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Oral Health Section

# 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

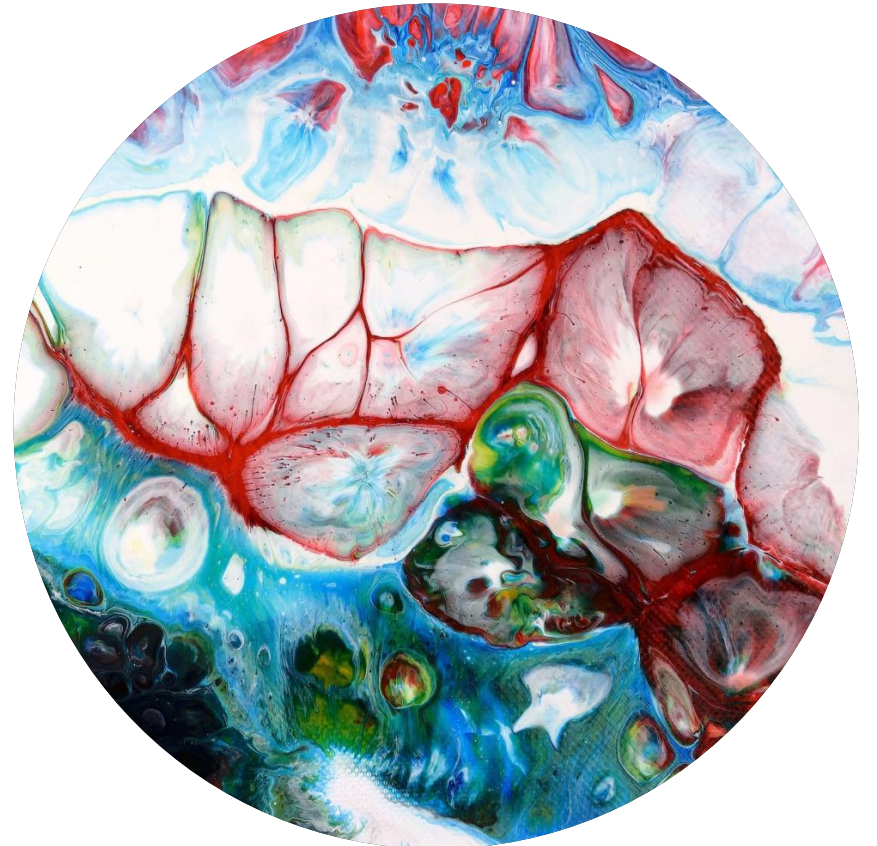
Enforce Laws, Link  
To/Provide Care,  
Workforce, Evaluate &  
Research

