Survey shows continuing improvement in decay levels among 12 year olds

Results published today by the NHS Dental Epidemiology Programme (NHS DEP) provide evidence that oral health among 12 year olds has continued to improve since the surveys began in 1993. The report *NHS Dental Epidemiology Programme for England; Oral Health Survey of 12 year old Children 2008 / 2009* reveals that two thirds of this age group are free of obvious dental decay (i.e. they have no adult teeth that are decayed, missing due to decay or filled).

The survey, undertaken by 140 out of 152 primary care trusts (PCTs), included the examination of 89,442 pupils attending state schools in 299 out of 326 local authorities during the 2008/09 academic year.

Key findings from the survey include:

- The percentage of 12 year old children affected by tooth decay has dropped from 37% in 2001 to 33% in this latest survey.
- Three out of ten (33%) 12 year olds in England now have obvious dental decay (they have one or more adult teeth which are decayed, missing due to decay or filled).
- Among those children affected by tooth decay they had, on average, two teeth that are either filled, extracted or with obvious lesions in them.
- Levels of decay vary regionally, with more children living in the north having some decay than those in south. 45% of 12 year olds in Yorkshire and the Humber Strategic Health Authority (SHA) area were affected by tooth decay in comparison with 25% in South East Coast SHA.
- There are wide differences between local areas in England ranging from only 13% of 12 year olds being affected by decay in Southwark PCT (London SHA) to 56% being affected in Knowsley PCT (North West SHA). This represents a four fold difference.
- Across the whole of the population examined, 12 year old children in England have an average of 0.74 decayed, missing or filled adult teeth (D_3MFT).
- The highest average D_3MFT was seen in Yorkshire and the Humber SHA (1.07). The lowest average D_3MFT was seen in South East Coast SHA (0.48).
- Within each region, there are variations in average D_3MFT between PCTs and the largest range is seen in the North West. The average value of 1.48 for Ashton, Leigh and Wigan PCT is more than twice the value of 0.64 for Central and Eastern Cheshire PCT.

Commenting on the recent results Health Minister Lord Howe said:

“Even though there have been improvements in children’s oral health, there is more that can and should be done to tackle persistent inequalities.”
The NHS White Paper sets out our commitment to improving the oral health of school children. We are reviewing the current dental contract closely looking at changes that might support this, and talking to the profession and patient groups for their views.”

Deputy Chief Dental Officer Sue Gregory said:

“We have good evidence on which to base our professional and public approach to tackling these problems. Strategies which support eating healthily, tooth brushing twice a day with a fluoride toothpaste and following the personal advice offered by dental professionals offer the best chance of securing further improvements in dental heath and a reduction in inequalities.”

The NHS Dental Epidemiology Programme for England (NHS DEP) has been established by the Department of Health and other key stakeholders and is led by The Dental Observatory and the North West Public Health Observatory. The programme includes a series of nationally coordinated surveys of child and adult oral health. The information produced from these surveys is intended for use by the NHS and key partners when developing strategies to improve the oral health of the population and provide treatment services.

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NOTES TO EDITORS
• The survey was conducted as part of the NHS Dental Epidemiology Programme (NHS DEP) for England.
• Data was collected by trained and calibrated examiners using a standard protocol working to the British Association for the Study of Community Dentistry (BASCD) quality standards.
• The North West Public Health Observatory (NWPHO) (www.nwpho.org.uk) provides information and intelligence relevant to the health of the population of the North West region and is based at the Centre for Public Health (www.cph.org.uk), Liverpool John Moores University. They are part of the Association of Public Health Observatories (APHO), who collectively represent a network of 12 public health observatories (PHOs) working across the five nations of England, Scotland, Wales, Northern Ireland and the Republic of Ireland. The NWPHO leads nationally on dental health, alcohol, drugs and violence intelligence on behalf of APHO.
• The summary report and full data tables by Primary Care Trust (PCT), Local Authority (LA), Strategic Health Authority (SHA) and Government Office Region (GOR) are available at www.nwph.net/dentalhealth.