



# **2021-22 Oregon Student Dental Screening Report**

Annual Legislative Report

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## Introduction

Dental problems are one of the most common types of chronic childhood diseases, affecting more than 60 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 (CDC, 2013). National data shows that dental problems were responsible for about 1/3 of elementary school absences—about the same as acute asthma (U.S. Department of Health and Human Services, n.d.; Thikkurissy et al., 2012).

This burden falls more heavily on families navigating poverty, who suffer from oral health problems 12 times as often as families who are not navigating poverty. One study found that children with poor oral health were 2.3 times more likely to have poor academic performance (CDC, 2013). On any given day, as many as 3,800 Oregon children in the first and third grades are suffering from dental pain or infection (OHA, 2019). In Oregon, one in six children (16.5%) have oral health problems (Blumenshine, S.L., Vann W.F., Gizlice Z., Lee J.Y., 2008.; U.S. Department of Health and Human Services, n.d; MMWR Morb Mortal Wkly Rep., 2016).

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 [Oregon Community Foundation, n.d.]. Less than half of Oregon’s pre-kindergarten students have had any dental care in the past year (Oregon Health Authority, 2019). School dental programs are a convenient option for children receiving basic dental services (Community Prevention Services Task Force, 2016). 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 dental screening information and provide information about preventative dental care.

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 2016-17 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 where parents/guardians

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completing the form may indicate what the reason for opt-out was, including financial barriers or religious reasons.

Every year, ODE collects the total number of these certificates and parent/guardian response category totals. This information is submitted by individual school districts via ODE’s data collection webpage. The data included in this report reflects dental screening information from the 2021-22 school year.

According to Oregon law, school districts are not required to provide dental screening services to students. When school districts do conduct dental screenings, they often partner with their Educational Service Districts (ESDs), external community dental programs, or local dentists to provide these services. When districts choose to 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 during the 2021-22 school year. The districts who reported numbers in this survey enrolled 549,814 of all 553,012 (99%) students in Oregon. This year, 195 out of 197 school districts (99%) reported data to ODE.

<b>Table 1: District Submission</b>	
<b>Number of Reporting Districts/Number of Districts in Oregon</b>	<b>Number of Students Enrolled in Reporting Districts/Number of Students Enrolled in Oregon</b>
195/197= 99%	549,814/553,012= 99%

Table 2 below provides dental screening data collected during the 2021-22 school year. The count of students 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 57% of required students submitted dental screening certificates. This is up from 40% in the 2010-21 school year.

<b>Table 2: Dental Screenings</b>	
<b>Count of Students Required To Submit Dental Screening Certificate *</b>	<b>Number of Dental Screening Certificates Collected</b>
48,889	28,006

*\*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 5,908 opt-outs. Of the 5,908 students opted out, 3,094 reported no reason for opting out. Results demonstrate that, for those students who report a reason for opting out, resource-related barriers were the most common.

<b>Table 3: Students Opting Out of Dental Screening</b>		
<b>Reasons for Opting Out of Dental Screening</b>	Screening Completed the Previous Year	723
	Religious reasons	209
	Burden (financial or other)	1,882
<b>Total Number of Students Who Opted Out of Dental Screening (includes 3094 where no opt reason was provided)</b>		5,908

School districts frequently provide dental screenings themselves to better support their students, improve their health, and reduce barriers in their education. School district dental screening services are often provided in partnership with community dental providers. Of the 195 districts that submitted dental screening data, 163 districts (84%) reported that they provided dental screenings directly to their students. This is a 10% increase from the 2020-21 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 an increase of dental screenings provided to students in the 2021-22 school year. This is partially a result of loosening COVID19 restrictions and students returning to school.

While many 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 are navigating 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 navigating poverty, school dental screenings remain an important service aligned with Oregon’s many equity initiatives.** School dental services can benefit student success and prevent absenteeism.

Schools are an important resource to families and students. By providing health information and services, schools can serve as models for improving equitable access to oral health education, prevention, and treatment services for students and communities (Oregon Community Foundation, n.d.).

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