



4th August, 1993 Phone: (08) 303 5027 Fax: (08) 232 4062

The Child Dental Health Survey New South Wales, 1992

by

The AIHW Dental Statistics and Research Unit

The AIHW Dental Statistics and Research Unit (DSRU) is an external unit of the Australian Institute of Health and Welfare and was established in 1988 at The University of Adelaide. The DSRU was funded to improve the range and quality of dental statistics and research on the dental workforce, dental health status, dental practices and use of dental services.

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THE CHILD DENTAL HEALTH SURVEY - NEW SOUTH WALES 1992

Purpose of this report

This report continues the annual series providing descriptive statistics concerning child dental health in New South Wales. The report contains tables and figures. Information listed in the tables includes: the age, sex and country of birth/Aboriginality of children in the sample; their deciduous and permanent caries experience; frequency of fissure sealants; immediate treatment needs; and children's history of school dental service examinations. The figures combine and summarize information from four of the tables.

The data for this report were collected during the 1992 calendar year from patients of the New South Wales School Dental Service by dental therapists and dentists. A random sampling procedure was used to select approximately one in 16 patients. This was achieved by selecting those children whose birthday was on the 3rd or 30th any month. The effective sampling ratios varied between regions. The actual sampling ratios are contained in Appendix 1. Provision was made for inclusion and numerical weighting of data from all children whose date of birth was unknown. When an individual child was sampled more than once during the calendar year, the information from only the first examination was included in Tables 1 to 7 (inclusive). Table 8 contains data from all examinations of sampled children.

The following sections briefly describe each table and provide a simple, summary statement highlighting differences between the 1992 and 1991 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.

Table 1: Demographic composition of the sample

The majority of children in the sample (92.3 per cent) were aged between five and 12 years (inclusive). Within that range, seven year-olds were the most frequent individual age, while there tended to be smaller numbers of children towards the lower and upper limits of the age range. The age structure within the majority of the sample therefore reflects closely the age range of children who attend primary schools and who constitute the main target group of the School Dental Service. There were very small numbers of children aged more than 15 years or less than four years, and the data from them has been excluded from the subsequent tables describing dental health status (Tables 3 to 8). Children aged four years or between 13 and 15 years were represented in small numbers which results in low reliability of some computed statistics in Tables 3 to 8. Furthermore, they are likely to be less representative of the corresponding age groups of school children than is the case for the majority of the sample aged five to 12 years.

Males constituted 50.2 per cent of children in the full sample, and within individual ages within the range of five to 12 years, the percentage of males varied from 47.8 and 52.8 per cent.

Changes since 1991

The total sample size in 1992 was larger than the preceding year by some 7,919 children. In 1992, the most frequent individual age was seven years, whereas in 1991 eight year-olds were

the most frequent group, and there were more consistent numbers of children in other individual ages up to 11 years.

Table 2: Country of birth including Aboriginality

Australian-born non-Aboriginal persons comprised the great majority of both children and mothers. The second most frequent groups were children who were born in the Middle East and South East Asia. New South Wales also has substantial numbers of both children and mothers who were Australian-born Aborigines.

Changes since 1991

In 1992 there were greater percentages of children and mothers recorded as being born in the Middle East and South East Asia. The corresponding decrease was observed for the Australian-born Aboriginal category.

Table 3: Deciduous teeth: age-specific prevalence

The mean dmft prevalence among children aged 4 to 9 years varied across a narrow range, from 1.97 to 2.13 teeth. The deciduous caries experience of children aged more than 9 years naturally declines as teeth exfoliate. The range in the mean number of decayed deciduous teeth was less than that observed for dmft, decreasing from 1.8 among four year-olds to 0.9 among nine year-olds. As a consequence, there was a substantial difference in the d/dmft percentage which declined from 86.3 per cent among four year-olds to 47.2 among nine year-olds.

Changes since 1991

There were small reductions of 0.1 to 0.3 in the mean number of decayed deciduous teeth and dmft within some ages, although this was not consistent and five year-olds recorded a small increase of 0.1 in mean dmft. Age related trends were consistent across the two years, and there were small increases in the age specific d/dmft percentage and the percentage of children with dmft=0.

Table 4: Permanent teeth: age-specific prevalence

The mean numbers of decayed permanent teeth and DMFT were smaller than the corresponding means for deciduous teeth across the range of 5 to 11 years. In contrast to deciduous caries, the mean number of decayed and DMF teeth increased in a fairly consistent manner across increasing age groups. As a consequence, the percentage of DMFT due to decay (D/DMFT) and the percentage of caries free children (DMFT=0) declined across age groups. It is noteworthy that more than more than 50 per cent or more of children aged 12 years or less were caries free (DMFT=0).

