Child Dental Health Survey 2013

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on behalf of the CDHS consortium
2013 Child Dental Health Survey

- Fifth in series since 1973
- Commissioned by the Health and Social Care Information Centre
- Carried out by a consortium led by ONS
  - NatCen and NISRA
  - Universities: Birmingham, Cardiff, KCL, Newcastle, UCL
- Complements wider evidence base
2013 survey design

- England, Wales, Northern Ireland
- c.10,000 children aged 5, 8, 12, 15
  - sampled in schools
- Clinical examination
- Questionnaires
  - parents
  - pupils aged 12 and 15
2013: what was new?

- Scotland not included
- Opt-in consent for 5 and 8 year olds
- Questionnaires for 12 and 15 year olds
- Web option for parental questionnaire
- Data from schools on sampled pupils
Ensuring relevance and quality

• Consultations with stakeholders
  – dental public health community
  – teachers, pupils, parents

• Piloting
  – cognitive piloting of questionnaires
  – process pilot

• Examiner training and resources
  – calibration

• National Statistics status
Content: examination

- Tooth condition: focused on decay and its impact
- Periodontal (gum) health
- Orthodontic need and current treatment
- Other conditions
  - enamel defects
  - trauma to permanent teeth
  - surface loss
Content: parental questionnaire

• Maintaining good health: brushing, dental attendance
• NHS services: access, use, satisfaction
• Orthodontic treatment: demand and access
• Recent dental problems and treatment
• Impact of child’s oral health on family
• Classificatory data
Content: pupil questionnaire

- General health, overall dental health, specific problems
- Maintaining good health: brushing, dental attendance, diet, smoking, alcohol
- Satisfaction with appearance
- Impact of oral health problems
- Dental anxiety
- Sources of helpful information
Outcomes: response and consent

Positive

• Achieved expectations in most areas of response and exceeded in some
• Very high response to pupil questionnaire
• Good opt-in parental consent rate for examinations with younger children

Less positive

• Secondary schools difficult, especially in England
• Substantial decline in parent questionnaire response
• Decline in examination participation by younger children is likely to have caused bias, despite good response and robust weighting
  – unable to report trends for 5 and 8 year olds
Outcomes: accuracy of survey data

• Precision: impact of oversampling
  – Wales and Northern Ireland
  – targeting deprivation

• Precision: impact of clustering
  – population or examiner effect?

• Reliability: examiner effects
  – high levels agreement on key survey measures
  – less agreement on ‘harder to see’ conditions
Key findings

• Overall picture of improving health, but high burden of disease on those with decay
• Relationship between dental health outcomes and behaviour
• Impact of oral health on young people and families
• Inequalities
  – distribution of disease
  – patterns of behaviour
Want more?

• Reports published by HSCIC
  www.hscic.gov.uk/pubs/childdentalhealth
  – Five thematic reports
  – Country round-ups
  – Technical report

• Rich and detailed data set
  – data archiving in process
  – opportunities for further analysis