



The Child Dental Health Survey, Victoria 1999

AIHW Dental Statistics and Research Unit
The University of Adelaide

in collaboration with
Dental Health Services Victoria

AIHW Catalogue No. DEN 87

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Suggested citation

AIHW Dental Statistics and Research Unit (2001). *Child Dental Health Survey, Victoria 1999*.

Acknowledgments

The data used for this report were collected by Dental Health Services Victoria. 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
SD	standard deviation

Purpose of this report

This report continues the series of annual reports providing descriptive statistics concerning child dental health in Victoria and follows the 1998 report. Information listed in the tables includes: the age and sex of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants, history of school dental service examinations and caries experience by geographical region.

The report also provides simple, summary statements highlighting differences between the 1998 and 1999 results. However, no formal hypothesis tests have been undertaken and descriptions of differences between years are intended as a guide to the reader rather than as an evaluation of trends.

Sources of subjects and sampling

Data were collected during the 1999 calendar year on Victorian School Dental Service patients by dental therapists and dentists. Children were sampled on the first day of each month during 1999.

Data were weighted for all analyses to more accurately reflect the child population (5–14 years old) in Victoria. A map showing the geographical regions of Victoria is presented in Figure 1. The regions included five from rural areas (Barwon South Western, Grampians, Loddon Mallee, Hume and Gippsland) and four from metropolitan Melbourne and surrounds (Western Metropolitan, Northern Metropolitan, Eastern Metropolitan and Southern Metropolitan).

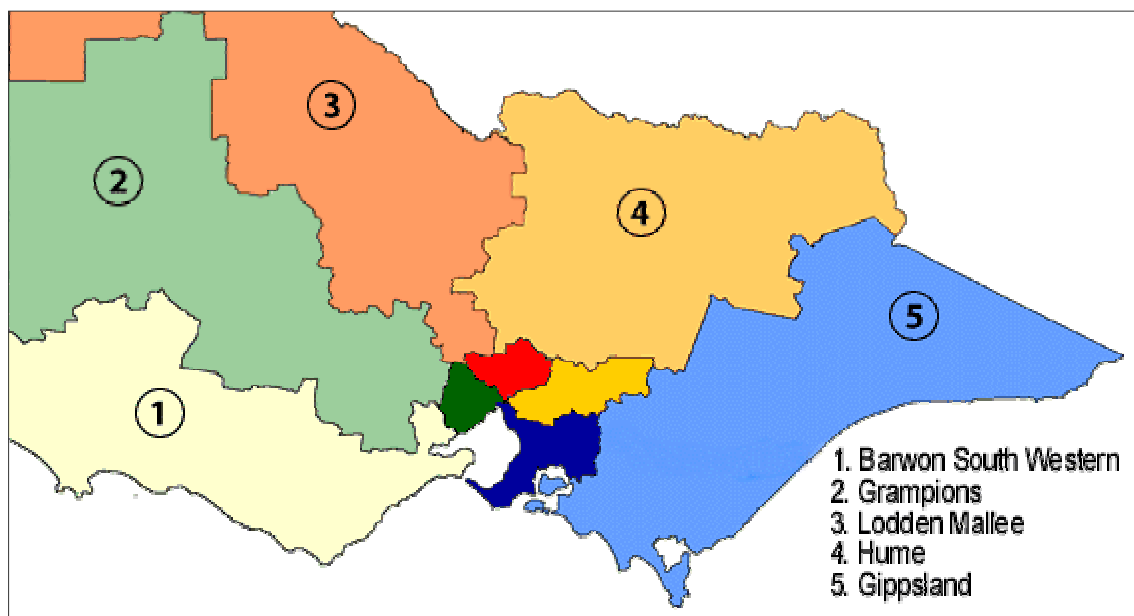


Figure 1: Victoria by geographical region of sampling

Table 1: Sample size and assigned weight by region

Region	Number Sampled	Weight
Barwon South Western	828	1.004
Grampians	593	0.904
Loddon Mallee	796	0.969
Hume	915	0.731
Gippsland	8	1.000
Western Metropolitan	1,447	0.919
Northern Metropolitan	1,989	0.815
Eastern Metropolitan	1,864	1.161
Southern Metropolitan	2,072	1.246

