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therapists were providing examinations, diagnoses, treatment, prevention and education to more than 220,000 youngsters—approximately 67 per cent of Victoria's school children.¹

In the 1980s–90s, the Victorian government also funded pre-school dental programs, delivered by local government in conjunction with their maternal and child health programs. Again, funding and reach were insufficient, so in 1993 the City of Monash piloted a preventive program in pre-school and childcare settings for the under-fives. This developed into the Smiles For Miles program, now spread across Victoria.²

Adults

Until the late 1980s, dentistry in Victoria was largely the purview of private dental practices, the Royal Dental Hospital of Melbourne and the School Dental Service—all discrete operations separated from other services. Following the formation of the Victorian Health Department in 1986,³ district health councils across Victoria identified a need for low-cost dental services for adults. A few two-chair dental clinics were established in three inner-suburban community health centres. Dr Mary Stephens, dentist at West Heidelberg (1988–2004), recalled her delight, upon arriving at the newly established service, at finding a truly equitable approach to dental care.⁴ Her remit was to ensure access to dental care for the lowest socio-economic communities in Melbourne. Over the years she worked with other community health service providers—doctors, social workers and community nurses—to ensure that those most in need (new immigrants, refugees, sole parents, pensioners) were given priority. This approach was gradually building across the state, subject to the limited funding available, until 1994, when the Commonwealth provided additional money to build, expand and partially fund the operation of public dental clinics.⁵

Today 53 agencies care for the 40 per cent of Victorians eligible for public dental services. This would not be possible without the vision of Professor Mike Morgan, who in 1989 sent fourth-year University of Melbourne dental students out to experience at first hand the intense, complex and rewarding work that is done in these clinics, guided and supervised by dedicated and skilful clinicians. The public dental workforce in Victoria owes its growth and development to the unique clinical placement opportunities that many of these public dental services have developed over the 30 years since.

In 1996, the School Dental Service merged with the Royal Dental Hospital of Melbourne to create Dental Health Services Victoria, thus finally integrating children’s and adults’ public dental care under one organisation. Mobile school dental services were contracted to community health services providing family-centred care.

Dental services located in community health services constantly seek ways to provide care for people who need it most but who cannot, for many reasons, seek care in the traditional way. Thus place-based care and opportunistic care emerged and are now accepted practice. Almost a decade after the establishment of the community dental program and Professor Morgan's initiative, the US surgeon-general called for oral health to be an essential component in the provision of health care and the design of community programs, stating that people 'cannot be healthy without oral health'.⁶

In Victoria today more than 200 dentistry and oral health therapy students undertake clinical placements in community dental services each year. Provision of person-centred integrated oral health care to the community has been gaining momentum. Through a health-promoting and preventive model of clinical care and outreach, many community oral health services now focus on our most vulnerable citizens: children, elderly people, refugees and asylum seekers, Indigenous Australians, homeless people, and people with chronic complex health problems, including mental illness and addiction. An evidence-based, preventive and risk-based approach is the order of the day, and responsibility for oral health is recognised as resting not only with those trained in the art of dentistry. Initiatives include the training of nurses, diabetes educators and general medical practitioners to screen patients with diabetes for periodontal disease. We are entering an exciting new decade, in which we will see true collaboration involving oral health professionals in health teams working to improve the health of society’s most marginalised and vulnerable people.

Professor Julie Satur and Associate Professor Rachel Martin


⁴ Dr Mary Stephens and Dr Chris Boyle, personal communication, December 2019.
