

## Children's oral health in Northern Ireland

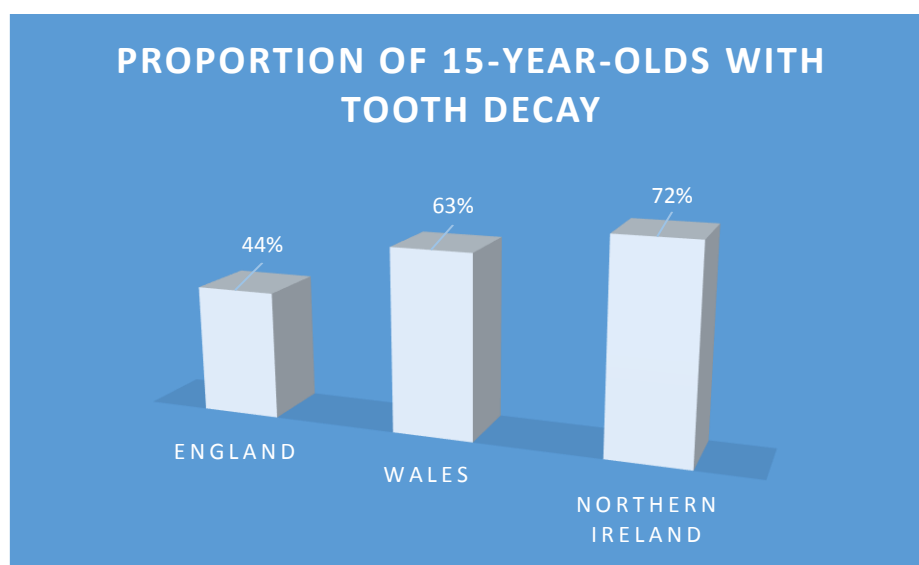
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### Key facts

- Dental health is widely used as an 'indicative measure' of children's general health.
- Although dental decay can easily be prevented through reducing sugar consumption, regular brushing, and adequate exposure to fluoride, it has emerged as the number one reason why children aged 5 to 9 are admitted to hospital in the UK, and the number of hospital admissions for tooth extractions is rising.
- In Northern Ireland alone, more than 5,100 children were admitted to hospital for tooth extractions last year. In 2016/17 dentists extracted 22,699 teeth, of which 88% were baby teeth, taken out due to decay.
- By the age of 15 just under a fifth (19%) of children in Northern Ireland can be considered to have good oral health overall.

### Dental health inequalities

- While there have been headline improvements in the oral health of young people across the UK, inequalities remain stark and persistent.
- Northern Ireland is at the bottom of the league table when it comes to children's oral health outcomes in the UK, with 40% of 5-year-olds showing signs of decay, compared to 25% in England.



There are also massive variations in oral health outcomes depending on the socio-economic background – children from lower income families are much more likely to have oral disease than other children of the same age.

- According to the [Children's Dental Health Survey](#), over a fifth (21%) of 5-year-olds eligible for free school meals have *severe or extensive* tooth decay, compared to 11% of other children of the same age.
- In 15-year-olds, over a quarter (26%) of the 15-year-olds eligible for free school meals have severe or extensive decay – more than twice as many as their peers who aren't eligible (12%).
- These figures suggest the gap between oral health of kids from richer and poorer backgrounds widens as they grow older.

Children from lower income families are also much more likely to have poorer diets and consume more sugary drinks – in Northern Ireland almost a quarter (24%) of children on free school meals drink sugary drinks four or more times a day, compared to just 1 in 10 (10%) of children who are not eligible for free school meals.

### Impact on overall health and wellbeing

Poor oral health affects not only children's physical health, but also their overall wellbeing, confidence, mental health and development.

Problems with teeth can impact on a child's ability to sleep, eat, speak, play and socialise with other children, as well as their school readiness (both through loss of school days and because of pain and difficulty sleeping affecting the ability to learn). Other consequences include pain, infections, impaired nutrition and growth.

According to the Children's Dental Health Survey published in 2015 in Northern Ireland:

- Almost three quarters of 12-year-olds (74%) reported a problem with their dental health in the past three months
- 58% of 12-year-olds reported that their daily life had been affected by problems with their teeth and mouth in the same period.
- More than a third (34%) of 12-year-olds reported being embarrassed to smile or laugh due to the condition of their teeth.
- More than a fifth (21%) reported experiencing difficulty eating as a result of bad dental health in the past three months.
- 23% of parents of 12-year-olds needed to take time off work because of their child's oral health in the past 6 months.

Throughout life, the state of a person's teeth and gums affects their overall health, and vice versa. According to NHS England, gum disease might be associated with lots of health problems in other parts of the body, such as:

- diabetes
- stroke
- heart disease
- rheumatoid arthritis
- problems in pregnancy
- dementia.

Studies also show that later in life having poor dental health can impact on a person's ability to find a decent job, with a recent YouGov poll for the BDA showing that having decayed, discoloured, broken or missing teeth makes it twice harder to compete in the job market than being overweight or dressing inappropriately.

### What can be done to tackle child tooth decay in Northern Ireland?

- Northern Ireland faces incredible challenges when it comes to oral health and tackling these challenges requires vision, ambition and investment from both Stormont and Westminster.
- Oral health, and especially children's oral health, needs to be a stated priority of the Department of Health, and resourced accordingly. The Department of Health 2007 Oral Health Strategy has recommendations some ten years old – it urgently needs to be evaluated, updated and underpinned by the latest evidence. We need a commitment towards a new comprehensive Oral Health Strategy with considerably improved oral health outcomes for key sections of the population, including children, to be included within any future Programme for Government.
- The Department of Health needs to invest in research on child oral health in Northern Ireland, to reveal and help fight local differences in outcomes within the country, and to allow for proper and regular benchmarking of pace of progress in Northern Ireland compared with other UK countries and regions.
- Scotland and Wales have been leading the way on improving child oral health with their early intervention preventive initiatives ChildSmile and Designed2Smile, having led to unprecedented improvements in outcomes in these countries in recent years. Northern Ireland should learn from the success of these tried and tested schemes and work with BDA Northern Ireland towards devising a similar major initiative to be rolled out universally to children across the country.
- With sugar being the single largest cause of tooth decay, we need policies to reduce sugar consumption, especially amongst children. While the soft drinks industry levy is a welcome first step, we need the UK Government to take much more decisive action in this area, particularly around advertising, marketing and price promotions involving high sugar products.