

A Picture of Australia's Children 2009 – Dental Health Must be Addressed

A new report showing the latest available information on how Australia's children are faring according to key national indicators of health has been released by the Australian Institute of Health and Welfare, ***A Picture of Australia's Children 2009***.

This summary will focus on dental health as a key indicator for healthy child development.

The report shows that dental decay among 6 year olds is increasing. If this continues then the future oral health of Australians will be exceedingly poor.

Australian children generally experience good oral health. Establishing good oral hygiene and other preventive habits and maintaining good oral health during infancy and childhood is essential to their general health and well-being. Good oral health in childhood contributes to better dental outcomes in adulthood - less decay and the loss of fewer natural teeth.

DENTAL HEALTH AMONG PRIMARY SCHOOL CHILDREN

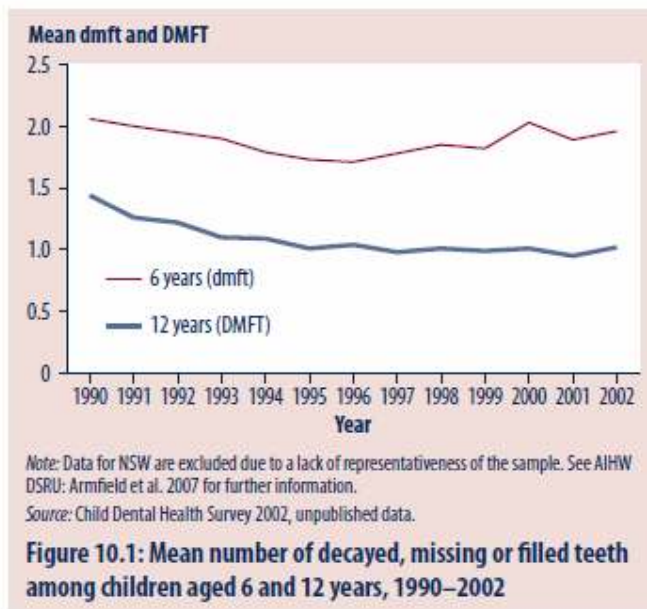
Since the mid-1970s the dental health of Australia's children has improved substantially. This trend can be attributed to a number of factors - increased access to fluoridated toothpaste and drinking water, improved dental hygiene, and provision of clinical preventive services and ongoing monitoring through the School Dental Scheme. In recent years, however, there are signs that the incidence of childhood dental decay is increasing. Possible causes may be related to changes in dietary patterns including less drinking of fluoridated mains water, increased snacking on processed foods with high sugar content, an increase in sweetened beverage consumption (carbonated drinks, sports drinks, juice in baby bottles and sippy cups), lower consumption of fruits and vegetables and changes in school dental programs.

An indicator of oral disease in the population and an important indicator of dental health is the number of teeth decayed, missing or extracted due to decay, or with fillings. The number of decayed, missing or filled teeth is expressed as a dmft (deciduous or 'baby' teeth) or DMFT (permanent teeth) score. Another indicator of dental health is the percentage of children who are decay-free.

The data source for 'Dental Health' is the 2002 Child Dental Health Survey, conducted by the AIHW Dental Statistics Research Unit. This survey represents the only data routinely collected by all states and territories on child dental health.

Children with decayed, missing or filled teeth

- The mean number of decayed, missing or filled teeth for 6 year olds was 2.0 (dmft) and among 12 year olds was 1.0 (DMFT) in 2002 (AIHW DSRU: Armfield et al. 2007). This suggests that the mean number of teeth with caries was twice as high in deciduous (baby) teeth as in permanent teeth. The mean number of teeth with caries was similar among boys and girls at both ages.
- Mean decay experience of children aged 6 and 12 years declined in the early to mid-1990s; however, since 1997 dental decay among 6 year olds has increased, while among 12 year olds it has remained relatively stable (Figure 10.1).



Children free from dental decay

According to the 2002 Child Dental Health Survey:

- Over half of all children aged 6 and 12 years were decay-free in 2002 (53% and 58% respectively).
- The proportion of 6 year olds free from dental decay increased from 51% to 56% between 1991 and 1996, but has since declined to 53% in 2002, while among 12 year olds the proportion increased from 49% to 58% between 1991 and 2002.
- Boys were more likely than girls to be decay-free at age 12 (60% compared with 56%), while among 6 year olds the proportion was similar for boys and girls (52% and 53%, respectively).

