

# Inequalities in dental health

A briefing from the National Alliance for Equity in Dental Health

June 2000

## National survey of children's dental health confirms continued wide inequalities.

### 6-Fold Difference between best and worst

The latest national survey of 5-year-old children once again confirms widespread inequalities in tooth decay. Young children living in the poorest non-fluoridated communities suffer much more tooth decay than those living in better-off or fluoridated communities. At the bottom of the dental 'league table' (overleaf), 5-year-olds had six times more tooth decay than those at the top (on average 3.69 and 0.59 teeth affected respectively). This means that many thousands of Britain's poorest youngsters are suffering avoidable high levels of tooth decay.

As a result many of these most vulnerable children will experience preventable infection, pain, and tooth extractions.

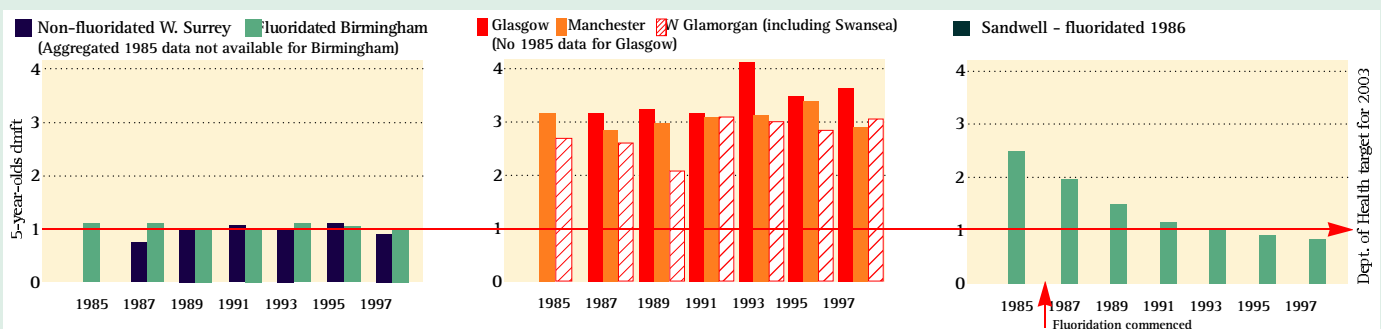
### Inequalities - Government's No.1 priority

"The driving force behind all of the Government's work is the reduction of health inequalities"

Public Health Minister, Yvette Cooper told the UK Public Health Association's Annual Public Health Forum in March this year. She stressed the Government's commitment to reducing inequalities in health, sentiments which echoed her earlier comments to the All Party Primary Care and Public Health Group. Answering questions about the Government's policy on water fluoridation at a meeting of the All Party Group in the House of Commons, the Minister had reiterated the Government's commitment to fluoridation, and its intention to place a legal obligation on water companies to fluoridate when asked to do so following local public consultation.

## Government target for 2003

In 1998 the Department of Health set a target that, by 2003, 5-year-old children should have on average no more than one tooth affected by decay. This latest survey shows that non-fluoridated urban areas such as Manchester, Glasgow and Swansea, where large socially deprived communities experience high levels of tooth decay, have no chance of reaching this target. The charts below show the average number of decayed, missing or filled teeth per 5 year old child, and demonstrate how fluoridation has enabled Birmingham and Sandwell to reach the low level of tooth decay enjoyed by those in more affluent West Surrey.



## National Alliance for Equity in Dental Health Urges Government to Act on Fluoridation

An Alliance of over 40 leading organisations<sup>1</sup> is calling for action by Government to ensure that water suppliers fluoridate supplies when asked to do so following public consultation. Speaking for the Alliance, University of Liverpool Professor of Dental Public Health, Mike Lennon, said:

"Every year throughout Britain hundreds of thousands of general anaesthetics are administered to young children for extraction of rotten teeth. Disease on such a scale blights children's lives and is simply unacceptable. It is time that the Government addressed the law which has failed to support health authorities' efforts to implement fluoridation."

