



Dental Public Health Activities & Practices

Practice Number: 16012
Submitted By: Illinois Department of Public Health, Division of Oral Health
Submission Date: January 2010
Last Updated: January 2010

| SECTION I: PRACTICE OVERVIEW | | |
|--|---|---|
| Name of the Practice: <p style="text-align: center;">Illinois' Law Requiring Dental Examinations for School Children</p> | | |
| Public Health Functions: Policy Development – Collaboration and Partnership for Planning and Integration Policy Development – Oral Health Program Policies Assurance – Population-based Interventions Assurance – Building Linkages and Partnerships for Interventions Assurance – Building State and Community Capacity for Interventions Assurance – Access to Care and Health System Interventions | | |
| Healthy People 2010 Objectives: 21-1 Reduce dental caries experience in children 21-2 Reduce untreated dental decay in children and adults 21-8 Increase sealants for 8 year-olds' first molars & 14 year-olds' first & second molars 21-10 Increase utilization of oral health system 21-12 Increase preventive dental services for low-income children and adolescents | | |
| State: Illinois | Federal Region: Midwest Region V | Key Words for Searches: School dental examination, dental screening, oral health legislation, mandate, statutory authority, school children |
| Summary: Effective July 1, 2005, as mandated by Section 27-8.1 of the Illinois School Code, all children in kindergarten, second and sixth grades are required to have a dental examination by May 15th of each year in compliance with the rules adopted by the Illinois Department of Public Health. In addition, school code requires all school districts to submit a summary report of examination results to the Illinois State Board of Education by June 30th each year. The summary includes compliance and oral health status information. In the 2005-06 school year, the first year of the new law, the dental compliance level of all students in all reported schools was 80.3%. The compliance level of public schools was 78.8% and of non-public schools was 90.6%. In years two through four the compliance levels remained consistent at 80.4%, 78.2% and 78.4% respectively. These results have yet to include information from the Chicago Public Schools. Compliance reports can be found at http://www.isbe.net/research/htmls/immunization.htm#d . | | |
| Contact Persons for Inquiries: Julie Ann Janssen, RDH, MA, Program Administrator, Division of Oral Health, Illinois Dept of Public Health, 535 W. Jefferson Street, Springfield, IL 62761, Phone: 217-782-7943, Fax: 217-524-2831, Email: Julie.Janssen@illinois.gov | | |

SECTION II: PRACTICE DESCRIPTION

History of the Practice:

In Illinois, existing rules for required physical examinations and immunizations (and acceptable exemptions) for children entering school operated programs, below the kindergarten level and kindergarten through 12th grade, are set by Illinois Administrative Code, Title 77: Public Health.

In 2005, a proposed bill to amend the Child Health Examination Code passed and included dental examinations among the required physical examinations for school children. The school screening requirement had been included in the Illinois state oral health plan. The Lieutenant Governor became a political champion, gathered a broad constituency of stakeholders to develop and support this legislation (including the state board of education, state departments of Public Health and Public Aid, the IFLOSS Coalition, and state dental society), and led the effort for successful passage in the legislature. At the State Senate Committee Hearing, the Medicaid Agency reported that funds existed to support the program and the dental society stated that access to dentists to perform the examinations was not a problem.

Justification of the Practice:

An estimated 51 million school hours per year are lost because of dental-related illness. Poor oral health has been related to decreased school performance, poor social relationships, and less success later in life. Children experiencing pain are distracted and unable to concentrate on schoolwork. Children should enter school free from dental problems.

In the U.S., more than one-quarter of preschoolers (28%) have experienced visible cavities¹ before entering school. Dental disease and its consequences place a burden on children, their families and communities (compromised oral health and well-being, pain and suffering, lost school time for the children, and lost work days for parents). This has directed policymakers to seek effective strategies to address the burden of oral health among children.

In recent years, a policy approach that has received attention is the development of state laws that require or provide for some form of certification of a dental screening, examination, or assessment for school entry. A 2008 Policy Brief, [State Laws on Dental "Screening" for School-Aged Children](#), prepared by the Association of State & Territorial Dental Directors and Children's Dental Health Project offers quantitative and qualitative information on such laws and an analysis of the experiences of selected states with a mandate.

Despite general lack of scientific evidence in support of school screenings, dental professional organizations are supportive of this approach. The American Association of Pediatric Dentistry's 2008 policy statement recommends "legislation mandating a comprehensive oral health examination by a qualified dentist for every student prior to matriculation into school" and the American Dental Association's 2005 policy "urge[s] state dental associations to sponsor legislation to provide oral health assessments for school children."

