Children’s Dental Health Survey 2013

Health Surveys User Group,
11th July 2013
Children’s Dental Health Survey (CDHS)

- Commissioned by Health and Social Care Information Centre
  - Supported by devolved administrations
  - Steering group
- 2013 survey consortium led by ONS
  - NatCen and NISRA
  - Universities: Birmingham, Cardiff, Newcastle, UCL, KCL
  - Carried out 2009 Adult Dental Health Survey
- Latest in a series that began in 1973
  - Every ten years
- Tracks the dental health of children in the UK, using dental examinations and questionnaires
CDHS - Fifth survey in the series

1983
- The percentage of 15-year-olds with cavities into dentine: 42 per cent
- Mean average number of filled primary teeth in five-year-olds: 0.5

1993
- The percentage of 15-year-olds with cavities into dentine: 30 per cent
- Mean average number of filled primary teeth in five-year-olds: 0.3

2003
- The percentage of 15-year-olds with cavities into dentine: 13 per cent
- Mean average number of filled primary teeth in five-year-olds: 0.2

2013
- The percentage of 15-year-olds with cavities into dentine: ?
- Mean average number of filled primary teeth in five-year-olds: ?
Survey design: the sample

• England, Wales, N Ireland
• Probability sample of primary and secondary schools
  – Clustered
  – Over-sampling of deprived schools (defined by FSM uptake)
  – Replacement sample available
• Children aged 5, 8, 12, 15
• Target sample: 10,000 children in 670 schools
  – Questionnaire data from 6,000 parents
  – Questionnaire data from 4,650 pupils (aged 12 and 15)
Survey design: methods

• Dental examination in school setting
• Questionnaires
  – Parents of all children (postal and web)
  – 12 and 15 year olds (paper)
• Consents
  – Opt-in consent for parents of 5 and 8 year olds
  – Opt-out consent for parents of 12 and 15 year olds
  – Informed consent by participating children
• Ethical review
Survey development

• Survey commissioned late 2012
• Jan-Feb 2013: consultation
  – Meetings, individual conversations, emails
  – Dental professionals, including professional bodies
  – School staff, pupils, parents
• Questionnaire and examination priorities identified
  – Reflect current concerns
  – Maintain continuity with past surveys
• April-May: cognitive testing of questionnaires
• May-July: field pilot
• August-September: review and revision
Data collection

- From June: recruitment of schools
- Sept: materials and protocols finalised
- Sept-Oct: training of dental examiners and nurses
  - Calibration
- From Sept: liaise with schools, sample pupils (ONS int’s)
- From Oct: data collection
  - Dental examinations
  - Pupil and parent questionnaires complete
- March 2014: main fieldwork complete
Outputs

- Jan-July 2014: data processing
- July-Dec 2014: analysis
- Early 2015: survey reports
- Early 2015: data archived
Dental examination

• Carried out by dental examiner and nurse
• Possible content
  – Tooth condition
  – Tooth surface loss
  – Enamel defects (12 year olds only)
  – Accidental damage to permanent upper incisors
  – Periodontal condition (extended for 15 year olds)
  – Orthodontic treatment need
  – PUFA (measure of advanced sepsis)
• Feedback to parents
  – Protocol in case of serious pathology
Parent questionnaire

• Postal questionnaire with web option
• Sent to parents via schools
  – Reminders
• Possible content
  – NHS services: access, pattern of use, satisfaction
  – Treatments received, including orthodontic treatment
  – Oral health behaviours
  – Anxiety
  – Impact on family
  – Parent’s dental service use, socio-economic status
• No data linkage request
Pupil questionnaire

• 12 and 15 year olds
• Completed during examination session
  – Paper questionnaire
  – Importance of confidentiality
• Possible content
  – General and dental health, including any problems
  – Satisfaction with appearance of teeth
  – Impact of oral health
  – Oral health behaviour (dental visits, teeth cleaning, diet)
  – Smoking, drinking
  – Sources of helpful information
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