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
- Better health & quality of life drive oral health care
- Race, income & geography do not determine a family’s oral health
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.

Colin Reusch  
Director of Policy  
Children’s Dental Health Project

Dr. Eleanor Fleming  
Author of DSL report  
Dental Public Health Resident  
Boston University

Sara Schlievert  
Bureau of Oral and Health Delivery Systems  
Iowa Department of Public Health

Karlene Ketola  
Executive Director  
Michigan Oral Health Coalition

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

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

- Kindergarten and 9th grade
- Dental and medical screeners for Kindergarten
- Dental screeners only (DDS, RDH) for 9th grade

- Variable timelines
  - K – From age 3 years to 4 months after enrolled
  - 9th – 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
Successes

- 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

- **Student Compliance**
  - No consequences for non-compliance - 9th 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:

**Colin Reusch**  
Director of Policy  
P: 202-417-3595  
E: creusch@cdhp.org

**Amy Cotton**  
Policy Communications Manager  
P: 202-417-3602  
E: acotton@cdhp.org

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