

Oral Health

Key Findings:

- Oral health is an essential component of health and quality of life. Tooth decay is the single most common chronic disease of childhood and affects about 78 percent of all children by age 17. Poor oral health affects children's ability to concentrate and learn as well as their speech development, eating habits, activity levels and self-esteem.¹

Children (Preschool/Elementary):

- In 2015-2016, about 52 percent of 2nd-3rd graders experienced decay.² This puts Washington State in the second lowest quartile of states that measure this nationally.³ About 18% experienced rampant decay.²
- Many children are not getting the dental care they need. The 2015-2016 Washington State Smile Survey showed that about 12 percent of 2nd-3rd graders experienced untreated decay.²
- Low-income toddlers may experience high rates of tooth decay. Data on all preschool children is not available; however, 45 percent of Head Start/ECEAP preschoolers experienced decay.²
- Oral health disparities persist in Washington, with minority, low-income, and non-English speaking children having the highest levels of dental disease. Non-Hispanic White children had lower levels of untreated decay than children of all other racial/ethnic groups.²
- Hispanic children had the highest rate of dental sealant placement at 65 percent.²

Definition: Oral health includes the prevention and treatment of common oral and craniofacial diseases and conditions such as tooth decay and periodontal (gum) disease. Tooth decay is used as a measure of poor oral health. Rampant decay is defined as 7 or more teeth decayed, missing, or filled.

- Parents' perception of the health of their children's teeth is generally high. 82.2 percent of parents reported their children as having "excellent or very good" teeth, better than the national rate of 79.3 percent. Parents of children with special health care needs reported their children's teeth as being excellent less often, 74.1 percent, compared to parents of children without special needs, 84.3 percent. However, there was no difference in the reported decay or cavities between parents of children with and without special healthcare needs.⁴

Adolescents:

- In 2018, 82.8 percent of 10th Grade students in Washington State reported having visited a dentist within the prior year, while 1.4 percent reported never having visited a dentist. American Indian/Alaska Native, Pacific Islander and Black/African American students were less likely to have had dental visit in the prior year than non-Hispanic White students.⁵
- Dental pain caused 5.3 percent of Washington State 10th Graders to miss at least one day of school in the past year, with 1.4 percent reporting having missed 5 or more days.^{5\}

Pregnant People:

- Research suggests a potential relationship between poor oral health during pregnancy and preterm/low birthweight deliveries.⁶ Despite this, only 37 percent of pregnant people had a routine dental checkup in the year prior to becoming pregnant.⁷

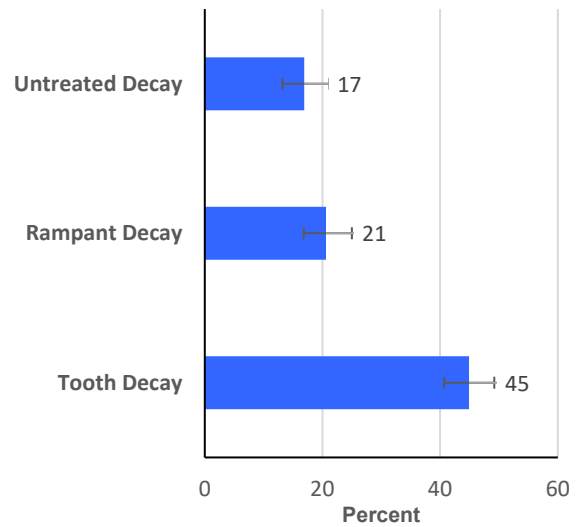
- Treating oral disease during pregnancy is safe and essential care and may lead to improved birth outcomes.⁸ PRAMS data for 2017-2019 show that while most respondents who wanted to were able to see a dentist during their pregnancy, about 5 percent could not find a dentist willing to see pregnant people. Eighteen percent of respondents on Medicaid could not find a dentist who took their insurance. Eleven percent did not think it was safe for them to see a dentist while pregnant (data not shown).⁷
- Among women 18-44 years of age, in 2020, 69 percent had a dental visit in the preceding year. In 2018, the year for which the most recent data exist, 74 percent had private or publicly funded insurance that covered their dental needs.⁹

Water Fluoridation:

