



OUTREACH AND COMMUNITY CARE

Dentistry in Victoria has been characterised by a market model of care, with services provided mostly by privately owned and operated practices. Early in the establishment of the local profession there was recognition that toothache was common, but that some members of the public had limited access to dental care. The Australian College of Dentistry was formed in 1897 to develop a curriculum for the education of dentists, and occupied premises in Lonsdale Street, opposite the Melbourne Hospital. The first Australian dental hospital was established in Sydney, followed soon by Melbourne's in 1890, specifically to serve the poor. Although clinical training for dentists was also part of the picture, many dentists donated their time to treating the community at this hospital.

Children

In 1921 the forward-looking New Zealand Dental Association proposed a system of state-operated school clinics staffed by dental nurses, to serve children aged six to 14. Trained in schools by the Health Department, these nurses worked in both mobile and school-based clinics. They provided diagnostic, preventive and treatment services, and referred more complex cases to local dentists. This system met with considerable success and was the subject of inquiry by many other countries, including Australia.

In response to concerns expressed by the medical professions, school teachers and mothers' clubs, in 1921 the Victorian Education Department established a School Dental Service. Surgeries set up in train carriages and deployed along the rail network provided intermittent services to lower-income children in rural areas. But the service was chronically underfunded and unable to meet demand. Many times from the 1920s to 1960s proposals to establish a New Zealand-style service were considered and rejected.

Tasmania and South Australia established schools to train dental therapists for state programs in 1966 and 1967 respectively. Federally, when Gough Whitlam's Labor government offered funding to expand the School Dental Scheme in 1973, Victoria established a program and dental therapy school in 1975. In 1975-76 Australian women were sent to New Zealand to train as dental therapists, returning to establish the first clinics. These early school dental clinics and mobile services (caravans containing two dental chairs with portable equipment, to reach small schools) were deployed initially in areas with the highest need, gradually spreading across the state. By 1991 some 290 dental

Cat. 201 Victorian Department of Health, School Dental Service, **School student in mobile van with dental therapist**, c. 1970s, photograph, card, image 16.8 × 12.7 cm. HFADM 3794, Henry Forman Atkinson Dental Museum, University of Melbourne.

therapists were providing examinations, diagnoses, treatment, prevention and education to more than 250,000 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 innovation 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 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.

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- 2 J Satur, ‘The Waverley Preschool Dental Program’, Master’s thesis, Melbourne: Deakin University, 1998.
- 3 Health Department Victoria, *Report of the Health Department Victoria for the year ended 30 June 1986*, Parliamentary Paper No. 128, Melbourne: FD Atkinson, Government Printer, 1986.
- 4 Dr Mary Stephens and Dr Chris Boyle, personal communication, December 2019.
- 5 Amanda Biggs, *Overview of Commonwealth involvement in funding dental care*, Research Paper No. 1, 2008–09, Parliament of Australia, www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp0809/09rp01.
- 6 National Institute of Dental and Craniofacial Research (USA), *2000 Surgeon General’s report on oral health in America*, 2000, www.nidcr.nih.gov/research/data-statistics/surgeon-general.