists.

The project aims to improve management of patients with bad breath or halitosis by GPs, dentists and community pharmacists.

This project is being conducted in three phases. The first phase explored the experiences and perspectives of GPs, dentists and community pharmacists on halitosis.

It found that improving health professionals' knowledge and training will contribute to comprehensive interprofessional halitosis management.

Findings from this project may be used to inform the professional development of health professionals. Development and implementation of an interprofessional collaboration model in halitosis management is needed.

The second phase aimed to explore consumers' halitosis management and help-seeking behaviour.

Consumers at GP clinics, dental clinics and pharmacies in Melbourne and rural Victoria were approached and invited to participate in a short

semi-structured interview. Demographic data was also collected and analysed as appropriate to produce descriptive statistics and themes.

Thematic analysis revealed that participants attributed halitosis mostly to poor oral hygiene, diet, and less commonly, systemic disease. Furthermore, participants' perception of halitosis cause and severity, past experience, knowledge of practitioner roles and access influenced whether they sought help and from whom.

While consumers are very much aware of what causes halitosis and the available treatment options, treatment sought out is influenced by experience, disease severity, practitioner role, cost, access or advice.

The final phase will draw from the two previous phases to develop a collaboration model between GPs, dentists and community pharmacists to better detect, screen and manage patients with halitosis.

016

BODY DYSMORPHIC DISORDER IN PROSTHODONTICS

Body Dysmorphic Disorder (BDD) is a psychiatric condition characterised by an excessive preoccupation with a slight or imagined defect with some aspect of physical appearance. People with increased symptoms of BDD are more concerned with physical appearance and perceived flaws. These patients often have unrealistic expectations when seeking cosmetic treatment.

This study's aims were to:

- Test and validate an adapted questionnaire integrated in the medical history form as a predictor of possible BDD symptoms for use in patients presenting for treatment in a general and private prosthodontics practice setting

- Inform and educate clinicians and patients about the meaning and significance of BDD in the clinical dental setting
- Identify patients prior to receiving irreversible dental treatment, to allow access to more appropriate course of care.

eviDent investigators recruited patients from general and prosthodontists practice. Patients were asked to complete a medical history form with the Dysmorphic Concern Questionnaire (DCQ) integrated in it. The clinicians completed a baseline rating form to objectively assess the patients' concern and expectations.

The project found:

- Women were more likely to present with high scores on the DCQ as well as people with a history of mental health problems, including anxiety
- The cosmetic practice, implant clinic and prosthodontic practice received higher proportions of patients with high DCQ scores than the general practice
- The DCQ seems to be a suitable tool to be used by dentists as part of history-taking and patient examination due to its brevity, simplicity and the level of sensitivity/specificity reported in the literature.

Identifying patients with BDD is important before irreversible treatment is carried out due to high levels of dissatisfaction, poor patient-centred outcomes and the question of whether these individuals have the capacity to consent.



017

FACILITATORS AND BARRIERS TO ORAL HEALTH FOR CHILDREN WITH CARDIAC CONDITIONS

For children with heart disease, untreated tooth decay can result in delays to crucial heart surgery.

Approximately 2000 babies with congenital heart disease are born in Australia each year. For these children, tooth decay can be common, leading to pain, difficulty eating and reduced quality of life.

Tooth decay is dangerous for these children, because the bacteria that causes it can also infect the lining of the heart. It's not safe for a child to have heart surgery when they have untreated tooth decay, so almost half of children awaiting life-saving heart surgery experience delays to treat their tooth decay first.

Dave, one of the parents involved with the study, told us, 'But our kids are more set off, because they're traumatised from everything else going on, and they still associate all that touching and feeling, and it's magnified'.

Tooth decay is preventable, but parents of children with heart disease experience many barriers to accessing the dental care their kids need. Our project will break down these barriers by equipping parents and clinicians with



information and training to empower them to work together to prevent tooth decay, treat it earlier, and avoid heart surgery delays.

This project aims to make it easier for these children to access dental care to prevent tooth decay and treat it earlier. We expect this to lead to reduced heart surgery delays and improved health for these children by providing both parents and dental professionals with tools and resources to improve access to care. Preventive treatment and improved access to care will result in less dental caries, improved oral health, and better oral and cardiac health.

018

DENTAL HEALTH AND ATTITUDES IN YOUNG ADULTS AGED 15–25 YEARS WITH DIABETES MELLITUS (DM): A CASE-CONTROL STUDY

Chronic inflammation associated with gum disease has been shown to increase the risk of developing cardiovascular disease, yet gum disease is largely preventable with optimal dental hygiene and regular dental examinations.

Poorly controlled Type 1 Diabetes Mellitus (T1DM) has been reported to be associated with poor gum health and may exacerbate gum disease.

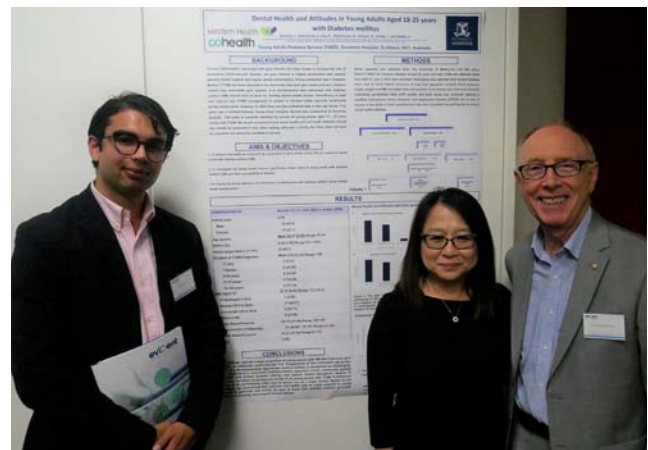
The aims were to assess the oral health, as measured by decay experience and periodontal health of young adults who have DM, assess their attitudes to dental health and assess the need to include regular periodic oral health assessments within multidisciplinary young adult diabetes clinics.

Patients aged 18–25 years who attended the Young Adult Diabetes Service at Sunshine Hospital were recruited. In addition to their routine diabetes screening, they were examined intra-orally for periodontal health and caries activity by CPITN and ICDAS scores, and

attitudes about oral health were assessed by questionnaires.

A large proportion of young people with T1DM have poor periodontal health. The group had a higher dental caries experience than the same age cohort in Australia generally, although there was no strong association between individual caries and HbA1c levels.