- 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

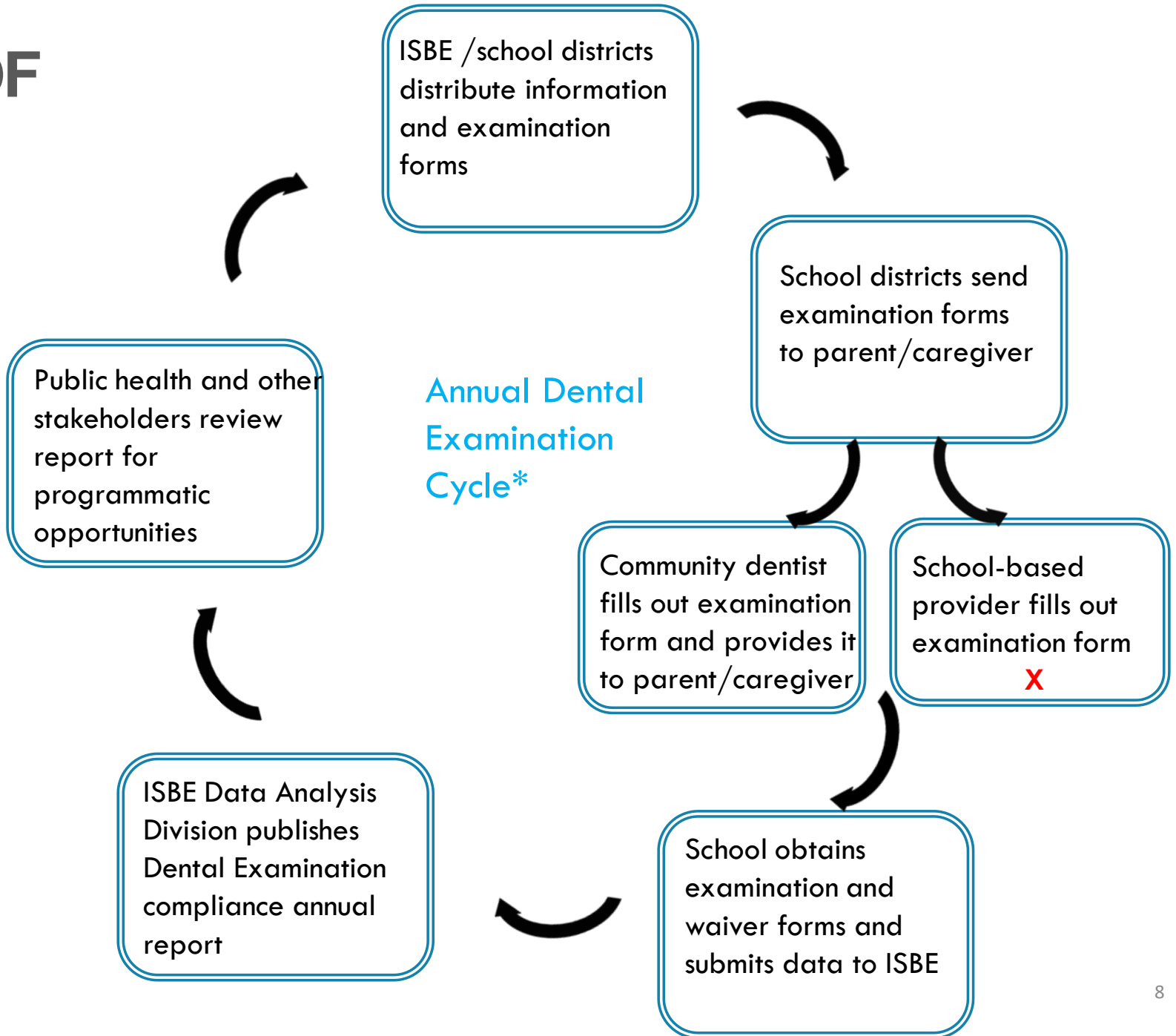
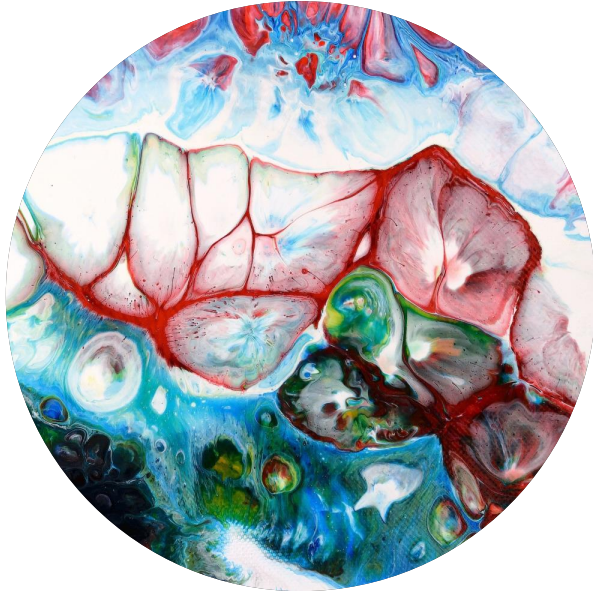
- All Illinois children in kindergarten, Grade 2, Grade 6, and Grade 9 are required to have an oral health examination.
  - This is required for all public, private, and parochial schools.
  - [Examinations must be performed by a licensed dentist](#), and he/she must sign the Proof of School Dental Examination 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.