In Illinois, the mandate raises oral health to the same level of importance as physical health for children and to improve school attendance. The mandate also provides an opportunity for children in kindergarten, second and sixth grades to enter and utilize the dental care delivery system.

Reference:

1. Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. Trends in oral health status: United States, 1988-1994 and 1999-2004. National Center for Health Statistics. Vital Health Stat 11(248), 2007.

Inputs, Activities, Outputs and Outcomes of the Practice:

Requiring Dental Examination of School Children

The law regarding mandatory dental examinations for school children went into effect July 1, 2005. It affects public, private and parochial school children in kindergarten, 2nd and 6th grades.

The law requires children in kindergarten, 2nd and 6th grades to have a dental examination performed by a dentist by May 15 at the end of their school year, or to present proof to the school that one is scheduled in the next 60 days. The examination may be completed within 18 months prior to the May 15 deadline. Children can apply for a waiver for the requirement if they demonstrate an undue burden or a lack of access to a dentist.

Each school shall report to the Illinois State Board of Education, by June 30, the number of children receiving an examination and those that requested a waiver. The school may withhold the report card of a 2nd or 6th grade child if proof of an examination is not provided by May 15.

New permanent posterior molars (adult “back teeth”) often come in during 2nd and 6th grade which correspond to the periodicity of the required dental examinations, which will allow a dentist to make an early assessment for the need of dental sealants to prevent tooth decay and/or to provide early restorative treatment if decay exists.

Statutory Mandate

The language of the mandate is as follows:

“Except as otherwise provided in this Subpart, all children in kindergarten and the second and sixth grades of any public, private, or parochial school shall have a dental examination in accordance with the timetable set forth in Section 665.420. The examination shall be performed by a licensed dentist. Each public, private, and parochial school must give notice of this dental examination requirement to the parents and guardians of students at least 60 days before May 15 of each school year. (Section 27-8.1(1.5) of the School Code)”

Additional details of the dental examination requirement are provided under:

- (a) **Illinois Administrative Code**
Title 77: Public Health
Chapter 1: Department of Public Health
Subchapter i: Maternal and Child Health
Part 665 Child Health Examination Code
<http://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html>
- (b) **“Subpart D: Dental Examination”** of the Child Health Examination Code
[Section 665.410 Dental Examination Requirement](#)
[Section 665.420 Dental Examination Timetable](#)
[Section 665.430 Dental Examination](#)
[Section 665.450 Waiver of Dental Examination Requirement](#)

Role of the Illinois Department of Public Health

The Illinois Department of Public Health (IDPH) developed a Proof of School Dental Examination Form that is required to be used by dentists to report the examination results (e.g., presence of dental sealant, caries experience, untreated caries, and treatment needs). A Waiver Form was also developed. Forms can be downloaded from the IDPH Web site (www.idph.state.il.us):

- Proof of School Dental Examination Form
<http://www.idph.state.il.us/HealthWellness/oralhlth/DentalExamProof10.pdf>
- Dental Examination Waiver Form
<http://www.idph.state.il.us/forms/ohpm/Dental%20Exam%20Waiver.pdf>

Compliance to the Dental Examination Mandate

In general, school reports show approximately 80% of children received a dental examination, 10% were exempt through waivers, and 10% did not receive a dental examination. Compliance levels (percentage of students who received a dental examination during the school year) in non-public schools were much higher than public schools, overall and by grade levels. Compliance levels decreased with increasing grade levels. The table below shows a comparison of compliance in the first four years of the law.

| Compliance Level of Dental Examination Mandate Illinois School-Age Children in Kindergarten, Second and Sixth Grades | | | | |
|---|---------------------------|---------------------------|---------------------------|---------------------------|
| <i>Compliance Level (students who received a mandated dental examination)</i> | <i>Year 1 2005-06</i> | <i>Year 2 2006-07</i> | <i>Year 3 2007-08</i> | <i>Year 4 2008-09</i> |
| Total students in all reported schools | 399,746 | 400,443 | 415,324 | 412,343 |
| Compliant students in all reported schools | 80.3% | 80.4% | 78.2% | 78.4% |
| Compliant <u>public</u> school students in all reported schools | 78.8% | 78.8% | 76.1% | 76.5% |
| Compliant <u>non-public</u> school students in all reported schools | 90.6% | 91.4% | 91.9% | 91.9% |
| Compliant students in reported kindergarten | 85.3% | 86.1% | 85.2% | 86.6% |
| Compliant students in reported second grade | 81.5% | 81.5% | 78.9% | 78.9% |
| Compliant students in reported sixth grade | 74.2% | 73.8% | 70.6% | 70.0% |

School reports have yet to include information from the Chicago Public Schools. The Division of Oral Health is working with the Chicago Department of Public Health Dental Sealant Program to devise a data system that will assist the school system to submit the required information to the state. Lack of reporting by a school district is grounds for cuts in funding, but the state has not taken punitive action at this time. Data are unavailable on sanctions for non-compliance.

