The Dental Health of Adults in Yorkshire and the Humber 2008
Contents

3.......Foreword
4.......Key messages
5.......Background
5.......Method
7.......Results
  7 ........Responses to the survey
  10 ........Demographic information
  10 ........Number of teeth and denture wearing
  12 ........Impact of the mouth on everyday life
  16 ........Perceived need for dental treatment
  17 ........Dental attendance
  20 ........Access to services
  27 ........Smoking status
29.......Concluding remarks
29.......References
30.......Appendices
Foreword

Primary Care Trusts (PCTs) are responsible for carrying out health needs assessments of the communities they serve. Statutory regulations require them to undertake regular surveys of oral health on an agreed national programme. During the year 2006/07 it was decided that there would be a gap in the programme of dental surveys of children. Strategic Health Authorities (SHAs) and PCTs were encouraged to use this opportunity as a 'year of innovation' during which they could undertake surveys identified to meet their local needs. In Yorkshire and Humber it was agreed to turn attention to adults, about whom there is little local information on their oral health. This survey is the first region-wide dental survey of adults ever carried out in the UK.

The Yorkshire and Humber Dental Public Health Observatory Group, including representatives from the Yorkshire and Humber Public Health Observatory, the SHA, PCTs and the Leeds and Sheffield Dental Schools, began planning the survey in 2006. It was a major task and involved devising a postal questionnaire which would be sent to over 25,000 people, and gaining the necessary approvals from the NHS bodies involved in research and ethics governance across 14 PCTs. As always this took longer than was first estimated, but due to the dedication and persistence of all those involved a large amount of useful information has been gathered.

This report provides an overview across the whole of the Yorkshire and Humber region, PCT reports are also available from www.yhpho.org.uk. Some of the results are unsurprising, showing trends that are similar to those seen in the national decennial surveys. It is perhaps disappointing that as many as 23% of participants stated that they have had difficulty finding a dentist. Every PCT in the region has an established mechanism for helping people to find an NHS dentist. Clearly many members of the public are not aware of the help they can get. Public perceptions are important and PCTs need to ensure that information about their helplines and other assistance is widely disseminated.

In 2009/10 the Department of Health has again given a substantial additional allocation to PCTs for dental care. I hope that PCTs will find the information from this survey helpful in making their commissioning decisions to ensure that this funding is targeted to where it can do most to improve oral health and reduce inequalities.

Finally, I would like to thank the members of the Yorkshire and Humber Dental Public Health Observatory Group for all their hard work in making the whole thing possible.

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Key messages

- This self-reported postal survey provides SHA-wide and PCT level oral health data relating to adults in Yorkshire and Humber.
- The survey results provide information that PCTs can use to inform the commissioning of oral health services and oral health related initiatives for adults.
- The survey achieved a response rate of 43%, similar to many recent lifestyle surveys. Data were weighted according to PCT size, sex, age and deprivation.
- Those living in the most deprived areas of the region reported poorer oral health and more difficulties with access to dental services.
- Only 8% of the SHA population were found to be edentate (i.e. have no natural teeth); however levels of edentulousness increased with age and were higher in women and those living in areas of deprivation.
- A quarter of adults in Yorkshire and Humber rated their oral health as fair, poor or very poor.
- 29% of participants reported that they had painful aching in their mouths occasionally or more often in the last year. This varied around the region from 23% in East Riding to 35% in Bradford and Airedale.
- Only 25% of participants felt they needed treatment. The national Adult Dental Health Survey in 1998 reported 44% felt they needed treatment.
- 80% reported attending in the last 2 years. Frequency of attendance varied by age and sex with younger males being the least likely to attend. Lower levels of attendance were reported in the most deprived areas.
- 23% reported difficulties in gaining access to routine dental care and 18% to emergency dental care. Difficulties with access were related to the limited availability of NHS care and varied by PCT and deprivation quintile.
- Approximately 18% of participants reported currently smoking, ranging from 9% of those from the least deprived areas to 26% in the most deprived. The General Household Survey in 2007 reported a smoking prevalence of 22% in Yorkshire and Humber.
Background

National surveys of the dental health of adults have been undertaken every ten years since 1968 in England and Wales, and in the whole of the UK in 1978 and 1998. The next national survey will take place in 2009. As well as providing information on the state of adults’ teeth and oral health, they also indicate changes over time. The data for England were subdivided into three regions (Northern, Midlands and Southern), with little usable detail at the Primary Care Trust (PCT) or Strategic Health Authority (SHA) level.

In 2006, the Yorkshire and Humber Dental Public Health Observatory Group began planning a postal survey of adults. It aimed to provide SHA and PCT level information on the self-reported oral health of adults living in the Yorkshire and Humber region. The survey was designed to inform the commissioning of oral health services and oral health-related initiatives by PCTs.

The postal survey was conducted in the spring of 2008. This report describes the methods used and the results across the SHA. The report does not attempt to explain or discuss the findings as each PCT will want to interpret their data in the light of local circumstances. Detailed results for each PCT are available from http://www.yhpho.org.uk.

Method

The questionnaire

The questionnaire was developed to:

- establish self-reported oral health status and the impact of the mouth on everyday life
- elicit adults’ experience of using oral health services
- estimate the demand for dental care
- establish the prevalence of smoking and the proportion intending to quit.

The results can be broken down according to the sex and age of participants and the deprivation level of the neighbourhood in which they live.

To allow comparison, the questionnaire included some questions from the most recent national Adult Dental Health Survey (Kelly et al., 1998). It was piloted in several stages with over 50 adults from a range of ages and backgrounds. The format and wording of questions were amended on the basis of their suggestions (Appendix A).

Ethical and research governance procedures

The survey was sponsored by Bradford and Airedale Teaching PCT. Ethical approval was provided by Bradford Research Ethics Committee, which covered all 14 participating PCTs in the region. Amendments were made to the survey method following comments from the Ethics Committee. A site-specific assessment was carried out for each PCT with 14 local PCT collaborators identified. Research governance approval was sought and received from each PCT.