DENTAL EXAMINATION  
FORMS CAN BE FOUND  
AT:

[HTTPS://DPH.ILLINOIS.  
GOV/TOPICS-  
SERVICES/PREVENTION  
-WELLNESS/ORAL-  
HEALTH.HTML#FORMS](https://dph.illinois.gov/topics-services/prevention-wellness/oral-health.html#forms)

- [Dental Examination Waiver Form](#)
- [Dental Examination Waiver Form \(En español\)](#)
- [Dental Examination Waiver Form \(En français\)](#)
- [Proof of School Dental Examination Form](#)
- [Proof of School Dental Examination Form \(En español\)](#)
- [Proof of School Dental Examination Form \(En français\)](#)

# 2A. OPERATION OF THE PROGRAM



\*Potential for annual data reports



# 2B.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

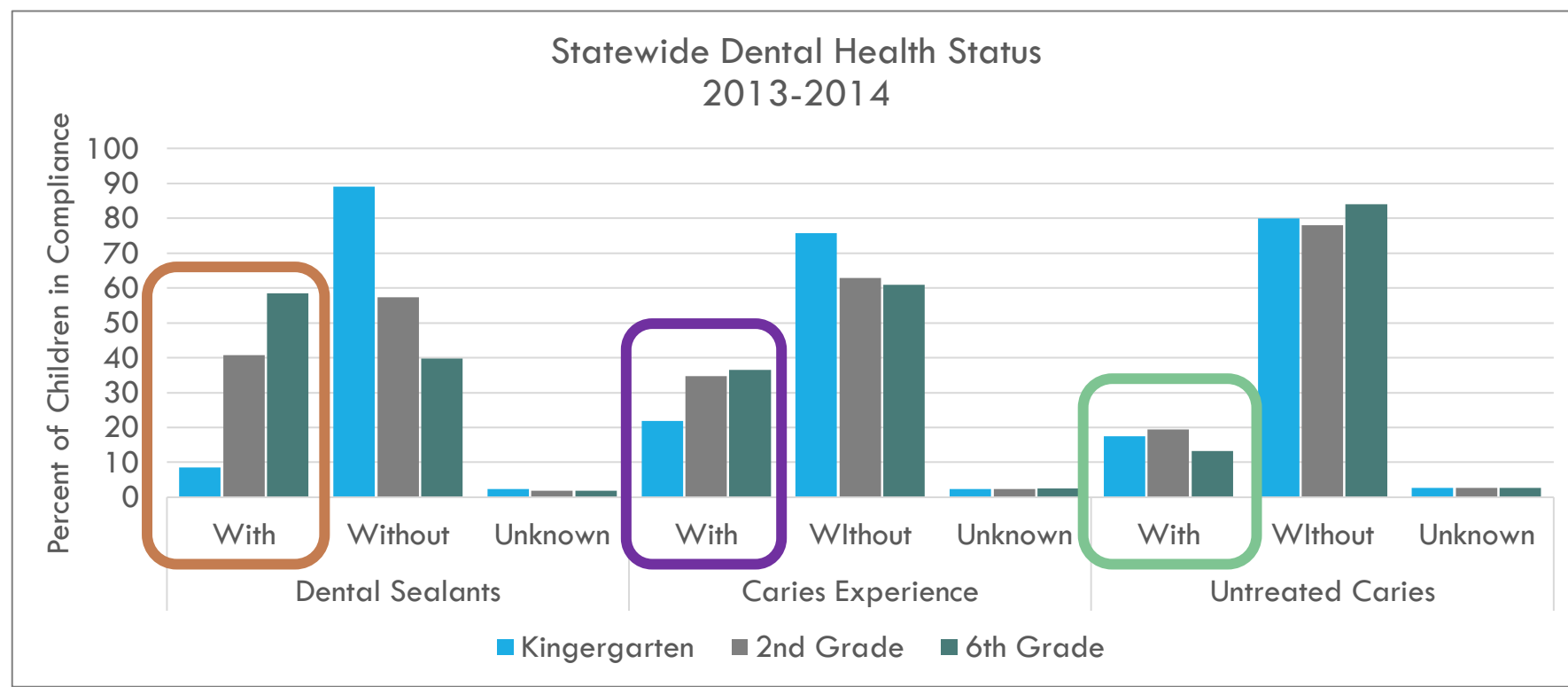
## Healthy Smiles Healthy Growth 2018-19

