



# The Child Dental Health Survey New South Wales 1998

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**AIHW Dental Statistics and Research Unit  
Adelaide University**

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**in collaboration with  
The Dental Health Branch, NSW Health**

**AIHW Catalogue No. DEN 74**

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### **Suggested citation**

AIHW Dental Statistics and Research Unit (2001). *Child Dental Health Survey, New South Wales 1998*.

### **Acknowledgments**

The data used for this report were collected by the Dental Health Branch, NSW Health. The support of the service and their staff was crucial to the successful reporting of results for this survey.

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## Abbreviations

d – deciduous decayed teeth

m – deciduous missing teeth

f – deciduous filled teeth

dmft – deciduous decayed, missing and filled teeth

D – permanent decayed teeth

M – permanent missing teeth

F – permanent filled teeth

DMFT – permanent decayed, missing and filled teeth

dift – deciduous decayed, indicated for extraction and filled teeth

SD – standard deviation

## **Purpose of this report**

This report is part of the annual series providing descriptive statistics concerning child dental health in New South Wales. Information listed in the tables includes: the demographic characteristics of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants, immediate treatment needs and deciduous and permanent caries experience by geographical regions.

In addition, there is a simple, summary statement highlighting differences between the 1998 and 1997 findings. However, no formal hypothesis tests have been undertaken and descriptions of difference between years are intended as a guide to the reader rather than an evaluation of trends.

## **Survey methods**

The following data were collected during the 1998 calendar year from patients of the NSW Dental Service by dental therapists. The targeted children were in Kindergarten and Years 2, 4, 6 and 8.

A random sampling procedure was used to select approximately 1 in 16 children from those receiving assessments in the Save Our Kids Smiles (SOKS) program. This was achieved by selecting those children whose birthday fell on the 3rd or 30th day of any month. Sampling was adopted to maintain consistency with previous NSW reports.

## **Data analysis**

The data were cleaned prior to analysis to remove duplicates. In addition, cases with ages more than 4 standard deviations from the mean age for a given grade were removed from the analysis or corrected where this could be determined. It is likely that the majority of these cases represented data input errors.

Indices are calculated from data collected over a 12-month period. Where children received more than one examination during this period the information derived from examinations other than the first has been excluded. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 40% and population estimates of these indices may be considered to be statistically unreliable. Due to the very small numbers of 15-year-olds sampled, this age group is excluded from most discussions of results (although results for this age group are still presented in the relevant tables).

## **Adjustments for the under-reporting of decay**

In 1996, the New South Wales Health Department implemented the SOKS program, with the three main components of oral health education, risk assessment and clinical care. A major change accompanying the program was the move from clinic-based examinations to oral assessments in the field as the primary environment for data collection. In the clinic, better lighting and the availability of other facilities such as compressed air optimise conditions for assessing oral health.

Between 1995 and 1996, at the time the SOKS program was introduced, there was an apparent substantial improvement in the oral health of children in NSW. There was, for example, a 38% reduction in 6-year-old mean decay, a 57% reduction in 12-year-old mean decay, and a 12% increase in the percentage of 12-year-old children free of caries experience (DMFT = 0) in their permanent dentition.

In 1999 NSW Health commenced a wide-ranging review of SOKS, with one aspect being a quality assurance project aimed at assessing the reliability and validity of data collected under SOKS assessment conditions. The technical report (NSW Health Department, 2001) found that while there were no statistically significant differences in the reporting of missing and filled teeth between a field SOKS-style assessment and a clinical examination, there was a persistent and statistically significant under-reporting of the number of decayed teeth under field compared to clinic conditions. In deciduous teeth, the mean decay score for the SOKS assessment was 36% lower than that collected in the clinic, while the mean decay score for permanent teeth was 41% lower. Such an underestimation of decay also resulted in a significant underestimation in the dmft and DMFT indices.

As a result of these findings, and the consistency of the results with the reported reductions in caries experience in NSW between 1995 and 1996, the current report has included in Appendix A (Tables A1–A2, p. 12) figures adjusted for the under-estimation of decay in NSW. For children in NSW an additional weight of 1.56 was given for calculations of deciduous decay and 1.68 for calculations of permanent decay. Although it is believed that these adjusted figures may represent a more accurate estimation of caries experience in NSW, for the purpose of consistency with previous reports the data obtained via the SOKS assessments are retained for calculations in the body of this report.

