

Working Toward a Cavity-Free Future in California

**CALIFORNIA SCHOOL-BASED HEALTH ALLIANCE
ADVOCATING FOR STUDENT HEALING & HEALTH CONFERENCE
APRIL 17, 2023**

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California Department of Public Health
Center for Healthy Communities
Office of Oral Health



Disclaimer:

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views or opinions of the California Department of Public Health or the California Health & Human Services Agency.



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Agenda: Cavity Free Children

1. Office of Oral Health:
Overview, Guidance/Recommendations, & Funding
2. Los Angeles Trusts for Children's Health
LAUSD Oral Health Initiative



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Cavity Free Children



My Story



**10 years -@ Kids With Purpose Inc.
Nicaragua, Guatemala, Honduras**



**Stanford University Autism/DD
Conference 2022**

Student Oral Health

Original Contributions

Systematic Review

Oral health, academic performance, and school absenteeism in children and adolescents

A systematic review and meta-analysis

Ryan Richard Ruff, MPH, PhD; Sashendra Senthil, MBChB, MPH, PhD;
Stephanie R. Susser, MD-CM, MSc, MPH; Atsuko Tsutsui, MD, PhD, MSc



“The authors of this study found that caries [tooth decay] or tooth pain had a **negative association** with academic achievement and **school absenteeism.**”

In California...

- More than **60%** of students have experienced tooth decay by third grade.*
- **1 in 5** kids have untreated tooth decay.*
- Approximately **440,000** children missed at least one day of school due to a dental problem in 2018.**

Tooth Decay and Children



*2018-20 3rd Grade Basic Screening Survey, California Office of Oral Health
**2018 California Health Interview Survey, UCLA Center for Health Policy Research

School Readiness and Oral Health

The Impact of Oral Health on the Academic Performance of Disadvantaged Children

Hazem Seirawan, DDS, MPH, MS, Sharon Faust, DDS, and Roseann Mulligan, DDS, MS

Poor oral health affects systemic health with consequences that can seriously compromise quality of life and life expectancy. Oral diseases can lead to systemic diseases, emergency hospital visits, hospital stays, medications, even death. Moreover, oral disease can increase personal, societal, and financial burdens and contribute to rising health care costs in general.¹

Anecdotally, we know that there is an epidemic of dental diseases among disadvantaged children in Los Angeles County, as is consistently observed by health professionals and community stakeholders. To quantify this observation, we established a campus-community project with the goals of measuring this epidemic and its impact and designing appropriate intervention programs to ultimately

Objectives. We measured the impact of dental diseases on the academic performance of disadvantaged children by sociodemographic characteristics and access to care determinants

Methods. We performed clinical dental examinations on 1495 disadvantaged elementary and high school students from Los Angeles County public schools. We matched data with academic achievement and attendance data provided by the school district and linked these to the child's social determinants of oral health and the impact of oral health on the child's school and the parents' school or work absences.

Results. Students with toothaches were almost 4 times more likely to have a low grade point average. About 11% of students with inaccessible needed dental care missed school compared with 4% of those with access. Per 100 elementary and high school-aged children, 58 and 80 school hours, respectively, are missed annually. Parents averaged 2.5 absent days from work or school per year because of their children's dental problems.

Conclusions. Oral health affects students' academic performance. Studies are needed that unbundle the clinical, socioeconomic, and cultural challenges associated with this epidemic of dental disease in children. (*Am J Public Health.* 2012;102:1729-1734. doi:10.2105/AJPH.2011.300478)

Results:

- ▶ Students with toothaches were almost 4 times more likely to have a low grade point average.
- ▶ About 11% of students with inaccessible needed dental care missed school compared with 4% of those with access.
- ▶ Per 100 elementary and high school-aged children, 58 and 80 school hours, respectively, are missed annually.
- ▶ Parents averaged 2.5 absent days from work or school per year because of their children's dental problems.

Student Oral Health

- ▶ Missed school days cost California public schools \$29 to \$32 million annually on average – California Department of Education
- ▶ #1 reason for school absences*
- ▶ 5x more common than asthma.**
- ▶ Caries disease (causes tooth decay) is **100% preventable.**



* Pourat N, Nicholson G. Unaffordable dental care is linked to frequent school absences. Policy Brief UCLA Cent Health Policy Res. 2009(PB2009-10):1-6.

** Benjamin RM. Oral health: the silent epidemic. *Public Health Rep.* 2010;125(2):158-159. doi:10.1177/003335491012500202