Sample size

Key information required by PCTs included the proportion of participants that have difficulty accessing dental services and those perceiving they need dental care. Earlier UK studies reported 15% of adults had difficulty with access (Robinson et al., 1998) and 25% perceived they needed treatment (Kelly et al., 1998). Based on these data, precision estimates indicated an intended sample of 1,080 participants would provide 95% confidence that the population proportion would be 15% +/-6% (access difficulties) and 25% +/-7% (perceived need for treatment). This level of precision was regarded as acceptable.

Health and lifestyle surveys achieve variable response rates (Owen-Smith et al., 2008). Assuming 40% of those sampled would not respond, an intended sample of approximately 1,800 participants was required per PCT.
The accessible population included all adults (aged 16 and over) registered with a General Medical Practitioner and resident in a PCT within the Yorkshire and Humber region. The sampling frame used was provided by NHS Connecting for Health. Each PCT gave permission to sample their population. This required data access agreements between the Yorkshire and Humber Public Health Observatory (YHPHO) and all PCTs in the SHA. The Caldicott Guardian for each PCT was required to sign the access agreement before the sample could be drawn.

Before proceeding with the survey, a trial sample was requested from Connecting for Health for each PCT to ensure the requirements of the survey were met and that the sample matched the expected demographic profile of each population. The sample was found to be adequate for the survey requirements. The day before the mailing of the questionnaires commenced, a final random sample was drawn from NHS Connecting for Health of 1,800 persons per PCT, a total of 25,200 people from the Yorkshire and Humber region. The questionnaires were mailed in stages over the next seven days.

An NHS approved survey company (PatientPerspective) was contracted to administer the mailing, provide interpreters and enter the data from the questionnaires. To protect the personal details of the study population only the two Directors of PatientPerspective had access to this information and they both held honorary contracts with Bradford and Airedale Teaching PCT.

Where possible, the survey used methods identified as maximizing response rates (Edwards et al., 2007). Questionnaires and appropriate covering letters were posted to the selected individuals inviting them to participate. Stamped addressed envelopes were provided. Non-respondents were sent two reminders (at 3-4 week intervals). Between mailings NHS Connecting for Health provided details of recent deaths in the study population so that reminders were not sent. Individuals who did not wish to participate in the survey were instructed to return their questionnaires uncompleted so that they could be excluded from further mailings.

The questionnaires were mailed in envelopes bearing the NHS logo. The covering letter was addressed and personalised to the participant and bore the logo of the relevant PCT. Details were provided, in English and 20 other languages, of a telephone helpline (with interpreters available) for participants who needed assistance to complete the questionnaire. A dedicated email address for queries was also offered.

Before analysis the data were weighted. Weighting was required for two reasons. Firstly, each PCT received the same number of questionnaires regardless of size and therefore some PCTs were over-represented and some were under-represented. Secondly, the weighting was designed to take account of variable response rates by sex, age and deprivation (see ‘Response rates’ section below).

Weighting was carried out using the most straightforward approach, known as ‘cell weighting’. For example, if X% of the Yorkshire and Humber responses were 16-24 year old males from the most deprived quintile of Rotherham, and Y% of the Yorkshire and Humber population are 16-24 year old males from the most deprived quintile of Rotherham, then the number of 16-24 year old males in the most deprived quintile of Rotherham is weighted by a factor of Y/X.

Descriptive statistics were produced for responses to each question. The data are presented by PCT and also, where relevant, by sex, age group and deprivation. There are also comparisons with data from other surveys. Data were analysed using SPSS (Statistical Package for the Social Sciences) and STATA.

Deprivation was measured based on the Index of Multiple Deprivation (IMD) score of the neighbourhood in which participants lived (Department of Communities and Local Government, 2007). The ‘least deprived’ and ‘most deprived’ quintiles consist of those neighbourhoods falling among the least or most deprived 20% in England, according to the Index of Multiple Deprivation 2007.
Results

Responses to the survey

Response rates

In Yorkshire and Humber as a whole, 10,864 out of 25,200 questionnaires were returned completed, representing a response rate of 43.1% (Figure 1). This response rate is similar to that achieved by other lifestyle surveys (Owen-Smith et al. 2008). The reasons for non-participation were known for a small number of non-responders and included undelivered questionnaire, change of address, illness, death or opting out.

Figure 1

![Response outcome in Yorkshire and Humber](image1)

The response rate across Yorkshire and Humber ranged from 50.5% in East Riding of Yorkshire to 37.2% in Hull (Figure 2).

Figure 2

![Response rate by PCT in Yorkshire and Humber](image2)
Figure 3 shows the response rate by age and sex in Yorkshire and Humber. Higher response rates were achieved in older age groups; the response rate for those aged 16 to 34 was approximately half that of those aged 65 to 74. The overall response rates by sex were 38.3% for men and 47.7% for women. The response rate was generally higher in women, except for those aged 65 and over.

Figure 3

Figure 4 illustrates response rate by deprivation. It is based on national quintiles using the Index of Multiple Deprivation 2007. There were higher response rates (49.8%) from those living in the least deprived areas compared with those living in the most deprived areas (33.9%).

Figure 4
Unlike age, sex and deprivation, there were no data on the ethnic profile of the sampling frame. It can be assumed that a random sample of the population will be similar to the Office of National Statistics (ONS) estimated ethnicity population profiles. Figures 5 and 6 compare the self-reported ethnicity of participants and the estimated ONS ethnic populations for Yorkshire and Humber. A higher response rate from the White group appears to have been achieved compared with Black and Minority Ethnic (BME) groups.

