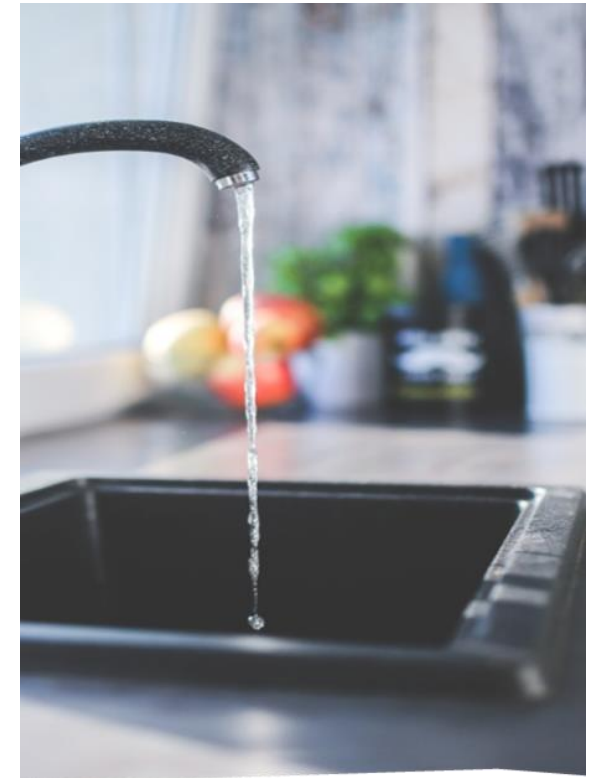


# Division of Oral Health

# Office of Health Promotion



## Oral Health

Oral health is a crucial part of overall health. Oral health is **far more than** ensure good breath, strong teeth, healthy gums, and a bright, white smile. Painful conditions prevent from feeling good, socializing and in school children may result in “behavior” problems.

While oral health professionals know this and oral health advocates promote it, many parents, children, other adults, and even the medical professionals who treat them **do not understand the critical relationship** between oral, general physical and behavioral issues.

Consequently, oral health problems too often go untreated, thereby **burdening individual lives** as well as **the health care system**.



# PROBLEM STATEMENT

**Children, families with limited financial and/or transportation resources are not able to access dental care (preventive and/or follow-up).**

- After primary care, dental care is the most common unmet health care need
- As with many health conditions, low-income, minority, rural populations are disproportionately affected
- 22% of Illinois 3<sup>rd</sup> grade children have untreated dental caries, 4% have an urgent dental care need (HSHG 2018-2019)
- Emergency department use for non-traumatic dental concerns is a problem for all ages, do not address the root of the problem and programs need to be piloted for best use of resources
- Dental caries is a preventable condition (regular and good home care, healthy eating and drinking habits, fluoridated products, professional prevention such as dental sealants)

## DIVISION OF ORAL HEALTH | PROGRAM SUMMARY

### Assessment

Educate, Empower,  
Monitor, Analyze and  
Investigate

- Assess oral health status and implement an oral health surveillance system
- Analyze and overcome oral health hazards
- Understand public perceptions and respond with education/empowerment

### Policy

Inform, Mobilize  
Community Partnership &  
Develop Policies

- Collaborate, develop partnerships for best use of resources and advocacy
- Develop systemic plans and policies that improve oral health issues
- Mobilize collaborations for integrated health outcomes

### Assurance

Enforce Laws, Link  
To/Provide Care,  
Workforce, Evaluate &  
Research

- Support and develop laws, guidelines and education systems for optimal workforce
- Evaluate programs for quality, appropriateness and accessibility for personal and population-based impact
- Evaluate innovations and implement for best community oral health outcomes

# 1. ILLINOIS DENTAL EXAMINATION LAW

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states **all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination.** The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form.

If child is unable to get this required examination a separate **Dental Examination Waiver Form** can be submitted.





**Illinois  
State Board of  
Education**



# School Dental Examinations

- All Illinois children in kindergarten, Grade 2, Grade 6, and Grade 9 are required to have an oral health examination.
  - This is required for all public, private, and parochial schools.
  - [Examinations must be performed by a licensed dentist](#), and he/she must sign the Proof of School Dental Examination form.
  - Each child is required to present proof of examination by a dentist prior to May 15 of the school year.
- School dental examinations must have been completed within the 18 months prior to the May 15 deadline.
- Each school must give notice of the dental examination requirement to the parents or guardians of the children at least 60 days prior to May 15 of each school year.



- The Proof of School Dental Examination form and the Dental Examination Waiver form are uniform for statewide use. They are available in both English and Spanish/Español on the Illinois Department of Public Health website. Other organizations or agencies may link to this website to access the forms. The newest revised forms must be used. Please reference the Illinois Department of Public Health website to ensure you are using the current form. The current forms are linked below:
  - [Proof of School Dental Examination form - English](#)
  - [Proof of School Dental Examination form - Spanish/Español](#)
  - [Dental Examination Waiver form - English](#)
  - [Dental Examination Waiver form - Spanish/Español](#)

**UPDATED FORMS: <https://www.dph.illinois.gov/topics-services/prevention-wellness/oral-health>**

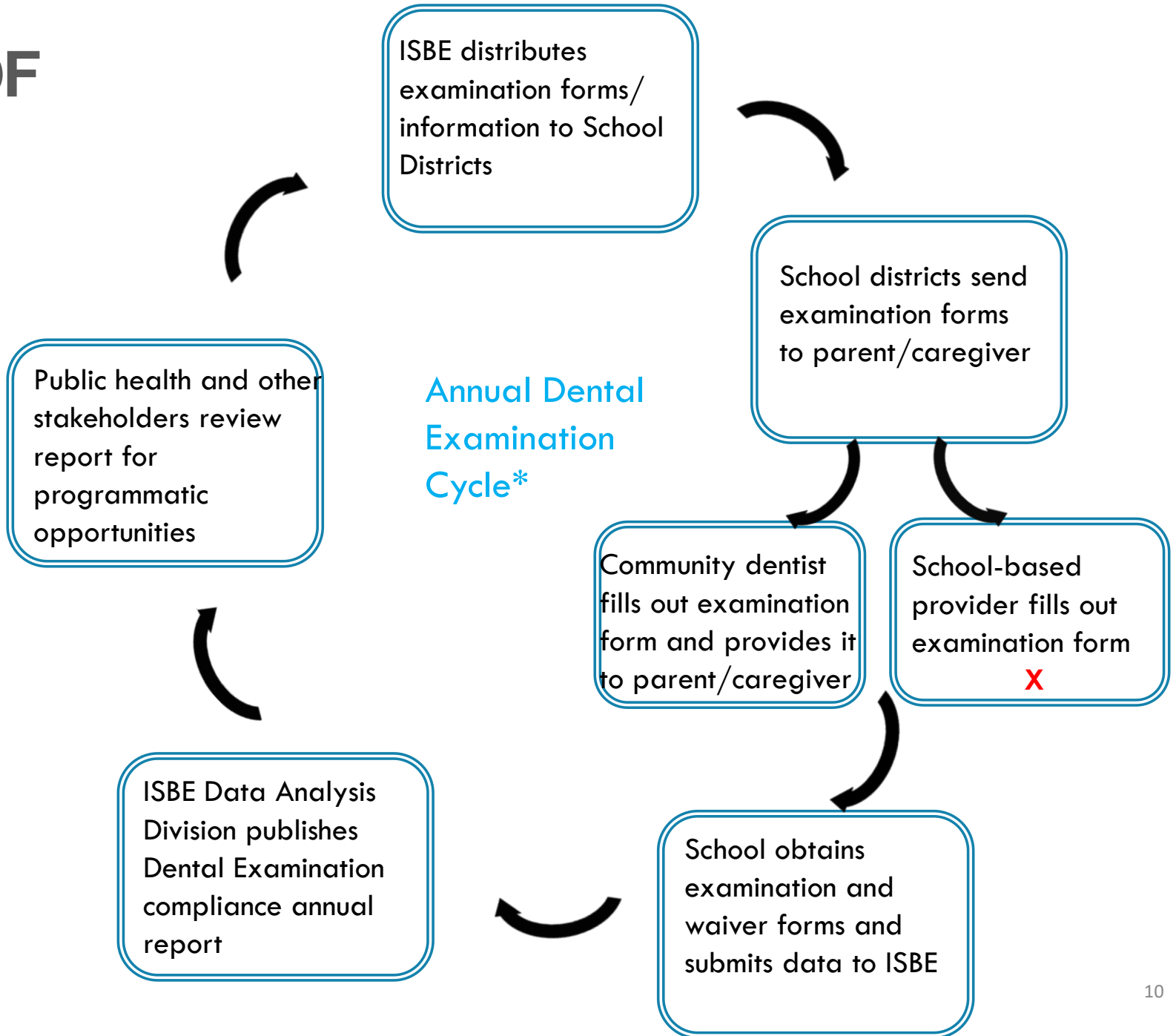
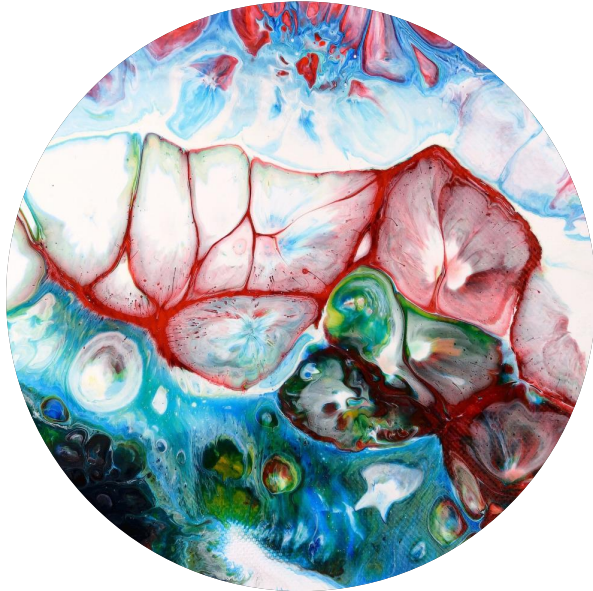
- If a child in Grades 2, 6, or 9 fails to present proof by May 15, the school may hold the child's report card until:
  - The child presents a Proof of School Dental Examination form, OR
  - The child presents a Dental Examination Waiver form, OR
    - The child is enrolled in the free and reduced-price lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
    - The child is enrolled in the free and reduced-price lunch program and is ineligible for public insurance (Medicaid/All Kids).
    - The child is enrolled in Medicaid/All Kids, but the family is unable to find a dentist or dental clinic in the community who will accept Medicaid/All Kids and is able to see the child.

