



Public Health
England

Protecting and improving the nation's health

Healthmatters Child dental health





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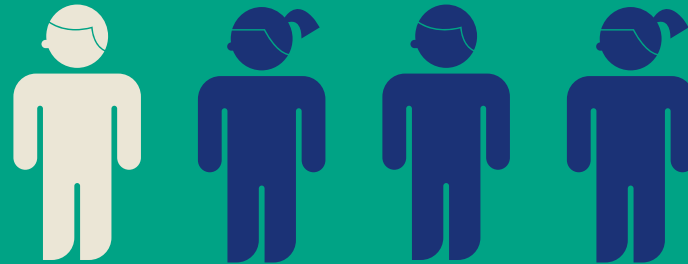
1. Levels of tooth decay in England

Tooth decay is largely preventable yet it remains a serious problem. In 2015, a quarter of five-year-olds had experienced tooth decay, having on average 3 or 4 teeth affected.

There is wide variation in the prevalence of tooth decay. The areas with poorer dental health tend to be in the north and in the more deprived local authority areas.

When comparing the regions, the estimates of tooth decay ranged from 33% in the North West to 20% in the South East.

In 2015 to 2016 the cost of tooth extractions was approximately £50.5 million among children aged 0 to 19 years.



A **quarter** of 5-year-olds have tooth decay with on average **3 or 4** teeth affected



The majority of tooth decay in children under 6 was untreated

There were **7,926** episodes of children aged under 5 years having 1 or more teeth extracted in hospital because of tooth decay





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2. Poor dental health impacts children and families

Poor dental health impacts not just on the individual's health but also their wellbeing and that of their family.

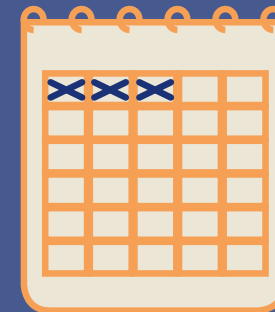
Children who have toothache or who need treatment may have pain, infections and difficulties with eating, sleeping and socialising.

A quarter of 5-year-olds have tooth decay when they start school. Children who have toothache or who need treatment may have to be absent from school and parents may also have to take time off work to take their children to a dentist or to hospital.

Oral health is therefore an important aspect of a child's overall health status and to children's school readiness.

Research about extractions in children in North West hospitals found that

26% had missed days from school because of dental pain and infection



An average of **3 days** of school were missed due to dental problems

67% of parents reported their child had been in pain



38% of children had sleepless nights because of the pain



Many days of work were potentially lost as **41%** of parents/carers were employed



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3. Top interventions for preventing tooth decay

The risk of tooth decay increases as a child's diet starts to include foods and drinks other than breast milk or formula, depending on the free sugar content.


Every child who has teeth is at risk of tooth decay, but the risk increases for those living in the more deprived areas where the imbalance in income, education, employment and neighbourhood circumstances affect the life chances of children's development.

Children are at more risk of developing tooth decay if they are:

- eating a poor diet
- brushing their teeth with fluoride toothpaste less than twice per day
- from deprived backgrounds

Top 3 interventions for preventing tooth decay

1




Reduce the consumption of foods and drinks that contain sugars

2



Brush teeth twice daily with fluoride toothpaste (1350-1500ppm), last thing at night and at least on one other occasion. After brushing, spit don't rinse

3

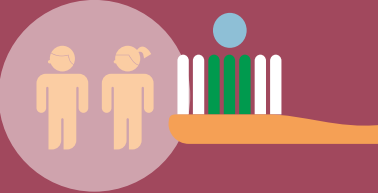


Take your child to the dentist when the first tooth erupts, at about 6 months and then on a regular basis

Under 3s should use a smear of toothpaste



3 to 6 year olds should use a pea sized amount



Parents/carers should brush or supervise tooth brushing until their **child is at least 7**



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4. Water fluoridation prevents tooth decay

Water fluoridation is the only intervention to improve dental health that does not require behaviour change by individuals. All water contains small amounts of naturally occurring fluoride.


Fluoride in water at the optimal concentration (1ppm or 1mg fluoride per litre of water) can help reduce the likelihood of tooth decay and minimise its severity.

Where the naturally occurring fluoride level is too low to provide these benefits, a water fluoridation scheme adjusts the level of fluoride to 1ppm.


The return on investment for water fluoridation programmes after 5 years is £12.71 for every £1 spent. After 10 years, this increases £21.98 for every £1 invested.


Fluoridation schemes in England cover some 6 million people


5-year-olds in fluoridated areas are

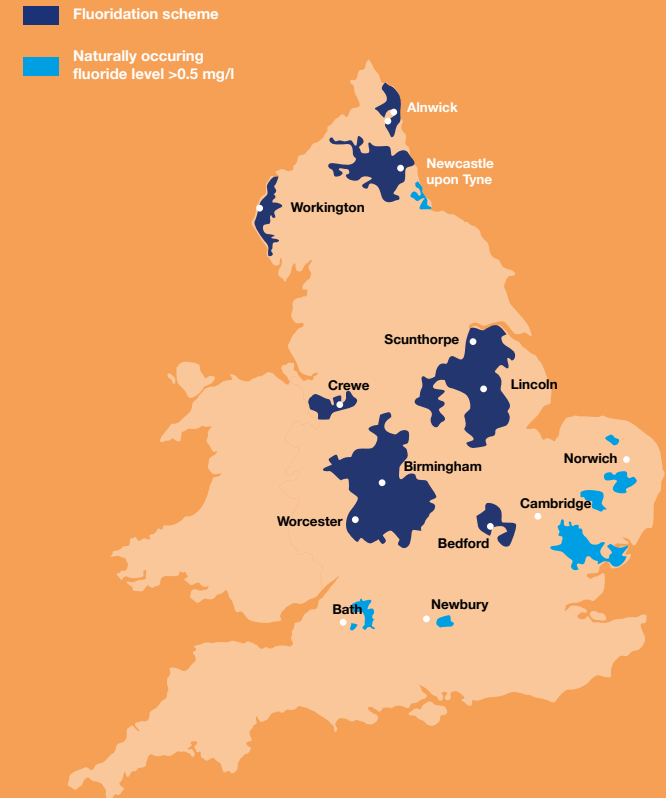
 **28%** less likely to have had **tooth decay** than those in non-fluoridated ones

