

# Dental Public Health Activity Descriptive Report

**Practice Number:** 16012  
**Submitted By:** Illinois Department of Public Health, Division of Oral Health  
**Submission Date:** January 2010  
**Last Reviewed:** January 2017  
**Last Updated:** January 2017

<b>SECTION I: PRACTICE OVERVIEW</b>		
<b>Name of the Dental Public Health Activity:</b> Illinois' Law Requiring Dental Examinations for School Children		
<b>Public Health Functions:</b> Assessment – Acquiring of Data Assessment – Use of Data Policy Development – Collaboration and Partnership for Planning and Integration Assurance – Building Linkages and Partnerships for Interventions Assurance – Access to Care and Health Systems Interventions		
<b>Healthy People 2020 Objectives:</b> OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth OH-2 Reduce the proportion of children and adolescents with untreated dental decay OH-3 Reduce the proportion of adults with untreated dental decay OH-7 Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year OH-12 Increase the proportion of children and adolescents who have received dental sealants on their molar teeth		
<b>State:</b> Illinois	<b>Federal Region:</b>	<b>Key Words for Searches:</b> School dental examination, dental screening, oral health legislation, mandated oral health examination
<b>Abstract:</b> Illinois' Law Requiring Dental Examinations for School Children 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 15 <sup>th</sup> 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 (ISBE) by June 30 <sup>th</sup> each year. The summary includes compliance and oral health status information.  In the 2013-2014 school year, the most recent school year for which ISBE has published data; there were a total of 464,181 kindergarten, 2 <sup>nd</sup> and 6 <sup>th</sup> grade children. The dental compliance level of all students in all reported schools was 71.4%. Of this number, 325,894 students (70.2% of the total student enrollment) completed dental examinations; 5,310 students (1.1% of the total student enrollment) complied by obtaining a waiver, a religious exemption, or an approved schedule for a dental examination appointment; and 132,977 students (28.7% of the total student enrollment) were not in compliance with dental examination mandates (having not completed dental examination or not received a waiver or exemption). The compliance level of public schools was 68.9% and of non-public schools was 93.7%.  In the 2005-2006 school year, the first year of the new law, the dental compliance level of all students in all reported schools was 80.3%. In years two through seven the compliance levels remained consistent and fell between 78.2% and 80.4%. These results did not include information from the Chicago Public Schools. Information from the Chicago Public Schools was first reported for the 2013-2014 school year.		

Detailed reports on all data elements can be found in the Results/Data tab at <http://isbe.state.il.us/research/htmls/immunization.htm>

School Dental Examinations Information Sheet can be found at: [https://www.isbe.net/Documents/dental\\_information.pdf](https://www.isbe.net/Documents/dental_information.pdf)

Most recent compliance raw data reports by school: [http://www.isbe.state.il.us/research/xls/dental\\_1314.xlsx](http://www.isbe.state.il.us/research/xls/dental_1314.xlsx)

Compilation report of the 2013-2014 data on the dental examination compliance status and dental health status of Illinois school-age students: [http://www.isbe.state.il.us/research/pdfs/dental\\_report1314.pdf](http://www.isbe.state.il.us/research/pdfs/dental_report1314.pdf)

**Contact Persons for Inquiries:**

Mona Van Kanegan, Division of Oral Health, Chief, Illinois Department of Public Health, 535 West Jefferson Street, 3<sup>rd</sup> Floor, Springfield, IL 62761, Phone: (217)557-5322, Fax: (217)557-7117  
Email: [Mona.vankanegan@illinois.gov](mailto:Mona.vankanegan@illinois.gov)

**SECTION II: PRACTICE DESCRIPTION**

**History of the Practice:**

In 2004, the Lieutenant Governor successfully championed the issue of dental screenings based on strategies outlined in the first Illinois Oral Health Plan. A large stakeholder group was engaged to advocate for the law. Effective July 1, 2005, as mandated by Section 27-8.1 of the Illinois School Code concerning health examinations and immunizations, dental examinations were included with other health assessments: physical, eye examination, vision and hearing screening and tuberculosis skin test screening if child resided in a high incidence area, before attending any public, private or parochial elementary school settings. In addition, proof of having received immunization against preventable communicable diseases and above listed examinations need to be submitted to the local school. Compliance with physical and immunizations requirements can negatively affect the amount of state aid provided to a school district. State aid can be withheld if the district compliance level is below 90%.