## **Demographic composition of the sample**

As shown in Table 1, the majority of the children in the sample were aged between 5 and 13 (95.4%). Consistent with the sampling pattern used for SOKS, the most common ages of sampled children were 5, 7, 9, 11 and 13. Only approximately one-third the number in these age groups was represented in the age groups of 6, 8, 10, 12 and 14. Children aged less than 5 years old or greater than 14 years old were represented in small numbers, which resulted in low reliability for some computed statistics. Furthermore, these children are likely to be less representative of the respective population age groups than is the case for the majority of the sample aged 5 to 13.

The gender distribution within the sample was slightly skewed, with 949 more females than males being sampled. This bias was most evident for children aged 5, 7, 9, 11 and 13.

## **Changes since 1997**

There was a decrease of only 53 in the sampled number of cases from 1997. Also, the over-representation of females in 1998 was not as large as in 1997.



**Table 1: Demographic composition of the sample**

Age (years)	Number of children in sample			Persons
	Males	Females	Unknown	
3	3	3	0	6
4	107	153	0	260
5	1,442	1,690	1	3,132
6	635	628	0	1,263
7	1,498	1,642	0	3,140
8	612	616	0	1,228
9	1,276	1,467	0	2,743
10	569	507	0	1,076
11	1,201	1,378	0	2,579
12	492	493	1	985
13	770	1,006	1	1,776
14	309	275	0	584
15	5	10	0	15
<b>Total</b>	<b>8,919</b>	<b>9,868</b>	<b>3</b>	<b>18,787</b>

## Region of birth and Indigenous status

The large majority of children (93.6%) were born in Australia (see Table 2). Of those children born outside of Australia the most common region was Asia (3.0%). Children of Indigenous descent comprised 1.9% of the sample (see Table 3).

### Changes since 1997

The percentage of Australian-born children in 1998 increased slightly from 1997, while there was a small increase in the percentage of Indigenous students sampled.

**Table 2: Region of birth**

	Number	%	Cumulative %
Australia	17,592	93.6	93.6
UK and Ireland	88	0.5	94.1
Other English speaking (e.g. Canada, NZ)	175	0.9	95.0
Southern European (e.g. Italy, Greece, Malta)	91	0.5	95.5
Other European (e.g. Bosnia, Finland, Russia)	57	0.3	95.8
Middle East (e.g. Iran, Israel, Turkey)	85	0.5	96.3
South East Asia (e.g. Singapore, Indonesia, Vietnam)	229	1.2	97.5
Other Asia (e.g. Afghanistan, Hong Kong, India)	338	1.8	99.3
Other (e.g. Egypt, Fiji, Peru)	132	0.7	100.0
Not known	3	0.0	100.0

**Table 3: Indigenous status**

	Number	%	Cumulative %
Non-Indigenous	18,434	98.1	98.1
Indigenous	356	1.9	100.0

## Deciduous teeth: age-specific caries experience

The mean number of decayed (d) teeth among those children aged from under 5 years to children aged 10 years old decreased from 0.67 to 0.31 (see Table 4). This decline can be largely explained by the exfoliation of deciduous teeth with increasing age and should not be seen as reflecting a reduction in the percentage of teeth with decay in older age groups. The mean number of teeth recorded as missing due to caries was small for all ages. The mean number of filled deciduous teeth increased from 0.12 for the youngest children to 0.53 for 8-year-olds before declining at each successive age group. The same pattern was evidenced in mean dmft, increasing to 1.16 in the 8-year-old age group and then declining to 0.21 for 12-year-olds, consistent with the exfoliation of deciduous teeth for older ages. The mean dmft for 6-year-olds was 0.90.

The percentage of caries experience due to decay (d/dmft) showed an age-associated decline, almost halving from 85.0% among those aged less than 5 years old to 43.3% among 10-year-olds. By comparison, the percentage of caries-free children (% dmft = 0) showed considerably less variation, ranging from 73.3% among 5-year-olds to 60.9% among 8-year-olds. Children aged 6 years of age and less had the highest percentage with dmft = 0. High percentages of children aged 10 years and over with dmft = 0 is a result of children having increasingly exfoliated all their deciduous teeth at these ages.

