

THE SMILE SURVEY

ESSENTIAL DATA ON CHILDREN'S ORAL HEALTH STATUS IN WASHINGTON

Students thrive in the classroom with good oral health. But research shows that students with poor oral health are nearly 3 times more likely to miss school. Painful cavities also make children more likely to earn below-average grades. Preventing cavities helps youth stay in school and achieve academic success.

The Washington State Smile Survey seeks to improve oral health outcomes for students by measuring the prevalence of decay and dental sealants in students. The data collected helps plan for future oral health programs and policies for children in your county and across the state.

WHAT IS THE SMILE SURVEY?

Implemented by [Washington State Department of Health](#) and [Arcora Foundation](#), the Smile Survey conducts a visual screening of students' mouths. The Smile Survey (the Basic Screening Survey in Washington) is the most comprehensive source of children's oral health surveillance data in our state. Usually conducted every five years, dental providers perform screenings on children in pre-k, kindergarten, 2nd and 3rd grade in communities across the state. The Smile Survey started during the 2022 - 2023 school year and will conclude in the 2023 - 2024 school year.

WHAT DATA IS COLLECTED?

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. The Smile Survey gathers data on children from a diversity of racial and ethnic identities, income levels, and geographies. The Smile Survey reports disaggregated data by age, race/ethnicity, language spoken at home, and family income.

The data provides a point in time look at rates of treated, untreated and rampant decay, and application of dental sealants, as well as trends over the history of the survey. 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. DOH and a number of local health jurisdictions (LHJs) collect and analyze the data and publish the results. You can read the [2015 - 2016 Washington State Smile Survey](#) and the [2015 - 2016 King County Smile Survey results](#).

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.



HOW WILL THE DATA HELP IMPROVE ORAL HEALTH?

The Smile Survey is a go-to resource for policymakers, 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 2016 Smile Survey results pointed 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. This Smile Survey data informed SHB 2905 from the 2020 Legislative Session, which directs additional outreach funding to local ABCD programs with the goal of addressing racial and ethnic inequities.

WHO IMPLEMENTS AND FUNDS THE SMILE SURVEY?

The [Smile Survey](#) is a public/private partnership that includes [Washington State Department of Health \(DOH\)](#), Washington State Office of Superintendent of Public Instruction, local health jurisdictions, dental providers, and funding and planning support from Arcora Foundation.

For more information, visit: SmileSurveyWA.org or email info@SmileSurveyWA.org.

BIG DROPS IN UNTREATED DECAY

HEAD START PRESCHOOLERS

DOWN 35%



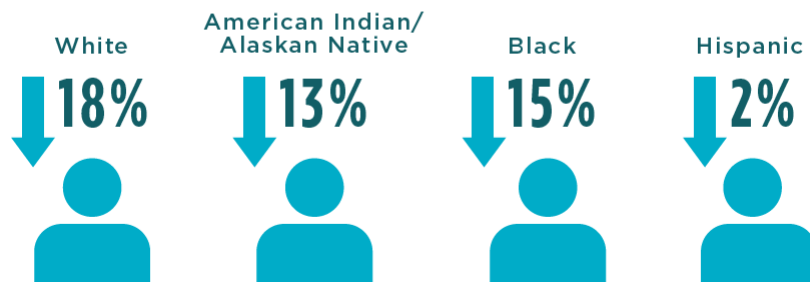
3RD GRADERS

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.