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*J. Armfield
K. Roberts-Thomson*

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Any comments or information relevant to the subject matter of this report would be welcome. Correspondence should be directed to:

The Director
AIHW Dental Statistics and Research Unit
Adelaide University
SOUTH AUSTRALIA 5005

Tel: (08) 8303 4051
Fax: (08) 8303 4858
E-mail: aihw.dsru@adelaide.edu.au
Website: <http://www.arcpoh.adelaide.edu.au>
<http://www.adelaide.edu.au/socprev-dent/dsru>

Board Chairperson

The Hon. Peter Collins AM, QC

Director

Dr Richard Madden

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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
SD	standard deviation

Purpose of this report

This report is part of the annual series providing descriptive statistics concerning child dental health in the Australian Capital Territory. The report contains tables and figures. Information listed in the tables and figures includes: the age and sex of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants and children's history of School Dental Service examinations.

The report also provides selected trends, highlighting differences between the years 1997 and 2001. However, no formal hypothesis tests have been undertaken and differences between years are intended as merely a guide to the reader.

Sampling and data analysis

Data were collected during the 2001 calendar year from patients of the ACT School Dental Service (SDS) by dental therapists and dentists. A random sampling procedure was supposed to be used to select approximately one in two (1:2.5) patients. This was achieved by selecting those children whose birthday was between the 1st and 12th (inclusive) of any month. Provision was made for inclusion and numerical weighting of data from children whose date of birth was unknown. A total of 17 patients with birth dates outside of the desired sampling frame were also sampled. These children were included in the analyses with appropriate adjustments being made to statistical weights. Records from children with a known date of birth were weighted up, while records from children for whom age only was known or who were not sampled according to the desired sampling frame were weighted down. The sum of the weighted records is equivalent to the number of children sampled for the survey. The number of cases has been rounded to the nearest integer.

The purpose of the weighting protocol was to produce estimates that are representative of those of the population covered by the ACT SDS for 2001. However, the estimates in this report cannot be applied to children who are not enrolled in the ACT SDS. Consequently, the results in this report do not represent the complete ACT child population, but only that portion of the population that is enrolled in the ACT SDS. In the ACT, approximately 26% of primary school children were enrolled in the School SDS in 2003, and although there is reason to believe that the percentage enrolled was higher in 2001, it is considered that estimates in this report may differ substantially from estimates that would be obtained if all children in the State were surveyed.

All indices were 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. However, analyses of children's history of School Dental Service examinations (Tables 10 and 11) use information from all examinations. 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 and should be interpreted with due care.