- Every school shall report to the Illinois State Board of Education by June 30:
  - Name of school
  - ZIP code of school location
  - Total number of children by demographic group subject to dental exam requirement
  - Number of children by demographic group with dental examinations completed
  - Number of children by demographic group with dental sealants present on permanent molar teeth
  - Number of children by demographic group without dental sealants present
  - Number of children by demographic group with caries experience/restoration history
  - Number of children by demographic group without caries experience/restoration history
  - Number of children by demographic group with untreated caries
  - Number of children by demographic group without untreated caries
  - Number of children by demographic group needing urgent treatment
  - Number of children by demographic group for whom a waiver is submitted for undue burden/lack of access
    - Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced-price lunch program and not covered by private or public dental insurance (Medicaid/All Kids)
    - Number of children for whom a waiver is submitted because the child is enrolled in the free and reduced-price lunch program and is ineligible for public insurance (Medicaid/All Kids)
    - 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 who will accept Medicaid/All Kids and is able to see the child
    - 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 by demographic group receiving an exemption based on religious objection
  - Number of children by demographic group receiving an exemption based on medical reason
  - Number of children by demographic group receiving an exemption based on disability
  - Number of children by demographic group submitting proof of an appointment scheduled within 60 days after the May 15 deadline
  - Number of children by demographic who did not return the assessment form or the waiver request to the school
  - Number of children by demographic 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
- Schools are expected to report completely from all of the information available.
  - For more information, visit [www.isbe.net/pages/school-health-issues.aspx](http://www.isbe.net/pages/school-health-issues.aspx).

# 2A. OPERATION OF THE PROGRAM



\*Potential for annual data reports

# DATA COLLECTION AND USE

## IDEAL

Strong partnership between education, public health and health care

Annual data for school children at K, 2, 6 and 9th grades

More frequent as compared to q5yr 3<sup>rd</sup> grade HSHG

Informs on where to implement school-based services

Local advocacy and program planning

## REALITY

Filled out by thousands of providers over the course of 12-18 months

Infrequent data reports (state staff turnover, priority, etc.)

Limited actionable information

## Healthy Smiles Healthy Growth 2018-19

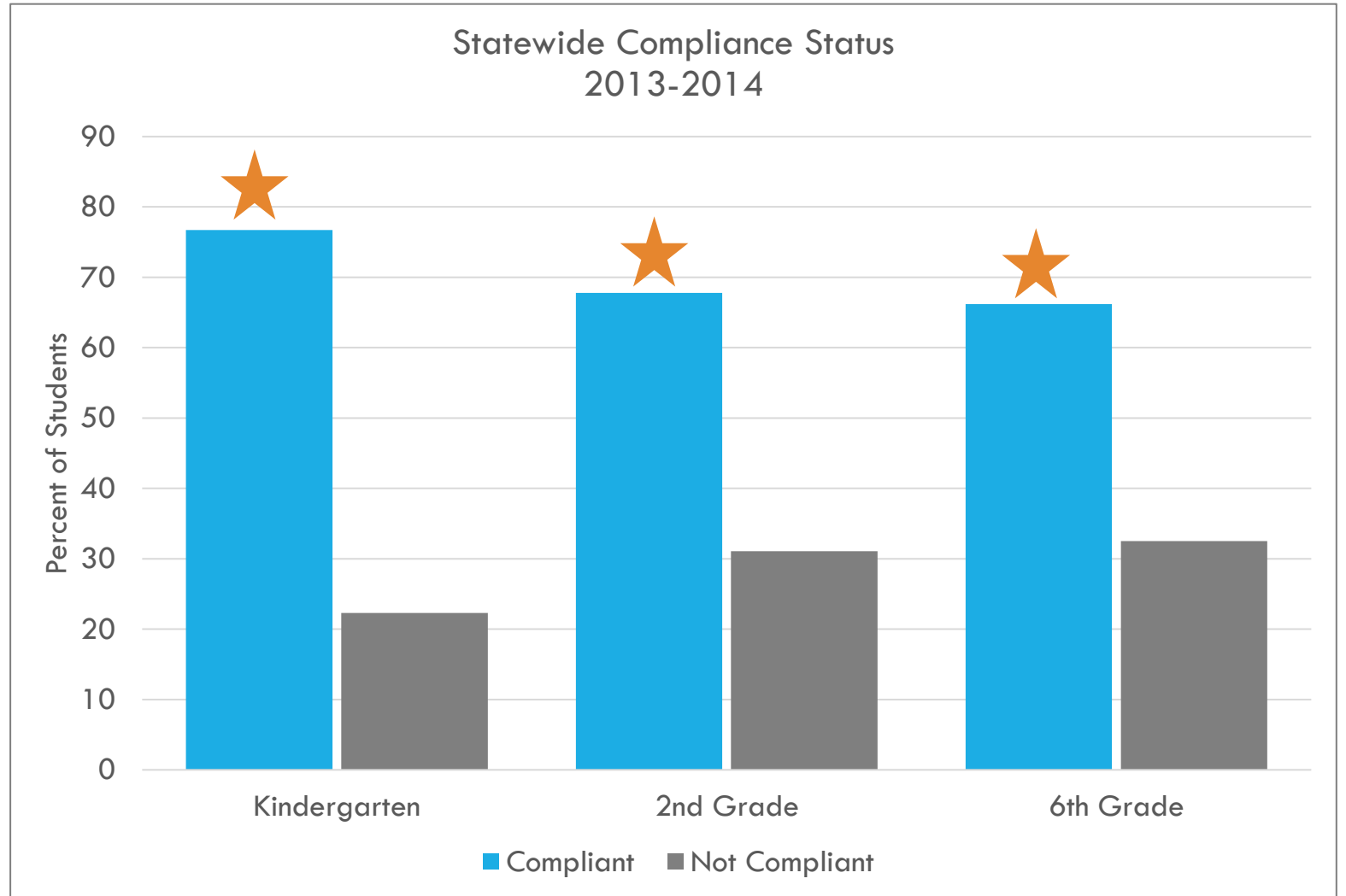
An Assessment of Oral Health Status,  
Beverage Consumption and Body Mass Index  
of Third-grade Children in Illinois



## 2B. PERFORMANCE

- The 2013-2014 dental examination data in Figure 1 represents **2,645 public schools**, including 281 schools from the City of Chicago School District 299, and **803 registered nonpublic schools** as of May 15, 2014.
- **65-76% of school aged children were compliant with dental examination**
- 22-33% of school aged children were not compliant with dental examination requirements

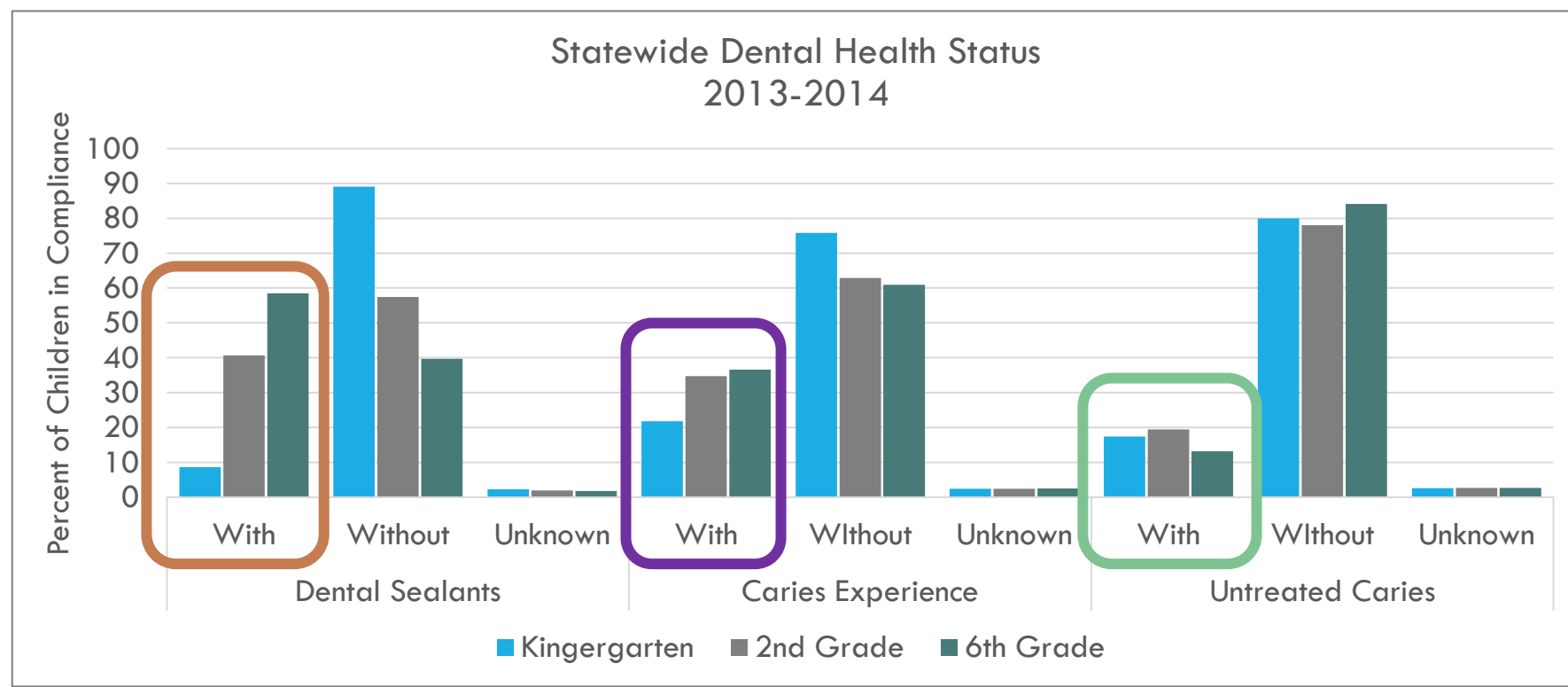
Without race/ethnicity or location, we are unable to investigate disparities or opportunities for improvement