Figure 5

Ethnicity of participants compared with ONS ethnic population estimates (2006)* in Yorkshire and Humber

Figure 6

Percentage of participants from BME groups by PCT compared with ONS estimated population in BME groups 2006*
Demographic information
Of the 10,864 who responded, 4,832 (44.2%) were male and 6,032 (55.8%) were female. Table 1 shows the age profile of participants.

<table>
<thead>
<tr>
<th>Age Group (yrs)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>9.1</td>
</tr>
<tr>
<td>25-34</td>
<td>10.8</td>
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<tr>
<td>35-44</td>
<td>15.7</td>
</tr>
<tr>
<td>45-54</td>
<td>17.7</td>
</tr>
<tr>
<td>55-64</td>
<td>19.4</td>
</tr>
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<td>65-74</td>
<td>15.4</td>
</tr>
<tr>
<td>75 and over</td>
<td>11.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2 shows the deprivation profile for those participants where a postcode was available.

<table>
<thead>
<tr>
<th>National Deprivation Quintile</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least deprived</td>
<td>13.2</td>
</tr>
<tr>
<td>Less deprived</td>
<td>21.8</td>
</tr>
<tr>
<td>Average</td>
<td>20.2</td>
</tr>
<tr>
<td>More deprived</td>
<td>20.0</td>
</tr>
<tr>
<td>Most deprived</td>
<td>24.8</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Number of teeth and denture wearing

Number of teeth
Oral health status was assessed simply by asking participants whether they had natural teeth, and if so, how many natural teeth they had remaining. The presence of twenty or more teeth is usually used as an indicator of whether an individual has a ‘functional’ dentition (Kelly et al., 1998).

Ninety-two per cent of participants had one or more natural teeth. In 1998, 87% of UK adults had one or more natural teeth (Kelly et al., 1998). Figure 7 shows how the number of teeth varies with sex, age and deprivation. Although the proportion with no natural teeth (edentate) was low, nearly 40% of participants 75 years and older were in this category.

Older and female participants were more likely to be edentate (Appendix B) which is consistent with national data (Kelly et al., 1998). Inequalities relating to deprivation also existed with 10.8% of those who lived in the most deprived quintile of England being edentate compared to 4.8% living in areas in the least deprived quintile. Again, similar findings were reported in the National Survey (Kelly et al., 1998).
Denture wearing

Across the region, 21.1% and 12.1% of adults wore an upper and a lower denture respectively which replaced some or all of their natural teeth (Figure 8). The proportion wearing an upper denture ranged from 18.9% in Kirklees to 25.7% in North East Lincolnshire, and the proportion wearing a lower denture ranged from 10.9% in Kirklees to 14.0% in Barnsley and North East Lincolnshire. These data include both complete and partial dentures.

Figure 8
The questionnaire enquired about the impact of the mouth on everyday life. The first question was concerned with the overall health of the teeth, lips, jaws and mouth. A further three questions asked about the impact of oral health in terms of the frequency, in the last 12 months, of pain, discomfort when eating and being self-conscious.

**Self-reported oral health**

Approximately a quarter (25.3%) of adults stated their oral health was fair, poor or very poor, ranging from 21.7% in North Yorkshire and York to 32.0% of participants in North East Lincolnshire (Figure 10).

**Impact of the mouth on everyday life**

The questionnaire enquired about the impact of the mouth on everyday life. The first question was concerned with the overall health of the teeth, lips, jaws and mouth. A further three questions asked about the impact of oral health in terms of the frequency, in the last 12 months, of pain, discomfort when eating and being self-conscious.
Self-reported oral health varied little by age (Appendix C), but did exhibit inequalities according to neighbourhood deprivation. 36.3% of participants living in the most deprived quintile of England reported fair, poor or very poor oral health compared to 18.3% of those living in the least deprived quintile (Figure 11).

**Figure 11**

Pain in the mouth
The percentage of participants reporting a painful aching in their mouths occasionally or more often in the last 12 months was 28.8%. The proportion varied by PCT from 23.0% for the East Riding of Yorkshire to 35.0% for Bradford and Airedale (Figure 12). These data are similar to that from the UK Adult Dental Health Survey where 28% reported occasional or more frequent pain (Kelly et al., 1998).

**Figure 12**
Although the frequency of pain was similar for each age group, participants living in areas in the most deprived quintile of England were more likely than those living in the least deprived quintile to report occasional or more frequent pain (37.7% vs 23.8%) (Figure 13).

Figure 13

Discomfort when eating
Approximately one-third of participants (32.8%) reported occasional or more frequent discomfort when eating because of problems with their teeth, mouth or dentures in the last 12 months. This ranged from 28.9% for participants in the East Riding of Yorkshire to 37.7% in Doncaster (Figure 14). The UK Adult Dental Health Survey in 1998 found 29% of dentate participants reporting occasional or more frequent discomfort when eating (Kelly et al., 1998).

Figure 14
Discomfort when eating varied little by age (Appendix D). Again, participants living in the most deprived areas were more likely to report experiencing impacts on eating (41.0%) than those living in the least deprived (27.0%) (Figure 15).

**Figure 15**

Self-consciousness

Overall, 29.1% of participants reported being self-conscious occasionally or more often in the last 12 months because of their teeth, mouth or dentures. This ranged from 23.1% in Calderdale to 33.8% in Bradford and Airedale (Figure 16). The UK Adult Dental Health Survey reported 23% of dentate adults being self-conscious about their mouths occasionally or more often (Kelly et al., 1998).

**Figure 16**
Self-consciousness varied little by age (Appendix E). Participants living in areas in the most deprived quintiles in England were more likely to report being self-conscious than those in the least deprived areas (37.5% v 23.3%) (Figure 17).

Figure 17

In summary, the impact of the mouth on everyday life varied little with age, but did vary between PCTs and according to deprivation quintile.

