dental beliefs and the SES on dental visits among Chinese migrants. Outcome variables were time for the last dental visit and reason for the dental visit.

Result: To date, 836 participants completed the questionnaires. Results of multivariable logistic regression after controlling age group, sex and years living in Australia showed that Chinese migrants with weak or moderate Chinese dental beliefs and those in the highest household income tertile were more likely to see the dentist within the last 12 months compared with those with strong Chinese dental beliefs and those in the middle household income tertile ($P<0.05$). The reason for last visit was not significantly affected by Chinese dental beliefs but the household income – those in the lowest and middle household income tertiles were more likely to make a problem-based visit compared with those in the highest household income tertile ($P<0.05$).

Conclusion: The time for the last dental visit was significantly influenced by Chinese dental belief and household income but reason for the dental visit was mainly influenced by household income among Chinese migrants.

193537

Interpreter-mediated Dentistry

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Objective: Global movements of healthcare professionals and populations increase the complexities of medical interaction, specifically with regard to supporting effective medical interpreting. Investigations in general medicine report shortfalls in the delivery of interpreted content. Interview-based have challenged the ostensibly 'neutral' role of the interpreter arguing that the boundary between professional interpreter and advocate is a contested one. In the field of medical interpreting, Conversation Analysis (CA) research is responding to calls for studies that "analyze interpreting as a situated, locally organized activity embedded in a particular setting" (Bolden, 2000 p.415).

Method: This current study adopted CA as the analytic frame to examine patterns of interpreter mediated talk in general dentistry in Hong Kong where the assisting para-professional, a Dental Surgery Assistant (DSA), performs the dual capabilities of clinical assistant and interpreter (Bridges et al 2011). Conversation analysis (CA) of recipient design across a corpus of n=21 video-recorded review consultations between expatriate dentists (non-Chinese and non-Cantonese speakers) and their Chinese and Cantonese L1 patients, examined not *what* is said but rather *how* interpreted talk comes into being. **Result:** Three patterns of recipient design indicated the communicative significance of mediator-interpreted talk in

general dentistry: dentist designated expansions; dentist directed interpretations; and assistant initiated interpretations to both the dentist and patient. The latter, rather than being perceived as negative (on the grounds, for instance, that they are not faithful translations of what the dentist or patient actually said), were found to be framed either in response to patient difficulties or within the specific task routines of general dentistry.

Conclusion: The findings illustrate trends in dentistry towards personalized care and patient empowerment as a reaction to the predominant product delivery approach to patient management. Implications are indicated for both treatment adherence and the education of dental professionals.

193554

A population-based-study of oral in-hospital treatment among Western Australian children

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Objective: We sought to analyze a decade of dental admission patterns in Western Australian children under the age of 15 years, with particular focus on socio-demographic characteristics.

Method: The data was obtained from the Western Australian Hospital Morbidity Data System for ten financial years 1999/00 to 2008/09. Principal diagnosis, classified by the International Classification of Diseases (ICD-10AM) system, was obtained and analysed for 43,937 children under the age of 15 years, diagnosed and accordingly admitted for an oral health condition in Western Australia for the study period. Socio-economic status, primary place of residency, age, insurance status, hospital type and Indigenous status were also analysed.

Results: The AAR of hospitalizations for oral conditions was 1,074 per 100,000PY for the last decade. Of these, "Dental caries" and "Embedded and impacted teeth" accounted for 64% of total admissions. Approximately 1,204 per 100,000 PY of the admissions were among children younger than 9 years old, and of those, 53% were uninsured. Non-Indigenous children had 1.3 times the admission rate of Indigenous children, ($p<0.001$). Lower percentages of admission were observed among children living in the most- and below average- disadvantaged areas (16%, 18.5%, respectively). The results have also shown a clear urban/rural divide in terms of child hospital admissions, and the estimated AAR of urban living children were two times greater than that of their rural dwelling counterparts ($p<0.001$). Sixty-one percent of admissions were to private hospitals.