**Figure 1. Dental Examination Compliance Status of Kindergarten, Second, and Sixth Grade Children in Illinois for School Year 2013-2014.** Data Analysis Division, Illinois State Board of Education November 2015 [https://www.isbe.net/Documents/dental\\_report1314.pdf](https://www.isbe.net/Documents/dental_report1314.pdf)

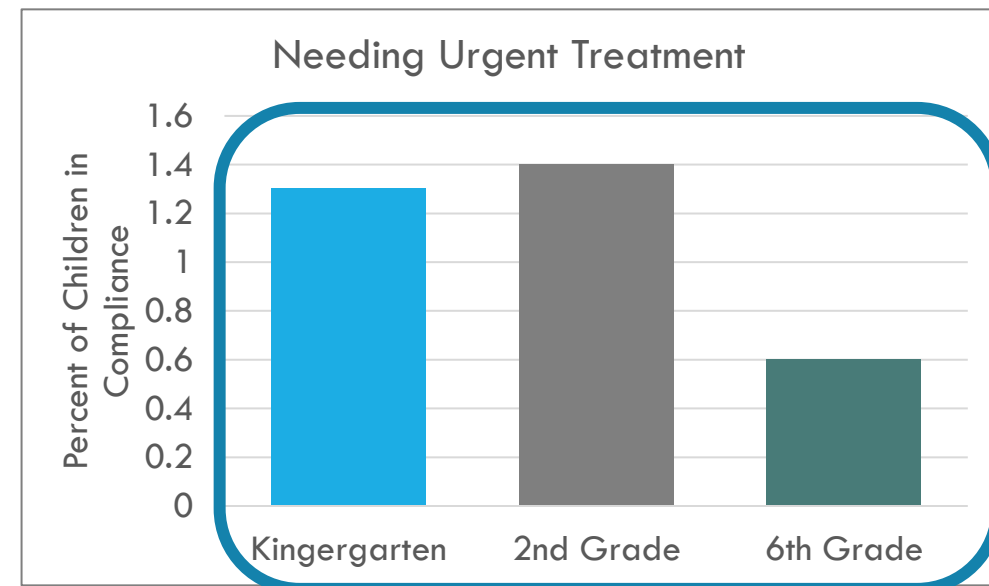
Within those who are complying:

- 40-58% have dental sealants
- 21-37% have caries experience
- 13-20% with untreated caries
- Up to 1.4% of students needing urgent treatment\*



Without race/ethnicity or location, we are unable to investigate disparities or opportunities for improvement

**Figure 2 and 3. Dental Examination Status of Kindergarten, Second, and Sixth Grade Children in Illinois for School Year 2013-2014.** Data Analysis Division, Illinois State Board of Education November 2015 [https://www.isbe.net/Documents/dental\\_report1314.pdf](https://www.isbe.net/Documents/dental_report1314.pdf)



## 2C. PROGRAM UPGRADES NEEDED

### Limitations of the program and data

- Limited understanding by stakeholders of consequence of poor oral health on child development, learning, socialization
- Lack of understanding, priority of importance by parent/caregiver
- Limited understanding by parent/caregiver on follow up care needed (when examination occurs in school settings)
- Limited local information on disease burden
- Access to data reports



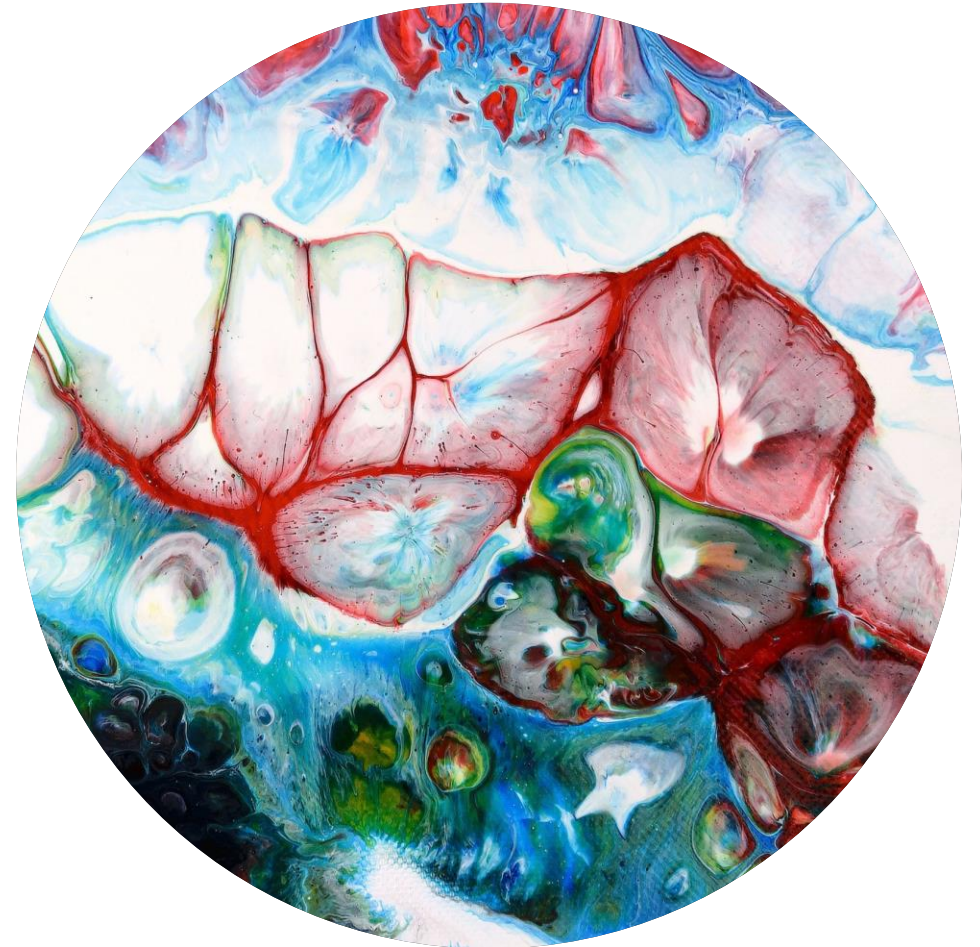
# 3. CHALLENGES AND OPPORTUNITIES FOR PROGRAM IMPROVEMENT

As with many other chronic care conditions, the 80% of disease is the burden of 20% of the population

It is smart public health to target resources proportionately to disease burden, populations and geography

Targeting with an equity focused health strategy will produced more widespread health outcomes

Targeting that addresses disproportionate burden of disease can also have an economic and SDOH impact



# 3A. PROGRAM UPGRADES TO MEET OBJECTIVES

## Programmatic changes completed

Regular on-going relationship between ISBE and IDPH

Improving understanding for decision makers on dental health status and student health and well-being

Providing annual Q & A sessions to school nurses across IL on dental examination, school-based programs, and triage to care

Standard messaging being 'agreed to' on importance of school dental examination (ISBE, HFS and IDPH) directed to school and district staff, teachers and parent/caregivers and on examination forms

For parents: improved examination form with section on child's follow up care needs

For public health: improved demographic data by race/Ethnicity and location to determine local information on disease burden, on-going monitoring

## Changes in progress

- Working with ISBE Data group to determine path for annual reports

## Changes yet to initiate

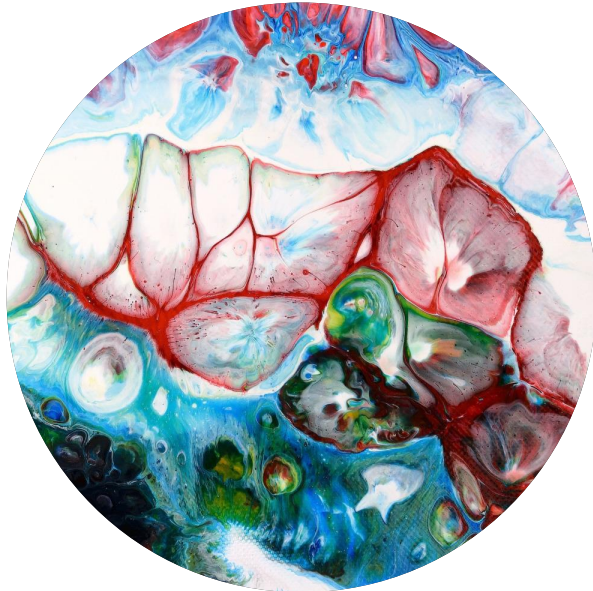
- Effective case management/care coordination mandate for school based dental programs



# 3B. OPERATION OF THE PROGRAM AND PERFORMANCE –

## UPGRADES

### Informational to parent/guardian



Illinois

### PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print)

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	
Name of School:	ZIP Code	Grade Level:	
Parent or Guardian: Last Name	First Name		

Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.