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



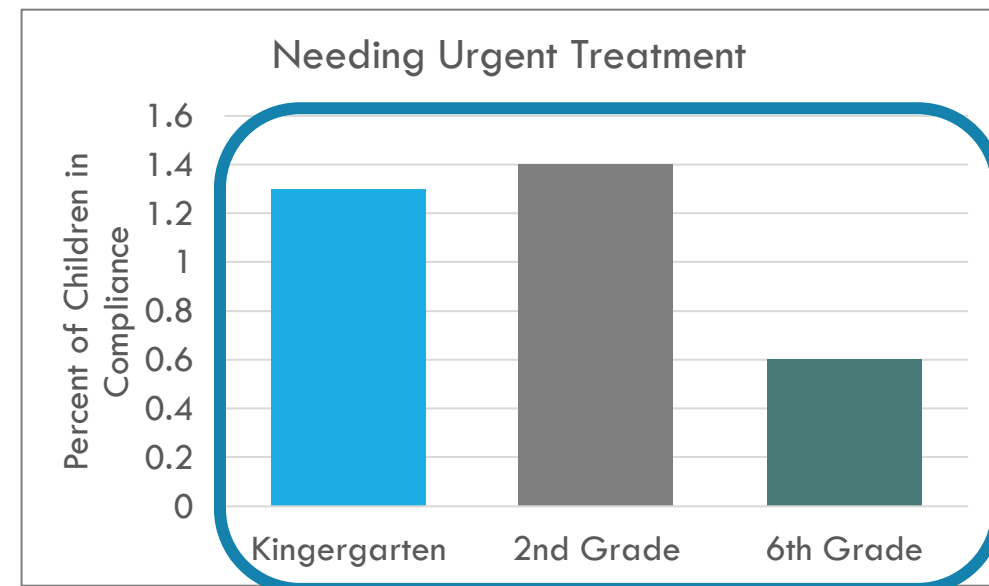
Within those who are complying:

