



# Reading

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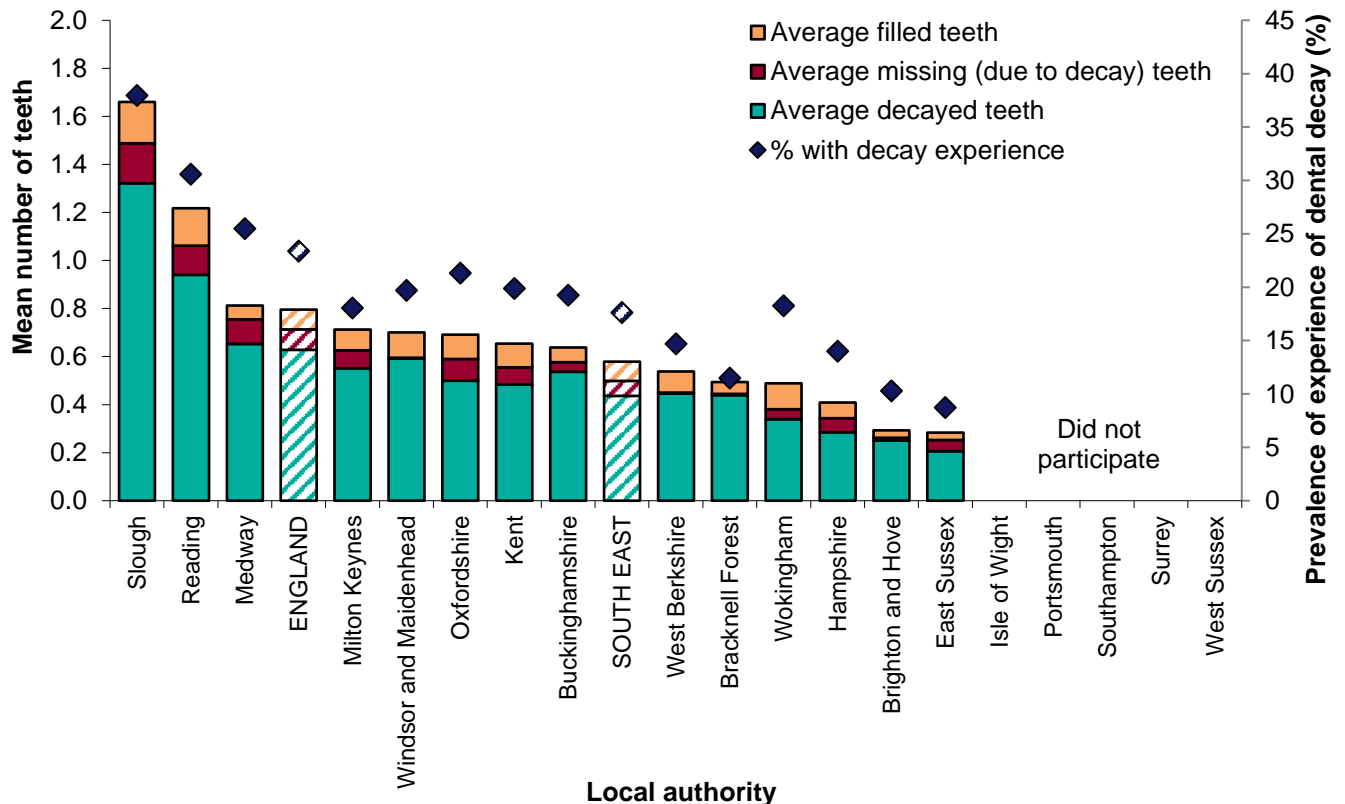
## Oral health of 5-year-old children

This profile describes the oral health of 5-year-olds living in Reading. 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 Reading 221 5-year-olds (approximately 62.3% 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 Reading, other local authorities in the South East and England.



**Table 1:** Experience of dental decay in 5-year-olds in Reading, 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 Reading, its statistical neighbours,<sup>i</sup> the South East and England.

