



2020-2021 Oregon Student Dental Screening Report

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Introduction

Dental problems are one of the most common types of chronic childhood diseases, affecting more than sixty percent of children, and causing an estimated 51 million lost school hours yearly, as estimated by the U.S. Department of Health and Human Services [i]. National data shows that dental problems were responsible for about 1/3 of elementary school absences—about the same as acute asthma [v, x].

This burden falls more heavily on lower-income families, who suffer from oral health problems 12 times as often as higher-income families. One study found that children with poor oral health were 2.3 times more likely to have poor academic performance [i]. On any given day, as many as 3,800 Oregon children in the first and third grades are suffering from dental pain or infection [ii]. In Oregon, one in six children (16.5%) have oral health problems [iii, v, vii, viii].

Schools play an increasingly important role in how children receive health information and services. School-based oral health programs improve access to oral health education, prevention, and treatment services for children [vi]. In Oregon, less than half of pre-kindergarten students report having any dental care in the past year [ii]. School dental programs are a convenient option for children receiving basic dental services [xi]. Since 2017, school districts are required to report the number of students who submit a certificate that demonstrates completion of a dental screening at school or elsewhere.

Background and methodology

In order to better understand and promote the oral health of students in Oregon, ORS 336.213 (2017) requires school districts to collect and provide preventative dental care information.

According to ORS 336.213 (2017),

“each education provider shall require a student who is seven years of age or younger and who is beginning an educational program with the education provider for the first time to submit certification that the student received a dental screening within the previous 12 months.”

Beginning in the 2016-2017 school year, school districts are required to collect dental screening information on students who are seven years of age or younger and new to the district. Students are required to provide a certificate that demonstrates the completion of a dental screening within the last twelve months. Subsequently, school districts report the total number of students who submit this certificate, do not submit a certificate, or opt out of dental screening altogether.

The data included below indicates the number of students who have submitted dental screening certificates and those who have not. These dental certificates ask for information as to whether students have been screened, whether they have turned in a certificate of screening at another school, or whether they have opted out of dental screenings. The dental certificate also provides a space for parents/guardians completing the form to indicate what the reason for opt-out was, including financial barriers or religious reasons.

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Every year, ODE collects the total number of these certificates and parent/guardian response category totals. This information is submitted by individual school districts who submit the information via ODE's data collection webpage. The data included in this report reflects dental screening information from the 2020-21 school year.

According to Oregon law, school districts are not required to provide dental screening services to students, only to collect these certificates. When school districts do conduct dental screenings, they often partner with their Educational Service Districts (ESDS), external community dental programs, or local pediatric dentists to provide these services. When districts provide these important prevention services, students benefit. It is estimated that 19% of students receiving dental screenings at school need follow-up care by a dentist [v], which indicates both the prevalence of unmet dental needs among students and the value of school based services in addressing those needs before there are larger impacts to a student's education.

Results

Table 1 below provides information about the percentage of districts that submitted dental screening information. The districts who reported numbers in this survey enrolled 568,031 of all 582,661, or 97%, students in Oregon. This year, 143 school districts (73%) reported data to ODE. In prior years, a range of 58% (2019 data collection) to 88% (2020 data collection) of districts submitted data.

Table 1: District Submission	
Number of Reporting Districts/Number of Districts in Oregon	Number of Students Enrolled in Reporting Districts/Number of Students Enrolled in Oregon
143/197= 73%	444,211/560,917= 79%

Table 2 below provides dental screening data collected during the 2020-2021 school year. The count of students required for whom the district is required to submit a dental screening certificate includes only students who are seven or younger and who are new to a district (such as transferring into the district or first enrolling in school). Approximately 40% of required students submitted dental screening certificates. This is down from 54% in the 2019-2020 school year.

Table 2: Dental Screenings

Count of Students Required To Submit Dental Screening Certificate *	Number of Dental Screening Certificates Collected
33,984	13,524

**Age seven and under who are new to a district.*

Students who opt-out of dental screening can provide a reason for their decision. Reasons provided on ODE’s template form for opting out include: the student submitted a screening certificate at a prior school, the screening poses a religious conflict to the student or family, or the student or family faces a resource burden in obtaining a screening. Table 3 below provides the reasons reported for the 3,780 opt outs. Results demonstrate that for those students who report a reason for opting out, resource-related barriers were the most common.

Table 3: Students Opting Out of Dental Screening		
Reasons for Opting Out of Dental Screening	Screening Completed the Previous Year	392
	Religious reasons	81
	Burden (financial or other)	892
Total Number of Students Who Opted Out of Dental Screening		3,780

School districts frequently provide dental screenings themselves to better support their students, improve their health, and reduce barriers in their education, although this is not required. Dental screening services are often provided in partnership with community dental providers. Of the 143 districts that submitted dental screening data, 77 districts (54%) reported that they provide dental screenings directly to their students. This is a 23% decrease from the 2019-2020 school year.

Conclusion

In order to better understand and promote the oral health of students in Oregon, ORS 336.213 (2017) requires school districts to collect data on student screening certificates. Information collected from school districts demonstrates that fewer dental services were provided to students in the 2020-2021 school year,

due to the Covid-19 pandemic. ESDs, community dental providers, and local pediatric dentists were limited in their ability to access students in school settings, due to Covid-19 mitigation requirements and efforts. This means that students will be facing a lapse of services and potentially unmet oral health needs in the 2021-2022 school year, as dental screenings resume in schools.

While some students in Oregon did receive dental screening services in their schools this last school year, many students did not. For many students, including those who are uninsured, who experience poverty, who are in foster care, who experience houselessness, or are migrant students, school may be the only place where they are able to access dental screenings. **Since research shows that dental problems negatively affect student academic performance, especially for students from lower-income households, school dental screenings are an importance service aligned with Oregon’s many equity initiatives.** School dental services can benefit student success and prevent absenteeism.

Schools have an opportunity to provide much needed health information and services and can serve as models for improving equitable access to oral health education, prevention, and treatment services for students and communities [vi].

References

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