Engagement of this vulnerable age group, even in a developmentally appropriate medical setting, is recognised as challenging. A consistent multidisciplinary approach is recommended to improve the future cardiovascular health of young people with T1DM. Furthermore, many of the participants in the study cited cost of dental care as a major barrier. Accordingly, it is recommended that optimum oral health care be made available to those with T1DM.



019

IDENTIFY: IMPROVING DIABETES OUTCOMES BY SCREENING FOR UNDIAGNOSED DIABETES AND PRE-DIABETES

Approximately one in 20 Australians have diabetes. Type 2 diabetes (T2D) is the most common form, occurring in over 85 per cent of people with diabetes. It is estimated that one in two people do not realise they have diabetes. It is the sixth leading cause of death in Australia, contributing to 10 per cent of all deaths. Periodontal disease has been described as the 'sixth complication of diabetes'. The starting point for living well with diabetes is early detection.

Several recent studies have demonstrated the utility, potential efficacy and cost-effectiveness of screening patients for medical conditions in the dental setting.

This study aims to:

- Describe the knowledge, attitudes and practises of Oral Health Professionals (OHPs) around diabetes identification, management and patient referral
- Develop and test a formal protocol and clinical guideline for dentists to identify patients with suspected undiagnosed pre-diabetes/diabetes, which can be readily integrated within the scope of daily practice
- Evaluate the overall economic justification of screening for diabetes and pre-diabetes using AUSDRISK among high-risk individuals in the dental setting

Stage one of the project, a survey of 215 OHPs, found that:

- The oral healthcare setting is appropriate for medical screening, and OHPs are willing to participate in screening for pre-diabetes/T2D

- OHPs saw medical screening as part of their role and important to the overall health of their patients
- Barriers to screening include time, cost, resources and legalities
- OHPs recognised the importance of collaboration with general medical practitioners who would diagnose, provide

iDENTify
Identification of undiagnosed diabetes and pre-diabetes in the dental setting

Approximately **1 in 20** Australians have diabetes

6 Diabetes is the 6th leading cause of death in Australia

1 in 2 people do not realise that they have diabetes

Dentists detecting diabetes: Improving diabetes outcomes by screening for undiagnosed diabetes

<https://www.evident.org.au/research/projects/019-dentists-detecting-diabetes-improving-diabetes-outcomes-by-screening-for-undiagnosed-diabetes>

Diabetes is the fastest-growing chronic condition in Australia. The starting point for living well with diabetes is early diagnosis.

The infographic consists of several horizontal panels. The top panel is dark blue with the title 'iDENTify' in light blue and the subtitle 'Identification of undiagnosed diabetes and pre-diabetes in the dental setting' in white. The second panel is light blue and features the text 'Approximately 1 in 20 Australians have diabetes' next to a grid of 20 purple human icons, with one icon in the center being red. The third panel is grey and features a large white number '6' inside a purple circle, followed by the text 'Diabetes is the 6th leading cause of death in Australia'. The fourth panel is light blue and features the text '1 in 2 people do not realise that they have diabetes' next to two human icons, one purple and one red, holding hands. The fifth panel is grey and features the text 'Dentists detecting diabetes: Improving diabetes outcomes by screening for undiagnosed diabetes' and a URL. The bottom panel is dark blue and features the text 'Diabetes is the fastest-growing chronic condition in Australia. The starting point for living well with diabetes is early diagnosis.'

follow-up and be responsible for the medical management of the patient

- Achieving coordinated, cohesive and effective care for the patient requires interprofessional communication, well defined referral pathways and follow-up.

020

IMPLANT COMPLICATIONS IN CLINICAL PRACTICE – A PROSPECTIVE STUDY

The availability of high-quality, evidence-based clinical guidelines is currently lacking for implant therapy. Digital interfaces and large data pools have been extensively used in medicine to devise suitable protocols for the treatment of diseases as well as in primary acute care management. A clear advantage of this technology is the ability to obtain data that is readily generated and available. This project is designed to support practitioners by providing access to real-time best-practice information and ultimately improve patient outcomes.

The aim of this research project is to investigate and improve the clinical outcomes of patients receiving dental implant treatment from private

dental practitioners with access to a novel online data-sharing platform.

The newly created digital interface will allow the ongoing distribution of up-to-date developments in clinical practice to be shared and early reporting of treatment complications among dental practitioners. The overall objective of the digital platform is to establish an ideal tool to assist in the introduction of evidence-based treatment approaches into everyday clinical practice. The application of the interface is anticipated to aid minimisation of implant treatment complications, and the related inconveniences and financial costs associated with these conditions.

Six private practices participated in a pilot study to help:

- Evaluate a unique online platform for data collection
- Collect real-time practice information relating to dental implant treatment and management
- Establish an optimal means of translating evidence-based interventions into practice
- Improve the clinical outcomes of patients.

The data is currently being analysed before the full-scale project is rolled out.



Project Bank



1. Ability of general dentists to treat trauma
2. Type & usage of mouthguards in junior sport
3. GPs' understanding of dental issues & appropriate prescribing of antibiotics related to dental care
4. Formulation & evaluation of dental triage training module for GPs
5. Longevity of the new breed of all ceramic restorations?
6. Endodontic diagnosis treatment decision making

7. Bruxism - how does this risk factor modify the choice of restoration

8. The professions' understanding of 'cracked cusp' syndrome

9. Selection of restorative materials

10. Utilisation of dental hygienists and oral health therapists in private practice

11. Patterns of specialist referral in dental practice

12. Best sensitive-type products to recommend to patients

13. Cost-effectiveness of flowable composite sealants

14. Assessment of quality of life with/ without treatment of endodontic disease

15. Effect of CBCT use on diagnosis, treatment planning & treatment method

16. Assessment of endodontic case difficulty

17. Assessment of the use of posts in teeth

18. Correlation between incidence of dental trauma and mouthguard use

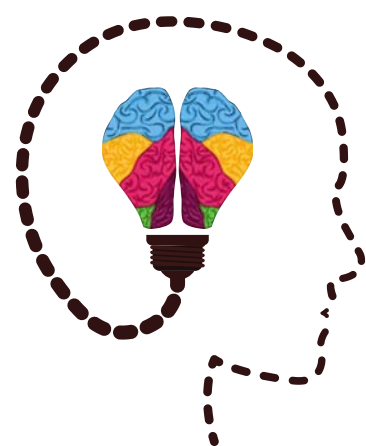
19. Effectiveness of coconut pulling

20. Association of causal

relationship between high spots & fractured cusps

21. Oral Health Assessment

22. Direct vs indirect posts



PAPERS IN PEER REVIEWED JOURNALS

2 Australian Dental Journal

1 Journal of Dentistry

Australian Dental Journal
The official journal of the Australian Dental Association 

Scientific Article

Complications of augmentation procedures for dental implants in private practice, Victoria, Australia

M Dastaran, D Bailey, S Austin, A Chandu, R Judge

First published: 18 March 2019 | <https://doi.org/10.1111/adj.12686>

[Read the full text >](#) [PDF](#) [TOOLS](#)

Abstract

Body dysmorphia in dentistry and prosthodontics: A practice based study.