Children from the Eastern Metropolitan and Southern Metropolitan regions were initially under-represented in the sampling and were weighted up in the analysis whereas children from the Grampians, Hume, Western Metropolitan and Northern Metropolitan regions were over-represented relative to actual population distribution and were weighted down in the analyses (see Table 1). There was effectively no sample of children from the Gippsland region in 1999. To avoid grossly influencing the results of the study, the small number of children recorded as being from this region were given a weight of 1 in the analysis.

Weighting was carried out so that the regional contributions for the study equaled the distribution of children aged 5–14 years in Victoria as provided by the Australian Bureau of Statistics as at 30 June 1999. A comparison of the percentage of children across regions for both the current sample and for the Victorian population is given in Figure 2. One of the repercussions of the weighting was to slightly increase the weights for children from Metropolitan Melbourne (average weight = 1.04) while decreasing the weights for children from rural areas (average weight = 0.90).

To determine the effect on the results of excluding sampling from Gippsland, the data used for this report were reanalysed with weighting by rural/metropolitan as well as by health region. Because caries experience is higher in rural health areas than in metropolitan health areas, excluding Gippsland from analyses would be expected to under-report State estimates of caries experience. However, additional weighting by rural/metropolitan did not alter the results appreciably and have not been used in this report.

Data analysis

The data were cleaned prior to analysis to correct data entry errors and to eliminate any duplicate cases. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40% and population estimates of these indices are considered to be statistically unreliable and should be interpreted with due care.