**Table 4: Deciduous dentition – decayed, missing and filled teeth by age**

Age	Children <i>n</i>	Decayed (d)		Missing (m)		Filled (f)		dmft	
		mean	SD	mean	SD	mean	SD	mean	SD
≤4	266	0.67	1.66	0.02*	0.25*	0.12	0.63	0.80	1.82
5	3,133	0.66	1.57	0.02	0.25	0.16	0.77	0.84	1.84
6	1,263	0.56	1.32	0.04	0.41	0.29	0.99	0.90	1.84
7	3,140	0.61	1.32	0.05	0.41	0.41	1.13	1.07	1.92
8	1,228	0.58	1.27	0.05	0.33	0.53	1.24	1.16	1.92
9	2,743	0.43	1.02	0.03	0.27	0.49	1.17	0.96	1.67
10	1,076	0.31	0.86	0.05	0.39	0.42	1.05	0.78	1.52
11	2,579	0.13	0.51	0.01	0.14	0.21	0.72	0.35	0.96
12	986	0.10	0.42	0.01*	0.11*	0.11	0.46	0.21	0.70

\* relative standard error ≥ 40%

**Table 5: Deciduous teeth – d/dmft and dmft = 0 by age**

Age	d/dmft		dmft = 0	
	<i>n</i>	%	<i>n</i>	%
≤4	71	85.0	266	73.3
5	870	81.7	3,133	72.2
6	391	68.8	1,263	69.0
7	1,128	61.2	3,140	64.1
8	480	54.0	1,228	60.9
9	976	47.9	2,743	64.4
10	331	43.3	1,076	69.2
11	439	39.2	2,579	83.0
12	109	49.3	986	88.9

### Changes since 1997

The mean number of detectable decayed teeth showed a decrease for several age groups (children aged ≤4, 6, 7, 9 and 10) in 1998 compared to 1997. Changes in mean dmft between 1997 and 1998 were similar with decreases for the same age groups. One of the largest changes occurred for 6-year-olds where between 1997 and 1998 mean decay declined from 0.67 to 0.56 and mean dmft from 0.97 to 0.90.

The d/dmft ratio remained unchanged for most age groups between 1997 and 1998. There was also little difference in the percentages of children with dmft = 0 across age groups from 1997 to 1998.

### Permanent teeth: age-specific caries experience

It can be seen from Table 6 that the mean number of detectable decayed permanent teeth (D) was smaller than the mean number of decayed deciduous teeth. Detectable decay increased fairly consistently across the age range of 5–14 years (0.01 to 0.36 teeth). A similar pattern was shown by the mean number of filled teeth, which increased at each successive age group to 0.40 at age 14. The mean DMFT also increased quite consistently across age groups, from 0.01 for 5-year-olds to 0.78 for children aged 14 years old. The age-related increase in D, F and DMFT scores reflects the increase in permanent teeth that occurs with age as well as the progressive nature of disease accumulation measured by these indices. The mean DMFT for 12-year-olds was 0.49.

The percentage of DMFT due to decay (D/DMFT) generally declined across age groups, ranging from 87.0% for 6-year-olds to 46.4% for 11-year-olds (see Table 7). The percentage of caries-free children (DMFT = 0) decreased with age from 99.6% for 5-year-olds to 68.3% for children aged 14. It is noteworthy that more than 75% of children in each age group up to age 12 had no detectable caries experience (DMFT = 0) in their permanent teeth.