Phoebe Robinson¹, Aashir BQ², Castle D³, Mitchell S⁴

Author Information

Abstract
The prevalence of Body Dysmorphic Disorder (BDD) and dysmorphic concern in dentistry and prosthodontics have not been properly assessed, yet the mouth and the teeth are amongst the top preoccupation for these individuals.

OBJECTIVES: To evaluate the prevalence of dysmorphic symptoms and BDD using validated tools in patients presenting to general and specialist prosthodontic practice.

METHODS: Patients were recruited by two prosthodontics practices and three general dentist practices. Patients were given a Dysmorphic Concern Questionnaire (DCQ) integrated into a medical history form. Treating clinicians also completed a Baseline Rating Form assessing the patients' reason for presentation. Two DCQ score cut-offs were used (9 and 12).

RESULTS: Two hundred and thirteen patients were recruited, the majority of patients showed DCQ scores below 9 (84%). The prevalence of BDD was 7% (cut-off ≥ 9) or 4% (cut-off ≥ 12). Women were more likely to present with high DCQ scores as well as people with a history of mental health problems. The cosmetic practice, the implant clinic, and the prosthodontic practice received a higher proportion of patients with high DCQ scores when compared with the general family practice. The type of procedure was not related to DCQ scores. The defect severity assessment and whether this was amenable to correction was moderately correlated with DCQ scores.

CONCLUSIONS: The DCQ seems to be a suitable tool to be used by dentists as part of history taking and patient examination due to its brevity, simplicity and the good sensitivity/specificity reported in the literature.

CLINICAL SIGNIFICANCE: Identifying patients with dysmorphia is important before irreversible treatment is carried out due to high levels of dissatisfaction, poor patient centred outcomes and the question of whether these individuals have the capacity to

 INTERNATIONAL DENTAL JOURNAL 

Scientific Research Report

'Say Ahhh': What do dentists, general medical practitioners and community pharmacists do about bad breath?

Phyllis Lee, Chytra Meethal, Michelle Middleton, Malcolm Clark, Ivan Darby

First published: 19 December 2018 | <https://doi.org/10.1111/ijd.12458>

[Read the full text >](#) [PDF](#) [TOOLS](#) [SHARE](#)

Abstract

Introduction
Halitosis is common and can have significant impact on quality of life. Current literature recommends multidisciplinary approaches. This paper explored the practice, knowledge and views of Australian general dental practitioners (GDPs), general medical practitioners (GMPs) and community pharmacists (CPs) on halitosis and interprofessional collaboration to manage halitosis.

1

International Dental Journal

LIST OF PUBLICATIONS

A full list of eviDent's 2018/19 publications is available online:
www.evident.org.au



PRESENTATIONS

Implant complications in clinical practice, Dr Paola Bower, ADAVB Convention, 11 August 2018

Body Dysmorphic Disorder: Can you afford to miss the red flags, Dr Carolina Perez Rodriguez, ADAVB Convention, 11 August 2018

The longevity of anterior resin bonded bridges, Dr Gordon Burt, ADAVB Convention, 11 August 2018

Annual Meeting, 11 October 2018:

Publication Preview: eviDent project 015, Say Ahhh, Dr Phyllis Lau

Publication Preview: eviDent project 017, Oral health for children with cardiac conditions, Dr Kelly Oliver

Poster Presentation: eviDent project 019, iDENTify, Dr Andre Priede

Have we got a project for you?!, Prof David Manton and Dr Jennifer O'Connor

Longevity of anterior resin bonded bridges: survival rates of two tooth preparation designs, Drs Gerard Clausen and Gordon Burt, ADA Congress, Adelaide, 4 May 2019

Say Ahhh - What do GPs, pharmacists and dentists do about bad breach?, Prof Ivan Darby, ADA Congress, Adelaide, 4 May 2019

DIRECTOR'S REPORT

Your directors present this report on the company for the financial year ended 30 June 2019.

Directors

The names of each person who has been a director during the year and to the date of this report are:

- Dr Stephen Cottrell
- Dr Anne Harrison
- Dr Jeremy Sternson
- Dr Denise Addison
- Dr Nadia Dobromilsky
- Prof Stuart Dashper
- Mr Kenneth Harrison AM
- Ms Angela Wheelton OAM

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activity of the company during the financial year was facilitating dental practice-based research into dental and oral disease.

The company's short-term objectives are to:

- Grow the research network in a sustainable manner
- Facilitate and support practice-based research
- Enhance governance
- Disseminate research findings
- Achieve financial sustainability
- Strengthen stakeholder relations
- Raise the profile of the network
- Pursue highest level research protocols and standards.

DIRECTOR'S REPORT

The company's long-term objectives are to:

- Improve the uptake of evidence into clinical practice
- Improve coordinated care
- Provide oral healthcare innovation
- Improve oral health outcomes for the community.

Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- Continue to support collaborative research
- Identify interdisciplinary projects to maximise innovative practice and improve referral pathways
- Advocate to influence health policy using evidence-based research findings
- Develop evidence-based guidelines and resources for use by practitioners, funding agencies, patients and others
- Promote and support evidence-based prevention and care.

As the company has only been operational since July 2011, the Directors consider it would be premature to apply industry benchmarks to assessment of performance other than to assure themselves that the company has the funding to pay expenses as and when they fall due. The provision of extensive administrative support by the ADAVB and Oral Health CRC currently keeps costs to a minimum. As the eviDent Foundation's investment fund grows, the Directors expect that it will move to cover its own administrative costs.

OUR BOARD



DR STEPHEN COTTRELL
Chair

“

From the public's perspective a visit to the dentist is often viewed with a fair degree of angst and negative feeling. This is despite the profession being ranked highly in regard to ethical standards and clinical care.

The public has a vested interest in medical research. They see the positive outcomes in terms of quality of life improvements. As a result, people are generally happy to either actively participate or give financially to medical research. Does the stigma and negative aura associated with dental care colour peoples' perception about all things related to dentistry, including the research that supports the model of clinical best practice?

