

HEALTH AND SOCIAL WELLBEING: DENTAL HEALTH & DEPRIVATION

Issue/Problem

Higher levels of poor dental health amongst disadvantaged people, including lower uptake of dental services.

Evidence Base (Equality & Inequalities Report)

In general, caries (tooth decay) levels tend to be higher amongst disadvantaged people. Professionals were more likely than unskilled workers to have visited their dentist within the last 3 months (30% compared with 16%).

A greater number of those within the unskilled manual group (28%) compared with those in the professional group (9%) were not registered with a dentist.

Ref: British Association for the Study of Community Dentistry Services cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:99-100)

Children from disadvantaged backgrounds (i.e. from families in receipt of low-income benefits) were found to have higher caries levels than those from non-disadvantaged backgrounds (except among 12 year olds where there was no reported difference in caries levels).

The proportion of untreated caries was higher among disadvantaged 8 and 12 year olds compared with those from more affluent backgrounds. Over three quarters of caries were untreated among non-disadvantaged 5 year olds compared with 72% untreated in the low-income group.

Ref: Children's Oral Health in Ireland (2002) cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:101-102)

Social class differences can also be observed in terms of persons with no natural teeth. Only a small number of professionals (3%) possessed no natural teeth, while a quarter (25%) of unskilled manual workers had lost all their teeth.

Ref: Continuous Household Survey 2002/03 cited in "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:103)

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

In June 2004, people in deprived areas were 12% less likely to be registered with a dentist than people in Northern Ireland as a whole.

Ref: Central Services Agency/Project Support Analysis Branch cited in DHSSPS (2004:9). Health and Social Care Inequalities Monitoring System: First Update Bulletin.

**Evidence Base
(Literature Review)**

Efforts to promote oral health and reduce dental disease are consistent with more general health education in the area of diet and nutrition¹.

Poor oral health is closely associated with socio-economic deprivation and social exclusion. Over the years there has been a real and sustained improvement in oral health assisted by better diets, fluoride toothpastes and the fluoridation of water (in certain areas). However, the shift in dentists from the NHS to the private sector has made it difficult for some people to find an NHS dentist when they need one. Getting information about dental health services can be difficult, especially for those living in deprived areas, and relies heavily upon knowing the system². Disabled people in particular are more likely to have higher levels of unmet dental need than the rest of the population with services (both preventative and treatment) less well developed³.

Economic inequality and deprivation are not just associated with oral disease, they are also linked to poor general health. Tackling health inequalities will therefore require that Government departments work in partnership to minimise the effects of material and social deprivation⁴.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

Several initiatives are currently in operation to reduce dental disease and promote better dental health in Northern Ireland. The [Oral Health Strategy for Northern Ireland](#) published by the DHSSPS in 1995 highlighted the poor state of oral health in Northern Ireland and set a number of targets for improvement over the medium and long term. It also sought to place the promotion of oral health in the wider context of efforts to improve the wider health of the Northern Ireland population.

A [new ten year Oral Health Strategy](#) (OHS) for Northern Ireland is currently in development which aims to identify the oral health needs of the population, identify target groups to address social need and oral health inequalities and identify groups with special needs. Specific areas to be covered by the new OHS include fluoridation, epidemiology and demographic trends and, the need of specific population groups.

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The new strategy advocates increased co-operation and resource sharing between oral health professionals and other health service personnel. It also recognises that oral and non-oral health conditions share common risk factors. For example, smoking is associated with heart disease and many types of cancer, including oral cancer). A diet high in sugar can predispose people to obesity and diabetes but is also the main cause of tooth decay⁵.

Other strategies such as [Investing for Health](#), the new 20 year [Regional Strategy](#), the new [Primary Care Strategy](#), the five year [Tobacco Action Plan](#), and the five year [Physical Activity Strategy and Action Plan](#) will also support improvement in the dental health of people who are socially disadvantaged.

Other key developments in dental services for socially excluded groups include a [Review of the Community Dental Services](#) (CDS). The functions of the CDS include the provision of dental care for those individuals unable or unwilling to obtain care through General Dental Services, the screening of school children for dental decay and the delivery of oral health promotion to groups with poor oral health⁶.

Many local initiatives have been established by HSS Boards, Trusts and LHSCGs in co-operation with other bodies (e.g. educational bodies, voluntary and community groups) to improve the dental health of children, particularly those from socially disadvantaged backgrounds. Examples of such initiatives include:

- dental health promotion schemes in playgroups and nursery schools⁷.
- co-operation between LHSCGs and local pharmacies to encourage dental registration amongst pre-school children⁸.
- dental health programmes delivered to children in the classroom including information leaflets for parents and children. Parental leaflets on safe drinks, snacks and lunches.
- provision of fresh fruit in primary schools.

Is the problem amenable to further intervention by the DHSSPS or other?

The consultation document for a new Oral Health Strategy for Northern Ireland *already* sets out a *comprehensive* range of key targets and cross-cutting recommendations for reducing inequalities in oral health including:

- an official and accountable expert group to regionally co-ordinate and plan oral health promotion.
- making the prevention of caries in children, especially those from disadvantaged backgrounds, a key health objective for all HSS Boards and Trusts.
- working with educational authorities to ensure that all schools are free from vending machines selling sugary snacks and drinks and ensuring that all schools have a healthy breaks and meals policy.
- working with other relevant bodies to examine the feasibility of fluoridating Northern Ireland's public water supply.
- working in partnerships with schools, local councils and health professionals to ensure that the public are aware of the risk to oral and general health caused by excessive alcohol consumption.
- various recommendations to improve dental health services for children and adults with disabilities.
- DHSSPS to work in partnership with HSS Boards and Trusts to improve dental service utilisation levels amongst groups with historically low levels of dental attendance.

Other interventions which *could* also be considered include⁹:

- improving access to dental health services through the creation of Dental Access Centres¹⁰;
- provision of accurate advice (through websites etc) on dental health problems and how to cope with them; patients' rights; information on charges; information on where to find an NHS dentist; and information how to access services out of hours.
- provide a "help line" to help people access local services¹¹.
- introduction of a free, comprehensive oral health assessment when a patient joins a dentist's list¹².
- development of dental health promotion initiatives in workplaces, encouragement of dental registrations especially amongst those in unskilled manual occupations.

¹ DHSSPS (1995) *An Oral Health Strategy for Northern Ireland*. Belfast: DHSSPS

² Department of Health. Modernising NHS Dentistry: Implementing the NHS Plan. <http://www.publications.doh.gov.uk/dental/strategy/stratch2.htm>

³ DHSSPS (2004) *An Oral Health Strategy for Northern Ireland. Consultation Document*. Belfast: DHSSPS.

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

⁴ *Ibid*

⁵ *Ibid*

⁶ DHSSPS (2004) *Dental Health Branch Annual Report 2003/2004*. Belfast: DHSSPS

⁷ Eastern Health and Social Services Board Press Release. “3-2-1 awards show healthy teeth can be child’s play”. 8 June 2004.

⁸ Southern Health and Social Services Board Press Release. “Tiny Tots Tooth Tips”. 20 February 2004.

⁹ Department of Health. *Modernising NHS Dentistry: Implementing the NHS Plan*.

www.publications.doh.gov.uk/dental/strategy/stratch2.htm

¹⁰ Dental Access Centres provide a complete range of services, including both routine and urgent care. People do not need to register to see a dentist in an access centre and the centres are opened at times when people can get to them. Patients can contact a centre directly to make an appointment or can be referred by NHS Direct.

¹¹ Scottish Executive (2005). *An Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland*.

¹² *Ibid*