Medway Adult Oral Health Survey 2009

Dr Ann Palmer
Mrs Charlotte Brigden

Centre for Health Services Studies
University of Kent

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Tel. 01227 824057
Fax. 01227 827868
chssenquiries@kent.ac.uk
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Canterbury
Kent CT2 7NF

Tel: 01227 824057
E-mail: p.r.hampshire@kent.ac.uk
Fax: 01227 827868

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Acknowledgements

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I. Executive Summary

Background and Methodology

The aim of the oral health survey was to provide self-reported oral health information about Medway residents at a local level to inform commissioning and service development and to provide useful baseline information against which the success of oral health improvement programmes could be measured. This report presents the results of the Medway Adult Oral Health Survey, the first of its kind in this locality. The survey was based on a representative sample of people aged 16 and over living in Medway and registered with an NHS General Medical Practitioner (GP) in Medway.

A random sample was drawn, stratified by locality; sub-samples were taken in proportion to the size of each locality, resulting in a total sample of 8000. A self-completion postal survey was used asking a selection of questions from the National Adult Dental Health Survey in order to provide comparative baseline information on oral health of adults. Questions included Demographics, Self-Reported Oral Health Status, Dental Access and Attendance Pattern.

The true response rate was 39.7%, ranging from 41.1% in Gillingham / Rainham to 39.4% in Rochester / Strood and 37.9% in Chatham. There was a better response rate from women (46.1%) than men (33.1%), and with increasing age. A higher proportion of non-responders lived in the more deprived areas of Medway.

Demographics

This section sets out the profile of responders to the survey. Tables 5 and 6 summarise the demographic features of the sample, firstly by sex and then by age. Males comprised 41% of the sample and females 59%. In Gillingham and Rainham where 42.6% were male compared to 39.9% in Chatham and 39.2% in Rochester and Strood. The respondent profile included more people in the older age groups, increasing from 10.5% aged 16-24 and 11.3% aged 25-34 to 19.8% aged 55-64 and 24.1% aged 65 and over. Chatham had the youngest profile with 42.0% of responders aged under 45 compared to 36.2% in Gillingham and Rainham and 37.5% in Rochester and Strood.
Quintile 1 (most deprived) had more younger people and less older people, whilst quintiles 4 and 5 had fewer younger people and more older people. 91.7% of respondents said they were White, 3.2% Asian / Asian British and 1.7% Black / Black British. 25.9% of respondents had no formal qualification; 27.5% had O levels or GCSEs 5.2% ONC or BTEC, 8.6% A levels / highers, 8.9% had a higher qualification below degree level and 11.0% had a degree. 49.0% of those with no formal were aged 65 and over and 27.9% were aged 55-64. 52.7% of respondents were currently employed - 32.3% full time, 11.4% part time, 6.8% self employed. 26.3% said they were retired, 3.2% unemployed / looking for work, 4.2% unable to work because of disability or ill health, and 5.0% were caring for the home and family / dependents. 3.9% were students.

**Self Reported Oral Health Status**

The survey asked how many teeth people had including crowns. 325 respondents (10.5%) did not answer this question. The range for the number of natural teeth was 0 to 32 with a mean of 23.14 and a median of 26. 4.5% of the sample said they had no teeth; 16.2% estimated they had less than 20 teeth and 69.6% reported they had 20 or more. 77.5% of those with no teeth were aged 65 and over. 6.2% of the responders in the most deprived quintile were edentulous reducing to 3.6% amongst the least deprived quintile. People with no formal qualification (and likely to be older) were more likely to be edentulous.

The mean number of teeth for dentate adults was above 27.0 until age 44, then reduced to 25.4% at 45-54, 22.8% at 55-64 and remained at 20 and above until age 70 and over. 70.5% of women and 62.4% of men with their own teeth reported 21 or more teeth and the mean for dentate women was 24.76 compared to 23.74 for men. 62.9% in the most deprived quintile had 21 or more teeth compared to 72.2% in the least deprived; people with no formal qualification were more likely to have fewer teeth, they also had the lowest mean (20.63) for dentate people.

12.2% with their own natural teeth said they had no fillings or crowns. The mean number of filled or crowned teeth was 6.02 and the median 5. 46.7% of dentate respondents had less than 5 filled or crowned teeth, 77.9% had less than 10. 22.3% of all respondents had a denture, and 3.5% had implants; this was 25.5% of male respondents and 20.6% of female respondents. 58.6% of men and 62.3% of women who possessed a denture were aged 65 and over. 20.4% of people with a denture had no natural teeth. 97.0% of edentulous people said they had a denture. 32.4% of
those with their own natural teeth thought they would need treatment if they went to the dentist tomorrow, and 14.4% said they didn’t know; 8.7% of those with no natural teeth said they would need treatment and 9.4% said they didn’t know.

Impact of Teeth on Quality of Life

- Painful aching in the mouth, discomfort eating, self consciousness, feeling tense, and embarrassment had the biggest impact on quality of life based on our survey
- Painful aching decreased with age. There was an increased likelihood of people having a painful aching or finding it uncomfortable to eat also feeling tense
- Discomfort with eating was more common in the middle and older age groups. There was a relationship between painful aching and finding it uncomfortable to eat. Edentate adults were more likely to experience discomfort eating unrelated to painful aching
- Younger and middle aged people seem to have been more likely to suffer embarrassment, tenseness or self-consciousness. Older people seem to have been less likely to feel tense because of problems with their teeth, mouth or dentures
- Locality was not statistically significant for quality of life impact questions.
- Amongst dentate adults painful aching was most important in younger people with a peak aged 25-34; discomfort in eating reached a peak in middle age 45-54 as did feeling self conscious and being embarrassed. Feeling tense followed the same pattern as painful aching with the highest prevalence of often / very often at 25-34

Dental Access and Attendance Pattern

48.6% of edentate adults had not seen a dentist for 5 years or more. 18.1% had been in the last 12 months, these were more likely to be younger and/or female; men were more likely to go than women, mainly they said when they were having trouble. 86.0% of edentate adults said they preferred to visit a dentist nearer to home; the average distance to the dentist was 3.5 miles.

When asked why they didn’t visit in the past 12 months, 7.1% of edentate adults (who had not visited in the past 12 months) said they always feel anxious, 69.0% said their teeth are all right and they don’t need to go, 5.3% said they cannot afford NHS treatment, 19.5% said they didn’t go for other reasons. 60.3% of dentate adults said they visited the dentist regularly; more women (64.4%) visited regularly than men (54.3%); men were more likely to go only if they are having
Asian and black dentate respondents were more likely to say they only visited when they were having trouble. People from Gillingham and Rainham were more likely to visit the dentist regularly; this was not the case in Chatham. Dentate adults from the most deprived parts of Medway were less likely to go regularly and more likely to go when they were having trouble. Dentate adults from more highly educated groups (degree, A level) were more likely to visit regularly and those with no formal education likely to visit when they were having trouble. Dentate adults who were full time employed, unemployed and unable to work for health reasons were least likely to go regularly; more unemployed people and those not working for health reasons said they never go.

77.9% of dentate respondents said they go to a dentist nearer home. Only 5.1% said nearer work, although 17.0% chose a dentist about the same distance from home and work; the mean distance from home to dentist for dentate adults was 3.9 miles; the median was 2 miles. 33.1% of dentate adults had been within the past 3 months, 30.9% between 4 and 9 months, 19.3% between 10 and 24 months and 14.6% 25 months or longer. Women were more likely to have been to the dentist in the past 9 months. Younger people were less likely to have been to the dentist more recently. People of white and mixed race had been to the dentist more recently than those who were Asian or Black.

The locality differences were not significant, those related to deprivation quintile were. People from the 2 least deprived quintiles had visited more recently than those from the most deprived quintiles. 63.6% of respondents said they received their last dental treatment from an NHS dentist. 28.9% said they went to a private dentist. 41.6% who went to an NHS dentist had their treatment paid for by the NHS, 35.4% were mixed NHS and self funded, and 18.6% were completely self funded.

23.3% of edentate adults said they always feel anxious about going to the dentist; 38.7% of all dentate adults said they felt anxious about going to the dentist and 58.7% said they felt nervous about some kinds of treatment. There was a significant relationship between likelihood of being anxious and nervous.
28.0% of all dentate adults said they didn’t see any point in visiting the dentist unless they needed to; men (32.7%) were more likely to hold this view than women (24.7%). People living in the more deprived quintiles were more likely to have said there was no point in going unless they needed to. Retired people, unemployed and those unable to work because of disability or ill health were more likely to have said they saw no point in visiting unless they needed to. There was enough statistical evidence to support these arguments.

People who have visited the dentist recently were much less likely to have said there was no point in visiting if they didn’t need to. 64.2% of dentate respondents said they would like to be able to drop in to see the dentist. 40.5% of dentate people considered they needed cosmetic treatment; only half those who considered they needed cosmetic treatment (50.3%) would be willing to pay. Women (43.9%) were more likely to consider they needed cosmetic treatment than men (35.5%) and would be more willing to pay.

**Normal Dental Routine**

10.0% of edentate respondents said they did not clean their teeth every day; 44.6% cleaned them once a day and 45.4% cleaned them twice a day or more. Only 2.4% of dentate adults said they cleaned their teeth less than once a day; 23.5% cleaned their teeth once a day and 74.1% cleaned them twice or more. Men cleaned their teeth less regularly compared to women, and only 63.8% cleaned their teeth twice a day or more compared to 80.6% of women. There was no relationship between cleaning teeth and age. 3.9% of people with no formal qualification did not to clean their teeth every day and least likely to clean their teeth twice a day or more (69.0%), people with a degree (78.2%) or O level / GCSE (77.2%) were most likely to clean their teeth at least twice a day.

79.8% of dentate adults said they used fluoride toothpaste, 3.3% smoker's toothpaste and 17.7% used another toothpaste. There was no relationship between gender and type of toothpaste used. 28.6% used an electric toothbrush; 35.2% of women used dental floss and 45.8% used a mouth wash compared to 18.7% of men who used dental floss and 36.8% who used a mouthwash. There were no relationship between localities or deprivation quintiles in terms of the type of toothpaste used, except for the use of smokers toothpaste.
18.8% of dentate adults said they were using tobacco; 17.2% smoked daily. A slightly higher proportion of men used tobacco than women. More younger people up to the age of 44 used tobacco compared to older people, the proportion dropped to 8.4% after the age of 65. 27.6% of dentate adults living in the most deprived quintile in Medway used tobacco compared to those living in the least deprived quintile (12.2%). 35.7% of dentate adults had been asked by their dentist if they use tobacco and 8.6% had been given smoking advice. A greater proportion of people living in the more deprived quintiles had been asked if they smoked and to have been offered advice.
2. Background and Methodology

2.1. Summary

- The aim of the oral health survey was to provide self-reported oral health information about Medway residents at a local level to inform commissioning and service development and to provide useful baseline information against which the success of oral health improvement programmes could be measured.
- This report presents the results of the Medway Adult Oral Health Survey, the first of its kind in this locality.
- The survey was based on a representative sample of people aged 16 and over living in Medway and registered with an NHS General Medical Practitioner (GP) in Medway.
- A random sample was drawn, stratified by locality; sub-samples were taken in proportion to the size of each locality, resulting in a total sample of 8000.
- A self completion postal survey was used asking a selection of questions from the National Adult Dental Health Survey in order to provide comparative baseline information on oral health of adults.
- Questions included Demographics, Self-Reported Oral Health Status, Dental Access and Attendance Pattern.
- The true response rate was 39.7%, ranging from 41.1% in Gillingham / Rainham to 39.4% in Rochester / Strood and 37.9% in Chatham.
- There was a better response rate from women (46.1%) than men (33.1%), and with increasing age.
- A higher proportion of non-responders lived in the more deprived areas of Medway.
2.2. Background

The National Health Service (NHS) dental contract, which was introduced in April 2006, and associated legislation (Statutory Instrument 2006 No. 185) placed a duty on Primary Care Trusts to commission NHS dental services to meet local needs. It is now a statutory duty of Primary Care Trusts to carry out oral health surveys to inform local commissioning (The Functions of Primary Care Trusts (Dental Public Health) (England) Regulations, 2006). This has recently been reiterated in the Department of Health (DH) document Directions to Primary Care Trusts concerning the exercise of Dental Public Health functions 2008. Additionally, Commissioning NHS primary care dental services: meeting the NHS operating framework objectives (Department of Health, 2008) affirms that local service developments should be based on local needs assessments. The programme of Medway oral health surveys will ensure the Primary Care Trust meets these requirements. Services would therefore be made available to people with the greatest need, thereby providing value for money and reducing health inequalities.

NHS Medway Public Health Directorate wishes to use information from the survey to develop robust local commissioning plans and oral health strategies; this will be used to inform dental sections in the annual public health reports. In addition, the survey will help NHS Medway towards achieving World Class Commissioning competencies which include engaging public and patients, collaboration with clinicians, working with community partners, management of knowledge and needs assessment, prioritizing investments and managing the local health system (Department of Health, 2007).

Until now there have been no local data on adult oral health from patients’ or professionals’ perspectives at lower geographic levels. There had been no local oral health surveys currently undertaken in Medway. A survey of Health and Lifestyle in Kent and Medway 2001, carried out by the West Kent Health Authority, included questions about access to dental services as well as smoking, alcohol and diet and exercise. The results from this can be compared to the new survey.

Previous national oral health surveys have only provided information at regional level for adults and at Primary Care Trust level for schoolchildren; these are not sensitive enough to fulfil commissioning requirements as outlined in the NHS Operating Plan. More detailed information of
oral health and oral health behaviour is required for commissioning of dental services in the Medway area to meet the needs of local people and to reduce oral health inequalities. World Class Commissioning has visions of dramatically reducing health inequalities and enabling people to live healthier and longer lives (Department of Health, 2007).

2.3. Medway Adult Oral Health Survey 2009

This study was a postal questionnaire survey of a random sample of Medway residents aged 16 years and older and registered with an NHS General Medical Practitioner (GP) in Medway. A selection of questions from the National Adult Dental Health Survey has been used in order to provide comparative baseline information on the oral health of adults. The study therefore provides important data which may be used to provide a local baseline, to inform Primary Care Trust commissioning of oral health services, and to facilitate the evaluation of oral health-related services and initiatives.

This study has been developed for Medway by a Steering Group brought together for the purpose. This group included representation from public health, dental primary care and academia.

National surveys of the dental health of adults have been undertaken decennially since 1968 in England and Wales, and since 1978 for the UK (Kelly et al, 2000). The Department of Health has stipulated that Primary Care Trusts are required to provide or secure the provision of oral health surveys for assessment and monitoring, and for planning and evaluation. Surveys will be in accordance with the NHS (England) Dental Epidemiology Programme and timetable; and in accordance with nationally agreed protocols. The National Adult Dental Survey was to take place in 2009, with reports made available by the end of 2010. The published results of these national surveys contain data for geographically large regional areas.

Much research has been carried out to test the validity of questionnaire surveys and to develop socio-dental indicators of oral health-related quality of life. A series of measures have been constructed to examine oral health from the patient perspective. These include Oral Health Impact Profile (OHIP) which consists of 49 questions, and the shorter version of the scale OHIP-14 which consists of 14 questions (Nuttall et al, 2001; Slade, 1997; Locker, 1988). These are oral health impact assessment tools, which may be used for individual patients to look at health
outcomes. The national Adult Dental Health Survey includes various validated questions, which assess oral health from the patient perspective (Kelly et al, 2000).

2.3.1. Aims and Objectives

Aim
The aim of the oral health survey was to provide self-reported oral health information about Medway residents at a local level to inform commissioning and service development. In addition, the survey aimed to provide useful baseline information against which the success of oral health improvement programmes could be measured.

Objectives
The objectives of the survey were:

- To establish the self-reported oral health status of the adult population living in Medway.
- To establish and investigate the self-reported impact of poor oral health, dental experiences, dental knowledge, attitude and behaviour, dental care and oral hygiene practices of adults living in Medway.
- To describe the findings by age, gender, ethnicity and socio-economic status.
- To satisfy the statutory duty of NHS Medway to carry out oral health surveys to inform local planning of services.
- To provide standardised information for comparison locally over time and nationally with other Primary Care Trusts undertaking similar surveys.
- To make recommendations for planning and commissioning of NHS dental services in Medway, based on the identified local oral health needs.

