

2024

**AUSTRALIA'S  
CHILDREN AND YOUNG PEOPLE**

**ORAL HEALTH TRACKER**

A report on preventable oral diseases and their risk factors  
Tracking progress for a healthier Australia by 2025



# AUSTRALIA'S CHILDREN AND YOUNG PEOPLE ORAL HEALTH TRACKER – 2024 UPDATE


This is the first updated report card for Australian children and young people in relation to risk factors, oral disease and adverse oral health outcomes.

Since the release of Australia's Children and Young People Oral Health Tracker 2018, the number of potentially preventable hospitalisations is the only target with updated data.

 <p><b>TOOTH DECAY</b> is the <b>MOST COMMON CHRONIC DISEASE</b> in Childhood.</p>	<p>Oral diseases such as <b>tooth decay, gum disease and oral cancer</b> contribute to illness, disability and death in Australia.</p> 	 <p><b>Poor oral health in CHILDHOOD</b> is the strongest predictor of further <b>dental disease in ADULTHOOD.</b></p>	<p>Despite the need... <b>ONLY 1.4%</b> of government health spending is dedicated to dental services.</p>
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**FLUORIDATED WATER** ●

Proportion of the population with access to fluoridated water.

LATEST DATA		TARGET 2025
<b>89.0%</b>		<b>94.0%</b>


**TOOTH BRUSHING** ●

Children (5-14 years) that brush teeth twice daily with fluoridated toothpaste.

LATEST DATA		TARGET 2025
<b>68.5%</b>		<b>75.4%</b>


**SUGAR** ●

Children (9-13 years) consuming too much sugar.

LATEST DATA		TARGET 2025
<b>70.3%</b>		<b>49.2%</b>

**SUGAR** ●

Young people (14-18 years) consuming too much sugar.

LATEST DATA		TARGET 2025
<b>73.1%</b>		<b>51.2%</b>

● Poor progress against target. ● Limited progress towards target. ● Good progress. Maintain efforts to reach target. ● Insufficient data to report on progress.

Oral health risk factors encountered during childhood and adolescence may lead to poorer oral health outcomes later in life.

Action by parents and families, governments and communities can help prevent poor oral health across the life-course.

Poor oral health can lead to pain, discomfort, hospitalisation and disease.

Poor oral health can affect employment, community participation and quality of life.

The 2025 oral health targets have been developed through the collective effort and guidance of leading oral health and public health experts.

This work is consistent with the World Health Organization Action Plan to prevent chronic diseases across the globe.

## CHILDREN

### TOOTH DECAY

Children (5-6 years) who have experienced decay in primary teeth.

LATEST DATA

34.3%



TARGET 2025

30.9%

### UNTREATED TOOTH DECAY

Children (5-10 years) with untreated tooth decay in primary teeth.

LATEST DATA

27.1%



TARGET 2025

21.7%

### PREVENTABLE HOSPITALISATIONS

Potentially preventable hospitalisations in children (5-9 years) due to dental conditions.

LATEST DATA

10.8  
PER 1,000



TARGET 2025

8.4  
PER 1,000

### EARLY CHILDHOOD DENTAL VISIT

Children (5-6 years) that visited a dentist before age 5.

LATEST DATA

55.8%



TARGET 2025

67.0%

## YOUNG PEOPLE

### TOOTH DECAY

Children (6-14 years) who have experienced tooth decay in permanent teeth.

LATEST DATA

23.5%



TARGET 2025

21.2%

### UNTREATED TOOTH DECAY

Children (6-14 years) with untreated tooth decay in permanent teeth.

LATEST DATA

10.9%



TARGET 2025

8.7%

### TOOTHACHE

Children (5-14 years) who reported toothache in the last 12 months.

LATEST DATA

6.8%



TARGET 2025

6.1%

### DENTAL CHECK UP

Young people (aged 12-17) that have had a dental check-up in the last 12 months.