Among those aged 13 years or more, the age-associated increase in mean DMFT was greater: the mean numbers of decayed permanent teeth and DMFT for 15 year-olds are approximately 1.5 times as large as the corresponding means for 13 year-olds. In part, this pattern probably reflects more rapid progression of caries, particularly after eruption of second molars. However, in view of the apparently less-representative nature of these older ages, it is likely that part of the differences could be related to other characteristics of older patients within the School Dental Service other than a simple ageing effect.

Australian Institute of Health and Welfare

Changes since 1991

The mean DMFT of individual ages was virtually identical to the corresponding figures for 1992 within the age range six to 12 years. The mean figure for 13 year-olds increased, but for 14 year-olds it decreased. Within the main age groups of six to 12 years, the mean number of decayed permanent teeth remained virtually identical in 1992 for ages 6 to 10. There were small increases for ages 11 and 12 years. There were only small increases in the D/DMFT percentage and the percentage of children with DMFT=0.

Table 5: All teeth: age-specific prevalence

Untreated decay in the combined deciduous and permanent dentitions (d+D=1, 2, 3 or 4+) existed for between 33 to 44 per cent of children in the age range five to 12 years. The greatest likelihood of untreated decay within that age range occurred for 8-year-olds, although the most extensive levels of untreated decay (d+D=4 or more) occurred in children aged 5 years or less.

In all key ages, more than 95 per cent of children had no deciduous or permanent teeth missing due to caries. The greatest likelihood of missing teeth was observed for eight year-olds, where 4.8 per cent had one or more missing teeth. Much smaller percentages of children avoided fillings, and this was associated with age. There was a reasonably consistent decline in the percentage of children with no caries experience in either deciduous or permanent dentition (dmft+DMFT=0), from 54.7 per cent at age five to 41.1 per cent at age 10. The percentage fluctuated around 40 per cent among most older ages, reflecting the pattern of exfoliation of deciduous teeth. This statistic serves to demonstrate that more than one third of children at any of the key primary school ages (five to 12 years) have no experience of dental caries.

Changes since 1991

Within the age range of five to 12 years there was very minor fluctuation (up to two percentage points) in the percentage of children with no untreated decay (d+D=0). There were consistent reductions in percentage of children with four or more decayed teeth. Within the age range of five to 12 years, the percentages of children with no missing or filled teeth also increased.

Table 6: Fissure sealants: age-specific prevalence

Fissure sealants were prevalent among children aged 8 years or more. There is a tendency for children with some permanent caries experience (DMFT=1+) to have a higher likelihood of sealants than children without caries experience (DMFT=0). However the differential use of sealants appears to be limited. For example, 17.9 per cent of 12 year-olds with DMFT=1+ had one or more fissure sealants, while 16.2 per cent of 12 year-olds with DMFT=0 had fissure sealants.

Changes since 1991

There were small increases in the mean number of fissure sealants within some individual age groups. However there were insubstantial changes in the percentage with sealants among children with DMFT=0 and DMFT=1+.

Australian Institute of Health and Welfare

Table 7: Immediate treatment needs

Immediate treatment needs were recorded when, in the judgement of the clinical examiner, there was existing pain or infection or the likelihood of pain or infection developing within a four week period. Immediate treatment needs could also be recorded for life threatening conditions.

Between 12 and 19 per cent of children in the key age range of five to 12 years had immediate treatment needs. The percentage tended to be highest among younger ages. Those with immediate treatment needs had substantially higher mean dmft values than the overall sample (Table 3). For example, among six year-olds with immediate treatment needs, the mean dmft of 4.65 was approximately twice as large as the overall sample mean of 2.00. There was a similar trend for permanent DMFT, with approximately two-fold differentials between those with immediate treatment needs and the sample mean. Consistent with this overall picture was the relatively high percentages of children with four or more decayed teeth (d+D=4+).

Changes since 1991

The percentage of children with immediate treatment needs and their pattern of deciduous and permanent caries experience was very similar to the figures for 1991.

Table 8: School Dental Service examinations

The left hand side of this table describes the percentage of children who were new patients (having had no previous dental examination) in the New South Wales School Dental service. The figure was highest for the youngest ages (less than six years) while fewer than 10 per cent of those aged 12 years had no previous examination. This pattern is expected, and indicates that most patients are enrolled during their early school years.

