



“The Ideal Dental Health Service for Children:” The Political Development of the Dental Health Service for Children in Denmark, 1960s–1980s

Christian Larsen

Abstract • In 1971, the Danish Parliament passed an act mandating that municipalities establish a Public Dental Health Service for Children, which aimed to provide free preventive and curative dental health services. The Act was part of a longstanding historical progression where school dentists, school doctors, and the provision of school meals, represented a broader movement aimed at reframing perceived social and political issues as educational challenges. This paper examines the political evolution of modern school dental health services within the timeframe of 1966 to 1986. The primary focus of this paper lies in the examination of the political negotiations surrounding the key legislative acts pertaining to school dental health services. Through this scrutiny, this paper aims to illuminate the diverse policy ideas that have exerted significant influence. Therefore, this article adopts the theoretical framework proposed by political scientist Daniel Béland, which conceptualises ideas as historically constructed beliefs and perceptions. To investigate how ideas are incorporated into the political agenda, this paper employs the theoretical model articulated by political scientist John Kingdon with three distinct ‘streams’, which are essential for facilitating the formulation of political decisions.

Keywords • school dental health service, political ideas, educationalisation, privatisation

Introduction

An act passed in 1971 made it obligatory for Danish municipalities to establish a Public Dental Health Service for Children (PDHSC), providing free preventive and curative dental health services from 1972 onwards for pupils in primary schools. The act served as the foundation for a development that, over the past five decades, has witnessed a rise in the proportion of children without cavities from 2% in 1980 to 70% in 2022. Two factors have contributed to this positive trend: the widespread adoption of tooth brushing with fluoride toothpaste and the introduction of free school dental health care services. Despite accessible dental health care services in schools, dental caries remain a societal issue; notably, children from low education backgrounds exhibit significantly poorer dental health compared to those from more families that are affluent.¹ According to the Danish National Health Authority, dental and oral health is regarded as an integral component of overall health and holds significant implications for an individual’s quality of life and functional capacity.² Consequently, the Danish political parties responsible for the 2022 Finance Act, guided by this understanding, decided to provide free dental treatment to individuals aged 18–21.

1 Katrine Rich Madsen et al., *Skolebørnsundersøgelsen 2022: Helbred, trivsel og sundhedsadfærd blandt skoleelever i 5., 7., og 9. klasse i Danmark* (København: Statens Institut for Folkesundhed, SDU, 2023), 108.

2 Sundhedsstyrelsen, *Social ulighed i sundhed og sygdom: Udviklingen i Danmark i perioden 2010–2017* (København: Sundhedsstyrelsen, 2020), 81.

The 2022 Act is situated within a broader historical trajectory in Denmark, dating back to the 1880s, when the health of children, particularly schoolchildren, gained increasing attention from policymakers and educational authorities. This heightened focus stemmed from the prevailing belief that a healthy physical body is one of the fundamental prerequisites for the development of a sound mind, which in turn is essential for effective education delivery.³ Consequently, there emerged a growing demand for schools to assume a more active role in promoting children's health and wellbeing.⁴ The municipalities responded to these demands by implementing school bathing facilities, the provision of meals for underprivileged schoolchildren, and undertaking the appointment of school doctors (mandated in 1946) and school dentists (mandated in 1972). As noted by British historians Dorothy Porter and Roy Porter, the implementation of compulsory health legislation expanded "the powers of the state effectively for the first time over areas of traditional civil liberties in the name of public health."⁵ Austrian historian of education Daniel Tröhler's characterisation of this evolution as "educationalisation" underscores the perception of education as a solution to perceived societal challenges.⁶ Education is seen as a catalyst for modernisation, facilitating the dissemination of knowledge and technologies whilst also providing moral guidance to individuals navigating the complexities of modern life.⁷ Similarly, Dutch professor of public education Gert Biesta emphasises the tendency to turn social and political problems into learning problems, and the strong expectation that education can and should radically alter the existing conditions and practices. In that way, pedagogy becomes an active and deliberative intervention in the public sphere.⁸

Academic attention has been devoted to the early phase of school dental health care services, spanning the years from the 1890s to the 1960s, where school dental health care services, along with other components of school medical services, played a central role in addressing health issues amongst underprivileged children as part of the broader

3 Anne Katrine Gjerløff and Anette Faye Jacobsen, *Da skolen blev sat i system: 1850–1920* (Aarhus: Aarhus Universitetsforlag, 2014), 327.

4 Ning de Coninck-Smith, *For barnets skyld: byen, skolen og barndommen 1880–1914* (København: Gyldendal, 2000), 249–90.

5 Dorothy Porter and Roy Porter, "The Politics of Prevention: Anti-vaccinationism and Public Health in Nineteenth-Century England," *Medical History* 32, no. 3 (1988), 231.

6 Daniel Tröhler, "The Educationalization of the Modern World: Progress, Passion, and the Protestant Promise of Education," in *Educational Research: The Educationalization of Social Problems*, ed. Peter Smeyers and Marc Depaepe (Dordrecht: Springer, 2008), 32.

7 Daniel Tröhler, "Educationalization of Social Problems and the Educationalization of the Modern World," in *Encyclopedia of Educational Philosophy and Theory*, ed. Michael A. Peters (Singapore: Springer, 2017), 698. Cf. Marc Depaepe, "Educationalisation: A Key Concept in Understanding the Basic Processes in the History of Western Education," *History of Education Review* 27, no. 2 (1998), 16–28; Marc Depaepe and Peter Smeyers, "Educationalization as an Ongoing Modernization Process," *Educational Theory* 58, no. 4 (2008), 379–89; Peter Smeyers and Marc Depaepe, eds., *Educational Research: The Educationalization of Social Problems* (Dordrecht: Springer, 2008), 1–11; David F. Labaree, "The Winning Ways of a Losing Strategy: Educationalizing Social Problems in the United States," *Educational Theory* 58, no. 4 (2008), 447–60. See also Joakim Landahl, "Educationalising Death: The Emergence of Traffic Education in Swedish Elementary Schools," *Nordic Journal of Educational History* 9, no. 2 (2022), 107.

8 Gert Biesta, "Becoming Public: Public Pedagogy, Citizenship and the Public Sphere," *Social & Cultural Geography* 13, no. 7 (2012), 691–93.

process of educationalisation of social problems.⁹ However, little attention has been paid to the more recent 50–60 years of the Public Dental Health Service for Children, despite its significance.¹⁰ This period witnessed the full establishment of the welfare state, resulting in an increased public involvement in citizens' lives, including their health condition and the implementation of preventive health strategies. In Denmark, despite the service becoming mandatory in 1971 and making notable advancements in children's dental health, research in this area remains relatively limited, often without providing a broader contextual understanding or addressing the underlying conflicts between political actors and professionals.¹¹ At the municipal level, publications have emerged from former and current employees of the dental health service, often lacking a broader contextualisation or comparative analysis.¹²

This article, therefore, examines the political debates concerning the evolution of the Public Dental Health Service for children in Denmark from the 1960s to the 1980s, an era widely characterised as the formative phase in the establishment of contemporary public health dental services.¹³ A key milestone during this era was the enactment of

-
- 9 Coninck-Smith (2000), 256–57, cf Gjerløff and Jacobsen (2014), 329–30; Anne Katrine Gjerløff et al., *Da skolen blev sin egen: 1920–1970* (Aarhus: Aarhus Universitetsforlag, 2014), 232–34. For the United Kingdom, see Stanley Gelbier and Sheila Randall, “Charles Edward Wallis and the Rise of London's School Dental Service,” *Medical History* 26, no. 4 (1982), 395–404; M. M. Gray, “Idle Teeth Get Into Mischief”: The Dental Health of Walsall (UK) School Children 1910–1912 and the Consequent Development of School Dentistry in the Borough,” *Community Dental Health* 6, no. 2 (1989), 153–57; Bernhard Harris, *The Health of the Schoolchild: A History of the School Medical Service in England and Wales* (Buckingham: Open University Press, 1995), 154–55, 177, 190–95; John Welshman, “Dental Health as a Neglected Issue in Medical History: The School Dental Service in England and Wales, 1900–40,” *Medical History* 42, no. 3 (1998), 306–27; Stanley Gelbier, “Dentistry for Pauper and Other Poor Children in the Late 19th and Early 20th Centuries,” *Dental History* 43 (2006), 43–61. For Sweden, see Nils Bäckmann, Hans Grahnén, and Peter Ollinen, *Tandvård för folket: förhistorien och spelet bakom folktandvårdens tillkomst år 1938* (Umeå: Centraltryckeriet, 1988).
- 10 Anders Hugoson et al., “Caries Prevalence and Distribution in 3–20-year-olds in Jonköping, Sweden, in 1973, 1978, 1983, and 1993,” *Community Dentistry and Oral Epidemiology* 28 (2000), 83–89; Gayle B. McCombs et al., “Dental Hygienists' Contributions to Improving the Nation's Oral Health Through School-based Initiatives from 1970 Through 1999: A Historical Review,” *Journal of Dental Hygiene* 81, no. 2 (2007), 52 (USA 1970–1999); K.M. Milsom, M. Tickle, and A.S. Blinkhorn, “Is School Dental Screening a Political or a Scientific Intervention?” *Journal of Dental Research* 87, no. 10 (2008), 896–99 (United Kingdom 1918–2007); Susan M. Moffat, Lyndie A. Foster Page, and W. Murray Thomson, “New Zealand's School Dental Service over the Decades: Its Response to Social, Political, and Economic Influences, and the Effect on Oral Health Inequalities,” *Frontiers in Public Health* 5 (2016), 1–18 (New Zealand 1905–2015).
- 11 Erik Friis-Hasché, *Child Oral Health Care in Denmark: A Great Success in Health Promotion* (København: Copenhagen University Press, 1994); Brian Larsen, “Organiseringen af den kommunale børnetandpleje: – et valg mellem privat og offentlig,” *Politica* 31, no. 3 (1999), 256–71. Since the completion of this article, memoirs documenting school dentistry in the 1970s and 1980s have been published: Morten Arnika Skydsgaard, and Hanne Fuglsang Nielsen, *Tandbørsten på skoleskemaet* (Aarhus: Aarhus Universitetsforlag, 2025).
- 12 Allerød Kommune, *25 år med Allerød kommunes tandpleje 1963–1988* (Allerød: Social- og sundhedsforvaltningen, 1988); Jørgen Bergmann, *0-huller – tak, Odense Tandpleje 50 år* (Odense: Odense Kommune, 1991); Kurt Hesselgren, *Refleksioner over Frederikssund børnetandplejes resultater 1959–92* (S.n., 1992); Else Svensson, *Svendborg kommunale tandpleje 25 år: Smil i Svendborg* (Svendborg: Svendborg Kommune, 1992); Else Svensson, “Tandpleje gennem tiderne: Kommunal tandpleje i Svendborg 1896–1956: – og et 25 års jubilæum,” *Årbog for Svendborg & Omegns Museum* 1992, 150–57; Birgitte Braa Andersen, “Københavns Kommunes tandpleje fylder 75,” *Indblik* 4 (1998), 20–21; *Brøndby Tandpleje 50 år: tandplejen's historie i Brøndby Kommune 1957–2007* (Brøndby: Brøndby Kommune, 2007); Lene Esmark, *Børnetandplejen på Frederiksberg fylder 100 år: – meget er forandret men grundideerne består!* (Frederiksberg: Frederiksberg Kommune, 2010).
- 13 Larsen (1999), 256.

