# Smile Survey 2010 The Oral Health of Our Children

Grays Harbor County
Public Health and Social Services
Summer 2011

## **Report Prepared By**

Brianne Probasco

**Department Director** 

Joan Brewster

**Health Officer** 

John Bausher, MD, PhD

Smile Surve	2010 in	Gravs	Harbor	County

The mission of the Grays Harbor County Public Health and Social Services Department is to improve the health and well-being of the people of Grays Harbor.

# Contents

#### Introduction 1

Key Findings 2

History of decay 2 Untreated decay 3 Rampant decay 4 Early childhood decay 5 Dental sealants 6 Need for dental treatment 7 Disparities 8

Strategies to Improve Oral Health 9

References 10

## Introduction

Wrinkles should merely indicate where smiles have been.

- Mark Twain

A baby's first smile is a joyful milestone and new parents often can't help but engage in all manner of goofy behavior, hoping to elicit a giggle from their little one. Good oral health ensures that our children will enjoy a lifetime of smiles that spread good cheer to everyone around them.

Unfortunately, dental decay is the most common chronic health condition of childhood in the United States.<sup>1</sup> Dental decay causes growth and development delays, speech problems, lost school days, poor self-esteem and physical pain.<sup>1</sup> The good news, though, is that dental decay can be easily prevented and managed.

In spring 2010, Grays Harbor County Public Health and Social Services Department conducted a Smile Survey to assess the oral health of our preschoolers, kindergarteners and 3<sup>rd</sup>-graders. A dental hygienist, who attended a one-day training session in Smile Survey methodology, examined school children's mouths using gloves, a disposable dental mirror and a penlight.

Screenings were completed at:

- 5 randomly selected Head Start/ECEAP sites
- 9 randomly selected elementary schools

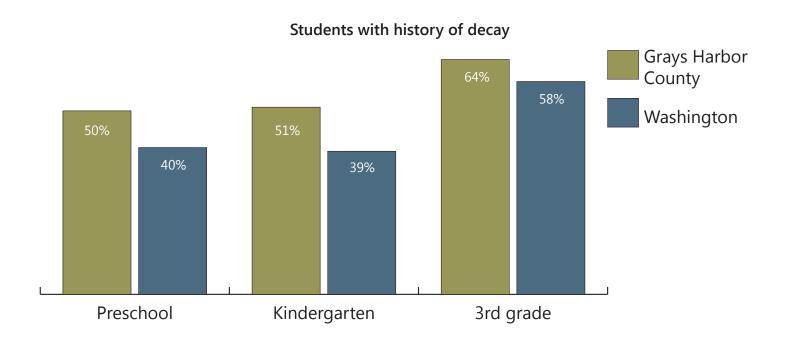
Screenings were completed in:

- 144 preschoolers
- 360 kindergarteners
- 333 3<sup>rd</sup>-graders

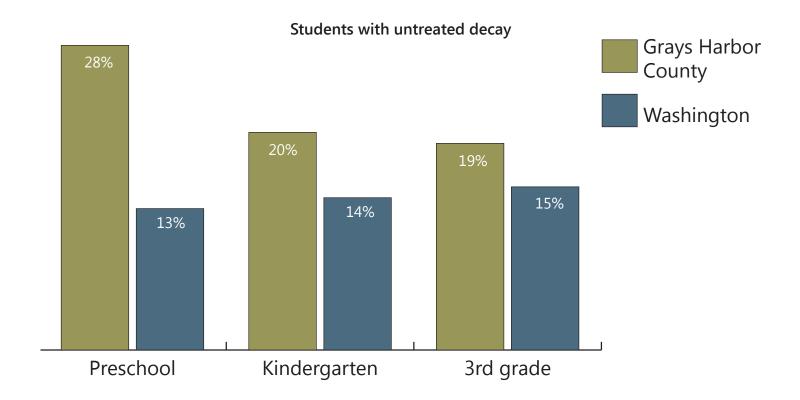
This report outlines the prevelance of dental decay among our children and also offers community-based strategies for prevention.

