



# Oxfordshire

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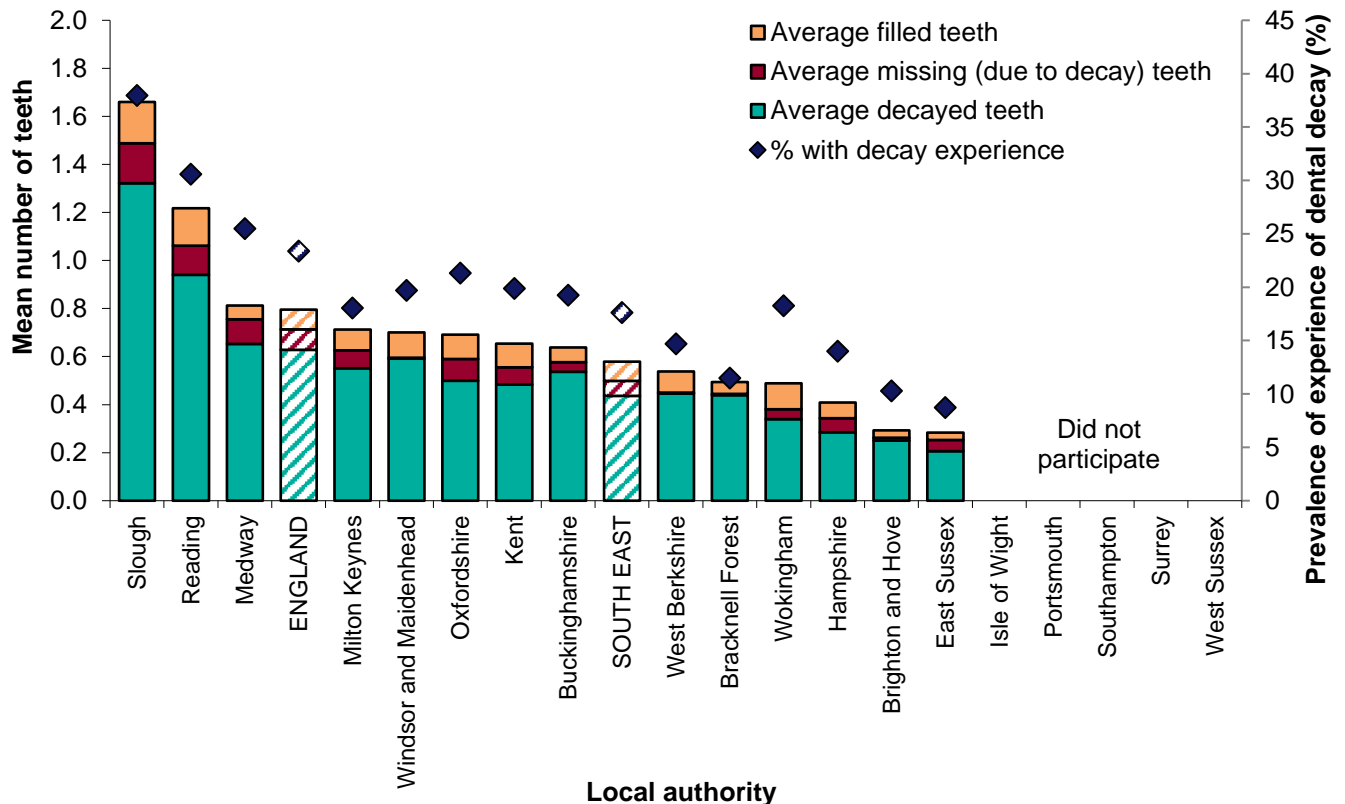
## Oral health of 5-year-old children

This profile describes the oral health of 5-year-olds living in Oxfordshire. It uses data from the National Dental Epidemiology Programme 2019 survey of 5-year-old children<sup>1</sup>.

The profile is designed to help local government and health services improve the oral health and wellbeing of children and tackle health inequalities.

In Oxfordshire 1,292 5-year-olds (approximately 74.4% of those sampled) were examined at school by trained and calibrated examiners using the national standard method<sup>2</sup>.