Perceived need for dental treatment
A quarter of participants (25.4%) felt they needed dental treatment, ranging from 22.1% in Sheffield to 32.1% in Hull (Figure 18). In addition, one quarter (24.5%) did not know whether they needed treatment. In 1998, the Adult Dental Health Survey found 44% of dentate adults perceived they needed treatment (Kelly et al., 1998).

Figure 18
More male (27.5%) than female participants (23.4%) perceived they needed dental treatment. Fewer participants living in areas in the least deprived quintiles in England reported they needed treatment than those living in the most deprived areas (19.3% v 35.0%) (Figure 19).

Figure 19

Dental Attendance

The questionnaire included items on the length of time since last visit to the dentist, reasons for dental attendance and difficulty obtaining dental care. The National Institute for Health and Clinical Excellence (NICE) guidelines state that adults should see a dentist at least once every two years (NICE, 2004).

Time since last visit to the dentist

Overall 80.3% of participants reported attending the dentist within the past two years, 7.5% attended between two and five years ago, 10.9% more than five years ago and 1.3% reported never attending. In 1998, 79.0% of adults reported attending the dentist within the past two years (Kelly et al., 1998). Data from the Information Centre (derived from FP17 forms submitted by dental practices) reported 52.9% of adults in the Yorkshire and Humber had seen an NHS dentist in the 24 months prior to the end of March 2008 (Information Centre, 2008).

In the survey, the proportion attending within the past two years varied by PCT (Figure 20), ranging from 72.2% in Hull to 84.8% in North Yorkshire and York.
Frequency of attendance of dentate participants varied by age, sex and deprivation with younger males being the least likely to attend in the last year (Figure 21). Almost two-thirds (65.7%) of those living in the most deprived areas reported attending in the past year compared with 86.7% of those living in the least deprived areas.

Of edentate participants, 32.5% had attended in the past two years, with 51.3% of the oldest edentate participants attending more than five years ago. Patterns of attendance of edentate participants did not vary with different deprivation quintiles (Appendix F).
Reasons for visiting the dentist

Overall, the most frequently reported reason for visiting the dentist was to have a regular dental check-up (68.9%). Among the dentate, this increased to 73.0%, compared with 59% from the Adult Dental Health Survey in 1998 (Kelly et al., 1998). About a fifth of participants (19.6%) only attended when they were having trouble, and 2.7% had never been to the dentist. The reasons for attendance varied by PCT, with participants in Hull the least likely to attend for regular check-ups (Figure 22).

Figure 22

The majority of dentate participants attended regularly for check-ups, with 16.7% only attending when having trouble and 1.6% reporting never having attended. Attendance varied with age, sex and deprivation; regular attendance for check-ups was more likely to be reported by females, those between the age of 45 and 74 and those living in the least deprived areas (Figure 23).

Figure 23
Edentate participants were more likely than dentate adults to attend only when having difficulties, or not at all. Overall, edentate participants were less likely to attend for regular check-ups (Appendix G).

**Access to Services**

**Difficulties getting routine care**

Difficulties gaining access to routine dental care were reported by 22.6% of all participants. The proportion that reported difficulties with access to routine care varied by PCT, ranging from 15.0% in Calderdale to 30.4% in North Lincolnshire (Figure 24).

Figure 24

As far as dentate participants are concerned, the younger age groups and those living in more deprived areas were most likely to report difficulty in gaining access to routine dental care (Figure 25). Edentate participants reported a similar overall level of difficulty, but there were no trends in response with age and deprivation (Appendix H).
Reasons for difficulty in accessing routine care

Across Yorkshire and Humber the most commonly reported reasons for participants being unable to access routine care was that there were “no dentists taking patients” (45.4%), “dentists only treating privately” (41.8%) and “treatment too expensive” (38.3%). However, the frequency of reporting of barriers varied by PCT (Appendix I).

Barriers to access to routine care also varied by age. Older participants were more likely to report journey-related difficulties, whereas the younger age groups tended to report inconvenient opening times (Figure 26).

When calculating the percentages shown, the numerator and denominator are both confined to participants who reported having difficulty.
Overall, 53.0% of those experiencing difficulties and living in the most deprived areas cited "dentists not taking patients" as a reason, compared with 37.5% of those living in the least deprived areas. In contrast, those living in the least deprived areas were more likely to report "dentists only treating privately" as a barrier to routine care (52.3%) (Figure 27).

Figure 27

Difficulties with access when having problems
The questionnaire also enquired about difficulties accessing dental care when people were having problems with their teeth or mouths. Overall 17.8% of all participants in Yorkshire and Humber reported having such difficulties. This varied from 13.2% in Calderdale to 23.3% in Bradford and Airedale (Figure 28).

Figure 28
As far as dentate participants are concerned, those who were younger and living in more deprived areas were more likely to report difficulties in accessing care when they had a problem (Figure 29).

Figure 29

Reasons for difficulties with access when having problems

As with access to routine care, the most frequently reported barrier to care when having problems (for dentate and edentate participants combined) was “no dentists taking patients” (50.1%), followed by “dentists only treating privately” (42.5%) and “treatment too expensive” (36.7%), although the frequency of these varied considerably by PCT (Appendix J). Older participants were more likely to report journey difficulties as a barrier to care when having problems (Figure 30). Similarly, those participants living in more deprived areas reported “no dentists taking patients” more frequently as a barrier (Figure 31).

When calculating the percentages shown, the numerator and denominator are both confined to participants who reported having difficulty.
Other sources of help
Of those participants reporting difficulty getting dental care when they are having problems, 20% sought help from a pharmacist, 10.2% from a doctor, 9.0% from Accident and Emergency Departments and 13.1% from another source. There were some differences observed between men and women, with 11.1% of male participants in this position seeking help from Accident and Emergency Departments compared to 7.2% of females (Figure 32).

When calculating the percentages shown, the numerator and denominator are both confined to participants who reported having difficulty.
Younger participants were also more likely to consult Accident and Emergency Departments and pharmacists than their older counterparts (over 55 years) (Figure 33). 

