Tooth decay is a predominantly preventable disease. The main cause of tooth decay is not the amount of sugar or acid in the diet, but how often it is eaten or drunk. Good oral health for children is an indicator of a healthy diet.

The Needs:
Dental decay can be reduced by increasing the exposure of teeth to fluoride and reducing the exposure to sugar in children’s diets. Some processed baby foods can contain a lot of sugar. The more often children have sugary or acidic foods or drinks, the more likely they are to develop tooth decay. Tooth decay can cause pain, sleep loss, time off school and the need for dental treatment, which in some cases may need to be carried out under a general anaesthetic.

The 2011/12 dental health survey was much smaller than those carried out in previous years. It examined 169 out of 256 five year olds from a population of 4,120 children living in Cheshire East.

The 2011/12 survey found that 22.2% of five year old children had one or more decayed, missing or filled teeth, compared to 27.9% of children in England. The local percentage is almost the same level as in the previous survey carried out in 2007/08.

This latest survey places Cheshire East in the middle of the best quarter of authorities, an improved position from the survey in 2007/08, when Cheshire East was in the second quartile nationally.

Opportunities for improvement:
- Integrate oral health promotion messages into other health improvement programmes that cover common risk factors, including healthy eating (reduction of sugar in the diet). This should begin at a young age, as baby teeth start to come through at about six months of age.
- Providing oral health promotion training to health and social care staff working with in early years settings.
- Checking regularly with parents that their children use correct toothbrushes and fluoridated toothpaste.
- Families with young children should be encouraged to take them to the dentist for a check up.
- Schools can help to support a range of dental health initiatives in older children.

This national Public Health Outcome Indicator has been updated. The indicator previously measured the proportion of children with dental decay, but now measures the mean number of obviously decayed, missing (due to decay) and filled teeth in children aged five years.

In Cheshire East this represents 0.58 decayed teeth per child, compared to 0.94 teeth per child nationally.

The indicator is intended to encourage local authorities to focus on and prioritise oral health and oral health improvement.
The data in the table opposite relates to the previous Dental Survey carried out in 2007/08. The internal variation between the LAPs and CCGs is likely to still be representative of the current picture as the overall Cheshire East DMF score in the two surveys has remained very stable (22.3% in 2007/08 and 22.2% in 2011/12).

### Assets:
- Local dentists can help to identify and treat oral health problems before they can cause lasting damage
- Head teachers, school nurses and teachers can contact their local Primary Care Dental Service for further information about improving oral health, and obtain details of available materials and support

### What works?
- Brushing teeth for two minutes twice a day with fluoride toothpaste, and changing the toothbrush at least every three months
- Children up to 3 years old should use a toothpaste with a fluoride level of at least 1000ppm (parts per million). After three years old, they should use toothpaste that contains 1350ppm-1500ppm
- Initiatives such as water fountains in schools can help to support improvements in dental health. Healthy tuck shops and whole school ‘No Sweets’ policies mean that sugar-containing foods are much less available during the school day
- Fruit juices and fizzy drinks are acidic and can erode tooth enamel

### Further information:
British Dental Health Foundation: [www.dentalhealth.org.uk](http://www.dentalhealth.org.uk)

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**Children with one or more decayed, missing or filled tooth**

2007/08

<table>
<thead>
<tr>
<th></th>
<th>Number with one or more decayed, missing or filled tooth</th>
<th>Number of five year olds examined</th>
<th>Proportion with one or more decayed, missing or filled tooth</th>
<th>How many fewer children with one or more decayed, missing or filled tooth needed to achieve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congleton LAP</td>
<td>144</td>
<td>614</td>
<td>23.5%</td>
<td>0 0 96</td>
</tr>
<tr>
<td>Crewe LAP</td>
<td>112</td>
<td>554</td>
<td>20.2%</td>
<td>0 0 14</td>
</tr>
<tr>
<td>Knutsford LAP</td>
<td>29</td>
<td>123</td>
<td>23.6%</td>
<td>0 0 7</td>
</tr>
<tr>
<td>Macclesfield LAP</td>
<td>110</td>
<td>434</td>
<td>25.3%</td>
<td>0 0 34</td>
</tr>
<tr>
<td>Nantwich LAP</td>
<td>20</td>
<td>219</td>
<td>12.0%</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Poynton LAP</td>
<td>23</td>
<td>119</td>
<td>15.3%</td>
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<tr>
<td>Wilmslow LAP</td>
<td>63</td>
<td>219</td>
<td>28.8%</td>
<td>0 6 24</td>
</tr>
<tr>
<td>Eastern Cheshire CCG</td>
<td>291</td>
<td>1157</td>
<td>25.2%</td>
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</tr>
<tr>
<td>South Cheshire CCG</td>
<td>218</td>
<td>1125</td>
<td>19.4%</td>
<td>0 0 35</td>
</tr>
<tr>
<td>Cheshire East</td>
<td>509</td>
<td>2282</td>
<td>22.3%</td>
<td>0 6 117</td>
</tr>
</tbody>
</table>