Section 5: Oral Health Status and Service Use

Good oral health is important for good health and wellbeing. Poor oral health is a common cause of discomfort and pain and can affect children’s development, school performance and behaviour. Children are at risk of dental caries as soon as their first teeth emerge (from around the age of six months).

Important ways to prevent dental decay include brushing teeth at least twice a day with fluoride toothpaste, limiting the consumption of sugary food and drinks, and drinking fluoridated water.

Regular visits to a dental health care worker can also help to keep teeth and gums healthy. At these visits, the dental health care worker can identify oral health problems early or take action to prevent them.

This section focuses on indicators relating to both the use of dental services and oral health status.
Key findings

- **Eight in ten children had visited a dental health care worker in the past year**
  The percentage of children aged 1–14 years who had visited a dental health care worker in the past year increased from 75% in 2006/07 to 78% in 2011/12.
  Boys, young children (aged 1–4 years) and Pacific children were less likely to have had a dental visit in the past year.

- **Four percent of children have had a tooth removed in the past year**
  Around 34,000 children had a tooth removed in the past year due to decay, abscess or infection.
  Children aged 5–9 years and Māori and Pacific children were more likely to have had a tooth removed in the past year than other children.

Table 22: Summary of oral health care and status for children aged 1–14 years, 2011/12

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percent</th>
<th>Estimated number</th>
<th>Time trends since 2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited a dental health care worker in the past 12 months</td>
<td>78</td>
<td>652,000</td>
<td>▲ Increase</td>
</tr>
<tr>
<td>Had any teeth removed due to decay, abscess or infection in the past 12 months</td>
<td>4</td>
<td>34,000</td>
<td>Not collected in 2006/07</td>
</tr>
</tbody>
</table>
5.1 Visited a dental health care worker in the past 12 months

Most school-aged children have visited a dental health care worker in the previous year.

If children have regular dental visits, a dental health care worker can detect oral health problems early. They can also apply timely preventive measures and treatments (such as fillings) to maintain and improve oral health.

The Ministry of Health and the New Zealand Dental Association recommend regular dental checks as one of the ways to keep teeth and gums healthy.

In New Zealand, basic oral health services are funded for children and adolescents from birth up until their 18th birthday. Parents are encouraged to enrol their children with a dental therapist from the age of nine months. A ‘lift the lip’ assessment of oral health is carried out at the 9–12 month Well Child Tamariki Ora check and referrals provided if needed.

In this report, the term **dental health care workers** refers to dentists and other dental health care workers, such as dental therapists, dental nurses, dental hygienists and dental health specialists such as orthodontists.

This indicator focuses on whether children had visited a dental health care worker in the past 12 months.

**Eight in ten children have had a dental visit in the past 12 months**

In 2011/12, 78% of children aged 1–14 years had visited a dental health care worker in the past 12 months, which is about 652,000 children. This proportion has increased from 75% in 2006/07.

Boys were less likely to have visited a dental health care worker (77%) than girls (81%).

The percentage of girls who had visited a dental health care worker in the past year increased from 76% in 2006/07 to 81% in 2011/12 (Figure 35).

**Figure 35: Visited a dental health care worker in the past 12 months, by sex, 2006/07 and 2011/12**

![Graph showing the percentage of children who visited a dental health care worker in the past 12 months, by sex, 2006/07 and 2011/12.]

**Note:** Rates are age-standardised to the WHO world population.

**Source:** 2006/07 and 2011/12 New Zealand Health Surveys (1–14 years)
Rates of dental visits were lower among children aged 1–4 years

Children aged 1–4 years were much less likely to have visited a dental health care worker (52%) than those of school age (about 90%) (Figure 36).

**Figure 36: Visited a dental health care worker in the past 12 months, by age group and sex**

![Graph showing dental visits by age group and sex](image)

Source: 2011/12 New Zealand Health Survey (1–14 years)

The percentage of children aged 10–14 years who had visited a dental health care worker in the past year increased from 85% in 2006/07 to 89% in 2011/12. The percentages for other age groups did not change significantly.

**Pacific children made fewer dental visits**

Three in four Pacific children (73%) had visited a dental health care worker in the past 12 months (Table 23). This rate was lower than the rate for non-Pacific children, after adjusting for age and sex differences.

**Table 23: Visited a dental health care worker in the past 12 months, by ethnic group and sex**

<table>
<thead>
<tr>
<th>Total NZ</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>78</td>
<td>77</td>
</tr>
<tr>
<td>Māori</td>
<td>75</td>
<td>73</td>
</tr>
<tr>
<td>Pacific</td>
<td>73</td>
<td>72</td>
</tr>
<tr>
<td>Asian</td>
<td>74</td>
<td>71</td>
</tr>
<tr>
<td>European/Other</td>
<td>81</td>
<td>79</td>
</tr>
</tbody>
</table>

**Estimated number**

- Total NZ: 652,000
- Māori: 157,000
- Pacific: 95,000
- Asian: 61,000
- European/Other: 474,000

**Adjusted rate ratios (comparing each ethnic group with children not in that ethnic group)**

- Māori: 0.97, 0.96, 0.97
- Pacific: 0.93*, 0.95, 0.90*
- Asian: 0.97, 0.95, 0.99

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Children may be counted in more than one ethnic group.
1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.
2 Adjusted rate ratios compare children, boys or girls in each ethnic group with children, boys or girls not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (1–14 years)
Three in four children living in the most deprived areas have had a dental visit

Children living in the most deprived areas were less likely to have visited a dental health care worker in the past 12 months (75%) than children in the least deprived areas (84%).