**Figure 1:** Prevalence of experience of dental decay and mean number of teeth with experience of dental decay in 5-year-olds in Oxfordshire, other local authorities in the South East and England.



**Table 1:** Experience of dental decay in 5-year-olds in Oxfordshire, other local authorities in the South East and England.

Local authority	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in all examined children n (95% confidence intervals)	Mean number of teeth with experience of dental decay in children with any decay experience n (95% confidence intervals)
Slough	37.9	1.7 (1.31 - 2.01)	4.4 (3.74 - 5.02)
Reading	30.6	1.2 (0.92 - 1.52)	4.0 (3.35 - 4.61)
Medway	25.5	0.8 (0.54 - 1.09)	3.2 (2.44 - 3.94)
ENGLAND	23.4	0.8 (0.78 - 0.81)	3.4 (3.36 - 3.44)
Oxfordshire	21.3	0.7 (0.59 - 0.79)	3.2 (2.93 - 3.56)
Kent	19.9	0.7 (0.59 - 0.72)	3.3 (3.08 - 3.51)
Windsor and Maidenhead	19.7	0.7 (0.48 - 0.92)	3.6 (2.83 - 4.28)
Buckinghamshire	19.3	0.6 (0.49 - 0.78)	3.3 (2.77 - 3.86)
Wokingham	18.3	0.5 (0.31 - 0.66)	2.7 (2.10 - 3.25)
Milton Keynes	18.1	0.7 (0.48 - 0.95)	3.9 (3.04 - 4.85)
SOUTH EAST	17.6	0.6 (0.55 - 0.61)	3.3 (3.17 - 3.40)
West Berkshire	14.7	0.5 (0.34 - 0.74)	3.7 (2.87 - 4.46)
Hampshire	14.0	0.4 (0.36 - 0.46)	2.9 (2.70 - 3.15)
Bracknell Forest	11.5	0.5 (0.27 - 0.72)	4.3 (3.12 - 5.51)
Brighton and Hove	10.3	0.3 (0.17 - 0.41)	2.8 (2.07 - 3.62)
East Sussex	8.7	0.3 (0.21 - 0.36)	3.3 (2.71 - 3.80)

Local authority	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay in all examined children n (95% confidence intervals)	Mean number of teeth with experience of dental decay in children with any decay experience n (95% confidence intervals)
Isle of Wight	Did Not Participate		
Portsmouth	Did Not Participate		
Southampton	Did Not Participate		
Surrey	Did Not Participate		
West Sussex	Did Not Participate		

**Table 2.** Measures of oral health among 5-year-olds in Oxfordshire, it's statistical neighbours,<sup>i</sup> the South East and England.

	Oxfordshire	Statistical neighbour within South East: Hampshire	Statistical neighbour comparator 1: Cambridgeshire	South East	England
Prevalence of experience of dental decay	21.3%	14.0%	16.7%	17.6%	23.4%
Mean number of teeth with experience of dental decay	0.7	0.4	0.5	0.6	0.8
Mean number of teeth with experience of decay in those with experience of dental decay	3.2	2.9	3.2	3.3	3.4
Mean number of decayed teeth in those with experience of dental decay	2.4	2.0	2.6	2.5	2.7
Proportion with active decay	17.9%	10.9%	14.1%	14.8%	20.4%
Proportion with experience of tooth extraction <sup>ii</sup>	2.4%	1.5%	2.0%	1.7%	2.2%
Proportion with dental abscess	0.7%	0.6%	0.4%	0.7%	1.0%
Proportion with teeth decayed into pulp	1.8%	1.7%	2.0%	2.0%	3.3%
Proportion with decay affecting incisors <sup>iii</sup>	4.6%	2.4%	3.9%	3.4%	5.2%
Proportion with high levels of plaque present on upper front teeth <sup>iv</sup>	0.5%	1.1%	0.0%	0.6%	1.2%