- 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



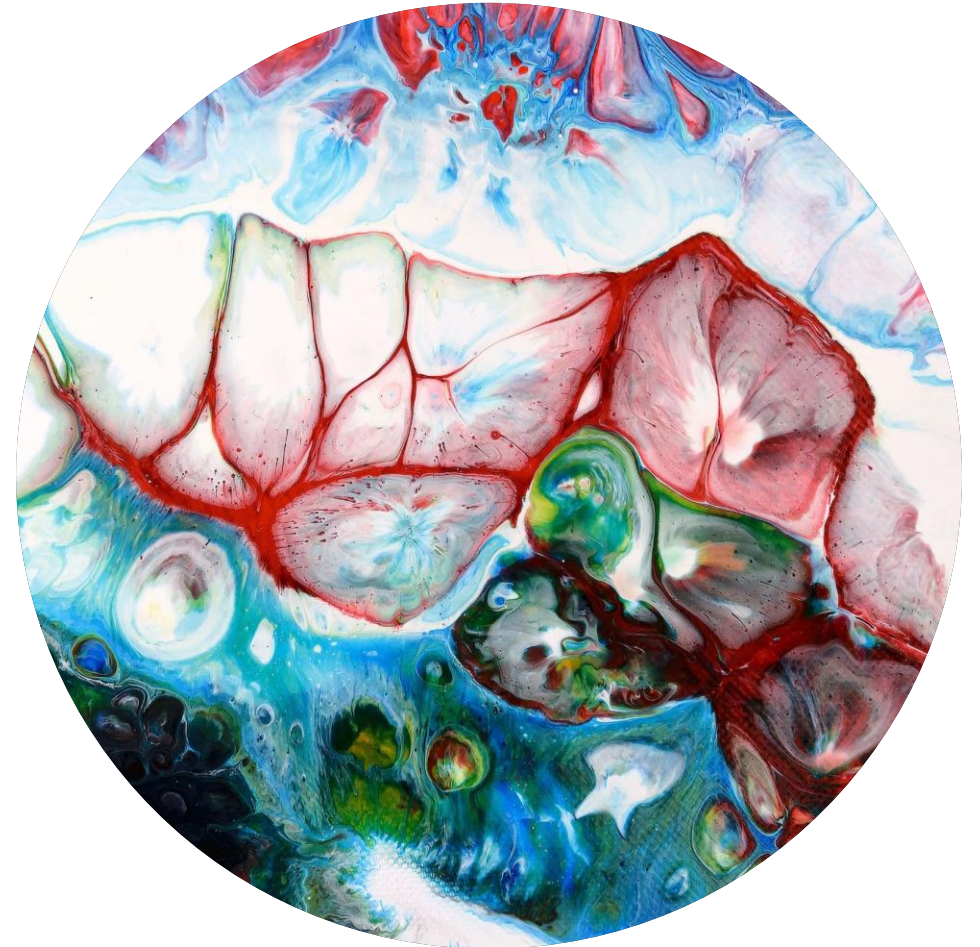
# 3. CHALLENGES AND OPPORTUNITIES FOR PROGRAM IMPROVEMENT

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

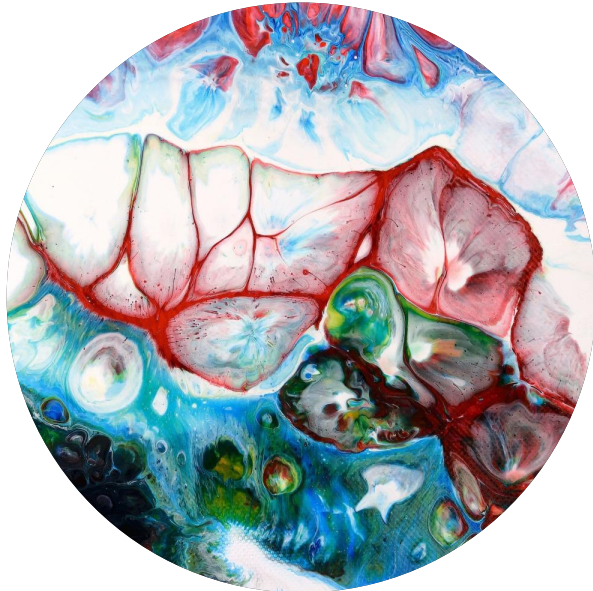
Targeting that addresses disproportionate burden of disease can also have an economic and SDOH impact



# 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.

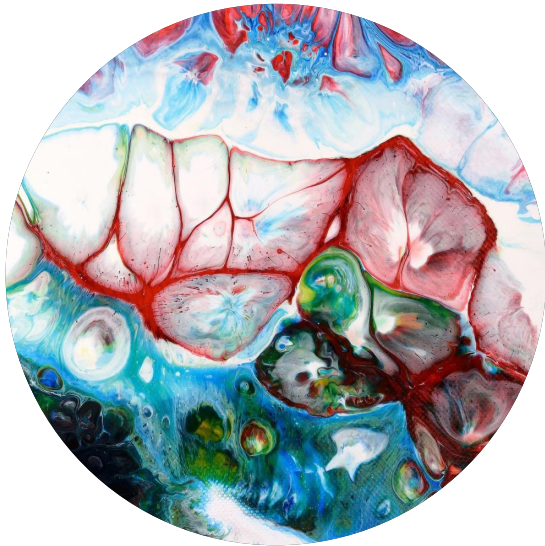
Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