2.3.2. Methods
A random cross sectional sample of adults aged 16 and over resident in Medway was drawn from the NHS register. The sample was asked to complete a postal questionnaire survey of the oral health.
The Chair of East Kent Research Ethics Committee and the University of Kent Ethics Committee both advised that the survey would be classed as a service evaluation and that Research Ethics approval was not required. Research Governance approval was obtained from Medway Primary Care Trust. The Local Dental Committee was informed that the study was taking place.

A prize was offered to enhance response rate; 84.9% of responders returned the Prize Draw card so they could be entered into the Draw.

### 2.3.3. Dental Survey Sampling

The sampling frame of names and addresses of all adults aged 16 and over in Medway from the GP Registration list was obtained from the Kent Primary Care Agency; this included 222691 cases. The information also included sex, date of birth, NHS number and GP practice code of each individual. The file was checked for duplicate records by checking the NHS number before proceeding with the sampling.

The database file was extracted into Excel then exported into Access. The sample was stratified by the following three localities:

- Gillingham and Rainham
- Chatham
- Rochester and Strood

Locality and electoral ward data were then mapped via postcode to the name and addresses supplied. In the files provided three wards were unallocated to a locality. These were rural wards and were possibly unallocated because there are no GP practices in them. In order to ensure rural areas were properly represented the three wards were then allocated to the locality that was relevant geographically (i.e. Peninsula in Gillingham and Rainham, Cuxton & Halling in Rochester & Strood, and Strood Rural in Rochester & Strood).

Records without a postcode (2 records) were excluded from sampling. 14156 records (6%) were not allocated to a locality (i.e. reasons include being registered with a GP in Medway but living outside the Medway area). These records were not included in the final sampling procedure, resulting in a final sampling frame of 208533.
The random sample stratified by locality was drawn using Microsoft Access. In order to remain representative to the population the locality sub-samples were drawn in proportion of the size of each locality resulting in a total sample of 8000. The proportions sampled were 30.4% Chatham, 43.7% Gillingham and Rainham, 25.9% Rochester and Strood (Table 1):

Table 1
Sampling by Locality

<table>
<thead>
<tr>
<th>Locality</th>
<th>Population Total</th>
<th>Proportion</th>
<th>Sample</th>
</tr>
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<tbody>
<tr>
<td>Chatham</td>
<td>63419</td>
<td>30.4%</td>
<td>2432</td>
</tr>
<tr>
<td>Gillingham &amp;</td>
<td>91063</td>
<td>43.7%</td>
<td>3496</td>
</tr>
<tr>
<td>Rainham</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rochester &amp;</td>
<td>54051</td>
<td>25.9%</td>
<td>2072</td>
</tr>
<tr>
<td>Strood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>208533</strong></td>
<td><strong>100%</strong></td>
<td><strong>8000</strong></td>
</tr>
</tbody>
</table>

2.3.4. Response to the Survey and Representativeness of the sample

8000 questionnaires were posted out; 3118 (39.0%) were returned, 239 (3.0%) people refused to take part or were too old or ill and 143 (1.8%) were returned by the post office or because they had moved away. Thus the true response rate (i.e. the response from the 7857 valid post outs (total posted minus returns but including refusals) was 39.7%.

The response rate was higher in Gillingham / Rainham (41.1%) than in Rochester / Strood (39.4%) or Chatham (37.9%). Since the locality of Gillingham / Rainham is more populous than the other two localities nearly half the respondents were from this locality.

The information in Table 2 uses the Medway PCT information database (supplied by the Dental Department). It has not been possible to break this down to age within sex as the population data was not available. This analysis reveals a better response rate with increasing age even for age 85 and over; it also confirms the better representativeness of the sample for the Gillingham / Rainham population.
Table 2
Percent of population in survey (using Medway PCT Locality Information)

<table>
<thead>
<tr>
<th></th>
<th>16-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65-84</th>
<th>85+</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham</td>
<td>1.03%</td>
<td>1.15%</td>
<td>1.93%</td>
<td>2.26%</td>
<td>2.16%</td>
<td>0.93%</td>
<td>1.39%</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>1.34%</td>
<td>1.30%</td>
<td>2.26%</td>
<td>3.15%</td>
<td>1.78%</td>
<td>1.28%</td>
<td>1.65%</td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>0.97%</td>
<td>0.96%</td>
<td>1.66%</td>
<td>1.96%</td>
<td>1.01%</td>
<td>0.83%</td>
<td>1.25%</td>
</tr>
</tbody>
</table>

The response from females was much greater than from males. The overall response for females was 46.1% and from males 33.1%. Overall there was a poorer response from younger people with only 31.7% of 25-44 year olds responding compared to 44.7% of 45-64 year olds and 57.7% of 65-74 year olds. Although response rate at age 75 and over was 46.6%, the percent of people refusing to take part increased with age to 15.2% in this group. The resulting sample for women was weighted towards the younger age group whilst for men there were more people in the middle age groups.

The age profile mirrored the population in Chatham where 43.6% of the population was aged 16-44 but was low for the other two localities, in Gillingham and Rainham it was 40.4% and in Rochester and Strood 40.6% were aged 16-44.

Medway is considered to be one of the most deprived areas in the south east. The IMD 2007 score was 19.55 and Medway ranked 150 in the national scoring system where Liverpool ranks 1 and Hackney 2 and were the most deprived and Hart ranked 354 and Wokingham 353 and were the least deprived local authorities. Scores within Medway ranged from parts of Luton and Wayfield, Gillingham North Chatham Central and the most deprived area of River ward (super output 015E) with scores of 44.24 to 58.79 to parts of Rainham, Hempstead and Wigmore and one area of River (super output 007D) with scores of 2.93 to 4.75.

\(^1\) PCT Locality profile
In the study, post codes were used to assign a super output area to individuals thus assigning an IMD score and rank within both national and Kent and Medway scores. Analyses have used these rankings on the results grouped into quintiles to compare the least and most deprived quintiles and the effect of increasing deprivation on dental health. In our survey respondents from Chatham were more likely to be deprived. On national rankings 14.1% of Chatham respondents were in the most deprived group compared to 4% from both Gillingham / Rainham and Rochester / Strood. Using the England classification there was an increase in response with decreasing deprivation; 31% of those surveyed who fell into the most deprived quintile responded compared to 44.3% of those in the least deprived quintile. Level of deprivation did not relate to the likelihood they refused / were too old or ill.

Table 3
Locality by IMD 2007 (quintiles Medway respondents - 1 being most deprived)

<table>
<thead>
<tr>
<th>Locality</th>
<th>IMD 2007 (quintiles Medway respondents - 1 being most deprived)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Chatham</td>
<td>294</td>
</tr>
<tr>
<td></td>
<td>32.9%</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>169</td>
</tr>
<tr>
<td></td>
<td>12.0%</td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td>19.2%</td>
</tr>
<tr>
<td>Total</td>
<td>617</td>
</tr>
<tr>
<td></td>
<td>19.9%</td>
</tr>
</tbody>
</table>

The differences were more marked but less consistent for the Medway classification. Using the Medway rankings 32.9% of Chatham respondents were in the most deprived group compared to 12.0% of Gillingham / Rainham respondents and 19.2% of Rochester / Strood respondents. To put it differently 47.6% of all respondents in the most deprived quintile came from Chatham whilst 53.8% of respondents in the least deprived quintile came from Gillingham and Rainham (Table 3).
Non-response to the survey

Table 4 displays the demographic characteristics of the sample who did not respond to the survey, broken down by those from informed us they did not wish to take part (including for reasons such as being too ill or too old) and by those from whom there was no response at all. This analysis reveals that a greater proportion of non-responders were male (66.9%) compared to female (53.9%) and were younger, with 69.8% of 16-24 year olds and 72.5% of 25-34 year old not responding compared to 47.3% of those aged 65 or older.

A higher proportion of non-responders lived in the more deprived areas of Medway, with 67.3% living in the most deprived quintile compared to 55.4% in the most affluent quintile. There was little difference in non-response in relation to locality areas.
### Table 4

**Non-Responders - Demographics**

<table>
<thead>
<tr>
<th>% are out of 7857 valid post outs</th>
<th>No response</th>
<th>Refusal/too old/too ill</th>
<th>All non-responders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4500</td>
<td>239</td>
<td>4739</td>
</tr>
<tr>
<td></td>
<td>57.3%</td>
<td>3.0%</td>
<td>60.3%</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2498</td>
<td>94</td>
<td>2592</td>
</tr>
<tr>
<td></td>
<td>64.5%</td>
<td>2.4%</td>
<td>66.9%</td>
</tr>
<tr>
<td>Female</td>
<td>2002</td>
<td>145</td>
<td>2147</td>
</tr>
<tr>
<td></td>
<td>50.3%</td>
<td>3.6%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>740</td>
<td>4</td>
<td>744</td>
</tr>
<tr>
<td></td>
<td>69.4%</td>
<td>.4%</td>
<td>69.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>909</td>
<td>9</td>
<td>918</td>
</tr>
<tr>
<td></td>
<td>71.8%</td>
<td>.7%</td>
<td>72.5%</td>
</tr>
<tr>
<td>35-44</td>
<td>941</td>
<td>14</td>
<td>955</td>
</tr>
<tr>
<td></td>
<td>63.8%</td>
<td>.9%</td>
<td>64.7%</td>
</tr>
<tr>
<td>45-54</td>
<td>787</td>
<td>20</td>
<td>807</td>
</tr>
<tr>
<td></td>
<td>58.3%</td>
<td>1.5%</td>
<td>59.8%</td>
</tr>
<tr>
<td>55-64</td>
<td>581</td>
<td>43</td>
<td>624</td>
</tr>
<tr>
<td></td>
<td>46.9%</td>
<td>3.5%</td>
<td>50.4%</td>
</tr>
<tr>
<td>65+</td>
<td>542</td>
<td>149</td>
<td>691</td>
</tr>
<tr>
<td></td>
<td>37.1%</td>
<td>10.2%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Locality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chatham</td>
<td>1419</td>
<td>60</td>
<td>1479</td>
</tr>
<tr>
<td></td>
<td>59.6%</td>
<td>2.5%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>1917</td>
<td>112</td>
<td>2029</td>
</tr>
<tr>
<td></td>
<td>55.7%</td>
<td>3.3%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>1164</td>
<td>67</td>
<td>1231</td>
</tr>
<tr>
<td></td>
<td>57.3%</td>
<td>3.3%</td>
<td>60.6%</td>
</tr>
<tr>
<td>Deprivation (IMD) Medway quintile - 1 being most deprived</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>999</td>
<td>41</td>
<td>1040</td>
</tr>
<tr>
<td></td>
<td>64.6%</td>
<td>2.7%</td>
<td>67.3%</td>
</tr>
<tr>
<td>2</td>
<td>924</td>
<td>56</td>
<td>980</td>
</tr>
<tr>
<td></td>
<td>59.3%</td>
<td>3.6%</td>
<td>62.9%</td>
</tr>
<tr>
<td>3</td>
<td>940</td>
<td>41</td>
<td>981</td>
</tr>
<tr>
<td></td>
<td>59.8%</td>
<td>2.6%</td>
<td>62.4%</td>
</tr>
<tr>
<td>4</td>
<td>809</td>
<td>41</td>
<td>850</td>
</tr>
<tr>
<td></td>
<td>51.2%</td>
<td>2.6%</td>
<td>53.8%</td>
</tr>
<tr>
<td>5</td>
<td>828</td>
<td>60</td>
<td>888</td>
</tr>
<tr>
<td></td>
<td>51.7%</td>
<td>3.7%</td>
<td>55.4%</td>
</tr>
</tbody>
</table>
3. Results: Demographics

3.1. Summary

- This section sets out the profile of responders to the survey. Tables 5 and 6 summarise the demographic features of the sample, firstly by sex and then by age.
- Males comprised 41% of the sample and females 59%. In Gillingham and Rainham where 42.6% were male compared to 39.9% in Chatham and 39.2% in Rochester and Strood.
- The respondent profile included more people in the older age groups, increasing from 10.5% aged 16-24 and 11.3% aged 25-34 to 19.8% aged 55-64 and 24.1% aged 65 and over.
- Chatham had the youngest profile with 42.0% of responders aged under 45 compared to 36.2% in Gillingham and Rainham and 37.5% in Rochester and Strood.
- Quintile 1 (most deprived) had more younger people and less older people, whilst quintiles 4 and 5 had fewer younger people and more older people.
- 91.7% of respondents said they were White, 3.2% Asian / Asian British and 1.7% Black / Black British.
- 25.9% of respondents had no formal qualification; 27.5% had O levels or GCSEs, 5.2% ONC or BTEC, 8.6% A levels / highers, 8.9% had a higher qualification below degree level and 11.0% had a degree. 49.0% of those with no formal were aged 65 and over and 27.9% were aged 55-64.
- 52.7% of respondents were currently employed - 32.3% full time, 11.4% part time, 6.8% self-employed. 26.3% said they were retired, 3.2% unemployed / looking for work, 4.2% unable to work because of disability or ill health, and 5.0% were caring for the home and family / dependents. 3.9% were students.
3.1.1. Characteristics of Respondents

Males comprised 41% of the sample and females 59%. There were less younger men in the sample compared to women with the balance gradually shifting with increasing age (Table 4). In addition the sample was an old sample with more people in the older age groups, increasing from 10.5% aged 16-24 and 11.3% aged 25-34 to 19.8% aged 55-64 and 24.1% aged 65 and over (Table 5). 54% of respondents described themselves as married, 10.1% as living as a couple, 16.4% were single / never married, 2.5% separated, 7.2% divorced and 7.5% widowed.

91.7% of respondents said they were White, 3.2% Asian / Asian British and 1.7% Black / Black British. The sample contained a lower proportion of white males (40.7%) to females (59.3%) than other ethnic groups (for example there are 44.0% Asian males to 56.0% females) (Table 4). The sample of white people was older than other ethnic groups, 10.3% of white males was aged 16-24 increasing to 20.2% aged 55-64 and 25.0% aged 65 and over. By contrast 73.6% of the black sample (53 people) were aged between 25 and 54. The Asian sample (100 people) was also younger with 61% aged less than 45 (Table 5).

3.1.2. Locality and Deprivation

In Gillingham and Rainham 42.6% were male compared to 39.9% in Chatham and 39.2% in Rochester and Strood (Table 5). In contrast Chatham has the youngest profile with 42.0% of responders aged under 45 compared to 36.2% in Gillingham and Rainham and 37.5% in Rochester and Strood (Table 6).
### Table 5

**Responders - Demographics by sex**

<table>
<thead>
<tr>
<th>Age</th>
<th>All</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>321</td>
<td>117</td>
<td>204</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td>10.4%</td>
<td>36.4%</td>
<td>63.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>347</td>
<td>117</td>
<td>230</td>
<td>347</td>
</tr>
<tr>
<td></td>
<td>11.2%</td>
<td>33.7%</td>
<td>66.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>35-44</td>
<td>516</td>
<td>181</td>
<td>335</td>
<td>516</td>
</tr>
<tr>
<td></td>
<td>16.6%</td>
<td>35.1%</td>
<td>64.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>541</td>
<td>227</td>
<td>314</td>
<td>541</td>
</tr>
<tr>
<td></td>
<td>17.4%</td>
<td>42.0%</td>
<td>58.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>613</td>
<td>277</td>
<td>336</td>
<td>613</td>
</tr>
<tr>
<td></td>
<td>19.8%</td>
<td>45.2%</td>
<td>54.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>65+</td>
<td>763</td>
<td>351</td>
<td>412</td>
<td>763</td>
</tr>
<tr>
<td></td>
<td>24.6%</td>
<td>46.0%</td>
<td>54.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>All</td>
<td>3101</td>
<td>1270</td>
<td>1831</td>
<td>3101</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>41.0%</td>
<td>59.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>All</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2845</td>
<td>1157</td>
<td>1688</td>
<td>2845</td>
</tr>
<tr>
<td></td>
<td>93.8%</td>
<td>40.7%</td>
<td>59.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Mixed</td>
<td>24</td>
<td>11</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>.8%</td>
<td>45.8%</td>
<td>54.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>100</td>
<td>44</td>
<td>56</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>3.3%</td>
<td>44.0%</td>
<td>56.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>53</td>
<td>24</td>
<td>29</td>
<td>53</td>
</tr>
<tr>
<td></td>
<td>1.7%</td>
<td>45.3%</td>
<td>54.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>12</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>.4%</td>
<td>25.0%</td>
<td>75.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>All</td>
<td>3034</td>
<td>1239</td>
<td>1795</td>
<td>3034</td>
</tr>
<tr>
<td></td>
<td>100.0%</td>
<td>40.8%</td>
<td>59.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locality</th>
<th>Chatham</th>
<th>Gillingham and Rainham</th>
<th>Rochester and Strood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>893</td>
<td>1407</td>
<td>801</td>
</tr>
<tr>
<td></td>
<td>28.8%</td>
<td>45.4%</td>
<td>25.8%</td>
</tr>
<tr>
<td></td>
<td>39.9%</td>
<td>42.6%</td>
<td>39.2%</td>
</tr>
<tr>
<td></td>
<td>60.1%</td>
<td>57.4%</td>
<td>60.8%</td>
</tr>
<tr>
<td>All</td>
<td>3101</td>
<td>1407</td>
<td>801</td>
</tr>
<tr>
<td></td>
<td>100.00%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
### Deprivation (IMD) Medway quintile - 1 being most deprived