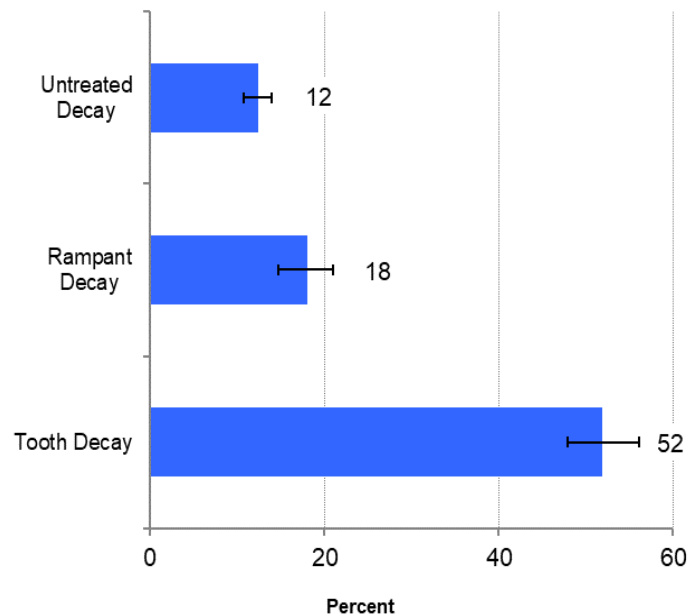
- Community water fluoridation is the most cost-effective, equitable, and safe means to provide protection from tooth decay.¹⁰ The Centers for Disease Control and Prevention indicate that 64 percent of public water systems in Washington are optimally fluoridated compared to the national rate of 73 percent. The HP2030 objective is 77.1 percent.^{11,12}