The right hand side of the table refers to children with previous examinations, and indicates their distribution according to time since last dental examination. Between one third and one half of children in most ages received examinations within 7 to 12 months of their previous examination. Periods of less than six months and 13-24 months were the other predominant re-examination intervals, and they occurred with similar frequency for most ages. However, there was a tendency for younger age groups to have shorter re-examintion intervals. Very few children were re-examined after a period of two or more years, and the percentage was highest (greater than 10 per cent) among the oldest children aged 13 years or more.

Changes since 1991

There was a general tendency for larger percentages of children to be registered as having previously had a School Dental Service examination. Among those with previous examinations, the re-examination intervals varied across ages, with some systematic increase in the number of older children last seen over 25 months ago.

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Figure 1: Percentage of children with dmft=0, DMFT=0 and d+D=4+

This figure presents data contained in Tables 3, 4 and 5 to summarize the extent of dental health (represented by percentage with no caries experience) and the extent of more extensive untreated decay (represented by the percentage with d+D=4 or more).

Figure 2: Time since last dental examination

This figure draws on information from Table 8, and selects six and 12 year-olds to demonstrate the variation in time since last examination.

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TABLE 1: DEMOGRAPHIC COMPOSITION OF THE SAMPLE

Data for the Child Dental Health Survey are collected from a stratified random sample of children in all Australian States and Territories. In New South Wales the sampling is 1:15.9. The following table describes the number of records processed from children in New South Wales.

State/Territory: New South Wales

Sampling Ratio: 1:15.9

Data for period January-December 1992

Date of Report: 4th June 1993

UNWEIGHTED NUMBER OF RECORDS PROCESSED

WEIGHTED NUMBER OF CHILDREN IN SAMPLE¹

TYPE OF SAMPLING

Age (years)		n date o: Females	f birth Persons	Age Males	only kn Females	own Persons	Males l	Females	Persons
2	7	15	22	0	0	0	7	15	22
3	37	30	67	0	1	1	37	31	68
4	168	171	339	2	2	4	170	173	343
4 5	830	737	1567	24	24	48	854	761	1615
6	783	858	1641	26	29	55	809	887	1696
7	911	864	1 <i>77</i> 5	22	20	42	933	884	1817
8	825	829	1654	18	24	42	843	853	1696
9	819	798	1617	19	13	32	838	811	1649
10	737	719	1456	16	18	34	<i>7</i> 53	737	1490
11	689	682	1371	9	10	19	698	692	1390
12	306	300	606	5	3	8	311	303	614
13	152	163	315	0	0	0	152	163	315
14	77	106	183	0	0	0	<i>7</i> 7	106	183
15	10	27	37	0	1	1	10	28	38
16	9	8	1 7	0	0	0	9	8	17
17	2	3	5	0	0	0	2	3	5
18	2	0	2	0	0	0	2	0	2
Total	6364	6310	12674	141	145	286	6505	6455	12960

Processed records are weighted to reflect the sampling scheme. Records from children with a known date of birth are weighted up, while records from children for whom age only is known are weighted down. The sum of the weighted records is equivalent to the number of children sampled for the survey. The number of cases have been rounded to the nearest integer.

TABLE 2: COUNTRY OF BIRTH (INCLUDING ABORIGINALITY)

The country of birth of children is determined from information concerning birthplace of the child and mother. The number and percentage of children in each group is provided in this State-specific report.

State/Territory: New South Wales

Sampling Ratio: 1:15.9

Data for period January-December 1992

Date of Report: 4th June 1993

COUNTRY OF BIRTH	CHILD	REN	MOTHERS		
	Number ¹	%	Number	%	
Australia (non-Aboriginal)	11522	88.9	9975	77.0	
Australia (Aboriginal or TSI)	232	1.8	238	1.8	
United Kingdom and Eire	62	0.5	329	2.5	
Other English speaking	131	1.0	217	1.7	
Southern Europe	58	0.4	322	2.5	
Other Europe	50	0.4	147	1.1	
Middle East	113	0.9	430	3.3	
South East Asia	252	1.9	423	3.3	
Other Asia	153	1.2	241	1.9	
Other	145	1.1	244	1.9	
Not known	237	1.8	386	3.0	
Total	12955	100.0	12952	100.0	

Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth and children from outside the Darwin region. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

TABLE 3: DECIDUOUS TEETH: AGE-SPECIFIC PREVALENCE¹

This table uses Statewide data to describe the dmft index and its components for individual (year of birth) ages. 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 is excluded. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these indices are statistically unreliable.