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Population (N)</th>
<th>Total Deprivation</th>
<th>Relative Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>617</td>
<td>258</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td>19.9%</td>
<td>41.8%</td>
<td>58.2%</td>
</tr>
<tr>
<td>2</td>
<td>613</td>
<td>239</td>
<td>374</td>
</tr>
<tr>
<td></td>
<td>19.8%</td>
<td>39.0%</td>
<td>61.0%</td>
</tr>
<tr>
<td>3</td>
<td>623</td>
<td>241</td>
<td>382</td>
</tr>
<tr>
<td></td>
<td>20.1%</td>
<td>38.7%</td>
<td>61.3%</td>
</tr>
<tr>
<td>4</td>
<td>625</td>
<td>264</td>
<td>361</td>
</tr>
<tr>
<td></td>
<td>20.2%</td>
<td>42.2%</td>
<td>57.8%</td>
</tr>
<tr>
<td>5</td>
<td>623</td>
<td>268</td>
<td>355</td>
</tr>
<tr>
<td></td>
<td>20.1%</td>
<td>43.0%</td>
<td>57.0%</td>
</tr>
</tbody>
</table>

**All**

|          | 3101           | 1270              | 1831                |
|          | 100.0%         | 41.0%             | 59.0%               |

### Education

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Population (N)</th>
<th>Total Deprivation</th>
<th>Relative Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree or Higher education qualification</td>
<td>618</td>
<td>254</td>
<td>364</td>
</tr>
<tr>
<td></td>
<td>21.0%</td>
<td>41.1%</td>
<td>58.9%</td>
</tr>
<tr>
<td>A levels/higher equivalent/ ONC/BTEC</td>
<td>426</td>
<td>190</td>
<td>236</td>
</tr>
<tr>
<td></td>
<td>14.4%</td>
<td>44.6%</td>
<td>55.4%</td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
<td>853</td>
<td>311</td>
<td>542</td>
</tr>
<tr>
<td></td>
<td>28.9%</td>
<td>36.5%</td>
<td>63.5%</td>
</tr>
<tr>
<td>No formal qualification</td>
<td>802</td>
<td>343</td>
<td>459</td>
</tr>
<tr>
<td></td>
<td>27.2%</td>
<td>42.8%</td>
<td>57.2%</td>
</tr>
<tr>
<td>Other qualification</td>
<td>250</td>
<td>112</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>8.5%</td>
<td>44.8%</td>
<td>55.2%</td>
</tr>
</tbody>
</table>

**All**

|          | 2949           | 1210              | 1739                |
|          | 100.0%         | 41.0%             | 59.0%               |

### Present work situation

<table>
<thead>
<tr>
<th>Work Situation</th>
<th>Population (N)</th>
<th>Total Deprivation</th>
<th>Relative Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>self employed</td>
<td>211</td>
<td>131</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>7.1%</td>
<td>62.1%</td>
<td>37.9%</td>
</tr>
<tr>
<td>employed full-time</td>
<td>1001</td>
<td>496</td>
<td>505</td>
</tr>
<tr>
<td></td>
<td>33.7%</td>
<td>49.6%</td>
<td>50.4%</td>
</tr>
<tr>
<td>employed part time</td>
<td>354</td>
<td>44</td>
<td>310</td>
</tr>
<tr>
<td></td>
<td>11.9%</td>
<td>12.4%</td>
<td>87.6%</td>
</tr>
<tr>
<td>retired</td>
<td>816</td>
<td>366</td>
<td>450</td>
</tr>
<tr>
<td></td>
<td>27.4%</td>
<td>44.9%</td>
<td>55.1%</td>
</tr>
<tr>
<td>unemployed and looking for work</td>
<td>98</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>3.3%</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>unable to work due to disability or ill</td>
<td>131</td>
<td>66</td>
<td>65</td>
</tr>
<tr>
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<td>21.2%</td>
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</table>

**All**

|          | 2973           | 1224              | 1749                |
|          | 100.0%         | 41.2%             | 58.8%               |

---

20
### Table 6
Demographics by age

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IMD 2007 (quintiles by Medway respondents - 1 being most deprived)

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Education

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21
Present work situation

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<td></td>
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<td>28</td>
<td>85</td>
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<td></td>
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</tbody>
</table>

Figure 1

Deprivation (Medway quintile - 1 = most deprived) by age

16-44
45-64
65+

IMD quintile

%
There was no difference between quintile for males and females, although there had been an increase in the proportion of males in the sample for quintiles 4 and 5 (least deprived) (Table 5). Quintile 1 (most deprived) had a higher proportion of younger people and less older people, whilst quintiles 4 and 5 had fewer younger people and more older people (Table 6 and Figure 1). The differences in age were statistically significant (Chi sq=23.351; 8df; p=0.003).

3.1.3. Education and Employment of Respondents

25.9% of respondents had no formal qualification; 27.5% had O levels or GCSEs, 5.2% ONC or BTEC, 8.6% A levels / highers, 8.9% had a higher qualification below degree level and 11.0% had a degree (Table 4). Apart from O level / GCSE where 63.5% were women, the sex profile mirrors the sample population. 49.0% of those with no formal qualification were aged 65 and over and 27.9% were aged 55-64 (Table 6). 34.9% of 16-24 year olds had O level / GCSE / equivalent; this was much higher than other age groups in the sample (21.8% of 25-34 year olds and 14.0% of 35-44 year olds).

52.7% of respondents were currently employed - 32.3% full time, 11.4% part time, 6.8% self employed. 26.3% said they were retired, 3.2% unemployed / looking for work, 4.2% unable to work because of disability or ill health, and 5.0% were caring for the home and family / dependents. 3.9% were students (Table 5). Employed women were more likely to be part time and less likely to be self employed. 77.8% of retired people in the sample were aged 65 and over. 91.7% of students were aged 16-24. 66.5% of people caring for home and family were aged 25-44 and 94.9% were women. 67.2% of people unable to work because of ill health were aged 45 and over. 81% of self employed people, 74% of part time and 72% of full time employed people were aged 35-64.
4. Results: Self Reported Oral Health Status

4.1. Summary

- The survey asked how many teeth people had including crowns. 325 respondents (10.5%) did not answer this question. The range for the number of natural teeth was 0 to 32 with a mean of 23.14 and a median of 26.
- 4.5% of the sample said they had no teeth; 16.2% estimated they had less than 20 teeth and 69.6% reported they had 20 or more. 77.5% of those with no teeth were aged 65 and over.
- 6.2% of the responders in the most deprived quintile were edentulous reducing to 3.6% amongst the least deprived quintile. People with no formal qualification (and likely to be older) were more likely to be edentulous.
- The mean number of teeth for dentate adults was above 27.0 until age 44, then reduced to 25.4% at 45-54, 22.8% at 55-64 and remained at 20 and above until age 70 and over.
- 70.5% of women and 62.4% of men with their own teeth reported 21 or more teeth and the mean for dentate women was 24.76 compared to 23.74 for men.
- 62.9% in the most deprived quintile had 21 or more teeth compared to 72.2% in the least deprived; people with no formal qualification were more likely to have fewer teeth, they also had the lowest mean (20.63) for dentate people.
- 12.2% with their own natural teeth said they had no fillings or crowns. The mean number of filled or crowned teeth was 6.02 and the median 5. 46.7% of dentate respondents had less than 5 filled or crowned teeth, 77.9% had less than 10.
- 22.3% of all respondents had a denture, and 3.5% had implants; this was 25.5% of male respondents and 20.6% of female respondents. 58.6% of men and 62.3% of women who possessed a denture were aged 65 and over.
- 20.4% of people with a denture had no natural teeth. 97.0% of edentulous people said they had a denture.
- 32.4% of those with their own natural teeth thought they would need treatment if they went to the dentist tomorrow, and 14.4% said they didn’t know; 8.7% of those with no natural teeth said they would need treatment and 9.4% said they didn’t know.
4.2. Dentition

The survey asked how many teeth people had including crowns. 325 respondents (10.5%) did not answer this question. Any responses over 32 were coded as 32. The range was 0 to 32 with a mean of 23.14 and a median of 26. There is a striking change in number of natural teeth with age, not surprisingly the majority of respondents aged under 45 had most of their natural teeth.

4.2.1. Loss of all Natural Teeth

4.5% of the sample said they had no teeth; 16.2% estimated they had less than 20 teeth and 69.6% reported they had 20 or more. The proportion who reported they were edentulous increased with age from zero or near zero (equal to or less than 0.5%) until age 45-49, gradually increasing to 4.7% aged 60-64 and 37.7% aged 85 and over (Table 6). 4.5% of White people reported being edentulous compared to 3.0% of Asian and 1.9% of Black people.

There were fewer edentulous respondents in Gillingham and Rainham than in the other two localities. The trend for being edentulous was stronger for deprivation quintiles with 6.2% edentulous in the most deprived quintile reducing to 3.6% amongst the least deprived quintile. People with no formal qualification were more likely to be edentulous; older people were less likely to have formal qualifications and are also more likely to be edentulous; those who had A levels / equivalent or a degree were least likely to be edentulous.
Table 7
All Adults. Dentition by socio-demographic variables; number of teeth

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</tr>
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<td>573</td>
<td>2065</td>
<td>297</td>
<td>3073</td>
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<td>Male</td>
<td>45.0%</td>
<td>18.6%</td>
<td>67.2%</td>
<td>9.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Female</td>
<td>45.0%</td>
<td>16.3%</td>
<td>70.5%</td>
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</tr>
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<td>100</td>
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<td>100.0%</td>
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<td>146</td>
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<td>66.0%</td>
<td>10.50%</td>
<td>100.0%</td>
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</tr>
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<td>791</td>
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<tr>
<td>5.10%</td>
<td>15.4%</td>
<td>70.7%</td>
<td>8.80%</td>
<td>100.0%</td>
<td></td>
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</table>
### Deprivation (IMD) Medway Quintile (1 is most deprived)

<table>
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<td>114</td>
<td>126</td>
<td>97</td>
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<td></td>
<td>385</td>
<td>392</td>
<td>421</td>
<td>421</td>
<td>97</td>
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<td>619</td>
<td>615</td>
<td>618</td>
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<td>3.60%</td>
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<tr>
<td></td>
<td>18.1%</td>
<td>20.5%</td>
<td>18.4%</td>
<td>20.5%</td>
<td>15.7%</td>
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<tr>
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<td>62.9%</td>
<td>64.4%</td>
<td>68.0%</td>
<td>68.5%</td>
<td>72.2%</td>
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<tr>
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<td>10.00%</td>
<td>9.50%</td>
<td>7.50%</td>
<td>8.60%</td>
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<tr>
<td></td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
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### Education level

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<th>52</th>
<th>512</th>
<th>46</th>
<th>618</th>
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<tr>
<td></td>
<td>1.30%</td>
<td>8.4%</td>
<td>82.8%</td>
<td>7.40%</td>
<td>100.00%</td>
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<tr>
<td>A levels/higher/equivalent/ONC/BTEC</td>
<td>4</td>
<td>51</td>
<td>333</td>
<td>38</td>
<td>426</td>
</tr>
<tr>
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<td>12.0%</td>
<td>78.2%</td>
<td>8.90%</td>
<td>100.00%</td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
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<td>102</td>
<td>653</td>
<td>80</td>
<td>853</td>
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<td></td>
<td>2.10%</td>
<td>12.0%</td>
<td>76.6%</td>
<td>9.40%</td>
<td>100.00%</td>
</tr>
<tr>
<td>No formal qualification</td>
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<td>274</td>
<td>365</td>
<td>82</td>
<td>802</td>
</tr>
<tr>
<td></td>
<td>10.10%</td>
<td>34.2%</td>
<td>45.5%</td>
<td>10.20%</td>
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</tr>
<tr>
<td>Other qualification</td>
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<td>50</td>
<td>165</td>
<td>25</td>
<td>250</td>
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<td>20.0%</td>
<td>66.0%</td>
<td>10.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

#### 4.2.2. The number of teeth among dentate adults

The results are summarized in Tables 8 and 9. The mean number of teeth for dentate adults was above 27.0 until age 44, then reduced to 25.4% at 45-54, 22.8% at 55-64 and 18.3% aged 65 and over. The mean remained 20 and above until age 70 and over; at 70-74 the mean was 19.01 and median 20. Women in the sample reported more teeth than the men (70.5% of women and 62.4% of men reported 21 or more teeth and the mean for dentate women was 24.76 compared to 23.74 for men). Asian and Black respondents were more likely to have 21 or more teeth with a mean of 28.03 for Asian people and 28.87 for Black compared to 24.15 for White; this was probably related to age distribution of the sample and numbers in the minority ethnic groups are small.

Respondents living in Rochester and Strood reported more natural teeth than the other two localities with 70.7% reporting 21 or more natural teeth and a mean of 24.91 (Chatham mean was 24.41 and Gillingham and Rainham 24.12). Locality results may have been confounded by response rates for different age and sex groups. 62.9% in the most deprived quintile had 21 or
more teeth compared to 72.2% in the least deprived. This was not mirrored by the mean number of teeth, the lowest mean (23.36) being found in the middle quintile.

Table 8

Dentate Adults. Dentition by socio-demographic variables; mean and median

<table>
<thead>
<tr>
<th></th>
<th>1-20 teeth</th>
<th>21 or more teeth</th>
<th>All</th>
<th>Mean no. of teeth</th>
<th>Median no. of teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>573</td>
<td>2065</td>
<td>2638</td>
<td>24.35</td>
<td>26</td>
</tr>
<tr>
<td>Male</td>
<td>277</td>
<td>786</td>
<td>1063</td>
<td>23.74</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>296</td>
<td>1279</td>
<td>1575</td>
<td>24.76</td>
<td>27</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>277</td>
<td>786</td>
<td>1063</td>
<td>23.74</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>296</td>
<td>1279</td>
<td>1575</td>
<td>24.76</td>
<td>27</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>7</td>
<td>269</td>
<td>276</td>
<td>28.14</td>
<td>28</td>
</tr>
<tr>
<td>25-34</td>
<td>7</td>
<td>312</td>
<td>319</td>
<td>28.51</td>
<td>29</td>
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<td>35-44</td>
<td>27</td>
<td>430</td>
<td>457</td>
<td>27.41</td>
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<tr>
<td>45-54</td>
<td>73</td>
<td>413</td>
<td>486</td>
<td>25.43</td>
<td>27</td>
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<td>55-64</td>
<td>147</td>
<td>384</td>
<td>531</td>
<td>22.76</td>
<td>24</td>
</tr>
<tr>
<td>65+</td>
<td>312</td>
<td>257</td>
<td>569</td>
<td>18.27</td>
<td>19</td>
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<td>45</td>
<td>28.87</td>
<td>30</td>
</tr>
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<td>11</td>
<td>23.91</td>
<td>27</td>
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<tr>
<td>Locality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chatham</td>
<td>177</td>
<td>585</td>
<td>762</td>
<td>24.41</td>
<td>26</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>274</td>
<td>921</td>
<td>1195</td>
<td>24.12</td>
<td>26</td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>122</td>
<td>559</td>
<td>681</td>
<td>24.91</td>
<td>27</td>
</tr>
</tbody>
</table>

28
People with no formal qualification were more likely to have fewer teeth; they also had the lowest mean (20.63) for dentate people. People who had A levels / equivalent or a degree had a higher mean number of teeth (25.98 for those with A level and 26.92 for those with a degree or higher education).

4.2.3. Filled, crowned teeth and implants

The survey asked: How many teeth do you have that are filled or crowned (capped)? The range was 0 to 32. 88 people with their own natural teeth did not answer this question. 323 (12.2%) with their own natural teeth said they had no fillings or crowns although 3 of these said they had a dental implant. 2 people who did not answer the question on number of natural teeth also said they had implant(s). The mean number of filled or crowned teeth was 6.02 and the median 5. 46.7% of dentate respondents had less than 5 filled or crowned teeth, 77.9% had less than 10 (Figure 2).
The mean number of fillings or crowns increased with age for both men and women until mid 60s when it reduced again. Women were more likely than men to have fillings or crowns in all age groups except 25-44 (Table 9).