Figure 1. Statistical Subdivisions of the Australian Capital Territory

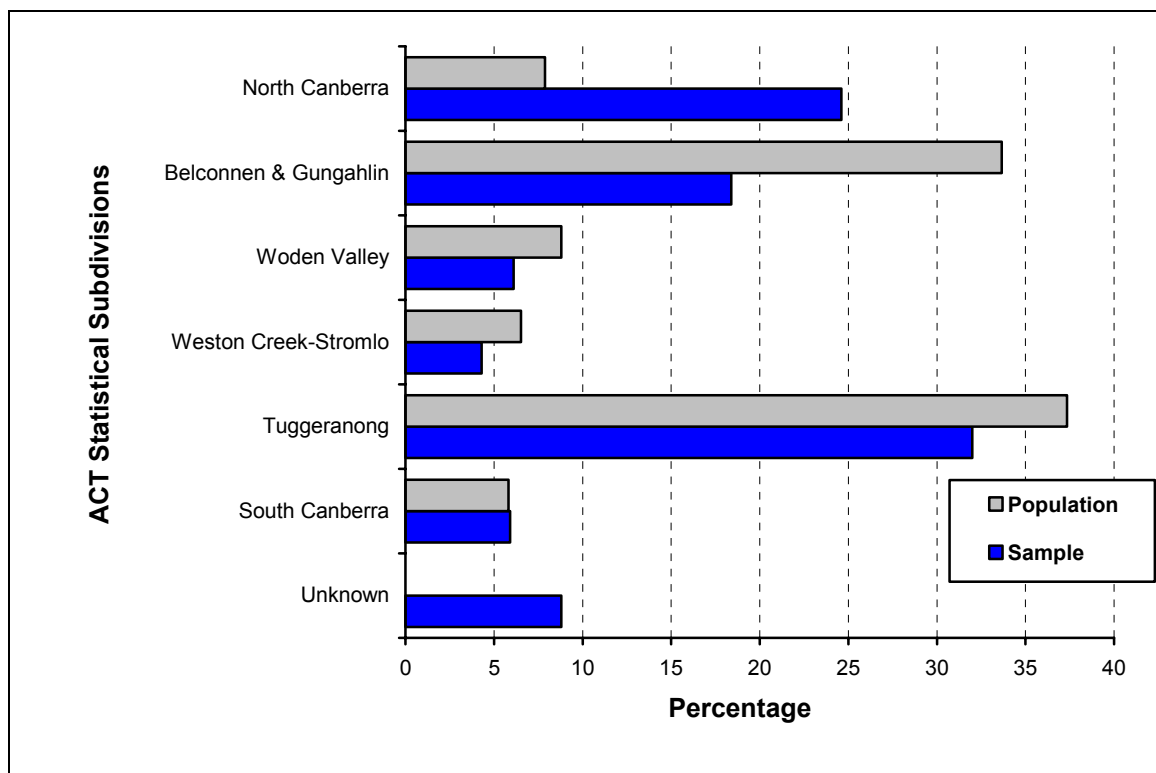


Figure 2: Percentage of children in sample and Australian Capital Territory population by Statistical Subdivision

Although it was intended for sampling to be at approximately one in two (1:2.5) it is clear from the total number of children sampled that there has been considerable slippage in the application of sampling of enrolled children. This represents a serious concern for both the validity and generalisability of the results in this report. It should be noted that the sample n has fallen to a point where age-specific estimates provided in this report should be considered as unreliable.

Demographic composition of the sample

The great majority of children in the sample (91.1%) were aged between 5 and 12 years inclusive (see Table 1). Twelve-year-olds were approximately one half as likely as those aged between 6 and 11 years to be in the sample, while children aged 4 years or less and those aged 13 years or older were represented in very small numbers. Males and females were sampled in approximately equal numbers without major variations in proportions across age groups.

The distribution of the sample is closely related to the main target groups of children served by the School Dental Service in the ACT and emphasises that the sample is representative of primary school aged children served by the School Dental Service, rather than all children in the ACT. The small numbers of children aged either younger than 5 years or 13 years and older are likely to be less representative of ACT children in general, and their small numbers contribute to imprecision in some age-specific statistics contained in the remaining tables. As a result of the small number of children aged less than 5, these age groups are not reported on in the following analyses. Children aged 15–17 were combined for subsequent analyses.

Table 1: Demographic composition of the sample

Age	Children in sample (unweighted)			Children in sample (weighted)		
	Males	Females	Persons	Males	Females	Persons
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
3	1	0	1	1	0	1
4	2	1	3	2	4	6
5	24	26	50	26	27	53
6	43	52	95	42	50	92
7	56	48	104	57	57	113
8	48	67	115	45	61	106
9	55	57	112	54	54	108
10	56	45	101	54	44	99
11	55	39	94	63	40	103
12	20	25	45	23	20	43
13	15	12	27	14	10	24
14	13	13	26	12	12	24
15	2	3	5	1	4	5
16	2	5	7	2	8	10
17	0	1	1	0	0	0
Total	392	394	786	394	392	786

The total number of children sampled represents a continued decline in sampling in the ACT, with reductions in sample size since 1998 ranging from between 25.7% to 51.2% each year.