**Table 6: Permanent dentition – decayed, missing and filled teeth by age**

Age	Children <i>n</i>	Decayed (D)		Missing (M)		Filled (F)		DMFT	
		mean	SD	mean	SD	mean	SD	mean	SD
5	3,133	0.01	0.09	–	–	0.00	0.03*	0.01	0.09
6	1,263	0.03	0.23	–	–	0.01*	0.12*	0.03	0.26
7	3,140	0.10	0.41	–	–	0.03	0.26	0.12	0.49
8	1,228	0.15	0.56	0.00	0.06*	0.05	0.36	0.21	0.68
9	2,743	0.18	0.60	0.01	0.10	0.10	0.45	0.29	0.77
10	1,076	0.19	0.59	0.01*	0.19*	0.18	0.58	0.38	0.87
11	2,579	0.19	0.64	0.01	0.16	0.22	0.68	0.42	0.99
12	986	0.23	0.72	0.02	0.21	0.24	0.69	0.49	1.05
13	1,777	0.31	0.83	0.02	0.22	0.35	0.96	0.68	1.37
14	584	0.36	1.03	0.02	0.18	0.40	1.08	0.78	1.59
15	15	1.00*	1.56*	0.13*	0.52*	1.33*	2.44*	2.47	3.36

\* relative standard error  $\geq$  40%

**Table 7: Permanent dentition – D/DMFT and DMFT = 0 by age**

Age	D/DMFT		DMFT = 0	
	<i>n</i>	%	<i>n</i>	%
5	13	84.6	3,133	99.6
6	25	87.0	1,263	98.0
7	240	83.2	3,140	92.4
8	137	76.4	1,228	88.8
9	453	65.1	2,743	83.5
10	238	53.2	1,076	77.9
11	549	46.4	2,579	78.7
12	243	47.9	986	75.4
13	530	47.8	1,777	70.2
14	185	47.6	584	68.3
15	8	62.6	15	46.7

\* relative standard error  $\geq$  40%

### Changes since 1997

There was a decrease in mean detectable decay (D) between 1997 and 1998 for children aged between 11 and 14 years of age. Similarly, mean DMFT scores were lower for children aged between 11 and 14 in 1998 than in 1997. The ratio of D/DMFT increased for the youngest age groups in 1998 while small decreases were also apparent for 11- and 14-year-olds. As was the case in the deciduous dentition the percentage of children with DMFT = 0 showed only small changes between 1997 and 1998 for most age groups.

## All teeth: age-specific caries experience

Untreated detectable decay in the combined deciduous and permanent dentitions ( $d+D \geq 1$ ) existed for between 17.6% and 31.7% of children (see Table 8). The greatest likelihood of detectable untreated decay existed for 8-year-olds. However, the most extensive levels of untreated decay occurred in the younger age groups with the percentage  $d+D = 4+$  generally declining with increasing age.

More than 96% of children in each age group had no deciduous or permanent teeth missing due to caries. However, smaller percentages of children avoided fillings, with between 12.0% and 26.8% of 6- to 15-year-olds having at least one filling present. The percentage of children without fillings declined to age 10 before increasing for older age groups. There was a similar pattern in the percentage of children with no caries experience in either deciduous or permanent dentition ( $dmft+DMFT = 0$ ), decreasing to 56.2% at age 8 before increasing to the high 60% mark among 11- to 15-year-olds.

**Table 8: All teeth – age-specific caries experience**

Age	Children <i>n</i>	d+D =						m+M = 0 %	f+F = 0 %	dmft+ DMFT = 0 %
		0 %	1 %	2 %	3 %	4 %	5+ %			
≤4	266	76.3	10.5	3.8	2.3	3.0	4.1	99.6	95.5	73.3
5	3,133	75.0	9.2	6.8	3.1	2.6	3.4	99.0	93.3	72.0
6	1,263	74.4	11.2	6.6	2.8	2.5	2.6	97.9	88.0	68.2
7	3,140	70.1	13.1	6.9	3.9	2.4	3.6	97.0	81.8	61.2
8	1,228	68.3	14.1	8.0	3.6	2.3	3.7	97.2	76.6	56.2
9	2,743	71.6	13.2	7.1	3.7	2.0	2.4	97.6	74.9	57.4
10	1,076	74.1	13.3	7.4	2.0	1.6	1.6	96.8	73.2	57.9
11	2,579	82.4	9.8	4.1	1.8	1.2	0.7	99.0	79.0	68.0
12	986	81.1	11.1	5.0	1.4	0.6*	0.8	98.7	82.0	68.6
13	1,777	81.7	10.3	4.2	2.0	1.1	0.7	98.8	80.5	68.2
14	584	81.2	9.9	4.3	2.4	0.7*	1.5	98.6	80.1	67.1
15	15	53.3	26.7*	6.7*	0.0	6.7*	6.7*	93.3	73.3	46.7

\* relative standard error  $\geq 40\%$

### Changes since 1997

Consistent with changes in the experience of permanent caries between 1997 and 1998, there was a small increase in the percentage of older children with  $d+D = 0$ . However the only increase in the percentage of children with  $f+F = 0$  was for 12-year-olds which contributed to an increase in the percentage of these children with  $dmft+DMFT = 0$  between 1997 and 1998.