LATEST DATA

78.4%



TARGET 2025

86.2%

For further details, including additional indicators and data for Aboriginal and Torres Strait Islanders where available, please see the accompanying technical document available at [ada.org.au/oralhealthtracker](http://ada.org.au/oralhealthtracker).

## Chronic diseases prevention for Australia: Statement of commitment

We call for, and are active contributors towards, a systemic and sustained approach to the prevention and management of chronic diseases in Australia.

### Core principles

Action is required urgently to reduce the incidence and impact of chronic diseases, and must address the underlying risk factors and determinants. There is a critical need for a national prevention agenda.

We support a set of core principles that provide a common platform for interventions to prevent chronic diseases:

1. A systemic approach—focussing on common risk factors and determinants.
2. Evidence-based action—acting now, using best available evidence, and continuing to build evidence.
3. Tackling health inequity and health disparity—working to improve and redress inequities and disparities in access to programs, services and inequities in outcomes.
4. A national agenda with local action—building commitment and innovation with local and community-level actions.
5. A life course approach—intervening early and exploiting prevention opportunities at all ages and across generations.
6. Shared responsibility—encouraging complementary actions by all groups.
7. Responsible partnerships—avoiding ceding policy influence to vested interests.

The benefits of reducing the incidence and impact of chronic diseases are nationally significant. They extend beyond the impact on the health of individuals to our children’s future, the wellbeing of the communities in which we live, and the economic prosperity of our society. Australians deserve a healthier future. We can, and we must, do better.

## Signatories for Australia’s Oral Health Tracker

Australasian Academy of Paediatric Dentistry
Australian & New Zealand Academy of Periodontists
Australian College of Dental Schools
Oral Medicine Academy of Australasia
Dental Hygienist Association of Australia
Australian Dental and Oral Health Therapist Association
Alliance for a Cavity Free Future
Rethink Sugary Drink
Royal Australasian College of Dental Surgeons
Australian Dental Prosthetists Association
Australian Research Centre for Population Oral Health
Consumers Health Forum
Dietitians Association of Australia
Australian Society of Special Care in Dentistry

## Signatories and supporters for chronic diseases prevention for Australia

Australia and New Zealand Obesity Society
Australian Centre for Health Research
Australian Dental Association
Australian Disease Management Association
Australian Federation of AIDS Organisations
Australian Health Care Reform Alliance
Australian Health Promotion Association
Australian Healthcare and Hospitals Association
Australian Psychological Society
Australian Women’s Health Network
Baker IDI Heart and Diabetes Institute
Better Health Plan for the West
Brimbank City Council
Cabrini Institute
Cancer Council Australia
Catholic Health Australia
Caring & Living As Neighbours
Charles Perkins Centre, University of Sydney
Chronic Illness Alliance
Cohealth
Confederation of Australian Sport
CRANApus
Deakin University
Diabetes Australia
Foundation for Alcohol Research and Education
George Institute for Global Health
Health West Partnership
Inner North West Primary Care Partnership
Kidney Health Australia
Lowitja Institute
Mental Health Australia
MOVE muscle, bone & joint health
National Alliance for Action on Alcohol
National Heart Foundation
National Rural Health Alliance
National Stroke Foundation
NCD FREE
Network of Alcohol and other Drugs Agencies
Networking Health Victoria
Obesity Australia
Overcoming Multiple Sclerosis
People’s Health Movement OZ
Public Health Association of Australia
Royal Flying Doctor Service
School of Medicine, University of Notre Dame
School of Psychology and Public Health, La Trobe University
Services for Australian Rural and Remote Allied Health
Social Determinants of Health Alliance
South Australian Health and Medical Research Institute
Suicide Prevention Australia
The Telethon Kids Institute
Victoria University
Victorian Health Promotion Foundation
YMCA

[ada.org.au/oralhealthtracker](http://ada.org.au/oralhealthtracker)  
[vu.edu.au/ahpc](http://vu.edu.au/ahpc)