Dental care is not just about filling cavities and providing beautiful smiles. Links between oral disease and general health are now understood. As health professionals, dentists need to better inform the public and policy makers about the benefits of good oral health and the importance of research in field of oral health and disease. This view is reflected in eviDent's newly revised mission statement 'Translating oral health research into better general health for all Australians'. This is the message we need to promote.

Dr Stephen Cottrell
Chair

BDS, MSD (Indiana), Dip ABPerio, FICD, FADI

Dr Cottrell is the Chair, was the inaugural Treasurer of the eviDent Foundation, and is former Chair and member of the eviDent Finance and Audit Committee. He is a specialist periodontist in private practice.

Dr Cottrell is a past president of the ADAVB, and was a member of the ADAVB Council for 10 years.

He has an interest in the dental management of medically compromised patients, and has been actively involved in continuing professional development in the fields of periodontics and implants for many years.

OUR BOARD



DR ANNE HARRISON
Vice Chair

“

eviDent Foundation supports research that improves the experience, service and outcomes of receiving dental care. At its best this research prevents oral disease, it improves quality of life and general health, and, it saves teeth. Being involved with eviDent demonstrates a commitment to improving oral health and outcomes for patients. Supporting the eviDent Foundation enables ongoing research to continue achieving these goals.

Dr Anne Harrison
Vice Chair

BDS (Hons), **DCD** (Melb), **MRACDS** (Endo)

Dr Harrison has resumed the position of Vice Chair after having been the inaugural Vice Chair and former Chair of the eviDent Foundation. She is an eviDent Associate Investigator, and a specialist endodontist in private practice in both Wodonga and Moonee Ponds.

Dr Harrison is the youngest female past president of the ADAVB (2009/10), after having joined the ADAVB Council in 2003, chairing its Recent Graduates and Students Committee, and serving on other committees.

OUR BOARD



DR JEREMY STERNSON
Treasurer

“

eviDent does more than just institutional research. It helps clinicians identify patients with body dysmorphic disorder before they undergo irreversible treatment; it helps kids with life threatening cardiac illnesses gain access to timely dental care needed before they have surgery; it allows clinicians to aid in the early identification of type 2 diabetes before serious consequences occur; basically, eviDent supports research that not only changes the way clinicians practice but also helps to improve the oral and general health of our population.

Dr Jeremy Sternson

Treasurer

BDSc, FRACDS, FADI, MAICD

Dr Sternson is the Immediate Past Chair of the eviDent Foundation, Deputy Co-Chair of the DPBRN Committee, Treasurer, Chair of the eviDent Finance and Audit Committee, and an eviDent Associate Investigator.

He is an Executive Councillor of the ADAVB, past president of ACAD and the Australasian Osseointegration Society Victorian Branch, and an ADC examiner. Dr Sternson also sits on the ADAVB CPD and Sports and Social Committees.

He is Fellow of the Academy of Dentistry International and a private practitioner in a busy city practice.

OUR BOARD



DR DENISE BAILEY
Director

“

Most people have regular contact with their dental practitioner. Dental practitioners not only provide oral care, but are well-placed to help provide whole-person health care. eviDent's interdisciplinary research projects support practitioners and patients by providing evidence-based recommendations for optimizing holistic patient care.

Dr Denise Addison
Director

BDS (Manchester), MSc (Lond), Grad Cert Clinical Research (Melb)

Dr Addison (aka Dr Bailey) was the inaugural Chair of the eviDent Foundation, is an eviDent Chief Investigator, and a former member of the DPBRN Committee.

Dr Addison's 16 years' experience in practice and involvement with conducting/managing clinical trials provides an ideal platform for helping direct and guide eviDent in the area of research training, design and conduct.

Her postgraduate qualification in clinical research helps guide eviDent in delivering high-quality, rigorously monitored studies.

OUR BOARD



PROF STUART DASHPER
Director

“

Research does not exist in isolation and is carried to benefit humanity. Understanding the needs of the community and how best to deliver care, especially in the prevention of disease, requires a very diverse team, including researchers, clinicians, and the community. The work that eviDent carries out has real impacts in the real world, improving the oral and general health of Australians and informing the work of clinicians.

Prof Stuart Dashper
Director
BSc (Hons), PhD

Professor Stuart Dashper is the Director of Research at the Melbourne Dental School, Deputy Director of the new Centre for Oral Health Research and was a Project and Programme Manager in the Oral Health Co-operative Research Centre for 14 years. He received The Alan Docking Science Award from the International Association for Dental Research for outstanding scientific achievement in the field of dental research in 2014 and has published over 100 scientific papers.

OUR BOARD



DR NADIA DOBROMILSKY
Director

“

I am proud to be a part of the eviDent family; a group of driven researchers, dental professionals, donors and volunteers coming together and striving for excellence in clinical practice-based research. With this small but strong community, eviDent has the foundation to be a leader in research and a valuable resource for the dental and general population.

Dr Nadia Dobromilsky
Director
BDS

Dr Dobromilsky is a general dental practitioner in both private and public practice.

She was President of the Australian Dental Association Tasmanian Branch (2011/12), and a Councillor of the ADAVB (2013/14).

She received the Kevin Murphy Prize in Oral Surgery in 2004, has been a Member of the Golden Key Society since 2002 and was on the University of Adelaide's Dental School Dean's List 2004.

OUR BOARD



MR KENNETH HARRISON AM
Director

“

If you have ever wondered why dental health in our community has improved so much in recent years then it shouldn't be a surprise to learn that dental research has brought these benefits. However, there is much more to do, not all of us have shared this outcome. Research is needed into the links between our general health and dental health, particularly in paediatric medicine. eviDent Foundation is the catalyst for this vital research to continue and your financial support is needed to make this happen.

Mr Kenneth Harrison AM
MBA, B.Bus, Dip Acc., FAICD,
Chair of the Development Committee

Mr Harrison is Chair of the Royal Botanic Gardens Board, Governor of the Anaesthesia and Pain Management Foundation, Chair of RCH Leadership Circle, Director of Collinsbank, Director of Australian Agricultural & Pastoral Co, Chair of Barwon Health Research Leadership Circle, Chair of Monash Health Leadership, Experience & Philanthropy, Director of Melbourne Opera, Director of National Trust of Victoria Foundation, Director of Northern Bay College Future Fund, Director of Royal Botanic Gardens Foundation, Governor Support of National Gallery of Victoria and Patron of Prince's Trust Australia. A qualified accountant, Ken has 40 years' experience in financial management and investment banking in a range of public and private enterprises as well as government boards. He is the former Treasurer of the eviDent Foundation, and former Chair and member of the eviDent Finance and Audit Committee.

