State Laws on Dental “Screening” for School-Aged Children
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Overview
Analysis of state dental “screening” laws
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Why look at screening laws?
- Significant legislative activity among states
- Gap in quantitative and qualitative information about the nature and extent of laws

Methods
- Pro bono legal search using LEXIS and Westlaw
- Literature review (e.g., Medline, Google, etc.)
- Key Informant Interviews

What is the underlying public health problem?
Tooth decay is the single most common chronic condition among US children and is on the rise among our youngest children
- Tooth decay is consequential
- Dental caries (disease process) is preventable but few know it
- Children with least access to dental services have higher caries experience
- Risk-based disease management is limited
- Effective public health programs exist

Key Informant Interviews
- Six states
- Conducted on site or via telephone
- Interviewed on six questions ranging from adoption of law to implementation
Key Limitations

- Analysis of state laws (U.S.) only
- Programs and interventions both in and outside the literature beyond the scope of analysis
- History of school-based laws beyond the scope of analysis

Terminology/Definitions

Core requirement = Completion of a form or certificate demonstrating that a screening, exam, or assessment has taken place within the timeframe but, in practice, almost always screening.

Key Findings: Number and Content Analysis of Laws in 12 states

“Old” laws (KS & PA) engage school-based dental providers
More recent laws (DC, GA, IL, NE, OR, RI*)
“New” Laws (CA, IO, KY, NY)
(*also structured to engage school-based providers)

Content Analysis of laws in 12 states

- Mandated (vs. recommended): 11 of 12 states
- Who may conduct the screening: range of licensed professionals (some non-dental)
- Who is covered: mix of public schools only and public + private
- Frequency: ranges from one-time requirement to annual

Key Informant Highlights: Advocacy — Implementation

- Political support includes legislative champions + collaborations of stakeholders
- Financing & workforce issues for screening are similar to access-to-care
- Administrative workload presents challenges

... More content analysis

- Waivers: majority of states
- Data requirements: limited data requirements on referral & follow up
- Regulatory: Department of Health, Education or some combination
- Legal authority / effective date: complication of citations for statutes & regulations
Key informant highlights continued

- Integration (e.g., with school nurses) strongly affects implementation and compliance
- Challenge of precatory (aspirational) nature of laws with regard to what happens after a mandated screening (i.e., data is generally not required to measure if kids are getting needed care)

Context

World Health Organization (WHO) has suggested that school dental screening could “enable early detection and timely interventions towards oral diseases and conditions, leading to substantial cost savings.” 2003

Literature Review

Research results (Medline, Google, etc):

- Evidentiary gap as to effectiveness in screening approaches

British Screening Benchmarks

British research team (Milsom, et al) that conducted a randomized trial and historical review of screening laws identified screening benchmarks “to evaluate the merits of individual screening programs scientifically.”

Specific Benchmarks for Evaluation

- Defined purpose
- Evidence of improvement to health
- Morbidity reduced
- Risk/benefits awareness
- Acceptable to stakeholders
- Quality assurance
- Locally tailored
- Treatment available
- Cost-effective

“Usable” and “Useful” data

- How representative are screened children of all children?
- Inter-examiner reliability?
- Quality of compliance and recordkeeping?
- Change in oral health status?
- Capacity to triage into necessary care?
- Assessment of health outcomes after care?

UK National Screening Committee (2000)
Sample Policy Considerations

- Public Health Purpose
- Systems Model
- Compliance
- Definitions
- Periodicity
- Notification / Referral and Accountability
- Financing
- Data Collection
- Timing
- Evaluation

Observed interest in models:

- Targeted screening that supports mandated coordination of a continuum of service
- Mandated measurement of whether oral health is improved

... also for exploration:

- Screening laws and parent / child oral health knowledge
- Relationship of school-aged screening to dental disease onset (often before age 2)
- Other

Summary

- Quantitative and qualitative analysis illuminates the role of state laws in public health
- Examining the evidentiary base for state laws links science and the law

Potential innovation?

British Columbia (Canada) Screening Registry for Dental, Hearing, & Vision

- Leverages support across health areas & advances oral health HIT though policy/law
- Standardizes/unifies data collection systems
- Unifies child’s records (and tracks care and health outcomes)
- Supports evaluation & approved research

Feedback / Suggestions

Thank you!