Deciduous teeth

The mean number of clinically detectable decayed (d) teeth among children aged 5 to 11 years ranged from 0.84 for 6-year-olds to 0.25 for 11-year-old children (Table 2). The reduction in the decay score with age can be explained by the exfoliation of deciduous teeth (as seen by the decrease in the mean number of deciduous teeth, shown in Table 2) and does not necessarily reflect a reduction in the percentage of teeth with decay with increasing age. Across all age groups almost no children presented with teeth missing due to caries. The mean number of teeth with fillings peaked at 1.57 for 8-year-olds before declining. The mean dmft showed a bipolar distribution, peaking for children aged 6 and 8, before declining.

The ratio of untreated decayed teeth to the total count of decayed, missing, and filled teeth serves as an indicator of how well a child's dental needs are being met. This is presented in Table 3 as the mean of individual children's d/dmft index.

The percentage of caries experience due to decay (mean d/dmft index) showed an age-associated decline, reducing from 58.8% for 6-year-olds to 25.3% for 12-year-olds. By comparison, the percentage of children with no recorded decay experience in the deciduous dentition (% dmft = 0) reduced from 58.5% among 5-year-olds to 36.3% among 8-year-olds before increasing to 58.5% for 11-year-olds.

The surface-level caries experience (see Table 4) shows approximately 65–80% higher caries experience (dmf) for 6–11-year-olds than when using tooth-level statistics. There were approximately 50–70% more clinically decayed surfaces across this age range than there were teeth with clinically detectable decay. General trends are similar to those indicated previously for analyses at the tooth level.

The ratio of untreated decayed teeth to the total count of decayed, missing, and filled teeth can also be expressed as the ratio of total decay in the population to total decayed, missing or filled teeth in the population (d/dmft ratio), and this is presented in Figure 3. Unlike the mean d/dmft index, the d/dmft ratio refers to the proportion of teeth with caries in the population. Thus, the ratio for 6-year-olds indicates that, among 100 teeth with caries experience among 6-year-olds, 51.5% had untreated decay. The d/dmft ratio shows a similar pattern to that of the mean dmft index, with the percentage d/dmft reducing across increasingly older age groups, declining from 51.5% for the 6-year-old children to 20.0% among 12-year-olds. The percentage of dmft accounted for by filled teeth shows the opposite trend, increasing from 48.5% for children aged 6 years old to 88.0 for 12-year-olds.

Table 2: Deciduous dentition – decayed, missing and filled teeth by age

Age	Children	Teeth	Decayed (d)		Missing (m)		Filled (f)		dmft	
			mean	SD	mean	SD	mean	SD	mean	SD
5	53	19.88	0.61	1.14	–	–	0.83	1.87	1.44	2.31
6	92	17.76	0.84	1.45	–	–	0.79	1.77	1.63	2.43
7	113	14.78	0.76	1.46	0.00	0.07*	0.73	1.38	1.49	2.12
8	106	12.09	0.55	0.79	–	–	1.57	2.12	2.12	2.33
9	107	11.13	0.71	1.45	–	–	1.17	1.65	1.88	2.25
10	90	9.18	0.44	0.89	–	–	1.25	1.72	1.69	2.05
11	70	6.17	0.25	0.69	–	–	0.79	1.52	1.04	1.74
12	29	3.62	0.14*	0.36*	–	–	0.56	0.80	0.70	0.77