OUR BOARD



MS ANGELA WHEELTON OAM
Director

“

The eviDent Foundation provides support for evidence based research aligning the importance of both general and dental health. This provides the public with a greater ability to make informed oral health choices.

Ms Angela Wheelton OAM

Director

MBA, Diploma Business Marketing, Diploma of Applied Science (Oral Health)

Graduating with a Diploma of Applied Science, after more than 20 years as a dental therapist, Ms Wheelton moved into the corporate world in the dental industry, where she remained for the next 17 years. She then commenced full-time work under the Wheelton Philanthropy brand.

With a desire to educate the broader community about the possibilities and opportunities in all areas of philanthropy, Wheelton Philanthropy looks at key trends around the globe, and seeks to spread the message of positive and engaged philanthropy for families and the broader community.

She has been, and continues to be, involved with a number of not-for-profit boards.

DIRECTOR'S REPORT

Meetings of Directors

The number of director's meetings held in the period each director held office during the financial year and the number of meetings attended by each director are:

	Board of Directors		Finance and Audit		Dental Practice Based Research Network	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr Denise Bailey	5	3				
Dr Stephen Cottrell	5	5	1	1		
Prof Stuart Dashper	3	2				
Dr Nadia Dobromilsky	5	3				
Dr Anne Harrison	5	2				
Mr Kenneth Harrison AM	5	3				
Prof Mike Morgan	1	0				
Dr Jeremy Sternson	5	5	1	1	3	2
Ms Angela Wheelton OAM	5	5				
Total	30	20	2	2	4	4



*Dr Nadia Dobromilsky, Dr Denise Bailey, Dr Jeremy Sternson, Ms Angela Wheelton OAM, Ms Meaghan Quinn and Dr Stephen Cottrell
Dr Anne Harrison, Mr Kenneth Harrison AM and Prof Stuart Dashper (not pictured)*

Contributions on Winding Up

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of \$5 each towards meeting any outstanding obligations of the company. At 30 June 2019, the total amount that members of the company are liable to contribute if the company is wound up is \$5.

Governance

The eviDent Foundation is managed by its directors. The company must have at least four directors, or higher if the number specified by the law and shall have no more than nine directors. The eviDent Foundation has elected to have eight directors, made up of the Chair, Vice Chair, Treasurer and five others.

As at 30 June 2019, the Board was to be supported by the following staff:

Ms Meaghan Quinn — (honorary) Chief Executive Officer

Ms Emma Hou — (honorary) Finance Manager

Dr Jennifer O'Connor PhD — (honorary) Policy and Research Manager

Ms Sophia Ljaskevic — (honorary) Communications Manager

Mr Mark Henderson — Fundraising Manager

Ms Tamara Mapper — (honorary) Communications and Events Coordinator

Ms Jessica Oldfield — (honorary) Communications Officer

Auditor's Independence Declaration

The lead auditor's independence declaration for the period ended 30 June 2019 has been received and can be found on page 52 of the financial report.

Signed in accordance with a resolution of the Board of Directors.



Dr Stephen Cottrell

Director

Dated 20 August 2019

EVIDENT FOUNDATION LIMITED
(ACN: 152 078 487)

FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
Continuing operations			
Revenue	2	90,890	74,383
Finance income		654	4,936
Meetings, Projects, Functions, Events		(47,594)	(5,386)
Administration expenses		(83,674)	(80,038)
Other expenses		(3,098)	(4,661)
(Loss) before income tax		(42,822)	(10,766)
Income tax expense	1(a)	-	-
(Loss) for the period		(42,822)	(10,766)
Other comprehensive income		-	-
Total comprehensive (loss) for the period		(42,822)	(10,766)
(Loss) attributable to:			
Members of the entity		(42,822)	(10,766)
(Loss) for the period		(42,822)	(10,766)
Total comprehensive (loss) attributable to:			
Members of the entity		(42,822)	(10,766)
Total comprehensive (loss) for the period		(42,822)	(10,766)

The accompanying notes form part of these financial statements.

EVIDENT FOUNDATION LIMITED
(ACN: 152 078 487)

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	205,196	243,233
Trade and other receivables	5	13,925	21,874
TOTAL CURRENT ASSETS		<u>219,121</u>	<u>265,107</u>
TOTAL ASSETS		<u>219,121</u>	<u>265,107</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	6	14,680	17,844
TOTAL CURRENT LIABILITIES		<u>14,680</u>	<u>17,844</u>
TOTAL LIABILITIES		<u>204,441</u>	<u>247,263</u>
NET ASSETS			
EQUITY			
Retained earnings		204,441	247,263
TOTAL EQUITY		<u>204,441</u>	<u>247,263</u>

The accompanying notes form part of these financial statements.

**STATEMENT OF CHANGES IN EQUITY
FOR THE PERIOD ENDED 30 JUNE 2019**

	Retained earnings \$	Total \$
Balance at 1 July 2017	258,030	258,030
(Loss) for the period	(10,766)	(10,766)
Other comprehensive income	-	-
Total comprehensive (loss) for the period	(10,766)	(10,766)
Balance at 30 June 2018	247,263	247,263
Balance at 1 July 2018	247,263	247,263
(Loss) for the period	(42,822)	(42,822)
Other comprehensive income	-	-
Total comprehensive (loss) for the period	(42,822)	(42,822)
Balance at 30 June 2019	204,441	204,441

The accompanying notes form part of these financial statements.

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from related parties		15,000	15,000
Donations and Event Income received		84,384	47,383
Payments to suppliers and employees		(138,075)	(108,990)
Interest received		654	4,936
Net cash provided by operating activities	9(b)	(38,037)	(41,671)
Net increase in cash and cash equivalents		(38,037)	(41,671)
Cash and cash equivalents at beginning of year		243,233	284,904
Cash and cash equivalents at end of financial period	9(a)	205,196	243,233

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

The financial statements cover eviDent Foundation Limited as a single entity. eviDent Foundation Limited is a company limited by guarantee, incorporated under the Corporations Act 2001.

FINANCIAL REPORTING FRAMEWORK

In the opinion of the directors, the Company is not considered a reporting entity. There are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to specifically satisfy all their informational needs. Accordingly, these special purpose financial statements have been prepared to satisfy the directors' reporting requirements under the Corporations Act 2001.

