

Smile Survey 2015–2016

The Oral Health of Washington's Elementary School Children

For the 2015–2016 Smile Survey, participants included more than 13,000 kindergarten and second- and third-grade children in 76 public elementary public schools, as well as more than 1,400 preschool children from 47 Head Start and ECEAP¹ programs.² Past Smile Survey assessments were conducted in 2010, 2005, 2000, and 1994. Results from the Smile Survey have been used to advance policies and programs that help children achieve better health. In 2015–2016, the statewide Smile Survey was conducted along with 21 county-level Smile Surveys. This fact sheet discusses the oral health findings for Washington's elementary school children.³

HIGHLIGHTS OF SURVEY RESULTS

Washington's oral health programs and policies are making progress. Data indicate that the presence of dental sealants among children in kindergarten has improved with double the rate since 2010. In addition, the data suggest an equitable distribution of dental sealants among all racial/ethnic groups. Despite these positive trends, decay experience is too high and disparity gaps are too large. More progress is needed for the health and well-being of Washington's children.

Caries Experience

The prevalence of dental caries was lower for third grade children (53 percent) compared with 2005 (60 percent).⁴ Still, this rate represents more than half of all third graders experiencing tooth decay. Additionally,



nearly four of every 10 (38 percent) kindergarteners had ever had a cavity⁵ (Figure 1).

Decay in Permanent Teeth

The prevalence of decay in permanent teeth (13 percent) was much lower for the general population of third grade children compared with 2005 (24 percent).

Untreated Decay

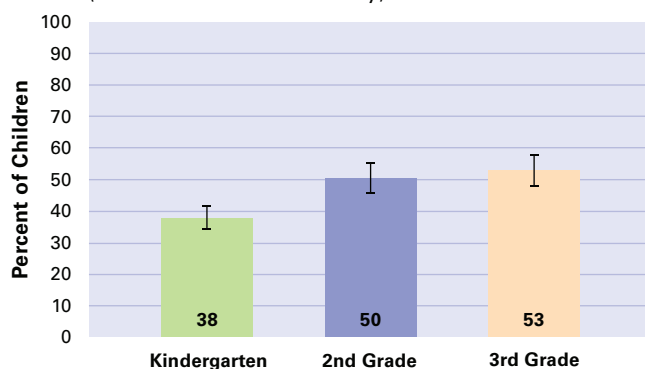
Untreated decay rates for all ages are lower compared with 2005⁶ (Figure 2).

Dental Sealants

Utilization of dental sealants is equitable in Washington. The prevalence of dental sealants is similar between:

- Low-income and high-income groups
- Children who speak English and those who do not
- Children of color and non-Hispanic white children

Figure 1: Caries Experience, Any Teeth
Kindergarten, 2nd and 3rd Grades
(2015–2016 WA Smile Survey)



Additionally, Hispanic children had a much higher rate (61 percent) of dental sealant placement than white children (52 percent). Washington is meeting or exceeding the Healthy People 2020 oral health objectives for children age 6-9 (Figure 3).

Oral Health Disparities

Significant oral health inequities exist for Washington’s children who live in poverty. Additionally, children of color bear the heaviest burden of disease and treatment need.

Disparity based on income: Compared with third graders from higher-income households, 60 percent more third graders from lower-income households experienced tooth decay and had untreated decay. In Washington, twice as many low-income children were found to suffer the effects of rampant decay (7 or more teeth ever had decay) as did higher-income children.

Disparity based on race/ethnicity: When compared with white elementary children in second and third grades, children of color had significantly higher rates of decay experience. Black children were the exception, as they had similar rates as white children (Figure 4). Hispanic children had nearly double the rate of rampant (severe) decay. Native Hawaiian/Pacific Islander children and American Indian/Alaska Native children had two to two-and-a-half times the rate of untreated decay with at least twice the rate of rampant (extensive) decay.