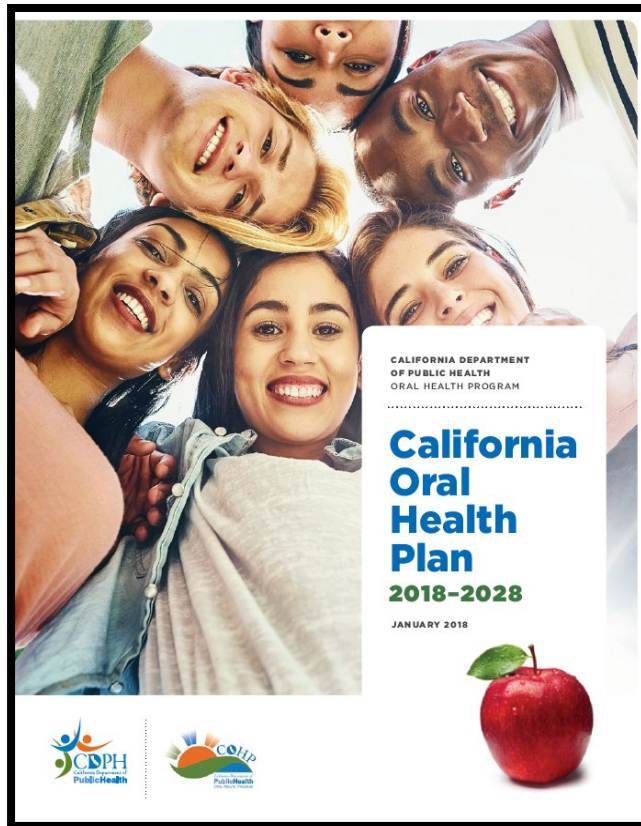
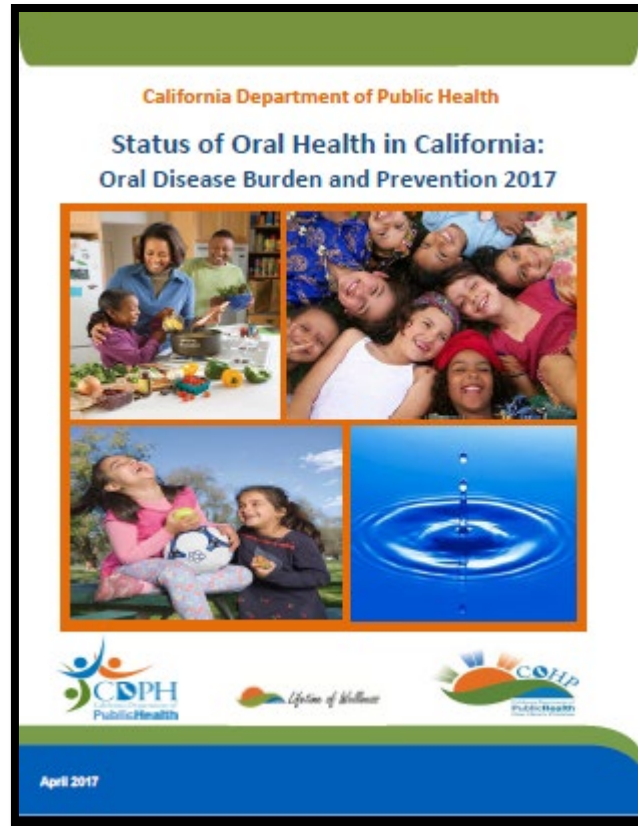
CDPH, Center for Healthy Communities, Office of Oral Health Team



“Cavity Free Children”

- ▶ Jayanth Kumar, DDS, MPH - California State Dental Director
- ▶ Rosanna Jackson – Chief, Community and Statewide Section
- ▶ Joanna Aalboe, RDH, MPH – Chief, Statewide Interventions Unit
- ▶ Shannon Conroy, PhD, MPH - Chief, Surveillance & Evaluation Unit
- ▶ Lynn Walton-Haynes, DDS, MPH - Dental Program Consultant