This view is evidently shared by other key commentators:

"Water fluoridation would bring guaranteed measurable improvements in 5-year-olds' tooth decay rates within 4 years of implementation"  
- Dr Bill Allen OBE, President, British Dental Association

"By improving the health of the poor faster than that of the better off, fluoridation would achieve one of the Government's key objectives."  
- Dr Noel Olsen, Independent Public Health Consultant and Member of the Public Health Committee, British Medical Association.

"Manchester City Council has been pushing for fluoridation since the early 1970s, and health authorities work hard to reduce tooth decay rates. Evidence demonstrates that only fluoridation can make any further real impact in areas such as Manchester."

- Cllr Brian Harrison, Chair Manchester Health Authority, and member of Manchester City Council.

"Water fluoridation, implemented by the City Council in 1964, has had a major beneficial effect on the health of the people of Birmingham."

- Sir Richard Knowles,  
Former leader of Birmingham City Council.

"It is high time that the children of places such as Manchester, Leeds, Glasgow, Belfast, Swansea, and Inner London were able to enjoy the benefits that water fluoridation has brought to successive generations of Birmingham children."

- Sir John Crofton, physician and poverty campaigner, Edinburgh.

"Fluoridation is a powerful means of tackling dental health inequalities."

- Geof Rayner, Chair UK Public Health Association.

"If the Government is serious about reducing health inequalities, it is time to get serious about water fluoridation."

- Lord Colwyn, dentist and Member of the House of Lords.

"We recommend the fluoridation of the water supply."

- Independent Inquiry into Inequalities in Health.  
Chairman: Sir Donald Acheson.

Details of the survey and a 'league table' of the results are shown overleaf.

Find the results for your district - is it fluoridated?

# The UK Dental Health League Table for 5-Year-Olds

## Where is your district? Is it fluoridated?

The survey conducted in 1997/8 examined a representative sample of 176,781 five-year-old children in schools across the UK. The full report\* - includes more detailed results. The survey was part of an on-going programme co-ordinated by the British Association for the Study of Community Dentistry to monitor the dental health of children in Britain. Because of the complex nature of the disease, careful interpretation of the data is required and indiscriminate comparison of districts should be avoided. However there is good evidence that most of the fluoridated districts occupying the top 12 positions of the table would be very much nearer the lower end without the benefit of fluoridation.

dmft = average number of decayed missing or filled teeth per 5-year-old.

F = Fluoridated \*\*

Position	HEALTH DISTRICT	dmft	% pop F	F status
1	Solihull	0.59	100	F
2	North Essex	0.68		
3	Worcestershire	0.72	71	F
4	Dudley	0.78	75	F
5	Warwickshire	0.80	83	F
6	South Staffordshire	0.81	67	F
7	Sandwell	0.83	100	F
8	West Surrey	0.85		
9	Lincolnshire	0.91	~50	F
10	Walsall	0.94	100	F
11	South Essex	0.95		
12	Birmingham	0.97	100	F
13	North & Mid Hampshire	0.99		
14	Avon	1.02		
"	West Sussex	1.02		
16	Bromley	1.04		
17	Kingston & Richmond	1.07		
"	West Kent	1.07		
"	Coventry	1.07	85	F
20	North Derbyshire	1.08		
21	Berkshire	1.10		
"	Brighton & Hove	1.10		
23	Suffolk	1.11		
"	Barking & Havering	1.11		
25	Cambridge & Huntingdon	1.12		
26	Bassetlaw	1.14	100	F
"	Northamptonshire	1.14		
"	Hillingdon	1.14		
28	Bexley & Greenwich	1.16		
29	Southern Derbyshire	1.17	<5	
30	East Sussex	1.18		
31	Wiltshire	1.19		
"	West Herts	1.19		
33	Oxfordshire	1.22		
"	Dorset	1.22		
"	Lambeth, Lewisham & Southwark	1.22		
36	East Kent	1.24		
37	Gloucester	1.27		
"	Southampton and South West Hampshire	1.27		
39	Somerset	1.29		
40	Buckinghamshire	1.30	<3	
"	Merton, Sutton & Wandsworth	1.30		
42	Gateshead & South Tyneside	1.32	~50	F
"	East & North Hertfordshire	1.32		
"	East Surrey	1.32		
45	Shropshire	1.33	~ 6	
46	Bedfordshire	1.34	52	F
"	Portsmouth and South East Hampshire	1.34		
48	Newcastle & North Tyneside	1.35	~70	F
"	Enfield & Haringey	1.35		
50	North West Anglia	1.38		
"	Croydon	1.38		
52	South Cheshire	1.39	<50	F
"	Redbridge and Waltham Forest	1.39	<0.5	
54	South Humber	1.40	<50	F
55	Isle of Wight	1.42		
"	Wolverhampton	1.42	~30	F
57	Cornwall & Isle of Scilly	1.47		
58	North Yorkshire	1.49	<2	
"	North Staffordshire	1.49		
60	Leicestershire	1.52		