Differences in sources of help were also noted between those living in the most deprived and least deprived areas (Figure 34). Those living in the most deprived areas were more likely to seek help from a doctor or pharmacist.
Figure 34

Dental care for children

Approximately 16.5% of those participants with children reported problems getting NHS dental care for their children, ranging from 6.7% in Calderdale to 29.0% in East Riding of Yorkshire (Figure 35). The question specified that difficulties accessing orthodontic treatment should not be included. Reported problems with access to dental care for children did not vary significantly by deprivation.

Figure 35
Smoking status
Questions enquiring about smoking were included in the questionnaire because of the impact of smoking on oral health. Approximately 17.5% of participants reported smoking at present, ranging from 12.6% in East Riding of Yorkshire to 25.8% in Hull (Figure 36). In 2007, the General Household Survey found a smoking prevalence of 22% in the Yorkshire and Humber region (Office for National Statistics, 2007).

More male participants (18.5%) than females smoked (16.6%). Smoking was most prevalent in those under 55 years of age. The proportion who smoked ranged from 8.8% of those living in the least deprived areas to 26.4% in the most deprived (Figure 37).

Figure 36

Figure 37
Of those who reported smoking, 7.9% intended to quit within the next month. Overall, intention to quit was lower amongst older participants and those living in more deprived areas (Figure 38).

Figure 38

Smokers were asked whether they had received advice from healthcare professionals to quit smoking. Analysis of responses revealed inconsistent interpretation of this question. Participants indicated that advice had been provided by doctors (21.0%), GP nurses (14.2%), NHS Stop Smoking Services (9.0%), dentists (6.8%), dental care professionals (2.1%), pharmacy teams (1.5%), midwives (1.1%) and health visitors (0.6%). Nearly three percent (2.9%) of smokers had been given advice by other healthcare professionals and 58.5% of smokers reported not receiving any advice. Sources of advice apparently differed between sexes (Figure 39), age groups and different areas of deprivation.

Figure 39
Concluding remarks

- This is the first SHA-wide survey of the oral health of adults in the UK. The findings are available at PCT level and can be used to inform local planning and commissioning of services.
- The findings demonstrate variations in reported oral health status, experiences of using oral health services, and demand for dental care according to PCT.
- There is evidence of inequalities between more and less deprived neighbourhoods in respect of various aspects of self-reported oral health and oral health care services.
- This study provides baseline levels of oral health status and access to services that should be used in the future to monitor the effectiveness of PCT commissioning strategies and oral health initiatives.

References


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Editors

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Brian Ferguson
Appendices
Appendix A

Yorkshire & The Humber Adult Oral Health Questionnaire 2008

Your responses to this survey are very important to us - they will help us to plan your local dental services.

Section 1
This section asks questions about you.

Q1. What is your sex? (Please tick)
   - [ ] Male
   - [x] Female

Q2. How old are you (in years)?

Q3. What is your postcode?
   [ ] [ ] [ ] [ ] [ ] [ ]
   For example: LN1 2SU

Section 2
This section asks questions about the health of your mouth.

Q4. Would you say that the health of your teeth, lips, jaws and mouth is:
   (please tick one)
   - [ ] Excellent?
   - [ ] Very good?
   - [ ] Good?
   - [ ] Fair?
   - [ ] Poor?
   - [ ] Very poor?

Q5. Have you still got some of your natural teeth?
   - [ ] Yes → Go to Q6
   - [ ] No → Go to Q7

Q6. Adults can have up to 32 natural teeth but over time some people lose some of them. How many natural teeth have you got?
   - [ ] Fewer than 10
   - [ ] Between 10 & 19
   - [ ] 20 or more

Q7. Do you have a denture (plate) in your upper jaw?
   - [ ] Yes
   - [ ] No

Q8. Do you have a denture (plate) in your lower jaw?
   - [ ] Yes
   - [ ] No

Q9. In the last 12 months have you had a painful ache in your mouth? (Please tick one)
   - [ ] Never
   - [ ] Hardly ever
   - [x] Occasionally
   - [ ] Fairly often
   - [ ] Very often
Q10. In the last 12 months, have you found it uncomfortable to eat any foods because of problems with your teeth, mouth or dentures? (Please tick one)
- □ Never
- □ Hardly ever
- □ Occasionally
- □ Fairly often
- □ Very often

Q11. In the last 12 months, have you been self-conscious because of your teeth, mouth or dentures? (Please tick one)
- □ Never
- □ Hardly ever
- □ Occasionally
- □ Fairly often
- □ Very often

Section 3

This section asks questions about visiting the dentist and smoking.

Q12. About how long ago was your last visit to the dentist? (Please tick one)
- □ Up to 1 year ago
- □ Between 1 and 2 years ago
- □ Between 2 and 5 years ago
- □ More than 5 years ago
- □ Never been

Q13. In general, why do you go to the dentist? (Please tick one)
- □ To have a regular check-up
- □ To have an occasional check-up
- □ Only when you have trouble with your teeth
- □ Never been

Q14. Is it difficult for you to get routine (e.g. check-up and fillings) dental care? (Please tick one)
- □ Yes → Go to Q15
- □ No → Go to Q16
- □ Don’t know/Can’t Remember → Go to Q16

Q15. If you answered yes to Q14, what makes it difficult? (Please tick all that apply)
- □ Scared of dentists/treatment
- □ Lack of time/convenient surgery opening hours
- □ Difficult to make the journey to the dentist
- □ Treatment too expensive
- □ No local dentist
- □ No dentists taking patients
- □ Dentists only treating privately
- □ Don’t know
- □ Other (please give details below)

Q16. Is it difficult for you to get dental care if you are having problems?
- □ Yes → Go to Q17
- □ No → Go to Q19
- □ Don’t know → Go to Q19
Q17. If you answered yes to Q16, what makes it difficult? (Please tick all that apply)

- Scared of dentists/treatment
- Lack of time/inconvenient surgery opening hours
- Difficult to make the journey to the dentist
- Treatment too expensive
- No local dentist
- No dentists taking patients
- Dentists only treating privately
- Don’t know
- Other (please give details below)

Q18. If you answered yes to Q16, have you found it necessary to get help from someone else when you are having problems? (Please tick all that apply)

- No
- Accident and emergency
- Doctor
- Pharmacist
- Other (please give details below)

Q19. Are you the parent/carer of a child under 18 years of age?