State/Territory: New South Wales

Sampling ratio: 1:15.9

Data for period January-December 1992

Date of report: 4th June 1993

Number of Age children in		deca	ved	dn	nft	d/dmf	Children with dmft=0
(years)	sample	mean	sd	mean	sd	%	%
3	68	2.82	4.15	3.15	4.31	89.0	44.1
4	343	1.74	2.91	2.03	3.18	86.3	53.9
5	1615	1.79	3.10	2.13	3.46	84.4	54.8
6	1696	1.33	2.44	2.00	3.11	66.5	53.3
7	1817	1.06	1.93	1.94	2.73	55.9	48.9
8	1696	1.10	1.88	2.19	2.73	50.3	44.0
9	1649	0.90	1.55	1.97	2.41	47.2	43.2
10	1490	0.61	1.18	1.47	2.08	44.5	52.1

¹ Legend:

d - decayed deciduous teeth

dmft -decayed, missing or filled deciduous teeth

sd - standard deviation

TABLE 4: PERMANENT TEETH: AGE-SPECIFIC PREVALENCE

This table uses Statewide data to describe the DMFT index and its components for individual (year of birth) ages. 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 is excluded. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these indices are statistically unreliable.

State/Territory: New South Wales

Date of report: 4th June 1993

Sampling ratio: 1:15.9

Data for period January-December 1992

Age (years)	Number of children in sample	in DECAYED		DM mean	IFT sd	D/DMFT %	Children with DMFT=0 %
5	1615	0.01	0.11	0.01	0.11	100.0	99.4
6	1696	0.07	0.34	0.07	0.37	89.5	95.0
7	1817	0.16	0.54	0.19	0.60	84.4	88.7
8	1696	0.22	0.67	0.37	0.87	59.2	79.7
9	1649	0.24	0.71	0.47	0.99	49.8	75.1
10	1490	0.29	0.98	0.59	1.28	46.7	71.6
11	1390	0.38	1.04	0.84	1.56	42.0	64.7
12	614	0.63	1.48	1.19	1.92	46.9	58.1
13	315	0.68	1.37	1.52	2.15	43.1	47.3
14	183	0.80	1.47	1.98	2.53	40.9	42.1
15	38	*	*	2.21	3.52	21.1	55.3

sd - standard deviation

¹ Legend: D -decayed permanent teeth

DMFT - decayed, missing or filled permanent teeth

TABLE 5: ALL TEETH: AGE-SPECIFIC PREVALENCE¹

Sampling ratio: 1:15.9

Date of report: 4th June 1993

94.7

57.9

50.0

This table uses Statewide data to describe the combined dmft and DMFT indices and their components for individual (year of birth) ages. 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 is excluded. Agespecific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these indices are statistically unreliable.

State/Territory: New South Wales

38

78.9

Data for period January-December 1992

Number of Age children % of children with d+D= % of children with (years) in sample 1 2 m+M=0f+F=0 dmft+DMFT=0 3 68 45.6 16.2 32.4 97.1 89.7 42.6 8.7 4 57.7 4.7 98.3 91.0 343 8.7 20.1 53.6 5 6 7 8 7.6 98.1 1615 89.1 54.7 58.1 10.4 4.1 19.7 1696 60.3 11.2 7.7 6.3 14.6 97.5 76.9 51.9 1817 58.4 13.8 10.7 5.3 11.9 96.9 68.8 46.1 6.2 95.2 60.3 39.1 1696 56.1 14.2 10.3 13.1 9 1649 56.5 15.9 10.9 7.1 9.6 96.0 55.7 36.6 6.8 10 1490 10.7 4.5 95.7 57.4 41.1 61.1 16.8 1390 14.5 7.8 4.1 98.3 61.9 45.8 11 67.1 6.6 12 69.1 12.7 5.9 3.9 8.5 98.5 65.1 48.0 614 7.9 6.7 13 315 67.9 13.3 4.1 98.4 61.3 45.4 14 183 17.5 4.9 96.7 54.6 39.9 62.3 9.3 6.0

15

¹ Legend:

d - decayed deciduous teeth

D -decayed permanent teeth

m - deciduous teeth missing due to caries

M - permanent teeth missing due to caries
 f - deciduous teeth restored due to caries

F - permanent teeth restored due to caries

dmft -decayed, missing or filled deciduous teeth DMFT -decayed, missing or filled permanent teeth

TABLE 6: FISSURE SEALANTS: AGE-SPECIFIC PREVALENCE¹

This table uses Statewide data to describe the distribution of fissure sealants for individual (year of birth) ages, along with the caries experience of those who have fissure sealants and those who do not. 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 is excluded. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these indices are statistically unreliable.