- White
  Black or African American
  Hispanic or Latino
  Asian  
 American Indian or Alaska Native
  Native Hawaiian or Pacific Islander
  Two or More Races

To be completed by dentist

Date of Most Recent Examination: \_\_\_\_\_ (Check all services provided at this examination date)  
 Dental Cleaning
  Sealant
  Fluoride treatment
  Restoration of teeth due to caries

Oral Health Status (check all that apply)

Yes  No Dental Sealants Present on Permanent Molars

Yes  No Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

Yes  No Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

Yes  No Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

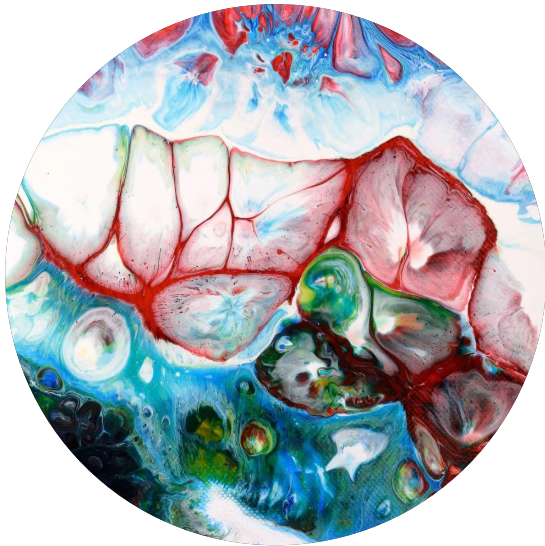
Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

- Restorative Care — amalgams, composites, crowns, etc. Appointment Date: \_\_\_\_\_  
 Preventive Care — sealants, fluoride treatment, prophylaxis Appointment Date: \_\_\_\_\_  
 Pediatric Dentist Referral Recommended Treatment Completion Date: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_ Office phone number: \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

# Informational for public health



## PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

### To be completed by the parent or guardian (please print)

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	
Name of School:	ZIP Code	Grade Level:	
Parent or Guardian: Last Name	First Name		
Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Two or More Races	

### To be completed by dentist

Date of Most Recent Examination: \_\_\_\_\_ (Check all services provided at this examination date)  
 Dental Cleaning  Sealant  Fluoride treatment  Restoration of teeth due to caries

#### Oral Health Status (check all that apply)

- Yes  No **Dental Sealants Present on Permanent Molars**
- Yes  No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes  No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes  No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or

#### Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

- Restorative Care — amalgams, composites, crowns, etc. Appointment Date: \_\_\_\_\_
- Preventive Care — sealants, fluoride treatment, prophylaxis Appointment Date: \_\_\_\_\_
- Pediatric Dentist Referral Recommended Treatment Completion Date: \_\_\_\_\_



### DENTAL EXAMINATION WAIVER FORM

Please print:

Student's Name: Last		First	Middle	Birth Date: (Month/Day/Year)
Address: Street		City		ZIP Code
Name of School:		ZIP Code	Grade Level:	
Parent or Guardian: Last Name		First Name		
Student's Race/Ethnicity:				
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	
<input type="checkbox"/> Native American	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other _____				

**I am unable to obtain the required dental examination because:**

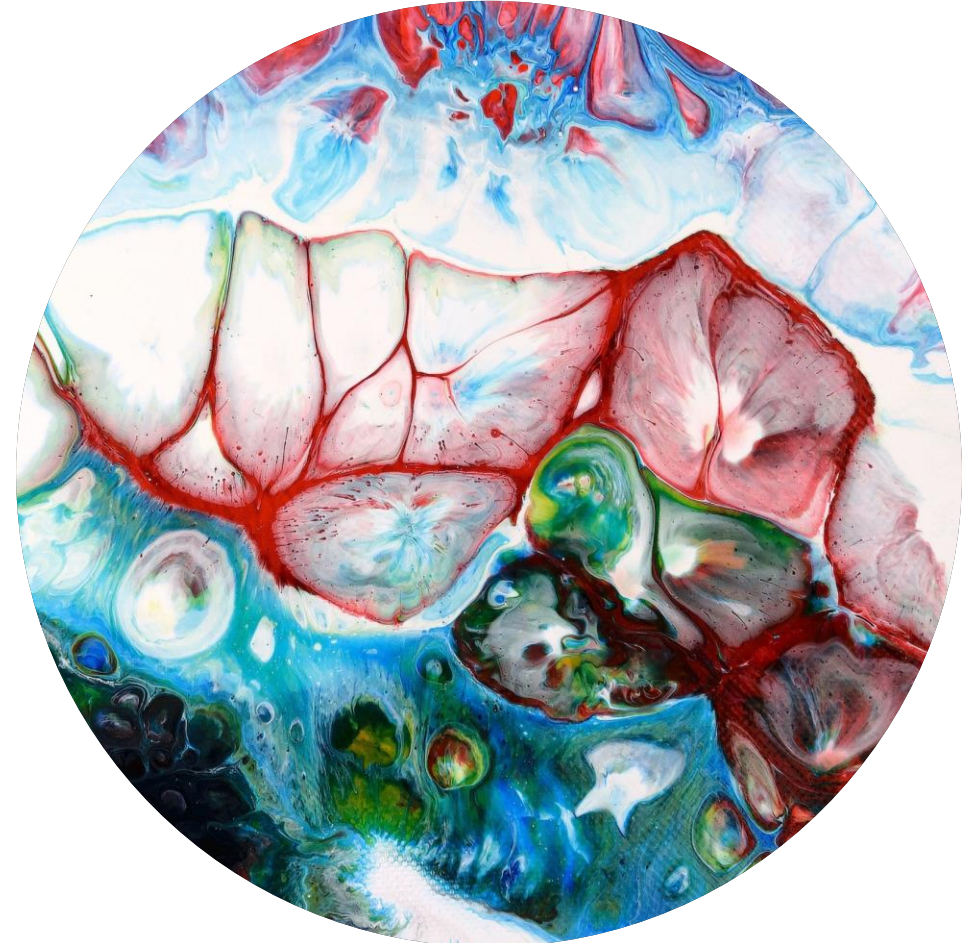
- My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid / All Kids).
- My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid / All Kids).
- My child is enrolled Medicaid / All Kids, 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 / All Kids.
- My 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.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Illinois Department of Public Health, Division of Oral Health  
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov

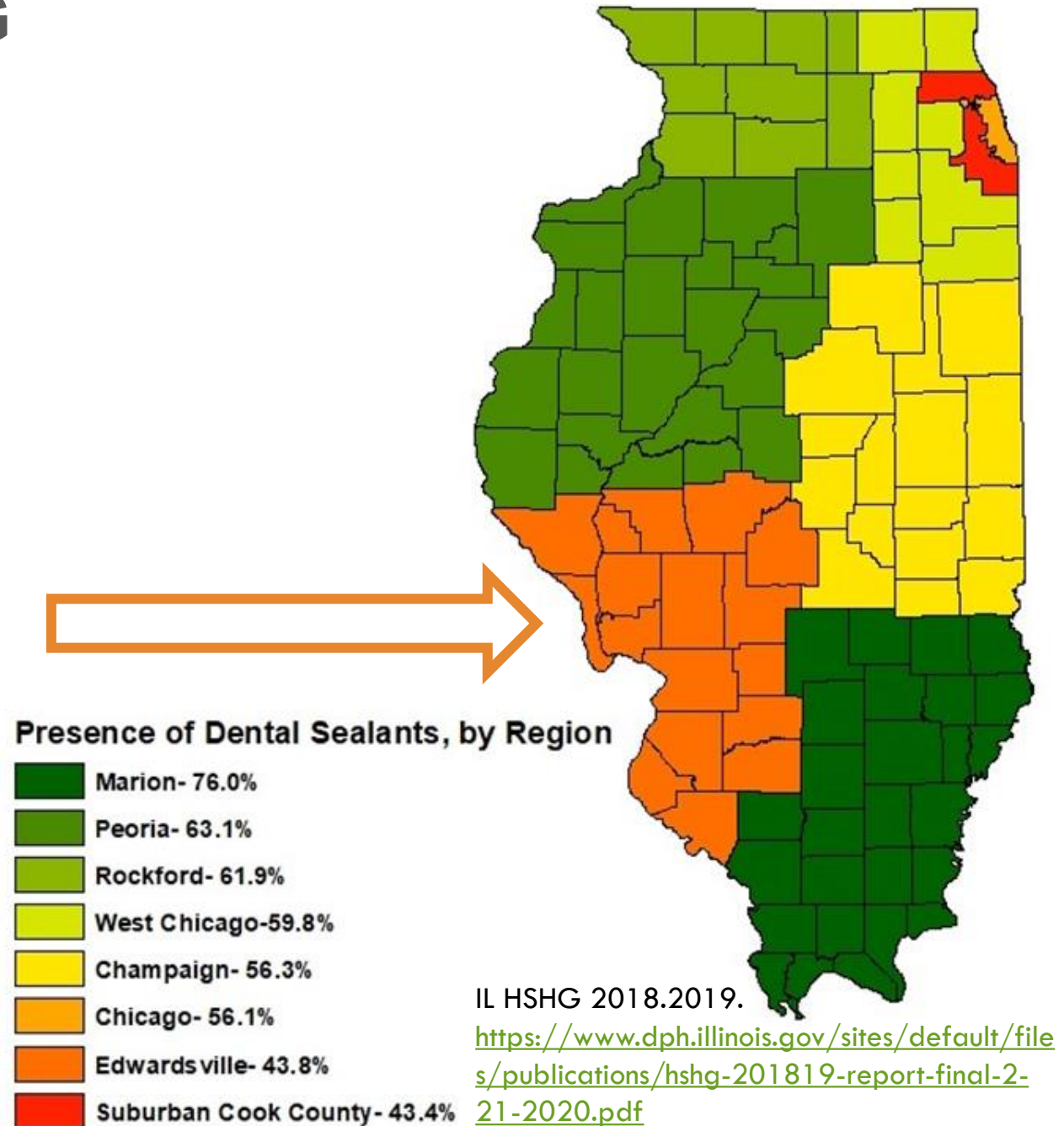


# Community needs information



## 4. USING DATA FOR ENHANCING OUTCOMES

- Dental examination mandates are not surveillance, however combined with other sources are important for on-going monitoring and actionable sources of information
- In many schools, nurses review dental examination forms and use information to follow up child's needs
- Examination mandate alerts the parent/caregiver to get a dental examination at K, 2, 6 and 9th grades because it is required. Will the parent/caregiver act and complete follow up care, if needed?
- Communicating with schools that do not have school-based sealant programs for expansion opportunities— especially where waiver data indicate students who report “unable to obtain” or schools which report many students without dental sealants or have active dental disease.