**Table 9**

Mean number of filled or crowned teeth – dentate adults by age and sex

<table>
<thead>
<tr>
<th>Age</th>
<th>All</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>1.89</td>
<td>1.82</td>
<td>1.93</td>
</tr>
<tr>
<td>25-34</td>
<td>3.41</td>
<td>3.80</td>
<td>3.22</td>
</tr>
<tr>
<td>35-44</td>
<td>5.81</td>
<td>5.25</td>
<td>6.11</td>
</tr>
<tr>
<td>45-54</td>
<td>8.12</td>
<td>7.28</td>
<td>8.70</td>
</tr>
<tr>
<td>55-64</td>
<td>8.04</td>
<td>6.99</td>
<td>8.85</td>
</tr>
<tr>
<td>65+</td>
<td>5.95</td>
<td>5.73</td>
<td>6.14</td>
</tr>
</tbody>
</table>
Further to this information the survey found that of all respondents 690 (22.3%) had a denture, and 110 (3.5%) had implants; this was 25.5% of male respondents and 20.6% of female respondents. 58.6% of men and 62.3% of women who possessed a denture were aged 65 and over. Only 3.7% of male respondents aged under 45 had a denture compared to 23.3% aged 45-64 and 54.8% aged 65 and over. 3.2% of females respondents aged under 45 had a denture compared to 18.1% aged 45-64 and 57.8% aged 65 and over.

4.2.4. Dentures

20.4% of people with a denture had no natural teeth. 97.0% of edentulous people said they had a denture; they were all aged 45 and over, 80.3% were aged 65 and over. 39.4% were female and 60.6% male.

3.9% of male respondents and 3.4% of female respondents said they had dental implant(s). 12.8% of people with implants also had a denture. These figures were not so much related to age as the dentures, although middle aged females were the group most likely to have implants (5.3%) and young females the least likely (1.8%). 4.1% of young men said they had implants. 5 people who said they had implants did not say they had any natural teeth (see above p.20).

4.2.5. Self Perceived Need to see a Dentist

Respondents were asked, ‘if they went to the dentist tomorrow, would they need any treatment?’ 948 respondents (30.6%) thought if they went to a dentist tomorrow they would need treatment; 14.4% said they didn’t know. This same question was asked in 2001 when 31.1% of the Medway sample (1281 respondents) said they would need treatment; on that occasion 17.4% said they didn’t know.

8.7% of those with no natural teeth said they would need treatment and 9.4% said they didn’t know. The analyses below (summarized in Table 10) relate to respondents who have their own teeth.

32.4% of those with their own natural teeth thought they would need treatment if they went to the dentist tomorrow, and 14.4% said they didn’t know.
# Table 10

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

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<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>don't know</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>851</td>
<td>1397</td>
<td>378</td>
<td>2626</td>
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<tr>
<td><strong>Percentage</strong></td>
<td>32.4%</td>
<td>53.2%</td>
<td>14.4%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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<th>35-44</th>
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<th>55-64</th>
<th>65+</th>
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<td>119</td>
<td>144</td>
<td>188</td>
<td>158</td>
<td>176</td>
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<tr>
<td>Percentage</td>
<td>24.0%</td>
<td>45.9%</td>
<td>31.5%</td>
<td>38.8%</td>
<td>30.0%</td>
<td>31.2%</td>
</tr>
</tbody>
</table>

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<th>Locality</th>
<th>Chatham</th>
<th>Gillingham and Rainham</th>
<th>Rochester and Strood</th>
</tr>
</thead>
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<tr>
<td></td>
<td>271</td>
<td>361</td>
<td>219</td>
</tr>
<tr>
<td>Percentage</td>
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<td>30.3%</td>
<td>32.3%</td>
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</tbody>
</table>

**sex**

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<th>female</th>
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<tbody>
<tr>
<td>Total</td>
<td>1061</td>
<td>1565</td>
</tr>
<tr>
<td></td>
<td>37.1%</td>
<td>29.2%</td>
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</tbody>
</table>

**ethnic group**

<table>
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<tr>
<th>Ethnic group</th>
<th>White</th>
<th>Mixed</th>
<th>Asian or Asian British</th>
<th>Black or Black British</th>
<th>Other ethnic group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2438</td>
<td>19</td>
<td>88</td>
<td>43</td>
<td>10</td>
</tr>
<tr>
<td>Percentage</td>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

32
There was a fairly even spread across the age groups from 24.0% aged 16-24 (19.9% didn’t know) to 31.2% aged 65 and over (14.3% didn’t know). Based on our sample, men were more likely than women to think they would need to see the dentist tomorrow, 37.1% and 29.2% respectively (Chi sq=18.397; p=0.000). Both men and women had higher proportions in the younger age groups who said they didn’t know.

Black respondents were more likely to think they would need treatment but the numbers are small and the results not significant. There were locality differences with more people from Gillingham and Rainham who thought they would not need treatment, again these differences were not statistically significant and probably reflected levels of deprivation within the localities.

There was an increasing tendency to perceive a need for treatment tomorrow with increasing deprivation using the Medway quintiles (Figure 3 – quintile 1 was most deprived); people in the more deprived quintiles were more likely to think they needed treatment. The differences between the 5 deprivation quintiles were statistically significant (Chi sq=61.234; p=0.000). There are also differences between levels of education with people who had a degree or equivalent, and
those with A level or equivalent, being less likely to have thought they needed treatment (Chi sq=27.461; p=0.001).

**Figure 3**

Need for treatment tomorrow by deprivation quintile
(1= most deprived)

<table>
<thead>
<tr>
<th>Deprivation Quintile</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Don't Know (%)</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>40</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>50</td>
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</tr>
<tr>
<td>3</td>
<td>60</td>
<td>10</td>
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</tr>
<tr>
<td>4</td>
<td>70</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>80</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

per cent respondents
5. Results: Impact of Teeth on Quality of Life

5.1. Summary

- Painful aching in the mouth, discomfort eating, self consciousness, feeling tense, and embarrassment had the biggest impact on quality of life based on our survey.
- Painful aching decreased with age. There was an increased likelihood of people having a painful aching or finding it uncomfortable to eat also feeling tense.
- Discomfort with eating was more common in the middle and older age groups. There was a relationship between painful aching and finding it uncomfortable to eat. Edentate adults were more likely to experience discomfort eating unrelated to painful aching.
- Younger and middle aged people seem to have been more likely to suffer embarrassment, tenseness or self-consciousness. Older people seem to have been less likely to feel tense because of problems with their teeth, mouth or dentures.
- Locality was not statistically significant for quality of life impact questions.
- Amongst dentate adults painful aching was most important in younger people with a peak aged 25-34; discomfort in eating reached a peak in middle age 45-54 as did feeling self conscious and being embarrassed. Feeling tense followed the same pattern as painful aching with the highest prevalence of often / very often at 25-34.
5.1.1. The Questions

The survey asked a number of questions, drawn from the national survey, relating to the impact of teeth on the quality of life. These were self completion questions each with the same five options ranging from never to very often. Non responders to these questions were included, thus the percentages don’t add to 100% across the rows; 3101 respondents (i.e. all – not divided by dentate / edentate) were included in the analysis shown in Table 11.

The biggest impact on quality of life has been painful aching in the mouth, discomfort eating, self consciousness, feeling tense, and embarrassment.

5.1.2. Painful Aching

Painful aching decreased with age; 7.1% of respondents aged 16-44 had painful aching fairly often or very often compared to 5.2% aged 45-64 and 2.5% aged 65 or over. The differences across the age groups were statistically significant (Chi sq. = 47.057, p=0.000).

There was an increased likelihood of people having a painful aching or finding it uncomfortable to eat also feeling tense; 31.4% of those who very often felt tense fairly or very often had a painful aching; 55.5% fairly or very often found it uncomfortable to eat.

Discomfort with eating was more common in the middle and older age groups (10.4% aged 45-64 fairly or very often had discomfort with eating, as did 9.9% aged 65+; this compared to 8.2% aged 16-44. The differences were again statistically significant Chi sq = 27.182, p=0.001. There was a relationship between painful aching and finding it uncomfortable to eat (Table 11), 3.8% of dentate adults fairly or very often experienced both painful aching and discomfort with eating. (Chi sq=1028.407; p=0.000). Edentate adults were more likely to experience discomfort eating unrelated to painful aching.
### Table 11

**Dentate and edentate adults**

<table>
<thead>
<tr>
<th>Over the last 12 months have you</th>
<th>Never %</th>
<th>Hardly Ever</th>
<th>Occasionally</th>
<th>Fairly Often</th>
<th>Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had trouble <strong>PRONOUNCING ANY WORDS</strong> because of problems with your teeth, mouth or dentures?</td>
<td>84.6 %</td>
<td>6.3 %</td>
<td>5.5 %</td>
<td>1.4 %</td>
<td>0.7 %</td>
</tr>
<tr>
<td>Felt that your <strong>SENSE OF TASTE</strong> has worsened because of problems with your teeth, mouth and dentures?</td>
<td>81.2 %</td>
<td>7.7 %</td>
<td>6.4 %</td>
<td>1.8 %</td>
<td>1.0 %</td>
</tr>
<tr>
<td>Had a <strong>PAINFUL ACHING</strong> in your mouth?</td>
<td>52.9 %</td>
<td>18.9 %</td>
<td>21.0 %</td>
<td>3.8 %</td>
<td>1.4 %</td>
</tr>
<tr>
<td>Found it <strong>UNCOMFORTABLE TO EAT ANY FOODS</strong> because of problems with your teeth, mouth or dentures?</td>
<td>50.0 %</td>
<td>16.1 %</td>
<td>22.9 %</td>
<td>5.8 %</td>
<td>3.5 %</td>
</tr>
<tr>
<td>Been <strong>SELF-CONSCIOUS</strong> because of problems with your teeth, mouth or dentures?</td>
<td>60.5 %</td>
<td>11.3 %</td>
<td>14.8 %</td>
<td>6.4 %</td>
<td>5.0 %</td>
</tr>
<tr>
<td><strong>FELT TENSE</strong> because of problems with your teeth, mouth or dentures?</td>
<td>68.7 %</td>
<td>12.3 %</td>
<td>10.9 %</td>
<td>3.6 %</td>
<td>2.6 %</td>
</tr>
<tr>
<td>Had an <strong>UNSATISFACTORY DIET</strong> because of problems with your teeth, mouth or dentures?</td>
<td>83.4 %</td>
<td>8.1 %</td>
<td>4.3 %</td>
<td>1.3 %</td>
<td>1.2 %</td>
</tr>
<tr>
<td>Had to <strong>INTERRUPT MEALS</strong> because of problems with your teeth, mouth or dentures?</td>
<td>76.7 %</td>
<td>11.0 %</td>
<td>8.0 %</td>
<td>1.6 %</td>
<td>1.1 %</td>
</tr>
<tr>
<td>Found it <strong>DIFFICULT TO RELAX</strong> because of problems with your teeth, mouth or dentures?</td>
<td>74.5 %</td>
<td>11.8 %</td>
<td>8.7 %</td>
<td>1.7 %</td>
<td>1.3 %</td>
</tr>
<tr>
<td>Been a bit <strong>EMBARRASSED</strong> because of problems with your teeth, mouth or dentures?</td>
<td>67.3 %</td>
<td>10.8 %</td>
<td>13.6 %</td>
<td>2.9 %</td>
<td>3.6 %</td>
</tr>
<tr>
<td>Been <strong>IRRITABLE WITH OTHER PEOPLE</strong> because of problems with your teeth, mouth or dentures?</td>
<td>80.2 %</td>
<td>9.2 %</td>
<td>6.3 %</td>
<td>1.3 %</td>
<td>1.1 %</td>
</tr>
<tr>
<td>Had <strong>DIFFICULTY DOING YOUR USUAL JOBS</strong> because of problems with your teeth, mouth or dentures?</td>
<td>87.5 %</td>
<td>6.9 %</td>
<td>2.6 %</td>
<td>0.5 %</td>
<td>0.5 %</td>
</tr>
<tr>
<td>Felt that life in general was <strong>LESS SATISFYING</strong> because of problems with your teeth, mouth or dentures?</td>
<td>78.2 %</td>
<td>8.9 %</td>
<td>7.1 %</td>
<td>2.3 %</td>
<td>1.6 %</td>
</tr>
<tr>
<td>Been <strong>TOTALLY UNABLE TO FUNCTION</strong> because of problems with your teeth, mouth or dentures?</td>
<td>91.1%</td>
<td>4.5%</td>
<td>2.1%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>
Table 12
Relationship between painful aching and finding it uncomfortable to eat for dentate and edentate adults

<table>
<thead>
<tr>
<th>Over the last 12 months have you found it UNCOMFORTABLE TO EAT ANY FOODS because of problems with your teeth, mouth or dentures?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edentate (n=138)</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>Had a PAINFUL ACHING in your mouth?</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>never/ hardly ever / occasionally</td>
</tr>
<tr>
<td>fairly / very often</td>
</tr>
</tbody>
</table>

39.5% of those who very often felt tense, fairly or very often suffered painful aching and 59.3% fairly or very often found it uncomfortable to eat. 30.6% of those who very often felt a bit embarrassed suffered fairly or very often from a painful aching and 50.9% fairly or very often found it uncomfortable to eat.

5.1.3. Embarrassment, Tenseness and Self-Consciousness
Younger and middle aged people seem to have been more likely to suffer embarrassment, tenseness or self-consciousness. 13.7% of people aged 45-64 felt self conscious fairly or very often compared to 11.7% aged 16-44 and 8.4% aged 65 and over. Older people seem to have been less likely to feel tense because of problems with their teeth, mouth or dentures; 5.2% of respondents aged 65 and over felt tense fairly or very often compared to 7.4% aged 16-44 and 6.1% aged 45-64. 7.4% aged 16-44 and 7.2% aged 45-64 felt embarrassed fairly or very often compared to 4.7% aged 65 and over.
Locality was not statistically significant for quality of life impact questions; other comparators used were deprivation, age and gender; only age showed statistically significant differences in the key variables found to be important (see above). Amongst dentate adults painful aching was most important in younger people with a peak aged 25-34; discomfort in eating reached a peak in middle age 45-54 as did feeling self conscious and being embarrassed. Feeling tense followed the same pattern as painful aching with the highest prevalence of often / very often at 25-34 (Figure 4).

**Figure 4**
6. Results: Dental Access and Attendance Pattern

6.1. Summary

- 48.6% of edentate adults had not seen a dentist for 5 years or more. 18.1% had been in the last 12 months, these were more likely to be younger and/or female; men were more likely to go than women, mainly they said when they were having trouble.
- 86.0% of edentate adults said they preferred to visit a dentist nearer to home; the average distance to the dentist was 3.5 miles.
- When asked why they didn’t visit in the past 12 months, 7.1% of edentate adults (who had not visited in the past 12 months) said they always feel anxious, 69.0% said their teeth are all right and they don’t need to go, 5.3% said they cannot afford NHS treatment, 19.5% said they didn’t go for other reasons.
- 60.3% of dentate adults said they visited the dentist regularly; more women (64.4%) visited regularly than men (54.3%); men were more likely to go only if they are having trouble.
- Asian and black dentate respondents were more likely to say they only visited when they were having trouble.
- People from Gillingham and Rainham were more likely to visit the dentist regularly; this was not the case in Chatham. Dentate adults from the most deprived parts of Medway were less likely to go regularly and more likely to go when they were having trouble.
- Dentate adults from more highly educated groups (degree, A level) were more likely to visit regularly and those with no formal education likely to visit when they were having trouble.
- Dentate adults who were full time employed, unemployed and unable to work for health reasons were least likely to go regularly; more unemployed people and those not working for health reasons said they never go.
- 77.9% of dentate respondents said they go to a dentist nearer home. Only 5.1% said nearer work, although 17.0% chose a dentist about the same distance from home and work; the mean distance from home to dentist for dentate adults was 3.9 miles; the median was 2 miles.
- 33.1% of dentate adults had been within the past 3 months, 30.9% between 4 and 9 months, 19.3% between 10 and 24 months and 14.6% 25 months or longer.
Women were more likely to have been to the dentist in the past 9 months. Younger people were less likely to have been to the dentist more recently.

People of white and mixed race had been to the dentist more recently than those who were Asian or Black.