the 1971 Act, which mandated dental health services for children, the establishment of school dental clinics, alongside the recruitment of dentists and dental assistants, and initiatives such as children rinsing their mouths with fluoride. This article delves into the diverse policy ideas that held substantial sway during the development of school dental health services throughout the 1960s, 1970s, and 1980s. The focus of the article is *not* on the medical or scientific advancements within the field of odontology, nor does it delve into the co-production of science and social order, as this would require a different theoretical approach.¹⁴

By providing the historical backgrounds that have influenced the political evolution of school dental health services, one recognises that educational practices are not only shaped by a contemporary context, as past decisions invariably impact future ones (path dependency).¹⁵ Danish historians Jørn Henrik Petersen and Klaus Petersen posit that this phenomenon can elucidate the persistence of established public welfare provisions and the challenges associated with effecting rapid changes. Once a system is established, deviating from its original trajectory becomes challenging, essentially locking it into a particular path.¹⁶ American sociologist James Mahoney further underscores the significance of the early phases of policymaking, highlighting how the implementation of new initiatives within existing institutional frameworks is influenced by path dependence.¹⁷ By revisiting the political negotiations surrounding the dental health service, this article offers insights into the political trajectories of Danish schooling, from the ideal of education for all, prevalent during the peak of the welfare state in the 1960s, to the enactment of the 1975 School Act amidst budget constraints during the subsequent welfare state crisis of the 1970s and 1980s. By looking at the school dental health services, this article contributes to the scholarly discourse on child health prevention strategies, which emerged as a central political focus area during this period aimed at social justice for all, irrespective of social background. In doing so, the article highlights the ongoing overall educationalisation of social problems within the modern welfare state with an increased focus on prevention and education, emphasising new initiatives regarding diet, exercise, body, and sexuality.¹⁸

Another significant political focal point during the 1970s and 1980s revolved around the parents' choice between private or public dental services. The left-wing parties regarded dental health services as a public good, conceptualised as a resource beneficial for all children, irrespective of their social background.¹⁹ This perspective emphasised the strong role of public institutions in ensuring access to education and healthcare.²⁰

14 For example, Sheila Jasanoff, ed., *States of Knowledge: The Co-production of Science and Social Order* (London: Routledge, 2004); Roger A. Pielke, Jr., *The Honest Broker: Making Sense of Science in Policy and Politics* (Cambridge: Cambridge University Press, 2007). I would like to thank one of the two peer reviewers for referring to these works.

15 Johannes Westberg, "What We Can Learn from Studying the Past: The Wonderful Usefulness of History in Educational Research," *Encounters in Theory and History of Education* 22 (2021), 233.

16 Jørn Henrik Petersen and Klaus Petersen, "Dansk velfærdshistorie: Et projekt og dets teoretiske ramme," *Historisk Tidsskrift* 110, no. 1 (2013), 217–20.

17 Brian Mahoney, "Path Dependence in Historical Sociology," *Theory and Society* 29 (2000), 510–12.

18 Ning de Coninck-Smith, Lisa Rosén Rasmussen, and Iben Vyff, *Da skolen blev alles: Tiden efter 1970* (Aarhus: Aarhus Universitetsforlag, 2015), 239–59.

19 Gerald Grace, "Education: Commodity or Public Good?" *British Journal of Educational Studies* 37, no. 3 (1989), 214.

20 David F. Labaree, "Consuming the Public School," *Educational Theory* 61, no. 4 (2011), 389.

Conversely, right-wing parties tended to perceive education primarily as a commodity subject to market forces (the commodification of education).²¹ With the 1976 liberalisation of the School Dental Act due to financial and practical reasons and the 1982 ascension of a Conservative-led coalition government, policies promoting higher levels of private sector participation and privatisation were introduced. British sociologists Stephen Ball and Deborah Youdell delineate privatisation in education into two primary forms, (a) the privatisation *of* public education, using the private sector to design, manage or deliver aspects of public education, and (b) privatisation *in* public education, with the importing of ideas, techniques and practices from the private sector.²² The 1976 and 1982 changes marked a transition from public-provided school dental health services towards the privatisation *of* public education as municipalities. Later, parents were to opt for private sector involvement (private dentists) to deliver healthcare benefits. Consequently, the political history of school dental health services emerges as an integral component of the development of the past four decades, characterised by privatisation and the commodification of education.²³

Finally, this article contributes to the new social history of education, which explores education *in* society and education *in* culture. This approach emphasises how society shapes education and, in turn, how education shapes society.²⁴ As noted by Swedish historians of education Johannes Westberg and Franziska Primus, this encompasses “not only the richness of discourses, experiences and emotions but also the complexities of economic growth, demographic change and institutional practices.”²⁵ This article explores how school dental health services are planned and perceived, whilst also analysing how the services were implemented amidst the complexities of political thinking, economic recession, and practical challenges.

This article seeks to answer the following research question: How did political ideas of the Public Dental Health Service for Children in Denmark intersect with different political streams during between the 1960s to the 1980s? The article is structured as follows. Firstly, I present the theoretical and methodological considerations and choices. The subsequent sections are organised based on analytically-derived periodisation, which sheds light on the three streams of politics influencing the evolution of school dental health services. The article concludes with a discussion on how school dental health services have contributed to shaping the school’s role in the Danish welfare state and what insights this provides regarding the evolution of Danish primary schooling.

21 Grace (1989), 210.

22 Stephen J. Ball and Deborah Youdell, *Hidden Privatisation in Public Education* (Brussels: Education International, 2008), 8–9.

23 Labaree (2011), 389. Stephen J. Ball, “Privatising Education, Privatising Education Policy, Privatising Educational Research: Network Governance and the ‘Competition State,’” *Journal of Education Policy* 24, no. 1 (2009), 83–99; Susanne Wiborg, “Neo-liberalism and Universal State Education: The Cases of Denmark, Norway and Sweden 1980–2011,” *Comparative Education* 49, no. 4 (2013), 207; Andy Green, “Education and the State: Whatever Happened to Education as a Public Good?” *Uddannelseshistorie* (2014), 17.

24 Johannes Westberg and Franziska Primus, “Rethinking the History of Education: Considerations for a New Social History of Education,” *Paedagogica Historica* 59, no. 1 (2023), 1–18. Cf. Johannes Westberg, “Combining Global and Local Narratives: A New Social History of the Expansion of Mass Education?” *European Education* 52, no. 3 (2020), 206–14.

25 Westberg and Primus (2023), 7.

Methodological outset

With the focus on how the evolution of the dental health service intersected with various political streams, this article sheds light on the movement and transformation of policy ideas within both political and professional streams. Pivotal actors in this process included central political decision-making bodies, governmental bureaucracies, and Local Government Denmark (*Kommunernes Landsforening*, KL), as well as the Danish Dental Association. Indeed, this study also examines the relationship between politicians and bureaucracy, particularly during the 1980s under the Conservative-led government and the influence of the Liberal Minister of the Interior, Britt Schall Holberg. Her advocacy for managerialist/organisational cultures within the professional public service sector reflects the form of professionalism characterised by commercial awareness, budget-focused management, and entrepreneurship, imposed from above by politicians, as outlined by sociologist Julia Evetts.²⁶ Bureaucratic expertise came under attack as the understanding between politicians and bureaucrats about the knowledge and skills of civil servants was no longer persistent. Danish politicians began employing strategies to alter the dynamics of the expertise to be more in line, either by strengthening greater control over the bureaucracy or by promoting alternative forms of expertise.²⁷

The article explores how political ideas concerning school dental health services have evolved and transformed. As noted by Canadian-US political scientists Daniel Béland and Robert Henry Cox, ideas play a pivotal role in shaping the understanding of issues and solutions within the realm of politics. They exert an influence by moulding an individuals' perceptions of what constitutes appropriate and legitimate in societal contexts.²⁸ Consequently, the study of policy ideas is important to understanding both the construction of reform imperatives and the content of social legislation.²⁹ However, researchers grapple with elucidating the precise roles that ideas fulfil and how these ideas undergo transformations over time.³⁰ I employ Béland's conception of ideas as an "actors' historically constructed beliefs and perceptions," thus characterising them as narratives that mould an actor's comprehension of an event.³¹ Béland asserts that ideas exert an influence on politics across three levels. Firstly, they are instrumental in framing issues and problems that warrant political attention, e.g., a high prevalence of caries in children. Secondly, ideas may manifest as economic or social presumptions that either validate or challenge prevailing institutions or policies pursued. Thirdly, ideas can be potent instruments in challenging existing institutional configurations

26 Julia Evetts, "The Sociological Analysis of Professionalism: Occupational Change in the Modern World," *International Sociology* 18, no. 2 (2003), 407–8.

27 Johan Christensen, "When Bureaucratic Expertise Comes Under Attack," *Public Administration* 102 (2024), 80.

28 Daniel Béland and Robert H. Cox, "Introduction," in *Ideas and Politics in Social Science Research*, ed. Daniel Béland and Robert H. Cox (Oxford: Oxford University Press, 2011), 3.

29 Daniel Béland, "Ideas and Social Policy: An Institutional Perspective," *Social Policy Administration* 39, no. 1 (2005), 2.

30 Vivien A. Schmidt, "Discursive Institutionalism: The Explanatory Power of Ideas and Discourse," *Annual Review of Political Science* 11 (2008), 305.

31 Daniel Béland, *How Ideas and Institutions Shape the Politics of Public Policy* (Cambridge: Cambridge University Press, 2019), 16.

and political landscapes, as they possess the potential, with skilful framing, to persuade politicians and other stakeholders of the imperative for change.³² The pivotal actors in this article held distinct constructed beliefs and perceptions shaped by historical contexts, influencing their views on the role of education, including children's health services. The Liberals, drawing from principles outlined in the 1849 Constitution and the 1856 Free School Act, prioritised parental freedom of choice within education. In contrast, the Social Democrats underscored the public school's role as a common platform for shaping future citizens, regardless of social background. Local Government Denmark advocated for the constitutional right to manage their affairs independently whilst remaining under state supervision.