- Yes ➔ Go to Q20
- No ➔ Go to Q22

Q20. Have you had any problems getting NHS dental care for your child? (not including having their teeth straightened with braces)? (Please tick one)

- No, I have not had problems
- Yes, I have had problems
- I have not tried to get NHS dental care for my child

Q21. If you answered “yes” to Q20, please give details

Q22. If you went to the dentist tomorrow, do you think you would need treatment?

- I would need treatment
- I would not need treatment
- Don’t know

Q23. Do you smoke cigarettes at all nowadays?

- Yes ➔ Go to Q24
- No ➔ Go to Q25

Q24. If you answered yes, which of the following statements best describes you? (Please tick one)

- I intend to give up smoking within the next month
- I intend to give up smoking within the next 6 months
- I intend to give up smoking within the next year
- I intend to give up smoking, but not in the next year
- I intend to give up smoking but I’m not sure when
- I don’t intend to give up smoking
Q25. In the last 12 months, if you have received any advice from healthcare professionals on giving up smoking, please state who gave it (Please tick all that apply):

- [ ] I have not smoked in the last 12 months
- [ ] NHS Stop Smoking Service
- [ ] GP nurse
- [ ] Doctor
- [ ] Pharmacy team
- [ ] Dentist
- [ ] Dental nurse / hygienist / therapist
- [ ] Midwife
- [ ] Health visitor
- [ ] Other healthcare professional
- [ ] I have not received any advice

Q26. If you have any other comments regarding your oral health or dental services, please feel free to give them below:

Q27. Finally, to check that everyone’s views are included, please could you tell us your ethnic group? (Please tick one)

**WHITE**
- [ ] British
- [ ] Irish
- [ ] Any other White background

**MIXED**
- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other Mixed background

**ASIAN OR ASIAN BRITISH**
- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Any other Asian background

**BLACK OR BLACK BRITISH**
- [ ] Caribbean
- [ ] African
- [ ] Any other Black background

**CHINESE OR OTHER ETHNIC GROUP**
- [ ] Chinese
- [ ] Any other ethnic group

Thank you for your help

Please return your completed questionnaire in the FREEPOST envelope provided

The information you have given will be kept confidential
### Appendix B

**Number of teeth by age for Yorkshire and Humber**

<table>
<thead>
<tr>
<th></th>
<th>16-24 (%)</th>
<th>25-34 (%)</th>
<th>35-44 (%)</th>
<th>45-54 (%)</th>
<th>55-64 (%)</th>
<th>65-74 (%)</th>
<th>75+ (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td>No teeth</td>
<td>2.9</td>
<td>1.2</td>
<td>0.5</td>
<td>3.2</td>
<td>8.2</td>
<td>18.1</td>
<td>31.9</td>
</tr>
<tr>
<td></td>
<td>Fewer than 10</td>
<td>2.3</td>
<td>2.9</td>
<td>2.5</td>
<td>3.7</td>
<td>6.6</td>
<td>9.7</td>
<td>16.6</td>
</tr>
<tr>
<td></td>
<td>Between 10 and 19</td>
<td>5.9</td>
<td>7.7</td>
<td>7.7</td>
<td>13.2</td>
<td>22.9</td>
<td>28.6</td>
<td>27.6</td>
</tr>
<tr>
<td></td>
<td>20 or more</td>
<td>88.3</td>
<td>86.7</td>
<td>88.6</td>
<td>79.3</td>
<td>61.1</td>
<td>42.3</td>
<td>22.4</td>
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<tr>
<td></td>
<td>Number Unknown</td>
<td>0.6</td>
<td>1.5</td>
<td>0.7</td>
<td>0.6</td>
<td>1.2</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>No teeth</td>
<td>2.2</td>
<td>0.9</td>
<td>0.9</td>
<td>1.7</td>
<td>7.4</td>
<td>19.9</td>
<td>44.3</td>
</tr>
<tr>
<td></td>
<td>Fewer than 10</td>
<td>1.7</td>
<td>0.9</td>
<td>1.7</td>
<td>3.1</td>
<td>4.9</td>
<td>11.4</td>
<td>13.3</td>
</tr>
<tr>
<td></td>
<td>Between 10 and 19</td>
<td>3.7</td>
<td>5.9</td>
<td>8.2</td>
<td>13.1</td>
<td>24.6</td>
<td>29.8</td>
<td>23.9</td>
</tr>
<tr>
<td></td>
<td>20 or more</td>
<td>90.2</td>
<td>91.6</td>
<td>87.5</td>
<td>80.1</td>
<td>61.9</td>
<td>37.5</td>
<td>17.7</td>
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<tr>
<td></td>
<td>Number unknown</td>
<td>2.2</td>
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<td>1.7</td>
<td>2</td>
<td>1.2</td>
<td>1.4</td>
<td>0.8</td>
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### Appendix C