The locality differences were not significant, those related to deprivation quintile were. People from the 2 least deprived quintiles had visited more recently than those from the most deprived quintiles.

63.6% of respondents said they received their last dental treatment from an NHS dentist. 28.9% said they went to a private dentist. 41.6% who went to an NHS dentist had their treatment paid for by the NHS, 35.4% were mixed NHS and self-funded, and 18.6% were completely self-funded.

23.3% of edentate adults said they always feel anxious about going to the dentist; 38.7% of all dentate adults said they felt anxious about going to the dentist and 58.7% said they felt nervous about some kinds of treatment. There was a significant relationship between likelihood of being anxious and nervous.

28.0% of all dentate adults said they didn’t see any point in visiting the dentist unless they needed to; men (32.7%) were more likely to hold this view than women (24.7%). People living in the more deprived quintiles were more likely to have said there was no point in going unless they needed to. Retired people, unemployed and those unable to work because of disability or ill health were more likely to have said they saw no point in visiting unless they needed to. There was enough statistical evidence to support these arguments.

People who have visited the dentist recently were much less likely to have said there was no point in visiting if they didn’t need to.

64.2% of dentate respondents said they would like to be able to drop in to see the dentist.

40.5% of dentate people considered they needed cosmetic treatment; only half those who considered they needed cosmetic treatment (50.3%) would be willing to pay. Women (43.9%) were more likely to consider they needed cosmetic treatment than men (35.5%) and would be more willing to pay.
6.1.1. Edentate Adults: Reason for Visiting the Dentist

There were only 132 edentate adults in the sample, so presentation of results in this section is limited to age and sex, younger age groups had so few respondents they have not been included in Table 13. 48.5% of edentate adults said they never go to the dentist; men were more likely to go than women, mainly they said when they were having trouble. Most edentate adults were in the older age groups; those aged under 65 were more likely to visit the dentist.

Table 13
Edentate Adults: Reason for visiting dentist by age and sex

<table>
<thead>
<tr>
<th></th>
<th>To have a regular check up</th>
<th>To have an occasional check up</th>
<th>Only when you are having trouble</th>
<th>I never go to dentist</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>12</td>
<td>9</td>
<td>47</td>
<td>64</td>
<td>132</td>
</tr>
<tr>
<td>Male</td>
<td>9.1%</td>
<td>6.8%</td>
<td>35.6%</td>
<td>48.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Female</td>
<td>9.3%</td>
<td>5.6%</td>
<td>44.4%</td>
<td>40.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>55-64</td>
<td>20.0%</td>
<td>.0%</td>
<td>60.0%</td>
<td>20.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>65+</td>
<td>21.7%</td>
<td>8.7%</td>
<td>26.1%</td>
<td>43.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

48.6% of edentate adults had not seen a dentist for 5 years or more. 13.0% did not reply to the question. 18.1% had been in the last 12 months, these were more likely to be younger and/or female. 86.0% of edentate adults said they preferred to visit a dentist nearer to home; it would appear that gender was not statistical impact on this question (87.7% of men and 84.4% of women). The mean distance to the dentist was 3.5 miles. The results were affected by 4 outliers who were respondents who travelled 10 miles or more.
## Table 14

**Dentate Adults: Reason for visiting dentist by demographics**

<table>
<thead>
<tr>
<th></th>
<th>To have a regular check up</th>
<th>To have an occasional check up</th>
<th>Only when you are having trouble</th>
<th>I never go to dentist</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>1578</td>
<td>318</td>
<td>548</td>
<td>172</td>
<td>2616</td>
</tr>
<tr>
<td></td>
<td>60.3%</td>
<td>12.2%</td>
<td>20.9%</td>
<td>6.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Male</td>
<td>574</td>
<td>134</td>
<td>253</td>
<td>96</td>
<td>1057</td>
</tr>
<tr>
<td></td>
<td>54.3%</td>
<td>12.7%</td>
<td>23.9%</td>
<td>9.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Female</td>
<td>1004</td>
<td>184</td>
<td>295</td>
<td>76</td>
<td>1559</td>
</tr>
<tr>
<td></td>
<td>64.4%</td>
<td>11.8%</td>
<td>18.9%</td>
<td>4.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>131</td>
<td>55</td>
<td>62</td>
<td>26</td>
<td>274</td>
</tr>
<tr>
<td></td>
<td>47.8%</td>
<td>20.1%</td>
<td>22.6%</td>
<td>9.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>139</td>
<td>57</td>
<td>83</td>
<td>36</td>
<td>315</td>
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<td></td>
<td>44.1%</td>
<td>18.1%</td>
<td>26.3%</td>
<td>11.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>35-44</td>
<td>279</td>
<td>58</td>
<td>95</td>
<td>23</td>
<td>455</td>
</tr>
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<td>12.7%</td>
<td>20.9%</td>
<td>5.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>45-54</td>
<td>297</td>
<td>59</td>
<td>92</td>
<td>34</td>
<td>482</td>
</tr>
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<td>12.2%</td>
<td>19.1%</td>
<td>7.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>369</td>
<td>47</td>
<td>92</td>
<td>20</td>
<td>528</td>
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<td></td>
<td>69.9%</td>
<td>8.9%</td>
<td>17.4%</td>
<td>3.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>65+</td>
<td>363</td>
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<td>124</td>
<td>33</td>
<td>562</td>
</tr>
<tr>
<td></td>
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<td>7.5%</td>
<td>22.1%</td>
<td>5.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Ethnicity</td>
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<td>281</td>
<td>491</td>
<td>147</td>
<td>2430</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td></td>
<td>62.2%</td>
<td>11.6%</td>
<td>20.2%</td>
<td>6.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>White</td>
<td>13</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Mixed</td>
<td>72.2%</td>
<td>5.6%</td>
<td>22.2%</td>
<td>.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>26.4%</td>
<td>21.8%</td>
<td>35.6%</td>
<td>16.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>23.3%</td>
<td>25.6%</td>
<td>30.2%</td>
<td>20.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>36.4%</td>
<td>18.2%</td>
<td>27.3%</td>
<td>18.2%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Locality</th>
<th>419</th>
<th>98</th>
<th>166</th>
<th>71</th>
<th>754</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatham</td>
<td>55.6%</td>
<td>13.0%</td>
<td>22.0%</td>
<td>9.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>764</td>
<td>134</td>
<td>226</td>
<td>62</td>
<td>1186</td>
</tr>
<tr>
<td>64.4%</td>
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<td>19.1%</td>
<td>5.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>395</td>
<td>86</td>
<td>156</td>
<td>39</td>
<td>676</td>
</tr>
<tr>
<td>58.4%</td>
<td>12.7%</td>
<td>23.1%</td>
<td>5.8%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Deprivation (IMD) Medway Quintile (1 is most deprived)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td></td>
<td>235</td>
<td>280</td>
<td>319</td>
<td>378</td>
<td>366</td>
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<td>121</td>
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</tr>
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<td>27</td>
<td>24</td>
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</tr>
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<td></td>
<td>492</td>
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<td>531</td>
<td>540</td>
<td>538</td>
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<td></td>
<td>47.8%</td>
<td>54.4%</td>
<td>60.1%</td>
<td>70.0%</td>
<td>68.0%</td>
</tr>
<tr>
<td></td>
<td>11.6%</td>
<td>14.8%</td>
<td>12.1%</td>
<td>10.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td></td>
<td>31.3%</td>
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<td>22.8%</td>
<td>15.2%</td>
<td>14.5%</td>
</tr>
<tr>
<td></td>
<td>9.3%</td>
<td>8.9%</td>
<td>5.1%</td>
<td>4.4%</td>
<td>5.4%</td>
</tr>
<tr>
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<th>O Level/GCSE equivalent</th>
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<th>Other qualification</th>
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<td>18.5%</td>
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<td>7.5%</td>
<td>3.3%</td>
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<tr>
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<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
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<tr>
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<td>11</td>
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<td>-----</td>
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<td>----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>I am self employed</td>
<td>58.7%</td>
<td>14.3%</td>
<td>21.2%</td>
<td>5.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am employed full-time</td>
<td>501</td>
<td>137</td>
<td>190</td>
<td>71</td>
<td>899</td>
</tr>
<tr>
<td>I am employed part time</td>
<td>55.7%</td>
<td>15.2%</td>
<td>21.1%</td>
<td>7.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am retired</td>
<td>223</td>
<td>32</td>
<td>50</td>
<td>9</td>
<td>314</td>
</tr>
<tr>
<td>I am retired</td>
<td>71.0%</td>
<td>10.2%</td>
<td>15.9%</td>
<td>2.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am retired</td>
<td>445</td>
<td>46</td>
<td>125</td>
<td>33</td>
<td>649</td>
</tr>
<tr>
<td>I am retired</td>
<td>68.6%</td>
<td>7.1%</td>
<td>19.3%</td>
<td>5.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am unemployed and looking for work</td>
<td>43</td>
<td>15</td>
<td>21</td>
<td>11</td>
<td>90</td>
</tr>
<tr>
<td>I am unable to work due to disability or ill health</td>
<td>49</td>
<td>12</td>
<td>33</td>
<td>14</td>
<td>108</td>
</tr>
<tr>
<td>I am caring for my home and family / dependents</td>
<td>73</td>
<td>19</td>
<td>40</td>
<td>6</td>
<td>138</td>
</tr>
<tr>
<td>I am a full time student</td>
<td>52.9%</td>
<td>13.8%</td>
<td>29.0%</td>
<td>4.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am a full time student</td>
<td>62</td>
<td>16</td>
<td>15</td>
<td>6</td>
<td>99</td>
</tr>
<tr>
<td>Other</td>
<td>62.6%</td>
<td>16.2%</td>
<td>15.2%</td>
<td>6.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other</td>
<td>39</td>
<td>9</td>
<td>16</td>
<td>3</td>
<td>67</td>
</tr>
<tr>
<td>Other</td>
<td>58.2%</td>
<td>13.4%</td>
<td>23.9%</td>
<td>4.5%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Only 18.1% of edentate adults had visited the dentist in the past 12 months. Of those who had not visited in the past year 7.1% said they always feel anxious, 69.0% said their teeth are all right and they don’t need to go, 5.3% said they cannot afford NHS treatment, 19.5% said they didn’t go for other reasons.

6.1.2. Dentate Adults: Reason for Visiting the Dentist

The results are summarised in Table 14. These results do not include the answers of the 286 who did not give information about their dentition, 48.6% of whom said they visit the dentist regularly. 60.3% of dentate adults said they visited the dentist regularly; more women (64.4%) visited regularly than men (54.3%); and men were more likely to go only if they are having trouble. Younger people under the age of 35 were less likely to say they go regularly and more likely to go for an occasional check up or only when they are having trouble or never. Older people (aged 55 and over) were most likely to go regularly. Based on our sample there was strong statistical evidence to support this argument (Chi sq=101.132; \( p=0.000 \)).

Asian and black respondents were more likely to say they only visited when they were having trouble. People from Gillingham and Rainham were more likely to visit regularly, whereas people from Chatham were more likely never to go. Based on our sample there was enough statistical evidence to support this argument (Chi sq=24.958; \( p=0.000 \)). There was a clear relationship between deprivation quintiles and frequency of visit to the dentist. Those from the most deprived parts of Medway were less likely to go regularly and more likely to go only when they were having trouble, whilst respondents in the least deprived quintiles were more likely to go regularly (Chi sq=96.300; \( p=0.000 \)).

Education also made a difference with the more highly educated people (degree, A level) more likely to visit regularly and those with no formal education most likely to visit when they were having trouble (Chi sq=38.856; \( p=0.000 \)). Part time employed, retired and students were most likely to visit regularly whilst those who were full time employed, unemployed and unable to work for health reasons were least likely to go regularly. More unemployed people and those not working for health reasons said they never go.
### Table 15
**Dentate Adults: Location of dentist by demographics**

<table>
<thead>
<tr>
<th></th>
<th>Nearer to home</th>
<th>Nearer to work</th>
<th>About the same</th>
<th>Total</th>
</tr>
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<td></td>
</tr>
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<td>All</td>
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<td>126</td>
<td>421</td>
<td>2470</td>
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<tr>
<td>Male</td>
<td>797</td>
<td>43</td>
<td>143</td>
<td>983</td>
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<td>81.1%</td>
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<tr>
<td></td>
<td>75.7%</td>
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<td>18.7%</td>
<td>100.0%</td>
</tr>
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<td><strong>Age</strong></td>
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<td></td>
<td></td>
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<tr>
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<td>11.9%</td>
<td>100.0%</td>
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<td>225</td>
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<td>53</td>
<td>294</td>
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<tr>
<td></td>
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<td>26.3%</td>
<td>100.0%</td>
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<tr>
<td>55-64</td>
<td>388</td>
<td>36</td>
<td>88</td>
<td>512</td>
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<td>65+</td>
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<td>509</td>
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<tr>
<td></td>
<td>87.4%</td>
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<td>11.0%</td>
<td>100.0%</td>
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<tr>
<td><strong>Ethnicity</strong></td>
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<td>31.6%</td>
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<tr>
<td>Asian or Asian British</td>
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<td>4</td>
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<td>83</td>
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<td>Black or Black British</td>
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<td>100.0%</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Chatham</td>
<td>531</td>
<td>38</td>
<td>129</td>
<td>698</td>
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<tr>
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<td>76.1%</td>
<td>5.4%</td>
<td>18.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>892</td>
<td>54</td>
<td>182</td>
<td>1128</td>
</tr>
<tr>
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<td>79.1%</td>
<td>4.8%</td>
<td>16.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Rochester and Strood</td>
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<td>34</td>
<td>110</td>
<td>644</td>
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<tr>
<td></td>
<td>77.6%</td>
<td>5.3%</td>
<td>17.1%</td>
<td>100.0%</td>
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</table>
Deprivation (IMD) Medway Quintile (1 is most deprived)

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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
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<td>32</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>93</td>
<td>92</td>
<td>80</td>
<td>70</td>
<td>86</td>
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<tr>
<td></td>
<td></td>
<td>456</td>
<td>481</td>
<td>506</td>
<td>513</td>
<td>514</td>
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</table>

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<th>Degree or Higher education</th>
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<th>O Level/GCSE equivalent</th>
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<th>Other qualification</th>
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<td>396</td>
<td>35</td>
<td>92</td>
<td>523</td>
<td>84.1%</td>
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<td>12</td>
<td>37</td>
<td>180</td>
</tr>
<tr>
<td></td>
<td>I am employed full-time</td>
<td>600</td>
<td>69</td>
<td>185</td>
<td>854</td>
</tr>
<tr>
<td></td>
<td>I am employed part time</td>
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<td>25</td>
<td>71</td>
<td>308</td>
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<tr>
<td></td>
<td>I am retired</td>
<td>527</td>
<td>7</td>
<td>63</td>
<td>597</td>
</tr>
<tr>
<td></td>
<td>I am unemployed and looking for work</td>
<td>67</td>
<td>3</td>
<td>9</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>I am unable to work due to disability or ill health</td>
<td>86</td>
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<td>13</td>
<td>101</td>
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<tr>
<td></td>
<td>I am caring for my home and family / dependents</td>
<td>118</td>
<td>1</td>
<td>15</td>
<td>134</td>
</tr>
<tr>
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<td>I am a full time student</td>
<td>84</td>
<td>2</td>
<td>11</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>Other</td>
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<td>1</td>
<td>7</td>
<td>65</td>
</tr>
</tbody>
</table>
6.1.3. Dentate Adults: Distance to the dentist

77.9% of dentate respondents said they go to a dentist nearer to home (Table 14). Only 5.1% said nearer work, although 17.0% chose a dentist about the same distance from home and work. Men (77.9%) were more likely to choose a dentist nearer to home than were women (75.7%). 87.4% of people aged 65 and over and 83.1% of people aged 16-24 chose a dentist nearer to home compared to 67.3% aged 45-54 who were the least likely to see a dentist nearer home.

The mean distance from home to dentist for dentate adults was 3.9 miles; the median distance was 2 miles. The survey asked how close they would like their dental practice to be; the mean was 2.3 miles and the median was 1.5 miles. 7.6% of dentate respondents travelled 10 miles or more to see their dentist, 2.1% 25 miles or more. The 2001 Census found that 12% of men and 9% of women from Medway commuted to inner London, 18% of men and 11% of women were working in Greater London.

6.1.4. Dentate Adults: Most Recent Visit

The survey asked ‘when was the most recent visit to the dentist’. The results were expressed in months and have been calculated to provide results both as set out in the National Survey 1998 (less than one year, 1-5 years and 5 years plus) (Table 16) and to fit with ‘Vital Signs’ i.e. 0-3 months, 4-9 months, 10-24 months and 25 months and over (Table 17). Both tables set out the findings by demographics for dentate adults.