	Reading	Statistical neighbour within South East: Milton Keynes	Statistical neighbour comparator 1: Sutton	South East	England
Prevalence of experience of dental decay	30.6%	18.1%	21.0%	17.6%	23.4%
Mean number of teeth with experience of dental decay	1.2	0.7	0.5	0.6	0.8
Mean number of teeth with experience of decay in those with experience of dental decay	4.0	3.9	2.3	3.3	3.4
Mean number of decayed teeth in those with experience of dental decay	3.1	3.2	2.0	2.5	2.7
Proportion with active decay	27.1%	17.2%	16.8%	14.8%	20.4%
Proportion with experience of tooth extraction <sup>ii</sup>	3.5%	1.7%	1.1%	1.7%	2.2%
Proportion with dental abscess	2.7%	0.6%	0.0%	0.7%	1.0%
Proportion with teeth decayed into pulp	5.7%	5.3%	0.7%	2.0%	3.3%
Proportion with decay affecting incisors <sup>iii</sup>	9.7%	7.9%	4.2%	3.4%	5.2%
Proportion with high levels of plaque present on upper front teeth <sup>iv</sup>	0.5%	0.0%	0.0%	0.6%	1.2%

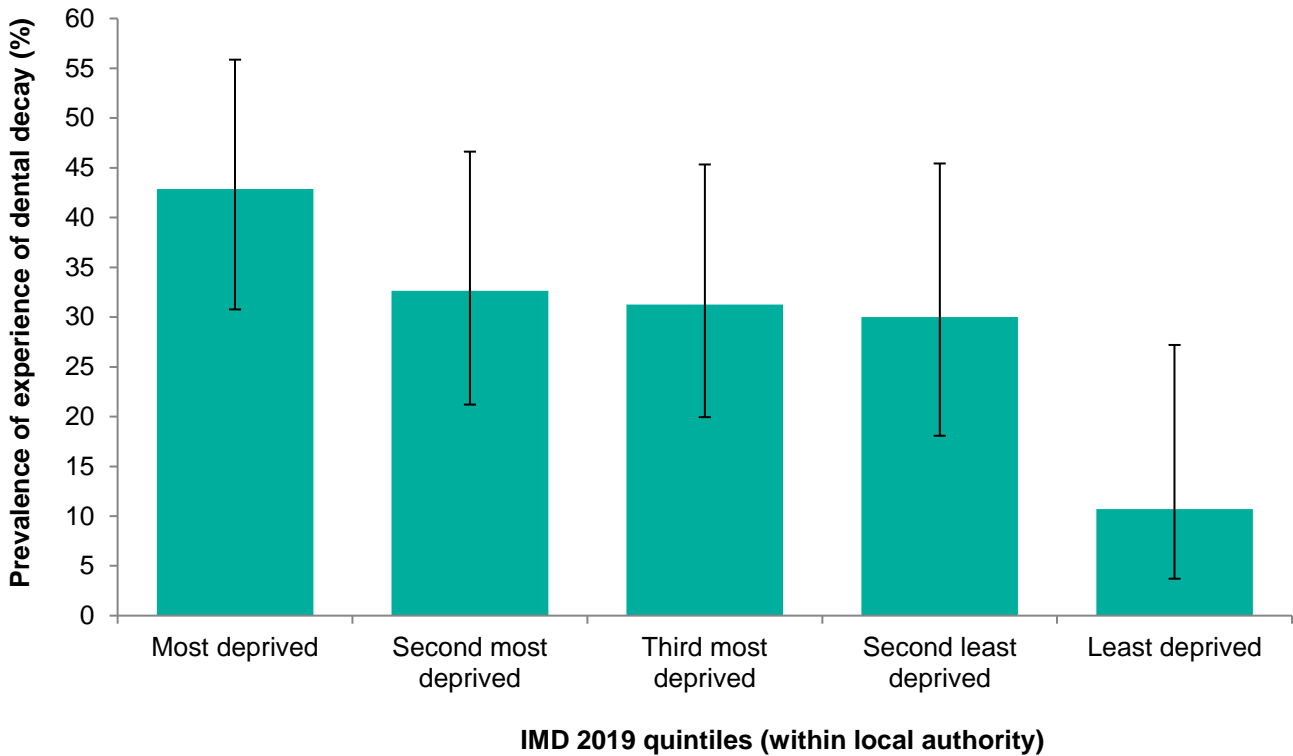
<sup>i</sup> generated by the children's services statistical neighbour benchmarking tool, the neighbour within the South East has "Close" comparator characteristics and the national neighbour 1 has "Close" comparator characteristics<sup>3</sup>.