State/Territory: New South Wales

Data for period January-December 1992

Sampling ratio: 1:15.9

Date of report: 4th June 1993

Age	Number of Number of ge children in sealants			CHILDRI DMI	T=0 % with	CHILDREN WITH DMFT=1+ % with		
(years)	sample ²	mean	sd	number	F/S=1+	number	F/S=1+	
6	1696	0.27	2.31	1612	2.7	84	7.1	
7	1817	0.32	2.03	1612	5.6	205	10.2	
8	1696	0.47	2.08	1351	9.6	345	14.5	
9	1649	0.41	1.69	1238	10.1	411	15.6	
10	1490	0.52	1.81	1067	13.9	423	17.3	
11	1390	0.55	1.72	899	13.5	491	21.6	
12	614	0.55	1.64	357	16.2	257	17.9	
13	315	0.68	1.67	149	18.1	166	22.9	
14	183	1.11	2.50	77	22.1	106	32.1	
15	38	*	*	21	14.3	17	17.6	

¹ Legend: DMFT - decayed, missing or filled permanent teeth

² Legend: F/S - number of fissure sealed teeth sd - standard deviation

TABLE 7: IMMEDIATE TREATMENT NEEDS: AGE-SPECIFIC DISTRIBUTION1

This table, based on Statewide data, describes the number and proportion of children in immediate need of dental treatment. This classification is accorded to children who have, or who are likely to develop within four weeks, oral pain or infection. The dental caries experience of this group of children is also described. 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 is excluded. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these indices are statistically unreliable.

State/Territory: New South Wales

Data for period January-December 1992

Sampling ratio: 1:15.9

Date of report: 4th June 1993

CHILDREN IN NEED OF IMMEDIATE TREATMENT

	lumber of			_	_						_	
Age c	hildren in		% of all	dm	ft	DM	FT		% w	ith d⊣	-D=	
(years)	sample	No.	children	mean	sd	mean	sd	0	1	2	3	4+
3	68	22	32.4	6.09	5.62	*	*	*	*	22.7	0.0	59.1
$\overset{\circ}{4}$	343	64	18.7	5.13	3.81	_	_	*	14.1	12.5	*	60.9
5	1615	306	18.9	5.75	4.26	*	*	6.2	17.3	9.8	7.8	58.8
6	1696	29 1	17.2	4.65	3.97	0.19	0.54	10.0	23.7	12.7	13.7	39.9
7	1817	300	16.5	3.89	3.06	0.48	0.91	10.3	25.3	19.0	11.3	34.0
8	1696	321	18.9	4.39	2.98	0.72	1.17	10.3	23.4	18.7	11.2	36.4
9	1649	305	18.5	3.42	2.66	0.88	1.32	13.4	26.2	18.4	16.1	25.9
10	1490	209	14.0	2.97	2.50	1.49	2.32	8.1	30.6	27.3	11.0	23.0
11	1390	175	12.6	1.82	2.38	1.78	1.99	17.1	28.0	20.0	9.7	25.1
12	614	83	13.5	0.69	1.47	2.52	2.54	20.5	31.3	15.7	*	26.5
13	315	40	12.7	*	*	3.15	2.46	17.5	27.5	15.0	15.0	25.0
14	183	18	9.8	-	-	4.56	3.42	*	*	*	*	*
15	38	3	*	*	*	*	*	0.0	*	0.0	0.0	66.7

Legend: dmft -number of decayed, missing or filled deciduous teeth

DMFT - number of decayed, missing or filled permanent teeth

d - number of decayed deciduous teethD - number of decayed permanent teeth

TABLE 8: SCHOOL DENTAL SERVICE EXAMINATIONS: AGE-SPECIFIC DISTRIBUTION

This table describes the percentage distribution of children who have received initial and subsequent dental examinations in the School Dental Service. Data from all examinations of children who were examined during the report period are included in this table; percentage estimates denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these percentages are statistically unreliable.