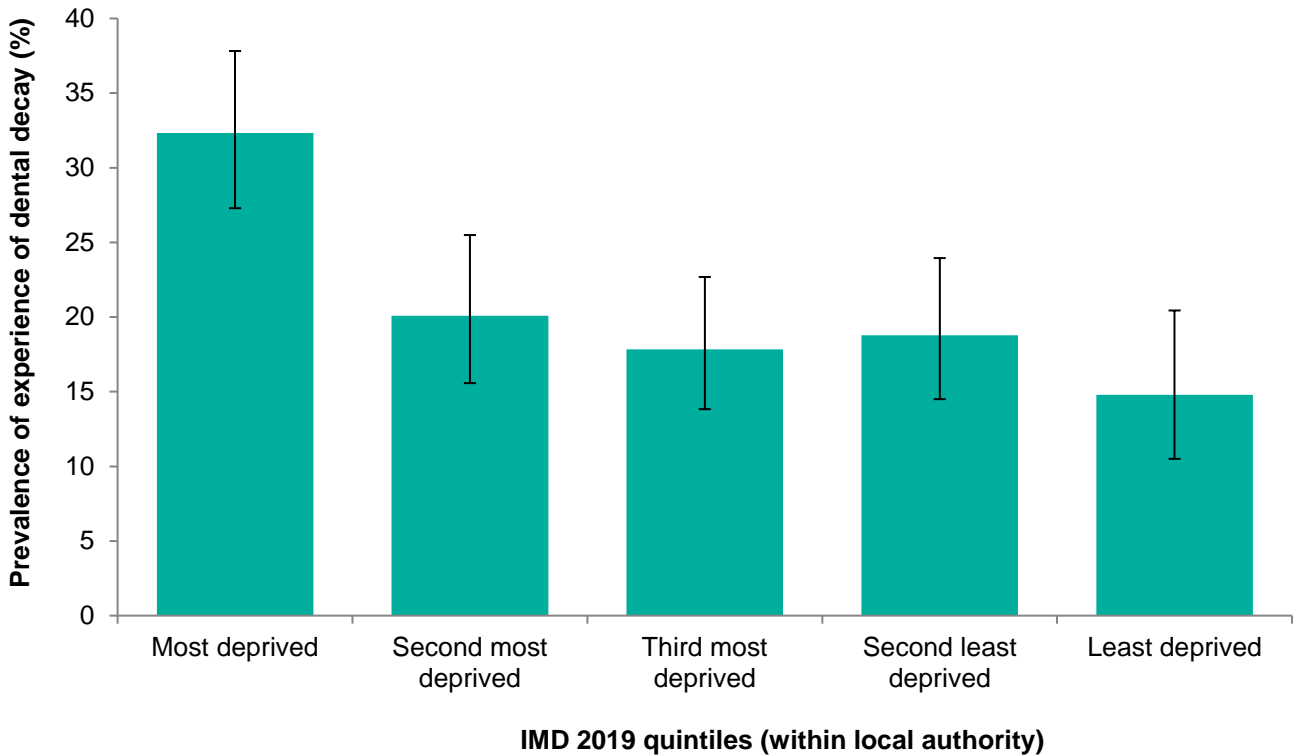
<sup>i</sup> generated by the children's services statistical neighbour benchmarking tool, the neighbour within the South East has "Very Close" comparator characteristics and the national neighbour 1 has "Extremely Close" comparator characteristics<sup>3</sup>.

<sup>ii</sup> experience of extraction of one or more teeth on one or more occasions.

<sup>iii</sup> dental decay involving one or more surfaces of upper anterior teeth.