* relative standard error \geq 40%

Table 3: Deciduous teeth – caries experience indices by age

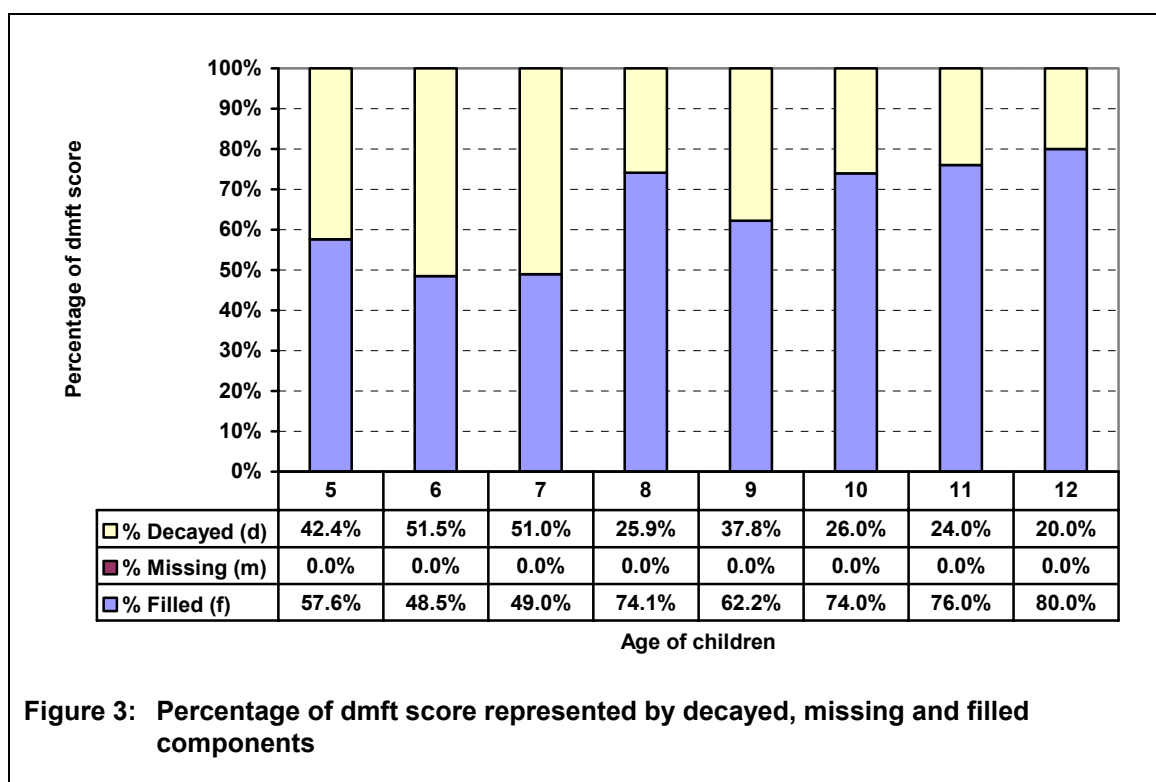
Age	Teeth	Mean d/dmft index		dmft = 0	
		mean	n	n	%
5	19.88	22	53.5	53	58.5
6	17.76	40	58.8	92	56.7
7	14.78	57	47.3	113	49.9
8	12.09	68	38.2	106	36.3
9	11.13	64	36.5	107	40.1
10	9.18	53	25.5	90	41.6
11	6.17	29	32.9	70	58.5
12	3.62	16	25.3*	29	43.5

* relative standard error \geq 40%

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

Age	Children <i>n</i>	Surfaces mean	Decayed (d)			Missing (m)		Filled (f)		dmfs	
			mean	SD	SD	mean	SD	mean	SD	mean	SD
5	53	19.88	0.89	1.65	–	–	1.20	2.76	2.09	3.38	
6	92	17.76	1.43	2.73	–	–	1.26	3.24	2.69	4.56	
7	113	14.78	1.22	2.61	0.02*	0.28*	1.36	3.08	2.60	4.05	
8	106	12.09	0.89	1.31	–	–	2.87	4.18	3.76	4.46	
9	107	11.13	1.20	2.68	–	–	2.14	3.38	3.34	4.39	
10	90	9.18	0.75	1.55	–	–	2.20	3.35	2.95	3.87	
11	70	6.17	0.38	1.07	–	–	1.49	2.90	1.87	3.31	
12	29	3.62	0.25*	0.64*	–	–	0.98	1.33	1.23	1.30	

