


State Laws on Dental “Screening” for School-Aged Children

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Overview

Analysis of state dental “screening” laws
CDHP / ASTDD

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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

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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

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Methods

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


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Key Informant Interviews

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


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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

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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.


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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)


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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

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... 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


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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


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... 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)

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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

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Literature Review

Research results (*Medline, Google, etc*):
Evidentiary gap as to effectiveness in screening approaches

- AAPD (US) : “Data not available” (Policy Statement, 2003, 2008)
- Milsom, et al. (UK) randomized trial and historical review: “no scientific evidence that it leads to improvement in health . . .”
J Dent Res (2008)

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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.”

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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

UK National Screening Committee (2000)


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“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?


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Sample Policy Considerations

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


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Observed interest in models:

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

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... 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

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Potential innovation?

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

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

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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

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Feedback / Suggestions

Thank you!

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