

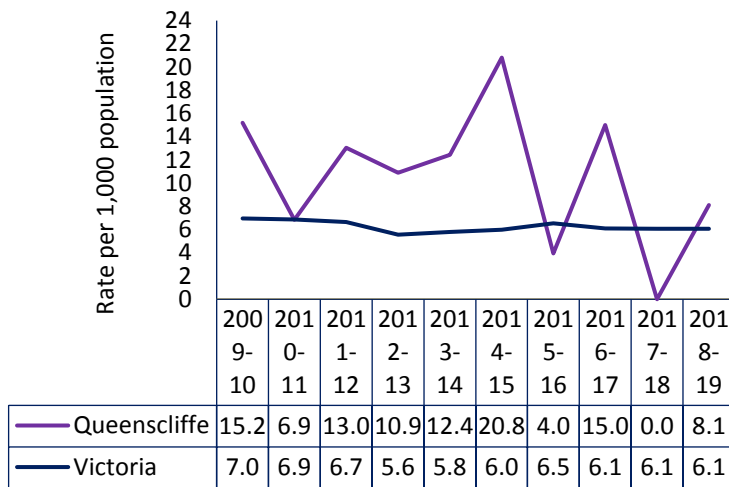
Borough of Queenscliffe

Oral health profile

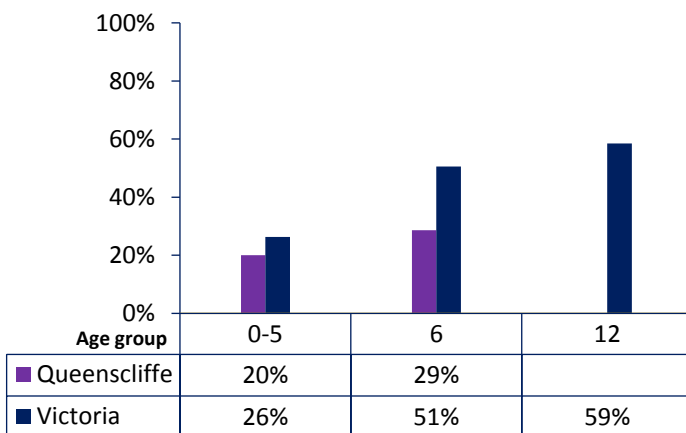
The profile is designed to provide local government with population oral health data and risk factor indicators to undertake comprehensive public health and wellbeing planning.

The data is presented for this LGA compared to the Victorian average.

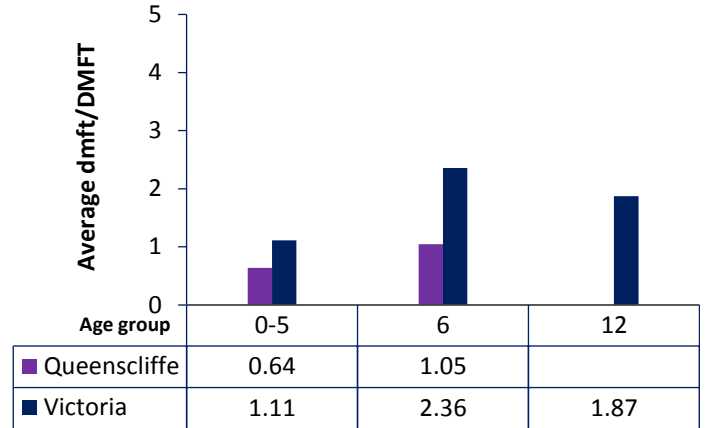
1. Potentially preventable hospitalisations due to dental conditions for children aged 0-9 years 2009-10 to 2018-19¹



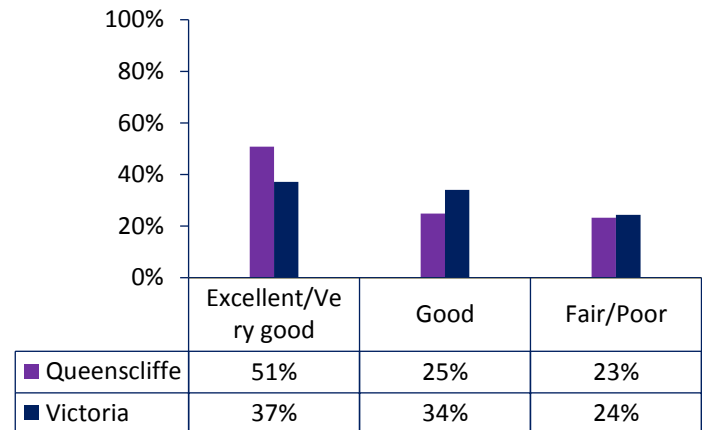
2. Proportion of children presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) tooth, attending public dental services², 2017-19