Monitoring Oral Health Status of Students with a Dental Examination

Since year two (2006-2007), schools have annually reported oral health status of the students who received a dental examination (recorded on the Proof of School Dental Examination Forms) with compliance data. Reported oral health status information includes: presence of dental sealant, caries experience, untreated caries, and urgent treatment needs. The following table summarizes the oral health status of students who received a mandated dental examination. It is important to note that the findings are reported by dentists who are not calibrated or given standardized exam criteria.

| Oral Health Status of Students with a Dental Examination Mandate Illinois School-Age Children in Kindergarten, Second and Sixth Grades | | | |
|---|---------------------------|---------------------------|---------------------------|
| | <i>Year 2 2006-07</i> | <i>Year 3 2007-08</i> | <i>Year 4 2008-09</i> |
| ALL REPORTED STUDENTS: | | | |
| In compliance with complete dental examination | 314,506 | 317,719 | 317,279 |
| With dental sealant | 28.5% | 29.6% | 30.3% |
| With caries experience/restoration history | 27.9% | 29.7% | 30.4% |
| With untreated caries | 19.2% | 20.1% | 19.7% |
| Needing urgent treatment | 2.0% | 2.0% | 1.8% |
| KINDERGARTEN STUDENTS: | | | |
| In compliance with complete dental examination | 112,098 | 114,423 | 115,247 |
| With dental sealant | 9.5% | 8.7% | 7.4% |
| With caries experience/restoration history | 20.1% | 20.8% | 20.8% |
| With untreated caries | 19.7% | 20.5% | 20.0% |
| Needing urgent treatment | 2.2% | 2.2% | 2.0% |
| 2ND GRADE STUDENTS: | | | |
| In compliance with complete dental examination | 105,645 | 107,771 | 106,951 |
| With dental sealant | 31.9% | 33.6% | 35.2% |
| With caries experience/restoration history | 31.3% | 33.7% | 34.3% |
| With untreated caries | 22.2% | 22.9% | 22.7% |
| Needing urgent treatment | 2.5% | 2.4% | 2.3% |
| 6TH GRADE STUDENTS: | | | |
| In compliance with complete dental examination | 96,763 | 95,525 | 95,081 |
| With dental sealant | 46.7% | 50.1% | 52.8% |
| With caries experience/restoration history | 33.3% | 35.8% | 37.5% |
| With untreated caries | 15.4% | 16.4% | 16.0% |
| Needing urgent treatment | 1.2% | 1.2% | 1.1% |

Sustainability

- As of July 2009, the law requiring dental examination of school children has been in effect for five years in Illinois.
- IDPH, Division of Oral Health will continue to monitor and conduct annual analysis of oral health status and compliance with the required dental examinations.

Achievements/Outcomes

- The school reporting of oral health status information is combined to allow reporting by community, county, urban/rural area, and region. The Division of Oral Health tracks and shares the information with school nurses and communities, providing local oral health data for needs assessment, planning of services, and evaluation of programs.
- Collecting mandatory school dental examination data statewide is a viable method for assessing disease burden and access to care issues for Illinois children. This has been integrated into the state oral health surveillance system as an ongoing data source and for trend analysis.
- Lack of reporting from the Chicago Public School System has led to additional data collection through the Chicago Department of Public Health Dental Sealant Program. The Chicago sealant program serves every public school in the City and will supply the school district with information needed to complete the annual school dental examination report for the state board of education.
- Since the passage of the dental examination mandate, the Division of Oral Health has been requested to present at Illinois School Nurse Association meetings across the state. These presentations on the mandate have also provided a platform to present other oral health topics and updates to school nurses.
- The Illinois Vision and Hearing Program used the dental examination mandate as a model for enacting their own mandate for school vision examinations.

Budget Estimates and Formulas of the Practice:

Not Applicable.