STATEMENT OF COMPLIANCE

The financial statements have been prepared in accordance with the Corporations Act 2001, the recognition and measurement requirements specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101 Presentation of Financial Statements, AASB 107 Cash Flow Statements and AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors.

BASIS OF PREPARATION

The financial report has been prepared on the basis of historical cost, except for the revaluation of certain non-current assets and financial instruments. Cost is based on the fair values of the consideration given in exchange for assets.

All amounts are presented in Australian dollars, unless otherwise noted.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following significant accounting policies have been adopted in the preparation and presentation of the financial report:

(a) **Income Tax**

The company has been granted exemption from income tax under Subdivision 50-B of the Income Tax Assessment Act 1997; accordingly no provision for income tax has been made.

(b) **Revenue**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. Any consideration deferred is treated as the provision of finance and is discounted at a rate of interest that is generally accepted in the market for similar arrangements. The difference between the amount initially recognised and the amount ultimately received is interest revenue.

Grant income and donation revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the entity obtains control of the funds and it is probable that the economic benefits gained from the funds will flow to the entity and the amount of the funds can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

Where grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Interest revenue

Interest revenue is recognised using the effective interest rate method, which, for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Seed Funding

Initial seed funding received from the parent entity has been treated as revenue received and not as contributed equity.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(b) Revenue (Continued)

All revenue is stated net of the amount of goods and services tax (GST).

(c) Cash and Cash Equivalents

Cash and short-term deposits in the balance sheet comprise cash at bank and in hand and short-term deposits with an original maturity of three months or less. For the purposes of the Statement of Cash Flows, cash and cash equivalents consist of cash and cash equivalents as defined above, net of outstanding bank overdrafts.

(d) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to contractual provisions of the financial instrument, and are measured initially at fair value plus transaction costs, except for those carried at fair value through profit or loss which are measured initially at fair value.

Classification and Subsequent Measurement of financial assets

Financial assets are subsequently measured at fair value through profit or loss, fair value through other comprehensive income or amortised cost.

Classifications are determined by both i) the Company's business model for managing the financial asset and ii) the contractual cash flow characteristics of the financial asset.

All of the Company's financial assets, other than cash and cash equivalents, are measured at amortised cost since they are held within a business model whose objective is to hold the financial asset and collect contractual cash flows, and the contractual terms of the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition these are measured at amortised cost using the effective interest method.

In the prior year the Company's financial assets were classified under AASB 139: Financial Instruments: Recognition and Measurement as loans and receivables which were also measured at amortised cost using the effective interest method.

Impairment of financial assets

AASB 9 Financial Instruments' impairment requirements use more forward looking information to recognise expected credit losses, other than for trade and other receivables, where the loss allowance is the expected lifetime credit losses. The Company has assessed the impairment on its receivables and has concluded that no allowance is necessary.

Classification of financial liabilities

The accounting for financial liabilities remains largely unchanged from AASB 139 and the Company's liabilities were not impacted by the adoption of AASB 9. The Company's financial liabilities include trade and other payables. Such financial liabilities are initially measured at fair value and are subsequently measured at amortised cost using the effective interest method.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019****NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)****(d) Financial Instruments (Continued)***Derecognition*

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(e) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the cash flow statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(f) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

(g) Critical accounting estimates and judgments

The Council evaluates estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

(h) Adoption of New and Revised Accounting Standards

During the year the Company adopted AASB 9 Financial Instruments which replaced AASB 139 Financial Instruments: Recognition and Measurement. The adoption of this standard is covered in more detail in note 1(d).

(i) Accounting Standards issued but not yet effective and not adopted early:

- AASB 15 Revenue from Contracts with Customers replaces AASB 118 Revenue, AASB 111 Construction Contracts and a number of interpretations, and establishes a new revenue recognition model. This standard becomes effective from 1 January 2019. The Company has undertaken an assessment of the adoption of this standard and has concluded that there is no material impact on the transactions and balances recognised in the financial statements.
- AASB 16 Leases replaces AASB 117 Leases and significantly changes the way lessees recognise leases. This standard becomes effective from 1 January 2019. The Company has no leases and therefore there is no material impact on the transactions and balances recognised in the financial statements.
- AASB 1058 Income of Not-For-Profit Entities, clarifies and simplifies the income recognition requirements that apply to not-for-profit entities in conjunction with AASB 15. Under AASB 1058 the timing of revenue recognition depends on whether a transaction gives rise to a liability or other performance obligation or a contribution by owner. This standard applies where the consideration to acquire an asset is significantly less than the fair value of the asset, principally to enable the Company to further its objectives. This standard becomes effective from 1 January 2019. The Company has undertaken an assessment and there will be no material impact on the transactions and balances in the financial statements.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
	\$	\$
NOTE 2: REVENUE AND OTHER INCOME		
Revenue		
Fundraising Events	65,533	29,564
Donation from ADAVB	15,000	15,000
Donations received	10,357	29,819
	<u>90,890</u>	<u>74,383</u>
NOTE 3: AUDITOR'S REMUNERATION		
Remuneration of the auditor for:		
- auditing or reviewing the financial report	2,600	2,500
	<u>2,600</u>	<u>2,500</u>
NOTE 4: CASH AND CASH EQUIVALENTS		
Cash at bank and on hand	50,615	86,651
Term Deposits	154,581	154,582
	<u>205,196</u>	<u>243,233</u>
NOTE 5: TRADE AND OTHER RECEIVABLES		
Current		
Amount Receivable from the Parent Entity	545	-
Other receivables	13,380	21,874
	<u>13,925</u>	<u>21,874</u>
NOTE 6: TRADE AND OTHER PAYABLES		
Current		
Amounts payable to parent entity	-	6,676
Accrued expenses	14,680	11,168
	<u>14,680</u>	<u>17,844</u>

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

NOTE 7: RELATED PARTIES*Parent Entity*

The parent entity of eviDent Foundation Ltd is the Australian Dental Association Victorian Branch Incorporated ('ADAVB').

NOTE 8: CAPITAL MANAGEMENT

The company is a company limited by guarantee and its sole source of funding is retained profits.

The finance and audit committee operates under policies approved by the board of directors. Risk management policies are approved and reviewed by the board on a regular basis. These include credit risk policies and future cash flow requirements.

The company's policy is not to have any borrowings and accordingly its liabilities and commitments are solely trade payables.

Management effectively manages the entity's capital by assessing the entity's financial risks and responding to the changes in these risks and in the market.