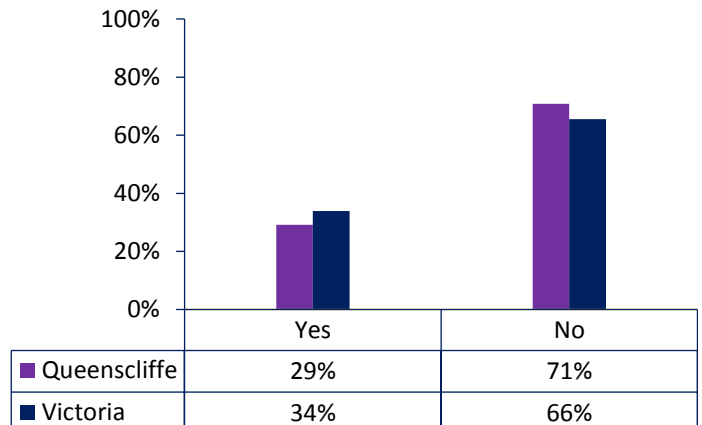
3. Average number of decayed, missing or filled primary (baby) and permanent teeth for children attending public dental services³, 2017-19



4. Proportion of adults who rated (self-reported) their dental health as Excellent/Very good, Good or Fair/Poor, 2017⁴



5. Proportion of adults who delayed or avoided (self-reported) visiting a dental professional because of cost, 2017⁵



6. Modifiable oral health risk behaviours for adults, 2017

LGA	Daily smokers ⁶	Increased lifetime risk of alcohol related harm-Yearly ⁷	Not meeting fruit and vegetable guidelines ⁸	Daily consumption of sugar-sweetened soft drink ⁹	LGA	Daily smokers ⁶	Increased lifetime risk of alcohol related harm-Yearly ⁷	Not meeting fruit and vegetable guidelines ⁸	Daily consumption of sugar-sweetened soft drink ⁹
Alpine (S)	17%	20%	57%	8%	Mansfield (S)	18%	15%	50%	15%
Ararat (RC)	17%	21%	60%	14%	Maribyrnong (C)	12%	18%	53%	7%
Ballarat (C)	14%	19%	45%	11%	Maroondah (C)	14%	20%	51%	13%
Banyule (C)	11%	17%	48%	7%	Melbourne (C)	4%	19%	45%	12%
Bass Coast (S)	18%	20%	52%	8%	Melton (C)	19%	16%	58%	17%
Baw Baw (S)	18%	18%	43%	10%	Mildura (RC)	15%	19%	54%	16%
Bayside (C)	3%	21%	46%	7%	Mitchell (S)	17%	21%	59%	22%
Benalla (RC)	14%	20%	58%	19%	Moira (S)	20%	19%	57%	22%
Boroondara (C)	5%	19%	48%	5%	Monash (C)	10%	14%	53%	7%
Brimbank (C)	16%	18%	49%	10%	Moonee Valley (C)	9%	15%	50%	6%
Buloke (S)	11%	28%	55%	5%	Moorabool (S)	17%	20%	56%	18%
Campaspe (S)	13%	22%	54%	18%	Moreland (C)	13%	13%	50%	10%
Cardinia (S)	13%	21%	52%	15%	Mornington Pen (C)	17%	17%	56%	10%
Casey (C)	11%	20%	56%	9%	Mt Alexander (S)	15%	18%	45%	10%
Central Goldfields (S)	16%	30%	61%	18%	Moyne (S)	12%	15%	55%	8%
Colac-Otway (S)	15%	20%	56%	17%	Murrindindi (S)	17%	12%	48%	19%
Corangamite (S)	9%	19%	53%	12%	Nilumbik (S)	10%	19%	46%	6%
Darebin (C)	13%	16%	53%	6%	North Grampians (S)	17%	15%	59%	19%
East Gippsland (S)	14%	13%	51%	10%	Port Phillip (C)	7%	13%	44%	7%
Frankston (C)	18%	19%	52%	14%	Pyrenees (S)	21%	12%	59%	25%
Gannawarra (S)	15%	21%	63%	18%	Queenscliffe (B)	13%	19%	62%	9%
Glen Eira (C)	8%	19%	45%	4%	South Gippsland (S)	14%	30%	56%	17%
Glenelg (S)	17%	23%	57%	8%	South Grampians (S)	6%	20%	65%	12%
Golden Plains (S)	18%	19%	61%	13%	Stonnington (C)	10%	18%	49%	5%
Greater Bendigo (C)	12%	18%	53%	10%	Strathbogie (S)	13%	15%	58%	19%
Great Dandenong (C)	19%	18%	54%	11%	Surf Coast (S)	6%	12%	59%	5%
Greater Geelong (C)	14%	20%	47%	9%	Swan Hill (RC)	22%	14%	51%	15%
Great Shepparton (C)	13%	21%	63%	13%	Towong (S)	9%	23%	50%	13%
Hepburn (S)	15%	21%	55%	9%	Wangaratta (RC)	8%	21%	51%	12%
Hindmarsh (S)	18%	19%	58%	15%	Warrnambool (C)	15%	15%	56%	12%
Hobsons Bay (C)	9%	20%	52%	8%	Wellington (S)	11%	15%	49%	14%
Horsham (RC)	16%	19%	53%	17%	West Wimmera (S)	14%	18%	53%	19%
Hume (C)	17%	20%	58%	14%	Whitehorse (C)	6%	19%	53%	6%
Indigo (S)	14%	22%	49%	12%	Whittlesea (C)	18%	19%	52%	13%
Kingston (C)	12%	17%	47%	8%	Wodonga (RC)	13%	28%	57%	14%
Knox (C)	14%	19%	56%	9%	Wyndham (C)	15%	16%	57%	16%
Latrobe (C)	19%	27%	54%	14%	Yarra (C)	10%	16%	47%	5%
Loddon (S)	26%	15%	60%	26%	Yarra Ranges (S)	11%	24%	53%	15%
Macedon Ranges (S)	11%	19%	47%	8%	Yarriambiack (S)	18%	21%	56%	13%
Manningham (C)	5%	18%	51%	3%	Victoria	12%	18%	52%	10%

