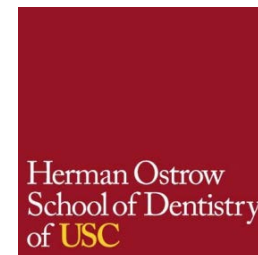


Aligning school-based oral health programming with state oral health plans



Overview

- Pursuing statewide oral health policy
- School-based oral health policy & programs
- Partners & resources

cda¹®

California's Kindergarten Oral Health Assessment

Why was this important?

- 28% caries in California's Kindergarteners
- Persistently high school absentee rates and ER visits for preventable conditions



- Children need to be healthy to learn!

State Policy

- Begins with organizational commitment
- Plan to compromise
- Build support

AB 1433

Assembly Bill No. 1433

CHAPTER 413

An act to add Section 49452.8 to the Education Code, relating to pupil health.

[Approved by Governor September 22, 2006. Filed with Secretary of State September 22, 2006.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1433, Emmerson. Pupil health: oral health assessment.

Existing law requires the governing board of any school district to make rules for the physical examination of pupils that will ensure proper care of the pupils and proper secrecy with regard to any defect noted. Existing law allows the parent or legal guardian having control or charge of any child enrolled in a public school to file annually a statement in writing, signed by the parent or legal guardian, that he or she will not consent to an examination of his or her child. Existing law exempts a child from physical examinations once such a statement is filed with the principal.

This bill would require a pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, to present proof, no later than May 31 of the school year, of having received an oral health assessment by a licensed dentist or other licensed or registered dental health professional operating within his or her scope of practice that was performed no earlier than 12 months prior to the date of the initial enrollment of the pupil. The bill would excuse a parent or legal guardian from complying with the above requirement by indicating on a specified form that the oral health assessment could not be completed because of one or more specified reasons. The bill would require public schools to send a notification of the assessment requirement to the parent or legal guardian of the pupil subject to that requirement, including a standardized form that can be used for an assessment or on which the parent or legal guardian can indicate one of several specified reasons why an assessment cannot be completed. The bill would require all public schools, after receiving completed assessments, and by December 31 of each year, to send a report, as specified, to the local health officer of the county office of education in which the school is located. The bill would not preclude a school district or county office of education from developing a schoolsite-based oral health assessment to comply with these provisions. The bill would require the Office of Oral Health of the Chronic Disease Control Branch of the State Department of Health Services to conduct an evaluation of the requirements imposed by the bill and prepare and submit a report to the Legislature by January 1, 2010, that discusses any improvements in the oral health of children resulting from the imposition of those requirements. The bill would authorize the Office of Oral Health to receive private funds and contract with the University of California to fulfill those duties.

SCOHR AB 1433

STUDENT ORAL HEALTH ASSESSMENT SYSTEM

[Overview](#) [SJCOE/CEDR](#) [Accessibility](#) [Data Capture](#) [Reporting](#) [Sign Up](#)



Username:

Password:

Login

Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CEDR Department) and in collaboration with the ACSA, CDA, and CCSESA, to provide a centralized online method of all required student oral health assessment data.

Schools in participating districts will have access to input, manage, and track electronic Oral Health Assessment/Waiver Request Forms and all oral health assessment data, bulk upload data to pre-fill the Oral Health Assessment/Waiver Request Forms, print pre-filled Oral Health Assessment/Waiver Request Forms (individually or in-bulk), and export all data into a standardized format.

SCOHR tracks the status of all Oral Health Assessment/Waiver Request Forms. SCOHR also includes a Report Generator utility to run ad-hoc, custom lists and aggregate reports at the school, district, county, and/or state levels.

If your school, district or COE is interested in participating, please contact the SJCOE, CEDR department, at

Public Awareness



Signs placed inside public transportation with a focus on non-English speaking communities

Healthy Kids Need Healthy Teeth



The law requires that kindergartners receive a dental checkup.

La ley ahora requiere que los kindergartners reciban un examen dental.

To learn more call **800.CDA.SMILE** or visit **cda.org**.

A MESSAGE FROM THE CALIFORNIA DENTAL ASSOCIATION



Lessons Learned

- Do the work upfront to get buy in from stakeholders – especially educators
- Identify data reporting system upfront
- Cannot adopt policy and move on; focus and attention must remain

Breakout Questions

- What do you already know about the environment?
 - Who are your partners? Champions?
 - What barriers do you anticipate?