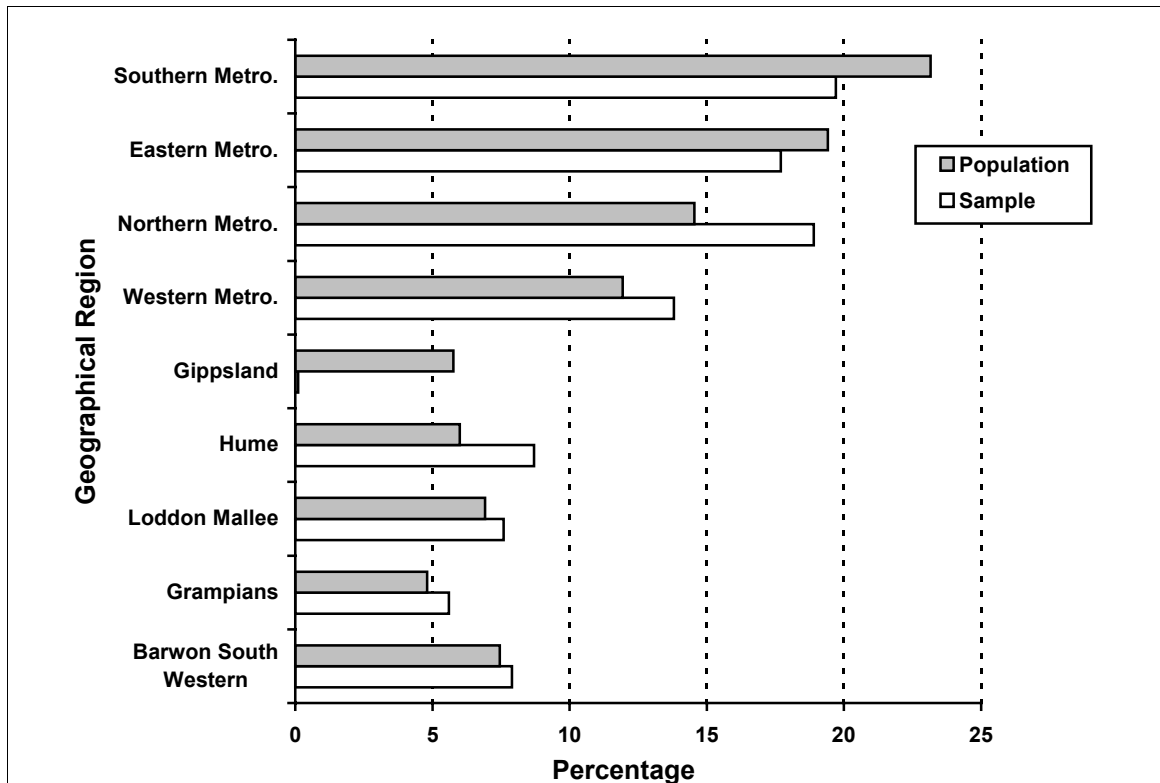


Figure 2: Percentage of children by region for sample and Victorian population (aged 5-14)

Demographic composition of the sample

A total of 10,512 children aged 4 to 17 years were sampled in 1999 (see Table 2). The frequency distribution of children’s ages peaked at 6 years, and few children aged less than 5, or more than 12 years, were sampled. Accordingly, it is important to note that the sample was greatest for primary school aged children and that caution should be used when considering the representativeness of the sample for older children.

Due to the very small number of children aged 15 and older ($n = 10$) results for these age groups have been suppressed in the results to follow.

The sex of the children was not recorded for a large number of children.

Changes since 1998

The total number of children sampled in 1999 was 1,899 greater than in 1998, reversing the decline of 1,502 children sampled between 1997 and 1998. There were increases in the number of children sampled across all age categories.

Table 2: Demographic composition of the sample

Age (years)	Children in sample				Children in sample (weighted)			
	Males	Females	Unknown	Persons	Males	Females	Unknown	Persons
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
4	31	31	3	65	34	30	3	68
5	360	379	428	1,167	366	380	430	1,176
6	441	481	705	1,627	443	480	708	1,630
7	426	387	667	1,480	426	386	657	1,470
8	473	438	663	1,574	471	439	658	1,568
9	392	382	657	1,431	399	381	663	1,443
10	346	367	600	1,313	342	368	595	1,304
11	293	254	555	1,102	294	254	550	1,099
12	110	87	298	495	109	91	297	498
13	35	44	102	181	37	47	97	181
14	10	7	50	67	9	7	48	65
15	4	0	3	7	4	0	3	7
16	1	1	0	2	1	1	0	2
17	0	0	1	1	0	0	1	1
Total	2,922	2,858	4,732	10,512	2,937	2,865	4,710	10,512

Deciduous teeth – age-specific caries experience

As can be seen in Table 3, the mean number of clinically detectable decayed teeth was highest for 5-year-olds and declined steadily to 0.31 for children aged 12 years. In contrast, the mean number of filled deciduous teeth increased to 1.09 for 9-year-old children before declining as a result of the exfoliation of deciduous teeth. The variation in mean dmft across the age range showed a similar pattern to that of the filled component, increasing from 1.55 for 4-year-olds to 2.18 for 8-year-old children before declining to 0.70 for 12-year-olds.

The percentage of caries experience accounted for by clinically detectable decay (d/dmft) showed an age-associated decline, more than halving from 87.4% among 4-year-olds to just over 40% for children aged between 10 and 12 (see Table 4). The percentage of children with no recorded caries experience in the deciduous dentition (% dmft = 0) reduced from 54.6% among 5-year-olds to a low of 43.6% among 8-year-olds before increasing again due to the exfoliation of deciduous teeth.

Table 3: Deciduous dentition – decayed, missing and filled teeth by age

Age	Children	Decayed (d)		Missing (m)		Filled (f)		dmft	
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD
4	68	1.34	2.23	0.03*	0.26*	0.17*	0.77*	1.55	2.41
5	1,176	1.48	2.50	0.11	0.64	0.30	1.08	1.90	3.02
6	1,630	1.34	2.35	0.13	0.68	0.46	1.28	1.93	2.99
7	1,470	1.09	1.85	0.11	0.55	0.66	1.47	1.87	2.70
8	1,568	0.99	1.57	0.19	0.80	0.99	1.74	2.18	2.79
9	1,443	0.85	1.44	0.13	0.58	1.09	1.73	2.07	2.61
10	1,304	0.63	1.16	0.11	0.50	0.90	1.52	1.64	2.31
11	1,099	0.45	0.94	0.07	0.39	0.60	1.19	1.12	1.88
12	498	0.31	0.93	0.03	0.27	0.35	0.93	0.70	1.59

