Division of Oral Health

Office of Health Promotion

IDPH
Illinois Department of Public 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 disproportionally affected
• 22% of Illinois 3rd 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)
**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.
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

ISBE distributes examination forms/information to School Districts

School districts send examination forms to parent/caregiver

Community dentist fills out examination form and provides it to parent/caregiver

School-based provider fills out examination form

Public health and other stakeholders review report for programmatic opportunities

ISBE Data Analysis Division publishes Dental Examination compliance annual report

School obtains examination and waiver forms and submits data to ISBE

Annual Dental Examination Cycle*

*Potential for annual data reports
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 3rd 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
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

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.

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
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
Informational for public health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 56b) 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. All licensed dentists 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 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)

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Street</td>
<td>City</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Name of School</td>
<td>ZIP Code</td>
<td>Grade Level</td>
<td></td>
</tr>
<tr>
<td>Parent or Guardian</td>
<td>Last Name</td>
<td>First Name</td>
<td></td>
</tr>
</tbody>
</table>

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 molar.
- 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 areas apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If the enamel is intact, 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.
- Preventive Care — sealants, fluoride treatment, prophylaxis
- Pediatric Dentist Referral Recommended
### DENTAL EXAMINATION WAIVER FORM

**Please print:**

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Street</td>
<td>City</td>
<td>ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

**Name of School:**

**Parent or Guardian:**

<table>
<thead>
<tr>
<th>Student’s Race/Ethnicity:</th>
<th>White</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
<th>Native American</th>
<th>Native Hawaiian/Pacific Islander</th>
<th>Multi-racial</th>
<th>Asian</th>
<th>Other</th>
</tr>
</thead>
</table>

**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
217-785-4896 • TTY (hearing impaired use only) 800-547-0456 • www.dph.illinois.gov

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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 3rd 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.
53% of Illinois 3rd 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 3rd 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 3rd 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 25% 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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Early care need</th>
<th>Immediate care need</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>4.0%</td>
<td>0%</td>
</tr>
<tr>
<td>2008-09</td>
<td>5.4%</td>
<td>0%</td>
</tr>
<tr>
<td>2013-14</td>
<td>2.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>2018-19</td>
<td>19.9%</td>
<td>17.7%</td>
</tr>
</tbody>
</table>
Overweight and Obese Status
HSHG 2003-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Overweight</th>
<th>Obese</th>
<th>Combined Overweight and Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003-04</td>
<td>20.0%</td>
<td>21.0%</td>
<td>41.0%</td>
</tr>
<tr>
<td>2008-09</td>
<td>17.6%</td>
<td>20.3%</td>
<td>37.9%</td>
</tr>
<tr>
<td>2013-14</td>
<td>17.1%</td>
<td>19.2%</td>
<td>36.3%</td>
</tr>
<tr>
<td>2018-19</td>
<td>14.6%</td>
<td>18.0%</td>
<td>32.6%</td>
</tr>
</tbody>
</table>
Healthy People 2020 Objectives

Illinois is meeting the HP2020 selected ORAL health objectives.

- **Obesity**: HP2020 Objective Not Met
  - Illinois 2013-14: 19.2%
  - Illinois 2018-19: 18.0%
  - Healthy People 2020: 16.0%

- **Untreated Decay**: HP2020 Objective Met
  - Illinois 2013-14: 22.2%
  - Illinois 2018-19: 22.2%
  - Healthy People 2020: 25.9%

- **Caries Experience**: HP2020 Objective Met
  - Illinois 2013-14: 41.6%
  - Illinois 2018-19: 49.0%
  - Healthy People 2020: 49.8%

- **Dental Sealants**: HP2020 Objective Met
  - Illinois 2013-14: 28.0%
  - Illinois 2018-19: 53.0%
  - Healthy People 2020: 52.4%
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.

State Dental Sealant Rate: 53%
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
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.

- NH Asian: 28.8% (Untreated Caries) 48.8% (Caries Experience)
- NH Black: 26.7% (Untreated Caries) 40.2% (Caries Experience)
- NH Other: 23.3% (Untreated Caries) 41.6% (Caries Experience)
- Hispanic/Latino: 22.3% (Untreated Caries) 52.2% (Caries Experience)
- NH White: 18.8% (Untreated Caries) 36.8% (Caries Experience)

State Average for Untreated Caries is 22.2%
Dental Caries Increases with Frequency of Sugar-sweetened Beverage Consumption

HSHG 2018-19

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
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.
Questions?
Need help to restart your school oral health program?
dph.oralhealth@Illinois.gov