

Washington State Smile Survey 2005



Smile Survey has been administered previously in 1994 and 2000. In 2005, the third statewide Smile Survey was conducted along with 22 counties who also conducted county level Smile Surveys.

March 2006

The 2005 Smile Survey

Participants

- HeadStart and ECEAP - 39 sites and 1,182 low-income children
- Elementary public schools - 66 schools and 7,291 2nd and 3rd grade students
- Indian Health Service - 142 Native Americans enrolled in 6 HeadStart sites and 310 elementary school students in 9 elementary schools close to or inside tribes

Highlights of Survey Results

Dental decay experience (i.e., have cavities and/or fillings) - a measure of the burden of dental disease affecting the population

- Increased to 45% in low-income preschool children
- Increased to 59% in elementary school children

Untreated decay (i.e., decay that is present but not treated) - a measure of access to dental care

- Decreased to 25% of low-income preschool children
- Decreased to 20% of elementary school children, mostly for white non-Hispanics. (WA State met the Healthy People 2010 Objective of 21%)
- However, 31% of elementary school children whose parents do not speak English at home still have untreated decay
- 5% of low-income preschool children and 3% of elementary school children need urgent dental care because of pain or infection

Rampant dental decay (i.e. having more than 7 decays) - a measure of extensive tooth decay

- Continued to increase among elementary school children



Dental sealants - a well-accepted, evidence-based clinical intervention to prevent tooth decay in molar teeth in elementary children

- Decreased from 48% to 45% (although not statistically significant)

Oral health disparities – a measure of health access and outcomes for diverse population groups. Minority, low-income, and non-English speaking children continue to have:

- The highest levels of dental decay, rampant decay, and untreated decay
- The lowest prevalence of dental sealants
- Only white non-Hispanic elementary school children had a significant decrease in the proportion needing dental care.

Smile Survey Results For Low-Income Preschool Children As Compared To Health People 2010 Objectives

| Low-income preschool children (3-5 year olds) | Smile Survey 2000 | Smile Survey 2005 | Healthy People 2010 Objectives (2-4 year olds) |
|---|-------------------|--|--|
| Decay experience | 41.5% | 45.1% <i>(39% for whites; 50% for minorities)</i> | 11% |
| Untreated decay | 26.7% | 25% <i>(21% for whites; 28% for minorities)</i> | 9% |
| Rampant decay (7+ cavities) | 16% | 15.3% <i>(14% for whites; 16% for minorities)</i> | NA |
| Urgent need for dental care | 5.5% | 4.5% <i>(3% for whites; 5% for minorities)</i> | NA |

Smile Survey Results For Elementary Children As Compared To Health People 2010 Objectives

| Elementary school children (7-9 year olds) | Smile Survey 2000 | Smile Survey 2005 | Healthy People 2010 Objectives (6-8 year olds) |
|--|-------------------|--|--|
| Decay experience | 55.6% | 59% <i>(55% for whites; 69% for minorities)</i> | 42% |
| Untreated decay | 21% | 19.7% <i>(16% for whites; 28% for minorities)</i> | 21% |
| Rampant decay 3 (+7 decays) | 15% | 21.2% <i>(18% for whites; 29% for minorities)</i> | NA |
| Urgent need for dental care | 3.5% | 3.2% <i>(2% for whites; 5% for minorities)</i> | NA |
| Dental sealants | 47.2% | 44.8% <i>(47% for whites; 40% for minorities)</i> | 50% |

Implications for Oral Health Programs in Washington State

When comparing the 2005 and 2000 surveys, these results show that Washington State is doing better at treating dental disease but not at preventing it.

The decrease in untreated disease represents a step towards the right direction in terms of improved access to dental care, but it is also important to notice that this improvement in access refers mostly to White Non-Hispanic children, and not minority and low-income children. Therefore, it is recommended that oral health programs take this information into consideration and make an effort to target more minority children. Partnerships among programs would create the opportunity to share and learn from experiences and build a forefront to address and solve this service gap.

The increase in dental decay indicates that more needs to be done in terms of preventive measures for tooth decay. This increase could be a consequence of many factors, such as higher consumption of sugar, lack of awareness about how to promote and maintain personal oral health, lack of access to effective public health preventive measures (sealants, water fluoridation, etc.), and lack of dental insurance. Work on these areas requires attention from existing oral health programs and would also benefit from mutual partnerships.

Given that tooth decay is a completely preventable disease, it is important that sincere efforts be combined in order to decrease, or even eliminate, tooth decay in our State. Our children deserve to live healthy and happy lives without the unnecessary pain and discomfort caused by dental disease.

For more information contact:

MCH Oral Health Program
Department of Health
P.O.Box 47835
Olympia WA 98502-7835
Phones: (360)236-3524 or 3507
Email: oral.health@doh.wa.gov



For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 340-219 March 2006