Blueprint objective	**4. Funding that is sustainable and appropriate to support a high quality health system**
Case example	**A community based dental clinic for homeless youth in Brisbane Youth Service**
What is the community need or problem being addressed?	The relationship between homelessness and ill health is complex. Many risk factors for homelessness such as unemployment, low income and substance abuse are also risk factors for poor oral health. For homeless individuals, in addition to poorer general health, oral health has also been reported as poorer with higher decayed, missing, filled teeth (DMFT) scores and poorer oral health related quality of life[1.] Cost of care, waiting lists for publically funded services, lack of transport, lack of information and fear are some of the reported barriers to accessing dental care for disadvantaged populations[2,3]. In order to overcome barriers to access to dental care, previous studies have recommended integrating dental care, referral pathways and information within the overall care provided by support services available to people at risk of homelessness.
What is the approach being implemented?	A mobile dental clinic run by volunteer oral health professionals was implemented within a community organisation (Brisbane Youth Service) for disadvantaged youth in Brisbane in collaboration with the University of Queensland. The dental clinic was designed to run four times a year, for a week at a time. During this week, volunteer dentists, oral health therapists, hygienists and dental assistants provided preventative, diagnostic and basic restorative treatment.
What are the barriers or enablers impacting the activity or program?	The financial cost of oral healthcare is largely the responsibility of individuals. Governments contribute funding through the private health insurance rebate (means-tested), the Child Dental Benefits Schedule (means-tested) and through public dental services. Significant barriers to oral healthcare for homeless youth are affordability and timely access to preventive dental care, which are exasperated by a lack of national leadership on oral healthcare. The purchase of dental equipment was the main cost associated with setting up this dental program. Initial start-up funding is critical when implementing a local response to a local community need. This program highlights that performance should not only monitor input-focused measures, such as the type and number of dental services delivered. It is essential to also monitor and improve health equity. Existing health measures do not identify the critical value of increasing access to care for at-risk populations, such as homeless youth, who are the least likely to access services.

	An enabler to this program is the use of volunteer dental professionals. This program has been shown to have valuable service outputs and can continue to be run at a low-cost because of the use of volunteer dental professionals. The reliance on volunteers appears to be sustainable for the program with numerous dentists, oral health therapists and dental hygienist interested and on a wait-list to volunteer in future weeks. Brisbane Youth Service's community-based dental clinic for homeless youth demonstrates the value of a local response to address barriers preventing homeless youth from accessing preventive dental care.
What is needed to scale-up the successes?	Governments and external stakeholders need to recognise the importance for prevention and oral health promotion activities. The evaluation of this program found that the majority of the participants had not been able to access dental services since they in school by government clinics. Eligibility in Queensland for school dental services ends at age 16[4] and there appears to be a gap in accessible services for this population of young disadvantaged people. 'Funding that is sustainable and appropriate to support a high quality health system' would benefit the Australia community and at-risk population groups with poor oral health. Investing in oral health initiatives with a holistic approach to care and which connects at-risk populations to suitable oral health services and pathways is needed. Commonwealth, state and territory funding towards prevention and oral health promotion activities would provide a sustainable and cost-effective way of improving oral health and reducing the economic burden of poor oral health.
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