State/Territory: New South Wales

Sampling ratio: 1:15.9

Data for period January-December 1992

Date of report: 4th June 1993

		10					EN WITI XAMINA	
Age (years)	Number of children examined		us examin Dental Se Yes		Months 0-6	since las 7-12	t examina 13-24	ation¹(%) 25+
3	7 1	70.4	16.9	12.7	*	50.0	*	*
4	360	67.2	12.8	20.0	34.8	54.3	*	0.0
5	1764	60.2	19.9	19.9	38.9	46.0	11.4	3.7
6	1929	29.7	57.1	13.2	23.7	53.8	21.2	1.4
7	2070	17.8	68.0	14.2	21.2	45.5	27.8	5.5
8	1933	13.1	75.2	11.7	19.0	46.9	26.3	7.8
9	1858	10.6	74.9	14.6	18.5	41.6	29.8	10.1
10	1696	8.6	78.3	13.1	18.6	43.7	28.4	9.4
11	1615	7.6	77.4	14.9	19.8	39.6	28.7	11.9
12	781	7.7	77.4	14.9	22.8	38.9	26.0	12.3
13	345	6.7	74.2	19.1	10.9	31.6	34.0	23.4
14	205	4.9	82.4	12.7	10.1	30.8	33.7	25.4
15	43	*	76.7	18.6	*	42.4	33.3	*

¹ Excludes those with no previous examination and where the date of previous examination is unknown.

FIGURE 1: PERCENTAGE OF CHILDREN WITH dmft=0, DMFT=0 and d+D=4+

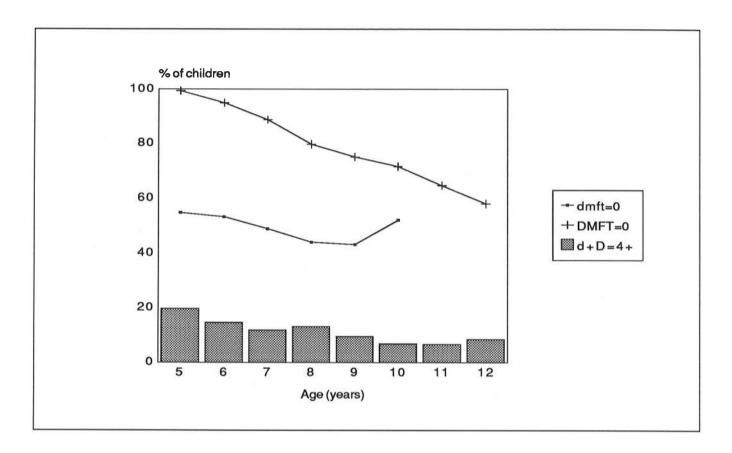
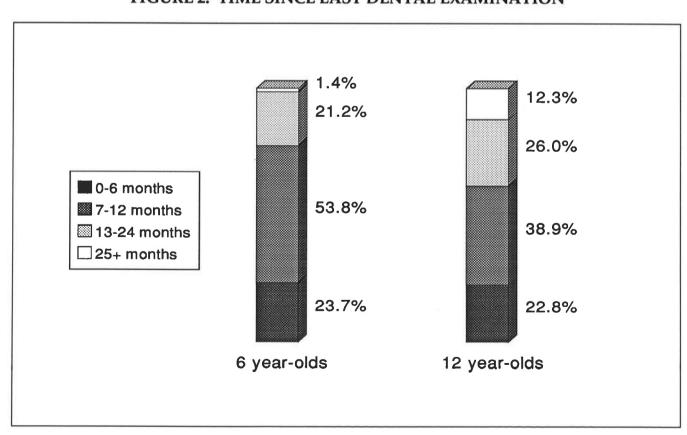


FIGURE 2: TIME SINCE LAST DENTAL EXAMINATION



APPENDIX 1

Effective Sampling Ratios – NSW School Dental Examination 1992

State	1:16.7	Region
North Coast	1:15.4	1
South West Sydney	1:13.0	2
Orana and Far West	1:12.2	3
Central Coast	1:23.6	4
Central Sydney	1:12.6	5
Eastern Sydney	1:20.2	6
Hunter	1:20.7	7
Illawarra	1:17	8
Northern Sydney	1:27	9
Southern Sydney	1:16.8	10
Wentworth	1:14.6	11
Western Sydney	1:13.3	12
Central Western	1:14.6	13
New England	1:20	14
South West	1:16.6	15
South Eastern	1:15.3	16
United Dental Hospital	1:20.5	17