* relative standard error \geq 40%

Table 4: Deciduous dentition – caries experience indices by age

Age	d/dmft		dmft = 0	
	<i>n</i>	%	<i>n</i>	%
4	32	87.4	68	51.9
5	533	82.5	1,176	54.6
6	765	73.1	1,630	53.1
7	732	63.9	1,470	50.2
8	884	51.5	1,568	43.6
9	807	44.0	1,443	44.1
10	669	41.0	1,304	48.7
11	429	42.4	1,099	61.0
12	122	41.5	498	75.4

Changes since 1998

There were decreases in the mean number of clinically detectable decayed teeth between 1998 and 1999 for children aged between 6 and 10, with reductions ranging from 6.0% for 7-year-olds to 16.5% for 10-year-olds. However, an increase occurred for children aged 4 and 5.

Reductions in the mean number of filled teeth were also apparent for children aged 7 years and older, continuing the downward trend in mean number of filled teeth in Victoria. There were similar decreases in dmft scores for children aged 6 and over with the only increase for 5-year-olds. Changes in the d/dmft ratio were few, with some age groups showing decreases, one age group an increase and most changing little between 1998 and 1999. The average percentage of children with dmft = 0 also varied little between 1998 and 1999.

Permanent teeth – age-specific experience

The mean number of clinically decayed permanent teeth generally increased across the age groups (see Table 5). A similar pattern is apparent for filled teeth although at every age children presented with more clinically decayed teeth than filled teeth. The mean DMFT also rose quite consistently across age groups, increasing from 0.05 for 5-year-olds to 1.82 for 13-year-olds, although the result for 13-year-olds appears to be an aberration from the age trend. The DMFT for 12-year-old children in 1999 was 1.11.

The percentage of DMFT due to decay (D/DMFT) and the percentage caries free (DMFT = 0) declined steadily across age groups (see Table 6). At age 12, 55.9% of children had no clinically detectable indication of decay in their permanent dentition.

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

Age	Children	Decayed (D)		Missing (M)		Filled (F)		DMFT	
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD
5	1,176	0.04	0.34	0.00	0.00	0.00	0.08*	0.05	0.36
6	1,630	0.14	0.57	0.00	0.00	0.01	0.12	0.15	0.60
7	1,470	0.25	0.68	0.00	0.13*	0.04	0.26	0.29	0.76
8	1,568	0.32	0.83	0.00	0.06*	0.08	0.39	0.40	0.94
9	1,443	0.37	0.83	0.01*	0.13*	0.15	0.54	0.53	1.02
10	1,304	0.39	0.88	0.02	0.21	0.27	0.72	0.68	1.22
11	1,099	0.52	1.01	0.01	0.16	0.32	0.79	0.85	1.41
12	498	0.66	1.31	0.05	0.40	0.41	0.88	1.11	1.75
13	181	1.14	2.11	0.04*	0.24*	0.64	1.37	1.82	2.78
14	65	0.76	1.82	0.09*	0.53*	0.54	1.01	1.39	2.03

* relative standard error \geq 40%

Table 6: Permanent dentition – caries experience indices by age

Age	D/DMFT		DMFT = 0	
	<i>n</i>	%	<i>n</i>	%
5	26	89.8	1,176	97.7
6	137	91.9	1,630	91.6
7	241	88.2	1,470	83.6
8	335	81.3	1,568	78.7
9	407	72.5	1,443	71.8
10	447	58.0	1,304	65.7
11	460	61.6	1,099	58.2
12	220	59.5	498	55.9
13	99	58.8	181	45.2
14	36	46.9	65	44.2

Changes since 1998

There were a number of changes in permanent caries experience between 1998 and 1999. Between the ages of 7 and 12 inclusive, clinically detectable decay decreased for all age groups, with reductions of up to 24.5%. However, the mean number of filled teeth remained relatively stable between 1998 and 1999. As a result of the decreases in mean decay, mean DMFT scores were lower for a number of age groups and the percentage of the DMFT score accounted for by the decayed component also reduced for most age groups. Between 1998 and 1999 the percentage of children with a DMFT score of zero increased for children aged 8, 9, 10, 12 and 14.