<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.

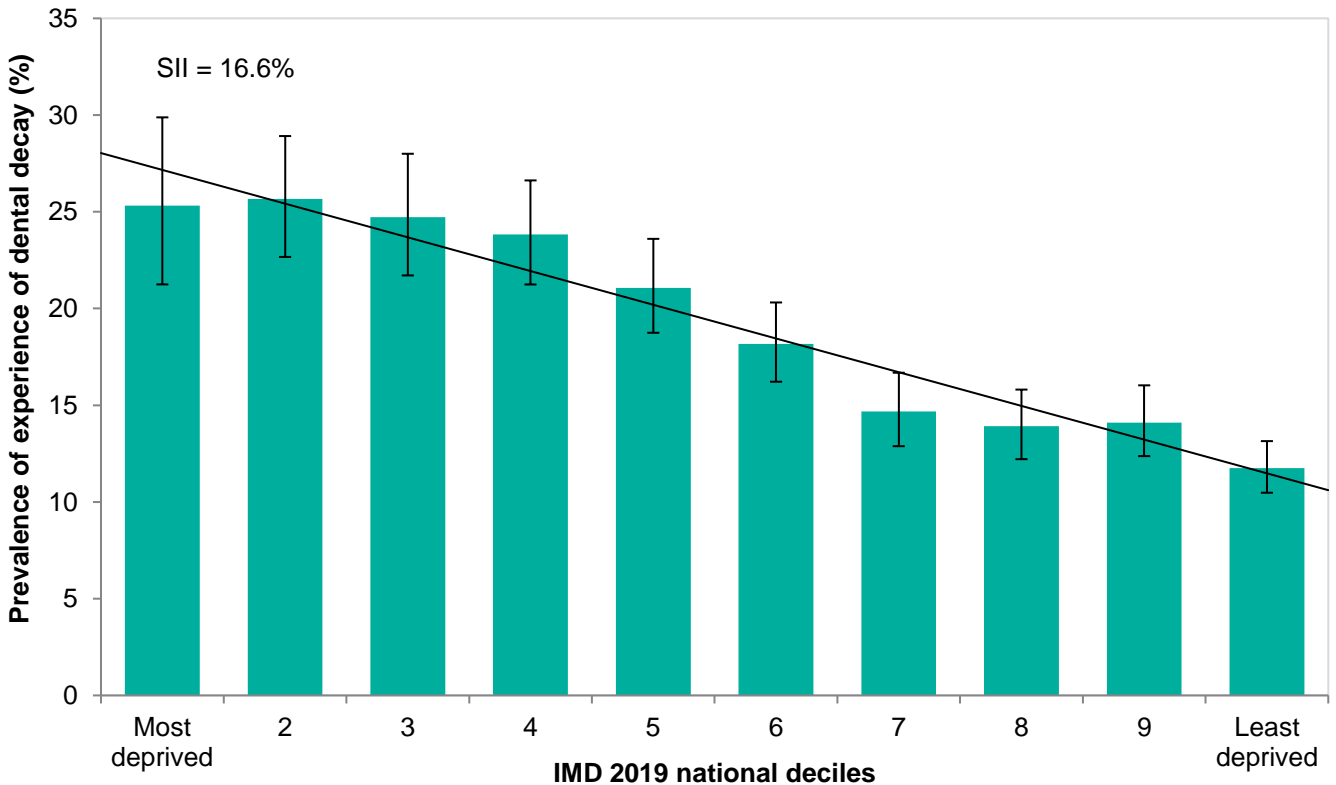
<sup>iv</sup> indicative of poor tooth brushing habits.