* relative standard error \geq 40%



Permanent teeth

Clinically detectable decay increased across the age range of 6–12 years from a mean of 0.09 to a mean of approximately one for 12–14-year-olds (Table 5). The mean DMFT also increased across age groups, from 0.12 for 6-year-olds to 2.02 for children aged 14 years. To some extent, the age-related increase in D and DMFT scores reflects the increase in numbers of permanent teeth with age, from 3.66 for 5-year-olds to 26.47 for children aged 14 years old. The mean DMFT for 12-year-olds was 1.57.

The percentage of DMFT due to decay (mean D/DMFT index) and the percentage of children with no clinically detectable decay (DMFT = 0) generally declined across age groups, although a low-point can be seen for D/DMFT for children aged 10, after which D/DMFT begins to increase (Table 6).

The D/DMFT ratio, which refers to the proportion of teeth with caries experience having untreated decay, showed a similar trend to the mean D/DMFT index, declining from 81.8% for 6-year-olds to 42.9% for children aged 10 years old before increasing again for the older age groups (Figure 4).

Table 5: Permanent dentition – decayed, missing and filled teeth by age

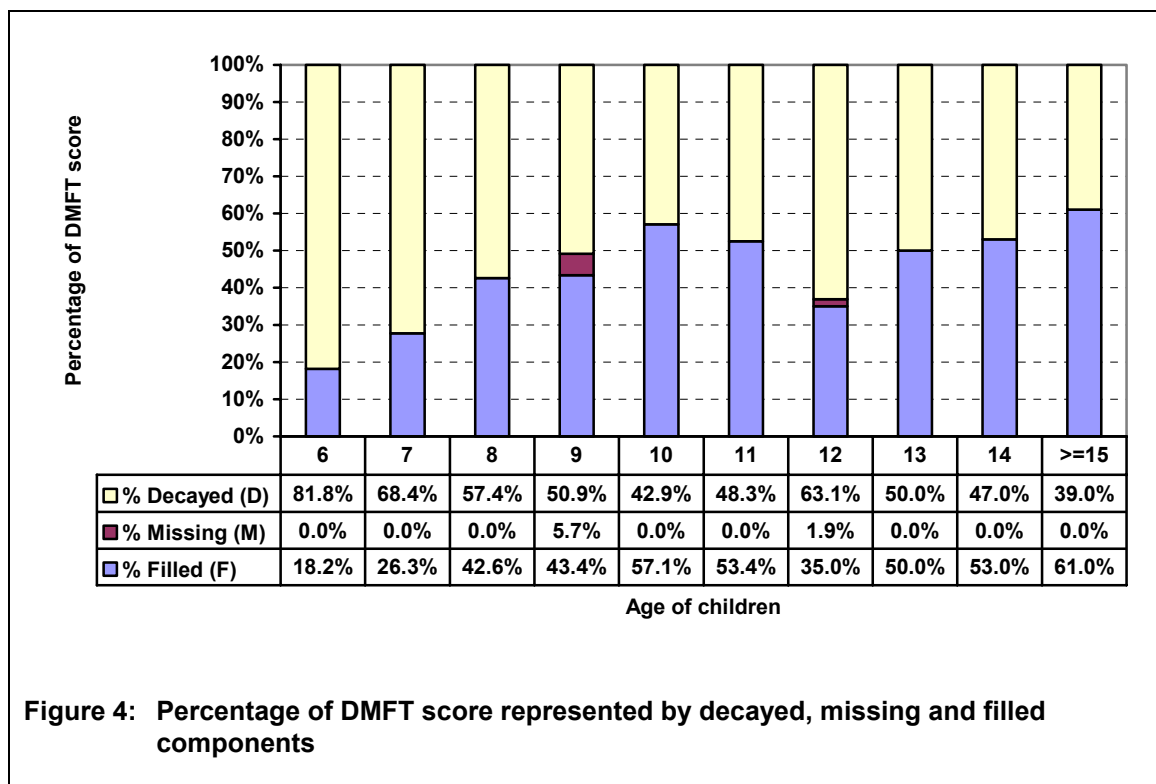
Age	Children <i>n</i>	Teeth mean	Decayed (D)		Missing (M)		Filled (F)		DMFT	
			mean	SD	mean	SD	mean	SD	mean	SD
5	21	3.66	0.04*	0.19*	–	–	–	–	0.04*	0.19*
6	71	5.51	0.09*	0.34*	–	–	0.02*	0.18*	0.12*	0.42*
7	111	8.47	0.13	0.40	–	–	0.05*	0.27*	0.19	0.48
8	106	11.44	0.27	0.68	–	–	0.20	0.58	0.47	0.89
9	108	12.87	0.27	0.61	0.03*	0.25*	0.23	0.61	0.53	0.87
10	99	15.57	0.15	0.56	–	–	0.20	0.51	0.35	0.83
11	103	20.74	0.28	0.60	–	–	0.31	0.68	0.58	0.95
12	43	23.74	0.99	1.71	0.03*	0.16*	0.55	1.18	1.57	1.96
13	24	25.22	0.98	1.42	–	–	0.98	1.62	1.96	1.99
14	24	26.47	0.95	1.30	–	–	1.07	0.83	2.02	1.62
≥15	15	27.55	1.31	1.19	–	–	2.05	2.13	3.36	1.97

