Walsall Council

HEALTH AND CARE ANALYTICS
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Oral Health Inequalities in Children in Walsall

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Introduction

Good oral health is important for children's teeth and gums, it also affects their overall health and well-being. It means having no decay or disease, no pain or infections, and being able to eat, speak, and socialise well and with confidence.

Childrens Inequalities: Oral health inequalities are the differences in oral health status and access to oral health care among different groups of people. Children who come from lower socio-economic backgrounds, specific ethnic groups, or who are in care or have special needs have a higher chance of oral health inequalities. This means that children from these groups are more likely to have oral health issues such as tooth decay, which is the most common oral disease affecting children, yet can be mostly avoided. Tooth decay remained the primary reason for children aged between 6 and 10 years to visit the hospital in 2022, so it is important to develop good oral hygiene habits from an early age. 24% of children experience dental decay in England, this disproportionally effects disadvantaged children and impacts their health and social well-being including disruption of eating, speech and language and school attendance.

Oral Health is defined in NHS England's 'Core 20PLUS5' approach, to reduce health inequalities for children and young people, as a clinical area requiring improvement.

Infant Feeding Strategy: Walsall has very low breast-feeding rates - Prolonged bottle-feeding increases risk of tooth decay particularly affecting the incisors – Promoting open free flow cup use reduces the risk of decay and jaw malformation

5 year olds in **fluoridated areas** are:

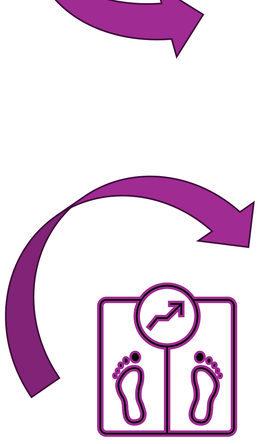
28% **less likely** to have had **tooth decay** than those in non- fluoridated ones

In **fluoridated areas** there are:

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

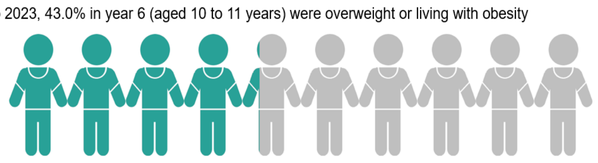
Why is Oral Health important?

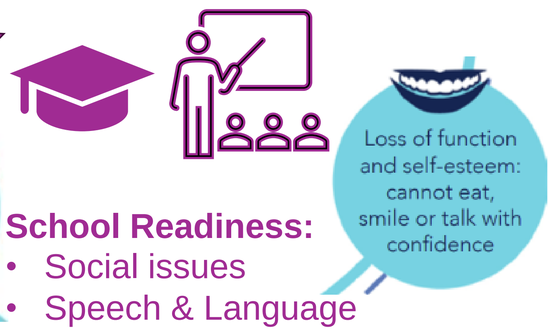
Risks & Factors



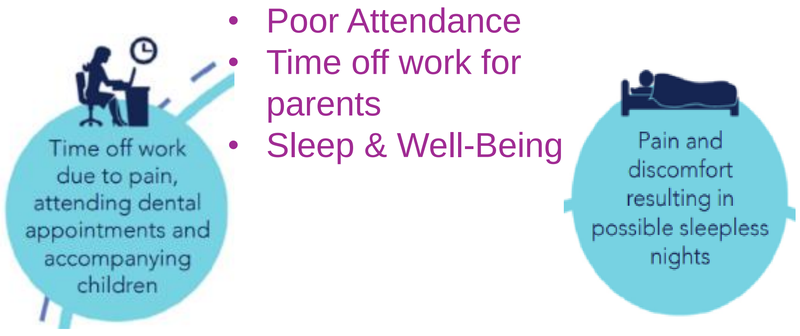
Childhood Obesity & Dental Caries links:
Obesity rates in Walsall are increasing
In 2022/23,11.4% reception age & 28.5% of year 6 age children were living with obesity

In 2022 to 2023, 43.0% in year 6 (aged 10 to 11 years) were overweight or living with obesity



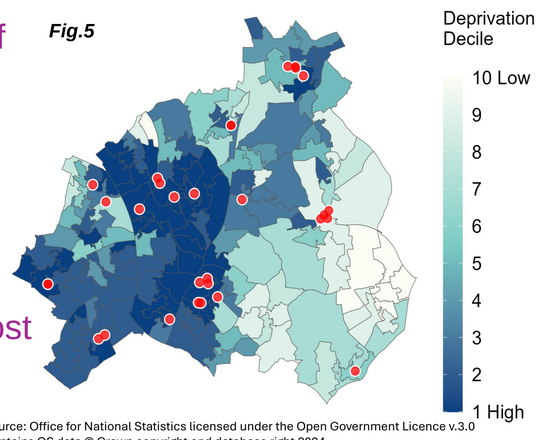


School Readiness:
- Social issues
- Speech & Language
- Poor Attendance
- Time off work for parents
- Sleep & Well-Being