Office of Oral Health Overview

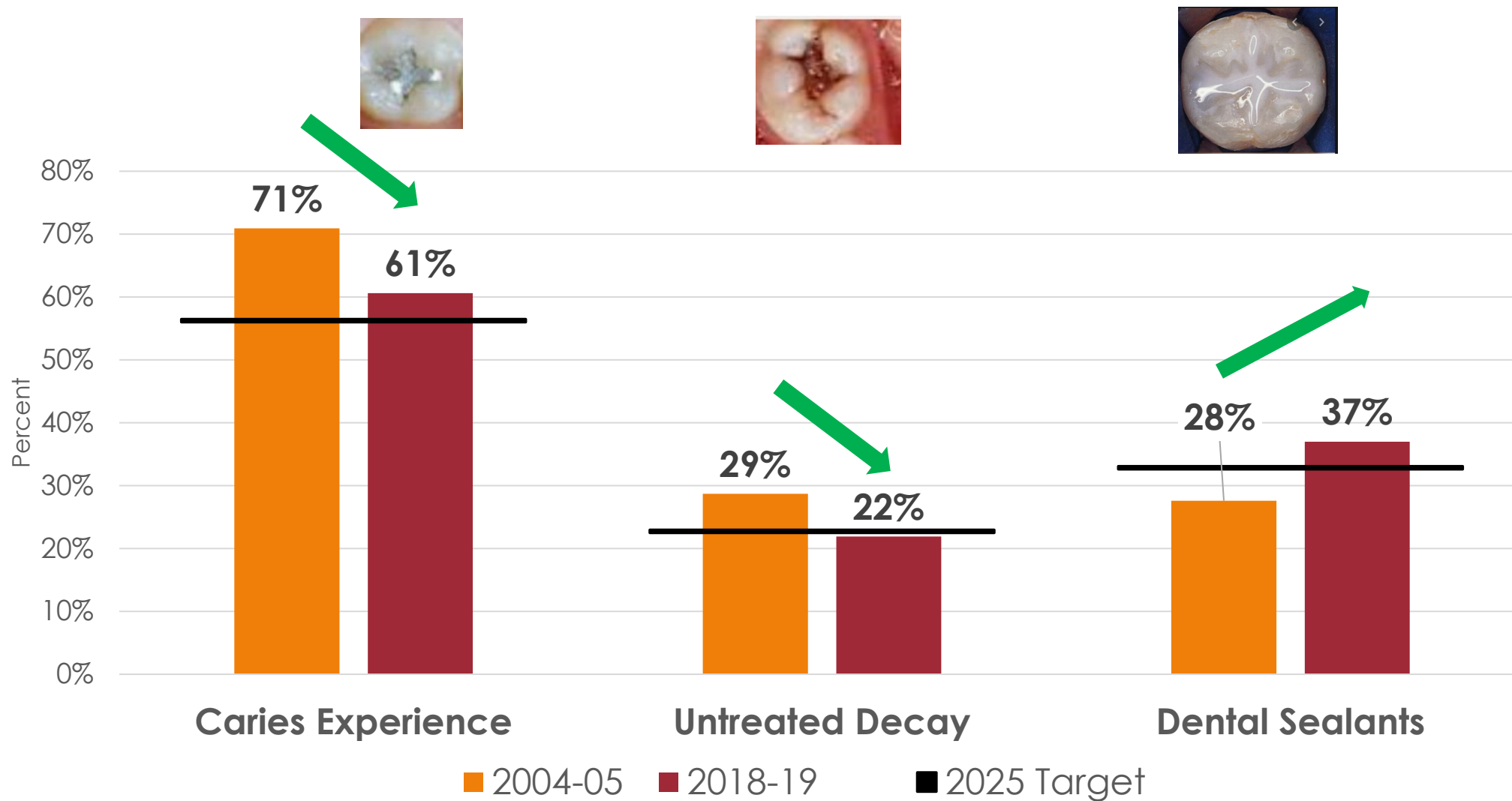


Oral Health Surveillance Plan

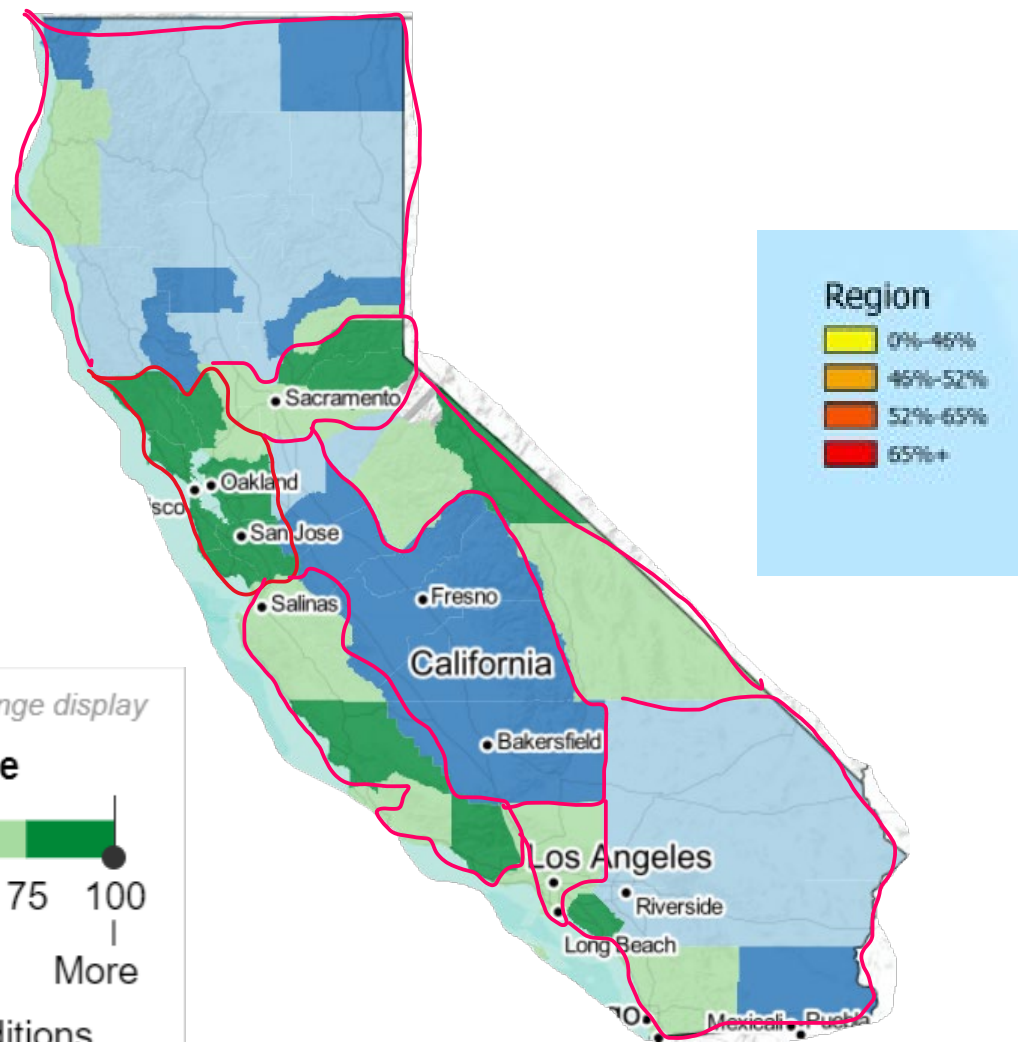


Office of Oral Health

3rd Grade, California Smile Survey 2004-05 and 2018-19



Healthy Place Index

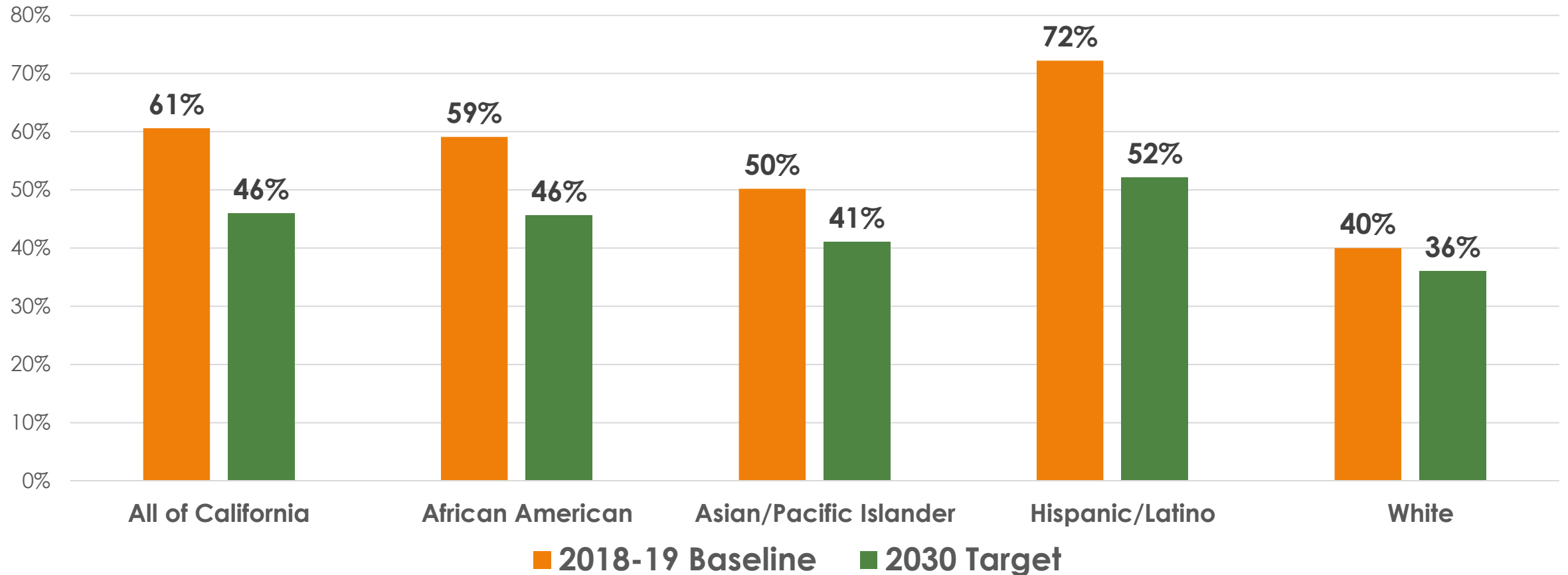


Caries Experience



Goal: 50% reduction in oral health disparities in children by 2030

Caries Experience among 3rd grade children



Kindergarten Oral Health Assessment (KOHA) Guidance and Recommendation



State of California

EDUCATION CODE

Section 49452.8

49452.8. (a) 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, no later than May 31 of the school year, shall present proof 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 before the date of the initial enrollment of the pupil.

- ▶ AB 1433, amended by SB 379
- ▶ CA Ed. Code 49452.8
- ▶ Vision, hearing, oral health

Goal: >50% FRMP & All Rural = 4625 schools