This article explores how ideas exerted an influence on the political agenda, identifying when potential policy windows for political action on specific issues arose. Therefore, this article draws theoretical inspiration from American political scientist John Kingdon's multiple-streams model, which consists of the problem stream, the solution stream, and the political stream.³³ Kingdon's streams are useful to highlight how the simultaneous alignment of these three streams is crucial for driving actual policy change within a specific field, such as dental caries in children. The problem stream encompasses the identification of issues deemed significant by bureaucrats, politicians, etc., through statistical indicators, or due to feedback effects from previously enacted policies (creating path dependencies). In the case of this article, the problem stream is represented by the lack of school dental health services in rural areas, which has socio-economic implications. The solution stream, also known as the policy stream in Kingdon's framework, brings together experts from academic institutions, in this study The Royal Dental School, government bodies, and interest groups such as Local Government Denmark and the Danish Dental Association. In this stream, experts engage in a dialogical process, wherein policy ideas are shaped and potential solutions are framed. What transpires in the policy stream plays a pivotal role in determining policy outcomes in the political stream, depending, amongst other things, on the pressures exerted by interest groups and the perceived state of public opinion when politicians seek to legitimise their policy agendas. When these three streams operate in synchrony, they create what Kingdon refers to as a "policy window." This temporal opening presents the ideal conditions for political decision-making and the potential resolution of a specific problem, e.g., a school dental health act or the liberalisation of previous provisions.³⁴

This article thus delves into the intricate connections between policy, economics (finance), and professionalism within the political decision-making process. Economic considerations, for instance, played a pivotal role in both the solution and political streams, influencing the development of school dental health services. This interweaving of elements underscores the article's approach as a "histoire croisée" by examining "des liens, matérialisés dans la sphère sociale ou simplement projetés, entre différentes

32 Ibid., 17.

33 John W. Kingdon, *Agendas, Alternatives, and Public Policies* (Boston: Little, Brown, 1984; 2nd ed., 2014).

34 Kingdon (2014); Béland (2005), 6–11.

formations historiquement constituées.”³⁵ Consequently, the focal points of research are “ne sont pas seulement considérés les uns par rapport aux autres, mais également les uns à travers les autres, en termes de relations, d’interactions, de circulation.”³⁶

As a researcher, one is encouraged to continuously reflect on what one brings to the archives, whilst also remaining open to the questions, interpretations, theoretical insights, and analytical perspectives that emerged during the intra-actions with materials.³⁷ In order to understand the three streams and their interactions, this article is based on case files from the Ministry of the Interior, the Ministry of Health (established in 1987 as an outgrowth of the Ministry of Interior’s Health Department) and the National Health Authority. Additionally, parliamentary debates and the findings of commission reports constitute a vital part of this study. Reports and papers constitute the foundation for the problem stream, whereas case files represent the solution (policy) stream. The political stream is documented through an examination of policy papers and parliamentary debates. Regarding the research design, source-critical methods were employed to address the specific research questions and to analyse and interpret past worlds in ways pertinent to the article’s objectives, knowing that these methods respond to specific inquiries and agendas.³⁸

School dental care and the emergence of the Danish welfare state

The first decades of the 20th century were characterised by the municipal movement, which viewed the municipality as the optimal setting for implementing significant socioeconomic changes without challenging the political ideology or legal framework of the respective country.³⁹ In Denmark, the Social Democratic Party embraced the concept of “municipal socialism.” In municipalities where the party secured a majority, a series of social reforms were implemented; these reforms encompassed initiatives such as free schooling, the provision of school dentists, school doctors, and school meals.⁴⁰ Some of these reforms were a continuation of the Danish school hygiene movement, which gained prominence around 1880. By the end of the nineteenth century, social hygiene was viewed as a topic of great importance, as the health of children was

35 Michael Werner and Bénédicte Zimmermann, “Penser l’histoire croisée: entre empirie et réflexivité,” *Annales* 58, no. 1 (2003), 8. Cf. Michael Werner and Bénédicte Zimmermann, “Beyond Comparison: Histoire Croisée and the Challenge of Reflexivity,” *History and Theory* 45, no. 1 (2006), 30–50. Translation: “links, materialized in the social sphere or simply projected, between different historically constituted formations.”

36 Werner and Zimmermann (2003), 15–16. Translation: “are not only considered in relation to each other, but also through each other, in terms of relationships, interactions, circulation.”

37 Maria Tamboukou, “Archival Research: Unravelling Space/Time/Matter Entanglements and Fragments,” *Qualitative Research* 14, no. 5 (2014), 617–33; Maria Tamboukou, “Feeling Narrative in the Archive: The Question of Serendipity,” *Qualitative Research* 16, no. 2 (2016), 151–66.

38 Peter Edelberg and Dorte Gert Simonsen, “Changing the Subject: Epistemologies of Scandinavian source criticism,” *Scandinavian Journal of History* 40, no. 2 (2015), 232.

39 Patrizia Dogliani, “European Municipalism in the First Half of the Twentieth Century: The Socialist Network,” *Contemporary European History* 11, no. 4 (2002), 573–96.

40 Søren Kolstrup, *Velfærdsstatens rødder: fra kommunesocialisme til folkepension* (København: Selskabet til Forskning i Arbejderbevægelsens Historie, 1996), 55–67.

of particular concern, as they are the future citizens of the nation.⁴¹ In Denmark, city municipalities, such as Svendborg in 1896 and Esbjerg in 1909, took the pioneering step of establishing organised dental health services for children.⁴² By 1966, there were school dental clinics across 217 out of 1,098 municipalities; the majority of rural municipalities offering dental health services were concentrated within the Greater Copenhagen Region where rural areas had transformed into suburbs.⁴³ A similar trajectory of development unfolded in the Nordic countries and various parts of the Western world. In Sweden, the responsibility for organising public dental services for both children and adults started in 1938; in Norway, Parliament mandated free dental health services for all schoolchildren in 1917.⁴⁴

The evolution of the Danish welfare state was deeply intertwined with the broader international economic growth experienced in the 1950s and 1960s. In Denmark, a significant portion of resources was directed towards the public sector, as the Social Democratic Party (in power 1953–1968, 1971–1973, and 1975–1982) actively pursued their vision for an equitable society through the implementation of a welfare state. Elevated social entitlements and opportunities, coupled with a heightened emphasis on social and gender equality, emerged as central themes. Social expenditure, measured as a percentage of gross factor income, saw a significant rise from 11% in 1964/65 to 21% by 1973/74. Additionally, the share of individuals employed within the public service sector more than doubled, increasing from 9.8% in 1950 to 20.5% in 1970.⁴⁵ In Denmark, during the 1960s, there was a noticeable emergence of a technocratic expert culture characterised by a strong emphasis on rationality, efficiency, and planning within political parties, particularly in the solution and political streams. A notable transformation occurred marked by the increased infusion of scientific principles into social policy, accompanied by its depoliticisation and the emergence of an “ideology of objectivity.”⁴⁶ Within the health sector, there was a notable political shift towards prevention in the solution stream, leading Denmark and many Western countries to transition from a predominantly treatment-oriented approach to one that prioritised preventive measures. This transition aligns with the concept of the “New Public Health,” a term coined by sociologists Alan Petersen and Deborah Lupton in 1996, linking lifestyle-related diseases to various aspects of human behaviour, including unhealthy dietary habits and a lack of physical activity.⁴⁷ In Denmark, this shift led to renewed

41 Ana Fumurescu, “Nurturing a ‘Great Social Organism’: School Hygiene, Body Politics, and the State in Late Imperial Russia,” *History of Education Quarterly* 62, no. 1 (2022), 61; Richard A. Meckel, *Classrooms and Clinics: Urban Schools and the Protection and Promotion of Child Health, 1870–1930* (New Brunswick: Rutgers University Press, 2013).

42 Gjerløff and Jacobsen (2014), 329–30.

43 *Betænkning om offentlig forebyggende børnetandpleje* (København: Statens Trykningskontor, 1966), 11–12.

44 *Betænkning* (1966), 13–16. Eeva Widström et al., “Systems for Provision of Oral Health Care in the Nordic Countries,” *Tandlægebladet* 119, no. 9 (2015), 704.

45 Jørn Henrik Petersen, Klaus Petersen, and Niels Finn Christiansen, eds., *Velfærdsstatens storhedstid: Dansk Velfærds historie: Bind IV: Perioden 1956–1973* (Odense: Syddansk Universitetsforlag, 2012), 11–49.

46 Petersen, Petersen, and Christiansen (2012), 25–33.

47 Lars Thorup Larsen, “The Birth of Lifestyle Politics: The Biopolitical Management of Lifestyle Diseases in the United States and Denmark,” in *Governmentality: Current Issues and Future Challenges*, ed. U. Bröckling, S. Krasmann, and T. Lenke (New York, London: Routledge, 2010), 201.

attention to prevention and public health policies in the solution stream, with official reports and programs reflecting a greater focus on these areas.⁴⁸

The initial policy window: From School Dental Commission to School Dental Act (the 1960s)

This transition towards a prevention-oriented approach was also evident in the field of school dental health services, both in Denmark and across the globe.⁴⁹ This coincided with the breakthrough of the welfare state in the late 1950s and 1960s, including major educational reforms aimed at fostering the holistic development of children. Central to these reforms was the idea that all children should have the opportunity to grow up as harmonious, happy, and virtuous individuals.⁵⁰ However, it was an important prerequisite for harmonious and happy children that the health status of the children was good.

In the late 1950s, the provision of dental health services for schoolchildren by private practising dentists faced discontinuation due to disputes over payment between the Danish Dental Association and municipal authorities. This problem stream constituted the background for the creation of the School Health Service Commission by the Ministry of the Interior in 1959.⁵¹ The commission served as a platform to address the issues surrounding dental health services for schoolchildren. It brought together a diverse group of stakeholders representing the solution (policy) stream, including experts from academic institutions such as the Royal Dental School, governmental agencies like the National Health Authority and the Ministry of Education, as well as interest groups such as associations from the municipalities and the Danish Dental Association. The commission identified caries as a significant issue affecting both children and adults, forming a crucial component of the problem stream. Caries, or dental decay, was found to be highly prevalent, with notable regional variations. For example, in the southern region of Denmark, caries affected approximately 23.8% of the population, whilst in northern Jutland, this figure was significantly higher at 47.4%. In addition to caries, the commission also highlighted other dental issues prevalent amongst children. A significant proportion, ranging from 25% to 50%, exhibited dental problems related to tooth position and secondary developmental anomalies.⁵²

In the solution stream, the commission proposed the establishment of a free public dental health service for children. The aim was to prevent “dental diseases to the greatest extent possible” amongst children, recognising that dental diseases could not be entirely eradicated. Furthermore, the aim was “to provide conservative treatment to maintain optimal oral function, whether it pertained to their deciduous or permanent teeth; as well, to prevent the consequences of dental diseases beyond the dental system alone in the surrounding jaws, organs, tissues, and the overall health of the individual.”⁵³ The envisioned solution encompassed three primary components. *Firstly*, free dental health services for children aged 0–6. This included conducting clinical

48 Signild Vallgård, *Folkesundhed som politik: Danmark og Sverige fra 1930 til i dag* (Aarhus: Aarhus Universitetsforlag, 2004), 119.

49 McCombs et al. (2007), 2; Milsom, Tickle, and Blinkhorn (2008), 896.

50 Ida Juul, “Den danske velfærdsstat og uddannelsespolitikken,” *Uddannelseshistorie* (2006), 80.

51 *Betænkning* (1966), 5.

52 *Ibid.*, 20–33.