* relative standard error ≥ 40%

Table 6: Permanent dentition – caries experience indices by age

Age	Teeth mean	D/DMFT		DMFT = 0	
		<i>n</i>	%	<i>n</i>	%
5	3.66	1	100.0	21	96.3
6	5.51	6	83.54	71	91.5
7	8.47	16	75.42	111	85.4
8	11.44	29	58.05	106	72.6
9	12.87	35	51.32	108	67.2
10	15.57	22	36.12	99	77.6
11	20.74	35	48.59	103	65.8
12	23.74	21	58.17	43	50.6
13	25.22	16	47.08	24	32.9
14	26.47	18	35.18	24	23.4
≥15	27.55	14	44.45	15	3.5*

* relative standard error ≥ 40%



The surface-level decay experience (DMFS) in the permanent dentition was higher than the respective mean decayed tooth scores, ranging from 14.3% among 10-year-olds to 36.3% among 12-year-olds (see Table 7). Up to the age of 12 there were approximately 10–25% more clinically decayed surfaces than decayed teeth.

Table 7: Permanent dentition – decayed, missing and filled surfaces by age

Age	Children <i>n</i>	Surfaces mean	Decayed (D)		Missing (M)		Filled (F)		DMFS	
			mean	SD	mean	SD	mean	SD	mean	SD
5	21	16.73	0.04*	0.19*	–	–	–	–	0.04*	0.19*
6	71	24.89	0.11*	0.39*	–	–	0.02*	0.18*	0.13*	0.45*
7	11	37.61	0.16	0.52	–	–	0.07*	0.33*	0.22	0.64
8	106	49.85	0.30	0.75	–	–	0.29	0.96	0.59	1.20
9	108	55.92	0.27	0.61	0.12*	0.99*	0.31	0.80	0.70	1.37
10	99	68.52	0.17	0.65	–	–	0.24	0.70	0.40	1.04
11	103	93.06	0.29	0.62	–	–	0.42	1.02	0.71	1.25
12	43	107.35	1.24	2.32	0.11*	0.65*	0.80	1.61	2.14	2.64
13	24	114.34	1.05	1.59	–	–	1.35	2.19	2.40	2.47
14	24	120.83	1.12	1.38	–	–	1.48	1.23	2.60	2.00
≥15	15	125.86	1.49	1.57	–	–	3.19	3.60	4.68	3.58

* relative standard error ≥ 40%

All teeth

Untreated caries in the combined deciduous and permanent dentitions ($d+D \geq 1$) existed for between 29.8% and 47.7% of children in the age range 5 to 14 years (Table 8). The greatest likelihood of detectable untreated decay was seen for 8-year-olds. However, the most extensive levels of untreated decay ($d+D = 4$ or more) generally occurred in the younger age groups with the percentage $d+D \geq 4$ generally declining with increasing age.