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The L.A.
Trust

STUDENT HEALTH = STUDENT SUCCESS

Impact across OH2020 Change Drivers

We are addressing:

- *School policy change;*
- *diverse partnerships and perspectives;*
- *sustainably funded program model;*
- *community, school staff, and parent support;*
- *provider, parent, student, and teacher training;*
- *working towards alternative workforce models and universal policy implementation*



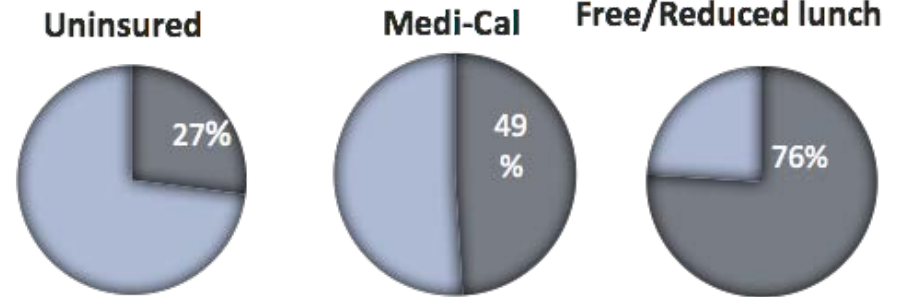
Our Community

Who we serve:

- LAUSD is the 2nd largest school district in the country with over 650,000 students

Our Partners:

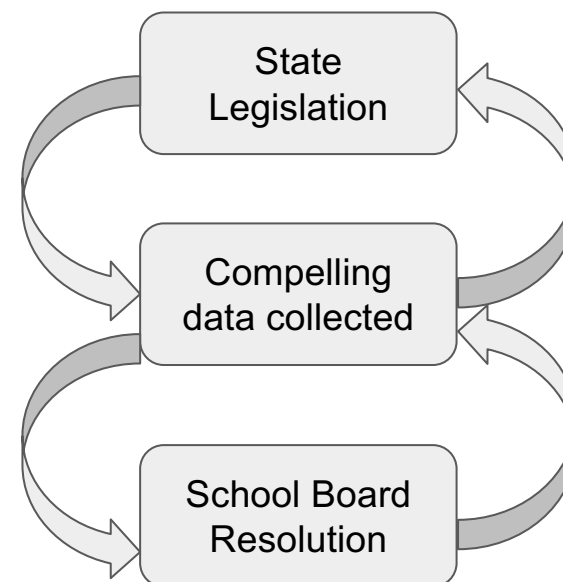
- USC, UCLA, Western U,
- local FQHCs and community clinics,
- children and health advocacy organizations,
- state and county public health staff,
- LAUSD Student Health & Human Services,
- school principals, parents, teachers, and students



Public Health Approach

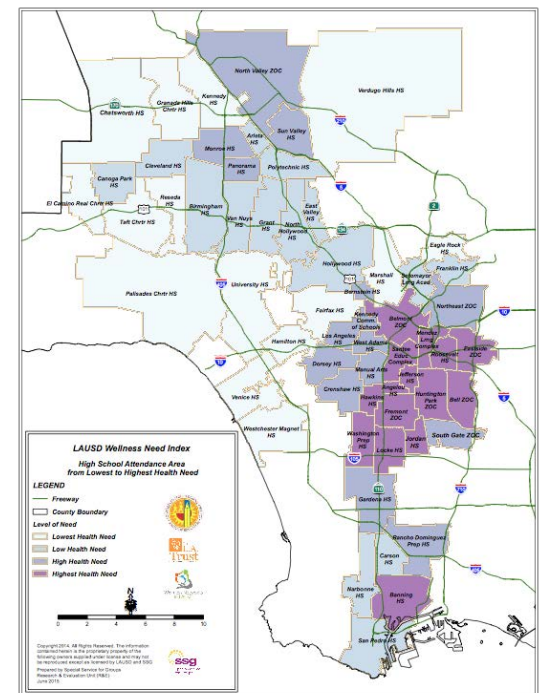
School-based Oral Health Programming

- CA State policy supporting oral health was foundational for LAUSD policy
 - Schools mandated to collect Kindergarten Oral Health Assessment (KOHA) data
 - Funded by Department of Education to alleviate administrative burden of data entry
- School Board Oral Health Resolution promotes action at the local level
 - Calls for schools to enforce KOHA data collection
 - Encourages school/provider partnerships
 - Gives incentive for school-based oral health programs