A photograph of a green chalkboard with the text "Oral Health = Overall Health" written in white chalk. The chalkboard is mounted on a wooden surface with a few pieces of chalk and an eraser visible at the bottom.

Oral Health = Overall Health

School Dental Program Models: “Screen Seal Refer”

#1 Screen

- ▶ School-linked
- ▶ ALL kindergarten students (KOHA)

#2 Sealant

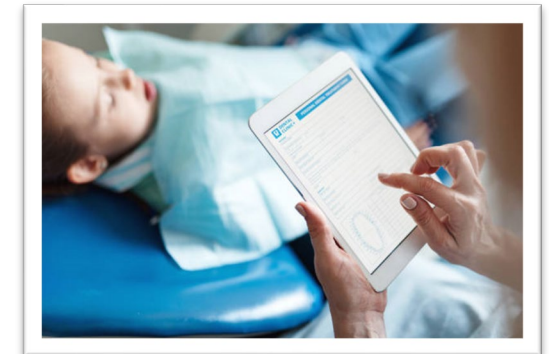
- ▶ School-based
- ▶ Seal 1st Molars (3rd Grade)

#3 Refer

- ▶ Connect each child to a dental home
- ▶ Dental referral management system

#4 Comprehensive Dental Services

- ▶ School-based
- ▶ Full comprehensive services: Exam, x-rays, cleanings, fillings

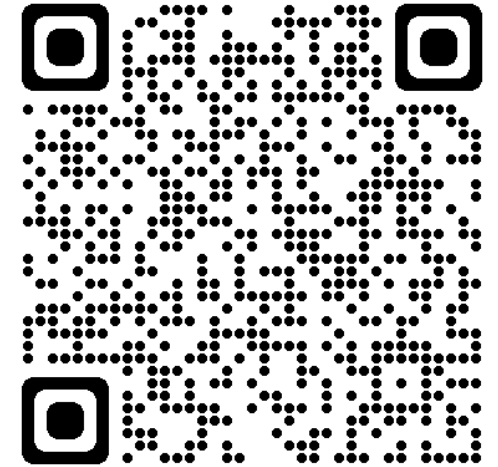


Brush in a Box Toolkit

Toothbrushing in Early Education and
Childcare (EECC) Programs Brush in
a Box Toolkit



- ▶ Train teachers, childcare providers
- ▶ Implement toothbrushing program
- ▶ Incorporate oral health education in classroom and/or childcare programs



[Brush in a Box Toolkit | California Oral Health
Technical Assistance Center \(ucsf.edu\)](#)

