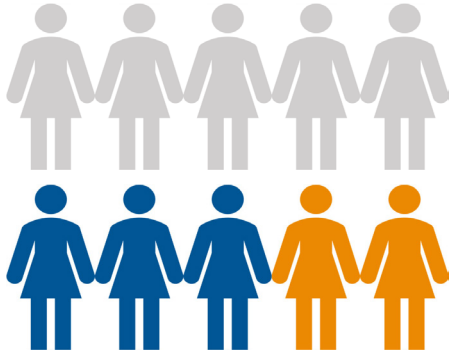


# Oral Health Among Oregon's Children

## Oregon Smile Survey Data Brief

In 2017, half of children age 6-9 had a cavity.



3 in 10 children had **treated cavities**.

2 in 10 children had **untreated cavities**.

One in five children (19%) between 6-9 years of age had untreated decay in their primary or permanent teeth. This number has not changed substantially from the 2012 estimate (20%).

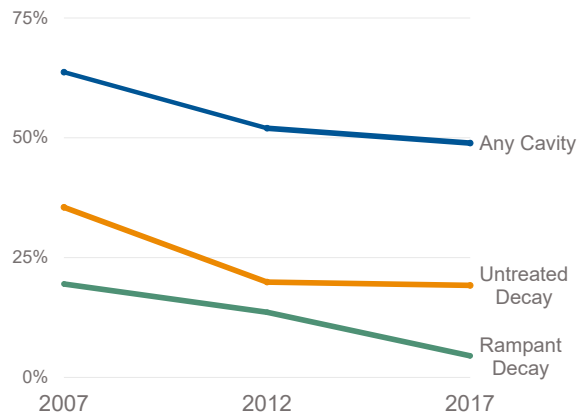
More than 6,000 children, or 5%, had rampant decay, which is seven or more teeth with treated or untreated decay. However, this percentage has decreased significantly since 2012 (14%).

Eighteen percent of Oregon's 1st-3rd grade children were assessed as needing dental care, including 2% needing urgent dental care because of pain or infection.

Tooth decay is any breakdown of tooth surface caused by bacteria. Left untreated, tooth decay can become cavities, which are holes in teeth. Cavities can be painful, lead to serious infection, and can be expensive to treat.

Tooth decay and cavities continue to be a significant public health concern which causes needless pain and suffering for many children in Oregon. Cavities are 100% preventable, yet almost half (49%) of children between 6-9 years of age have had a cavity. That is more than 65,600 Oregon school children.

Cavity rates among children aged six to nine have decreased since 2007, including rates of **any dental cavities**, **untreated** and **rampant decay**.



**Methods:** The 2017 Oregon Smile Survey was conducted during the 2016–2017 and 2017–2018 school years. Specially trained registered dental hygienists screened 8,023 children in 1st, 2nd, and 3rd grades from a random sample of 134 elementary schools in Oregon. Screeners performed a brief, simple visual screening of the mouth from each child. Data represent the statewide burden of oral health disease related to tooth decay among 1st through 3rd graders, but do not measure the effect of any school or individual intervention on rates of tooth decay.