Building Capacity School-based Health Stakeholders

- Locate your district wellness policy
- Find a school-based champion
 - Connect with Student Health & Human Services
 - Think of clerical staff, school nursing, Head Start, Healthy Start, parent center staff, teachers, etc
- Determine local needs
- Develop survey and consent form including:
 - Student demographics
 - Access to and utilization of dental care
 - Oral health behaviors
 - Reason for non-participation



Building Capacity Community Stakeholders

- **Goal:** understand processes and experiences
- Identify problems and potential solutions

Key Informant Interviews

- 9 parents
- 4 school staff
- 3 oral health experts

Barriers to a dental home

- Cost
- Insurance
- Logistics
- Competing priorities

Oral health behaviors

- Poor oral health literacy
- Distrust of tap water
- Poor diet



**Wait
Time
6 minutes**

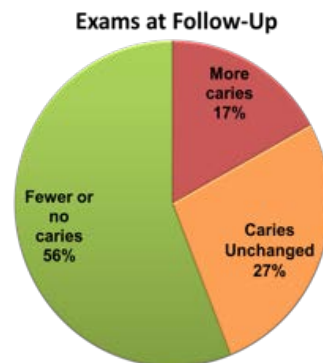
LAUSD Oral Health Needs Assessment

Pilot at 6 elementary schools

- 2774 students participated
- 22.7% (631) students participated both years the program was offered

The consent form includes items regarding:

- Student demographics
- Access to and utilization of dental care
- Oral health behaviors
- Reason for non-participation



Oral Health Report Card 2013 – 2016

	Overall	Early Ed Centers	Elem. Schools	Middle/ High Schools
Number of screenings	6,999	1187	5385	427
Number of schools	25	11	11	3
Brush teeth less than twice/ day	34%	39%	33%	24%
No dental visit last 6 months	41%	40%	40%	55%
Drinks tap water	38%	42%	37%	37%
Drinks soda	50%	45%	49%	72%
Drinks sugar-sweetened beverages	89%	94%	88%	94%
Abnormal exam	81%	72%	82%	93%
Caries experience	70%	55%	73%	87%
Reversible dental disease	48%	53%	46%	55%
Visible decay	36%	35%	33%	71%
Number of caries: mean (range)	1.1 (0-20)	1.0 (0-20)	0.9 (0-20)	3.9 (0-19)

Key Elements for Program Success

- Free, school-based, preventive dental services
 - Information for students and parents
 - Education and training for staff and community members
 - Oral health care coordination
- Estimated program prevention: 0.74 caries per child
 - The cost of fillings: \$369.60/child
 - Cost to run Program: \$70/child
 - Preventing these caries could save 1.6 school days per child per year
 - \$79.43 per child in ADA funding to the district.



Calling all local providers Adopt a Kindergarten!

- Expanded the program through partnership with CDA and LADS provider network
- Targeted Kindergarten Oral Health Assessment Program 2017-18 data at a glance:
 - Schools screened: 26
 - Students screened: 2,250+
 - Students educated: 4,768
 - Parents educated: 715
 - Schools remaining: 15
- To be determined:
 - Total % increase in KOHA reporting
 - Total # care coordinated



Breakout Questions

- What infrastructure/resources can you leverage to support school-based oral health programming?
 - Does your school district wellness policy include oral health?
 - What data exists to make a case to your local school board?

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Herman Ostrow
School of Dentistry
of USC

Working Collectively: Key Understandings

- Know your stakeholders
- Engage your community members
- Outreach, convene, develop your state strategy
- This work cannot be done alone

Collaborative Partnerships

- Make partners out of every child health and wellbeing stakeholder
- Work with safety net clinics and private providers
- Different approaches, equally valuable outcomes

Breakout Questions

- Who are the partners you haven't engaged with?
 - Who do you need to onboard and how will you do that?
 - What is your next step to move this forward?

Harold Slavkin

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Useful Resources to Develop Your State Plan

ASTDD State Oral Health Programs

<http://www.astdd.org/state-programs/>

ADA State Dental Societies

<http://ebusiness.ada.org/mystate.aspx>

US State Health Agencies

<https://www.ehdp.com/links/us-shas.htm>

Oral Health 2020 Network

www.oralhealth.network