The company seeks to make profits each financial year. Profit provides the capital and cash flow to enable the company to fund its operation.

	2019	2018
	\$	\$
NOTE 9: CASH FLOW INFORMATION		
<i>(a) Reconciliation of cash</i>		
Cash at the end of the financial period as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:		
Cash and cash equivalents	205,196	243,233
 <i>(b) Reconciliation of cash flow from operations with loss after tax</i>		
(Loss) after income tax	(42,822)	(10,766)
Changes in assets and liabilities:		
Decrease (Increase) in trade and other receivables	7,949	(17,938)
(Decrease)/Increase in trade payables	(3,164)	(12,967)
Net cash from operating activities	(38,037)	(41,671)

NOTE 10: MEMBERS' GUARANTEE

The company is limited by guarantee. If the company is wound up the Constitution states that each member is required to contribute a maximum of \$5 towards meeting any outstanding obligations of the entity. As at 30 June 2019 there was one member.

NOTE 11: EVENTS AFTER THE REPORTING DATE

No matters or circumstances have arisen since the end of the financial period which significantly affected or may affect the operations of the company.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

NOTE 12: CONTINGENT LIABILITIES

At reporting date for the years ended 30 June 2019 and 2018, there are no contingent liabilities.

NOTE 13: COMPANY'S DETAILS

The registered office and principal place of business of the company is:

Level 3, 10 Yarra Street
South Yarra Victoria 3141

DIRECTORS' DECLARATION

The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

1. The financial statements and notes, as set out on pages 38 to 47, are in accordance with the Australian Charities and Not-for-Profits Commission Act 2012 and:
 - a. comply with the Accounting Standards applicable to the company; and
 - b. give a true and fair view of the financial position as at 30 June 2019 and of the performance of the company for the year ended on that date of the company in accordance with the accounting policies described in Note 1 of the financial statements.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Dr Stephen Cottrell
Director

Dated 20 August 2019

STATEMENT BY PRINCIPAL ACCOUNTING OFFICER

I, Meaghan Quinn, being the person in charge of the preparation of the accompanying accounts of the eviDent Foundation, being the Statement of Profit or Loss and Other Comprehensive Income and Statement of Financial Position of the eviDent Foundation for the year ended 30 June 2019 state that to the best of my knowledge and belief such accounts present fairly the state of affairs of the Association as at 30 June 2019 and of its results for the year then ended.



Meaghan Quinn
Chief Executive Officer

Dated 20 August 2019

Independent Auditor's Report to the Members of eviDent Foundation Limited

Opinion

We have audited the special purpose financial report (financial report) of eviDent Foundation Limited (the Company), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity, and the statement of cash flows for the year then ended and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), including:

- i. giving a true and fair view of the Company's financial position as at 30 June 2019 and of its performance and cash flows for the year then ended; and
- ii. complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to the Basis of Preparation note to the financial statements, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Company's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2019 but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss *verein*. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Audit Australia, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation. Liability limited other than for acts or omissions of financial services licensees.
© 2019 Findex (Aust) Pty Ltd

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

Responsibility of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the Basis of Preparation note to the financial report is appropriate to meet the requirements of the ACNC Act and the needs of the members. The director's responsibility also includes such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the Company's financial reporting process.

Auditor's responsibility for the audit if the financial report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during the audit.

Crowe Melbourne

CROWE MELBOURNE

G. Robertson

GORDON ROBERTSON
Partner
Melbourne, Victoria
13 September 2019

Auditor Independence Declaration under the *Australian Charities and Not-for-profits Commission Act 2012* to the Directors of eviDent Foundation Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019, there have been no contraventions of:

- 1) The auditor independence requirements as set out in Section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- 2) Any applicable code of professional conduct in relation to the audit.

Crowe Melbourne

CROWE MELBOURNE



GORDON ROBERTSON

Partner

Melbourne, Victoria

20 August 2019

The title 'Partner' conveys that the person is a senior member within their respective division, and is among the group of persons who hold an equity interest (shareholder) in its parent entity, Findex Group Limited. The only professional service offering which is conducted by a partnership is the Crowe Australasia external audit division. All other professional services offered by Findex Group Limited are conducted by a privately owned organisation and/or its subsidiaries.

Findex (Aust) Pty Ltd, trading as Crowe Australasia is a member of Crowe Global, a Swiss verein. Each member firm of Crowe Global is a separate and independent legal entity. Findex (Aust) Pty Ltd and its affiliates are not responsible or liable for any acts or omissions of Crowe Global or any other member of Crowe Global. Crowe Global does not render any professional services and does not have an ownership or partnership interest in Findex (Aust) Pty Ltd. Services are provided by Crowe Melbourne, an affiliate of Findex (Aust) Pty Ltd. Liability limited by a scheme approved under Professional Standards Legislation. Liability limited other than for acts or omissions of financial services licensees. © 2019 Findex (Aust) Pty Ltd