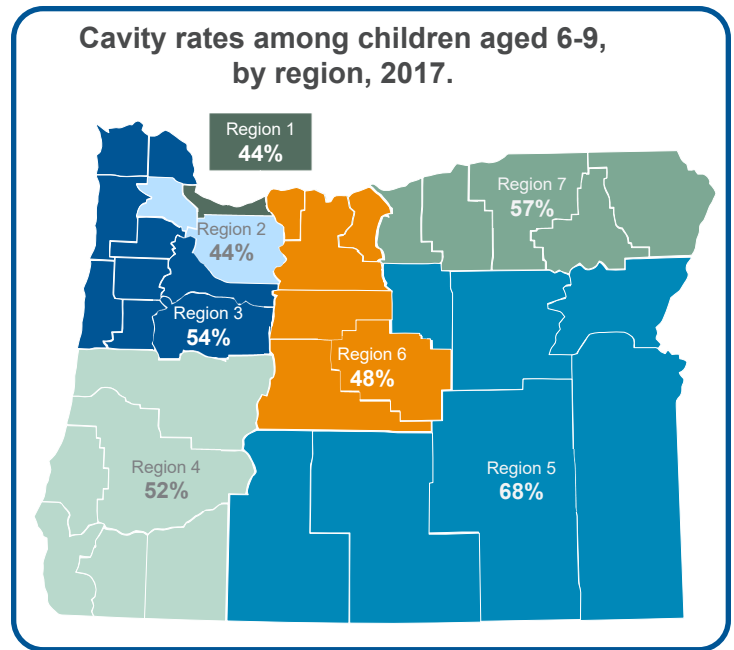


**Access to oral health services is a significant challenge for Oregonians in rural counties.**

Children from counties in southeastern Oregon had higher cavity rates than the rest of the state.

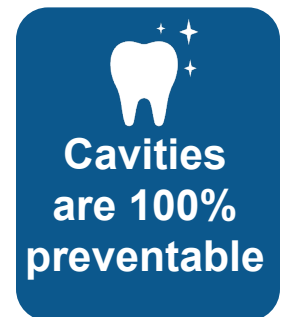
Children from lower-income households experienced:

- substantially higher cavity rates compared to children from higher-income households (63% vs. 38%),
- almost twice the rate of untreated decay (25% vs. 13%),
- more than twice the rate of rampant decay (19% vs. 8%).

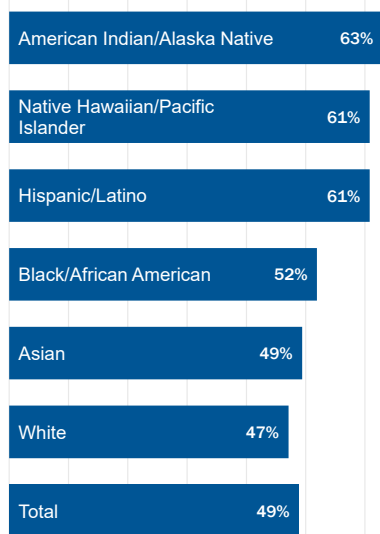


**Percent of children with cavities remains high regardless of income status for American Indian/Alaska Native and Black students**

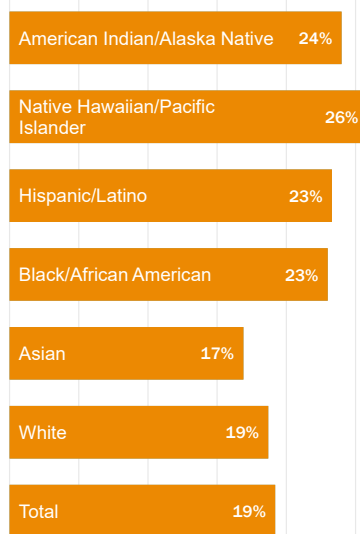
- Children of racial and ethnic diversity are more likely to have decay experience, untreated decay and rampant decay compared to white children.
- Students who identify as American Indian/Alaska Native had the highest rates of tooth decay and rampant decay compared to white children (rampant decay was twice the rate of Oregon’s average).
- Hispanic and Native Hawaiian/Pacific Islander students had the highest cavity rates overall and also had the highest rates of untreated cavities.
- Children from non-English speaking households are significantly more likely to have decay experience and untreated decay.



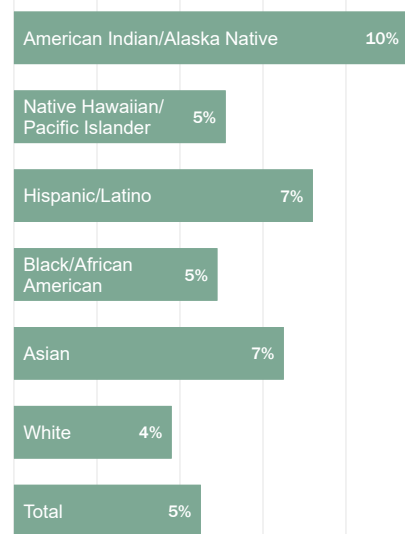
Prevalence of **any dental decay**.



Prevalence of **untreated decay**.



Prevalence of **rampant decay**.



\*Categories are not mutually exclusive; children may be represented by one or more racial/ethnic identity.