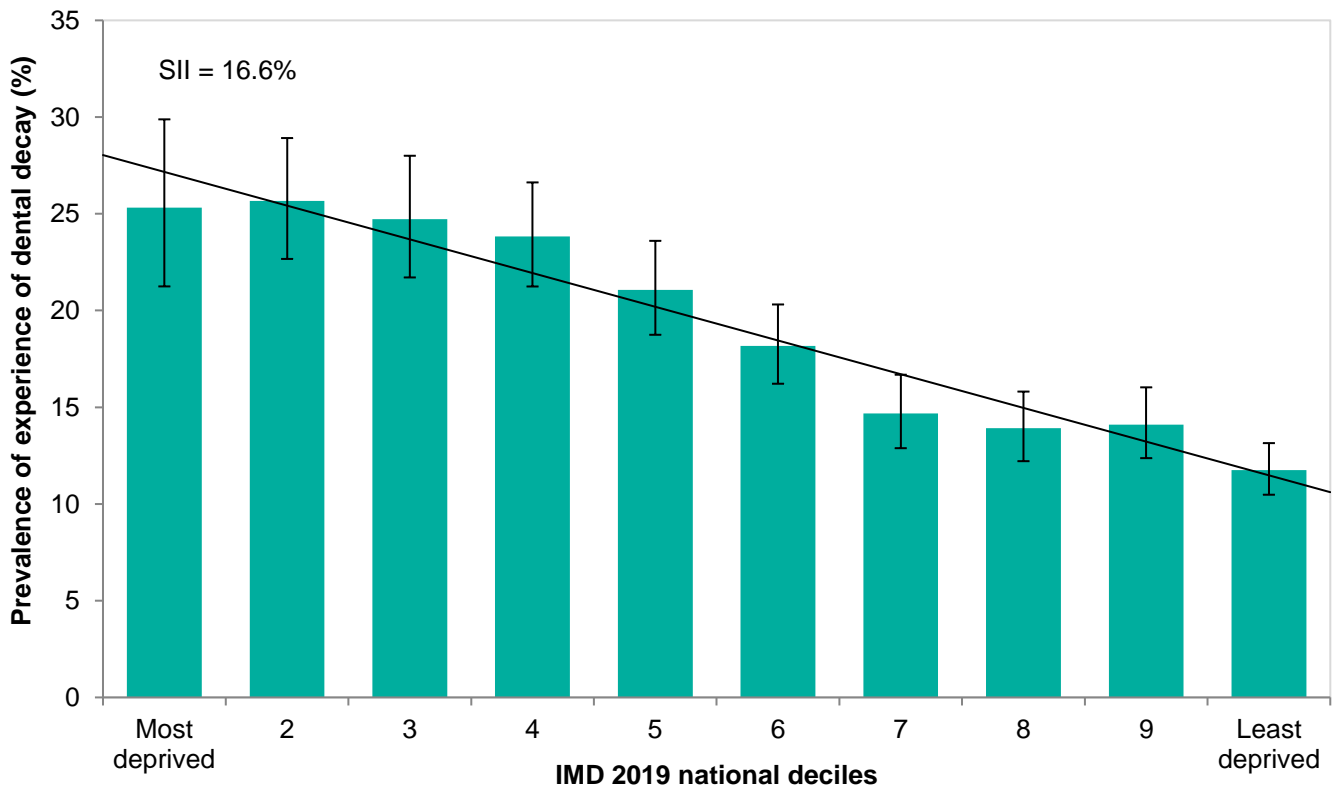
<sup>iv</sup> indicative of poor tooth brushing habits.

**Figure 2:** Prevalence of experience of dental decay in 5-year-olds in Oxfordshire, by local authority Index of Multiple Deprivation (IMD) 2019 quintiles.