Dental Access: A map of Dental Surgeries across the borough against deprivation levels show surgeries are located mainly in the west within areas where there is an identified need for our most vulnerable groups

Fig.5



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Methods

An Oral Health Needs Assessment was required to develop an oral health strategy for the borough and use different analyses of data to evidence and effectively target support where it can improve outcomes. A mixed methods approach of combining multiple datasets such as dental epidemiology data, service access, common risk factors, health behaviours and school readiness data was considered, as well as survey findings and qualitative data using the COM-B model to identify the factors influencing oral health attitudes and behaviours.

Fig.1

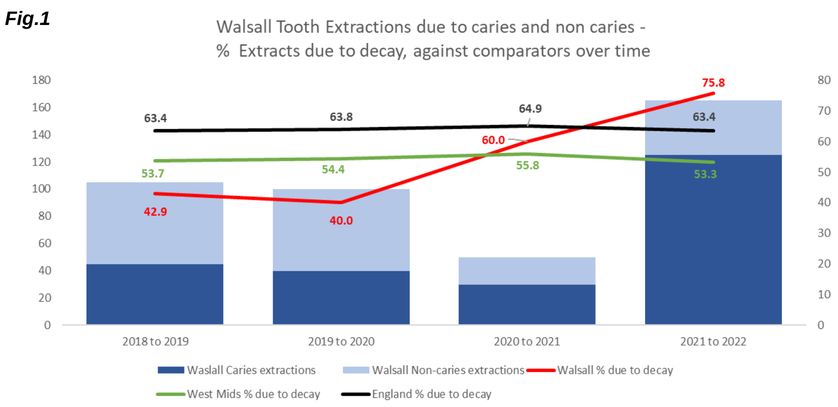


Fig.2

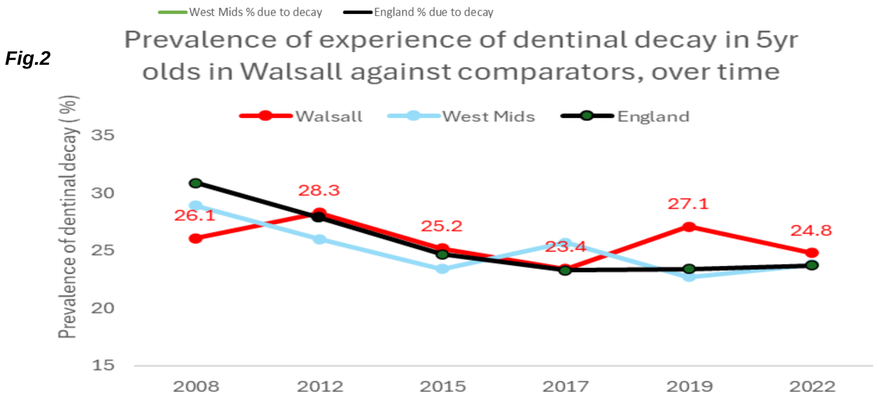


Fig.3

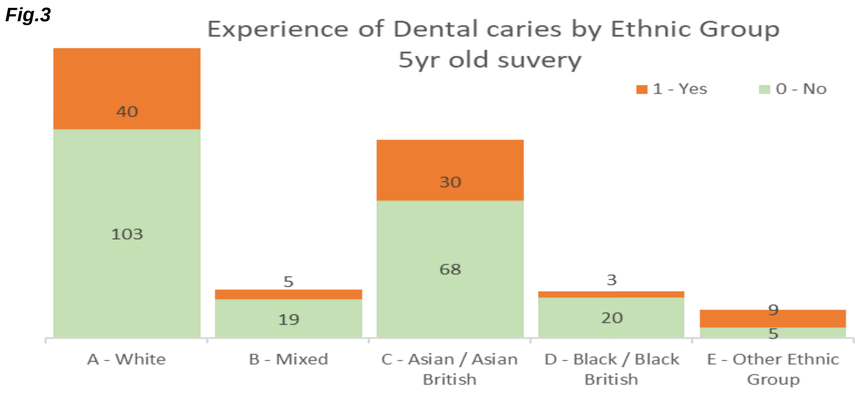
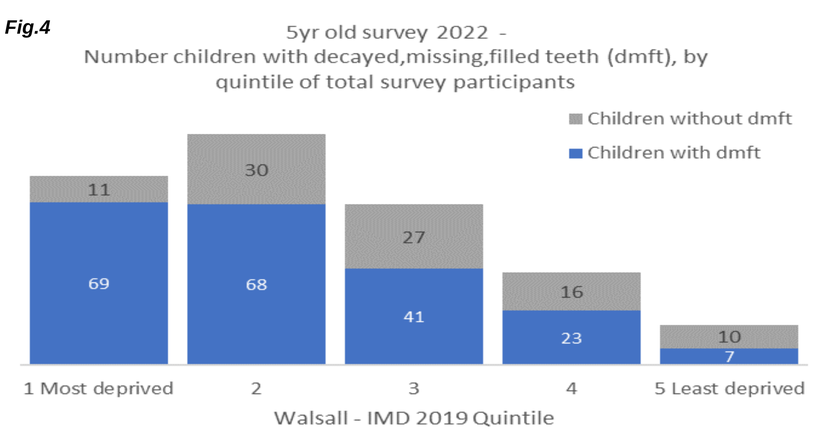