Dental health across population groups

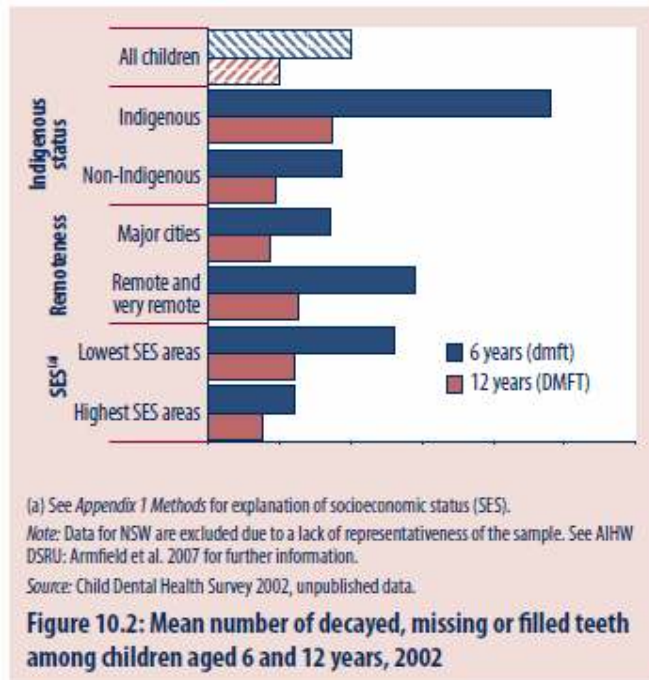
Aboriginal and Torres Strait Islander children, those living outside major cities and those in the most socioeconomically disadvantaged areas experience poorer dental health. This can be attributed to no access to fluoridated drinking water and accessibility and affordability of dental health services. Poorer outcomes for these population groups are reflected in both the mean decayed, missing and filled teeth scores and the proportion of children decay-free.

According to the 2002 Child Dental Health Survey:

- On average, Indigenous children had more decayed, missing or filled teeth than their non- Indigenous counterparts, based on data from Victoria, Queensland, South Australia and the Northern Territory (2.6 and 1.8 times as many for 6 and 12 year olds, respectively) (Figure 10.2).
- Children aged 6 and 12 years living in *Remote and very remote* areas had, on average, 70% and 44% more teeth with dental caries than those living in *Major cities*.

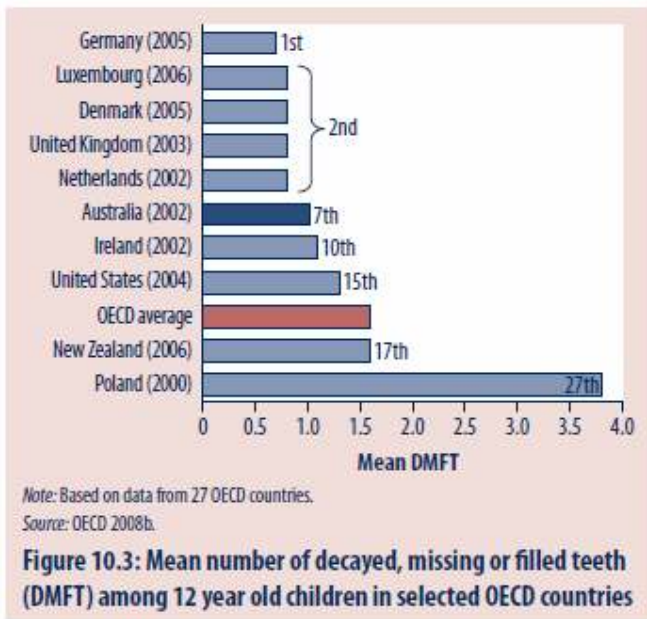
- Children living in the lowest socioeconomic status (SES) areas experience worse dental decay than those in the highest SES areas (2 and 1.5 times as many decayed teeth for 6 and 12 year olds, respectively).

The proportion of children decay-free at age 6 years was much lower for Indigenous children (21% compared with 54% for non-Indigenous children); children living in *Remote and very remote areas* (39% compared with 57% for children in *Major cities*); and children living in the lowest SES areas (46% compared with 66% in the highest SES areas). While this pattern was also evident for children aged 12 years, the disparity between the population groups was not as great.



Australia's rates of child dental decay compared with other OECD countries

Australia compares favourably with other OECD countries in the mean number of decayed, missing or filled teeth among 12 year olds. Australia ranked 7th out of 27 OECD countries in 2002, with a mean of one decayed, missing or filled permanent tooth (DMFT)—better than the OECD average of 1.6 (Figure 10.3). Mean decay experience was lowest in Germany (0.7) and also in Denmark, Luxembourg, Netherlands and the United Kingdom (all 0.8); and was highest in Poland (3.8).



A full copy of the report can be downloaded at www.aihw.gov.au/publications/index.cfm/title/10704