- 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							

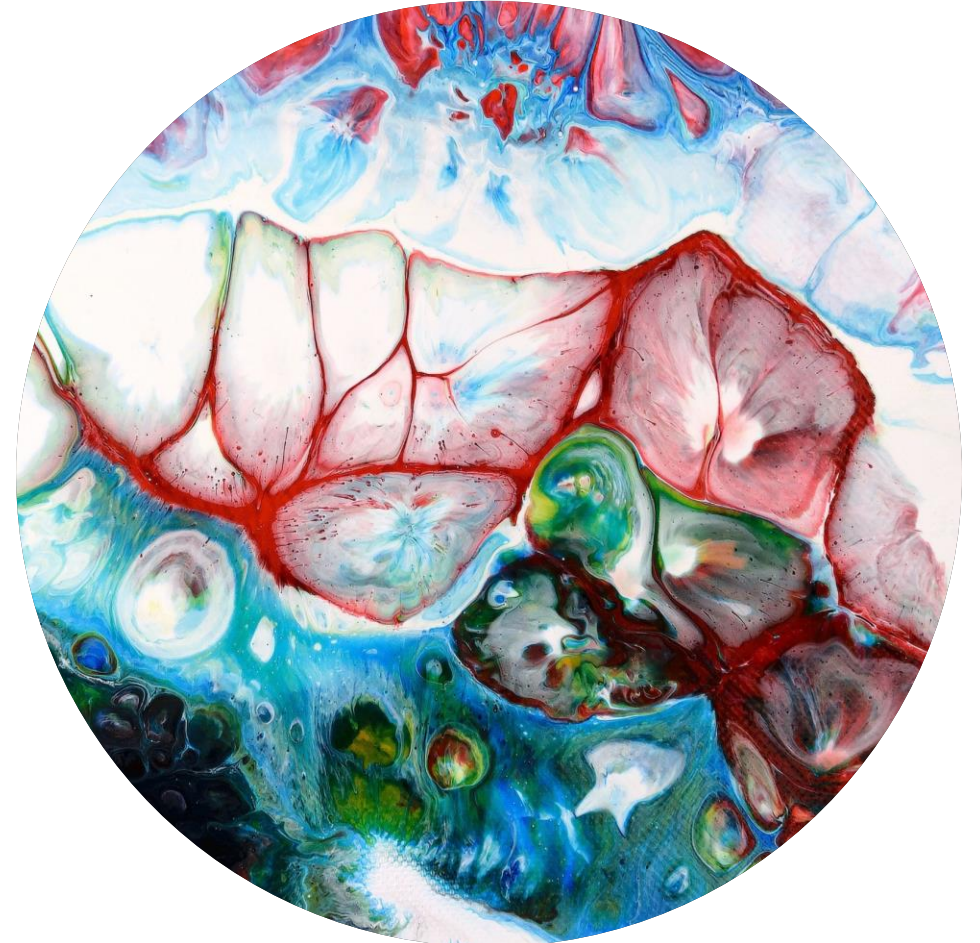
**I am unable to obtain the required dental examination because:**