All teeth – age-specific caries experience

Untreated caries in the combined deciduous and permanent dentitions (see Table 7) existed for between 35.2% and 48.6% of children in any age group from 4 to 14 years. Within this range, the greatest likelihood of untreated decay occurred for 8-year-olds where only 51.4% of children had d+D of zero. More extensive levels of untreated decay (5 or more decayed deciduous or permanent teeth) generally declined across ages, ranging from 11.0% of 5-year-olds to 3.8% of 11-year-olds. This age trend indicates that the greatest contribution to high levels of clinically detectable caries came from the deciduous dentition.

Table 7: 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	68	54.7	9.7	18.1	7.5*	2.6*	7.4*	98.3	92.5	50.2
5	1,176	57.5	10.6	9.9	5.6	5.5	11.0	95.2	89.0	54.1
6	1,630	56.8	12.0	9.2	6.1	5.5	10.5	94.4	82.2	51.6
7	1,470	53.5	17.4	9.0	6.3	4.3	9.4	94.4	74.2	45.4
8	1,568	51.4	18.6	10.5	6.7	4.7	8.1	89.5	63.6	38.9
9	1,443	52.0	17.8	11.8	7.4	4.5	6.5	92.3	57.1	36.0
10	1,304	55.4	18.0	12.5	6.3	3.5	4.2	92.8	53.9	35.4
11	1,099	53.9	22.3	10.6	6.7	2.7	3.8	95.0	59.2	37.2
12	498	58.5	18.2	8.6	7.3	3.4	4.0	96.0	64.9	43.2
13	181	56.1	12.0	12.3	7.3	3.5	8.8	96.1	61.0	37.0
14	65	64.8	15.0	13.1	3.1*	1.5*	2.6*	95.7	60.3	38.2