Dept. of Health 2003 target

Position	HEALTH DISTRICT	dmft	% pop F	F status
61	Nottingham	1.56		
62	North Cheshire	1.60		
63	Barnet	1.61		
64	Sefton	1.62		
65	East Riding	1.64		
66	Wakefield	1.67		
67	Borders	1.70		
68	County Durham	1.71	~25	F
"	Ealing, Hammersmith & Hounslow	1.71		
70	Stockport	1.75		
71	Brent & Harrow	1.78		
72	Wirral	1.79		
"	Herefordshire	1.79		
74	East Norfolk	1.81		
"	Doncaster	1.81		
76	Northumberland	1.82	35	F
77	North and East Devon	1.88		
78	Shetland	1.89		
79	Rotherham	1.90		
80	Salford and Trafford	1.94		
"	Grampian	1.94	~1	
82	Bury and Rochdale	1.95		
"	South Lancashire	1.95		
84	South and West Devon	1.99		
85	Morecambe Bay	2.02		
86	North Cumbria	2.05	40	F
87	Camden & Islington	2.06		
88	Ayrshire & Arran	2.10		
89	Leeds	2.12		
"	Barnsley	2.12		
91	North Wales	2.13		
92	Sunderland	2.14		
93	Calderdale & Kirklees	2.16		
94	North West Lancashire	2.18		
"	Fife	2.18		
96	Liverpool	2.19		
97	East London & City	2.25		
98	Tees	2.28	16	
99	Lothian	2.31		
100	Wigan and Bolton	2.39		
101	Orkney	2.42		
102	Southern Board	2.43		
103	Forth Valley	2.48		
104	Dyfed Powys	2.52		
105	Bro Taf	2.54		
106	East Lancashire	2.58		
107	Gwent	2.60		
108	West Pennine	2.63		
109	Bradford	2.64		
110	Dumfries & Galloway	2.71		
111	Argyll & Clyde	2.77		
112	Morgannwg	2.80		
113	Kensington, Chelsea & Westminster	2.82		
114	Manchester	2.89		
115	Western Board	2.91		
116	St. Helens & Knowsley	2.93		
117	Highland	2.95		
118	Eastern Board	2.97		
119	Tayside	3.01		
120	Lanarkshire	3.14		
121	Northern Board	3.30		
122	Greater Glasgow	3.56		
123	Western Isles	3.69		

\*Pitts NB, Evans DJ, and Nugent ZJ (1999). The dental caries experience of 5-year-old children in the United Kingdom. Surveys co-ordinated by the British Association for the Study of Community Dentistry in 1997/98. Community Dental Health 16, 50-56.

\*\*Definition of Fluoridated District - For the purpose of this briefing, where the impact of fluoridated water on the teeth of 5-year old children is assessed, a district is classed as fluoridated where at least 25% of this age group are likely to have received water with fluoride (either naturally occurring or adjusted) at 0.7 ppm or more since birth.

For further information, please contact the British Fluoridation Society, 4th Floor, University of Liverpool School of Dentistry, LIVERPOOL, L69 3GN.  
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