

*20 Years Ago*

*Public Oral Health*

# 1985

- Fax Machine was the latest innovation
- No Email or W.W.W
- Similar Dental Materials/Techniques used in clinics as today
- AIDS just breaking
- Commercial Dental Clinics proposed
- UDH Train scrapped

- Death of Norbert Wright – Chief Dental Officer
- Aubrey Shieham had challenged the 6 month recall 10 years previously
- There was a Federal Chief Dental Officer

# *Snapshot*

- Hunter – Better organised and funded area
- Comprehensive school dental service with negative consent
- Peak of 15-17 Dental Officers at Royal Newcastle Dental Clinic

*1991*

*Blueprint for Dental Health  
A 10 Point Plan*

1. Evaluation
2. UDH relocation
3. Increased private participants
4. Councils to be encouraged to fluoridate

# 1993-1997

- Commonwealth Dental Health Program  
1995-1996 (\$33 million)
- As waiting times for Public Dental Health Services have now been reduced, funding for CDHP ceases from 1/1/1997 –

*Peter Costello – 20/8/1996*

# 2000

## *Oral Health Reforms*

- Networks established
- \$25 million allocated per annum

## *1980 – Barmes Report*

**1975-1978 – 822 Dentists registered in NSW**

- 397 Overseas graduates
- 425 Australian
- It was concluded that by 1991 there was one dentist for every 1,000-1,200 people

*20 Years On*

Public Oral Health

*National Oral Health Plan  
and  
APOH Implementation*

# *Challenges*

- Polarity of Population
- Changed 'Oral Health' focus of the population
- The urbanisation of Australia
- Drugs and Dentistry

# *Picture*

- Baby boomers- retained heavily restored teeth will be in 65+ age group
- Majority of others will have life long exposure to fluoridated water
- Appearance will be a major focus
- Will we be working until we drop?

# *Will there be any earth shattering innovations?*

- ◆ ‘Lasers’
- ◆ ‘Caries vaccination’
- ◆ ‘Implants’
- ◆ ‘Growing new teeth’

# *Workforce*

- Dentists
- Dental Professionals
- Provide career structure
- Linked to remuneration packages

Better funding will result in increased services  
*but*

For long term benefits there has to be a major  
re-focus

*A discreet Statewide Oral Health Service*

## *APOH needs to:*

- Better engage the community and community groups
- Specify tasks and benefits
- Maintain and expand political lobbying focus