However, no differences in visits for dental care were linked to neighbourhood deprivation, after adjusting for age, sex and ethnic group.

Where can you go for more information?

You can find the data for the above indicator in Appendix 3 and in the online data tables.

For more information about children’s oral health from the 2009 New Zealand Oral Health Survey, see the report Our Oral Health (Ministry of Health 2010).

What was the survey question?

The 2011/12 New Zealand Health Survey asked parents and caregivers of children aged 1–14 years:

> The next questions are about dental health care services. When I say ‘dental health care worker’, I mean dentists, dental nurses, dental hygienists, dental therapists, as well as other dental health specialists such as orthodontists.

> How long has it been since [your child] last visited a dental health care worker, for any reason?
5.2 Had a tooth removed in the past 12 months

A small proportion of children have had a tooth removed due to decay, abscess or infection in the past year. Children aged 5–9 years, and Māori and Pacific children, are more likely to have had a tooth removed than other children.

Teeth may be removed (extracted) as a result of decay, an abscess, an infection, gum disease or injury (trauma). Extensive decay is the most common reason for teeth being removed, and is largely preventable.

Parents of children aged 1–14 years were asked if their children had had one or more teeth (primary or permanent) removed due to decay, abscess or infection in the past 12 months.

Four percent of children have had a tooth removed due to decay in the past year

Four percent of New Zealand children aged 1–14 years had one or more teeth removed due to decay, abscess or infection in the past 12 months. This is about 34,000 children.

Children aged 1–4 years were less likely than older children to have had a tooth removed

Tooth extraction due to decay, abscess or infection in the past year was highest among those aged 5–9 years (8%) and lowest among those aged 1–4 years (1%) (Figure 37).

Māori and Pacific children were more likely to have had a tooth removed

About 6% of Māori and Pacific children had had a tooth removed due to decay, abscess or infection in the past year. After adjusting for age, Māori children were 1.7 times as likely to have had a tooth removed in the past year as non-Māori children (Table 24). Similarly, Pacific children were 1.8 times as likely as non-Pacific children to have had a tooth removed in the past year.
Asian boys were twice as likely to have had a tooth removed in the past year as non-Asian boys.

Table 24: Had a tooth removed in the past year due to decay, abscess or infection, by ethnic group and sex

<table>
<thead>
<tr>
<th>Percent (%)</th>
<th>Total NZ</th>
<th>Boys</th>
<th>Girls</th>
<th>Estimated number¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>5.8</td>
<td>6.4</td>
<td>5.2</td>
<td>12,000</td>
</tr>
<tr>
<td>Pacific</td>
<td>6.5</td>
<td>7.4</td>
<td>5.6</td>
<td>8,000</td>
</tr>
<tr>
<td>Asian</td>
<td>6.4</td>
<td>8.3</td>
<td>4.4</td>
<td>5,000</td>
</tr>
<tr>
<td>European/Other</td>
<td>3.2</td>
<td>3.6</td>
<td>2.7</td>
<td>19,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjusted rate ratios (comparing each ethnic group with children not in that ethnic group)²</th>
<th>Māori</th>
<th>Pacific</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>1.7*</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Pacific</td>
<td>1.8*</td>
<td>1.9*</td>
<td>1.7</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7</td>
<td>2.1*</td>
<td>1.3</td>
</tr>
</tbody>
</table>

* Significant at the 5% level (for adjusted rate ratios).

Notes: Total response measure of ethnicity. Children may be counted in more than one ethnic group.
1 Due to total response ethnicity, summed numbers across ethnic groups may add to more than the total.
2 Adjusted rate ratios compare children, boys or girls in each ethnic group with children, boys or girls not in that ethnic group. Adjusted rate ratios adjust for age and, for the total column, sex.

Source: 2011/12 New Zealand Health Survey (1–14 years)

No differences linked to neighbourhood deprivation

One in sixteen (6%) children living in the most deprived areas had a tooth removed due to decay, abscess or infection in the past year, compared with 3% of children in the least deprived areas.

This difference was not significant, after adjusting for age, sex and ethnic group.

Where can you go for more information?

You can find the data for the above indicator in Appendix 3 and in the online data tables. Data for the following indicator are also available in the online data tables:
> ever had any teeth removed due to decay, abscess or infection.

For more information about children’s oral health from the 2009 New Zealand Oral Health Survey, see the report Our Oral Health (Ministry of Health 2010).

What were the survey questions?

The 2011/12 New Zealand Health Survey asked parents and caregivers of children aged 1–14 years:
> Have any of [your child’s] teeth been removed by a dental health care worker because of tooth decay, abscess or infection? (Do not include teeth lost for other reasons such as injury, crowded mouth, or orthodontics. Include baby teeth ONLY if removed because of tooth decay, abscess or infection.)
> Were any of these teeth removed in the last 12 months?