66.9% of dentate adults had last visited the dentist within the past year; 21.6% between one year and 5 years and 9.4% over 5 years ago. 33.1% had been within the past 3 months, 30.9% between 4 and 9 months, 19.3% between 10 and 24 months and 14.6% 25 months or longer. Younger people were less likely to have been to the dentist recently this is backed by statistical evidence (Chi sq=60.176; 15df; p=0.000). People of white race had been to the dentist more recently compared to other ethnic groups.
### Table 16
**Dentate Adults: Most recent dental visit using time groupings as in the National Survey 1998**

<table>
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<tr>
<th></th>
<th>0-11 months</th>
<th>12 - 59 months</th>
<th>60 months</th>
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<th>Total</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>1766</td>
<td>570</td>
<td>247</td>
<td>55</td>
<td>2638</td>
</tr>
<tr>
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<td>660</td>
<td>252</td>
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<td>1063</td>
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<td>1106</td>
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<td>114</td>
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<td>1575</td>
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<tr>
<td></td>
<td>66.9%</td>
<td>21.6%</td>
<td>9.4%</td>
<td>2.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>160</td>
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<td>26</td>
<td>1</td>
<td>276</td>
</tr>
<tr>
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<td>58.0%</td>
<td>32.2%</td>
<td>9.4%</td>
<td>.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>193</td>
<td>87</td>
<td>32</td>
<td>7</td>
<td>319</td>
</tr>
<tr>
<td></td>
<td>60.5%</td>
<td>27.3%</td>
<td>10.0%</td>
<td>2.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>35-44</td>
<td>326</td>
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<td>31</td>
<td>6</td>
<td>457</td>
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<tr>
<td></td>
<td>71.3%</td>
<td>20.6%</td>
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<td>1.3%</td>
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</tr>
<tr>
<td>45-54</td>
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<td>11</td>
<td>486</td>
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<tr>
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<td>65.8%</td>
<td>21.8%</td>
<td>10.1%</td>
<td>2.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>55-64</td>
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<td>7</td>
<td>531</td>
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<td></td>
<td>72.5%</td>
<td>17.7%</td>
<td>8.5%</td>
<td>1.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>65+</td>
<td>382</td>
<td>100</td>
<td>64</td>
<td>23</td>
<td>569</td>
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<tr>
<td></td>
<td>67.1%</td>
<td>17.6%</td>
<td>11.2%</td>
<td>4.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
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<td></td>
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<tr>
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<td>525</td>
<td>226</td>
<td>42</td>
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### Education level

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53
### Deprivation (IMD) Medway Quintile (1 is most deprived)

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### Education level

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</tbody>
</table>

### Current employment

<table>
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<th>Quintile 3</th>
<th>Quintile 4</th>
<th>Quintile 5</th>
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<td>20.5%</td>
<td>16.3%</td>
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<td>100.0%</td>
</tr>
<tr>
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<td>903</td>
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<td>21.8%</td>
<td>15.4%</td>
<td>1.7%</td>
<td>100.0%</td>
</tr>
<tr>
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<td>108</td>
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<td>316</td>
</tr>
<tr>
<td></td>
<td>37.0%</td>
<td>34.2%</td>
<td>18.0%</td>
<td>9.5%</td>
<td>1.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am retired</td>
<td>233</td>
<td>216</td>
<td>101</td>
<td>83</td>
<td>22</td>
<td>655</td>
</tr>
<tr>
<td></td>
<td>35.6%</td>
<td>33.0%</td>
<td>15.4%</td>
<td>12.7%</td>
<td>3.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am unemployed and looking for work</td>
<td>23</td>
<td>29</td>
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<td>15</td>
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<td>90</td>
</tr>
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<td></td>
<td>25.6%</td>
<td>32.2%</td>
<td>23.3%</td>
<td>16.7%</td>
<td>2.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am unable to work due to disability or ill health</td>
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<td>16.4%</td>
<td>29.1%</td>
<td>.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am caring for my home and family / dependents</td>
<td>46</td>
<td>40</td>
<td>30</td>
<td>20</td>
<td>3</td>
<td>139</td>
</tr>
<tr>
<td></td>
<td>33.1%</td>
<td>28.8%</td>
<td>21.6%</td>
<td>14.4%</td>
<td>2.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am a full time student</td>
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<td>1.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other</td>
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<td>19</td>
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<td>10</td>
<td>2</td>
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</tr>
<tr>
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<td>34.8%</td>
<td>27.5%</td>
<td>20.3%</td>
<td>14.5%</td>
<td>2.9%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Locality had no impact on whether people had visited the dentist recently. However deprivation quintiles did have an impact. In particular 21.4% of people from the most deprived quintile had not visited for more than 2 years. Regarding education, those with no formal education were most likely not to have visited the dentist recently, 19.1% for 2 years and 13.6% for 5 years. 29.1% of people not working for health reasons had not visited for 2 years; 16.3% of those who were self employed, 15.4% working full time had not visited for 2 years as well as 16.7% of those who were unemployed.

6.1.5. Dentate Adults: Reasons for Not Visiting the Dentist

The survey asked the respondent for reasons why they had not visited the dentist if this was for over a year, offering a number of answers and inviting respondents to tick as many as they liked. As this question was also answered by people who said they did visit within 12 months, these people were excluded from the analysis. This analysis was then based on 872 respondents who had not visited for 12 months or more (Table 16, 33.1% of dentate adults).

30.3% of dentate adults who had not visited within the past year said they always felt anxious when visiting the dentist. The proportion of women not visiting the dentist was higher than men, 35.7% and 21.8% respectively. People aged 45-54 (38.0%) and 55-64 (37.0%) were also more likely to have reported being anxious. There was enough statistical evidence to support these claims.

24.7% said their teeth were all right and they didn’t need to go to the dentist. 6.8% said it was difficult to get time off work, 8.8% said it was difficult to get a convenient appointment, 23.1% said they couldn’t afford NHS treatment, 2.5% said it was a long way to go, 6.0% said they hadn’t found a dentist they liked and 11.8% couldn’t find an NHS dentist. 14.3% said none of these reasons.
6.1.6. Edentate Adults: Last Dental Treatment

63.4% of the edentate adults responding to this question received their last treatment from an NHS dentist; women (67.9%) were more likely to have been to an NHS dentist than men (57.1%); men were more likely to have been to a private dentist or to the dental hospital. The differences were not statistically significant.

The edentate population was older, retired, and with no formal education. Younger age groups and minority ethnic groups were not included in the results table as there were small numbers. People in Chatham were more likely to have been to an NHS dentist; those in Rochester / Strood the dental hospital.

6.1.7. Dentate Adults: Last Dental Treatment

65.3% received their last dental treatment from an NHS dentist and 30.6% from a private dentist. There was a relationship between gender and the type of dentist visited. 33.4% of men compared to 28.6% of women saw a private dentist. There is statistical evidence to support this claim (Chi sq=17.31; p=0.001). Age group also has an effect on the type of dentist visited with younger adults visiting an NHS dentist and older adults visiting a private dentist (Figure 5) (Chi sq=69.373; p=0.000).

Ethnicity had an effect on the type of dentist visited. 30.8% of white people visited a private compared to 25.0% of Asians and 22.2% black people (but numbers of black people and other ethnic groups are small).

Localities also had a statistically significant effect on the type of dentist visited. 34.0% of people from Chatham, 31.3% from Rochester and Strood and 28.0% from Gillingham and Rainham having been privately (Chi sq=32.678; 6df; p=0.000). There was a clear relationship between deprivation and the type of dentist visited. The least deprived were less likely to have visited an NHS dentist (Figure 6) (Chi sq=55.670; p=0.000).
Table 18
Edentate Adults: Place where received last dental treatment by demography

<table>
<thead>
<tr>
<th></th>
<th>Private dentist</th>
<th>NHS dentist</th>
<th>Dental hospital / hospital</th>
<th>Armed forces</th>
<th>Other</th>
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</tr>
</tbody>
</table>
Table 19
Dentate Adults: Place where received last dental treatment by demography

<table>
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<tr>
<th></th>
<th>Private dentist</th>
<th>NHS dentist</th>
<th>School dental service</th>
<th>Community dental service</th>
<th>Dental hospital / Armed forces</th>
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<td><strong>Sex</strong></td>
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<td>25.6%</td>
<td>58.1%</td>
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61
Figure 5

**Dentate Adults: Place of last treatment by age**

- 16-24
- 25-34
- 35-44
- 45-54
- 55-65
- 65+

- Other
- NHS
- Private

Figure 6

**Place of last treatment by deprivation quintile**

- 1
- 2
- 3
- 4
- 5

- Other
- NHA
- Private
There was a clear relationship between education and the type of dentist visited. 39.5% of people with a degree or higher education and 32.6% of those with other qualifications last visited a private dentist compared to 27.2% of those with no formal education, 28.1% of those with a lesser qualification including O levels / GCSE and even those with A levels / BTEC (24.7%) (Chi sq=46.395; p=0.000).

There was a relationship between employment status and the type of dentist last seen. There was statistical evidence to support this statement (Chi sq=80.439; p=0.000). Self employed people (40.0%) and retired people (36.0%) were those most likely to have been to a private dentist whilst those who were unable to work for health reasons (16.4%), students (18.2%), carers (20.1%) and unemployed people (21.1%) were least likely to have been privately and most likely to have seen an NHS dentist.

**Figure 7**

![Funding for last treatment by deprivation quintile](image)

Only 40.8% of those who saw an NHS dentist were wholly funded by the NHS; 35.8% were mixed NHS and private partly funded by themselves. 89.0% of those who went to a private dentist were self funded and 5.7% used an insurance plan, 3.4% were NHS funded. Table 20 summarises payment arrangements by demographics.
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**Dentate Adults: Who paid for last dental treatment**

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### Education level

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<th>O Level/GCSE equivalent</th>
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<th>Other qualification</th>
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### Current employment

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<td>100.0%</td>
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<td>414</td>
<td>34</td>
<td>247</td>
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<td>889</td>
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<td>employed part time</td>
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<td>100.0%</td>
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<td>retired</td>
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<td>115</td>
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<td>81</td>
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<td>100.0%</td>
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<td>150</td>
<td>284</td>
<td>17</td>
<td>180</td>
<td>10</td>
<td>641</td>
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<td>28.1%</td>
<td>1.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>unemployed and looking for work</td>
<td>47</td>
<td>24</td>
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<td>13</td>
<td>6</td>
<td>90</td>
</tr>
<tr>
<td>52.2%</td>
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<td>14.4%</td>
<td>6.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
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<td>108</td>
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<tr>
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<td>18.5%</td>
<td>2.8%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>caring for my home and family / dependents</td>
<td>80</td>
<td>38</td>
<td>2</td>
<td>15</td>
<td>1</td>
<td>136</td>
</tr>
<tr>
<td>58.8%</td>
<td>27.9%</td>
<td>1.5%</td>
<td>11.0%</td>
<td>.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>full time student</td>
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<td>9</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>94</td>
</tr>
<tr>
<td>80.9%</td>
<td>9.6%</td>
<td>.0%</td>
<td>2.1%</td>
<td>7.4%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>24</td>
<td>1</td>
<td>12</td>
<td>4</td>
<td>67</td>
</tr>
<tr>
<td>38.8%</td>
<td>35.8%</td>
<td>1.5%</td>
<td>17.9%</td>
<td>6.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
Treatment for 32.3% of women compared to 24.1% of men (24.1%) was wholly paid for by the NHS (Chi sq=24.925; p=0.000). Treatment received by younger people especially those under 25 (62.8%) was wholly paid for by the NHS compared to 34.3% at 25-34 reducing with age in older age groups. 38.2% of those in the most deprived quintile had been wholly paid for by the NHS compared to 31.2% in quintile 2 and 27.7% and in quintile 3 (Figure 7).

People with A levels (34.5%) and O levels / GCSE (31.3%) were wholly funded by the NHS compared to people with a degree or higher education (21.8%). Self employed people wholly funded themselves (55.3%); as did 46.6% of full time employed people and 44% of retired people.

6.1.8. Edentate Adults: Anxiety and nervousness
23.3% of edentate adults said they always felt anxious about going to the dentist; 15.2% did not answer the question. 20.3% said they were nervous about some kinds of treatment; 21.7% did not answer this question. 63.8% said they could have dental treatment without sedation; and 21.0% did not answer.

6.1.9. Dentate adults:  Anxiety and Nervousness
38.7% of all dentate There was a statistically significant relationship between gender and payment of dental treatment. Adults said they felt anxious about going to the dentist and 58.7% said they felt nervous about some kinds of treatment. There was a statistically significant relationship between gender and anxiety and nervousness about going to the dentist. 44.8% of women were anxious and 67.9% were nervous compared to men (29.7% who were anxious and 45.2% who were nervous). (Chi sq=59.375; p=0.000 for anxiety and 113.935; p=0.000 for nervousness). There is no clear relationship for age. 60.0% of white people were nervous compared to than other ethnic groups (Chi sq=29.436; p=0.000).

There was statistical evidence of a relationship between for localities and anxiety about visiting the dentist. People living in the most deprived quintiles were anxious (43.8%) and nervous (63.3%) compared to less deprived quintiles. 32.8% were anxious and 55.0% were nervous in the 4th quintile (next least deprived). This relationship was statistically significant for anxiety and deprivation (Chi sq = 15.277; p=0.004) but not for nervousness.
People with a degree (30.8%) or A level (35.3%) were less anxious than those with no formal education (46.4%), O level/GCSE (39.1%) and other qualifications (39.9%) came in between. There was statistical evidence to support this claim (Chi sq=32.102; p=0.000). There was no statistically significant relationship between being nervous about going to the dentist and educational group.

There was a statistically significant relationship between employment status and nervousness about going to the dentist. 23.5% of students and 30.9% of people who were self employed to 49.6% of carers and 57.1% of those who were unable to work because of disability or long term illness were nervous about going to the dentist (Chi sq=42.421; p=0.000).

There was also statistical evidence to support a relationship between employment status and nervousness about some kind of treatments. Less self employed people (47.1%) and retired people (54.3%) were nervous compared to those unable to work because of disability (69.4%) and carers (71.1%) (Chi sq= 37.878; p=0.000).