# **Key Findings**

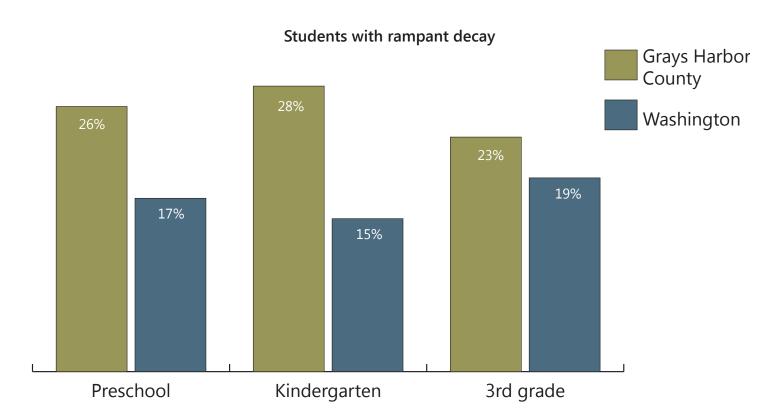
More of our students experience dental decay. By the 3rd grade, 2 out of 3 students in Grays Harbor County has had at least one cavity. High rates of decay suggest missed opportunities for prevention.



More of our students have untreated decay. 1 out of 5 students in Grays Harbor County has at least one untreated cavity; 1 out of 7 students across Washington has an untreated cavity. Untreated decay suggests difficulty in accessing dental care.

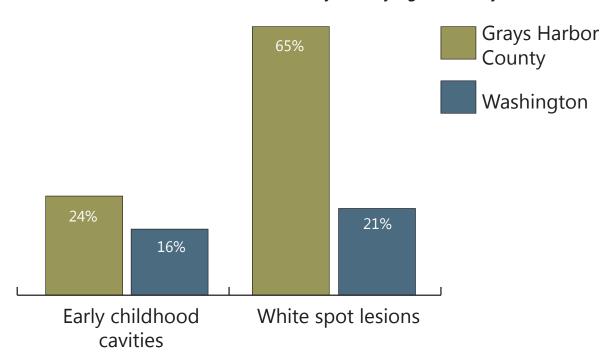


More of our students have rampant decay. Defined as seven or more cavities (may be treated or untreated), rampant decay represents a high severity of dental decay and suggests low levels of both disease prevention and access to dental care. 1 out of 4 students in Grays Harbor County has rampant decay.

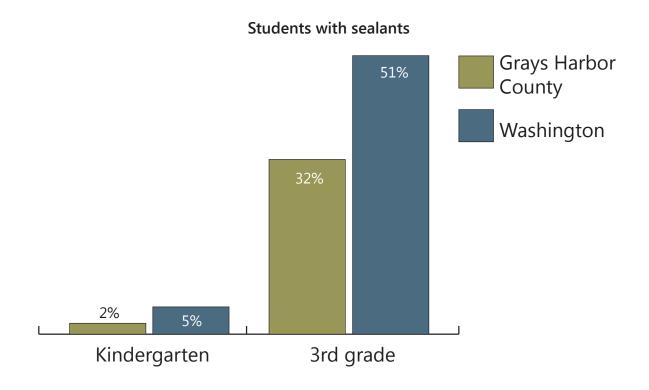


More of our preschool students have early childhood decay. Decay or white spot lesions (an early sign of decay) on the top front "baby" teeth can be due to the use of baby bottles, bacterial saliva contamination from a caregiver or frequently eating foods high in sugars and starches.

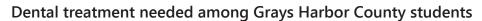
## Preschool students with decay or early signs of decay

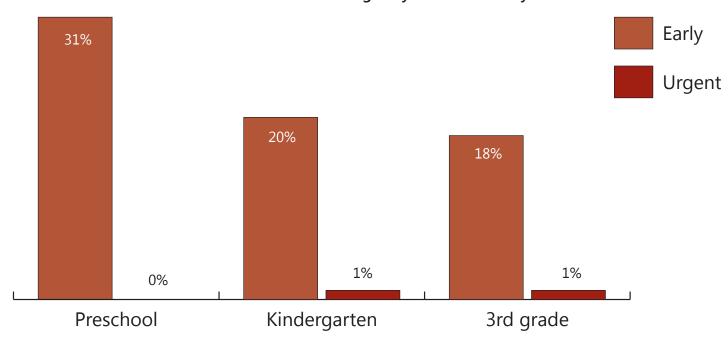


Fewer of our students have dental sealants. These plastic coatings that are placed on the top of permanent molars help prevent dental decay. Sealants are often placed on first molars during first or second grade and on second molars during sixth or seventh grade.