Figure 2: Untreated Decay

3rd Grade Students by Survey Year with US National Average (2005, 2010, and 2015–2016 WA Smile Survey)

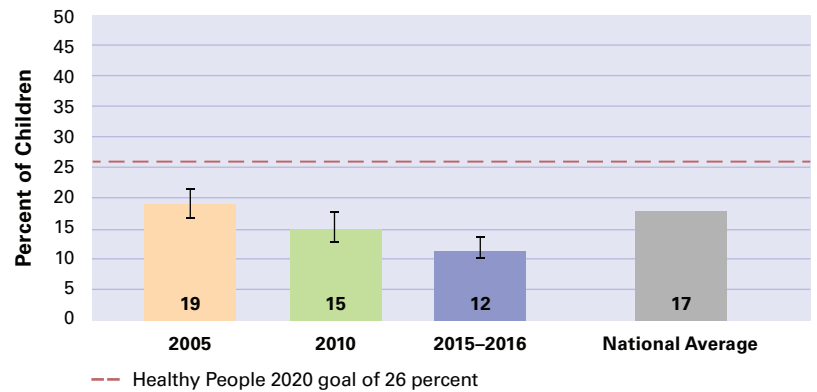
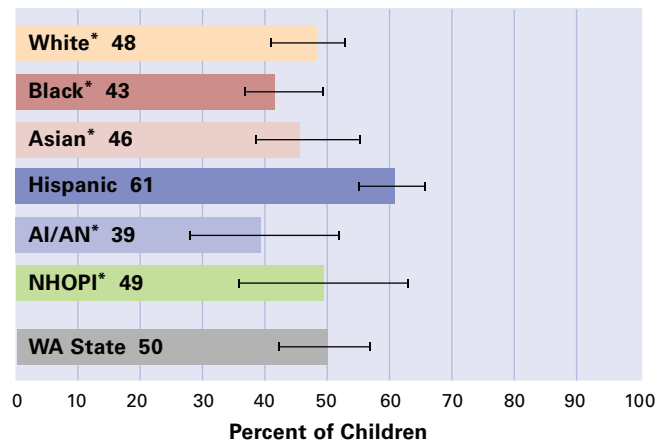


Figure 3: Dental Sealant on ≥ 1 Molar

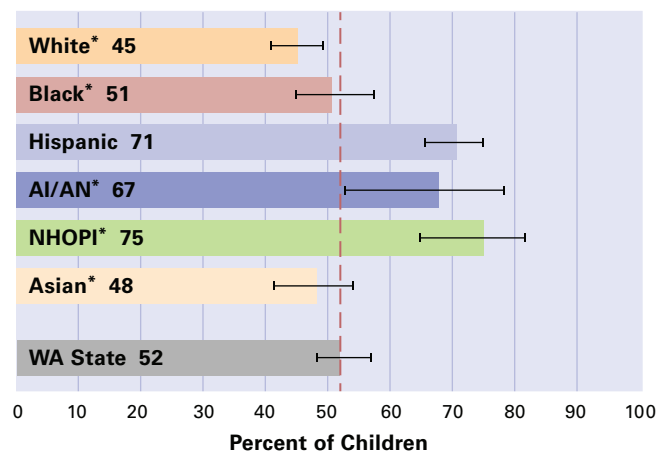
Combined 2nd and 3rd Grades by Race/Ethnicity (2015/2016 WA Smile Survey)



(AI/AN = American Indian/Alaska Native, NHOPI = Native Hawaiian or Other Pacific Islander) *Non-Hispanic

Figure 4: Caries Experience, All Teeth

Combined 2nd and 3rd Grades by Race/Ethnicity (2015–2016 WA Smile Survey)



(AI/AN = American Indian/Alaska Native, NHOPI = Native Hawaiian or Other Pacific Islander) *Non-Hispanic

¹ Early Childhood Education and Assistance Program

² For pre-school information, see: *Smile Survey 2015-2016: The Oral Health of Washington’s Head Start/ECEAP Preschool Children Fact Sheet*.

³ Funding for county level coordination and data collection was provided by Washington Dental Service Foundation.

⁴ No significant change is seen from 2010 (58 percent)

⁵ For pre-school information, see: *Smile Survey 2015-2016: The Oral Health of Washington’s Head Start/ECEAP Preschool Children Fact Sheet*.

⁶ No significant change is seen from 2010 (15 percent)