KOHA Forms

California Department of Public Health
July 2022– Page 1 of 2

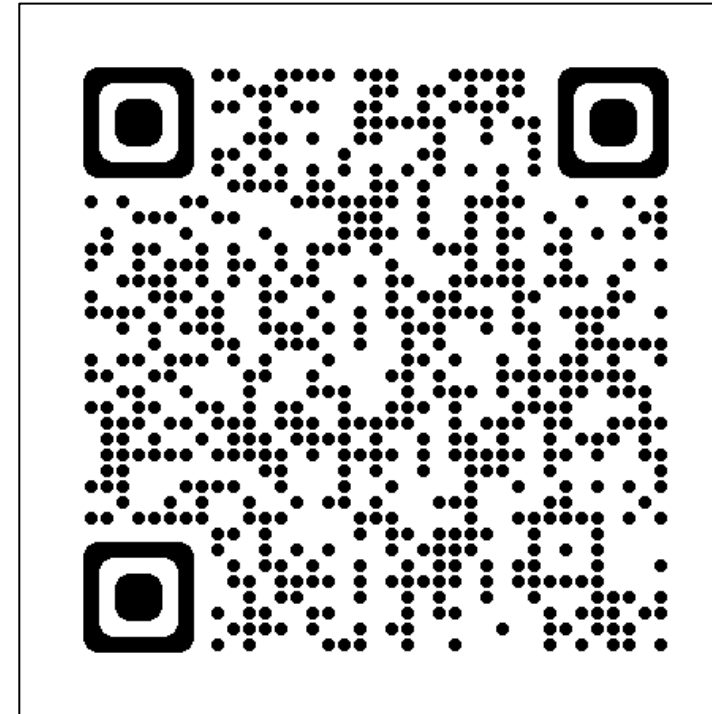
Oral Health Assessment Form

California law (*Education Code* Section 49452.8) says every child must have a dental check-up (assessment) by May 31st of his/her first year in public school. A California licensed dental professional must do the check-up and fill out Section 2 of this form. If your child had a dental check-up in the last 12 months, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out the separate Waiver of Oral Health Assessment Requirement Form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. Children need good oral health to speak with confidence, express themselves, be healthy and, ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of California's children.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's Birth Date: MM - DD - YYYY
Address:			Apt.:
City:		ZIP Code:	
School Name:	Teacher:	Grade:	Year child starts kindergarten: Y Y Y Y Y
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	



[SCOHR Reporting](#)

System for California Oral Health Reporting (SCOHR)

SCOHR AB 1433

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

We are updating our password policy.

As part of our ongoing focus on keeping your account secure, SCOHR is implementing strong password requirement enhancements. In the coming days, you will be prompted to choose a new password. If you need assistance, please contact the SCOHR Helpdesk.

[Forgot Password](#)

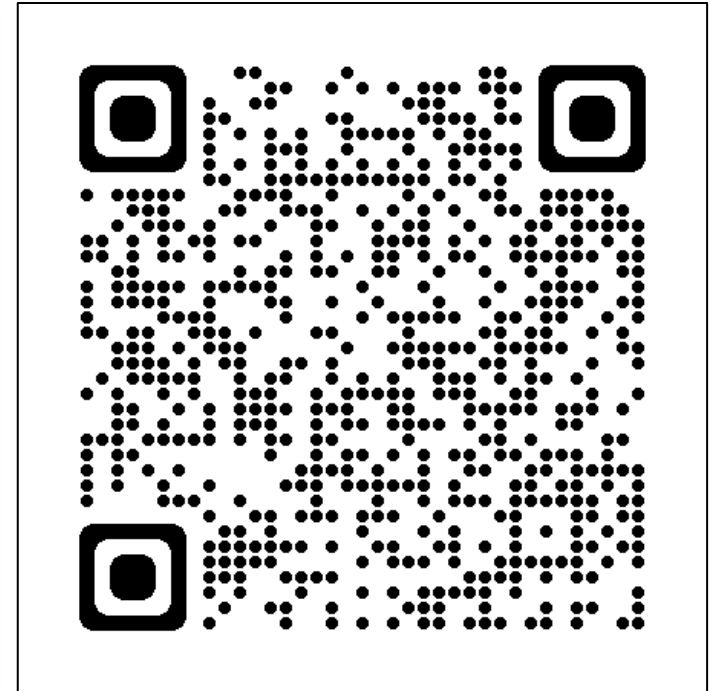
Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CodeStack 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

Developed by CodeStack, a department of
San Joaquin County Office of Education.
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www.ab1433.org

Results Based Accountability (RBA): Tracking KOHA Participation

Type of Performance Measure

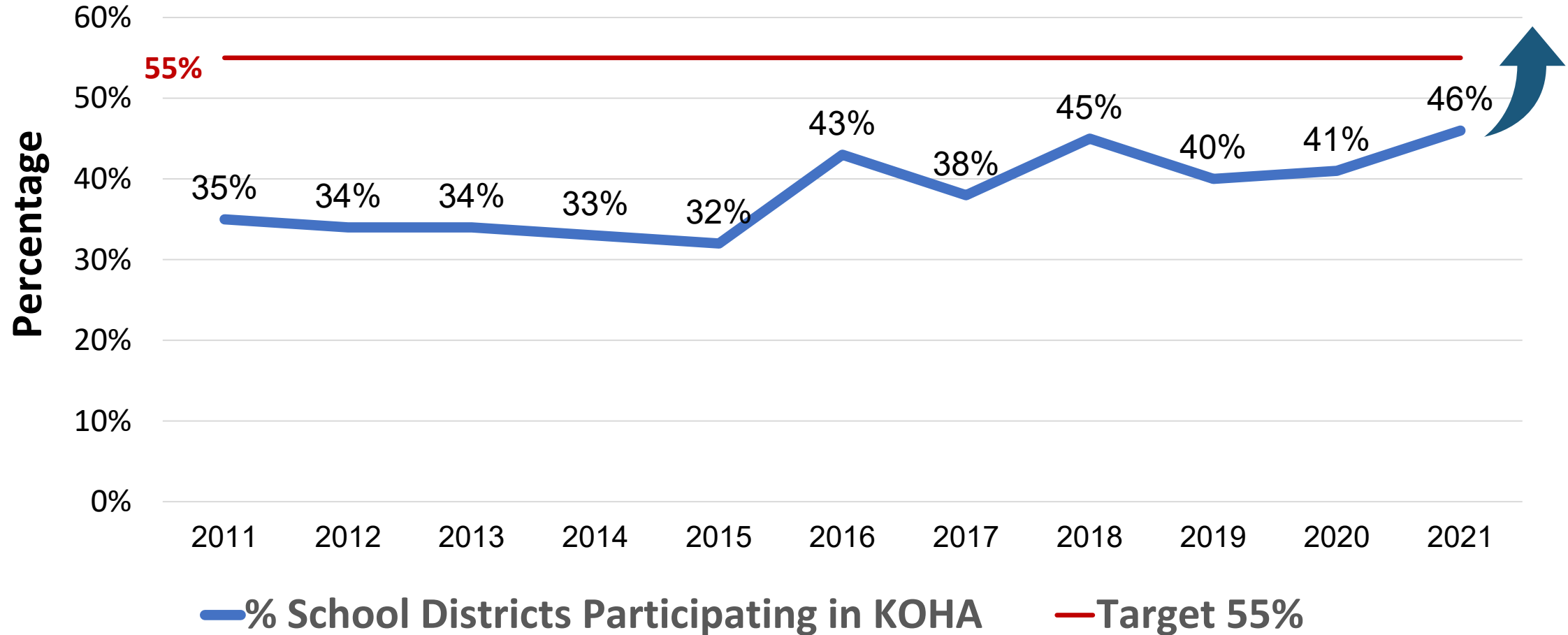
	How Much?	How Well?	Anyone Better Off?
# of students with proof of KOHA	✓		
# of students with untreated decay			✓
# of students with caries experience			✓
# of school districts with KOHA	✓		
% of School Districts Participating in KOHA CORE		✓	
% of Children with KOHA CORE		✓	