- 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: \_\_\_\_\_

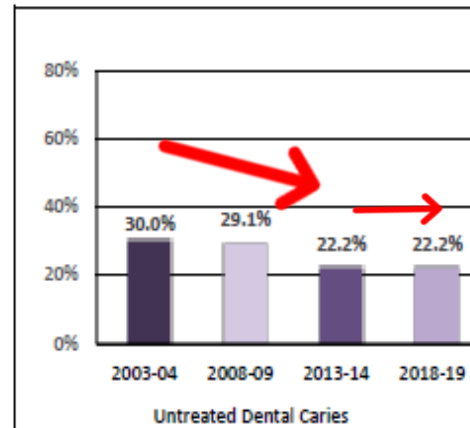


# Community needs information

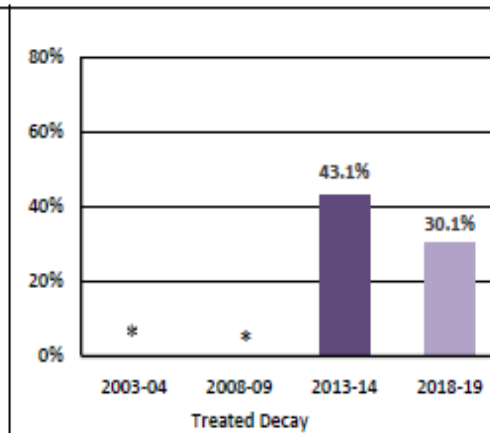


## Trends Over Time HSHG 2003-2018

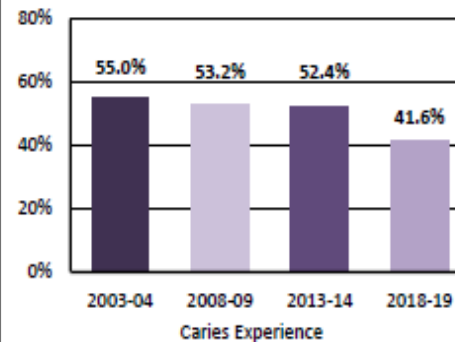
### Percentage of Illinois 3<sup>rd</sup> Grade Children with Dental Sealants, Treated Decay\*, Untreated Decay, and Caries Experience



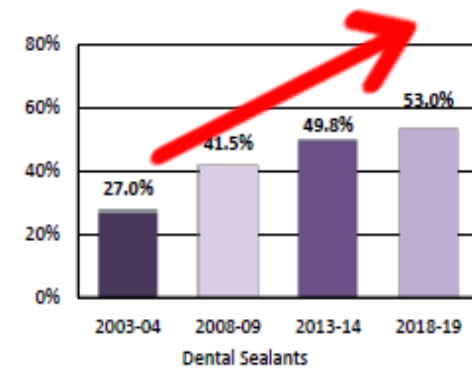
**A. Untreated Dental Caries Affects One in Five Children** Although there was no change in the percent of children with untreated dental decay from 2013-2014 to 2018-2019, untreated dental decay can cause pain, infection, and problems eating, speaking, and learning.



**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.



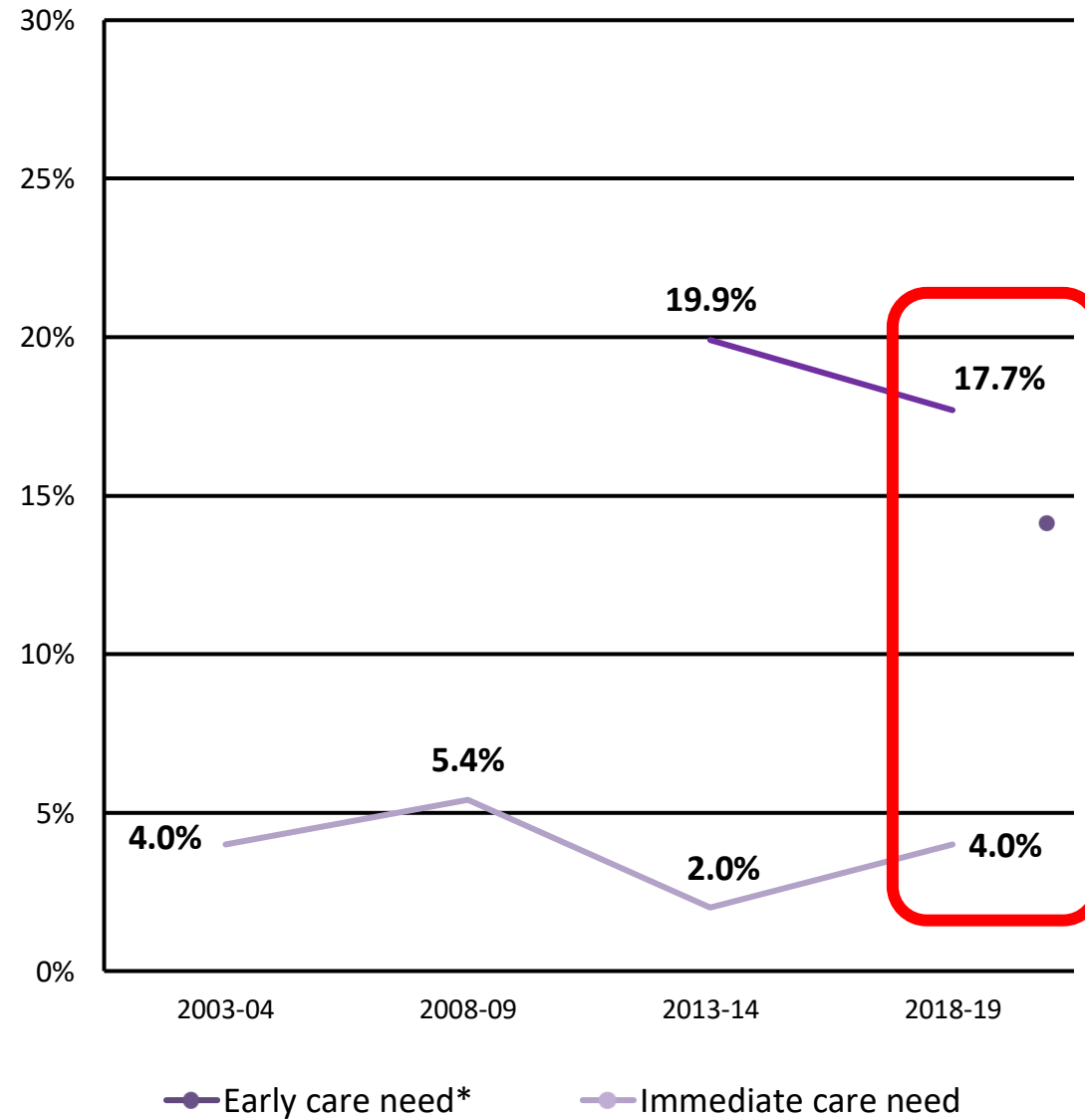
**C. Caries Experience is Decreasing** There was a 26% decrease in caries experience from 2013-14 to 2018-19.