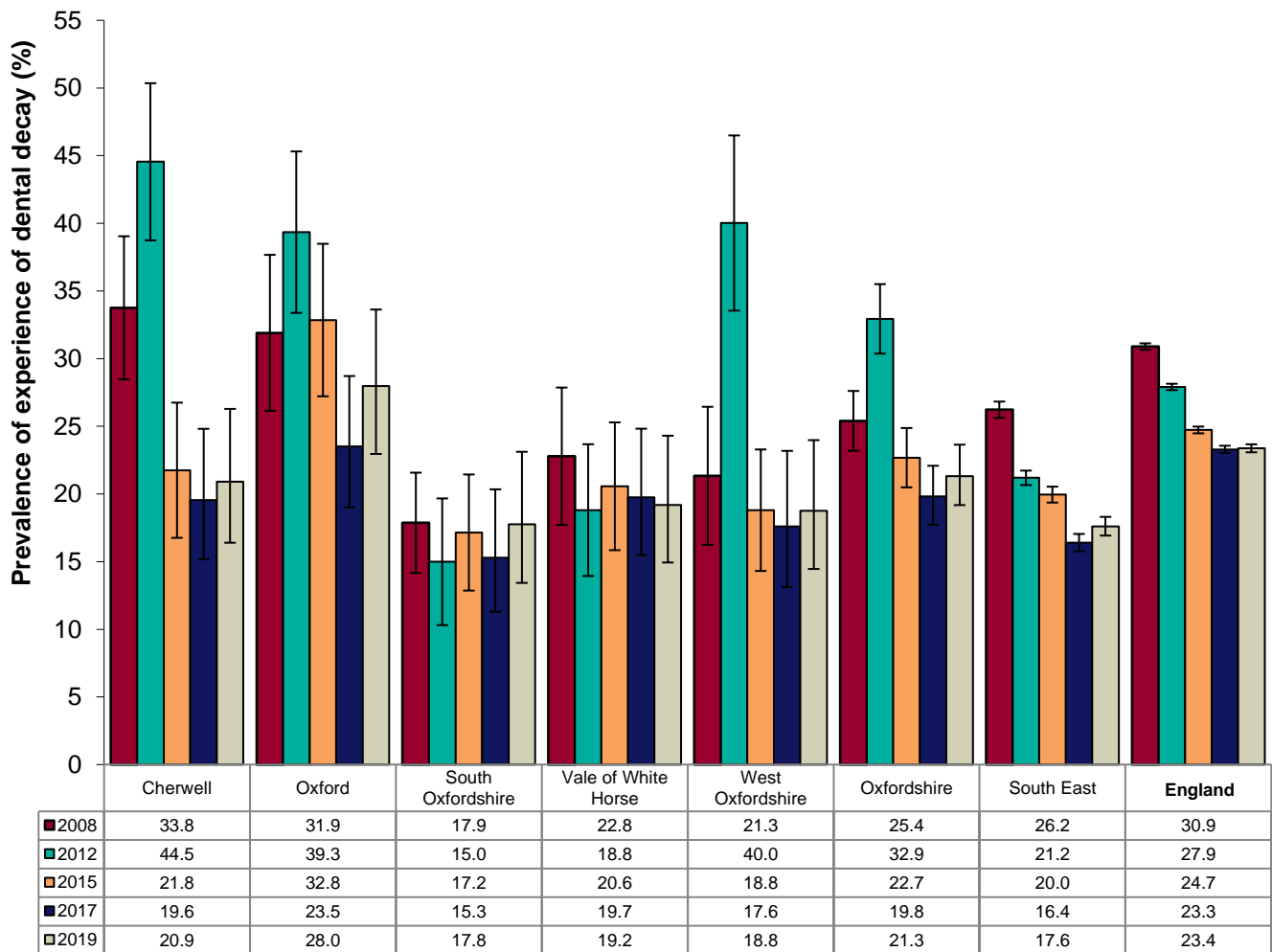
Error bars represent 95% confidence limits

**Figure 3:** Slope index of inequality in the prevalence of experience of dental decay in 5-year-olds in the South East.



Error bars represent 95% confidence limits

**Figure 4:** Prevalence of experience of dental decay in 5-year-olds in Oxfordshire, the South East and England, by year.