RBA: Operational Definitions

	SOURCE	% of School Districts Participating in KOHA	% of Children with KOHA
Numerator	System for California Oral Health Reporting (SCOHR) State Reports	# of school districts with assessment	# of students with proof of KOHA
Denominator	CA Department of Education (CDE) Enrollment Files	# of school districts	# of enrolled kindergarten students
CA Target		55%	35%

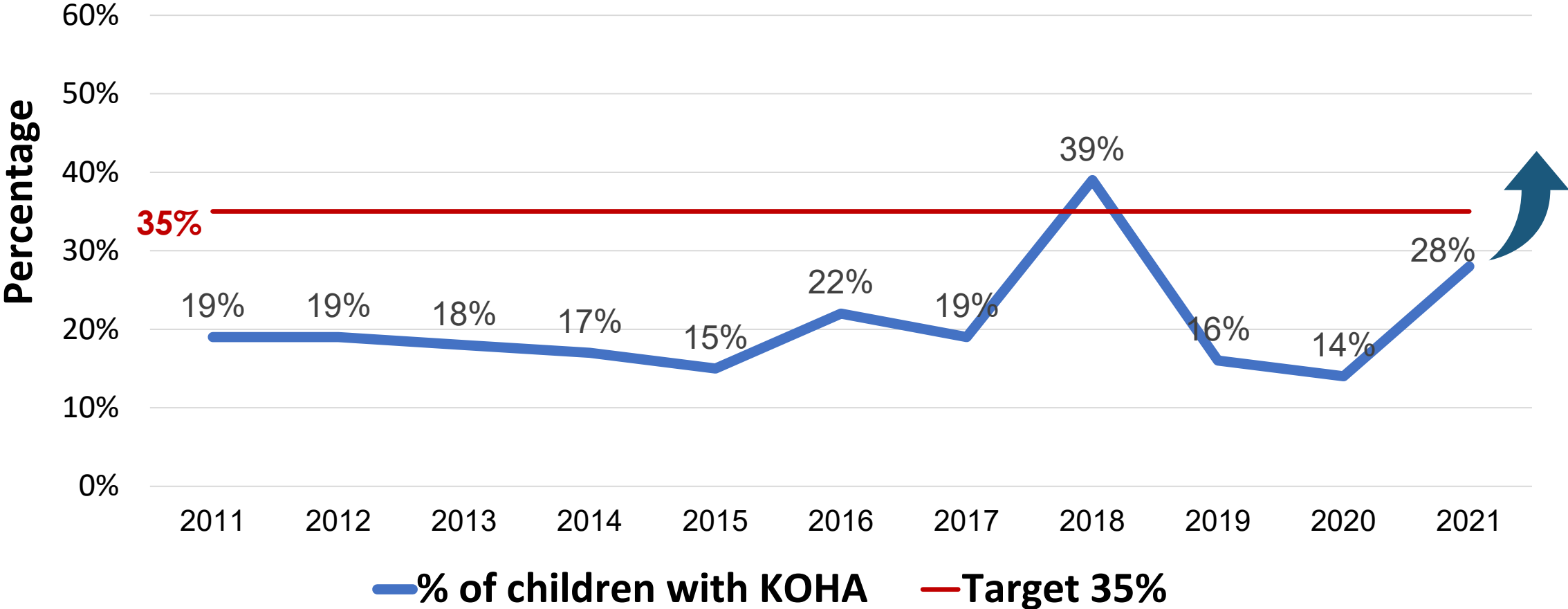
How Are We Doing?