## HEALTHY SMILES HEALTHY GROWTH **OBJECTIVES**

To obtain regional and statewide estimates of the **oral health and overweight/obese status** of Illinois third grade children.

Previous reports on IDPH website:

- HSHG 2018-2019 plus beverage consumption survey
- HSHG 2013-2014
- HSHG 2008-2009
- HSHG 2003-2004

# IMPORTANCE OF HEALTHY SMILES HEALTHY GROWTH



One of the few primary oral health data collection opportunities in Illinois following a nation-wide standardized protocol (**5-year cycle**)



Provides an understanding of the oral health status of 3<sup>rd</sup> graders by region, urbanicity, race/ethnicity and low-income level, allowing comparisons and guiding best allocation of resources



On-going commitment to collect Healthy Smiles Healthy Growth (HSHG) data, has resulted in 20 years of data for this important age group.

HEALTHY SMILES  
HEALTHY GROWTH

# Key Findings

**53% of Illinois 3<sup>rd</sup> graders had at least one dental sealant present on a permanent molar. This is a 6% increase from the 2013-14 survey (50%).**

Non-Hispanic Black children have the **lowest dental sealant rates (45.7%)** followed by NH Asian children (49.0%).

Presence of dental sealant, untreated caries and obesity vary by where the child lives.

NH Asian children and NH Black children's data showed **significant disparities**:

- NH Asian children highest rate of untreated dental caries (28.8%)
- NH Black children (26.7%)

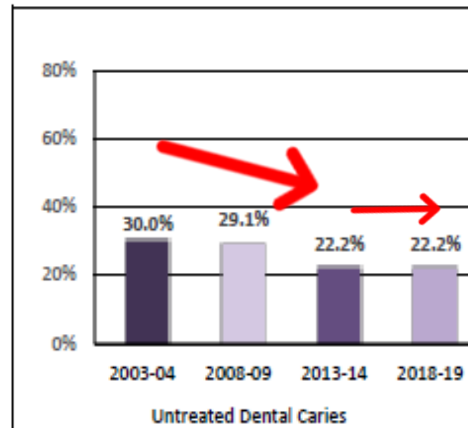
4% of Illinois 3<sup>rd</sup> graders, or over **5,600 third-grade children**, are sitting in classrooms with pain and infection from a dental issue.

Highest immediate treatment need was seen in NH Black children (7.5%).

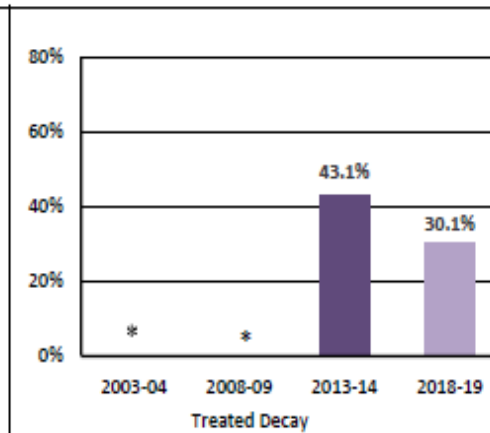


## Trends Over Time HSHG 2003-2018

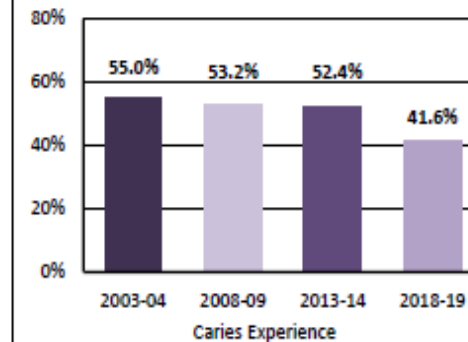
### Percentage of Illinois 3<sup>rd</sup> Grade Children with Dental Sealants, Treated Decay\*, Untreated Decay, and Caries Experience



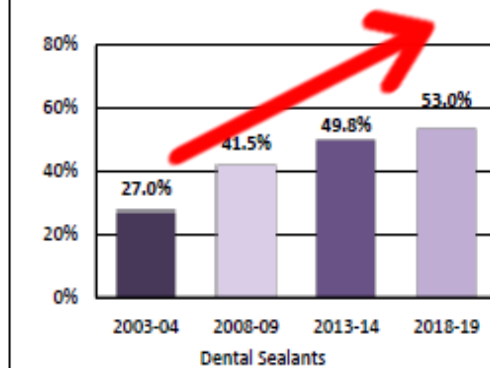
**A. Untreated Dental Caries Affects One in Five Children** Although there was no change in the percent of children with untreated dental decay from 2013-2014 to 2018-2019, untreated dental decay can cause pain, infection, and problems eating, speaking, and learning.



**B. Treated Decay Has Decreased** Although children continue to suffer from untreated dental caries, treated decay decreased since 2013-14. \*This indicator was not collected in 2003-04 and 2008-09 surveys.