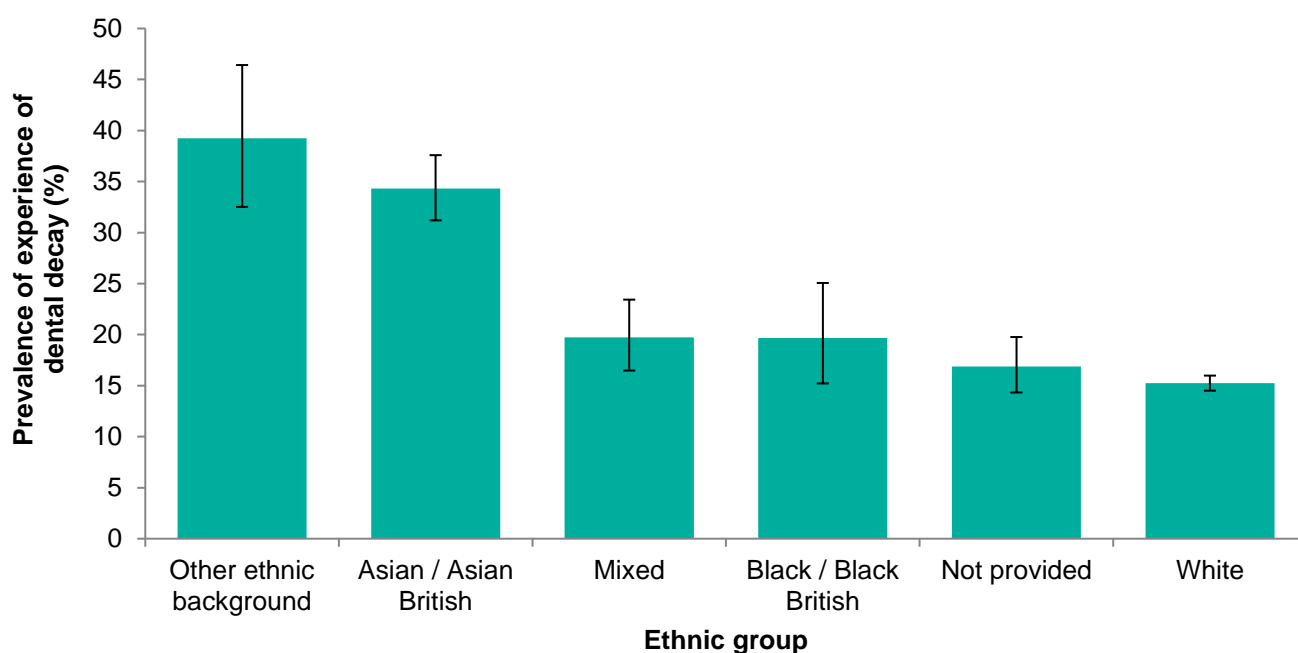


Error bars represent 95% confidence limits

**Table 3:** Experience of dental decay in 5-year-olds in the South East, by ethnic group.

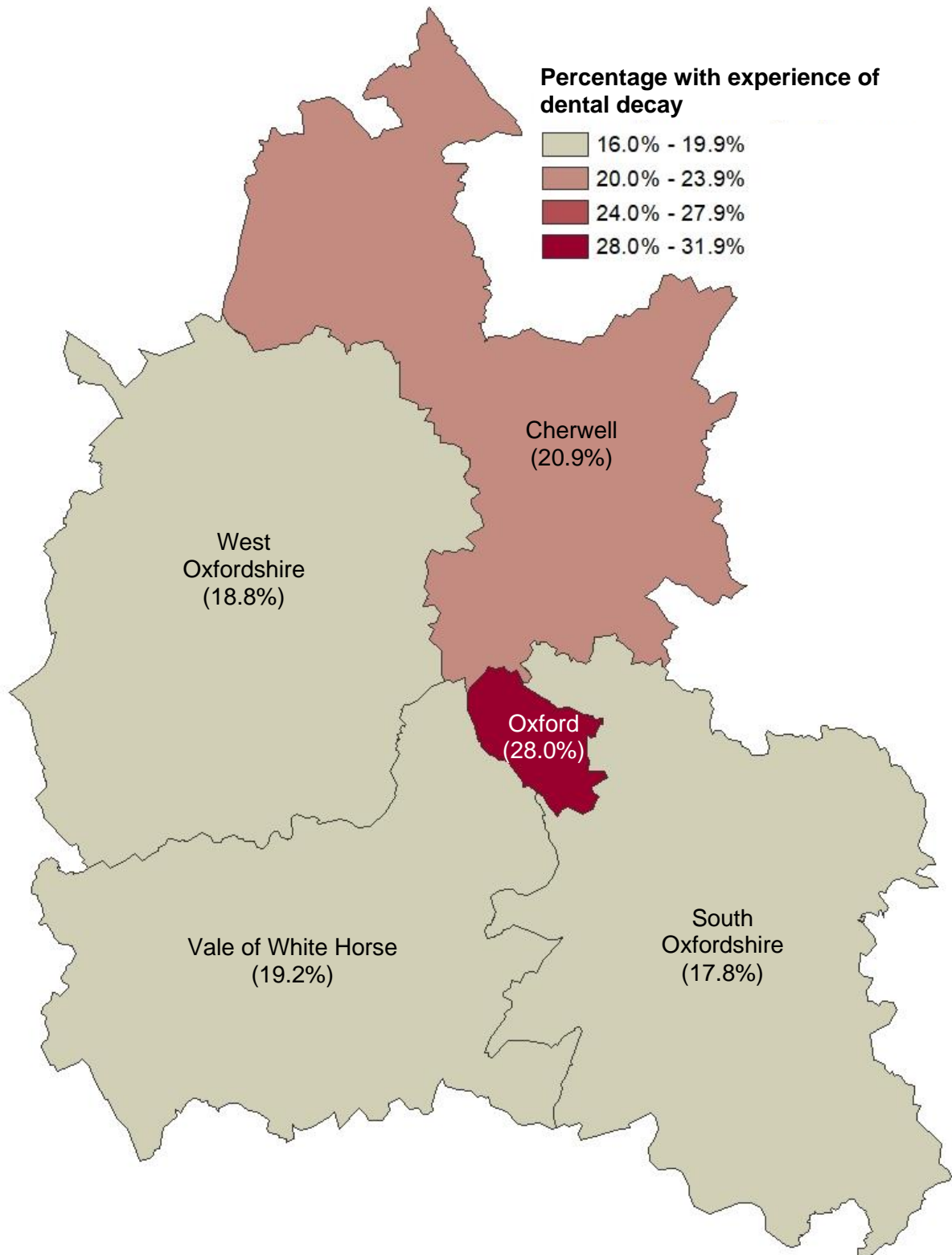
Ethnic group	Number of children examined (N)	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)	Prevalence of dental decay affecting incisors (%)
Other ethnic background	186	39.2	4.7 (3.93 - 5.52)	14.0
Asian / Asian British	845	34.3	4.0 (3.69 - 4.38)	12.7
Mixed	502	19.7	3.3 (2.74 - 3.80)	5.4
Black / Black British	249	19.7	3.9 (3.05 - 4.79)	6.0
Not provided	729	16.9	3.3 (2.85 - 3.75)	3.0
White	9,133	15.2	3.0 (2.88 - 3.14)	2.1
South East	11,644	17.6	3.3 (3.17 - 3.40)	3.4

**Figure 5:** Prevalence of experience of dental decay in 5-year-olds in the South East, by ethnic group.



Error bars represent 95% confidence limits

**Figure 6:** Prevalence of experience of dental decay in 5-year-olds in Oxfordshire, by lower-tier local authority.





## Summary

In Oxfordshire average levels of dental decay are similar to the average for England, however, within Oxfordshire there are areas where there are higher than average levels of experience of dental decay. At lower-tier local authority level, children living in Oxford have the highest levels of experience of dental decay.

The small sample size means it is not possible to provide information at ward level. Future surveys could be commissioned to provide larger samples to facilitate local analysis. Commissioning High Quality Information to Support Oral Health Improvement: A toolkit about dental epidemiology for local authorities, commissioners and partners is available to support the commissioning of oral health surveys<sup>4</sup>.

Public health interventions can improve child oral health at a local level. Local authorities improving oral health: commissioning better oral health for children and young people is available to support local authorities to commission oral health improvement programmes for children and young people aged up to 19 years<sup>5</sup>.

If further local analysis is required, please contact the national dental public health team:  
[DentalPHIntelligence@phe.gov.uk](mailto:DentalPHIntelligence@phe.gov.uk)

## References

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