% of School Districts Participating in KOHA

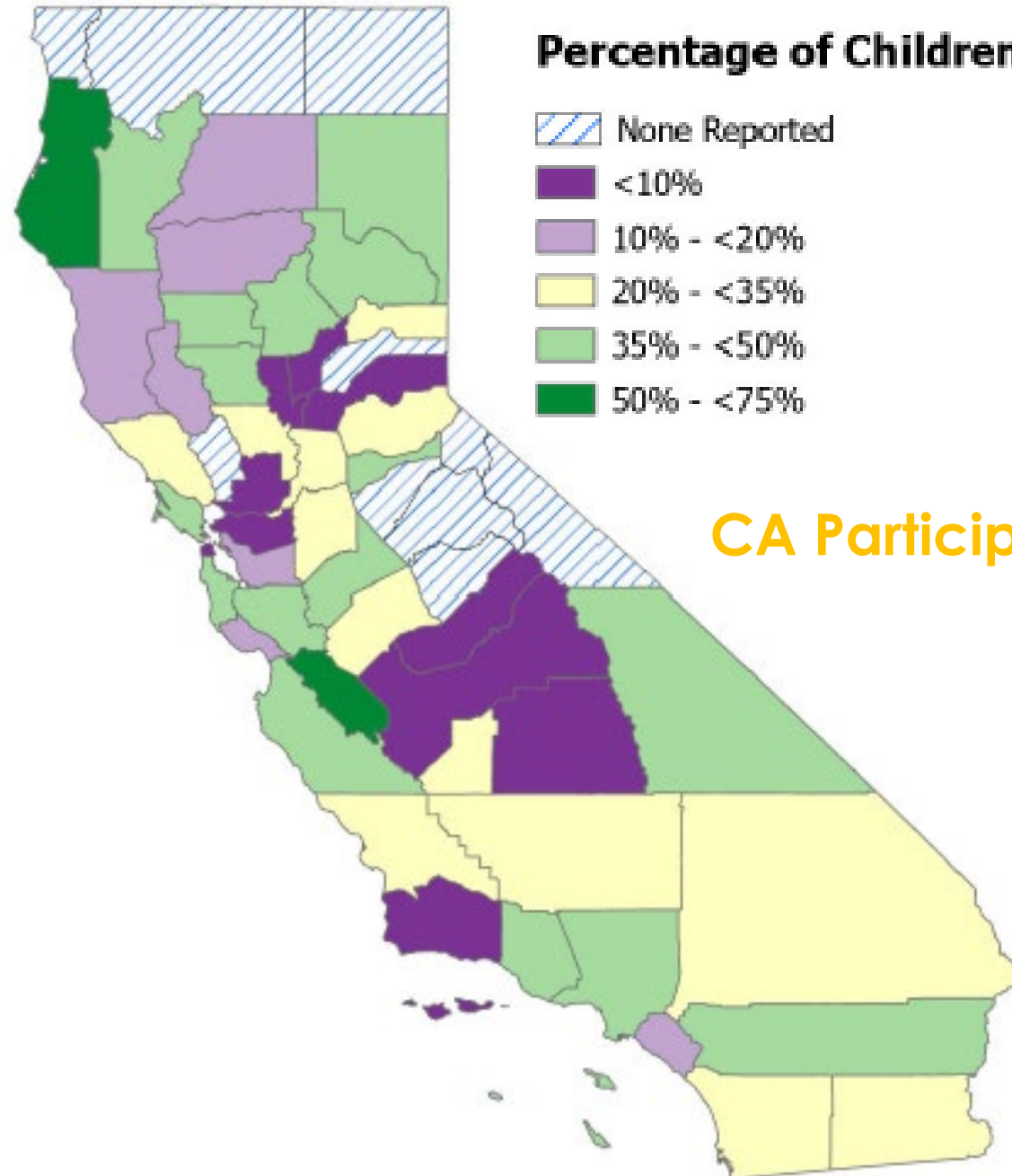


How Are We Doing?

% of Children with Kindergarten Oral Health Assessment (KOHA)