All Illinois children in kindergarten, grade 2, and grade 6 are required to have an oral health examination. There are no penalties for violation of this dental examination mandate as it concerns children entering kindergarten.

If a child in grades 2 or 6 fails to present proof by May 15<sup>th</sup>, the school may hold the child's report card until:

- Child presents proof of dental examination form OR
- Child presents a dental examination waiver form OR
  - Child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/KidCare).
  - Child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/KidCare).
  - Child is enrolled in Medicaid/KidCare, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/KidCare.
  - Child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.
- Child presents an exemption based on religious grounds (follow ISBE Administrative Rules) OR
- Child presents proof that dental examination will take place within 60 days after May 15<sup>th</sup>.
  - Child must present proof of a completed examination prior to school the subsequent year.

### **Justification of the Practice:**

The data collected, analyzed and shared through this activity has the potential to inform the public, public health programs, communities and community members in general and specific aspects of oral health status. Reported data elements collected and presented include percentages of students with: dental sealants, history of dental caries/ dental restorations, untreated dental caries and students needing urgent dental treatment. The availability of this data since 2005-2006 school year allows interested parties to further design programmatic efforts that control disease states and improve health outcomes.

### **Inputs, Activities, Outputs and Outcomes of the Practice:**

As per the School Code, every school shall report to the State Board of Education by June 30, in the manner that the State Board requires, the number of children who have received the required dental examination, indicating, of those who have not received the required dental examination, the number of children who are exempt from the dental examination on religious grounds and the number of children who have received a waiver.

The reported information listed above shall be provided to the Department of Public Health by the State Board of Education. The schools collect the Illinois Department of Public Health school dental examination reporting forms and collate the information as listed below.

Inputs from schools include:

- Every school shall report to the Illinois State Board of Education by June 30:
  - o Number of students with dental examinations completed.
  - o Number of children with dental sealants present.
  - o Number of children without dental sealants present.
  - o Number of children with caries experience/restoration history.
  - o Number of children without caries experience/restoration history.
  - o Number of children with untreated caries.
  - o Number of children without untreated caries.
  - o Number of children needing urgent treatment.
- Number of children for whom a waiver is submitted for undue burden/lack of access.
  - o Number of children for whom a waiver is submitted because the child is enrolled in free and reduced lunch program and not covered by private or public dental insurance (Medicaid/All Kids).
  - o Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
  - o Number of children for whom a waiver is submitted because the child is enrolled in Medicaid/All Kids, but is unable to find a dentist or dental clinic in the community able to see the child and who will accept Medicaid/All Kids.
  - o Number of children for whom a waiver is submitted because the child does not have any type of dental insurance, and there are no low-cost dental clinics in the community that will see the child.
- Number of children receiving an exemption based on religious objection.
- Number of children receiving an exemption based on medical reason.
- Number of children receiving an exemption based on disability.
- Number of children submitting proof of an appointment scheduled within 60 days after the May 15 deadline.
- Number of children enrolled in the preceding school year who submitted proof of an appointment scheduled within 60 days after the May 15 deadline and subsequently submitted a completed Proof of School Dental Examination form.

### **Budget Estimates and Formulas of the Practice:**

Not available.

### **Lessons Learned and/or Plans for Improvement:**

The dental examination compliance trend for available data from the last four school years show that the compliance rate for non-public school students remains steady at 93% and the public school

student compliance rate ranges from a high of 77.8% to a low of 63.2%. The trend, though not firmly established, is negative in nature.

Table 1. Dental Examination of K, 2<sup>nd</sup> and 6<sup>th</sup> grade compliance rates by year.

Year	2010-2011	2011-2012	2012-2013	2013-2014
Overall Compliance	79.5%	78.6%	66.0%	71.4%
Public school	77.8%	76.6%	63.2%	68.9%
Non-public school	92.8%	93.6%	93.9%	93.2%

Data Source: [isbe.state.il.us/research/htmls/immunization.htm?col1=open#CollapsiblePanel1](http://isbe.state.il.us/research/htmls/immunization.htm?col1=open#CollapsiblePanel1)

Evaluation of this data shows that further outreach and education need to occur on the importance of dental examination prior to starting the school year. The Division of Oral Health will consider opportunities to do so in the upcoming year.