53 *Ibid.*, 51.

examinations and treatment, including educational activities. The *second* component extended dental health services to children between the ages of 7 and 14, as this age group would receive more frequent clinical examinations and treatment. Similar to the approach for younger children, lectures and films would be integrated into parental meetings to help raise awareness about oral health. *Thirdly*, the commission emphasised the importance of continuity in dental health services beyond the school years to ensure that young people continued to receive necessary dental care.⁵⁴ In addition, the commission recommended the fluoridation of drinking water as a preventive measure to improve dental health outcomes, a topic that would become the subject of considerable debate in Denmark during the 1970s due to differing views on the potential benefits and risks.⁵⁵ Furthermore, the commission underscored the importance of providing education and guidance in diet planning, with a particular focus on reducing the excessive consumption of sweets. This included imposing tax increases on sugary products and implementing restrictions on the sale of such items in close proximity to schools, in order to change the lifestyles of children (and their parents), using the school dental services as a way of educating on social problems.⁵⁶

The commission proposed that all municipalities were to introduce children's dental health services to ensure equitable access to dental care. As a majority of the country's municipalities voluntarily had already taken responsibility for the school dental care system, it becomes challenging to deviate from its original starting point. Thus, path dependency underscores the importance of the early phases of policymaking, e.g., voluntary school dental health services, as transitions to new policies occur within the context of previous decisions and historical developments.⁵⁷ The full implemen-

54 Ibid., 50–57.

55 See The Danish Environmental Agency (DNA), casefiles 1972–1975, casefile 1973/231-36, casefiles 1975–1983, casefile 25073-3 and casefile 25073-8. There is an extensive literature on the anti-fluoridation movement. For Sweden, see Jonatan Samuelsson, “The State of Tooth Decay: Dental Knowledge, Medical Policy and Fluoridation in Sweden, 1952–1962,” in *Cultures of Oral Health: Discourses, Practices and Theory*, ed. C.L. Jones and B. Gibson (London: Routledge, 2022), 204–21. For the United Kingdom, see Amy C. Whipple, “‘Into Every Home, Into Every Body’: Organicism and Anti-Statism in the British Anti-Fluoridation Movement, 1952–1960,” *Twentieth Century British History* 21, no. 3 (2010), 330–49. For the USA, see Brian Martin, *Scientific Knowledge in Controversy: The Social Dynamics of the Fluoridation Debate* (Albany: SUNY Press, 1991); Gretchen Ann Reilly, *This Poisoning of Our Drinking Water: The American Fluoridation Controversy in Historical Context, 1950–1990*, PhD diss., George Washington University, 2001; Greg Field, “Flushing Poisons from the Body Politic: The Fluoride Controversy and American Political Culture, 1955–1965,” in *The Sixties Revisited*, edited by J. Heideking, J. Helbig, and A. Ortlepp (Heidelberg: Universitätsverlag, 2001), 469–85; R. Allan Freeze and Jay H. Lehr, *The Fluoride Wars: How a Modest Public Health Measure Became America's Longest-Running Political Melodrama* (Hoboken, NJ: John Wiley and Sons, 2009); Amy Picard, “Behind the Fluorine Curtain,” in *Making the American Mouth: Dentists and Public Health in the Twentieth Century*, edited by A. Picard (Rutgers: Rutgers University Press, 2009), 117–40; Cathrine Carstairs, “Debating Water Fluoridation Before Dr. Strangelove,” *American Journal of Public Health* 105, no. 8 (2015), 1559–69; Frank Zelko, “Optimizing Nature: Invoking the ‘Natural’ in the Struggle over Water Fluoridation,” *History of Science* 57, no. 4 (2019), 518–39. For Canada, see Cathrine Carstairs and Rachel Elder, “Expertise, Health, and Popular Opinion: Debating Water Fluoridation, 1945–80,” *Canadian Historical Review* 89, no. 3 (2008), 345–71. For New Zealand, see Jill Wrapson, “Artificial Fluoridation of Public Water Supplies in New Zealand: ‘Magic Bullet,’ ‘Rat Poison,’ or Communist Plot?” *Health and History* 7, no. 2 (2005), 17–29; H. F. Akers, “Collaboration, Vision and Reality: Water Fluoridation in New Zealand (1952–1968),” *New Zealand Dental Journal* 104, no. 4 (2008), 127–33.

56 *Betænkning* (1966), 42.

57 Mahoney (2000), 510–12.

tation of the ideal dental health service was estimated to be approximately 28 million Danish Kroner (DKK) initially, equivalent to 39 million Euro in 2022 currency. This figure was expected to increase to 55 million DKK or 78 million Euros in 2022 terms. Additionally, accommodating the expansion in services necessitated a considerable increase in staff, with the school dental workforce needing to more than double from 1,465 employees to 2,890. Given these challenges, practical and financial considerations began to take precedence over the initial health ideals. As a result, in the first year, the service would be introduced solely at the first-grade level in schools, gradually expanding to encompass additional grades in subsequent years until full coverage was achieved over a 10-year period. To address potential challenges, for instance, a shortage of dentists, the Ministry of the Interior was to have the authority to grant municipalities dispensation to engage private practice dentists for a limited duration to supplement the public dental health service.⁵⁸

The introduction of the bill was delayed due to concerns related to the impending municipal reform scheduled to take effect on April 1, 1970. There were apprehensions about whether all municipalities would be able to effectively assume the responsibility for implementing the new dental health service. As a result of these concerns, the School Dental Health Bill was not laid before Parliament until the Spring of 1971.⁵⁹ The bill was heavily influenced by the recommendations outlined in the 1966 report and represented the political stream. The primary objective of this bill was “to promote the health of the population and to prevent diseases” through the implementation of a free Public Dental Health Service for Children.⁶⁰ However, despite the increased financial stability of municipalities following the 1970 reform, many smaller municipalities lacked the necessary administrative and financial infrastructure to support comprehensive dental health services. Due to these economic and practical constraints, the initial focus of the Dental Health Service was directed towards children of compulsory school age, specifically between 7 and 14 years old. Expansion to include children aged 15 and 16 was anticipated with the extension of compulsory education. No compulsory dental health services were initially introduced for younger children (aged 0–6), as the strategy prioritised monitoring the progress of school-age children before considering expansion to younger age groups.⁶¹ Simultaneously, the implementation of the digital SCOR system, initiated by the National Health Authority, played a crucial role in monitoring the oral health of children across all municipalities.⁶² The expansion of the Dental Health Service for Children was entrusted to the municipalities, offering them autonomy in determining the specifics of clinic locations and establishment methods. Rather than prescribing specific guidelines, the act served as a framework, allowing municipalities to tailor their approaches based on local needs and circumstances. County councils were empowered to grant exemptions to municipalities facing unique challenges, such as a scarcity of dentists. These exemptions allowed them to

58 *Betænkning* (1966), 58–83.

59 *Folketingsstidende 1970/71* (København: Schultz, 1971), Appendix A, 2817–18.

60 *Ibid.*, 2822.

61 *Ibid.*, 2822–25.

62 Sundhedsstyrelsen, *Børnetandplejen i Danmark. 1983/84 og 1984/85: Redegørelse vedrørende revision af børnetandplejens indberetningssystem (SCOR)* (København: Sundhedsstyrelsen, 1986), 20–22, 28–29.

cover the cost of children's dental health services at private practising dentists. These municipalities were referred to as "dispensation municipalities."

The bill passed through Parliament largely unchanged, despite calls from left-leaning parties to extend the coverage to children as young as 3 years old and to expedite the phase-in process. The Left Socialists stressed the importance of extending efforts beyond the school premises, suggesting restrictions on the placement of ice cream vendors and confectionary establishments near schools.⁶³ Despite these proposals, the Act received Royal Assent in May 1971 and came into effect in August 1972. The passage was a culmination of various factors converging within the problem stream (the widespread prevalence of dental caries amongst children), the solution, and the political stream (the 1966 Commission report and discussions in Parliament). The alignment of these streams created a policy window, providing an opportune moment for the enactment of the legislation, however with a more limited solution than originally intended. Municipalities were tasked with carrying out the provisions of the act; however, they encountered practical difficulties and financial constraints.

Second policy window: Financial reductions and general dispensations (the 1970s)

The early 1970s marked a turning point for the Danish welfare state. The first oil shock of 1973–1974 resulted in widespread unemployment and negative trends in the balance of payments.⁶⁴ Additionally, the structural changes of the 1950s and 1960s fuelled frustration amongst a considerable portion of the population. Many began to question the legitimacy of the welfare state model, framing their criticisms as elite criticism. Therefore, the parliamentary election in December 1973 ushered in the rise of new political parties, including a right-wing populist anti-tax party.⁶⁵

In Denmark, the government formed a group tasked with identifying cost reductions in 1972, led by Per Hækkerup, the prominent Social Democratic Minister of Economy and Budget.⁶⁶ Around the same time, Local Government Denmark (KL) began expressing concerns about the increasing demands placed on municipalities.⁶⁷ The problem streams, including the economic challenges and concerns raised by KL, set the stage for the solutions proposed by Egon Jensen, Minister of the Interior, in his response to KL. Initially, he promised not to burden municipalities with additional tasks.⁶⁸ However, when the National Health Authority issued guidelines for SCOR reporting without consulting KL, KL voiced their concerns directly to Hækkerup regarding the perceived burden of numerous new state requirements, singling out

63 *Folketingstidende* 1970/71, Forhandlingerne, 5067–70.

64 Niels Kærgård, "The Danish Economy, 1973–2009: From National Welfare State to International Market Economy," *Scandinavian Journal of History* 49, no. 2 (2024), 242, 247–50.

65 Niklas Olsen, "Welfare State Criticism as Elite Criticism in 1970s Denmark," in *Histories of Knowledge in Postwar Scandinavia: Actors, Arenas, and Aspirations*, ed. Niklas Olsen, Johan Östling, and David Larsson Heidenblad (London: Routledge, 2020), 112.

66 Thorsten Borring Olesen, *De danske ministerier 1972–1993: Del 1: Anker Jørgensens tid 1972–1982* (København: Gad, 2017), 28. Petersen, Petersen, and Christiansen (2012), 17, 34.

67 Letter from Minister Per Hækkerup to Minister Egon Jensen, June 29, 1972, DNA, The Ministry of the Interior, casefiles 1968–1972, casefile 1972/020-13 I.

68 Letter from Minister Egon Jensen to Minister Per Hækkerup, September 6, 1972, DNA, the Ministry of Finance, the Budget Department's Budgetary Office, casefiles (BO-sager) 1966–1973, casefile 1972/6050.

the Public Dental Health Service. Therefore, Jensen had to implement a dispensation scheme, particularly regarding regulations related to the construction and interior design of school dental clinics to alleviate the burden on municipalities.⁶⁹ Although the SCOR reporting requirements remained unchanged, municipalities were granted an extension until the end of 1977, when the act was scheduled for revision, for the establishment of dental clinics.⁷⁰ KL's protests and the subsequent introduction of a dispensation scheme had a notable impact on the establishment of clinics. Amongst the municipalities that had requested an extension until the end of 1977 ("dispensation municipalities"), a substantial portion were located in West Jutland, where dental health issues amongst children were particularly acute.⁷¹ In these areas, clinics were predominantly established in the city municipalities with greater financial resources.⁷² The political composition of municipalities also played a significant role in determining their approach to establishing dental clinics or choosing a private solution. Amongst the municipalities granted dispensation, a majority (51 out of 76) had a mayor from the Liberals or a conservative party.⁷³

The debate over "clinic municipalities" versus "dispensation municipalities" held significance within the solution and political streams in subsequent years. In 1975, the Liberals (to which many mayors in dispensation municipalities belonged) proposed extending the dispensation scheme indefinitely as a part of the solution stream. According to the party, the problem stream consisted of the financial burden and practical challenges faced by smaller municipalities in establishing and operating clinics. Additionally, implementing the act's requirements for a fully developed service would lead to the public sector taking over such a substantial portion of the private dental market that many dentists would have had to close their clinics.⁷⁴ The proposal to continue the dispensation scheme as a policy window reflected the ideological orientation towards the privatisation of public education and the commodification of public services. The rejection of the proposal by both the Social Democratic government and other conservative parties reflected a perspective that views school dental services, regardless of individual socioeconomic status, as a public good rather than as a commodity. They also feared that it would undermine the progress of the Public Dental Health Service, emphasising the role of public institutions in ensuring equitable access to education

69 Letter from KL to the Danish Health Authority, October 18, 1972, DNA, the Ministry of the Interior, casefiles 1968–1972, casefile 1972/020-13 II. - Memorandum from the Minister of Economics and Budget to the Minister for Housing, the Minister of the Interior, the Minister for Social Affairs, the Minister of Culture and the Minister for Education, November 8, 1972, DNA, the Ministry of the Interior, casefiles 1968–1972, casefile 1972/020-13 II.