* relative standard error \geq 40%

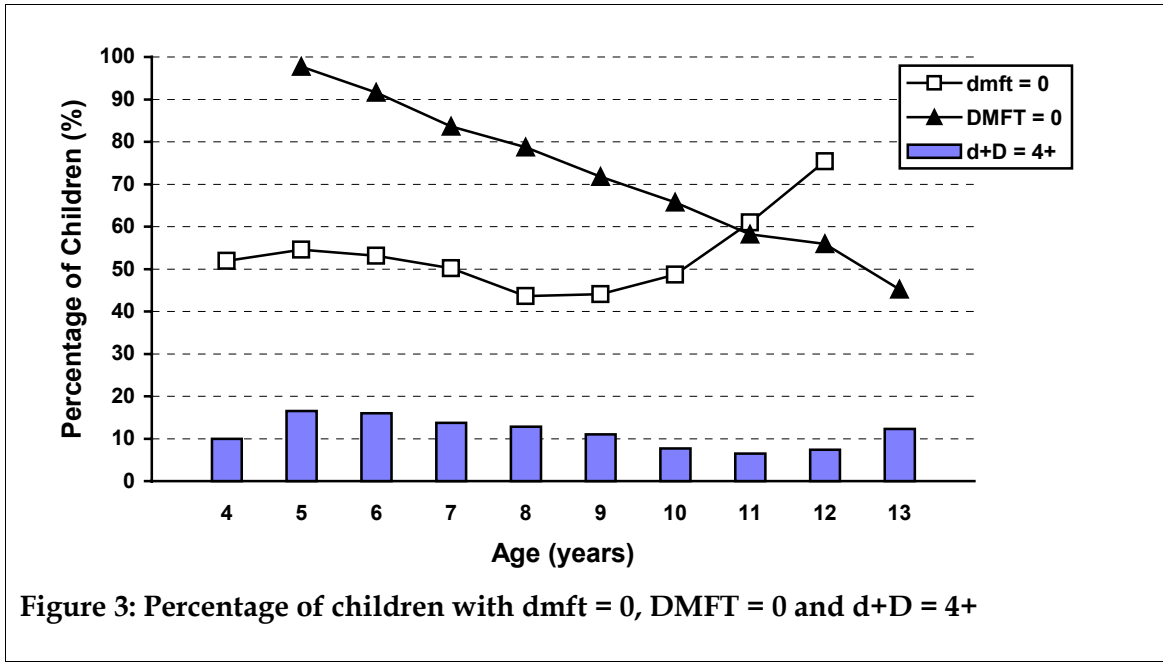


Figure 3: Percentage of children with dmft = 0, DMFT = 0 and d+D = 4+

While 89% or more of children had no deciduous or permanent teeth missing due to caries in any age group, smaller percentages avoided fillings and this was clearly associated with age. Although 89.0% of 5-year-olds had no fillings, this declined to 53.9% for 10-year-olds before increasing again to 64.9% for 12-year-old children. Similarly, the percentage of children with no caries experience (dmft+DMFT = 0) was age associated, reducing to 35.4% for 10-year-old children before increasing to 43.2% for children aged 12.

Figure 3 shows the percentages of children with dmft = 0, DMFT = 0 and d+D ≥ 4.

Changes since 1998

Children in most age groups had less caries experience in 1999 than in 1998 with increases in the percentage d+D = 0 across these years. However, this finding was not reflected in statistics for dmft+DMFT = 0 which changed little between 1998 and 1999. Few changes were evident between 1998 and 1999 for other computed statistics.

Fissure sealants – age-specific experience

The use of fissure sealants increased sharply for children across the age range of 6 to 11 (see Table 8), rising from a mean of 0.08 to a mean of 1.51, with more modest increases across the older age groups. There was generally a higher frequency of fissure sealants among children with permanent caries experience (DMFT ≥ 1) than for those with no caries experience (DMFT = 0), although there was little difference for 11- and 12-year-olds.

Table 8: Fissure sealants - age-specific experience

Age	Children <i>n</i>	Sealants mean SD		Students with sealants			
				DMFT = 0		DMFT ≥ 1	
				<i>n</i>	%	<i>n</i>	%
6	1,630	0.08	0.50	1,493	2.4	137	10.4
7	1,470	0.27	0.93	1,229	8.5	241	11.5
8	1,568	0.65	1.34	1,233	21.6	335	25.7
9	1,443	1.09	1.58	1,036	35.3	407	40.5
10	1,304	1.35	1.63	857	43.8	447	53.8
11	1,099	1.51	1.71	639	53.4	460	52.6
12	498	1.67	1.87	278	56.8	220	54.5
13	181	1.80	2.13	82	53.6	99	60.3
14	65	1.86	2.19	29	38.2	36	63.8

Changes since 1998

There were reductions for several age groups between 1998 and 1999 in the mean number of fissure sealants. There was no consistent pattern in the small number of changes for those children with clinical caries experience (DMFT ≥ 1) and those children without (DMFT = 0).

School Dental Service examinations

Table 9 describes the percentage of children who were new patients within the School Dental Service (having had no previous dental examination). As expected, the figure was highest for the youngest ages (7 years or less) indicating that most patients were enrolled during their early school years. There were high percentages of children with an unknown or unrecorded previous examination status.

Table 10 refers only to children with known previous examinations and indicates their distribution according to time since last dental examination. More than 90% of 5-year-old children had had an examination within the previous 12 months. However, fewer than 15% of children aged 8 years or more had had a previous examination within the preceding 12 months. The most common time period since a previous examination for older children was greater than 2 years. Substantial percentages of children aged 7 years or more had also had their previous examination between 18 months and 24 months previously. For 12-year-old children who had previously had an examination, 41.0% had had an examination within the previous 2 years.

The mean time since last examination increased from 5.84 months for 5-year-old children to 26.18 months for children aged 11 years old. The dramatic change across age groups in the time since last exam can be seen graphically in Figure 4. For 6-year-olds, 82.0% had their last exam 0-18 months previously whereas only 19.9% of 12-year-olds had their last exam 0-18 months previously.