THANK YOU

Menaka Abuza, Ann Adams, Chelsea Addison, Denise Addison, Stuart Addison, Bree Airdree, Asef Anwar, Sade Ballestrin, Victor Barnes, Travis Barugh, Emma Beckers, Joanna Benhamou, Melanie Beynon Forbes, Dylan Bianchi, Liz Bishop, Phil Boston, Gayle Bowman, Mark Bowman, Darshanjot Brar, Stephen Brennan, Tom Brookes, Lisa Brownfoot, John Brownell, Ruth Burns, Gordon Burt, Tom Byrne, Christopher Callahan, Kylie Capron, Nancy Chau, Kenny Chen, Jo-Anne Cherry, Beverley Joo Kim Chia, Puja Chowdhry, Jan Chrystie, John Chrystie, Sharon Chui, Bill Clark, Pam Clark, Jennifer Cleeve, Mary Cole, Nova Cole, Stella Cole, Anthony Collett, Cassie Comyns, Alex Cook, Janelle Coonan, Katrina Corr, Cath Cran, Stuart Cran, Stella Cristini, Lenonard Crocombe, David Curnow, Annie Cvetkovic, Bob Cvetkovic, Nicky Dacosta, Joerg Daehn, Sally Daffy, Craig Dale, Janet Daniels, Frank Davis, Penny Dawson, Kathy Dellar, Mala Desai, Franco Dissegna, Melissa Dowling, Vincent Duong, Natalie Durkin, Jessica Duskovic, Prosenjit Dutta, Rebecca Easaw, Debra Elsby, Karen Escobar, Pete Ewin, Abby Farmer, George Fast, David Fleischmann, Simon Fleischmann, James Forbes, Zara Fox, Susanna Gamage, Alastair Gardiner, Sonia Georgiades, Linda Geron, Andrew Gikas, Maria Gikas, Jacob Gilmore, Roy Gilmore, David Goldsmith, Nick Goodwin, Michael Guthrie, Joy Haig, Lachlan Haig, Jodie Heap, Mark Henderson, Madeleine Hii, Craig Hockley, Suzanne Hockley, Jayde-Ann Holmes, Erika Hopcraft, Maree Horseman, Emma Hou, Robert Howie, Hejie Huang, Agim Hymer, Tissa Jayasekera, Emma Jenkins, Geoffrey Jewell, Heike Jewell, Jenifer Jiang, Sue Johnson, Phil Jolly, Trena Jolly, Darren Jones, Krishan Joshi, Leorah Kagan, Sarah Kalanie, Karen Christina Kan, Gopal Kataria, Dylan Kenneally, Adam Keyes Tilley, John Khamtanh, Errol Kilov, Marni Klein, Melinda Knapp, Kim Konnaris, Ann Lane, Julio Languiller, Joslyn Lay, Deborah Leake, Choy Lin Lee, Gary Levin, Benjamin Levin-Wise, Stephen Liew, Bruno Lim, Matthew Lin, Eva Ljaskevic, Sophia Ljaskevic, Tomas Ljaskevic, Tony Ljaskevic, Halena Lloyd, Andrei Locke, Austin Locke, John Locke, Louisa Locke, Shirley Locke, Brylee Lorensini, Carole Lugassy, David Manton, Meredith Manton, Tamara Mapper, Lisa McCarthy, Brooke McDonald, Sophie McGregor, Erika McHarg, Sharon McMillan, Georgia McMullin, GraceMcVinnie, Graham Meadon, Caroline Melbourne, Burt Michael, Michelle Middleton, Liz Milford, Mary Miller, Ragida Mitri, Kevin Morris, Sandy Morris, Paul Mueller, Shannon Murphy, Shazia Naser, Angeline Ng, Huong Nguyen, Jan Nguyen, Suong Nguyen-Robertson, Jennifer O'Connor, Jessica Oldfield, Nikki Onslow, Anastasia Opai, Carol Osullivan, Angelo Pacella, Esther Parsons, Megan Pearce, Geeta Perks Zaklina Petrovska, Hoa Pham, Nathan Phung, Alessandro Picerni, Ross Pogue, Nilla Pradolin, Kevin William Prouse, Meaghan Quinn, Ashwini Rajeshirke, Geoff Ranzenhofer, Jamie Robertson, Juliana Rodriguez, Tahnee Salmond, Gitika Sanghvi, Jeffrey Sargent, Rodney and Keith Schloss-Crowe, Tina Schmid, Ian Shapland, Hahan Shea, Andre Shertel, Kaitlyn Shin, Gary Smith, Sharla Smith-Forrest, Selina Soh, Aun Woon Soon, Carmen Soon, Celine Soon, Kane Southwell, Justine Stamford, Ben Stanley, Michelle Stein, Jeremy Sternson, Simone Sternson, Maria Stipic, Tim Stolz, Andrew Stott, Steven Sugameli, Sarah Sunderland, Tom Sunderland, Dean Swaney, Irene Swaney, Gabby Symons, Shannon Teh, Jan Tennent, Vicky Thai, Trish Torrey, Caroline Tran, Kimberley Tran, Xuan Tran, Julia Truong, Kathrine Truong, Stella Tsakiris, Andrew Tucker, Jon Turner, Narinder Singh Ubhi, Oscar Van Elten, Michelle Van Essen, Deborah Veitch, Sam Verco, Joseph Versace, Jeanie Wallas, Kathleen Walsh, Felicity Wardlaw, Matthew Weiser, Allie Weldin, Celia Welford, Justine Mccarthy, Kerry-Ann Williams, Troy Williams, Jackie Wise, Susan Wise, Christina Wong, William Wong, Ken Woolley, Cindy Wu, Jane Wylie, Simon Wylie, Jason Yap, Meleesa Yarwood, Phil Yeung, Claudia Yung, Grace Zhang, Lele Zheng, ADIA, Commonwealth Bank, Guild Insurance, Hampton Beach Dentists, MoreDent, Park Road Dental, Armadale Cellars, ADAVB, Cakes by Liz, Dentavision, Excellence IT, Gembrook Hill Vineyard, Mr Ken Harrison AM, Helping Hand Group, Meaghan Quinn, Member Benefits Australia, Metropolitan Golf Club, Studio Star Photography, Wheelton Philanthropy, Velissaris Photography, Angle House Orthodontics, Dr Ruth Burns, Camberwell Children's Dentistry, Gentle Dental, Parkmore Family Dental, Smile Line Dental, South East Orthodontics, Yarra Valley Dental, Ultimo Dental Software, Woolworths.

The organisations and individuals listed have provided in-kind and/or financial support. Together, let's help to improve Australia's dental and oral health.

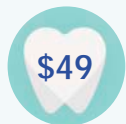
HOW YOUR MONEY HELPS

Making a difference to the oral health of Australians doesn't need to be costly – small donations can go a long way, and every donation helps us achieve our goals.

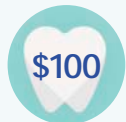
Here are some of the ways your money helps:



Pays for 150 latex free gloves used to research the hypothesis that school dental check-ups are effective in reaching high-needs child patients.



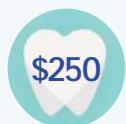
Pays a postdoctoral researcher for one hour to develop and successfully lab-test a rapid test to detect patients with or at high risk of oral cancer.



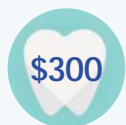
Pays for one focus group with parents who have a child with congenital heart disease, to explore the barriers and facilitators to access and provision of oral health care.



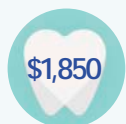
Provides one hour of statistical analysis to help create a model helping GPs to identify their patients at risk of dry mouth, diagnose dry mouth and implement a dry mouth management program.



Provides training so practitioner researchers can test a dental practice based model to identify patients with undiagnosed pre-diabetes or diabetes and facilitate early intervention.



Covers the cost of recruiting patients in a study that aims to identify symptoms of Body Dysmorphic Disorder in a dental practice before irreversible treatment is performed.



Provides a portable dental field chair used to determine whether there are additional oral health issues in young adults with diabetes mellitus.