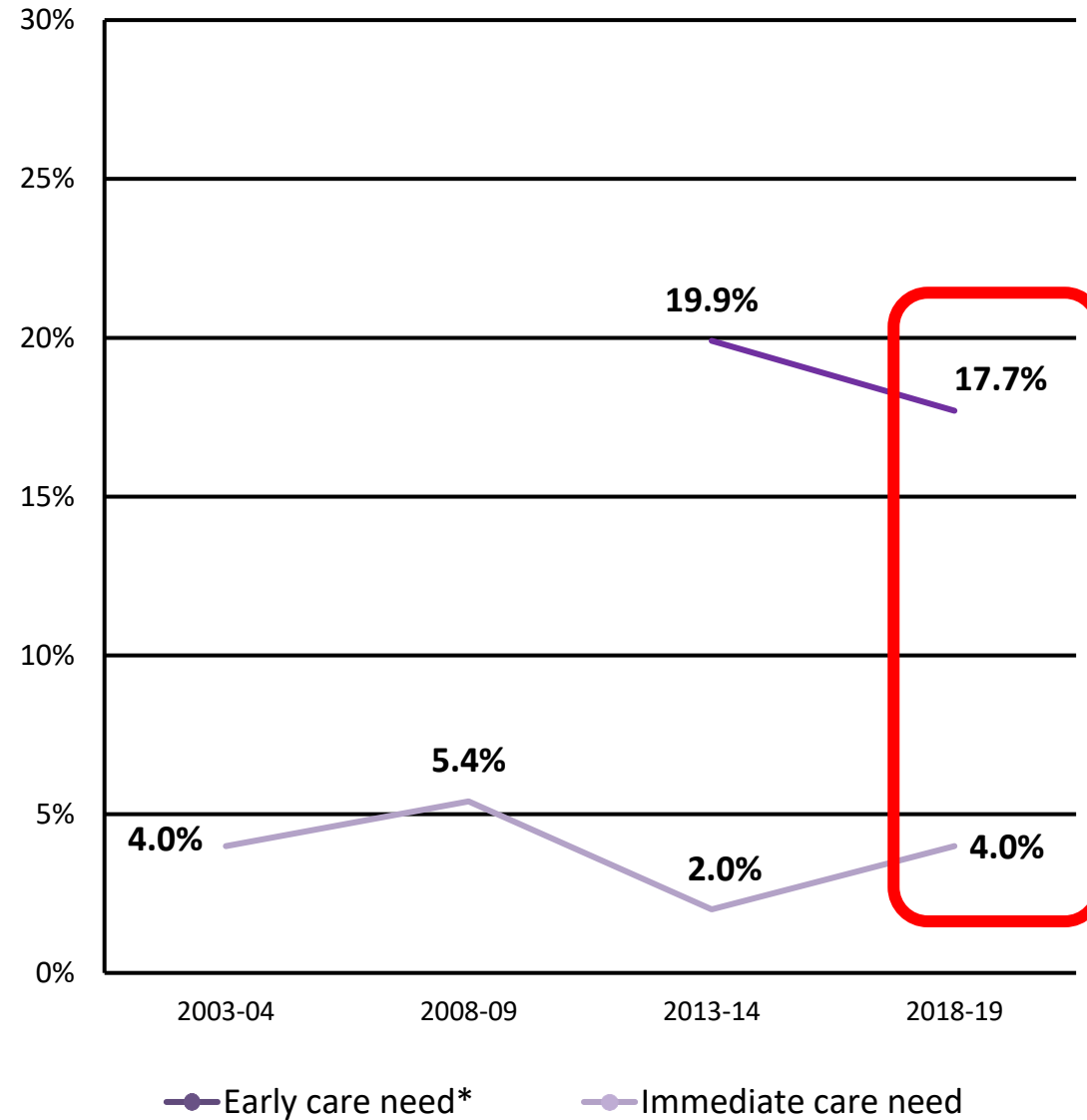


**C. Caries Experience is Decreasing** There was a 26% decrease in caries experience from 2013-14 to 2018-19.

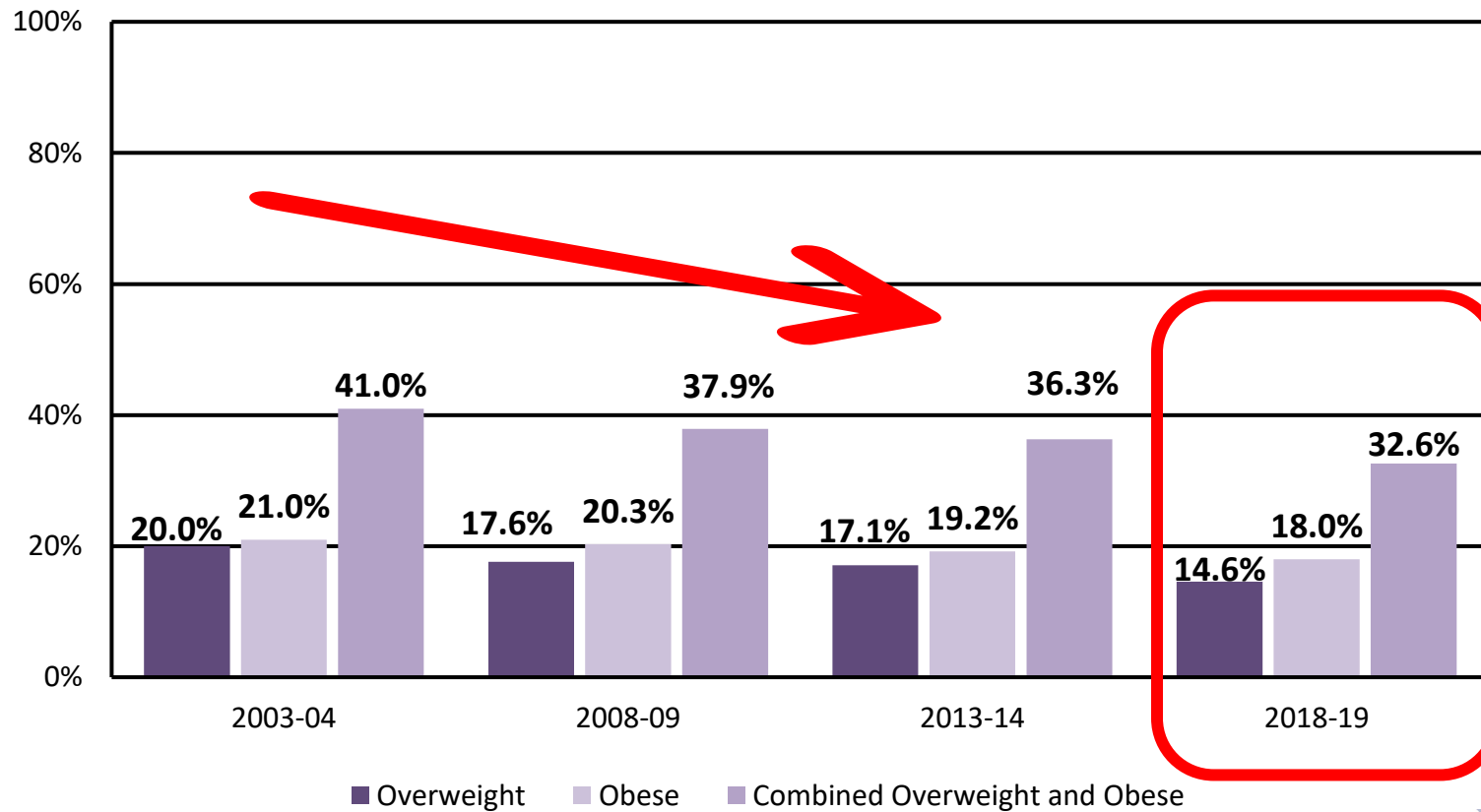


**D. Over Half of Children had Protective Sealants on Their Teeth in 2018-19** From 2003-04 to 2018-19 the number of children that had protective sealants on their teeth increased 96%.

Level of Immediate Care Need remains the same since 2003-2004 and doubled from 2013-2014.



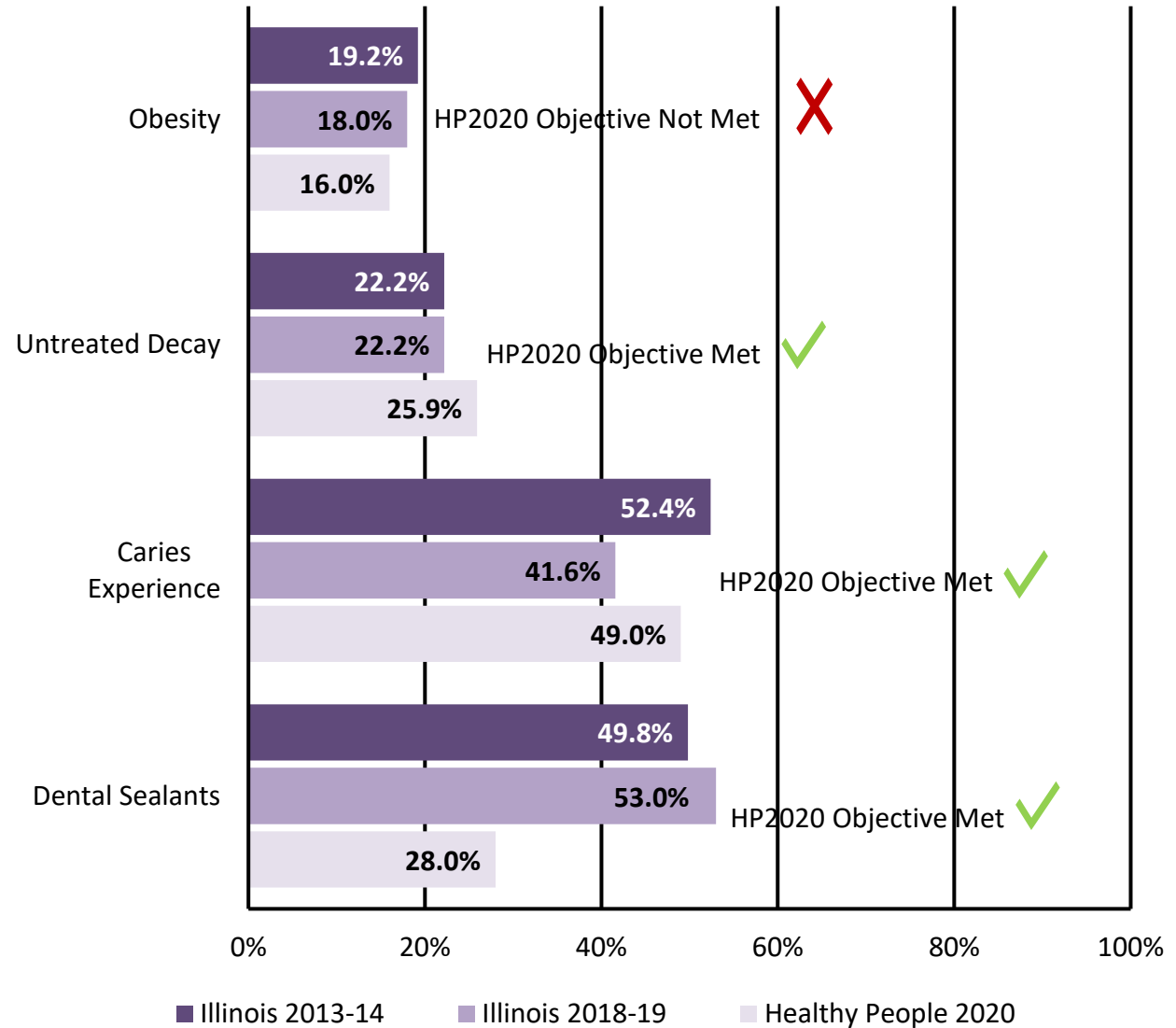
# Overweight and Obese Status HSHG 2003-2018



# Healthy People 2020 Objectives

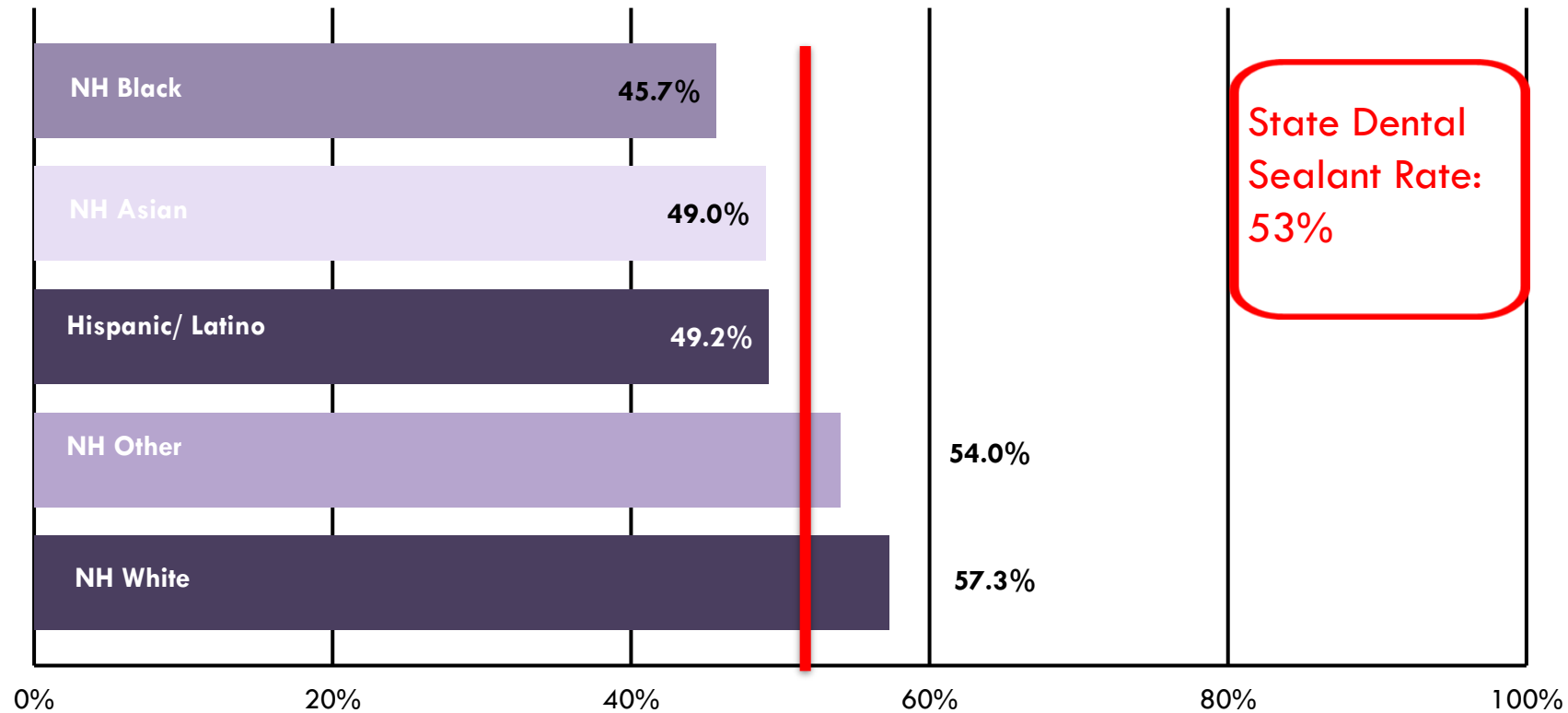
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## Race/Ethnicity is a Factor in Dental Sealants