**Self reported oral health by age**

<table>
<thead>
<tr>
<th></th>
<th>16-24 (%)</th>
<th>25-34 (%)</th>
<th>35-44 (%)</th>
<th>45-54 (%)</th>
<th>55-64 (%)</th>
<th>65-74 (%)</th>
<th>75+ (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Persons</strong></td>
<td>Excellent</td>
<td>15.7</td>
<td>10.7</td>
<td>10.8</td>
<td>8.4</td>
<td>6.8</td>
<td>8.7</td>
<td>8.2</td>
</tr>
<tr>
<td></td>
<td>Very good</td>
<td>31.5</td>
<td>27.3</td>
<td>28.3</td>
<td>26.1</td>
<td>29.3</td>
<td>32.5</td>
<td>29.1</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>30.8</td>
<td>35.6</td>
<td>35.5</td>
<td>38.1</td>
<td>36.9</td>
<td>36.4</td>
<td>36.1</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>15.3</td>
<td>18.4</td>
<td>16.2</td>
<td>18.4</td>
<td>19.3</td>
<td>17.4</td>
<td>20.8</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>5.2</td>
<td>5.6</td>
<td>7.0</td>
<td>6.2</td>
<td>5.9</td>
<td>4.0</td>
<td>4.7</td>
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<tr>
<td></td>
<td>Very poor</td>
<td>1.5</td>
<td>2.4</td>
<td>2.2</td>
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<td>1.8</td>
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### Appendix D

**Self-reported discomfort when eating by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>16-24 (%)</th>
<th>25-34 (%)</th>
<th>35-44 (%)</th>
<th>45-54 (%)</th>
<th>55-64 (%)</th>
<th>65-74 (%)</th>
<th>75+ (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>48.5</td>
<td>43.5</td>
<td>46.4</td>
<td>42.3</td>
<td>41.6</td>
<td>44.4</td>
<td>38.8</td>
<td>44.0</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>22.7</td>
<td>23.6</td>
<td>20.2</td>
<td>23.1</td>
<td>25.2</td>
<td>24.7</td>
<td>24.5</td>
<td>23.2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>19.4</td>
<td>25.0</td>
<td>24.1</td>
<td>26.0</td>
<td>25.6</td>
<td>23.8</td>
<td>25.7</td>
<td>24.1</td>
</tr>
<tr>
<td>Fairly often</td>
<td>5.6</td>
<td>4.8</td>
<td>6.2</td>
<td>5.3</td>
<td>3.9</td>
<td>4.1</td>
<td>6.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Very often</td>
<td>3.9</td>
<td>3.2</td>
<td>3.2</td>
<td>3.3</td>
<td>3.7</td>
<td>3.0</td>
<td>4.4</td>
<td>3.5</td>
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### Appendix E

**Reported self-consciousness by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>16-24 (%)</th>
<th>25-34 (%)</th>
<th>35-44 (%)</th>
<th>45-54 (%)</th>
<th>55-64 (%)</th>
<th>65-74 (%)</th>
<th>75+ (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>55.1</td>
<td>53.5</td>
<td>54.5</td>
<td>51.5</td>
<td>56.4</td>
<td>63.1</td>
<td>60.6</td>
<td>55.7</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>16.3</td>
<td>14.1</td>
<td>14.1</td>
<td>15.9</td>
<td>16.6</td>
<td>13.8</td>
<td>15.0</td>
<td>15.2</td>
</tr>
<tr>
<td>Occasionally</td>
<td>16.5</td>
<td>19.9</td>
<td>18.5</td>
<td>19.1</td>
<td>17.3</td>
<td>14.6</td>
<td>15.7</td>
<td>17.6</td>
</tr>
<tr>
<td>Fairly often</td>
<td>8.1</td>
<td>6.0</td>
<td>6.7</td>
<td>6.7</td>
<td>4.5</td>
<td>4.4</td>
<td>4.7</td>
<td>6.1</td>
</tr>
<tr>
<td>Very often</td>
<td>4.1</td>
<td>6.5</td>
<td>6.2</td>
<td>6.8</td>
<td>5.1</td>
<td>4.0</td>
<td>4.0</td>
<td>5.4</td>
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</table>
Appendix F

Edentate participants: About how long ago was your last visit to the dentist?

<table>
<thead>
<tr>
<th>Time of last visit to the dentist</th>
<th>Male</th>
<th>Female</th>
<th>16-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75 and over</th>
<th>Least deprived</th>
<th>More deprived</th>
<th>Average</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 year ago</td>
<td>24.3</td>
<td>20.4</td>
<td>40.7</td>
<td>24.4</td>
<td>27.6</td>
<td>25.9</td>
<td>14.1</td>
<td>26.2</td>
<td>19.2</td>
<td>21.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Between 1 and 2 years ago</td>
<td>10.6</td>
<td>10.4</td>
<td>15.8</td>
<td>7.5</td>
<td>13.1</td>
<td>8.3</td>
<td>10.1</td>
<td>7.5</td>
<td>12.0</td>
<td>9.8</td>
<td>10.8</td>
</tr>
<tr>
<td>Between 2 and 5 years ago</td>
<td>17.7</td>
<td>16.3</td>
<td>17.6</td>
<td>17.7</td>
<td>13.6</td>
<td>16.2</td>
<td>18.1</td>
<td>23.8</td>
<td>13.8</td>
<td>17.6</td>
<td>15.6</td>
</tr>
<tr>
<td>More than 5 years ago</td>
<td>42.5</td>
<td>48.9</td>
<td>25.0</td>
<td>42.2</td>
<td>45.0</td>
<td>46.2</td>
<td>51.3</td>
<td>37.7</td>
<td>50.6</td>
<td>44.5</td>
<td>45.3</td>
</tr>
<tr>
<td>Never been</td>
<td>4.9</td>
<td>4.0</td>
<td>1.0</td>
<td>8.2</td>
<td>0.7</td>
<td>3.3</td>
<td>6.3</td>
<td>4.7</td>
<td>4.3</td>
<td>6.2</td>
<td>4.3</td>
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Appendix G

Edentate participants: In general, why do you go to the dentist?

