

THE PLANNING AND EVALUATION OF
A SCHOOL DENTAL PROGRAMME

PART ONE

A thesis submitted to
fulfil the requirements
for the degree of Doctor
of Dental Science

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GENERAL PRESENTATION OF THE THESIS

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with the following contents:

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SUMMARY

There is broad acceptance that information from data collection systems and scientific studies should be used for the planning and evaluation of health services.

The administrative complexities which result from greater specialization, the increased sizes of dental practices, the extended use of auxiliaries, forcible consumerism and from more extensive third party payment, apparently have created demands for scientific planning and evaluation in dentistry.

The South Australian Department of Public Health established a dental research unit in 1969. The unit's evaluation studies are reviewed according to their relevance to the total School Dental Programme, individual aspects of the Programme, and to peripheral schemes which could directly influence the Programme's performance.

Investigations based on school dental records suggest that this care has achieved major decreases in the extent of untreated decay, reduced decay rates, and improved oral hygiene.

If school dental care for pre-schoolers and primary school children is to be a basis for a high standard of community dental health, secondary school students might need to seek private care and practise good dental habits. Surveys of second-year secondary school students indicate that school dental care reduces the number of teeth with untreated decay, and improves oral hygiene and gingival health in some instances. Although increased dental knowledge appears to ensue, only about 40 per cent of

students have reported a dental visit since leaving the School Dental Programme.

New Zealand research into tooth loss raises questions about the long-term value of school dental care. Surveys of complete tooth loss were undertaken for South Australian adults, in order to establish a base-line for evaluation of the effects of school dental care and of other dental influences.

The mean annual cost of care per child in a fully developed primary school dental programme was estimated in 1975 values at \$27 for South Australia. The cost seemed reasonable when it was compared with specified "fee-for-service" cost standards.

Insofar as available data are relevant to appraisals of the therapists' performance, cost of employment and acceptance by the community, there is support for the contention that these auxiliaries should be employed.

A survey of school dental staff indicated that many dentists felt a need for further training in orthodontics, dental health education, administration and public health dentistry. Most dentists considered that therapists were competent in the performance of their assigned duties.

Studies are described which suggest the effects of sweets in school canteens on decay rates, the impact of programmes directed towards the improvement of school canteen menus, the early benefits of fluoridation, and the effects of features of occlusion on oral hygiene, gingival health, decay and on the incidence of fractured teeth. There should be an adequate availability of

orthodontic specialists to manage the patients referred by school dentists.

The dental research unit's cost has ranged from one to $1\frac{1}{2}$ per cent of the School Dental Programme's budget. This cost seems reasonable when the unit's relevance to "scientific management" is considered.

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