<table>
<thead>
<tr>
<th>Table 21</th>
<th>Dentate Adults: Anxiety and nervousness about some treatments and anxiety going to the Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I am nervous about some kinds of treatment</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>I always feel anxious about going to the dentist</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>36.4%</td>
</tr>
<tr>
<td></td>
<td>No</td>
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<tr>
<td></td>
<td>22.1%</td>
</tr>
<tr>
<td>Total</td>
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<tr>
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</table>

There was a statistically significant relationship between likelihood of being anxious and nervous (Table 22) with 36.4% having said yes to both questions (94.6% of those who had said they were anxious also said they were nervous) (Chi sq=861.370; p=0.000).
Table 22
Dentate Adults: Anxiety and Nervousness about some kinds of treatment by demographics

<table>
<thead>
<tr>
<th></th>
<th>I always feel anxious about going to the dentist</th>
<th>I am nervous about some kinds of treatment</th>
<th>Not able to have dental treatment without sedation?</th>
<th>Total</th>
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<tr>
<td><strong>Sex</strong></td>
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<tr>
<td><strong>All</strong></td>
<td>1002</td>
<td>1512</td>
<td>549</td>
<td>2574</td>
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<td>469</td>
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<td><strong>Female</strong></td>
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<td>314</td>
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<td>20.4%</td>
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<td>87</td>
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### Deprivation (IMD) Medway quintiles

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### Education level

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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
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<tr>
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<td>19.7%</td>
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<td></td>
</tr>
<tr>
<td>A levels/higher/equivalent/ONC/BTEC</td>
<td>35.3%</td>
<td>59.8%</td>
<td>17.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
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<td>59.0%</td>
<td>19.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>No formal qualification</td>
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<td>60.0%</td>
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<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Other qualification</td>
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<td>62.7%</td>
<td>15.6%</td>
<td>100.0%</td>
<td></td>
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</tbody>
</table>

### Current employment

<table>
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<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am self employed</td>
<td>58</td>
<td>88</td>
<td>38</td>
<td>187</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am employed full-time</td>
<td>328</td>
<td>515</td>
<td>170</td>
<td>894</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I am employed part time</td>
<td>135</td>
<td>205</td>
<td>62</td>
<td>310</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am retired</td>
<td>237</td>
<td>339</td>
<td>123</td>
<td>624</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am unemployed and looking for work</td>
<td>40</td>
<td>56</td>
<td>30</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am unable to work due to disability or ill health</td>
<td>45.5%</td>
<td>62.2%</td>
<td>34.1%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am caring for my home and family / dependents</td>
<td>60</td>
<td>75</td>
<td>31</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a full time student</td>
<td>57.1%</td>
<td>69.4%</td>
<td>28.7%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>49.6%</td>
<td>71.1%</td>
<td>22.5%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am a full time student</td>
<td>23</td>
<td>57</td>
<td>22</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>26</td>
<td>43</td>
<td>20</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deprivation (IMD) Medway quintiles</td>
<td>38.2%</td>
<td>64.2%</td>
<td>29.4%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
Table 23
Those who said they feel anxious by length of time since last saw the dentist

<table>
<thead>
<tr>
<th>Last saw the dentist (months)</th>
<th>0-3</th>
<th>4-9</th>
<th>10-24</th>
<th>25+</th>
<th>N/A</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I always feel anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>267</td>
<td>263</td>
<td>228</td>
<td>226</td>
<td>18</td>
<td>1002</td>
</tr>
<tr>
<td>31.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>594</td>
<td>546</td>
<td>273</td>
<td>151</td>
<td>23</td>
<td>1587</td>
</tr>
<tr>
<td>69.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>about going to the dentist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>267</td>
<td>263</td>
<td>228</td>
<td>226</td>
<td>18</td>
<td>1002</td>
</tr>
<tr>
<td>31.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>594</td>
<td>546</td>
<td>273</td>
<td>151</td>
<td>23</td>
<td>1587</td>
</tr>
<tr>
<td>69.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>861</td>
<td>809</td>
<td>501</td>
<td>377</td>
<td>41</td>
<td>2589</td>
</tr>
<tr>
<td>100.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

57.2% of those who thought they would need treatment if they went to the dentist tomorrow were anxious compared to 26.1% who did not think they would need treatment. 47.7% of those who were anxious thought they would need treatment compared to 22.4% of those who were not anxious (Chi sq=217.199; p=0.000). There was a significant increase in the proportion who were feeling anxious with length of time since last visit from 31.0% of those who visited in the last 3 months to 59.9% of those who have not been for over 2 years (Table 24) (Chi sq=116.526; p=0.000).

21.2% said they are not able to have dental treatment without sedation. There was no relationship between this and gender. A greater proportion of younger people said they would need sedation, there was little difference between those in the middle age groups and older people (Chi sq=16.947; p=0.005). Asian (41.2%) and black people (40.5%) said they could not have treatment without sedation compared to white people (20.0%) (Chi sq=32.412; p=0.000).

There was not a relationship between locality and sedation. However there was between deprivation quintiles; people in the most deprived quintile (28.3%) were nearly twice as likely to have said they couldn’t have treatment without sedation as those in the least deprived quintile (16.9%) (Chi sq=23.051; p=0.000). 27.1% of those with no formal education and 34.1% of
unemployed people and 27.8% of those unable to work because of ill health or disability thought they would need sedation.

**6.1.10. Edentate Adults: Visiting the Dentist**

62.3% of edentate adults said they saw no point in visiting the dentist. 44.9% said they would like to be able to drop in without an appointment.

**6.1.11. Dentate Adults: Visiting the Dentist**

28.0% of all dentate adults said they didn’t see any point in visiting the dentist unless they needed to; results are summarised in Table 25. More men (32.7%) held this view compared to women (24.7%) (Chi sq=19.235; p=0.000). Whilst 40.1% of older people (aged 65+) held this view more younger people did so with the proportion decreased progressively with age (Chi sq=58.516; p=0.000). 49.4% of Asians and 40.0% of black people (small numbers total black=40) said there was no point visiting unless you needed to compared to 27.1% of white people (Chi sq=23.680; p=0.000).

There was no statistically significant relationship in views by locality, but more people living in the more deprived quintiles said there was no need to go to the dentist unless they needed to than were those on the least deprived quintiles (Chi sq=37.259; p=0.000).
<table>
<thead>
<tr>
<th></th>
<th>I don’t see any point in visiting the dentist unless I need to</th>
<th>I’d like to be able to drop into the dentist without an appointment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>695</td>
<td>1639</td>
<td>2554</td>
</tr>
<tr>
<td>Male</td>
<td>334</td>
<td>651</td>
<td>1038</td>
</tr>
<tr>
<td>Female</td>
<td>361</td>
<td>988</td>
<td>1516</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>86</td>
<td>178</td>
<td>273</td>
</tr>
<tr>
<td>25-34</td>
<td>93</td>
<td>193</td>
<td>318</td>
</tr>
<tr>
<td>35-44</td>
<td>105</td>
<td>293</td>
<td>450</td>
</tr>
<tr>
<td>45-54</td>
<td>109</td>
<td>332</td>
<td>477</td>
</tr>
<tr>
<td>55-64</td>
<td>104</td>
<td>324</td>
<td>513</td>
</tr>
<tr>
<td>65+</td>
<td>198</td>
<td>319</td>
<td>523</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>622</td>
<td>1519</td>
<td>2370</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>43</td>
<td>53</td>
<td>86</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>16</td>
<td>29</td>
<td>41</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>8</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td><strong>Locality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chatham</td>
<td>216</td>
<td>487</td>
<td>735</td>
</tr>
<tr>
<td>Gillingham and Rainham</td>
<td>292</td>
<td>749</td>
<td>1168</td>
</tr>
<tr>
<td>Rochester and Strood</td>
<td>187</td>
<td>403</td>
<td>651</td>
</tr>
</tbody>
</table>

**Table 24**
### Deprivation (IMD) Medway quintiles

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>164</td>
<td>331</td>
<td>472</td>
</tr>
<tr>
<td></td>
<td>35.0%</td>
<td>70.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>2</td>
<td>163</td>
<td>334</td>
<td>501</td>
</tr>
<tr>
<td></td>
<td>33.6%</td>
<td>66.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>3</td>
<td>143</td>
<td>341</td>
<td>517</td>
</tr>
<tr>
<td></td>
<td>28.3%</td>
<td>66.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>4</td>
<td>113</td>
<td>321</td>
<td>532</td>
</tr>
<tr>
<td></td>
<td>22.2%</td>
<td>60.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>5</td>
<td>112</td>
<td>312</td>
<td>532</td>
</tr>
<tr>
<td></td>
<td>21.8%</td>
<td>58.6%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Education level

<table>
<thead>
<tr>
<th>Level</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree or Higher education</td>
<td>101</td>
<td>343</td>
<td>558</td>
</tr>
<tr>
<td></td>
<td>18.3%</td>
<td>61.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>A levels/higher/equivalent/ONC/BTEC</td>
<td>93</td>
<td>229</td>
<td>376</td>
</tr>
<tr>
<td></td>
<td>24.9%</td>
<td>60.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
<td>188</td>
<td>481</td>
<td>739</td>
</tr>
<tr>
<td></td>
<td>25.9%</td>
<td>65.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>No formal qualification</td>
<td>229</td>
<td>409</td>
<td>603</td>
</tr>
<tr>
<td></td>
<td>40.6%</td>
<td>67.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other qualification</td>
<td>58</td>
<td>137</td>
<td>211</td>
</tr>
<tr>
<td></td>
<td>29.0%</td>
<td>64.9%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Current employment

<table>
<thead>
<tr>
<th>Employment</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am self employed</td>
<td>46</td>
<td>114</td>
<td>189</td>
</tr>
<tr>
<td></td>
<td>24.9%</td>
<td>60.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am employed full-time</td>
<td>206</td>
<td>588</td>
<td>892</td>
</tr>
<tr>
<td></td>
<td>23.5%</td>
<td>65.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am employed part time</td>
<td>69</td>
<td>194</td>
<td>305</td>
</tr>
<tr>
<td></td>
<td>22.5%</td>
<td>63.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am retired</td>
<td>199</td>
<td>369</td>
<td>614</td>
</tr>
<tr>
<td></td>
<td>34.5%</td>
<td>60.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am unemployed and looking for work</td>
<td>30</td>
<td>58</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>34.5%</td>
<td>65.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am unable to work due to disability or ill health</td>
<td>36</td>
<td>80</td>
<td>109</td>
</tr>
<tr>
<td></td>
<td>36.0%</td>
<td>73.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am caring for my home and family / dependents</td>
<td>41</td>
<td>89</td>
<td>137</td>
</tr>
<tr>
<td></td>
<td>31.1%</td>
<td>65.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>I am a full time student</td>
<td>24</td>
<td>64</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td>24.5%</td>
<td>66.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other</td>
<td>23</td>
<td>45</td>
<td>64</td>
</tr>
<tr>
<td></td>
<td>35.4%</td>
<td>70.3%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
People with no formal education (40.6%) were more likely to have said they saw no point in visiting unless they needed to compared to other groups; particularly those with a degree or higher education (18.3%) (Chi sq=74.287; p=0.000). Retired people, unemployed and those unable to work because of disability or ill health said they saw no point in visiting unless they needed to; less students and employed people reported this. There was statistically significant evidence to support this claim (Chi sq=34.465; p=0.000).

People who have visited recently said there was no point in visiting if they didn’t need to compared to those who had not (Figure 25) (Chi sq=471.499; p=0.000). People with 20 teeth or less (45.8%) compared to those with more than 20 teeth held this view (23.4%) (Chi sq=100.285; p=0.000) (Figure 9).
64.2% of dentate respondents said they would like to be able to drop in to see the dentist. There was no relationship between views on a drop in service and gender or by age, ethnicity or locality, educational groups or current working arrangement. However there was for deprivation quintile. More people in deprived localities said they would prefer a drop in service compared to those who lived in the less deprived quintiles (Chi sq=19.819; p=0.001). Those respondents who had not visited the dentist for over 2 years were more likely to have said they would prefer a drop in service compared to more recent visitors to the dentist (chi sq=27.924; p=0.000).
Table 25
Need and Willingness to pay for Cosmetic Treatment by Demographics

<table>
<thead>
<tr>
<th></th>
<th>I think I need cosmetic treatment</th>
<th>Total</th>
<th>I would be willing to pay privately for cosmetic treatment not available on the NHS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>1045</td>
<td>2582</td>
<td>763</td>
<td>2537</td>
</tr>
<tr>
<td>Male</td>
<td>372</td>
<td>1049</td>
<td>279</td>
<td>1040</td>
</tr>
<tr>
<td>Female</td>
<td>673</td>
<td>1533</td>
<td>484</td>
<td>1497</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>372</td>
<td>1049</td>
<td>279</td>
<td>1040</td>
</tr>
<tr>
<td>Female</td>
<td>673</td>
<td>1533</td>
<td>484</td>
<td>1497</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>124</td>
<td>274</td>
<td>70</td>
<td>268</td>
</tr>
<tr>
<td>25-34</td>
<td>183</td>
<td>318</td>
<td>120</td>
<td>313</td>
</tr>
<tr>
<td>35-44</td>
<td>228</td>
<td>453</td>
<td>182</td>
<td>447</td>
</tr>
<tr>
<td>45-54</td>
<td>224</td>
<td>480</td>
<td>133</td>
<td>469</td>
</tr>
<tr>
<td>55-64</td>
<td>186</td>
<td>515</td>
<td>157</td>
<td>510</td>
</tr>
<tr>
<td>65+</td>
<td>100</td>
<td>542</td>
<td>101</td>
<td>530</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>124</td>
<td>274</td>
<td>70</td>
<td>268</td>
</tr>
<tr>
<td>25-34</td>
<td>183</td>
<td>318</td>
<td>120</td>
<td>313</td>
</tr>
<tr>
<td>35-44</td>
<td>228</td>
<td>453</td>
<td>182</td>
<td>447</td>
</tr>
<tr>
<td>45-54</td>
<td>224</td>
<td>480</td>
<td>133</td>
<td>469</td>
</tr>
<tr>
<td>55-64</td>
<td>186</td>
<td>515</td>
<td>157</td>
<td>510</td>
</tr>
<tr>
<td>65+</td>
<td>100</td>
<td>542</td>
<td>101</td>
<td>530</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>965</td>
<td>2399</td>
<td>722</td>
<td>2357</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>33</td>
<td>87</td>
<td>16</td>
<td>83</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>21</td>
<td>40</td>
<td>9</td>
<td>40</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>15</td>
<td>29</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
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76
### Deprivation (IMD) Medway quintiles

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<th>Total 3</th>
<th>Total 4</th>
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<td>22.8%</td>
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</tr>
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<td>507</td>
<td>137</td>
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<td>27.7%</td>
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</tr>
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<td>538</td>
<td>184</td>
<td>531</td>
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<td>34.7%</td>
<td>100.0%</td>
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<td>183</td>
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<td>34.9%</td>
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### Education level

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<td>33.1%</td>
<td>100.0%</td>
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<tr>
<td>O Level/GCSE equivalent</td>
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<td>33.7%</td>
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<td>100</td>
<td>602</td>
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<td>29.7%</td>
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<td>16.6%</td>
<td>100.0%</td>
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</tr>
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<td>Other qualification</td>
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### Current employment

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<th>Total 3</th>
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<th>Total 5</th>
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<td>37.8%</td>
<td>100.0%</td>
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<tr>
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<td>884</td>
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<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am employed part time</td>
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<td>311</td>
<td>103</td>
<td>304</td>
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</tr>
<tr>
<td></td>
<td>44.7%</td>
<td>100.0%</td>
<td>33.9%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am retired</td>
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<td>140</td>
<td>621</td>
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</tr>
<tr>
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<td>100.0%</td>
<td>22.5%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am unemployed and looking for work</td>
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<td>16</td>
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<tr>
<td></td>
<td>56.2%</td>
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<td>18.4%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am unable to work due to disability or ill health</td>
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<td>108</td>
<td>16</td>
<td>105</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50.0%</td>
<td>100.0%</td>
<td>15.2%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am caring for my home and family / dependents</td>
<td>79</td>
<td>138</td>
<td>45</td>
<td>134</td>
<td></td>
</tr>
<tr>
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<td>57.2%</td>
<td>100.0%</td>
<td>33.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>I am a full time student</td>
<td>35</td>
<td>99</td>
<td>20</td>
<td>97</td>
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</tr>
<tr>
<td></td>
<td>35.4%</td>
<td>100.0%</td>
<td>20.6%</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>66</td>
<td>14</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td></td>
<td>37.9%</td>
<td>100.0%</td>
<td>21.9%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>
6.1.12. Dentate Adults: Cosmetic Treatment

40.5% of dentate people considered they needed cosmetic treatment (Table 26); 30.1% would be willing to pay for it. Only half those who considered they needed cosmetic treatment (50.3%) said they would be willing to pay. More women (43.9%) compared to men (35.5%) said they would consider cosmetic treatment (Chi sq=18.408; p=0.000) and would be more willing to pay (Chi sq=8.841; p=0.003). (Only 2 edentate people said they needed cosmetic treatment but 8.7% of edentate people said they would be willing to pay).

More younger people (under 55) (>45%) thought they needed cosmetic treatment compared to older age groups; the proportion fell to 18.3% after 65. Those aged 25-44 were more willing to pay for it (Chi sq=67.601; p=0.000). There was no relationship between localities and thoughts on cosmetic treatment; however there was for deprivation quintile. People in the two least deprived quintiles thought they needed cosmetic treatment (Chi sq=18.617; p=0.001) and were more willing to pay for it (Chi sq=24.506; p=0.000) compared to more people with no formal education who thought they didn’t need cosmetic treatment and were less willing to pay for it.