**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.



# SCHOOL-BASED DENTAL SERVICES

When compared to before COVID-19, the number of children provided with prevention services is down about 50%. Statewide, 40% of schools offered a school-based oral health program.

Challenges to this low uptake are many: workforce shortages, parents fearful to sign their children up, schools unwilling to accept health providers coming to their school, and others.

For most of these children, this is the one dental service that they will get in the entire year.

- 2,000 Illinois schools, daycares/headstarts/pre-K offered a school-based oral health service and 250 of these were daycares/headstarts or pre-K programs



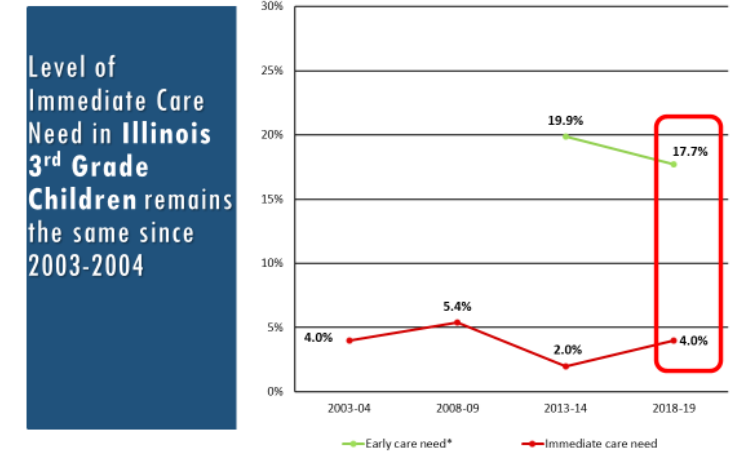
# SCHOOL-BASED DENTAL SERVICES

- + Program designed to meet the oral health needs for children who may not receive dental care otherwise.
- + Teams of oral health professionals (dentists, dental hygienists, and dental assistants) will visit participating schools and complete dental exams, cleanings, fluoride treatments and if indicated dental sealants.
- + Numerous School-Based provider teams work throughout the state of Illinois.
- + Participating schools send dental services permission slip home for parent/caregiver consent.
- + After assessment, provider teams complete required dental examination forms for K, 2, 6 and 9<sup>th</sup> grades.

**+ Interested schools can contact HFS Dental Program or IDPH Oral Health Section**

[HFS.Dental@illinois.gov](mailto:HFS.Dental@illinois.gov)

[DPH.oralhealth@illinois.gov](mailto:DPH.oralhealth@illinois.gov)



IDPH





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*Questions?*

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

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

