

ORAL HEALTH IN CHILDHOOD Fact Sheet

Background

The main oral diseases in children are dental caries (tooth decay) and periodontal disease (gum disease). For children and young people, the immediate causes of poor oral health are diet (sugars), and poor oral hygiene, which are largely influenced by the wider determinants of health. Dental caries is a prevalent disease and is considered to be a public health problem. Like other chronic diseases, dental caries are **preventable**.

Good oral health is important for a child's general health and wellbeing, enabling them to eat, speak and socialise without embarrassment, pain or discomfort. Poor oral health may cause pain, interrupted sleep, reduced nutritional intake and time away from school.

There is evidence of inequalities in oral health, and a clear correlation between deprivation and decay levels.¹

The Local Picture

In England, regular oral health surveys are undertaken and children aged 5 are the population surveyed most frequently. The statistics below are from the results of the 2014/15 Public Health England survey.²

A common measure of oral health is dmft (**d**ecayed, **m**issing, **f**illed teeth). Children aged five years in Sutton had an average of 0.43 decayed teeth, 0.07 missing teeth, 0.06 filled teeth, resulting in a total of 0.56 decayed, missing and filled teeth. This is lower than the London (1.0) and England (0.84) averages.³

Fig. 1: Average number of decayed, missing and filled teeth, Sutton and comparators, 2014/15

In Sutton, 78.7% of children and young people aged 0 to 19 years were admitted to hospital for extraction with caries as the primary diagnosis. Percentages were higher in the younger age groups.⁴

Fig. 2: Percentage hospital admissions for extraction with caries as the primary diagnosis, 2014/15

¹ Public Health England. National Dental Epidemiology Programme for England: oral health survey of five-year-old children 2015 A report on the prevalence and severity of dental decay.

http://www.nwph.net/dentalhealth/14_15_5yearold/14_15_16/DPHEP%20for%20England%20OH%20Survey%205yr%202015%20Report%20FINAL%20Gateway%20approved.pdf

² Public Health England. Dental Health. <http://www.nwph.net/dentalhealth/>

³ Public Health England. Dental Health. 2014/15 Survey of 5 year old children.

[http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx)

⁴ Public Health England. Dental Health. Extractions Data.

<http://www.nwph.net/dentalhealth/extractions.aspx>

Fig. 3 indicates that compared to England and London, Sutton has a high proportion of children aged five free from dental decay. Sutton ranked fourth highest of all London boroughs. This statistic represented 81% (576 children), compared to 72.6% in London and 75.2% in England.

Fig. 3: Proportion of children aged five years free from dental decay, Sutton compared to London boroughs, 2014/15

Vulnerable Groups

Looked after Children

There is evidence that Looked after Children can suffer from a variety of poor health outcomes including dental caries. They may access dental services less frequently.

Sutton progress

The oral health promotion team provide a range of health promoting activities locally including oral health training and advice to school staff, children's centre staff, health visiting teams and staff working with vulnerable adults and parents.

There are 51 NHS dental practices in Sutton, which provide the majority of dental treatment in primary care. There are also NHS orthodontic practices and the Special Care Dental Service, which provides dental care for vulnerable groups.

What works

Desired outcomes: To tackle oral health inequalities among children and to improve rates of tooth decay.

Evidence-based actions

- Adopting a *life course approach* embedding prevention and early intervention is the most cost effective way of tackling oral diseases.
- Dental diseases are generally chronic diseases and therefore adopting a *common risk factor approach* to tackle factors common to other chronic diseases is recommended.⁵
- *Integration of oral health* into general health and encouraging multi-sectoral collaboration between health, education, social care and local businesses.
- *Building capacity* by training a wider group of professionals (health visitors, teachers, nurses, and care home staff) about oral health.
- Increasing the *availability of fluoride*^{6,7}

⁵ Sheiham A, Watt RG. The common risk factor approach: a rational basis for promoting oral health. *Community Dent Oral Epidemiol.* 2000 Dec;28(6):399-406

⁶ Marinho VC, Higgins JP, Sheiham A, Logan S. Fluoride toothpastes for preventing dental caries in children and adolescents. *Cochrane Database Syst Rev.* 2003;(1):CD002278

⁷ Marinho VCC, Worthington HV, Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. 2013

- Implementation of *healthy eating policies* in educational settings and care homes to encourage healthy eating and nutrition:
 - Encourage breastfeeding and timely weaning to promote optimal nutrition and healthy eating habits from a young age ⁸
 - Reducing sugar consumption. ⁹
- Improving *access and quality of dental services*

Links to further information

- See also the Fact Sheet on **Child Obesity and Healthy Weight**
- Public Health England. Dental Health. 2014/15 Survey of 5 year old children. [http://www.nwph.net/dentalhealth/survey-results%205\(14_15\).aspx](http://www.nwph.net/dentalhealth/survey-results%205(14_15).aspx)
- Relevant indicators from the Public Health Outcomes Framework <http://www.phoutcomes.info/>
Healthcare and Premature Mortality
 - 4.02 - Proportion of five year old children free from dental decay

Priorities for Sutton

- Focus on younger children and their families by providing oral health training for professionals including health visitors, school nurses, children's centre staff and schools
- Schools and early years settings should be encouraged to meet national nutritional standards as advocated by the Children's Food Trust with a focus on reduction of sugary food and drinks
- Increase the availability of fluoride through health visiting teams and schools
- Liaise with dental commissioners in NHS England, local NHS dental practices, and the local dental committee to improve the quality of dental services in primary care by ensuring that the policy of **Making Every Encounter Count**, through which health professionals deliver health promoting advice, is available at every opportunity¹⁰

This Fact Sheet will be updated when the results are available of an enhanced sample of the oral health of five year olds in Sutton. This was undertaken in 2015/16.

⁸ Rogers J. Evidence-based oral health promotion resource. 2011. Prevention and Population Health Branch. Government of Victoria. Department of Health Melbourne.

⁹ Moynihan P, Kelly S. Effect on Caries of Restricting Sugars Intake. Systematic Review to Inform WHO Guidelines. Journal of Dental Research 2014, **93**; 8-18

¹⁰ Making Every Contact Count. <http://www.makingeverycontactcount.co.uk/>