

Fact Sheet

Smile Survey 2010 The Oral Health of Washington's Children

Washington State Department of Health



The Survey

The Washington State Department of Health, Oral Health Program conducts the Smile Survey every five years. The Smile Survey results are used by many organizations to support the development of programs and policies that ensure that all children are healthy and ready to learn and enjoy life. Previous Washington Smile Surveys were done in 1994, 2000, and 2005.¹ During the 2009-2010 school year, the fourth Smile Survey was conducted. Dentists and dental hygienists, who attended a one day training session, screened school children using gloves, a disposable dental mirror and penlight. Screenings were completed at: a) 48 randomly selected Head Start/ECEAP sites, in 1,597 preschoolers and b) 53 randomly selected elementary schools, in 2,858 kindergarteners and 2,875 third graders). Response rates were 76% for Head Start/ECEAP preschoolers, 82% for kindergarteners and 80% for third graders.

Key Findings

#1 - Disparities. In 2010, children from low income families were more likely to have more decay experience, rampant decay, and treatment needs than those from families with higher incomes. Children who were Hispanic and spoke another language at home (especially Spanish) were more likely to have more decay experience, rampant decay and treatment needs than White-non-Hispanic children and children from English speaking households.

2 - Untreated Decay and Treatment Need. Compared to 2005:

- Untreated decay rates decreased for both Head Start/ ECEAP preschoolers (25% to 13%) and third graders (20% to 15%) in 2010. (Figure 3)
- Treatment need rates decreased for Head Start/ECEAP preschoolers (23% to 12%) in 2010.

#3 - Sealants. There was no overall difference in sealant rates for all third graders in 2010. However, racial/ethnic minorities, especially those speaking Spanish at home, showed significantly higher dental sealant rates in 2010.

#4 - Healthy People 2020 Oral Health Objectives. In comparison to the national Healthy People 2020 Oral Health Objectives, Washington State:

- Continues to have statistically significant higher rates of decay experience for preschoolers and third graders (40% and 58%, respectively).
- Has successfully met the objectives related to untreated decay and sealant rates for kindergarteners and third graders.

¹ Washington State Smile Surveys at www.doh.wa.gov/cfh/oralhealth/datapubs

Facts About Childhood Tooth Decay¹

- Childhood dental decay is a significant chronic disease. In the US, dental decay is the number one chronic health condition of childhood and is on the rise among young children for the first time in 40 years.²
- Dental decay impacts child health and development, self-esteem, and learning. Children who experience chronic dental decay and related pain and infection can suffer from growth and development disturbance, speech problems, lost school days, poor self-esteem, unhealthy adult teeth and high costs for dental treatment throughout life.³
- Low-income children are disproportionately affected by dental decay. Over three-quarters of untreated decay in permanent teeth are found in roughly 25 percent of children who are 5 to 17 years old, mostly low-income children. However, low-income and racial/ethnic minority children experience the highest rates of dental decay and the lowest rates of dental care.
- Dental decay is preventable and manageable. Cavities are the outcome of an infectious and transmissible disease called dental decay. This is preventable early in life and can be managed without expensive interventions.
- Untreated dental cavities are costly. Nationally, annual costs for dental services (all ages) were \$95.3 billion in 2007 and are expected to increase in the next decade. The costs to Medicaid are much higher than those for children with private insurance coverage.⁴
- Proven prevention interventions can save costs. Dental costs are 40 percent lower for children enrolled in Medicaid for five continuous years who have their first preventive dental visit by age one (\$263 compared to \$447) than for children who receive their first dental visit after age one.⁵ Every \$1 invested in community water fluoridation, \$38 is saved in dental treatment costs.⁶ School-based dental sealant programs save costs when they are delivered to children at high-risk for dental decay.⁷ It is more cost-effective to focus on preventing dental disease with low cost measures than to wait for disease to start and then treat it at much higher costs. Treatment is good, prevention is better.
- Dental decay interventions need to be risk-based. For greatest efficiency, it has been recommended that prevention initiatives be combined with intervention efforts to target those children at high-risk for the disease.

Final Comments

The Washington State Oral Health Plan 2009-2014 provides a roadmap of strategies to address many of our children's oral health needs. It is available at www.ws-ohc.org/plan.htm.

For more information on how to prevent dental decay, visit www.doh.wa.gov/cfh/oralhealth.

For more information, check the full Smile Survey 2010 Report at <http://doh.wa.gov/cfh/oralhealth/datapubs/default.htm>

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1 National Oral Health Policy Center. TrendNotes, April 2010, p. 2. At <http://www.cdhp.org/system/files/TrendNotes%20April%202010%20Final.pdf>

2 Dye BA and al. Trends in oral health status: U.S. 1988-94 and 1999-2004. Vital Health Stat 11, 2007, 248:1-92.

3 National Maternal and Child Oral Health Resource Center. Oral Health and Learning: When children's oral health suffers, so does their ability to learn. 2nd ed. 2003. .

4 Centers for Medicare and Medicaid Services, US DHHS. National health expenditures by type of service and source of funds, 1960-2007. At https://www.cms.gov/nationalhealthexpenddata/02_nationalhealthaccountshistorical.asp#topofpage

5 Savage MF, Lee JY, Kotch JB, Vann WF Jr. Early preventive dental visits: effects on subsequent utilization and costs. Pediatrics 2004;114:e418-23.

6 Centers for Disease Control and Prevention. Oral Health Resources Fact Sheet. Cost Savings of Community Water Fluoridation.

7 Maternal and Child Health Advisory Board. 2009. Dental Sealants. Nevada State Health Division, Oral Health Initiative. At http://health.nv.gov/PDFs/MCHAB/Dental_Sealants.pdf