## Fissure sealants: age-specific experience

The mean number of fissure sealants generally increased in prevalence with increasing age, although children aged 10 had the highest mean number of sealants (mean = 0.65) (see Table 9). There is consistent evidence of preferential use of fissure sealants among students with some caries experience (DMFT  $\geq 1$ ) in comparison to those with no caries experience (DMFT = 0). Among 12 year-olds, for example, 29.6% with DMFT  $\geq 1$  had at least one fissure sealant compared to 16.0% with DMFT = 0, an increase of 85%.

**Table 9: Fissure sealants – age-specific experience**

Age	Children <i>n</i>	Sealants mean      SD		Students with sealants			
				DMFT = 0		DMFT $\geq 1$	
				<i>n</i>	%	<i>n</i>	%
6	1,263	0.04	0.36	1,238	1.3	25	0.0
7	3,140	0.16	0.73	2,900	5.1	240	9.6
8	1,228	0.32	1.01	1,091	9.9	137	16.1
9	2,743	0.52	1.24	2,290	14.8	453	26.0
10	1,076	0.65	1.34	838	19.2	238	31.5
11	2,579	0.58	1.31	2,030	16.2	549	28.4
12	986	0.60	1.37	743	16.0	243	29.6
13	1,777	0.49	1.37	1,247	10.8	530	26.6
14	584	0.53	1.48	399	11.5	185	24.9
15	15	0.67	1.40*	7	14.3*	8	25.0*

\* relative standard error  $\geq 40\%$

### Changes since 1997

There were increases in the mean number of sealants reported for most age groups between 1997 and 1998, with large increases evident for some age groups. For example, the mean number of fissure sealants increased by 62.5% for 10-year-olds between 1997 and 1998. The increase in mean fissure sealants reflects increases in the number of fissure sealants in children with DMFT  $\geq 1$ , however there are also increases for some age groups with DMFT = 0.

## Immediate treatment needs

Immediate treatment needs were indicated when children were judged to be requiring immediate care (within a 24–48 hour period) due to the existence of pain, a dental condition likely to cause pain within the foreseeable future, the presence of a carious lesion or lesions in the permanent anterior teeth, or oral infection. Between 2.9% and 5.5% of children up to the age of 14 were deemed to be requiring immediate care (see Table 10). These children had greater caries experience than the overall sample (see Tables 4 and 6). In particular, a high percentage of these children had  $d+D \geq 4$ . Immediate treatment needs appear to be predominantly driven by deciduous caries experience in children aged up to 10 and by caries experience in the permanent dentition in older age groups.

**Table 10: Immediate treatment needs: age-specific distribution**

Age	Children		dmft		DMFT		d+D =				
							0	1	2	3	4+
	<i>n</i>	%	mean	SD	mean	SD	%	%	%	%	%
≤4	12	4.5	5.83	3.04	–	–	0.0	8.3*	8.3*	16.7*	66.7
5	126	4.0	4.67	2.90	0.03*	0.25*	6.3	13.5	8.7	15.1	56.3
6	48	3.8	3.48	2.77	0.29*	0.85*	2.1*	22.9	29.2	10.4*	35.4
7	172	5.5	3.62	2.72	0.65	1.01	2.9*	23.3	20.3	14.5	39.0
8	60	4.9	3.58	2.46	1.03	1.33	3.3*	13.3	25.0	10.0	48.3
9	127	4.6	2.75	2.28	1.34	1.47	4.7	18.9	18.1	19.7	38.6
10	52	4.8	2.17	2.37	1.63	1.43	3.8*	26.9	32.7	9.6*	26.9
11	84	3.3	1.24	1.86	2.35	1.64	7.1	25.0	25.0	16.7	26.2
12	29	2.9	1.07	1.33	1.79	1.47	3.4*	31.0	34.5	13.8*	17.2*
13	55	3.1	0.13*	0.51*	3.15	2.26	7.3*	23.6	27.3	16.4	25.5
14	23	3.9	0.39*	1.31*	4.26	3.11	8.7*	30.4	13.0*	8.7*	39.1
15	2	13.0*	–	–	6.00	1.41	0.0	0.0	0.0	0.0	100.0