12.7% of people thinking they needed cosmetic treatment had a denture compared to 22.4% who said they did not need cosmetic treatment; 4.0% had dental implants compared to 3.4% who did not, and there was no difference in the number of fillings, crowns and caps between the two groups.
7. Results: Normal Dental Routine

7.1. Summary

- 10.0% of edentate respondents said they did not clean their teeth every day; 44.6% cleaned them once a day and 45.4% cleaned them twice a day or more.
- Only 2.4% of dentate adults said they cleaned their teeth less than once a day; 23.5% cleaned their teeth once a day and 74.1% cleaned them twice or more.
- Men cleaned their teeth less regularly compared to women, and only 63.8% cleaned their teeth twice a day or more compared to 80.6% of women. There was no relationship between cleaning teeth and age. 3.9% of people with no formal qualification did not to clean their teeth every day and least likely to clean their teeth twice a day or more (69.0%), people with a degree (78.2%) or O level / GCSE (77.2%) were most likely to clean their teeth at least twice a day.
- 79.8% of dentate adults said they used fluoride toothpaste, 3.3% smoker’s toothpaste and 17.7% used another toothpaste. There was no relationship between gender and type of toothpaste used.
- 28.6% used an electric toothbrush; 35.2% of women used dental floss and 45.8% used a mouthwash compared to 18.7% of men who used dental floss and 36.8% who used a mouthwash.
- There were no relationship between localities or deprivation quintiles in terms of the type of toothpaste used, except for the use of smokers toothpaste.
- 18.8% of dentate adults said they were using tobacco; 17.2% smoked daily. A slightly higher proportion of men used tobacco than women. More younger people up to the age of 44 used tobacco compared to older people, the proportion dropped to 8.4% after the age of 65.
- 27.6% of dentate adults living in the most deprived quintile in Medway used tobacco compared to those living in the least deprived quintile (12.2%).
- 35.7% of dentate adults had been asked by their dentist if they use tobacco and 8.6% had been given smoking advice. A greater proportion of people living in the more deprived quintiles had been asked if they smoked and to have been offered advice.
7.1.1. Edentate Adults: Frequency of Cleaning Teeth

10.0% of edentate respondents said they did not clean their teeth every day; 44.6% cleaned them once a day and 45.4% cleaned them twice a day (or more). 24.6% of edentate people said they used fluoride toothpaste, 3.6% used smokers’ toothpaste, 24.6% used another toothpaste. 12.3% said they used a mouthwash. 46.4% said they used ‘other’

7.1.2. Dentate Adults: Frequency of Cleaning Teeth

Only 2.4% of dentate adults said they cleaned their teeth less than once a day; 23.5% cleaned their teeth once a day and 74.1% cleaned them twice or more. 3.9% of men did not clean their teeth regularly compared to 1.4% of women, less men than women cleaned their teeth twice during the day – 32.2% of men cleaned their teeth once only compared to 17.6% of women and 63.8% cleaned their teeth twice a day or more compared to 80.6% of women (Chi sq=101.298; p=0.000) (Figure 10).

77.5% of people aged 35-54 and 69.4% of people aged 16-24 cleaned their teeth twice a day; however there was no statistical evidence to support a relationship between age and frequency of cleaning teeth. This was also the case between frequency of cleaning teeth and ethnic groups, localities or deprivation quintiles.

The differences between education groups and frequency of cleaning teeth was statistically significant; a higher proportion of people with no formal qualification did not clean their teeth every day (3.9%) compared to other educational groups. 69.0% of people with no formal qualification cleaned their teeth twice a day or more compared to 78.2% of people with a degree and 77.2% with O levels / GCSEs as their highest level of education (Chi sq=32.584; p=0.001).
Table 26
Frequency of Teeth Cleaning by demographics

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<th>Once a day</th>
<th>Twice a day</th>
<th>More than twice a day</th>
<th>Total</th>
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</tr>
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<td>50</td>
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<td>87</td>
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<td>22</td>
<td>188</td>
<td>479</td>
<td>69</td>
<td>760</td>
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<td>Gillingham and Rainham</td>
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<td>20</td>
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<td>771</td>
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<td>1190</td>
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<td>155</td>
<td>453</td>
<td>53</td>
<td>677</td>
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## Deprivation (IMD) Medway quintiles

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<th>Degree or Higher education</th>
<th>A levels/higher/equivalent/ONC/BTEC</th>
<th>O Level/GCSE equivalent</th>
<th>No formal qualification</th>
<th>Other qualification</th>
</tr>
</thead>
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<td>1</td>
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<td>7</td>
<td>114</td>
<td>381</td>
<td>60</td>
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<td>1</td>
<td>14</td>
<td>204</td>
<td>602</td>
<td>81</td>
</tr>
<tr>
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<td>employed part time</td>
<td>0</td>
<td>5</td>
<td>59</td>
<td>218</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>retired</td>
<td>0</td>
<td>16</td>
<td>168</td>
<td>412</td>
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<td>34</td>
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<td>10</td>
<td>29</td>
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<td>24</td>
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<td>Other</td>
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<td>11</td>
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## Current employment

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<th>A levels/higher/equivalent/ONC/BTEC</th>
<th>O Level/GCSE equivalent</th>
<th>No formal qualification</th>
<th>Other qualification</th>
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<td>7</td>
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<td>381</td>
<td>60</td>
<td>562</td>
</tr>
<tr>
<td>employed full-time</td>
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<td>14</td>
<td>204</td>
<td>602</td>
<td>81</td>
<td>902</td>
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<tr>
<td>employed part time</td>
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<td>5</td>
<td>59</td>
<td>218</td>
<td>29</td>
<td>311</td>
</tr>
<tr>
<td>retired</td>
<td>0</td>
<td>16</td>
<td>168</td>
<td>412</td>
<td>56</td>
<td>652</td>
</tr>
<tr>
<td>unemployed and looking for work</td>
<td>0</td>
<td>4</td>
<td>34</td>
<td>42</td>
<td>10</td>
<td>90</td>
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<td>unable to work due to disability or ill health</td>
<td>3</td>
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<td>29</td>
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<td>36</td>
<td>88</td>
<td>14</td>
<td>139</td>
</tr>
<tr>
<td>full time student</td>
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<td>3</td>
<td>24</td>
<td>62</td>
<td>10</td>
<td>99</td>
</tr>
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<td>0</td>
<td>11</td>
<td>50</td>
<td>7</td>
<td>68</td>
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</tbody>
</table>

82
7.1.3. What do they use to clean their teeth

79.8% of dentate adults said they used fluoride toothpaste, 3.3% used smoker’s toothpaste and 17.7% another toothpaste. There was no statistical evidence to support a relationship between gender and type of toothpaste used.

Table 27
Response to question asking what they use to clean their teeth by sex

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Female</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=1063</td>
<td>n=1575</td>
<td>n=263</td>
</tr>
<tr>
<td>Fluoride toothpaste</td>
<td>80.5%</td>
<td>79.2%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Smokers toothpaste</td>
<td>2.7%</td>
<td>3.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Other toothpaste</td>
<td>16.0%</td>
<td>18.9%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Electric toothbrush</td>
<td>26.3%</td>
<td>30.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Dental floss</td>
<td>18.7%</td>
<td>35.2%</td>
<td>28.5%</td>
</tr>
<tr>
<td>Mouthwash</td>
<td>36.8%</td>
<td>45.8%</td>
<td>42.2%</td>
</tr>
<tr>
<td>Other</td>
<td>7.0%</td>
<td>9.9%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>
28.6% said they used an electric toothbrush; more women (30.1%) than men (26.3%) used an electric brush (not statistically significant). More women (35.2%) said they used dental floss than men (18.7%) (Chi sq=84.241; p=0.000) and more women (45.8%) used a mouthwash than men (36.8%) (Chi sq=21.059; p=0.000). ‘Other toothpaste’ included special toothpaste for sensitive teeth, tooth whitening paste, tablets for false teeth, inter-dental brushes and manual toothbrushes.

Table 28
Response to question asking what they use to clean their teeth by education level

<table>
<thead>
<tr>
<th></th>
<th>Fluoride toothpaste</th>
<th>Other toothpaste</th>
<th>Electric toothbrush</th>
<th>Dental floss</th>
<th>Mouthwash</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree or Higher education qualification</td>
<td>n=564</td>
<td>496</td>
<td>63</td>
<td>194</td>
<td>210</td>
</tr>
<tr>
<td></td>
<td>87.9%</td>
<td>11.2%</td>
<td>34.4%</td>
<td>37.2%</td>
<td>43.4%</td>
</tr>
<tr>
<td>A levels/higher/equivalent/ ONC/BTEC</td>
<td>n=384</td>
<td>325</td>
<td>61</td>
<td>91</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td>84.6%</td>
<td>15.9%</td>
<td>23.7%</td>
<td>24.2%</td>
<td>45.3%</td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
<td>n=755</td>
<td>617</td>
<td>116</td>
<td>211</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td>81.7%</td>
<td>15.4%</td>
<td>27.9%</td>
<td>30.1%</td>
<td>46.2%</td>
</tr>
<tr>
<td>No formal qualification</td>
<td>n=639</td>
<td>452</td>
<td>163</td>
<td>172</td>
<td>155</td>
</tr>
<tr>
<td></td>
<td>70.7%</td>
<td>25.5%</td>
<td>26.9%</td>
<td>24.3%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Other qualification</td>
<td>n=215</td>
<td>164</td>
<td>44</td>
<td>68</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>76.3%</td>
<td>20.5%</td>
<td>31.6%</td>
<td>26.5%</td>
<td>37.2%</td>
</tr>
<tr>
<td>Total</td>
<td>n=2557</td>
<td>2054</td>
<td>447</td>
<td>736</td>
<td>742</td>
</tr>
<tr>
<td></td>
<td>80.3%</td>
<td>17.5%</td>
<td>28.8%</td>
<td>29.0%</td>
<td>42.4%</td>
</tr>
</tbody>
</table>

A lower proportion of people with no formal education (70.7%) or other qualifications (76.3%) used fluoride toothpaste compared to groups other educational groups. Less people with A levels or no formal education used an electric toothbrush (23.7% and 26.9%) or dental floss (24.2% and 24.3%). Less people with no qualification (37.1%) and other qualifications (37.2%) using a mouthwash compared to other groups. There was enough statistical evidence to support these claims.

There was no statistical evidence to suggest a relationship between localities or deprivation quintiles and type of toothpaste used except for the use of smokers toothpaste (used by 4.6% of
those in Medway quintile 1 compared to 1.8% in quintile 5) (Chi sq=13.854; p=0.008) and also the use of an electric toothbrush (chi sq=26.499; p=0.000) and dental floss (Chi sq=9.466; p=0.050) (Table 30).

**Table 29**
Response to question asking what they use to clean their teeth by deprivation quintile

<table>
<thead>
<tr>
<th>IMD quintile</th>
<th>Electric toothbrush</th>
<th>Dental floss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>107</td>
<td>120</td>
</tr>
<tr>
<td></td>
<td>21.6%</td>
<td>24.2%</td>
</tr>
<tr>
<td>2</td>
<td>130</td>
<td>137</td>
</tr>
<tr>
<td></td>
<td>25.1%</td>
<td>26.5%</td>
</tr>
<tr>
<td>3</td>
<td>165</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>30.8%</td>
<td>31.4%</td>
</tr>
<tr>
<td>4</td>
<td>164</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>30.0%</td>
<td>29.3%</td>
</tr>
<tr>
<td>5</td>
<td>188</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td>34.6%</td>
<td>30.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>754</strong></td>
<td><strong>753</strong></td>
</tr>
<tr>
<td></td>
<td><strong>28.6%</strong></td>
<td><strong>28.5%</strong></td>
</tr>
</tbody>
</table>

7.1.4. **Use of Tobacco**

18.8% of dentate adults said they were using tobacco; 18.6% were using cigarettes; not one used Paan; 0.8% smoked a pipe, 0.1% other tobacco substances (hukka, gutka, snuff). 17.2% said they smoked daily and 1.9% less than daily. A slightly higher proportion of men used tobacco than women. Younger people up to the age of 44 used tobacco compared older people, the proportion dropped to 8.4% after the age of 65, there was enough statistical evidence to support this relationship between tobacco use and age (Chi sq=74.846; p=0.000). Dentate adults living in the most deprived quintile in Medway (27.6%) were more likely to have said they were using tobacco than those living in the least deprived quintile 5 (12.2%) (Chi sq=48.465; p=0.000). Less people with a degree (11.2%) and A levels / equivalent 13.6%) said they used tobacco compared to other education groups (Chi sq=48.088; p=0.000).
Table 30  
Use of tobacco and dentists response

<table>
<thead>
<tr>
<th></th>
<th>Do you use tobacco?</th>
<th>Has your dentist ever asked if you've used tobacco?</th>
<th>Has your dentist ever given you stop smoking advice?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n=2623</td>
<td>n=2588</td>
<td>n=2484</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>493</td>
<td>371</td>
<td>81</td>
</tr>
<tr>
<td>Male</td>
<td>18.8%</td>
<td>35.7%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Female</td>
<td>205</td>
<td>510</td>
<td>133</td>
</tr>
<tr>
<td></td>
<td>19.4%</td>
<td>33.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td></td>
<td>288</td>
<td>881</td>
<td>214</td>
</tr>
<tr>
<td></td>
<td>18.4%</td>
<td>34.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>67</td>
<td>73</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>24.4%</td>
<td>26.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>25-34</td>
<td>79</td>
<td>123</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>24.8%</td>
<td>39.0%</td>
<td>12.4%</td>
</tr>
<tr>
<td>35-44</td>
<td>123</td>
<td>191</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>27.0%</td>
<td>42.4%</td>
<td>14.8%</td>
</tr>
<tr>
<td>45-54</td>
<td>89</td>
<td>164</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>18.4%</td>
<td>34.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>55-64</td>
<td>88</td>
<td>189</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>16.7%</td>
<td>36.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>65+</td>
<td>47</td>
<td>141</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>8.4%</td>
<td>25.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Deprivation (IMD) Medway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>136</td>
<td>174</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>27.6%</td>
<td>35.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td>2</td>
<td>110</td>
<td>199</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>21.4%</td>
<td>39.5%</td>
<td>11.3%</td>
</tr>
<tr>
<td>3</td>
<td>101</td>
<td>181</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>19.0%</td>
<td>34.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>4</td>
<td>80</td>
<td>187</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td>14.7%</td>
<td>34.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td>5</td>
<td>66</td>
<td>140</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>12.2%</td>
<td>26.4%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Education level</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree or Higher education</td>
<td>63</td>
<td>193</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>11.2%</td>
<td>34.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>A levels/higher/equivalent/ONC/BTEC</td>
<td>52</td>
<td>115</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>13.6%</td>
<td>30.2%</td>
<td>6.3%</td>
</tr>
<tr>
<td>O Level/GCSE equivalent</td>
<td>185</td>
<td>266</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>24.6%</td>
<td>36.1%</td>
<td>11.9%</td>
</tr>
<tr>
<td>No formal qualification</td>
<td>135</td>
<td>215</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>21.3%</td>
<td>34.5%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Other qualification</td>
<td>45</td>
<td>72</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>21.2%</td>
<td>34.0%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

86
35.7% of dentate adults had been asked by their dentist if they used tobacco and 8.6% had been given smoking advice; there was no statistical evidence of a relationship between gender and tobacco advice. Younger people (26.8% of 16-24 year olds) had not been asked if they smoked by their dentist compared to older people. People aged 25-34 (12.4%) and 35-44 (14.8%) were more likely to have been given smoking advice from their dentist compared to other age groups. There was enough statistical evidence to support these claims. (Chi sq=42.202; p=0.000 for being asked by the dentist and Chi sq=47.069, p=0.000) for given advice).

People living in the more deprived quintiles were more likely to have been asked if they smoked compared to other quintiles (Chi sq=21.156; p=0.000) and to have been offered advice by their dentist (Chi sq=19.356; p=0.001). Despite the fact that a lower proportion of people with a degree or A levels smoked, a similar proportion were asked if they smoked by their dentist compared to the other educational groups. More people with O levels / GCSEs had been given stop smoking advice by their dentist compared to other educational groups (Chi sq=15.936; p=0.000).
8. Conclusion

The Medway Adult Oral Health Survey was the first of its kind to be carried out in the Medway; this survey comprised a stratified sample of 8000 adults aged 16 and over of whom 39.7% responded. This response rate was good in the light of decreasing response to local surveys over the past 20 years. Although the response from men was lower than that for women it was judged that the resulting sample was representative of the population.

The results were reported separately for dentate and edentate adults, who had different experiences in terms of quality of life, and who behaved differently regarding their dental hygiene and visits to the dentist. Edentate people were likely to be aged 65 or over, less likely to have formal educational qualifications and more likely to be living in a more deprived part of Medway.

Results did not pick up any significant differences between the localities of Rochester / Strood, Chatham, and Gillingham / Rainham; there were however differences in findings by deprivation, those in more deprived areas were more likely to have dental issues and less likely to attend for treatment. There was also a view amongst nearly one in three of the population that one didn’t need to visit the dentist unless there was a need. Two out of three would have liked to see a drop-in service.

People from more deprived areas were more likely to smoke, and were also more likely to have been offered help regarding smoking. Men were less regular regarding dental hygiene than were women.

The survey was not powerful enough to detect significant differences by ethnicity due to the small number of minority ethnic groups amongst the responders (reflecting the population prevalence).