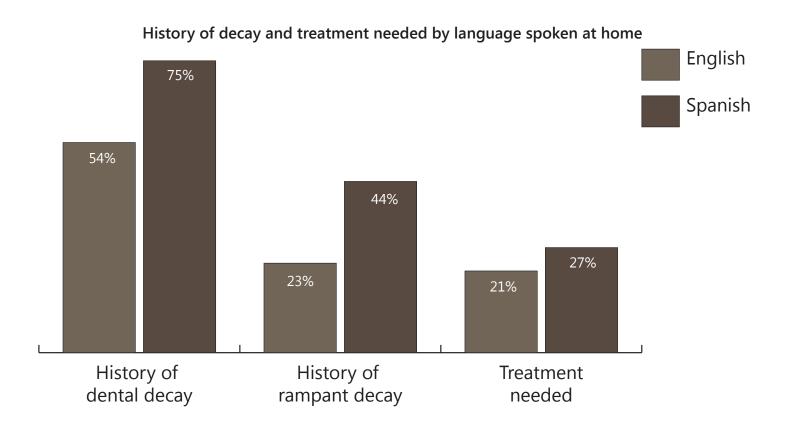


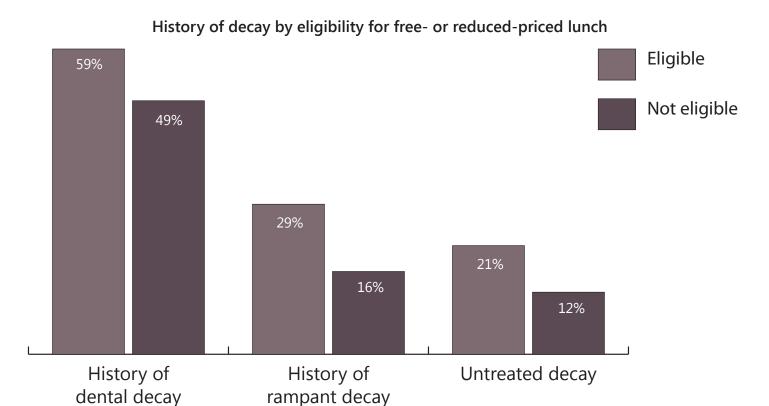
Our students need dental treatment. 1 out of 4 students in Grays Harbor County needs dental treatment before their next regularly scheduled dental appointment, usually because of untreated decay. In a few cases, students need urgent treatment due to pain, infection or swelling.





There are disparities among our students. Students who speak Spanish at home or who are eligible for free- or reduced-priced lunch (a proxy measurement of students from low-income families) experience more dental decay.





# Strategies to Improve Oral Health

The following strategies have demonstrated decreased decay rates among students in other communities.

#### Increase access to dental care for low-income students

Three-quarters of kindergarten and 3<sup>rd</sup>-grade students screened by the Smile Survey were eligible for free- or reduced-lunch prices, indicating that a large proportion of elementary students in Grays Harbor County are from low-income families. These students experience dental decay at a higher rate than other students.

Grays Harbor County is designated as a dental care health professional shortage area for low-income people.<sup>2</sup> This means that children from low-income families may have difficulty getting the dental care they need. Efforts to increase access to dental care for low-income children would ensure all children have the opportunity to prevent and treat dental decay.

#### Community water fluoridation<sup>3</sup>

Adding fluoride to public water supply has been proven to reduce tooth decay by 30%-50%. Currently, only about a third of Grays Harbor County's population receives fluoridated water. If fluoridated water is not available, parents may be encouraged to talk to their child's health care provider about fluoride supplements.

### School-based sealant programs<sup>4</sup>

These programs provide direct delivery of sealants to students in a school-based or school-linked (clinic or private practice) setting. Sealants can reduce decay by 60%. Currently, 11 of the 21 elementary schools in Grays Harbor County utilize a school-based sealant program. Schools not currently participating in the sealant program may need assistance with coordination and implementation.

## References

- 1. United States Department of Health and Human Services, Centers for Disease Control and Prevention. (2011). *Children's Oral Health*. Retrieved June 2011 from www.cdc.gov/OralHealth/topics/child.htm
- 2. Washington State Department of Health, Office of Community Health Systems. (2010). *Health professional shortage areas and medically underserved areas*. Retrieved June 2011 from www.doh.wa.gov/hsqa/ocrh/HPSA/hpsa1.htm.
- 3. Guide to Community Preventive Services. (2002). *Preventing dental caries: community water fluoridation*. Retrieved June 2011 from www.thecommunityguide.org/oral/fluoridation.html.
- 4. Guide to Community Preventive Services. (2002). *Preventing dental caries: dental school-based or -linked sealant delivery programs*. Retrieved June 2011 from www.thecommunityguide.org/oral/schoolsealants.html.