

# Caries free at five years

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HQMNZ ID: HQM16.6.29.927

## Outcome

All children and their families and Whanau achieve their health and wellbeing potential.

## Measure

Percentage or number of children caries free at five years

## Type

Contributory measure

## Relationship(s) to other frameworks

This measure is drawn from the:

- Well Child Tamariki Ora (WCTO) Quality Improvement Framework (Quality Indicator 16): Ministry of Health. 2015. Indicators for the Well Child/Tamariki Ora Quality Improvement Framework – March 2015. Wellington: Ministry of Health Framework available at: [www.health.govt.nz](http://www.health.govt.nz)
- District Health Board (DHB) Non-financial monitoring framework and performance measures (measure PP11): Ministry of Health. 2015. DHB Non-financial monitoring framework and performance measures – Sept 2015. Wellington: Ministry of Health Framework available at: [www.health.govt.nz](http://www.health.govt.nz)

## Rationale

Poor oral health is a marker for a range of poor health outcomes in childhood and later life, and there is high variance among priority populations. Achieving improvements in oral health requires a cross-sector response and a multi-faceted approach, and improvements may not be seen in the short term.

Children are caries free at five years, shows significant rates of decay for Māori children (only 41 percent of children are caries free at age five) and a higher burden of decay where decay occurs, Māori children with dental decay have on average 5.1 Decayed, Missing or Filled Teeth (DMFT) by age five. There are also significant disparities in oral health for Pacific infants and children, with only 35 percent of children caries free at five years. No regions met the 2014 target for caries-free at five years for Pacific children, and there is significant variation by region (20 percent to 57 percent).

The WCTO programme has an important role in the assessment and support of oral health at core and additional contacts, and through referral to oral health services, to minimise the inequitable burden of poor oral health among all, and in particular Maori and Pacific children.

## Eligible population

All children who are within the five year old cohort during the reporting period who are enrolled with the DHB at the beginning of the qualifying year

## Measure status

Active

## Numerator

At the first examination after the child has turned five years, but before their sixth birthday, the total number of children who are caries-free (decay-free).

## Denominator

The total number of children who have been examined in the 5-year old age group, in the year to which the reporting relates.

## National target

65%

## Local Target

Milestones to be decided by Alliance

## Data Sources

DHB via their Community Oral Health Services and other oral health providers

## Data extracted from data sources

Available through DHB

## Measure calculation process

1. The data reported in the Numerator and Denominator can also be broken down by: (i) Ethnicity, using “prioritised ethnicity” approach. (ii) into the following (in order of assignment):

- Māori;
- Pacific (only for the seven ‘official’ Pacific DHBs); and
- Other (includes Pacific children in the other DHBs that are not ‘official’ Pacific DHBs); and

(iii) water fluoridation status of the school area the child attends, defined as:

- fluoridated; and
- non-fluoridated.

2. The data for this measure will be generated by DHBs. There are a number of technical interpretation issues associated with oral health, which are centred largely around variances in:

- processes for data collection amongst DHBs
- technologies for management of data amongst DHBs.

3. DHBs are encouraged to record data at the unit (individual child) level, using the National Health Index, but data are reported in an aggregated format and should be provided using the Ministry of Health Excel template, available on the quarterly reporting database or from the Ministry of Health's oral health team.

- DHBs are required to separately report the number of decayed, missing (due to caries), or filled teeth (dmft).