More than 97% of children in the age range of 5–13 had no deciduous or permanent teeth missing due to caries, with little variation across age categories. However, smaller percentages avoided fillings. The percentage of children without fillings declined to age 10 (45.2%), before increasing again. There was a similar pattern in the percentage of children with no caries experience in either deciduous or permanent dentition ($dmft+DMFT = 0$), declining from 58.5% at age 5 to 28.1% at age 8, then increasing to 48.6% at ages 11.

Table 8: All teeth – age-specific caries experience

Age	Children <i>n</i>	<i>d + D =</i>						<i>m+M = 0</i>	<i>f+F = 0</i>	<i>dmft+ DMFT = 0</i>
		0	1	2	3	4	5+			
		%	%	%	%	%	%	%	%	%
5	53	65.2	21.7	4.2*	6.8	0.0	2.1*	100.0	71.7	58.5
6	92	63.5	12.7	8.3	6.8	4.5	4.1	100.0	76.3	54.1
7	113	60.6	18.8	5.9	9.6	1.0*	4.0	99.5	66.1	44.5
8	106	52.3	23.7	16.9	3.4*	3.7	0.0	100.0	46.3	28.1
9	108	59.2	18.0	8.0	8.2	1.4*	5.2	98.4	48.1	29.9
10	99	70.0	17.7	5.0	2.8*	4.2	0.3*	100.0	45.2	38.4
11	103	70.2	18.4	9.1	0.9*	1.3*	0.0	100.0	64.1	48.6
12	43	61.5	10.9	9.3	6.1*	0.0	12.2	97.3	54.6	40.2
13	24	56.3	10.0*	16.6	4.4*	5.6*	7.0*	100.0	51.9	32.9
14	24	56.8	16.7	1.9*	23.5	1.1*	0.0	100.0	19.0	19.0
≥ 15	15	33.9	19.0*	32.0	11.0*	3.5*	0.0	100.0	28.5	3.5*

* relative standard error $\geq 40\%$

Fissure sealants

The mean number of fissure sealants generally increased in prevalence with increasing age up to the age of 12 years (see Table 9). There is evidence of preferential use of fissure sealants among those with caries experience: the prevalence of fissure sealants among children with some caries experience (DMFT = 1+) was generally greater than among those with no caries experience (DMFT = 0).

Table 9: Fissure sealants – age-specific experience

Age	Children	Sealants		Students with sealants			
				DMFT = 0		DMFT ≥ 1	
	<i>n</i>	mean	SD	<i>n</i>	%	<i>n</i>	%
6	92	0.24	0.85	86	6.6	6	35.0
7	113	0.37	1.01	97	13.3	16	22.3
8	106	1.16	0.65	77	35.3	29	48.2
9	108	0.71	1.24	73	31.0	35	28.4
10	99	0.89	1.42	77	32.1	22	35.1
11	103	1.28	1.58	68	37.9	35	65.5
12	43	1.00	1.59	2	30.7	21	30.1
13	24	1.16	2.14	8	11.2*	16	50.2
14	24	1.87	1.76	6	54.1	18	61.8
≥15	15	1.23*	2.05*	1	0.0	14	29.2

School Dental Service examinations

Table 10 describes the percentage of examinations in 2001 recorded as the first examination for a child in the ACT School Dental Service. As expected, the figure is highest for the youngest ages (6 years or less) with few children aged 7 years or more having had no previous examination. This pattern is expected and indicates that most patients are enrolled during their early school years.