70 Circular Letter, February 28, 1973, DNA, the Ministry of the Interior, casefiles 1968–1972, casefile 1972/020-13 II.

71 Erik Randers Hansen, "Den kommunale børnetandplejes omfang og struktur 1. oktober 1973," *Tandlægebladet* 78 (1974), 147–50.

72 Jens Heidmann and Erik Randers Hansen, "Den kommunale børnetandplejes omfang, struktur og udbygning med klinikker i 1977/78," *Tandlægebladet* 83 (1979), 243–44.

73 Lene Skak-Iversen and Erik Randers Hansen, "Børnetandplejens omfang og struktur i skoleåret 1978–79," *Tandlægebladet* 84 (1980), 187; A. Lund-Sørensen, S.E. Skydt, and H. Roland Hansen, eds., *Kommunal håndbog 1978–79* (København: Mostrup, 1978). See also Larsen (1999), 264, for the period 1972–1986.

74 *Folketingstidende* 1975/76 (København: Schultz, 1976), Appendix A, 2317–18; *Folketingstidende* 1975/76, Forhandlingerne, 3260–61.

and healthcare.⁷⁵ Setting a deadline for the end of 1981 was a compromise measure to address the issue of whether to continue with the dispensation scheme, providing a rationale for postponing a definitive decision.⁷⁶

The political stream within the Ministry of the Interior was aimed at establishing municipal responsibility for children aged 0–16, ensuring that those in the 79 municipalities lacking dental health services at municipal clinics would also have access to treatment, thus eliminating differences in the legal status of children.⁷⁷ However, the revised act, passed in 1977, only included provisions for the gradual inclusion of children under school age due to financial and practical constraints.⁷⁸ Whilst the 1976 amendment received support from liberal-conservative parties, they voted against the 1977 Act. For these parties, the principal concern had shifted to ensuring the parents' freedom to choose between a municipal clinic or a private dentist, thus transforming school dental services into a commodity.⁷⁹

In 1980, a similar situation arose when the 1977 dispensation scheme had to be revised. The Social Democratic government maintained its principled stance on dental health services for children as a public good, citing the lower caries incidence and lower operating costs in clinic municipalities compared to those under dispensation.⁸⁰ However, during the mid-1970s, there was a significant decline in the public sector balance, which necessitated greater public cuts to address the rising expenditures in various areas.⁸¹ Economic considerations took precedence over health ideals as fiscal restraint became a priority over health considerations. During the parliamentary debate, the Social Democratic Government and the conservative-liberal parties clashed over the government's calculations regarding the superiority of clinic municipalities, as it challenged the views of the liberal-conservative parties who advocated for the privatisation of education as part of the solution stream and a proper aspect of the political stream.⁸² Within the Danish Dental Association, there was unrest as the subsection representing private practising dentists (PTO) supported the liberal-conservative parties,⁸³ as PTO members earned a livelihood by providing dental services to municipalities. Under pressure and facing opposition from other political parties, the Social Democratic government agreed to extend the expiration of the dispensation

75 *Folketingstidende* 1975/76, Forhandlingerne, 6675–714.

76 *Folketingstidende* 1975/76, Appendix C, 743.

77 Memorandums for the Minister, February 10, 1977, and June 20, 1977, and 1st bill draft, June 3, 1977, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1973–1977, casefile 1977/51230-53. *Folketingstidende* 1977/78 (København: Schultz, 1978), Appendix A, 299–304.

78 Act no. 608, December 12, 1977, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1973–1977, casefile 1977/51230-53.

79 *Folketingstidende* 1977/78, Forhandlingerne, 455–67. *Folketingstidende* 1977/78, Appendix B, 39–41.

80 *Folketingstidende* 1979/80, 2. samling (København: Schultz, 1980), Appendix A, 2875–80.

81 Jørn Henrik Petersen, Klaus Petersen, and Niels Finn Christiansen, eds., *Velfærdsstaten i tidehverv: Dansk velfærdshistorie: Bind V: 1973–1993* (Odense: Syddansk Universitetsforlag, 2013), 23–38.

82 14 questions from the Parliament's Committee on Municipality Affairs to the Minister of the Interior, March 27, 1980, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1978–1982, casefile 1979/5250-14.

83 Letter from the Practising Dentists' Organisation (PTO) to the Parliament's Committee on Municipality Affairs, March 16, 1980, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1978–1982, casefile 1979/5250-14.

scheme until the Act's revision in 1986.⁸⁴ What had initially been a temporary emergency measure during the implementation phase in the early 1970s now became, in reality, a permanent part of children's dental health services as a form of privatisation within education. Additionally, the Ministry announced that reasons beyond purely economic considerations could justify a municipality being granted a dispensation, e.g., if a municipality wished to be a "dispensation municipality" for ideological and/or local reasons.⁸⁵

Despite the 1971 Act's aim to establish clinics under municipal management as a public good, the establishment of municipal clinics stopped around 1980.⁸⁶ This development contributed to the differences in the prevalence of dental diseases amongst children, owing to the varying rates of expansion of children's health services across Denmark.⁸⁷ This disparity impacted children from low-income households. Indeed, a 1976 government report underscored the close correlation between the family's social conditions and the pattern of dental disease amongst children. Children of workers and of clerks with shorter educations had twice as many decayed tooth surfaces as children from socially more advantaged backgrounds (further detailed below).⁸⁸ However, the political discussions in the following decade revolved around liberalisation and privatisation, with a particular emphasis on economic savings.

Third policy window: The liberal paradigm shift (the 1980s)

In 1982, the long-standing Social Democratic government, which had been in power 1953–1968, 1971–1973, and 1975–1982, stepped down and a new Conservative–Liberal government took office, ruling for the next 11 years. This led to what has been called a paradigm shift in politics.⁸⁹ This new government had two main objectives. Firstly, to revive the Danish economy through budgetary reductions and a stringent expenditure policy.⁹⁰ Secondly, to modernise and rejuvenate the public sector, including granting citizens the freedom to choose their public services, framing public services as commodities.⁹¹ Under the new government, bureaucratic expertise came under scrutiny. In both the Ministry of Education and the Ministry of the Interior, there were initiatives aimed at introducing new approaches to decision-making and policy formulation in the solution and political streams. In the Ministry of Education, Bertel Haarder endeavoured to reduce the concentration of power in centralised government

84 Memorandums for the Minister, April 10, 1980, April 16, 1980, and April 17, 1980, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1978–1982, casefile 1979/5250-14.

85 Letter from the Ministry of the Interior to the Danish municipalities, July 12, 1980, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1978–1982, casefile 1979/5250-14.

86 Larsen (1999), 261–62.

87 Sundhedsstyrelsen (1983), 52. Cf. Friis-Hasché (1994), 41–42.

88 *Betænkning om befolkningens tandsundhedsstatus og tandlægevæsenet: afgivet af en af Sundhedsstyrelsen nedsat embedsmandsgruppe vedrørende tandlægevæsenet* (København: Statens trykningskontor, 1976), 19.

89 Hans Henrik H. Østergaard, *At tjene og forme den nye tid: Finansministeriet 1848–1998* (København: Finansministeriet, 1998), 313.

90 Østergaard (1998), 380.

91 Petersen, Petersen, and Christiansen (2013), 45–47, 79, 123; Finansministeriet, *Den offentlige sektor 1982–1992* (København: Finansministeriet, 1992), 14–18. See also Jesper Vestermark Køber and Niklas Olsen, "Privatizing the Welfare State: Danish Libertarianism from the 1980s to the 2000s," *Journal of Political Ideologies* 28, no. 3 (2023), 356–57.

and increase market-orientation by giving greater power to the users of education.⁹² This was aimed at a privatisation of public education, using the private sector to design, manage or deliver aspects of public education, as framed by Ball and Youdell.⁹³

For the Ministry of the Interior, reducing overall public expenditure became a priority for Britta Schall Holberg, the new Liberal Minister, in order to implement financial reductions in the general subsidy to municipalities.⁹⁴ During the period from 1966 to 1983, there was a significant decline in the number of children in Denmark, as well as in other countries.⁹⁵ Additionally, the 1971 Act had a notable impact on the improvement of children's dental health.⁹⁶ In response to these factors, Schall Holberg encouraged the municipalities to reduce the per-child expenditure in school dental health services as part of the solution stream to manage costs.⁹⁷ The establishment of the ATFO committee in early 1984 marked a proactive approach to address the upcoming revision of the Children's Dental Act in the 1985/86 Parliament session. As part of the problem stream, she highlighted the changing landscape, including improved dental health and a projected decrease in the number of children. Therefore, the committee was tasked with providing proposals for changes that would ensure the continuation of the positive health outcomes achieved thus far, whilst also accommodating financial reductions. A key aspect of this approach was to reallocate funds from children's dental health services to funding dental health services for the entire population.⁹⁸ The Finance Ministry also highlighted the need for harmonisation and more efficient resource utilisation to align with the broader goals of reducing public spending.⁹⁹

The committee, comprising of government officials, the National Health Board, experts, and the Danish Dental Association, played a pivotal role by harnessing diverse expertise to propose revisions to the dental health service system. Rooted in the vision of promoting lifelong oral health and wellbeing, the committee articulated the recognition of the intrinsic link between oral health and overall physical, psychological, and social wellbeing.¹⁰⁰ To operationalise this vision, the committee established specific targets tailored to different age groups. For instance, for 5–6-year-olds, one of the targets sets was that at least 90% of children should be free from caries, with no more than 5% experiencing caries in 1–3 milk teeth.¹⁰¹ In their report from 1985, the committee presented several models for the future organisation of dental health

92 Wiborg (2013), 417.

93 Ball and Youdell (2008), 8–9.

94 Niels Wium Olesen, *De danske ministerier 1972–1993: Poul Schlüters tid 1982–1993* (København: Gad, 2019), 81–86.

95 Larsen (1999), 261. Sundhedsstyrelsen, *Børnetandpleje i Danmark 1980–81 og 1981–82: status og udviklingslinjer* (København: Sundhedsstyrelsen, 1983), 53–54.