Table 9: School Dental Service examinations – age-specific distribution

Age	Children examined <i>n</i>	Previous examination in School Dental Service			
		No %	Yes %	Unknown %	Not Stated %
4	68	50.3	4.9*	37.8	7.0*
5	1,176	31.9	1.5	18.2	48.4
6	1,630	19.4	7.3	16.3	56.9
7	1,470	11.4	26.0	14.8	47.7
8	1,568	6.9	43.3	11.9	38.0
9	1,443	3.6	43.0	10.4	43.1
10	1,304	3.0	47.5	8.2	41.3
11	1,099	3.6	44.5	8.4	43.5
12	498	1.7	36.2	9.4	52.6
13	181	4.1	32.4	19.4	44.1
14	65	0.0	25.1	14.4	60.4

Table 10: School Dental Service examinations – time since last visit

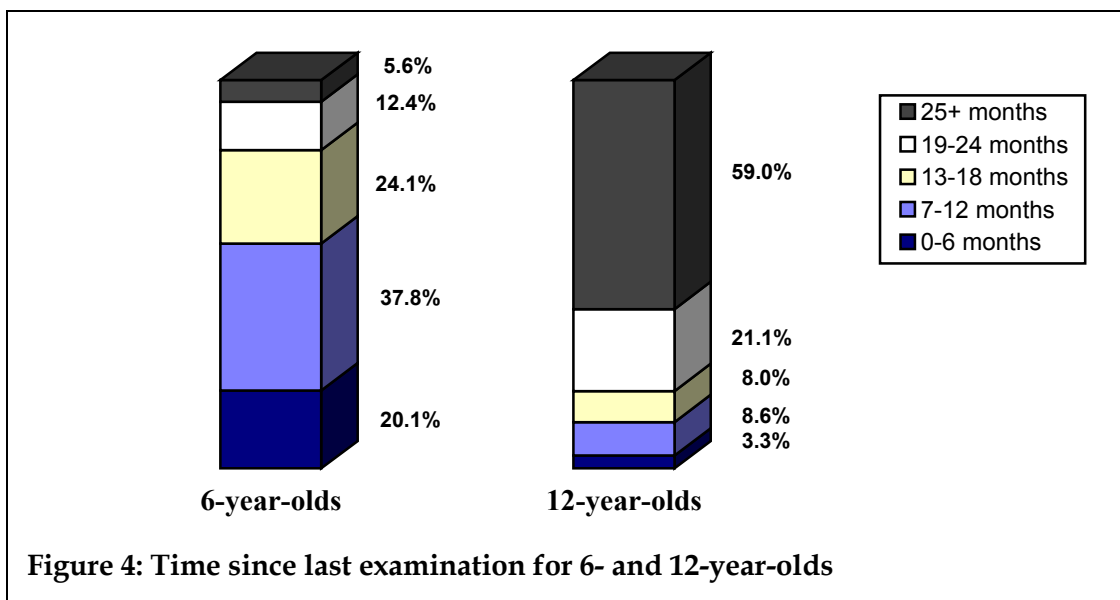
Age	Children <i>n</i>	Months since last visit					mean	SD
		0–6 %	7–12 %	13–18 %	19–24 %	25+ %		
4	3	37.6*	0.0	0.0	35.1*	27.3*	17.27*	17.13*
5	18	55.6*	40.3	0.0	0.0	4.1*	5.84*	5.85*
6	121	20.1	37.8	24.1	12.4	5.6	12.71	8.67
7	386	5.6	12.7	15.0	32.3	34.4	20.90	9.64
8	687	2.4	9.1	11.3	20.9	56.2	23.76	8.57
9	628	3.8	8.7	9.6	22.6	55.3	24.51	9.92
10	627	3.4	8.6	9.2	22.0	56.8	24.95	9.93
11	495	2.8	6.8	10.6	19.8	60.1	26.18	10.81
12	183	3.3	8.6	8.0	21.1	59.0	24.45	9.15
13	59	4.8*	6.4*	13.6	13.6	61.7	25.47	10.98
14	16	0.0	17.7*	10.0*	16.3*	55.9	23.37*	7.65*

