



# The promise of Dental Screening Laws to improve children's oral health



**Children's Dental Health Project webinar conversation**  
Wednesday, February 20, 2019

# Children's Dental Health Project

No family should be held back from their dreams because of dental disease. We're working to make systems of care work better for everyone by advancing policy solutions to ensure:



**Oral health  
meets families  
where they live,  
learn & work**

**Race, income &  
geography do  
not determine a  
family's oral  
health**

**Better health  
& quality of  
life drive oral  
health care**

# New Report on Dental Screening Laws (DSLs)



DSLs aim to improve students' access to oral health care and address dental disease among children.

CDHP's report finds different barriers keep states from fulfilling these goals.

*Access the report:*  
<http://bit.ly/DSLCDHP>.



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**Webinar panelists**

# Variations in dental screening laws

## Who administers the program?

- A public health or education program?

## Who performs the screenings?

- Dental vs. medical providers

## Data collection

- Where are the data housed?
- How can the state oral health program use the data?



# Trends

## Collaborating with schools

- Engaging school nurses and administrators
- School nurses connecting children to dental providers

## Working with state dental associations

- Dental provider buy-in

## Data collection

- Paper forms
- Usefulness of the data collected



# Workforce

**Conflict of interest** with dentists screening children and referring to their offices for care

## **Medical providers screening**

- Oral screening vs dental examination
- West Virginia School Dental Exam Requirement Tool Kit



# Barriers to dental screening laws

## Mandatory nature of the laws

- Does the law have teeth?

## Implementation challenges

- How to connect children to dental homes?

## State oral health program workforce

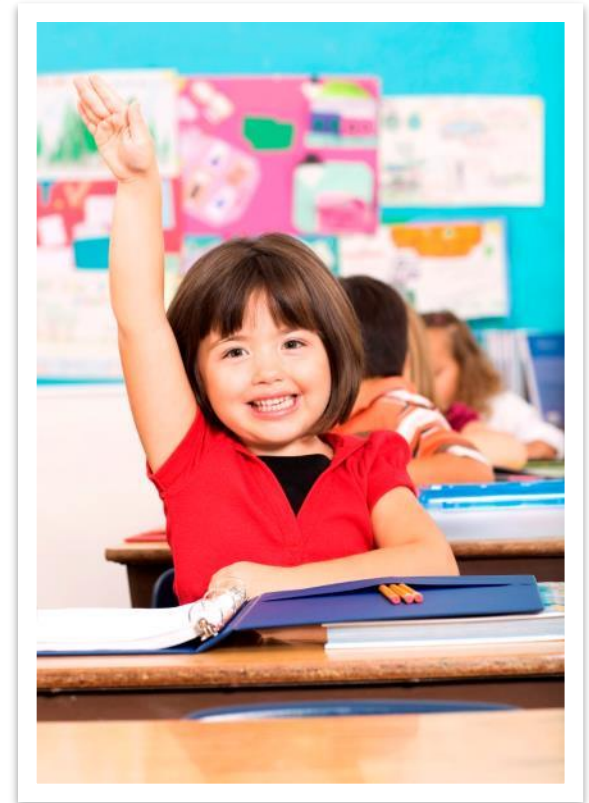
- How to use the data?





# Problems Looking to Solve

- Only **13.2%** of Medicaid-enrolled children under age two have had a dental visit.
- Prioritize dental screenings on the same level as hearing and vision.
- Increase utilization of the state **Healthy Kids Dental** program.
- Identify tooth decay or other dental issues that could have an impact on a child's early academic achievement.



# Questions to be answered

- Bill would replicate the vision and hearing requirements for dental testing and screenings (but not require that they be free).
- State would administer programs to assist local health departments.
- Guardians would be required to present a certificate or statement of exemption.
- Screening must include a limited clinical inspection, performed by a dentist or dental hygienist.
- Local health department or authorized professional or agency would provide written statement regarding follow up care.



# Screening rules in Iowa

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Implemented by Iowa Department of Public Health with support from Department of Education:

- Kindergarten and 9<sup>th</sup> grade
  
- Dental and medical screeners for Kindergarten
- Dental screeners only (DDS, RDH) for 9<sup>th</sup> grade
  
- Variable timelines
  - K – From age 3 years to 4 months after enrolled
  - 9<sup>th</sup> – Within 1 year prior to 4 months after enrolled

# Screening rules in Iowa

- Only acceptable form: IDPH Certificate of Dental Screening
- Annual audit process and report
- Data collected:
  - Compliance (school and student numbers)
  - Screening results
  - Provider types



**Iowa Department of Public Health  
CERTIFICATE OF DENTAL SCREENING**

This certificate is not valid unless all fields are complete.  
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

**Student Information** (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

**Screening Information** (health care provider must complete this section)

Date of Dental Screening: \_\_\_\_\_

**Treatment Needs** (check ONE only based on screening results, prior to treatment services provided):

No Obvious Problems – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

Requires Dental Care – tooth decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.

Requires Urgent Dental Care – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
<sup>2</sup> White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.  
<sup>3</sup> Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

**Screening Provider** (check ONE only):  
 DDS/DMD  RDH  MD/DO  PA  RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credentials of Provider or Recorder\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.  
Children should have a complete examination by a dentist at least once a year.  
**RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Iowa Department of Public Health • Oral Health Center  
515-242-6383 • 866-528-4020 • <http://idph.iowa.gov/ohds/oral-health-center>  
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

8/17/2016

# Successes

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- **Integration with I-Smile™ program**
  - Local oral health infrastructure and school partnerships established prior to dental screening law
  - I-Smile staff provide education, gap-filling screenings, care coordination, and lead audit process
  
- **Statewide collaboration and awareness**
  - Medical and dental health professionals
  - WIC, Head Start, preschool staff
  - Parents and children
  - County boards of health and public health agencies
  - Dept. of Education and local school staff
  
- **School compliance – 96%**

# Challenges

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- **Student Compliance**

- No consequences for non-compliance - 9<sup>th</sup> grade especially difficult
- Administrative burden for school nurses

- **Funding**

- No dedicated funding for local or state implementation

- **Achieving and measuring impact**

- Limited dentist referral resources
- No data to track students who received care
- Difficult to assess increased oral health awareness or improved oral health

# Thank You!

*Questions? Contact the Children's Dental Health Project:*

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