96 Sundhedsstyrelsen, *Børne- og ungdomstandplejen i Danmark: 1988* (København: Sundhedsstyrelsen, 1989), 68–70.

97 Indenrigsministeriet, *Aftaler og henstillinger vedr. den kommunale økonomi i 80'erne* (København: Statens Informationstjeneste, 1989), 140, 150–53.

98 Sundhedsstyrelsen, *Modeller for en fremtidig tandsundhedspolitik: Redegørelse fra arbejdsgruppen vedrørende tandplejens fremtidige organisation (ATFO)* (København: Sundhedsstyrelsen, 1985), 7–16.

99 Memorandums from the Budget Department, January 1, 1984, and February 6, 1984, DNA, The Danish Health Authority, casefiles 1982–1992, casefile 1985/1400-31.

100 Sundhedsstyrelsen (1985), 16–17.

101 Ibid., 16–18.

services. Whilst the committee reached a consensus for treating clinic municipalities and dispensation municipalities equally, thus abolishing the dispensation scheme, they grappled with the differing opinions regarding the preferred model for the revised system. The majority of the committee endorsed a model advocating for the inclusion of all children under the age of 18, along with nursing home residents and individuals with reduced mobility, allocating approximately 125 million DKK for adults. In contrast, the Ministry of the Interior supported the existing solution, which covered all children under the age of 16, as it would allocate up to 245 million DKK towards enhancing adult dental health services, aligning with the political objectives set forth by the Minister and the Ministry of Finance.¹⁰²

The report reignited renewed conflicts within the Danish Dental Association. Municipal dentists strongly advocated for an extended outreach dental health service, advocating for services to be extended up to the age of 20 in municipal clinics and dental services as a public good. Conversely, the Dental Association, influenced by private practising dentists who held a majority on the board, suggested that municipalities should have the option to choose between a municipal or private solution, thereby making dental health a commodity. In line with this, they advocated for limiting the municipality's responsibility for treatment to the age of 16, thus directing older individuals towards private dentists.¹⁰³ This disagreement eventually led to the resignation of the municipal dentists' subdivision from the Dental Association in 1985, prompting the formation of a new association representing their interests.¹⁰⁴

Britta Schall Holberg had to decide on the different models proposed. Despite the expertise possessed by the National Health Authority, Schall Holberg's approach to decision-making reflected a strong inclination towards political leadership rather than relying solely on professional expertise.¹⁰⁵ Instead of engaging with professionals and dental experts in the solution and political streams, she turned to her party representatives amongst the Liberals to seek a political solution. Thus, in the political stream, the Liberals played a significant role in shaping policy outcomes. Their stance was aligned with promoting the view that children's dental health services should be treated as a public good only up to the age of 16; dental care for adolescents and young adults should be regarded as a commodity subject to market dynamics at private dentists rather than as a public good. This perspective aligned with the broader governmental policy of increasing private sector involvement and providing citizens with the freedom to choose their public services. The bill also explicitly enshrined the principle of the municipal freedom to choose between establishing dental clinics or contracting privately practising dentists.¹⁰⁶

The Minister's bill was met with criticism from various quarters. Experts within the ATFO committee strongly argued that it would lead to a deterioration in the dental

102 Ibid., 18–23.

103 Letter from the Danish Children's Dental Association to the Ministry of the Interior, July 30, 1985, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 I.

104 Erhvervshistorisk Bureau, "Den kommunale tandpleje," *Tandlægernes Nye Tidsskrift* 1992, jubilæumsnummer, 7, 25–27; Larsen (1999), 260–61.

105 Olesen (2019), 266.

106 Memorandum: The future dental health policy, August 30, 1985, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 I. The bill is printed in *Folketingstidende* 1985/86 (København: Schultz, 1986), Appendix A, 2445–68

health service offered to the population by effectively subjecting 16-20-year-olds to commodification.¹⁰⁷ Local Government Denmark (KL) also voiced criticism, particularly regarding the exclusion of 16- and 17-year-olds from municipal clinic services, arguing that municipalities, having invested resources in clinics and dentists, should not be restricted from providing services to this age group.¹⁰⁸ In Parliament, the bill faced opposition from the Social Liberals, whose support the Government relied on, and who advocated for the inclusion of 16- and 17-year-olds in municipal treatment.¹⁰⁹ Negotiations ensued and with the appointment of a new Minister of the Interior, Knud Enggaard from the Conservatives, a compromise began to take shape.¹¹⁰ Enggaard, unlike Schall Holberg, was seen as a practical, non-ideological politician who favoured collaboration and negotiation to achieve results.¹¹¹ In the solution stream, the compromise involved altering the bill to include all individuals aged 0–17 in municipal dental health services. However, 16- and 17-year-olds would have the option to choose between municipal or private treatment, providing flexibility for both municipality and private dentists. Enggaard also indicated a willingness to approach the Minister of Finance to secure funds specifically for the dental health services of 16- and 17-year-olds.¹¹²

With the political stream operating in sync with the problem and solution streams, it created a policy window that presented the ideal conditions for political decision-making and the potential revision of the Act. The 1986 Dental Health Service Act marked the completion of a transition from a dental health service for school children to a health service that also included young children and, ultimately, 16- and 17-year-olds. Thus, it fulfilled the ideals proposed by the 1966 Dental Health Service Commission. However, municipalities that had been providing treatment for 18- and 19-year-olds were required to close this service. This compromise, along with the freedom of choice for 16- and 17-year-olds, was instrumental in securing the passage of the Act.¹¹³

Concluding discussion

The article provides an analysis of the political trajectory of the Danish Public Dental Health Service for Children (PDHSC) within the evolution of the Danish primary school following the ideal of education for all, which was prevalent during the peak of

107 Letter from members of the AFTO committee to Members of Parliament et al., December 5, 1985, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 II.

108 Letter from KL to the Parliament's Committee on Municipality Affairs, March 10, 1986, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 IV.

109 *Folketingstidende* 1985/86, Forhandlingerne, 4788–812.

110 Letter from the Ministry of Finance to the Ministry of the Interior, January 24, 1986, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 IV. Memorandum: "On the meeting with the Social Liberals regarding children's dental health services," January 28, 1986, DNA, the Ministry of Finance, the Budget Department, casefiles 1982–1986, casefile 1985/6741-6.

111 Olesen (2019), 267–68.

112 Draft of letter to Member of Parliament Dagmar Mørk Jensen and the Government's members of the Parliament's committee on municipality affairs, May 16, 1986, and letter from Minister of the Interior Knud Enggaard to Dagmar Mørk Jensen, May 16, 1986, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 V.

113 Letter from the Ministry of the Interior to the Danish municipalities, June 23, 1986, DNA, the Ministry of the Interior, 3rd Health Office, casefiles 1983–1987, casefile 1985/5250-28 II.

the welfare state in the 1960s, to the enactment of the 1975 School Act, and the subsequent welfare state crisis of the 1970s and 1980s. A central theme of the article is the political role of dental health services as a part of the history of child health prevention strategies. Therefore, the article has a pivotal focus on education as a public good, which has been an integral component of the development of the past four decades, characterised by the privatisation and commodification of education. This article also contributes to the new social history of education by providing insights into the intertwined histories of education, health, and welfare policies in Denmark.

The analysis underscores how the modern Public Dental Health Service for Children originated during a time of optimism and expansive social welfare policies in the 1960s. Although a large number of municipalities had established school dental clinics, in the 1960s, this numbered only 217 municipalities out of 1,098, creating disparities in access to dental health services. The recommendations put forth by the 1959 School Dental Health Commission laid the foundation for addressing these issues by proposing legislative measures to ensure universal access to dental examinations and treatment for children up to 14 years old and to young people. However, the translation of these ideals into policy was shaped by practical and financial constraints, taking precedence over the initial health ideals and leading to a narrower focus on children of compulsory school age in the 1971 Dental Health Service Act. The implementation of the Act during the 1970s reflects a period of significant economic and political upheaval, both domestically and internationally. The backdrop of currency instabilities, rising interest rates, and the first oil shock of 1973–1974 set the stage for a challenging political environment. At the same time, Local Government Denmark (KL) expressed concerns about the increasing demands placed on municipalities, singling out the Public Dental Health Service as indicative of excessive state intervention. Therefore, the government introduced a dispensation scheme to alleviate the burden on municipalities grappling with increased demands.

The debate between “clinic municipalities” versus “dispensation municipalities” continued in subsequent years, underscoring the differing views on the role of dental services, with the Liberals advocating for dental services as a commodity subject to parental discretion. This ideological stance influenced the decision to postpone the deadline for establishing clinics to 1986. The 1980s represented a significant political shift. Under the new Conservative–Liberal government, there was a concerted effort to revive the Danish economy and modernise the public sector; this included measures to introduce competition and grant citizens greater freedom to choose their public services. This shift influenced the approach to the 1986 Children’s Dental Act. In the context of declining numbers of children and the impact on children’s dental health, the Minister of the Interior established the ATFO committee to propose solutions. However, the Minister ultimately favoured a policy approach that viewed children’s dental health services as a public good only up to the age of 16, beyond which adolescents and young adults would be subject to private dentists. A compromise resulted in the inclusion of all individuals aged 0–17 in municipal dental health services, with 16- and 17-year-olds given the option to choose between municipal or private treatment.

The above developments resulted in three different policy windows between the 1960s and the 1970s. The first policy window emerged in the 1960s and early 1970s during a period of optimism and an expansive welfare state. This led to the initial policy

aimed at addressing dental health issues; however, practical and financial constraints became dominant factors shaping the 1971 Act, prioritising cost considerations over health ideals. When the Danish economy faced challenges in the 1970s and Local Government Denmark raised concerns about perceived excessive state interventions, there was a second policy window. This altered the initial window as a dispensation schema was enacted, shifting the intended municipality framework to a public-private partnership model. At the same time, school dental health services began to be politically debated as parental free choice gained prominence. The rise of the Conservative-Liberal government in 1982 marked a Liberal paradigm shift as the government emphasised decentralisation, privatisation, and free choice within the welfare state. This led to a third policy window with general cost reductions and the enactment of the Liberal 1986 Act, which made the dispensation schema permanent and gave 16- and 17-years old the freedom to choose between public and private dental services.

School dental health services have played an important role from the outset in the 1960s, but especially in the 1970s and 1980s in the Danish educational system. The modern evolution of school dental health services reflects the broader trends in an increased public involvement in citizens' lives. Over the past six decades, this has included an emphasis on health conditions and the implementation of preventive health strategies, including child health prevention strategies. This development also influenced the development of the Danish primary school. In a continuing educationalisation process, the promotion of well-rounded pupils and self-responsible individuals became the overarching goal, driving numerous new initiatives in the schools related to diet, exercise, body image, and sexuality. Furthermore, pupils and their parents were increasingly assigned shared responsibility for social interactions both within and outside the classroom. This study has additionally highlighted school dental health services as an integral component of the development of Western primary schooling in the past four decades, a period characterised by the privatisation and commodification of education. In Denmark, this led to a transition towards the privatisation of public education in the 1980s, as policies enacted by the Conservative-Liberal government aimed to cater for the needs of users, with citizens having the opportunity to choose between public and private offerings. Within this context, school dental health services also became subject to commodification, especially during the 1980s.