<table>
<thead>
<tr>
<th>Reason for last visit to dentist</th>
<th>Male</th>
<th>Female</th>
<th>16-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75 and over</th>
<th>Least deprived</th>
<th>More deprived</th>
<th>Average</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have a regular check-up</td>
<td>17.2</td>
<td>19.0</td>
<td>28.5</td>
<td>27.9</td>
<td>19.6</td>
<td>19.6</td>
<td>13.6</td>
<td>25.7</td>
<td>17.0</td>
<td>14.4</td>
<td>17.1</td>
</tr>
<tr>
<td>To have an occasional check-up</td>
<td>10.5</td>
<td>7.7</td>
<td>8.8</td>
<td>7.7</td>
<td>14.1</td>
<td>11.8</td>
<td>5.8</td>
<td>6.0</td>
<td>10.7</td>
<td>9.6</td>
<td>6.5</td>
</tr>
<tr>
<td>Only when you have trouble with your teeth</td>
<td>53.9</td>
<td>57.5</td>
<td>58.4</td>
<td>52.3</td>
<td>59.6</td>
<td>54.6</td>
<td>55.5</td>
<td>56.1</td>
<td>56.6</td>
<td>53.7</td>
<td>59.1</td>
</tr>
<tr>
<td>Never been</td>
<td>18.4</td>
<td>15.8</td>
<td>4.4</td>
<td>12.2</td>
<td>6.7</td>
<td>13.9</td>
<td>25.2</td>
<td>12.2</td>
<td>15.7</td>
<td>22.2</td>
<td>17.3</td>
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Appendix H

Edentate participants: Difficulty accessing routine dental care and care when having problems

<table>
<thead>
<tr>
<th>Is it difficult for you to get routine dental care?</th>
<th>Sex</th>
<th>Age Group</th>
<th>Deprivation Quintile</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male %</td>
<td>Female %</td>
<td>16-44 %</td>
<td>45-54 %</td>
</tr>
<tr>
<td>Yes</td>
<td>17.2</td>
<td>20.8</td>
<td>23.3</td>
<td>31.2</td>
</tr>
<tr>
<td>No</td>
<td>47.0</td>
<td>41.6</td>
<td>54.6</td>
<td>42.3</td>
</tr>
<tr>
<td>Don't know / Can't remember</td>
<td>35.8</td>
<td>37.7</td>
<td>22.2</td>
<td>26.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is it difficult for you to get dental care if you are having problems?</th>
<th>Sex</th>
<th>Age Group</th>
<th>Deprivation Quintile</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male %</td>
<td>Female %</td>
<td>16-44 %</td>
<td>45-54 %</td>
</tr>
<tr>
<td>Yes</td>
<td>18.7</td>
<td>19.3</td>
<td>20.6</td>
<td>33.4</td>
</tr>
<tr>
<td>No</td>
<td>47.0</td>
<td>42.0</td>
<td>61.8</td>
<td>42.2</td>
</tr>
<tr>
<td>Don't know / Can't remember</td>
<td>34.3</td>
<td>38.8</td>
<td>17.6</td>
<td>24.4</td>
</tr>
</tbody>
</table>
## Appendix I

Reasons why people found they had difficulty in getting a dentist for routine care

<table>
<thead>
<tr>
<th>(Participants ticked all responses that applied)</th>
<th>Scared of dentists/treatment</th>
<th>Lack of time/inconvenient surgery</th>
<th>Difficult to make the journey to the dentist</th>
<th>Treatment too expensive</th>
<th>No local dentist</th>
<th>No dentists taking patients</th>
<th>Dentists only treating privately</th>
<th>Don’t know</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East Lincolnshire</td>
<td>23.7</td>
<td>14.9</td>
<td>8.6</td>
<td>40.4</td>
<td>26.6</td>
<td>54.7</td>
<td>45.9</td>
<td>1.0</td>
<td>17.3</td>
</tr>
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<td>North Lincolnshire</td>
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<td>12.3</td>
<td>6.6</td>
<td>34.4</td>
<td>16.7</td>
<td>57.9</td>
<td>44.7</td>
<td>0.3</td>
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<td>Rotherham</td>
<td>20.5</td>
<td>23.9</td>
<td>9.7</td>
<td>37.8</td>
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<td>47.1</td>
<td>36.2</td>
<td>1.6</td>
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<td>Calderdale</td>
<td>24.2</td>
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<td>9.6</td>
<td>41.3</td>
<td>13.7</td>
<td>33.8</td>
<td>39.4</td>
<td>1.4</td>
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<td>Barnsley</td>
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<td>28.8</td>
<td>9.8</td>
<td>36.0</td>
<td>11.1</td>
<td>40.7</td>
<td>28.7</td>
<td>3.0</td>
<td>22.4</td>
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<tr>
<td>Leeds</td>
<td>13.3</td>
<td>22.5</td>
<td>5.3</td>
<td>32.2</td>
<td>23.0</td>
<td>46.3</td>
<td>41.9</td>
<td>2.4</td>
<td>17.2</td>
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<td>Kirklees</td>
<td>18.9</td>
<td>27.4</td>
<td>8.7</td>
<td>47.8</td>
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<td>41.8</td>
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<td>9.5</td>
</tr>
<tr>
<td>Wakefield</td>
<td>21.0</td>
<td>27.6</td>
<td>9.0</td>
<td>35.7</td>
<td>11.1</td>
<td>44.6</td>
<td>34.9</td>
<td>1.2</td>
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Appendix J

Reasons why people found they had difficulty in getting a dentist when having problems

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<th>(Participants ticked all responses that applied)</th>
<th>Scared of dentists/treatment %</th>
<th>Lack of time inconvenient surgery opening hours %</th>
<th>Difficult to make the journey to the dentist %</th>
<th>Treatment too expensive %</th>
<th>No local dentist %</th>
<th>No dentists taking patients %</th>
<th>Dentists only treating privately %</th>
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