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



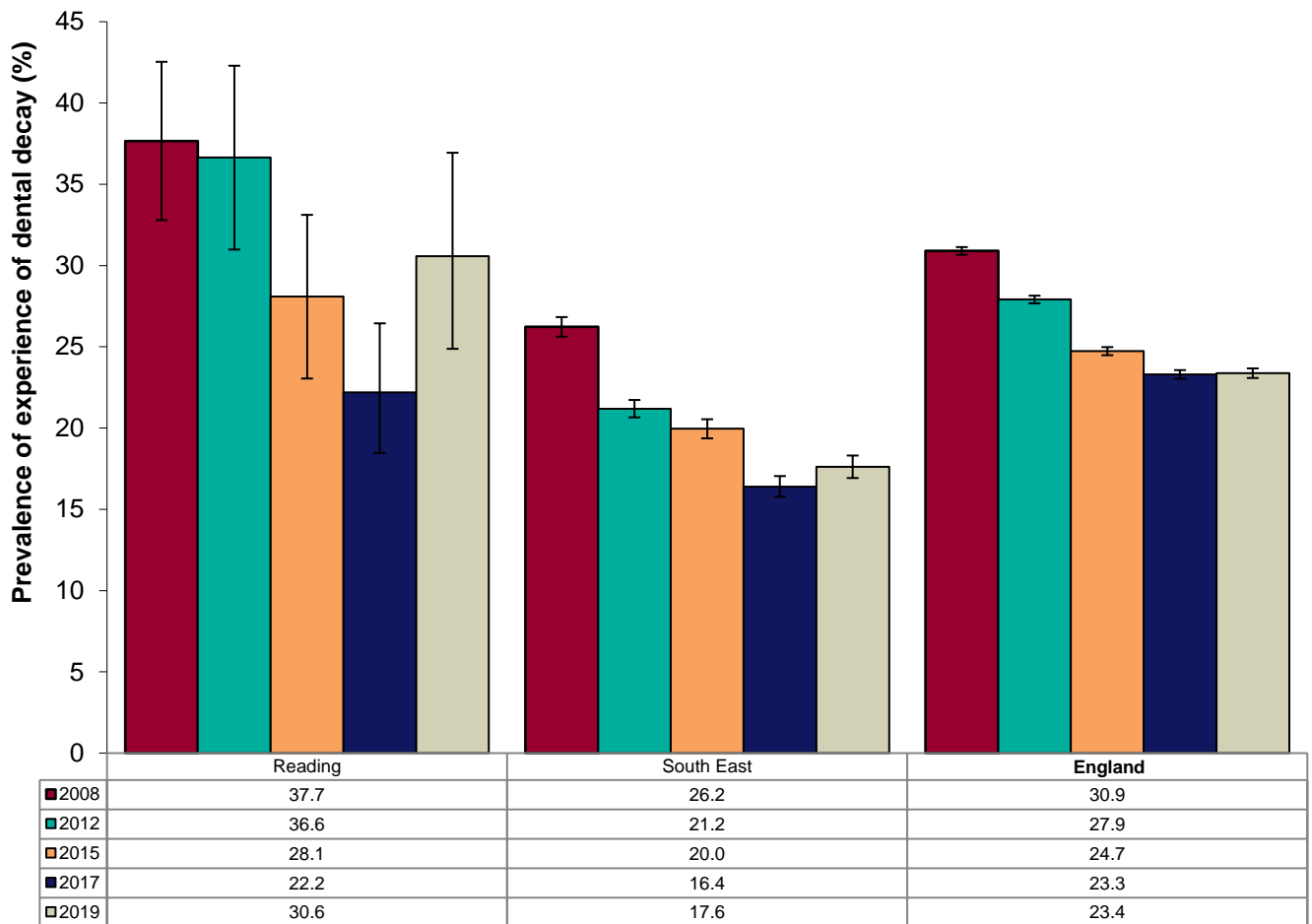
Error bars represent 95% confidence limits