Finally, this article has contributed significantly to the new social history of education, which explores education *in* society and education *in* culture. Whilst this study has delved into the planning and perception of school dental health services amidst the complexities of political thinking, economic recession, and practical challenges, there remains potential for further research into local development. Although the number of children without cavities experienced a notable increase, social and regional disparities were apparent, as already recognised at the time.¹¹⁴ Additionally, the National Health Board observed geographical variations between Western Denmark (Jutland) and Eastern Denmark (including the capital). This divergence was attributed to the varying pace of expansion of children's dental care services between these regions, alongside differences in dental care traditions, which provided the children's dentists with distinct starting points in terms of promoting dental health.¹¹⁵ Therefore, a central nexus for

114 *Betænkning* (1976), 19.

115 Sundhedsstyrelsen (1983), 52. Cf. Friis-Hasché (1994), 41–42.

the analysis of the local public dental health service for children should be scrutinising the data capable of elucidating the interplay between socio-economic background, geographical location, groundwater fluoride levels, and local tooth brushing traditions.

Acknowledgements

The author wishes to thank Curator Morten Arnika Skydsgaard, Aarhus University Science Museums, and Professor Jesper Eckhardt Larsen, Inland Norway University of Applied Sciences, for helpful comments on earlier drafts of the text.

About the author

Christian Larsen is Senior Researcher at the National Archives, Copenhagen, Denmark.
Email: cla@rigsarkivet.dk.

References

Archival sources in The Danish National Archives (DNA)

The Ministry of the Interior (Indenrigsministeriet)

Casefiles 1968–1972

The Ministry of the Interior, 3rd Health Office (Indenrigsministeriet, 3. Sundhedskontor)

Casefiles 1973–1977

Casefiles 1978–1982

Casefiles 1983–1987

The Danish Health Authority (Sundhedsstyrelsen)

Casefiles 1982–1992

The Ministry of Finance, the Budget Department (Finansministeriet, Budgetdepartementet)

Casefiles 1982–1986

Casefiles 1986–1991

The Ministry of Finance, the Budget Department's Budgetary Office (Finansministeriet, Budgetdepartementet, Budgetkontoret)

Casefiles (BO-sager) 1966–1973

The Danish Environmental Agency (Miljøstyrelsen)

Casefiles 1972–1975

Casefiles 1975–1983

Literature and published sources

Akers, H. F. "Collaboration, Vision and Reality: Water Fluoridation in New Zealand (1952–1968)." *New Zealand Dental Journal* 104, no. 4 (2008), 127–33.

Allerød Kommune. *25 år med Allerød kommunes tandpleje 1963–1988*. Allerød: Social- og sundhedsforvaltningen, 1988.

Andersen, Birgitte Braa. "Københavns Kommunes tandpleje fylder 75." *Indblik* 4 (1998), 20–21.

Bäckmann, Nils, Hans Grahnén, and Peter Ollinen. *Tandvård för folket: förhistorien och spelet bakom folktandvårdens tillkomst år 1938*. Umeå: Centraltryckeriet, 1988.

Ball, Stephen J. and Deborah Youdell. *Hidden Privatisation in Public Education*. Brussels: Education International, 2008.

Ball, Stephen J. "Privatising Education, Privatising Education Policy, Privatising Educational Research: Network Governance and the 'Competition State.'" *Journal of Education Policy* 24, no. 1 (2009), 83–99.

Béland, Daniel. "Ideas and Social Policy: An Institutional Perspective." *Social Policy Administration* 39, no. 1 (2005), 1–18.

Béland, Daniel and Robert H. Cox. "Introduction." In *Ideas and Politics in Social Science Research*, edited by Daniel Béland and Robert H. Cox, 3–20. Oxford: Oxford University Press, 2011.

- Béland, Daniel. *How Ideas and Institutions Shape the Politics of Public Policy*. Cambridge: Cambridge University Press, 2019.
- Bergmann, Jørgen. *0-huller – tak, Odense Tandpleje 50 år*. Odense: Odense Kommune, 1991.
- Betænkning om befolkningens tandsundhedsstatus og tandlægevæsenet: afgivet af en af Sundhedsstyrelsen nedsat embedsmandsgruppe vedrørende tandlægevæsenet*. København: Statens trykningskontor, 1976.
- Betænkning om offentlig forebyggende børnetandpleje*. København: Statens Trykningskontor, 1966.
- Biesta, Gert. "Becoming Public: Public Pedagogy, Citizenship and the Public Sphere." *Social & Cultural Geography* 13, no. 7 (2012), 683–97.
- Brøndby Tandpleje 50 år: tandplejen's historie i Brøndby Kommune 1957–2007*. Brøndby: Brøndby Kommune, 2007.
- Carstairs, Cathrine and Rachel Elder. "Expertise, Health, and Popular Opinion: Debating Water Fluoridation, 1945–80." *Canadian Historical Review* 89, no. 3 (2008), 345–71.
- Carstairs, Cathrine. "Debating Water Fluoridation Before Dr. Strangelove." *American Journal of Public Health* 105, no. 8 (2015), 1559–69.
- Christensen, Johan. "When Bureaucratic Expertise Comes Under Attack." *Public Administration* 102 (2024), 79–94.
- Coninck-Smith, Ning de. *For barnets skyld: byen, skolen og barndommen 1880–1914*. København: Gyldendal, 2000.
- Coninck-Smith, Ning de, Lisa Rosén Rasmussen, and Iben Vyff. *Da skolen blev alles: Tiden efter 1970*. Aarhus: Aarhus Universitetsforlag, 2015.
- Depaepe, Marc and Peter Smeyers. "Educationalization as an Ongoing Modernization Process." *Educational Theory* 58, no. 4 (2008), 379–89.
- Depaepe, Marc. "Educationalisation: A Key Concept in Understanding the Basic Processes in the History of Western Education." *History of Education Review* 27, no. 2 (1998), 16–28.
- Dogliani, Patrizia. "European Municipalism in the First Half of the Twentieth Century: The Socialist Network." *Contemporary European History* 11, no. 4 (2002), 573–96.
- Edelberg, Peter and Dorthe Gert Simonsen. "Changing the Subject: Epistemologies of Scandinavian Source Criticism." *Scandinavian Journal of History* 40, no. 2 (2015), 215–38.
- Erhvervshistorisk Bureau. "Den kommunale tandpleje." *Tandlægernes Nye Tidsskrift* 7 (1992), jubilæumsnummer, 5–34.
- Esmark, Lene. *Børnetandplejen på Frederiksberg fylder 100 år: – meget er forandret, men grundideerne består!* Frederiksberg: Frederiksberg Kommune, 2010.
- Evetts, Julia. "The Sociological Analysis of Professionalism: Occupational Change in the Modern World." *International Sociology* 18, no. 2 (2003), 395–415.
- Field, Greg. "Flushing Poisons from the Body Politic: The Fluoride Controversy and American Political Culture, 1955–1965." In *The Sixties Revisited*, edited by J. Heideking, J. Helbig, and A. Ortlepp, 469–85. Heidelberg: Universitätsverlag, 2001.
- Finansministeriet. *Den offentlige sektor 1982–1992*. København: Finansministeriet, 1992.
- Folketingstidende 1970/71*. København: Schultz, 1971.
- Folketingstidende 1975/76*. København: Schultz, 1976.

- Folketingstidende* 1977/78. København: Schultz, 1978.
- Folketingstidende* 1979/80, 2. samling. København: Schultz, 1980.
- Folketingstidende* 1982/83. København: Schultz, 1983.
- Folketingstidende* 1985/86. København: Schultz, 1986.
- Freeze, R. Allan and Jay H. Lehr. *The Fluoride Wars: How a Modest Public Health Measure Became America's Longest-Running Political Melodrama*. Hoboken, NJ: John Wiley and Sons, 2009.
- Friis-Hasché, Erik. *Child Oral Health Care in Denmark: A Great Success in Health Promotion*. København: Copenhagen University Press, 1994.
- Fumurescu, Ana. "Nurturing a 'Great Social Organism': School Hygiene, Body Politics, and the State in Late Imperial Russia." *History of Education Quarterly* 62, no. 1 (2022), 61–83.
- Gelbier, Stanley and Sheila Randall. "Charles Edward Wallis and the Rise of London's School Dental Service." *Medical History* 26, no. 4 (1982), 395–404.
- Gelbier, Stanley. "Dentistry for Pauper and Other Poor Children in the Late 19th and Early 20th Centuries." *Dental History* 43 (2006), 43–61.
- Gjerløff, Anne Katrine and Anette Faye Jacobsen. *Da skolen blev sat i system: 1850–1920*. Aarhus: Aarhus Universitetsforlag, 2014.
- Gjerløff, Anne Katrine, Anette Faye Jacobsen, Ellen Nørgaard, and Christian Ydesen. *Da skolen blev sin egen: 1920–1970*. Aarhus: Aarhus Universitetsforlag, 2014.
- Grace, Gerald. "Education: Commodity or Public Good?" *British Journal of Educational Studies* 37, no. 3 (1989), 207–21.
- Gray, M. M. "'Idle Teeth Get into Mischief': The Dental Health of Walsall (UK) School Children 1910–1912 and the Consequent Development of School Dentistry in the Borough." *Community Dental Health* 6, no. 2 (1989), 153–57.
- Green, Andy. "Education and the State: Whatever Happened to Education as a Public Good?" *Uddannelseshistorie* (2014), 11–30.
- Hansen, Erik Randers. "Den kommunale børnetandplejes omfang og struktur 1. oktober 1973." *Tandlægebladet* 78 (1974), 147–53.
- Harris, Bernhard. *The Health of the Schoolchild: A History of the School Medical Service in England and Wales*. Buckingham: Open University Press, 1995.
- Heidmann, Jens and Erik Randers Hansen. "Den kommunale børnetandplejes omfang, struktur og udbygning med klinikker i 1977/78." *Tandlægebladet* 83 (1979), 243–46.
- Hesselgren, Kurt. *Refleksioner over Frederikssund børnetandplejes resultater 1959–92*. S.n., 1992.
- Hugoson, Anders, Göran Koch, Anna-Lena Hallonsten, Johanna Norderyd, and Annette Åberg. "Caries Prevalence and Distribution in 3–20-year-olds in Jonköping, Sweden, in 1973, 1978, 1983, and 1993." *Community Dentistry and Oral Epidemiology* 28 (2000), 83–89.
- Indenrigsministeriet. *Aftaler og henstillinger vedr. den kommunale økonomi i 80'erne*. København: Statens Informationstjeneste, 1989.
- Jasanoff, Sheila, ed. *States of Knowledge: The Co-production of Science and Social Order*. London: Routledge, 2004.
- Juul, Ida. "Den danske velfærdsstat og uddannelsespolitikken." *Uddannelseshistorie* (2006), 74–101.