\* relative standard error  $\geq 40\%$

## Changes since 1997

The percentage of children with immediate treatment needs was relatively unchanged between 1998 and 1997, and remained low in terms of overall percentage. Changes in the percentage of children needing immediate care and with  $d+D \geq 4$  showed considerable variation between 1997 and 1998, increasing appreciably for some age groups while decreasing for other age groups.

## Caries experience by geographical region

Table 11 presents deciduous caries experience data for each of the regions used in this report. Considerable variation can be seen in caries experience for the selected 5–6-year-old age group across geographical areas. Among these children, mean decay scores in the deciduous dentition ranged from 0.40 in Northern Sydney to 0.85 in the Far West region. The mean number of teeth missing due to caries was highest in the Southern region, although means were generally low for all regions. The mean number of filled teeth was highest in the Mid North Coast region and lowest in South Western Sydney, South Eastern Sydney and Western Sydney. Mean dmft scores were highest in the Northern Rivers and Mid North Coast regions and lowest in Northern Sydney and South Eastern Sydney. Consistent with these findings, the highest percentage of 5-6-year-olds with no recorded caries experience was in Northern Sydney while the lowest was in the Far West, Mid West and Mid North Coast regions.

**Table 11: Deciduous caries experience for 5–6-year-old children by region**

	Children	Decayed (d)		Missing (m)		Filled (f)		dmft		dmft=0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
Far West	26	0.85	2.39	0.00	0.00	0.19	0.57	1.04	2.39	61.5
Greater Murray	232	0.65	1.52	0.03	0.53	0.19	0.70	0.88	1.90	69.8
Macquarie	73	0.55	1.24	0.00	0.00	0.26	1.14	0.81	1.66	69.9
Mid North Coast	203	0.63	1.31	0.06	0.42	0.42	1.29	1.11	1.97	64.5
Mid West	153	0.61	1.26	0.03	0.18	0.29	0.93	0.93	1.61	63.4
New England	122	0.80	1.72	0.00	0.00	0.15	0.61	0.94	1.91	66.4
Northern Rivers	204	0.82	1.87	0.04	0.44	0.26	0.86	1.12	2.24	69.1
Southern	153	0.80	1.98	0.07	0.59	0.20	0.69	1.07	2.30	67.3
Central Coast	238	0.80	1.71	0.05	0.42	0.21	0.80	1.06	2.01	66.4
Central Sydney	239	0.72	1.55	0.02	0.32	0.26	0.93	1.00	1.96	69.0
Hunter	373	0.57	1.19	0.02	0.23	0.24	1.01	0.82	1.71	69.7
Illawarra	264	0.61	1.30	0.01	0.11	0.18	0.78	0.80	1.63	71.2
Northern Sydney	310	0.40	1.12	0.01	0.08	0.22	0.83	0.63	1.56	78.7
S. Eastern Sydney	383	0.49	1.42	0.01	0.13	0.14	0.66	0.64	1.63	76.8
S. Western Sydney	613	0.71	1.72	0.02	0.27	0.13	0.73	0.86	1.93	72.8
Wentworth	261	0.52	1.17	0.05	0.35	0.15	0.67	0.72	1.48	73.9
Western Sydney	549	0.61	1.51	0.03	0.24	0.14	0.88	0.78	1.84	73.8



The mean number of clinically detectable decayed permanent teeth in 11–12-year-olds (see Table 12) was highest in the Northern Rivers, Far West and Macquarie regions. However, contrary to trends in the deciduous dentition, mean scores were lowest in the Mid West and Southern regions. The mean number of filled teeth was highest in the Greater Murray (mean = 0.40) and lowest in the New England and Southern regions. Mean DMFT scores were highest in the Macquarie region and again lowest in the New England and Southern regions. Almost 87% of 12-year-olds in the New England and Southern regions had no history of caries experience in their permanent dentition, while only 69.9% of 12-year-old children in the Macquarie region had a DMFT score of zero.