**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 Reading, the South East and England, by year.

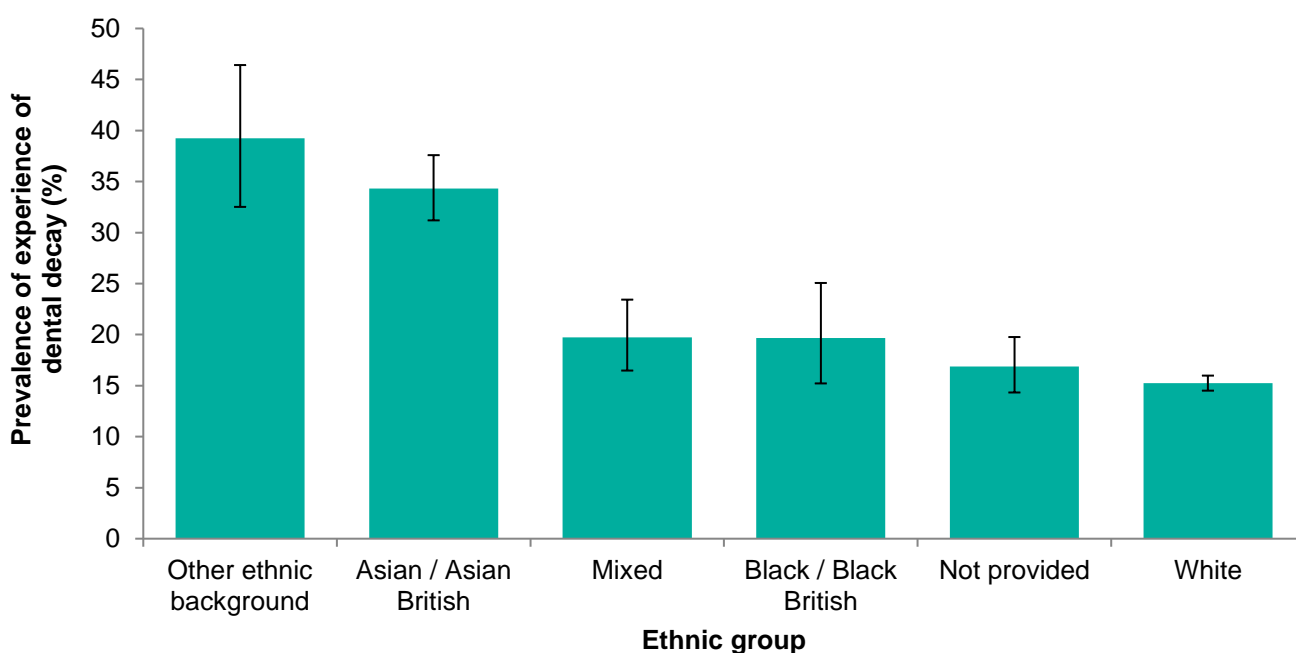


Error bars represent 95% confidence limits

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

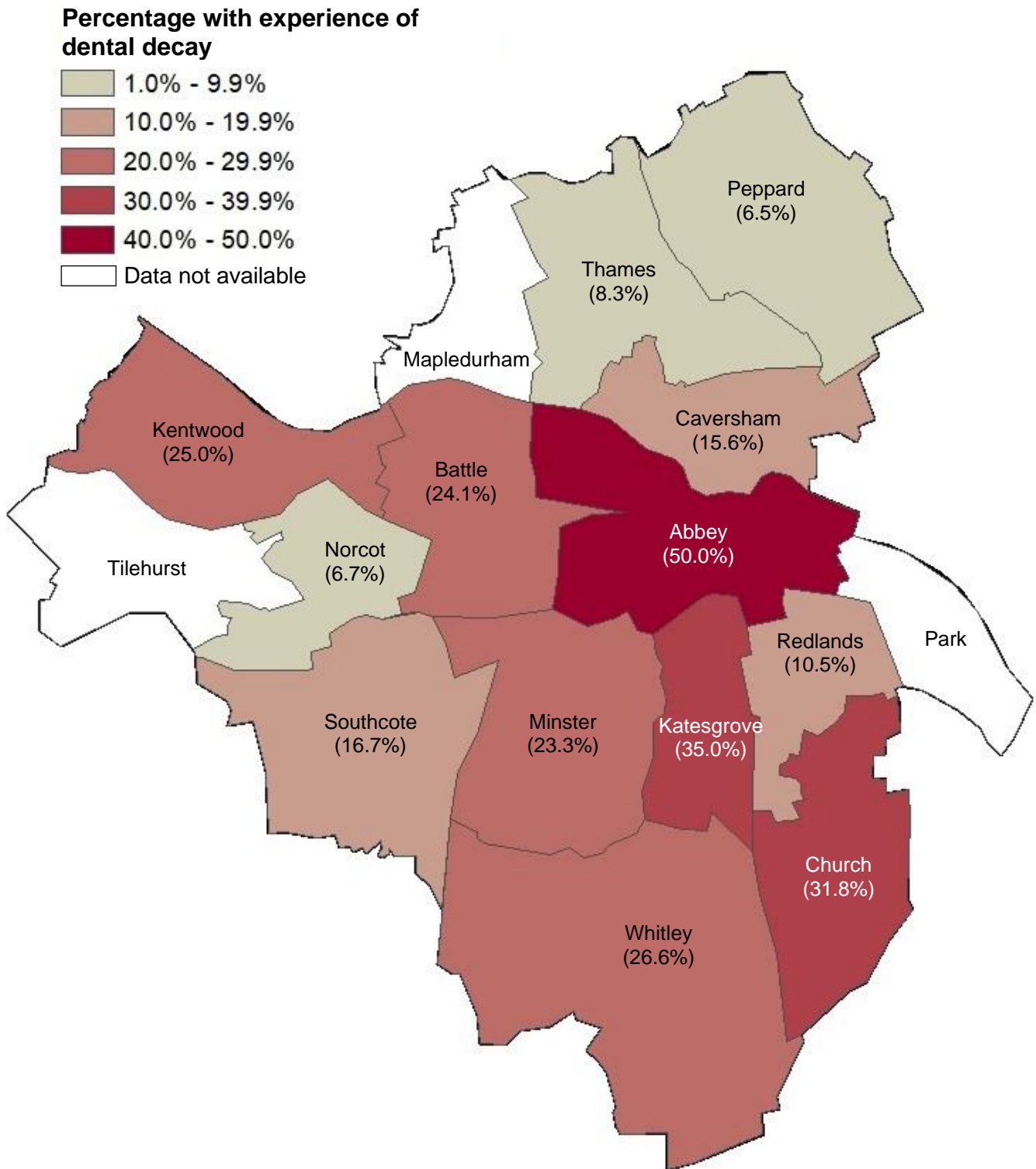
Ethnic group	Number of children examined (N)	Prevalence of experience of dental decay (%)	Mean number of teeth with experience of dental decay among children with any experience of dental decay n (95% CI)	Prevalence of dental decay affecting incisors (%)
Other ethnic background	186	39.2	4.7 (3.93 - 5.52)	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 Reading, by ward 2017.





## Summary

In Reading average levels of dental decay are higher than the average for England. Within Reading, the highest levels of experience of dental decay are clustered around the Abbey, Church and Katesgrove wards.

The small sample size means it is not possible to provide information at ward level using 2019 data. 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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