Oral Health Status of

Head Start/ECEAP Children 2015-2016²

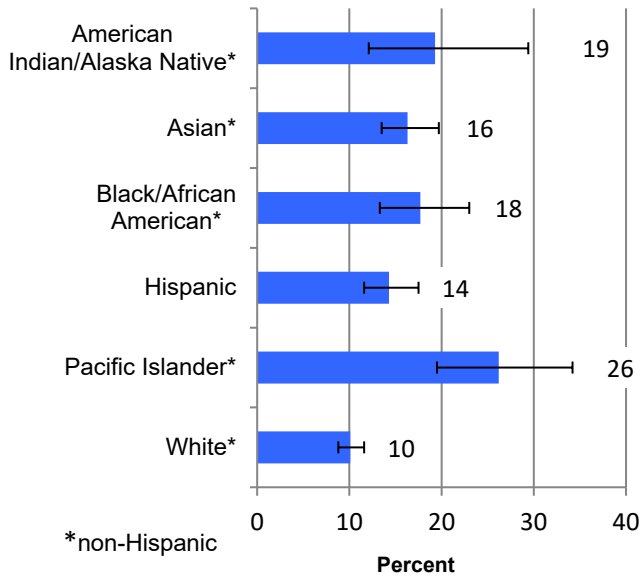


Oral Health Status of 2nd and 3rd Graders 2015-2016²

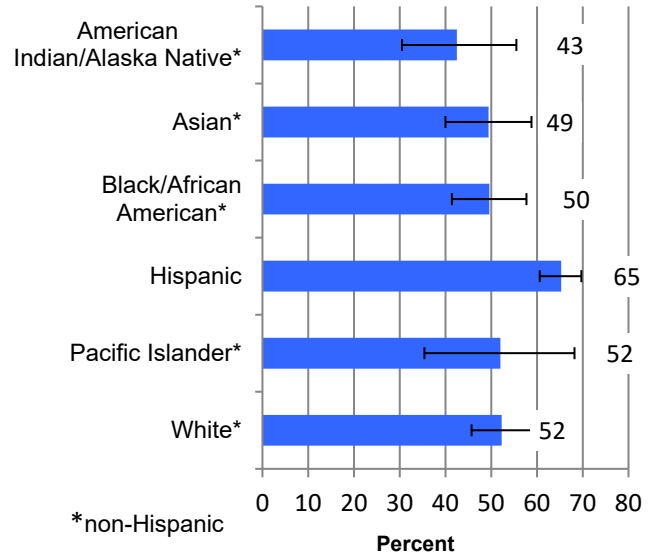




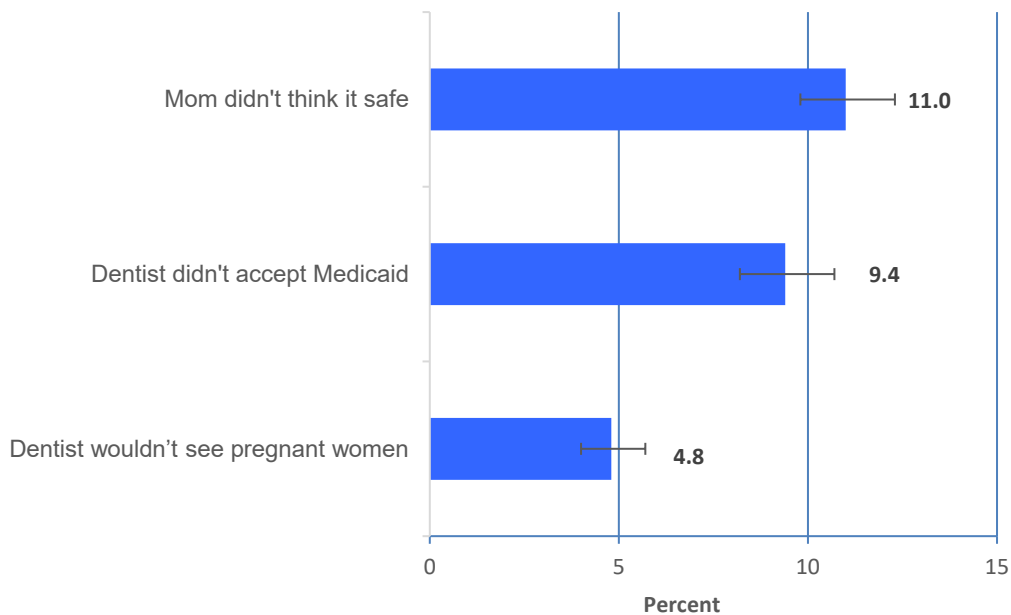
**Untreated Decay, 2nd & 3rd Grade
By Race/Ethnicity 2015-2016 ²**



**Dental Sealants, 3rd Grade
By Race/Ethnicity 2015-2016 ²**



**Reasons For Not Accessing Dental Care,
During Pregnancy 2017-2019 ⁸**



1. U.S. Department of Health and Human Services, Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.
2. Smile Survey 2015-2016, Washington State Department of Health, Office of family and Community Health Improvement.
3. “Oral Health Data”. Centers for Disease Control and Prevention. Webpage: https://nccd.cdc.gov/oralhealthdata/rdPage.aspx?rdReport=DOH_DATA.ExploreByTopic&isYear=2016%E2%80%932017&isTopic=CHD&go=GO
4. Child and Adolescent Health Measurement Initiative. 2019-2020 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [01/25/22] from www.childhealthdata.org
5. Washington State Healthy Youth Survey (2018). Washington State Office of Superintendent of Public Instruction, Department of Health, Department of Social and Health Services, and Liquor Control Board and Looking Glass Analytics Inc.. Website: <http://www.askhys.net/Home/About>
6. Public health implications of periodontal infections in adults: conference proceedings. Journal of Public Health Dentistry, 65(1), Winter 2005.
7. Pregnancy Risk Assessment Monitoring System (PRAMS) Washington State Department of Health, Prevention and Community Health Division, Office of Family and Community Health Improvement, Evaluation Section, Olympia 2021
8. Oral health Care During Pregnancy Expert Workgroup. 2012. *Oral Health Care During Pregnancy: A National Consensus Statement*. Washington, DC: National Maternal and Child Oral Health Resource Center.
9. Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System, supported in part by the Centers for Disease Control and Prevention, Cooperative Agreement, NU58/DP006066-02 (2016, 2020).
10. Centers for Disease Control and Prevention. Achievements in public health, 1900-1999: fluoridation of drinking water to prevent dental caries. MMWR. 1999;48(41):933-940.
11. Centers for Disease Control and Prevention, Division of Oral Health, Data and Statistics, Community Water Fluoridation. <https://www.cdc.gov/fluoridation/statistics/index.htm>
12. Department of Health and Human Services (US). Healthy People 2030: Washington, DC. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-policy/increase-proportion-people-whose-water-systems-have-recommended-amount-fluoride-oh-11>.

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