**Table 12: Permanent caries experience for 11–12-year-old children by region**

	Children	Decayed (D)		Missing (M)		Filled (F)		DMFT		DMFT=0
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD	%
Far West	18	0.33	0.97	0.00	0.00	0.06	0.24	0.39	0.98	77.8
Greater Murray	183	0.16	0.50	0.01	0.10	0.40	0.94	0.57	1.07	71.0
Macquarie	83	0.33	0.86	0.10	0.60	0.29	0.76	0.71	1.30	69.9
Mid North Coast	196	0.13	0.58	0.02	0.29	0.24	0.77	0.40	1.05	80.1
Mid West	116	0.06	0.34	0.00	0.00	0.23	0.64	0.30	0.73	81.9
New England	107	0.12	0.49	0.00	0.00	0.10	0.61	0.22	0.77	86.9
Northern Rivers	181	0.35	0.87	0.03	0.33	0.28	0.76	0.66	1.36	72.4
Southern	102	0.10	0.48	0.00	0.00	0.13	0.46	0.23	0.67	86.3
Central Coast	175	0.25	0.70	0.01	0.08	0.18	0.61	0.43	1.01	80.6
Central Sydney	170	0.26	0.74	0.00	0.00	0.27	0.74	0.53	1.06	73.5
Hunter	319	0.17	0.57	0.00	0.06	0.23	0.65	0.40	0.89	77.4
Illawarra	212	0.25	0.71	0.00	0.07	0.26	0.75	0.52	1.06	75.0
Northern Sydney	262	0.13	0.44	0.00	0.00	0.24	0.74	0.37	0.90	79.8
S. Eastern Sydney	285	0.17	0.51	0.01	0.13	0.21	0.65	0.39	0.92	80.4
S. Western Sydney	513	0.26	0.78	0.02	0.17	0.19	0.62	0.46	1.02	77.2
Wentworth	232	0.17	0.59	0.00	0.07	0.21	0.61	0.38	0.91	78.9
Western Sydney	411	0.25	0.79	0.03	0.22	0.18	0.59	0.46	1.06	77.4

## Appendix A

The following tables present results with adjustments for the estimated under-reporting of decay in New South Wales (see pp 1–2). For calculations of deciduous decay, a weight of 1.56 was applied while for calculations of permanent decay a weight of 1.68 was applied.

**Table A1: Deciduous dentition adjusted caries experience**

Age (years)	Children <i>n</i>	Decayed (d)		dmft		d/dmft %
		mean	SD	mean	SD	
≤4	266	1.04	2.60	1.18	2.71	85.5
5	3,133	1.03	2.45	1.21	2.66	83.1
6	1,263	0.88	2.07	1.21	2.47	70.7
7	3,140	0.96	2.07	1.42	2.54	63.8
8	1,228	0.91	1.99	1.49	2.50	56.5
9	2,743	0.67	1.59	1.20	2.11	50.4
10	1,076	0.49	1.35	0.96	1.88	45.4
11	2,579	0.20	0.79	0.42	1.16	40.8
12	986	0.15	0.66	0.26	0.89	51.5

**Table A2: Permanent dentition adjusted caries experience**

Age (years)	Children <i>n</i>	Decayed (D)		DMFT		D/DMFT %
		mean	SD	mean	SD	
5	3,133	0.01	0.15	0.01	0.16	84.6
6	1,263	0.05	0.38	0.05	0.41	87.3
7	3,140	0.16	0.69	0.19	0.74	83.5
8	1,228	0.26	0.95	0.31	1.03	77.1
9	2,743	0.31	1.00	0.42	1.12	66.4
10	1,076	0.32	0.98	0.51	1.19	54.4
11	2,579	0.33	1.07	0.55	1.33	48.2
12	986	0.39	1.21	0.65	1.45	50.0
13	1,777	0.52	1.40	0.89	1.81	50.0
14	584	0.61	1.73	1.03	2.14	49.6
15+	15	1.68*	2.62*	3.15	4.05	66.3