* relative standard error $\geq 40\%$

Changes since 1998

As a result of the large percentage of children in 1999 with an unknown or unstated last examination status it is difficult to make comparisons of percentages of children with a previous examination between 1998 and 1999. Of those children with previous examinations, there were considerably larger percentages of children across most age groups in 1999 compared to 1998 having received their last examination greater than 24 months previously. However, there was a decrease across most age groups in the percentage of children with a last school dental service visit 19–24 months previously

and this changing distribution resulted in a decrease for several age groups in the mean number of months since their last visit.



Caries experience by region

Caries experience in the deciduous dentition varied markedly by region (see Table 11). Clinically detectable caries was lowest in the four metropolitan regions and highest in the Grampians region. Gippsland, that in 1998 had a mean decay score almost double that in metropolitan areas, had no 5–6-year-old children sampled in 1999.

A similar pattern to that shown with decay can also be seen in respect to deciduous missing and filled teeth, with rural regions showing higher mean scores than metropolitan regions, Grampians the highest of any region and Eastern Metropolitan the lowest. Mean dmft scores ranged from 1.45 in the Eastern Metropolitan region to 3.20 in the Grampians region.

A similar pattern to that shown in the deciduous dentition can be seen in the permanent caries experience of 11–12-year-olds (Table 12). Again, rural regions show generally higher caries experience scores than are shown in metropolitan regions, although the differences are not as great as in the deciduous dentition and there is some overlap. Excluding Gippsland, which had only 2 children sampled, the highest mean DMFT score was for Loddon Mallee (mean = 1.73) with the lowest mean score in the Northern Metropolitan region (mean = 0.90).

Table 11: Five–six-year-old deciduous caries experience by region

Region	Decayed teeth			Missing teeth		Filled teeth		dmft	
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD
Barwon South Western	222	1.72	2.60	0.20	0.76	0.59	1.43	2.50	3.39
Grampions	138	2.09	2.81	0.23	1.15	0.88	1.85	3.20	3.62
Lodden Mallee	198	1.83	2.82	0.16	0.97	0.52	1.52	2.51	3.43
Hume	229	1.84	2.58	0.12	0.60	0.58	1.47	2.53	3.26
Gippsland	–	–	–	–	–	–	–	–	–
Western Metropolitan	400	1.41	2.52	0.10	0.58	0.31	0.96	1.81	3.00
Northern Metropolitan	534	1.11	2.07	0.13	0.72	0.44	1.33	1.69	2.84
Eastern Metropolitan	473	1.19	2.37	0.03	0.27	0.23	0.83	1.45	2.68
Southern Metropolitan	600	1.30	2.23	0.14	0.65	0.32	1.05	1.76	2.79

Table 12: Eleven–twelve-year-old permanent caries experience by region

Region	Decayed teeth			Missing teeth		Filled teeth		DMFT	
	<i>n</i>	mean	SD	mean	SD	mean	SD	mean	SD
Barwon South Western	142	0.52	0.92	0.02	0.19	0.43	0.92	0.97	1.48
Grampions	93	0.67	1.15	0.04	0.29	0.44	0.88	1.15	1.63
Lodden Mallee	139	0.75	1.62	0.00	0.00	0.29	0.73	1.04	1.90
Hume	153	0.53	0.99	0.03	0.27	0.42	0.89	0.99	1.44
Gippsland	2	3.00	2.83	0.00	0.00	0.00	0.00	3.00	2.82
Western Metropolitan	218	0.51	0.98	0.04	0.38	0.38	0.91	0.93	1.51
Northern Metropolitan	294	0.55	0.99	0.03	0.26	0.23	0.59	0.81	1.28
Eastern Metropolitan	325	0.49	1.09	0.03	0.31	0.30	0.78	0.82	1.53
Southern Metropolitan	308	0.59	1.10	0.01	0.10	0.40	0.87	1.00	1.49