1. Ambulatory Care Sensitive Conditions (ACSC) admissions in Victoria, Victorian Health Information Surveillance System, DHHS, Victorian State Government, Melbourne. The significance of differences should be determined by comparing the 96% Confidence Intervals (CI) of the estimates. The data and the 96% CI can be accessed at <https://vhiss.reporting.dhhs.vic.gov.au/ViewContent.aspx?TopicID=1>.
2. The decay experience (%dmft + DMFT >0) provides an indication of the proportion of individuals presenting with at least one decayed, missing or filled (baby) or permanent tooth. Source: Dental Health Services Victoria 2017-19.
3. Average number of decayed primary (dmft) and permanent (DMFT) teeth (d), missing (m), filled (f) due to dental caries. Source: Dental Health Services Victoria 2017-19.
4. Self-rated dental health estimates have been combined as excellent/very good, good and fair/poor and have been age standardised to the 2017 Victorian population, VPHS 2017
5. The proportion of adults delayed/avoided a visit to a dental professional due to costs (self-reported) have been age standardised to the 2017 Victorian population, VPHS 2017
6. The self-reported smoking status refers to proportion of adults who smoke daily. The estimates have been age standardised to the 2017 Victorian population, VPHS 2017
7. The lifetime risk of alcohol-related harm attempts to measure the risk associated with developing an illness. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury. The estimates have been age standardised to the 2017 Victorian population, VPHS 2017
8. Daily intake of fruit and vegetables is used as a proxy measure for the quality of a person's diet in Australia and internationally. The estimates have been age standardised to the 2017 Victorian population, VPHS 2017
9. The term sugar-sweetened soft drink refers to any beverage with added sugar and includes carbonated drinks, flavoured mineral water, cordial, sports drinks and energy drinks. The estimates have been age standardised to the 2017 Victorian population, VPHS 2017

About the oral health status data (dmft/DMFT and decay experience)

The data comes from children who accessed public dental services in 2017-19. Oral health status data is collected for most people presenting for public dental care at the initial examination before any treatment is undertaken by Dental Health Services Victoria. Care should be taken when interpreting the data due to difference in sample sizes. Furthermore, the data is only collected for people accessing public dental health services (predominantly concession card holders) and does not represent the overall general population.

About the Victorian Population Health Survey data

The data comes from the Victorian Population Health Survey (VPHS) 2017 that collects quality information at State, regional and local government area levels about health, lifestyle and wellbeing of Victorian adults. The significance of differences should be determined by comparing the 95% confidence intervals of the estimates that are available in the full report. The full report can be accessed at [Victorian Population Health Survey 2017](#).