**Available Information Resources:**

Illinois Department of Public Health Proof of School Dental Examination Form can be found at: [http://www.dph.illinois.gov/sites/default/files/forms/dentalexamproof10\\_0.pdf](http://www.dph.illinois.gov/sites/default/files/forms/dentalexamproof10_0.pdf)

Illinois State Board of Education Dental Data Entry Worksheet can be found at: [http://isbe.state.il.us/%5C/research/xls/dental\\_worksheet-pf-legal.xls](http://isbe.state.il.us/%5C/research/xls/dental_worksheet-pf-legal.xls)

School staff submit data through an account set up at the Illinois State Board of Education website: <https://sec1.isbe.net/iwas/asp/login.asp?js=true>

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>)

**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)?*

The oral health status information of students with a dental examination is used for needs assessment, planning and evaluation of programs in the community. This data can be widely shared and mapped as presented at <http://oralhealthillinois.org/data-and-maps/children/kindergarten-dental-form-data/>.

There are some limitations on the usefulness and conclusions that can be supported by the submitted data. The validity of the data reported is subject to limitations of the aggregate data collection and data collection timeframe. Data is collected at the school level, but there is a potential for double counting at the school level or at the district level. The current system allows for numerous stakeholders to revise data. At this time, the dental data submission to ISBE takes place May through June, when some schools and districts may be closed for the school year. This has made data submission difficult to complete when school administrative offices are closed. One public school district submitted reports, but with incomplete data specifically missing the variable of 'students comply with dental examination but unknown dental sealants/caries experience/restoration history/untreated caries.' Data analyzed from this data collection portal is limited to the frequency counts provided by schools, to those deemed sufficient by ISBE, and those approved at an appropriate level by the submitting public school district (for public schools) or nonpublic school.

**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.*

No information on cost-benefits available as a different state agency carries out process, collects and presents data on their website.

### **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?*

Based on annual increases in percent of data completeness and overall compliance rate, the non-public school educational settings, parents and the provider communities have incorporated the dental examination mandate into their normal business processes. Unfortunately, this is not the case for dental examination compliance rates for students in public school learning environments. Approximately, 90% of Illinois kindergarten, 2<sup>nd</sup> and 6<sup>th</sup> grade students are enrolled in public schools. Thus greater efforts need to be focused to public schools and the public to increase the overall compliance rates of the dental examination requirement.

### **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?*

As a result of the state dental examination mandate, additional collaboration with the Illinois State Board of Education (ISBE) has been possible. This program has brought together the Illinois Department of Public Health Division of Oral Health and ISBE to collaborate on successful school recruitment for at least two 3<sup>rd</sup> Grade Basic Screening and Surveys (2008/2009 and 2013/2014). It is anticipated that they will be strong partners in the planning and execution of the 3<sup>rd</sup> Grade BSS being planned for 2018/2019.

### **Objectives/Rationale**

*How has the practice addressed HP 2020 objectives, met the National Call to Action to Promote Oral Health, and/or built basic infrastructure and capacity for state/territorial/community oral health programs?*

The mission of the Illinois Department of Public Health is to promote the health of the people of Illinois through the prevention and control of disease and injury. The three main roles of the Illinois Department of Public Health's Division of Oral Health are Assessment, Policy and Assurance. As such, supporting this activity meets more than one function of this Division. Fortunately for Illinois, other state agencies are becoming informed about oral health. The Illinois State Board of Education and other state agencies are stepping up to ensure that basic information health information is being collected.

This activity again has the potential to draw attention to oral health issues in children. The data collected and presented as a result of the Illinois' Dental Examination mandate for Kindergarten, 2<sup>nd</sup> and 6<sup>th</sup> grade children illustrate the expanse of need for follow up services. Sharing this data through a variety of mechanisms so that ultimately reaches community and programs is very important.

When these children attend a dental setting for the examination portion of the mandate, there is the potential for the parent/caregiver to be informed of other prevention services such as dental sealant that can be provided. Dental sealants and an evidenced based prevention strategy that decreases the caries burden on individual children and communities. Provision of dental sealants as well as other oral health access measures tracked in HP2020 objectives (see page 2 of this report) are impacted positively by this activity.