Table 11 includes only children with previous examinations and indicates their distribution according to time since last dental examination. The majority of examinations for all children occurred within 12 months of their previous examination. Between 20% and 35% of examinations occurred 13 to 18 months previously. Approximately 5–15% of examinations occurred more than 2 years since the previous examination for these age groups.

Time since last examination was least for the youngest ages and highest among the older children: whereas 74.0% of 6-year-olds had an examination within the previous year this figure was only 38.8% for 12-year-olds. This can also be seen from the mean time since last visit, which increased from 10.31 months for 6-year-olds to 15.28 months for 12-year-olds.

Table 10: School Dental Service examinations – age-specific distribution

Age	Examinations <i>n</i>	Previous examination in School Dental Service		
		No %	Yes %	Unknown %
5	56	27.0	62.7	10.3
6	99	28.9	62.5	8.5
7	116	15.5	79.4	5.0
8	112	7.3	84.7	8.0
9	110	5.2	86.5	8.3
10	98	8.4	84.0	7.6
11	95	8.2	88.4	3.4*
12	39	6.9*	92.4	0.8*
13	24	0.0	91.3	8.7*
14	23	0.0	83.1	16.9
15	10	16.1*	78.3	5.6*

* relative standard error \geq 40%

Table 11: School Dental Service examinations – time since last visit

Age	Children <i>n</i>	Months since last visit					mean	SD
		0–6 %	7–12 %	13–18 %	19–24 %	25+ %		
5	56	9.5*	62.9	19.0	5.6*	3.0*	11.41	5.57*
6	99	20.3	53.7	19.9	2.2*	3.9*	10.31	6.31
7	116	14.7	43.3	23.4	12.8	5.9	12.41	6.65
8	112	13.7	52.4	20.4	7.0	6.6	11.84	6.87
9	110	10.0	41.5	33.0	8.5	7.0	13.55	6.75
10	98	5.7	52.5	22.0	9.4	10.4	13.79	8.37
11	95	4.2*	37.0	37.5	5.3	15.9	15.87	9.48
12	39	13.9	24.9	35.5	14.8	11.0	15.28	9.38*
13	24	14.1*	50.2	11.5*	12.0*	12.2*	13.29*	7.89*
14	23	0.0	55.1	22.4	3.1*	19.4	14.67*	8.12*
\geq 15	10	0.0	20.2*	13.0*	24.1	42.7	23.94*	10.46*

* relative standard error \geq 40%

Caries experience by geographical location

Due to the small numbers of children sampled in 2001, breakdowns by age and geographical location in the Australian Capital Territory are not meaningful. Therefore, they are not included in this report.

Selected trends, 1997–2001

Presented below is a table and a series of figures of selected 5-year trends across the period 1997–2001. Trends are provided for sample size, deciduous and permanent caries experience, fissure sealants and time since last visit. It should be noted that due to the small sample size for 2001 these results may not be directly comparable to those of previous years. Care should be taken in interpreting trends.

Table 12: Sample size and percentage of total sample by region, 1997–2001

Region	1997		1998		1999		2000		2001	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
North Canberra	726	16.8	529	13.2	499	16.8	341	23.5	209	24.6
Belconnen/Gungahlin	1214	28.1	1021	25.4	722	24.2	310	21.4	156	18.4
Woden Valley	256	5.9	399	10.0	373	12.5	153	10.5	52	6.1
Western Creek/Stromlo	248	5.7	310	7.7	222	7.5	141	9.7	37	4.3
Tuggeranong	1236	28.6	1288	32.2	888	29.9	266	18.3	272	32.0
South Canberra	485	11.2	336	8.4	231	7.8	115	7.9	50	5.9
Unknown	161	3.7	121	3.0	39	1.3	125	8.6	75	8.8
Total	4326	100.0	4004	100.0	2974	100.0	1451	100.0	851	100.0

