

Aboriginal Health Digital Denture Program Snapshot

Bourke & Narooma/Katungal | May – November 2025

Partnering with Aboriginal health services

Smilology Public Health works alongside Aboriginal health services in **Bourke** and **Narooma/Katungal** to deliver **digital dentures** for community members closer to home.

Using a fully digital workflow – **3D scanning, computer-aided design and Australian-made dentures** – we provide consistent, repeatable care that fits within local clinic structures and community priorities.

Key numbers at a glance

- **41 Aboriginal health patients** treated
- **2 partner sites:** Bourke & Narooma/Katungal
- **Over 60 digital dentures** designed and manufactured
- Around **one-third** of patients received **one denture**
- Around **two-thirds** received a **full upper and lower denture set**
- **Only 1 patient** (\approx 2–3%) required a **remade or reprinted denture**
- Uses the **same 2–3 visit digital pathway** proven across the wider NSW program

1. Program overview

Between May 2025 and November 2025, Smilology ran dedicated digital denture clinics in:

- Smilology – **Public Health Bourke**
- Smilology – **Public Health Narooma/Katungal**

These clinics were designed to:

- Fit around **existing Aboriginal health centre workflows**
- Minimise travel and disruptions for patients and families
- Use digital records so that dentures can be **reprinted or refined quickly** when needed

All patients seen at these sites in this program were **new digital denture cases**, not just review appointments.

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2. Who we've treated

Across the two Aboriginal health locations:

- **41 patients** began digital denture treatment
 - **29 patients** through **Bourke**
 - **12 patients** through **Narooma/Katungal**

These patients represent a mix of:

- People needing their **first set of dentures**, and
- People needing **replacement dentures** to restore function and confidence.

3. How many dentures have been provided?

Using lab data for these Aboriginal health sites:

- In cases with full lab records, around **one-third** of patients received **a single denture** (one arch).
- Around **two-thirds** received **two dentures** (both upper and lower).

When we extend this pattern across all 41 patients, it equates to:

- **More than 60 individual digital dentures** delivered through Aboriginal health partners in Bourke and Narooma/Katungal, with the **majority of patients receiving full upper and lower rehabilitation**.

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4. Visits and patient pathway

The Aboriginal health clinics use the same digital denture pathway as the broader NSW program, where most patients complete treatment in 2–3 visits and all sampled cases finish in 4 visits or fewer.

In practical terms, for Bourke and Narooma/Katungal this means:

- **Visit 1 – Assessment & 3D scan**
 - Clinical assessment at the Aboriginal health service
 - 3D scan taken on-site; no messy impressions
- **Visit 2 – Denture issue**
 - New digital dentures are issued (and adjusted on the spot)
- **Optional visits – Review, adjustment or digital reprint**
 - Only if needed for comfort or fine-tuning

This structure keeps care **local, predictable and low-burden**, which is especially important for Elders, people with chronic health conditions and those relying on community transport.

5. Remakes, reprints and quality

Across all **41 Aboriginal health denture patients**:

- **Only 1 patient** required a **remade or reprinted denture**.

Because the system is digital:

- **Original 3D scans and designs are stored** securely.
- If something needs to be changed, a new denture can be **reprinted from the existing design** rather than starting again.
- This keeps both **chair time** and **patient inconvenience** to a minimum, while allowing for individual preference and comfort.

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6. Why this model works for Aboriginal health partners

The Bourke and Narooma/Katungal program shows that digital dentures can be successfully embedded into Aboriginal health settings:

- **Community-based delivery** – care happens at the **Aboriginal health service**, not in distant clinics.
- **Fewer visits, less travel** – a **2–3 visit pathway** suits patients who may have transport, health or carer constraints.
- **High proportion of full-mouth rehabilitation** – most patients receive **both upper and lower dentures**, restoring eating, speaking and social confidence.
- **Digital safety net** – scans and designs are stored, so dentures can be re-made if they're lost, damaged or need refinement.
- **Scalable approach** – the same mobile prosthetist and digital lab workflow can be rolled out to **other Aboriginal health services** without building new infrastructure each time.