Lessons Learned and/or Plans for Improvement:

- In Illinois, the original intent of the law was to coordinate the dental screenings with the physical exam requirement (K, 5th, and 9th grades). However, because the state sealant program targeted 2nd and 6th grades, the law was changed to match the sealant program and included Kindergarten.
- The mandate states that schools “may” withhold report cards for 2nd and 6th graders for non-compliance. Schools have commented about the lack of “teeth” in the mandate.
- If free dental screenings are unavailable and area dentists do not accept new Medicaid patients, uninsured and underinsured families may not be able to comply with the dental examination mandate.
- If a large number of waivers were received in an area, the information could be used to determine gaps in oral health care services and/or in promoting access to existing service programs.
- Be sensitive to stakeholders’ needs and participants’ time constraints. Make the process fit into other dental examination processes and other health examination administration.
- The dental examination mandate has built stronger linkages between IDPH Division of Oral Health and school nurses.
- A dental examination does not automatically mean improved oral health status. Other factors must be considered such as completing recommended treatment and behavior changes to reduce risk factors.

Available Information Resources:

- Illinois Administrative Code, Title 77: Public Health, Chapter I: Department of Public Health, Subchapter i: Maternal and Child Health, Part 665 Child Health Examination Code. (<http://www.ilga.gov/commission/jcar/admincode/077/07700665sections.html>)
- *Emerging Issues in Oral Health: State Laws on Dental "Screenings" for School-Aged Children* (<http://www.astdd.org/docs/FinalSchoolScreeningpaper10-14-08.pdf>). Includes "Policy Considerations" that are pertinent to state dental screening laws and a summary of state laws requiring student dental screenings.
- Janssen, J. Mandatory dental examination of school-age children in Kindergarten, 2nd and 6th grades in Illinois: Process and Results of 2005-06 school year. AAPD Scientific Session Abstract #153876. Nov. 5, 2007. (http://apha.confex.com/apha/135am/techprogram/paper_153876.htm)
- The Illinois State Board of Education reports on school dental examination compliance trends are available at <http://www.isbe.net/research/htmls/immunization.htm#d>.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

How has the practice demonstrated impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence, outcomes of the practice and/or evaluation results)?

School reports showed that approximately 80% of children in grades K, 2 and 6 received a dental examination. This shows a high level of compliance and these percentages have been fairly consistent for the initial four years of the dental examination mandate. An additional benefit of the mandate is using the school reported oral health status information from the mandated dental examinations to provide local oral health data for needs assessment, planning of services, and evaluation of programs.

Efficiency

How has the practice demonstrated cost and resource efficiency where expenses are appropriate to benefits? How has the practice demonstrated realistic and reasonable staffing and time requirements? Provide unit cost analysis or cost-benefit analysis if appropriate.

A law requiring dental examination for school children (including related school codes) provides efficiency in standardizing implementation across the all school districts and schools. Illinois Department of Health, Division of Oral Health contributes to the efficiency by integrating the monitoring and collected data into the state oral health surveillance system.

Demonstrated Sustainability

How has the practice showed sustainable benefits and/or how has the practice been sustainable within populations/communities and between states/territories? What mechanisms have been built into the practice to assure sustainability?

The law requiring dental examinations for school children has been in effect since July 1, 2005.

Collaboration/Integration

How has the practice built effective partnerships/collaborations among various organizations and integrated oral health with other health projects and issues? What are the traditional, non-traditional, public and private partnerships/collaborations established by the practice for integration, effectiveness, efficiency and sustainability?

Mandating dental examinations for school children supports integrating oral health into school health. A dental examination becomes part of a set of student health requirements that includes immunization, child health examination, diabetes risk assessment, lead screening, and eye health examination.

Objectives/Rationale

How has the practice addressed HP 2010 objectives, met the call to action by the Surgeon General's Report on Oral Health, and/or built basic infrastructure and capacity for state/territorial oral health programs?

Illinois' law requiring dental examinations for school children contributes to efforts in advancing Healthy People oral health objectives aim to:

- Reduce dental caries experience in children;
- Reduce untreated dental decay in children and adults;
- Increase dental sealants applied to permanent molars;
- Increase utilization of oral health system; and
- Increase preventive dental services for low-income children and adolescents.

Extent of Use among States

Describe the extent of the practice or aspects of the practice used in other states.

Twelve states have some requirement for a dental certificate for school-aged children. These states include: California, Georgia, Illinois, Iowa, Kansas, Kentucky, Nebraska, New York Oregon, Pennsylvania, Rhode Island, and the District of Columbia.