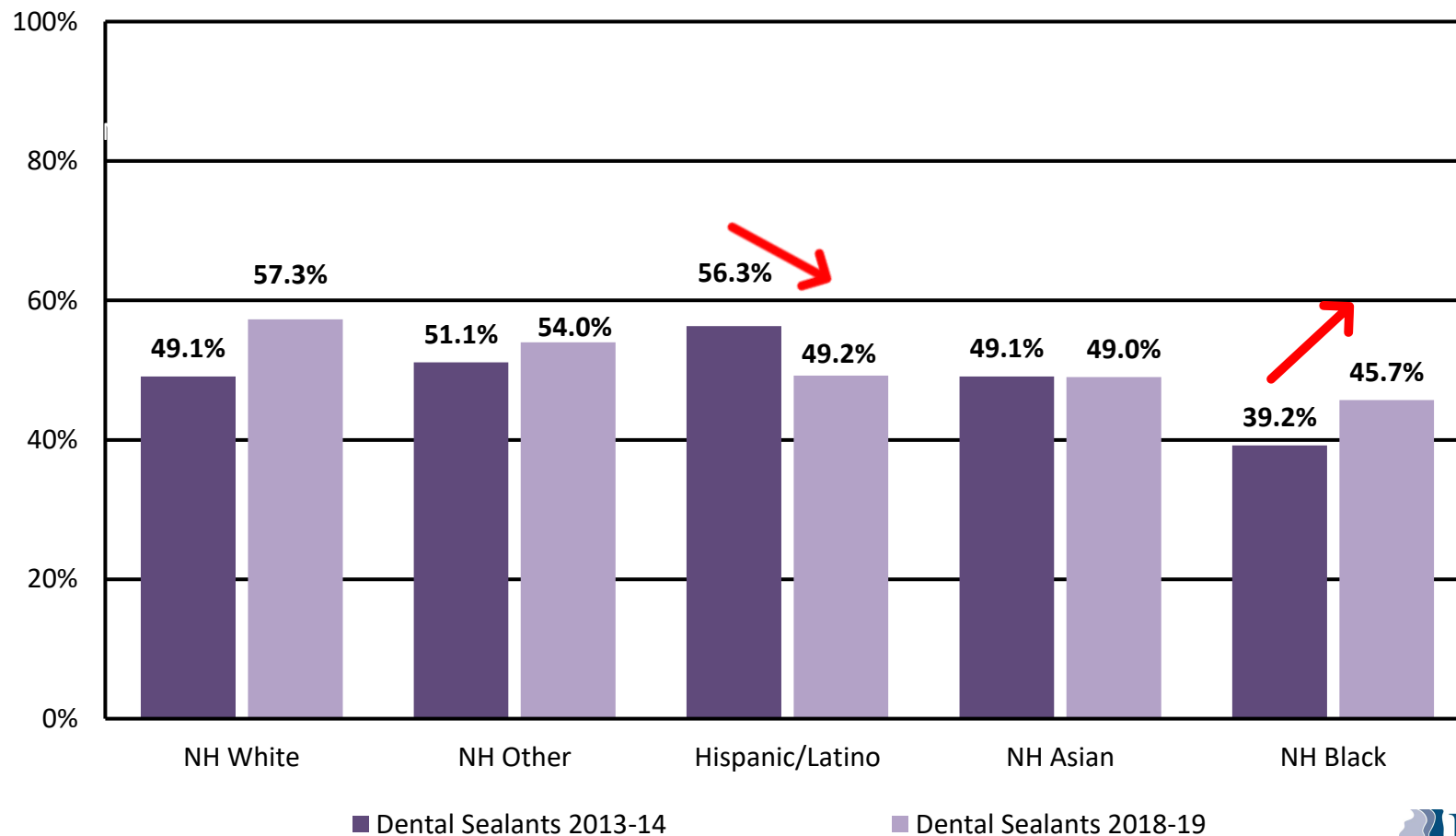
NH Black children were least likely to have dental sealants followed by NH Asian and Hispanic/Latino children.



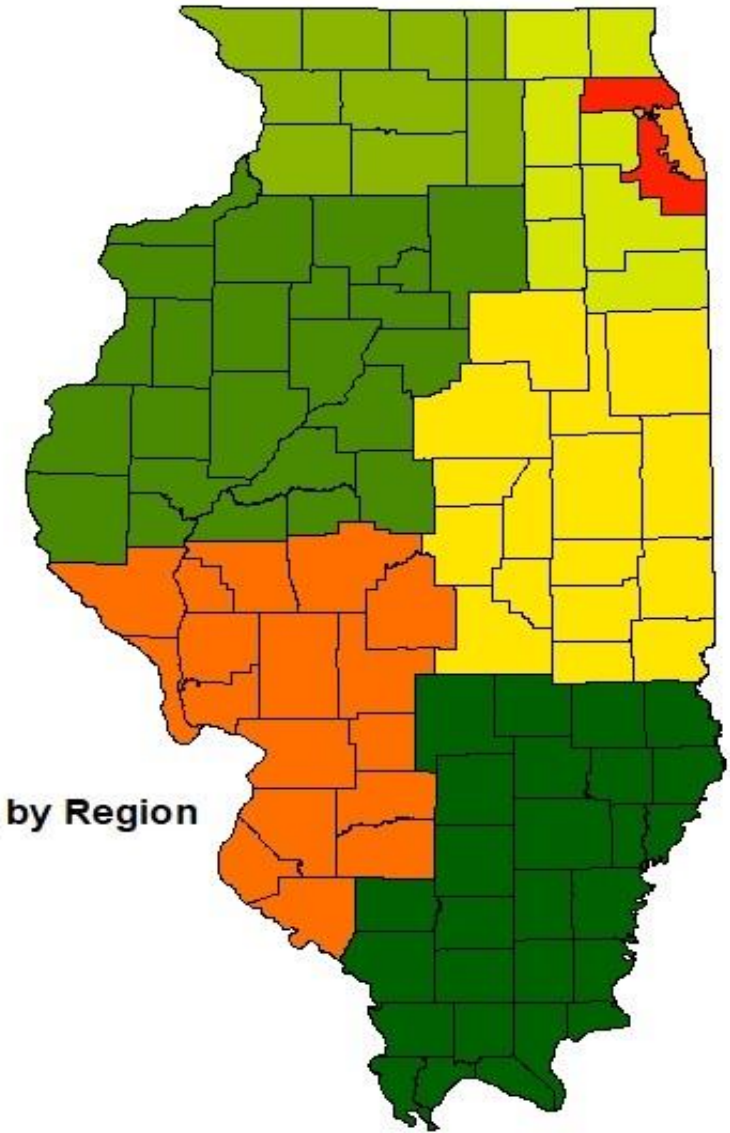
HSHG 2018-19

## Race/Ethnicity is a Factor in Dental Sealants

NH Black children were least likely to have dental sealants followed by NH Asian and Hispanic/Latino children.



# Presence of Dental Sealant Varies by Where a Child Lives

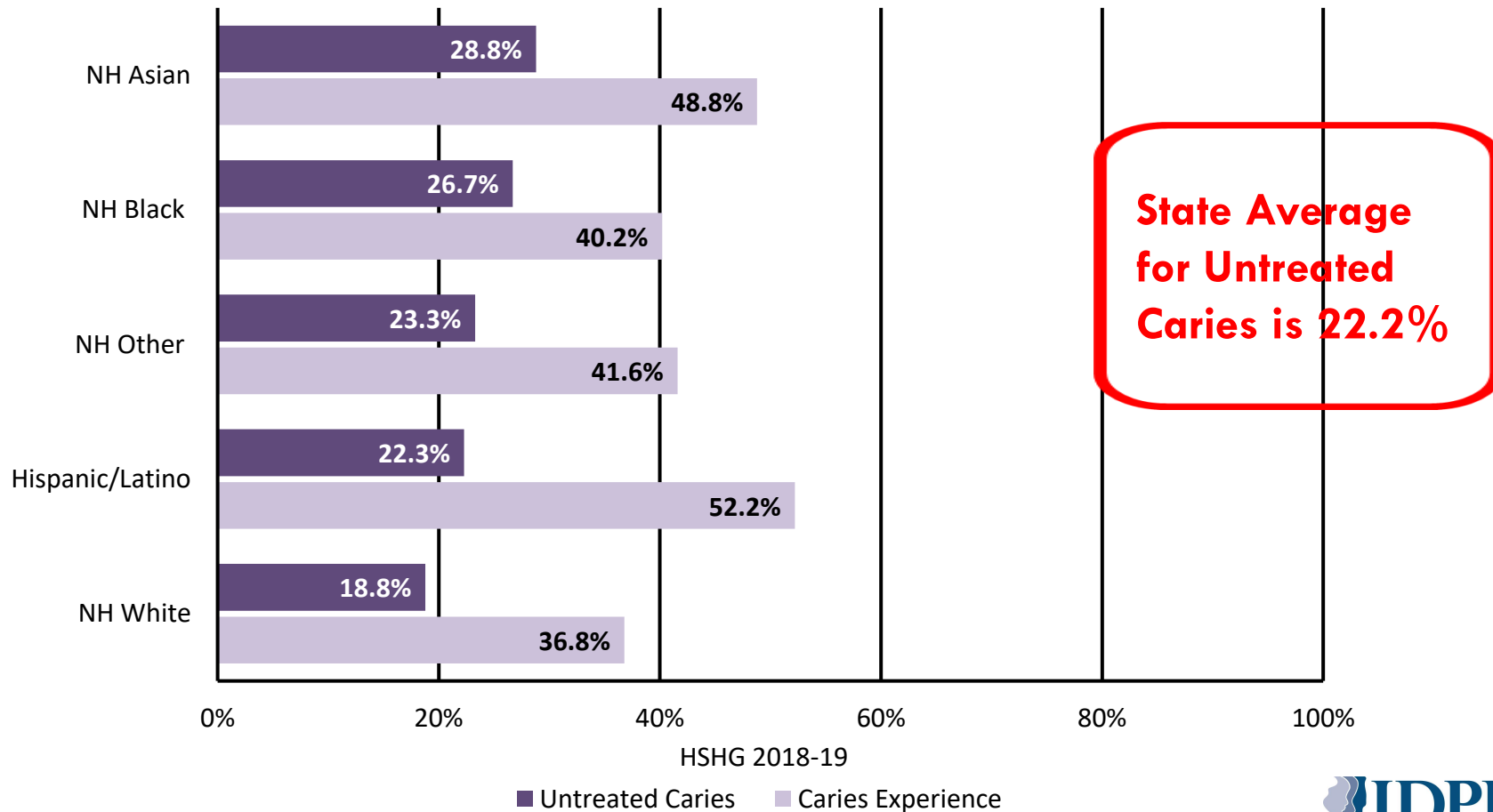


Presence of Dental Sealants, by Region

Marion- 76.0%
Peoria- 63.1%
Rockford- 61.9%
West Chicago-59.8%
Champaign- 56.3%
Chicago- 56.1%
Edwardsville- 43.8%
Suburban Cook County- 43.4%