- Kærgård, Niels. "The Danish Economy, 1973–2009: From National Welfare State to International Market Economy." *Scandinavian Journal of History* 49, no. 2 (2024), 241–65.
- Kingdon, John W. *Agendas, Alternatives, and Public Policies*. Boston: Little, Brown, 1984; 2nd ed., 2014.
- Kolstrup, Søren. *Velfærdsstatens rødder: fra kommunesocialisme til folkepension*. København: Selskabet til Forskning i Arbejderbevægelsens Historie, 1996.
- Køber, Jesper Vestermark and Niklas Olsen. "Privatizing the Welfare State: Danish Libertarianism from the 1980s to the 2000s." *Journal of Political Ideologies* 28, no. 3 (2023), 355–72.
- Labaree, David F. "Consuming the Public School." *Educational Theory* 61, no. 4 (2011), 381–94.
- Labaree, David F. "The Winning Ways of a Losing Strategy: Educationalizing Social Problems in the United States." *Educational Theory* 58, no. 4 (2008), 447–60.
- Landahl, Joakim. "Educationalising Death: The Emergence of Traffic Education in Swedish Elementary Schools." *Nordic Journal of Educational History* 9, no. 2 (2022), 107–23.
- Larsen, Brian. "Organiseringen af den kommunale børnetandpleje: – et valg mellem privat og offentlig." *Politica* 31, no. 3 (1999), 256–71.
- Larsen, Lars Thorup. "The Birth of Lifestyle Politics: The Biopolitical Management of Lifestyle Diseases in the United States and Denmark." In *Governmentality: Current Issues and Future Challenges*, edited by U. Bröckling, S. Krasmann, and T. Lenke, 201–20. New York, London: Routledge, 2010.
- Lund-Sørensen, A., S.E. Skydt, and H. Roland Hansen, eds. *Kommunal håndbog 1978–79*. København: Mostrup, 1978.
- Madsen, Katrine Rich, Julie Ellegaard Ibáñez Román, Mogens Trab Damsgaard, Bjørn Evald Holstein, Mette Juul Kristoffersen, Trine Pagh Pedersen, Susan Ishøy Michelsen, Mette Rasmussen, and Mette Toftager. *Skolebørnsundersøgelsen 2022: Helbred, trivsel og sundhedsadfærd blandt skoleelever i 5., 7., og 9. klasse i Danmark*. København: Statens Institut for Folkesundhed, SDU, 2023.
- Mahoney, Brian. "Path Dependence in Historical Sociology." *Theory and Society* 29 (2000), 507–48.
- Martin, Brian. *Scientific Knowledge in Controversy: The Social Dynamics of the Fluoridation Debate*. Albany: Suny Press, 1991.
- McCombs, Gayle B., Cynthia C. Gadbury-Amyot, Rebecca S. Wilder, Karen O. Skaff, and Margaret Lappan Green. "Dental Hygienists' Contributions to Improving the Nation's Oral Health Through School-based Initiatives from 1970 through 1999: A Historical Review." *Journal of Dental Hygiene* 81, no. 2 (2007), 52.
- Meckel, Richard A. *Classrooms and Clinics: Urban Schools and the Protection and Promotion of Child Health, 1870–1930*. New Brunswick: Rutgers University Press, 2013.
- Milsom, K.M., M. Tickle, and A.S. Blinkhorn. "Is School Dental Screening a Political or a Scientific Intervention?" *Journal of Dental Research* 87:10 (2008), 896–899.
- Moffat, S., S. Carrington and M. Morgan. "Part 1: a brief history of New Zealand's School Dental Service" + "Part 2: the 'Oral Health' professions in the 21st Century." *NZDA News* 204 (2021), 25–43.

- Moffat, Susan M., Lyndie A. Foster Page, and W. Murray Thomson. "New Zealand's School Dental Service Over the Decades: Its Response to Social, Political, and Economic Influences, and the Effect on Oral Health Inequalities." *Frontiers in Public Health* 5 (2016), 1–18.
- Olesen, Niels Wium. *De danske ministerier 1972–1993: Del 2: Poul Schlüters tid 1982–1993*. København: Gad, 2019.
- Olesen, Thorsten Borring. *De danske ministerier 1972–1993: Del 1: Anker Jørgensens tid 1972–1982*. København: Gad, 2017.
- Olsen, Niklas. "Welfare State Criticism as Elite Criticism in 1970s Denmark." In *Histories of Knowledge in Postwar Scandinavia: Actors, Arenas, and Aspirations*, edited by Niklas Olsen, Johan Östling, and David Larsson Heidenblad, 111–26. London: Routledge, 2020.
- Petersen, Jørn Henrik and Klaus Petersen. "Dansk velfærdshistorie: Et projekt og dets teoretiske ramme." *Historisk Tidsskrift* 110, no. 1 (2013), 210–24.
- Petersen, Jørn Henrik, Klaus Petersen, and Niels Finn Christiansen, eds. *Velfærdsstatens storhedstid: Dansk Velfærdshistorie: Bind IV: Perioden 1956–1973*. Odense: Syddansk Universitetsforlag, 2012.
- Petersen, Jørn Henrik, Klaus Petersen, and Niels Finn Christiansen, eds. *Velfærdsstaten i tidehverv: Dansk velfærdshistorie: Bind V: 1973–1993*. Odense: Syddansk Universitetsforlag, 2013.
- Picard, Amy. "Behind the Fluorine Curtain." In *Making the American Mouth: Dentists and Public Health in the Twentieth Century*, edited by A. Picard, 117–40. Rutgers: Rutgers University Press, 2009.
- Pielke, Jr., Roger A. *The Honest Broker: Making Sense of Science in Policy and Politics*. Cambridge: Cambridge University Press, 2007.
- Porter, Dorothy and Roy Porter. "The Politics of Prevention: Anti-Vaccinationism and Public Health in Nineteenth-Century England." *Medical History* 32, no. 3 (1988), 231–52.
- Reilly, Gretchen Ann. *'This poisoning of our drinking water': the American fluoridation controversy in historical context, 1950–1990*. PhD diss., George Washington University, 2001.
- Samuelsson, Jonatan. "The State of Tooth Decay: Dental Knowledge, Medical Policy and Fluoridation in Sweden, 1952–1962." In *Cultures of Oral Health: Discourses, Practices and Theory*, edited by C.L. Jones and B. Gibson, 204–21. London: Routledge, 2022.
- Schmidt, Vivien A. "Discursive Institutionalism: The Explanatory Power of Ideas and Discourse." *Annual Review of Political Science* 11 (2008), 303–26.
- Skak-Iversen, Lene and Erik Randers Hansen. "Børnetandplejens omfang og struktur i skoleåret 1978–79." *Tandlægebladet* 84 (1980), 186–92.
- Skydsgaard, Morten Arnika and Hanne Fuglsang Nielsen. *Tandbørsten på skoleskemaet*. Aarhus: Aarhus Universitetsforlag, 2025.
- Smeyers, Peter and Marc Depaepe, eds. *Educational Research: The Educationalization of Social Problems*. Dordrecht: Springer, 2008.
- Sundhedsstyrelsen. *Børne- og ungdomstandplejen i Danmark: 1988*. København: Sundhedsstyrelsen, 1989.
- Sundhedsstyrelsen. *Børnetandpleje i Danmark 1980–81 og 1981–82: status og udviklingslinjer*. København: Sundhedsstyrelsen, 1983.

- Sundhedsstyrelsen. *Børnetandplejen i Danmark. 1983/84 og 1984/85: Redegørelse vedrørende revision af børnetandplejens indberetningssystem (SCOR)*. København: Sundhedsstyrelsen, 1986.
- Sundhedsstyrelsen. *Modeller for en fremtidig tandsundhedspolitik: Redegørelse fra arbejdsgruppen vedrørende tandplejens fremtidige organisation (ATFO)*. København: Sundhedsstyrelsen, 1985.
- Sundhedsstyrelsen. *Social ulighed i sundhed og sygdom: Udviklingen i Danmark i perioden 2010–2017*. København: Sundhedsstyrelsen, 2020.
- Svensson, Else. "Tandpleje gennem tiderne: Kommunal tandpleje i Svendborg 1896–1956: – og et 25 års jubilæum." *Årbog for Svendborg & Omegns Museum* 1992, 150–57.
- Svensson, Else. *Svendborg kommunale tandpleje 25 år: Smil i Svendborg*. Svendborg: Svendborg Kommune, 1992.
- Tamboukou, Maria. "Archival Research: Unravelling Space/Time/Matter Entanglements and Fragments." *Qualitative Research* 14, no. 5 (2014), 617–33.
- Tamboukou, Maria. "Feeling Narrative in the Archive: The Question of Serendipity." *Qualitative Research* 16, no. 2 (2016), 151–66.
- Tröhler, Daniel. "Educationalization of Social Problems and the Educationalization of the Modern World." In *Encyclopedia of Educational Philosophy and Theory*, edited by Michael A. Peters, 698–703. Singapore: Springer, 2017.
- Tröhler, Daniel. "The Educationalization of the Modern World: Progress, Passion, and the Protestant Promise of Education." In *Educational Research: the Educationalization of Social Problems*, edited by Peter Smeyers and Marc Depaepe, 31–46. Dordrecht: Springer, 2008.
- Vallgård, Signild. *Folkesundhed som politik: Danmark og Sverige fra 1930 til i dag*. Aarhus: Aarhus Universitetsforlag, 2004.
- Welshman, John. "Dental Health as a Neglected Issue in Medical History: The School Dental Service in England and Wales, 1900–40." *Medical History* 42, no. 3 (1998), 306–27.
- Werner, Michael and Bénédicte Zimmermann. "Beyond Comparison: Histoire Croisée and the Challenge of Reflexivity." *History and Theory* 45, no. 1 (2006), 30–50.
- Werner, Michael and Bénédicte Zimmermann. "Penser l'histoire croisée: entre empirie et réflexivité." *Annales* 58, no. 1 (2003), 7–36.
- Westberg, Johannes and Franziska Primus. "Rethinking the History of Education: Considerations for a New Social History of Education." *Paedagogica Historica* 59, no. 1 (2023), 1–18.
- Westberg, Johannes. "Combining Global and Local Narratives: A New Social History of the Expansion of Mass Education?" *European Education* 52, no. 3 (2020), 206–14.
- Westberg, Johannes. "What We Can Learn from Studying the Past: The Wonderful Usefulness of History in Educational Research." *Encounters in Theory and History of Education* 22 (2021), 227–48.
- Whipple, Amy C. "'Into Every Home, Into Every Body': Organicism and Anti-Statism in the British Anti-Fluoridation Movement, 1952–1960." *Twentieth Century British History* 21, no. 3 (2010), 330–49.
- Wiborg, Susanne. "Neo-Liberalism and Universal State Education: The Cases of Denmark, Norway and Sweden 1980–2011." *Comparative Education* 49, no. 4 (2013), 407–23.

- Widström, Eeva, Helga Agustsdottir, Lars Inge Byrkjeflot, Raimo Pälvärinne, and Lisa Bøge Christensen. "Systems for Provision of Oral Health Care in the Nordic Countries." *Tandlægebladet* 119, no. 9 (2015), 702–11.
- Wrapson, Jill. "Artificial Fluoridation of Public Water Supplies in New Zealand: 'Magic Bullet,' Rat Poison, or Communist Plot?" *Health and History* 7, no. 2 (2005), 17–29.
- Zelko, Frank. "Optimizing Nature: Invoking the 'Natural' in the Struggle Over Water Fluoridation." *History of Science* 57, no. 4 (2019), 518–39.
- Østergaard, Hans Henrik H. *At tjene og forme den nye tid: Finansministeriet 1848–1998*. København: Finansministeriet, 1998.