Fig.4



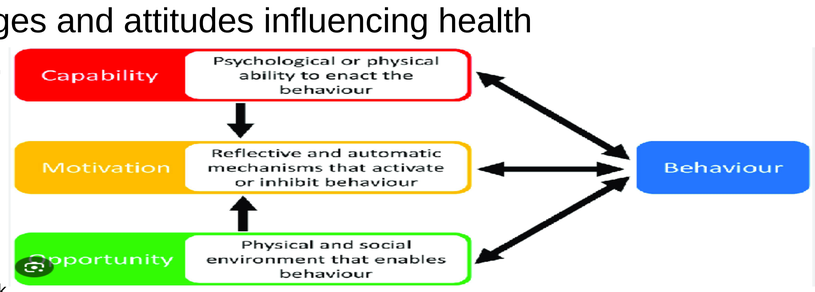
Results

KEY FINDINGS from DATA:

- Trends: Prevalence of both tooth decay and tooth extractions in Walsall are now higher than our regional and national comparators*(Fig1&2).* The experience of tooth extraction rate in Walsall of 5.5% is *significantly* higher compared to all our comparators and a contrast to our statistical neighbour in Derby with only 0.3%. Despite Walsall having 100% fluoridation, the Extraction Index percentage (mt/d3mft) is unexpectedly high at 15.2% compared to our statistical neighbour in Middlesborough, a non-fluoridated area, at 13.2%.
- Ethnicity: Experience of dentinal decay is more prevalent in Asian & Other ethnic groups. Caries were present in 64% of 'Other' ethnicity compared to only 13% of Black group *(Fig3).* Regionally, dentinal decay and decay affecting incisors are both higher in 'Other' ethnicity.
- Deprivation: Dental epidemiology survey data shows 69% of 5yr olds in Walsall had decayed, missing or filled teeth, however for those living in the most deprived decile, 86% had decayed, missing or filled teeth, compared with only 41% in least deprived decile *(Fig4).*
- Dental Access: 56% of children in England were seen by a dentist in the last 12 months, below pre-pandemic levels of 59%,with those aged 0-4 being seen the least (31%). In Walsall, 50% of children were seen in past 12 x months ,and only 25% of 0-4yr olds were seen by a dentist, compared to 31%. Walsall has sufficient dental provision across the borough*(Fig5).* Qualitative analysis of Healthwatch Survey 2024 found no evidence that residents in more deprived areas suffer greater difficulties in accessing an NHS dentist.

Outcomes and Next Steps

- Implementation of the 'Brilliant Brushers' Toothbrushing scheme in targeted early years settings. (Link & QR Code https://vimeo.com/949563841/c7a8453d03)
- Increase uptake of consent rates in schools with development of a communication kit for schools.
- Raise the profile of oral health and increase awareness of the need for improved practices to prevent tooth decay, tooth loss and reduce risks to our most vulnerable children. Link to health strategies such as infant feeding, the Walsall food plan and school readiness.
- Use Qualitative analysis from the COM-B model to better understand the complexity of oral health behaviours and Dental Access Barriers, and tackle the challenges and attitudes influencing health behaviours.



QR Code Link: www.walsallintelligence.org.uk

Data Sources: National Dental Epidemiology Programme for England oral health survey of 5 year olds 2022: OHID Walsall Oral Health profile 2022
NHS Dental Statistics for England, 2022-23, Annual Report , Oral health survey of 5 year old children 2022 - GOV.UK (www.gov.uk)
NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people Indices of Multiple Deprivation 2019 - MHCLG