In **fluoridated areas** there are

 **55%** fewer hospital admissions of very young children for tooth extractions than in non-fluoridated areas

 On average, **fluoridation schemes** in England **cost less than 50 pence per person** per year (operating costs)

 Water fluoridation has operated effectively for **50 years in England and 70 years worldwide**





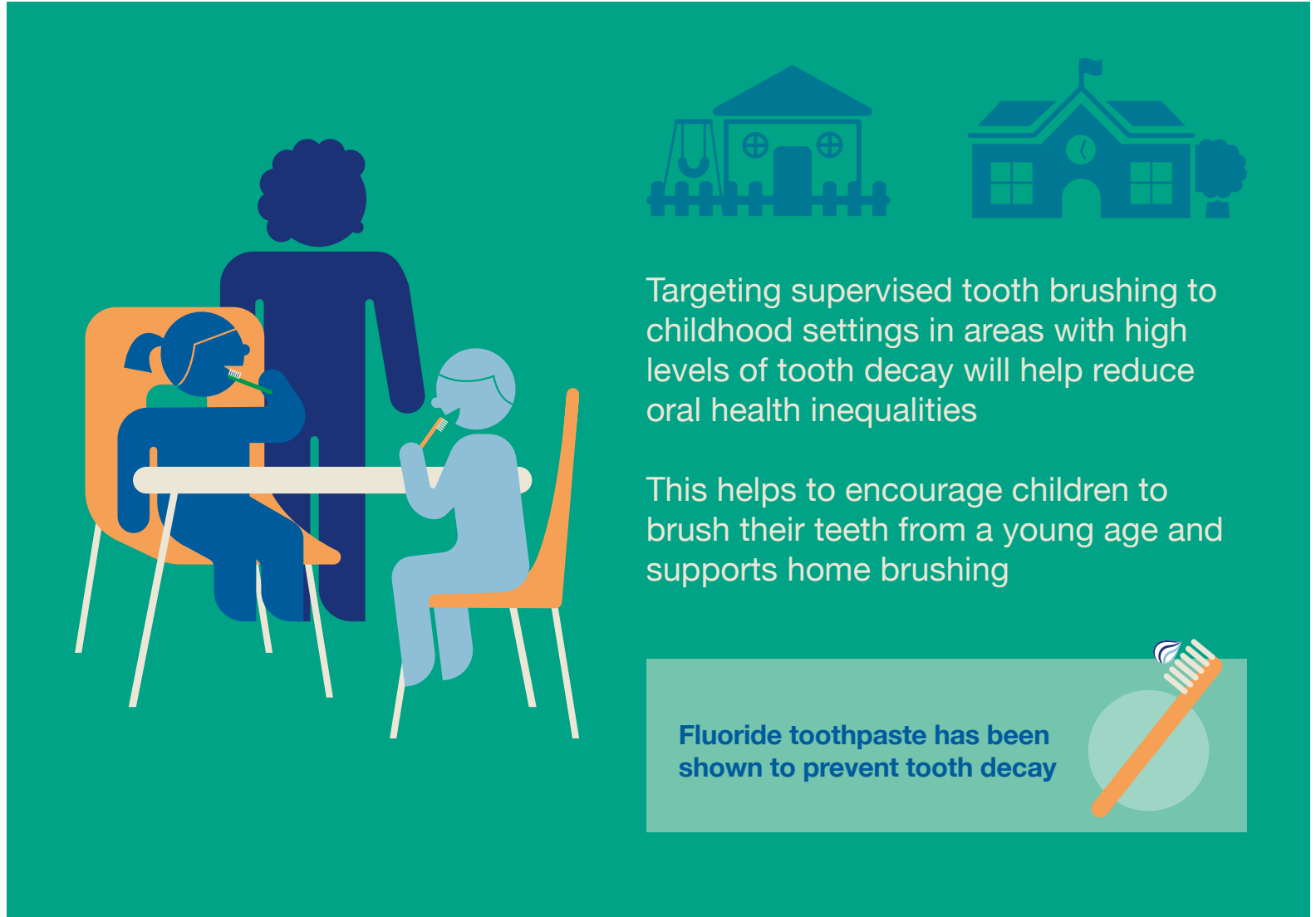
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5. Collaborative action

Interventions that improve the oral health of children aged 0 to 5 years includes:

- Targeted supervised tooth brushing
- Provision of toothbrushes and paste
- Targeted community fluoride varnish programmes
- Water fluoridation

The return of responsibility for water fluoridation to local authorities offers them the opportunity to take decisive action to improve dental health. Ultimately, achieving good dental health for all children needs the support and commitment of a wide range of partners. The most effective way to improve oral health is to embed it in all children's services at strategic and operational levels.



Targeting supervised tooth brushing to childhood settings in areas with high levels of tooth decay will help reduce oral health inequalities

This helps to encourage children to brush their teeth from a young age and supports home brushing

Fluoride toothpaste has been shown to prevent tooth decay