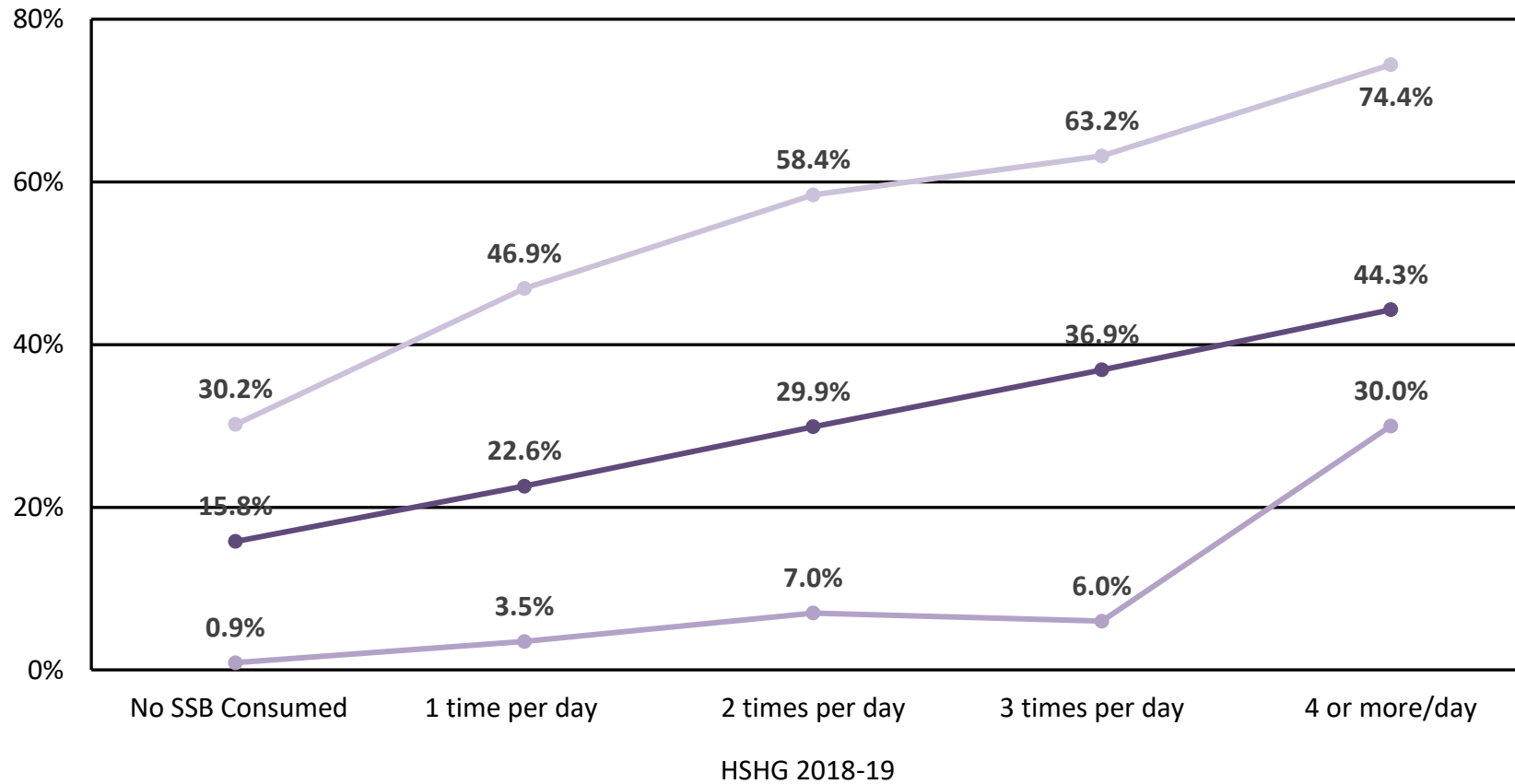
## Race/Ethnicity Can be a Factor in Untreated Dental Caries and Caries Experience

Asian children were more likely to have untreated dental decay, while Hispanic/Latino children carried the most disease burden.



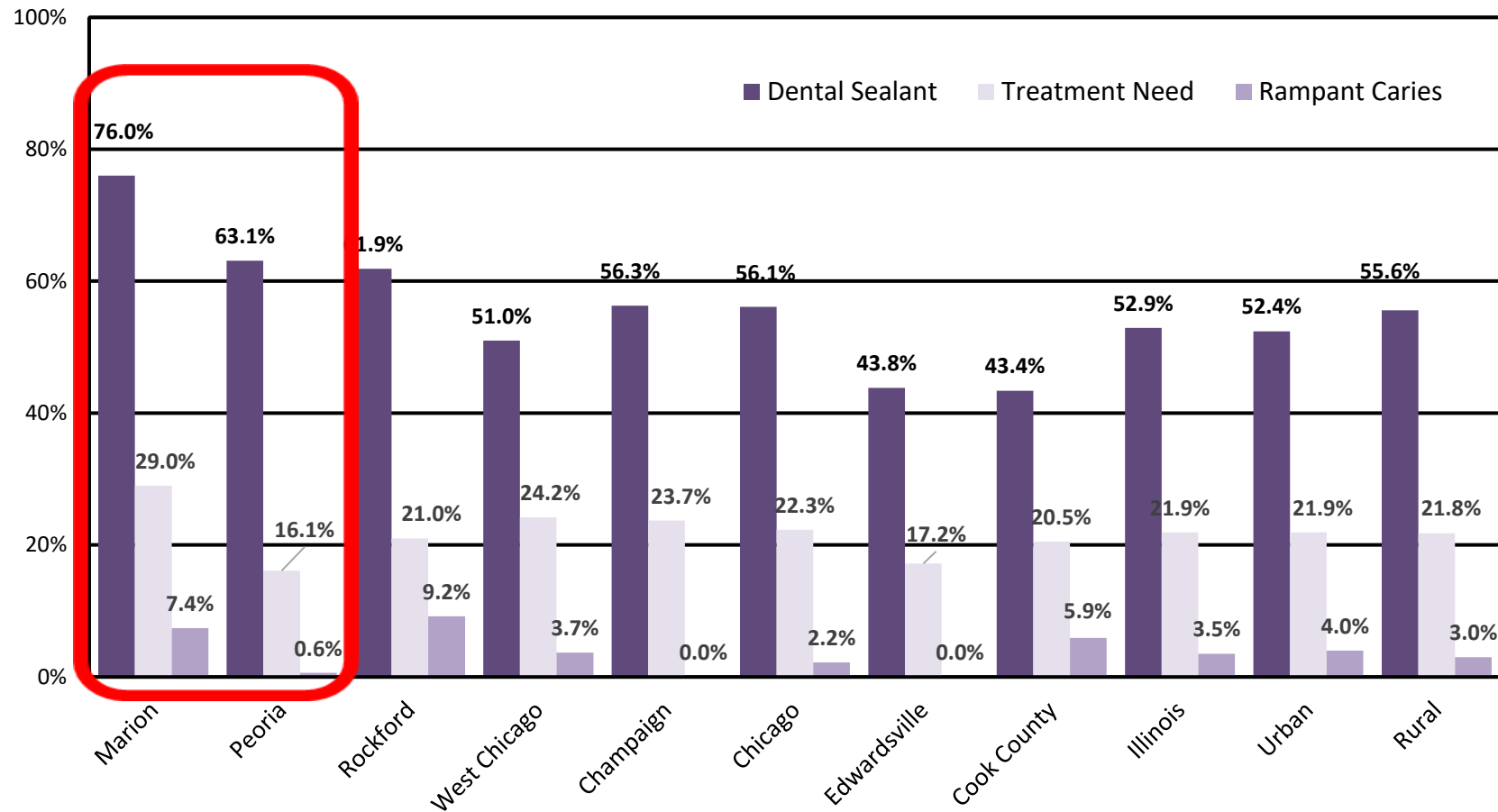


# Dental Caries Increases with Frequency of Sugar-sweetened Beverage Consumption



● Untreated Caries    ● Caries Experience    ● Immediate Treatment

# PRESENCE OF A PROTECTIVE DENTAL SEALANT TREATMENT NEED AND RAMPANT CARIES (SEVERITY) VARIES BY WHERE A CHILD LIVES



HSHG 2018-19

# HEALTHY SMILES HEALTHY GROWTH

## Recommendations



**Expand fluoride varnish and dental sealant programs to reach all high-risk children in all IL schools.**

**Couple sealant programs with disease treating programs; improve access and hours of operation so parents choose a dental home; address regional variation in treatment needs.**



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*Questions?*

*Need help to restart your school oral  
health program?*

*[dph.oralhealth@Illinois.gov](mailto:dph.oralhealth@Illinois.gov)*

