

THE SMILE SURVEY

ESSENTIAL DATA ON CHILDREN'S ORAL HEALTH STATUS IN WASHINGTON



The [Smile Survey](#) is a public/private partnership that includes DOH, OSPI, LHJs, dental providers and funding and planning support from [Arcora Foundation](#). Usually conducted every five years, dental providers perform screenings on children in pre-k, kindergarten, second and third grade in communities across the state. The data provides a point in time look at rates of treated and untreated decay, including rampant decay, and application of dental sealants, as well as trends over the history of the survey. DOH and a number of LHJs collect and analyze the data, and publish the results. For example, here are the [2015-16 Washington State Smile Survey](#) and the [2015-16 King County Smile Survey](#) results.

The Smile Survey will be implemented during the 2022/23 school year. This hands-on data collection activity will provide much-needed insight into the current oral health status of Washington children, including the impacts of the pandemic and access to dental care. If your school is selected to participate in this important survey, the DOH Oral Health Program and The Arcora Foundation appreciate your approval and your support.

IMPACT OF THE SMILE SURVEY

The Smile Survey (the Basic Screening Survey in Washington) is the most comprehensive source of children's oral health surveillance data in our state, and is a go-to resource for policy-makers, the State Board of Health and oral health programs like [Access to Baby & Child Dentistry](#) (ABCD), [Local Impact Networks](#), and the medical-dental integration initiative [MouthMatters](#).

The Smile Survey gathers data on children from a diversity of racial and ethnic identities, income levels, and geographies. The Smile Survey reports disaggregate data by age, race/ethnicity, language spoken at home, and family income. The most recent Smile Survey showed positive trends in a number of areas. For example, untreated decay declined significantly among preschoolers and third graders from low-income households and among all racial and ethnic groups when compared to the 2005 Smile Survey.

However, the 2016 results also point to persistent inequities: Hispanic and American Indian/Alaskan Native children had a 50% higher rate of decay compared to their white peers, and third grade children from low-income households had twice the rate of rampant decay as children from higher-income households, as two examples. This Smile Survey data informed [SHB 2905](#) from the 2020 session, which directs additional outreach funding to local ABCD programs with the goal of addressing racial and ethnic inequities.

BIG DROPS IN UNTREATED DECAY

HEAD START PRESCHOOLERS
DOWN 35%

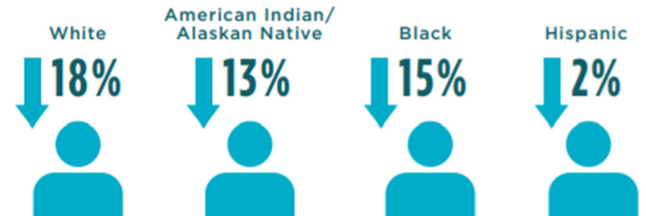


3RD GRADERS
DOWN 37%



(Compared to 2005)

DECAY DECREASED AMONG EVERY MAJOR RACIAL/ETHNIC GROUP SINCE 2005*



All race/ethnicity comparisons use 2nd & 3rd grade data
*Some decreases were not statistically significant

HEALTH DISPARITIES ARE WIDESPREAD



50% HIGHER

Hispanic and American Indian/Alaskan Native children have a **50% higher rate of decay.***

*Compared to White children

2X

Third grade children from low-income households suffer from rampant decay at twice the rate of children from higher-income households.