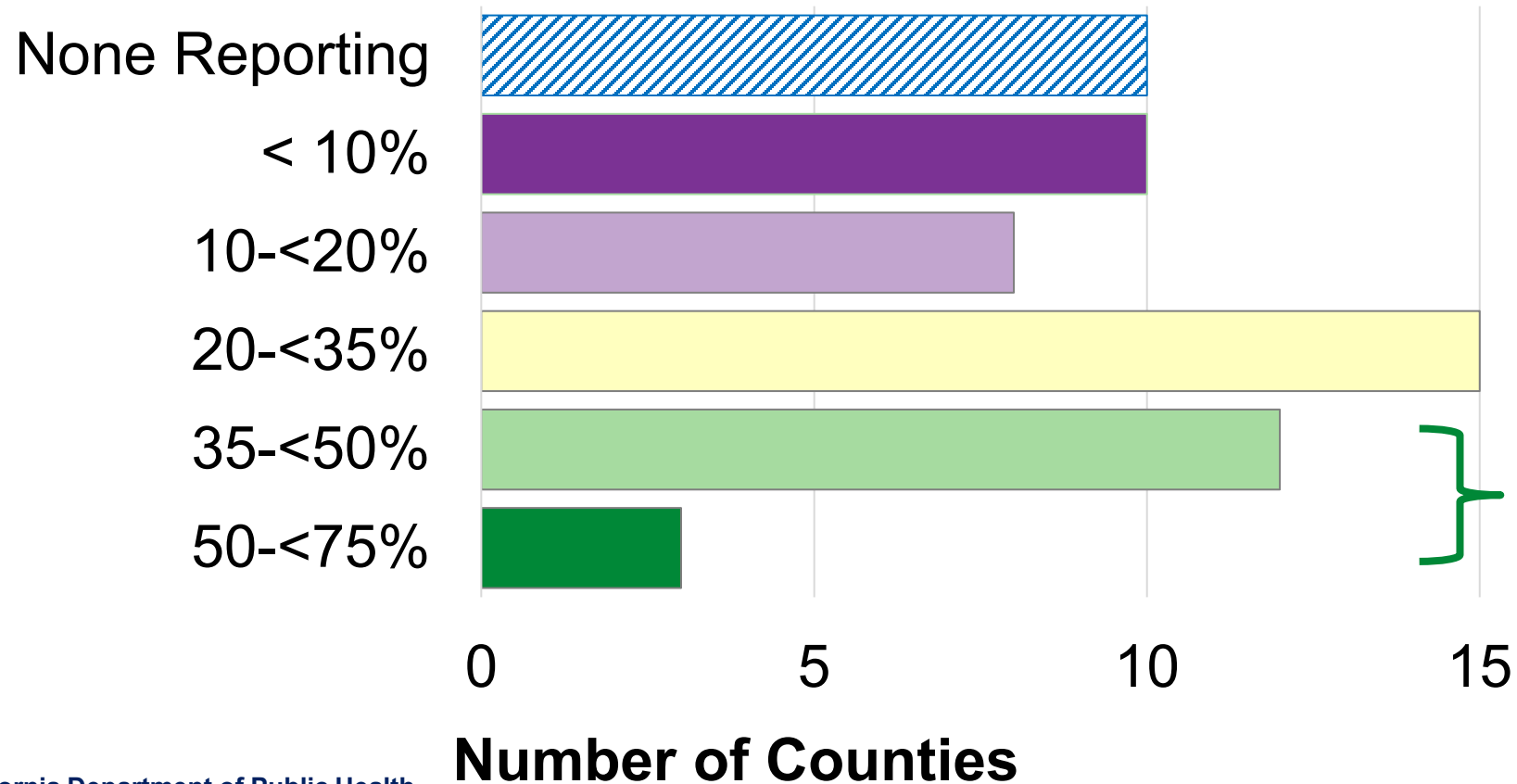


KOHA Participation by County, 2021-2022



How well are counties doing?

Percentages of Children with KOHA



15 Counties Meeting or Above the State Target of 35 Percent

Funding

- ▶ **\$16 Million LOHP: Second five-year grant 2022-2027**
 - ALL local health jurisdictions – 61 local oral health programs
- ▶ **\$10 Million Community-Based Dental Clinical Rotation Educ. Program**
- ▶ **LCFF & LCAP**
 - AB 1433 /KOHA) funding was included in school categorical program funding, **\$9/student**
 - Local Control Funding Formula (LCFF) and Local Control and Accountability Plan (LCAP)
 - LEAs are urged to include KOHA activities when developing their LCAP
 - KOHA Activities: Notify parents/guardians and support data reporting
- ▶ **Federal Financial Participation (FFP) aka Title XIX**
 - Medi-Cal eligible women and children
 - Federal Matching funds of 50% or 75%



State Roles

- ▶ Office of Oral Health & California Dept. of Education
 - ▶ Create **cross-sector collaborations** to promote dental programs in 4625 elementary schools
 - ▶ State school dental referral management system: procure, provide training, and track performance
- ▶ Medi-Cal Dental Program
 - ▶ Promote oral health as an integral part of school readiness
 - ▶ [Smile, California Campaign](#)
 - ▶ Create a school dental screening benefit



Partnership Roles

➤ **Role of local oral health programs (LOHPs)**

- Identify schools with the greatest need
- Track the number of schools and children participating in dental programs
- Implement the Kindergarten Oral Health Assessment policy
- Help schools connect to local providers and facilitate dental programs
- Facilitate referral of children and track referral closure



➤ **Role of dental providers: dentists and dental hygienists**

- Volunteer at screening/sealant days at schools
- Accept children into their practice who are identified as needing services
- Report referral closure

Partnership Roles

- **Role of school administrators, student wellness coordinator, school nurse**
 - Work with the local public health programs and dental providers to start school-based/linked programs
 - Support programs in schools and promote their benefits to teachers, staff, and parents
 - Encourage schools to develop relationships with local dental offices and community dental clinics to help children get dental care
 - Help children enroll in programs by putting information for parents in registration packets in the beginning of the school year



Smile, CA: Oral Health School Readiness



Don't forget to schedule your child's required dental assessment!

What is the Kindergarten Oral Health Assessment (KOHA)?

To make sure your child is ready for school, California law requires children to have a dental assessment by **May 31** in either kindergarten or first grade, whichever is their first year in public school.

Why is it important?



Poor oral health can affect a child's attendance, grades and overall performance in school. The KOHA helps ensure children are healthy and ready for a successful school year.

What is a Dental Home?

A dental home is a dental office where you and your child feel safe and comfortable going to.



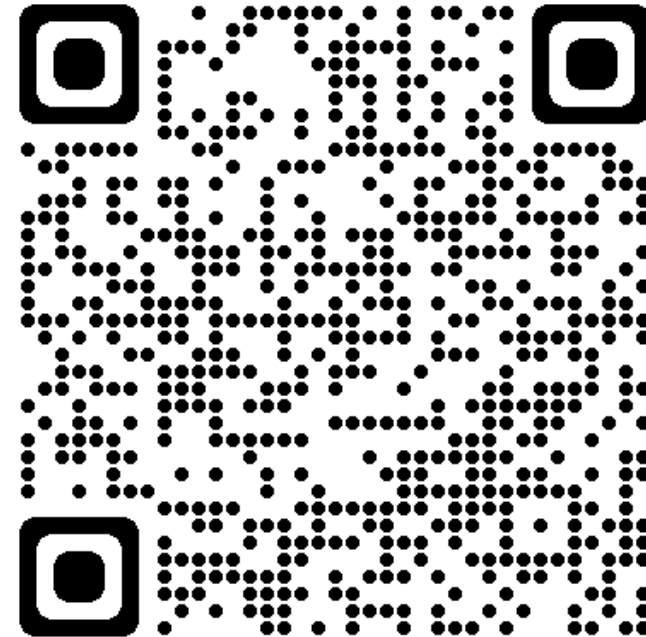
STEPS TO COMPLETE THE KOHA:

- 1. Look out for a registration form and information from your child's school.** They will give you a:
 - Letter about the KOHA requirement
 - Form that the dentist will complete during your child's assessment
- 2. Take your child to the dentist by May 31st.** You can visit SmileCalifornia.org/Find-A-Dentist to find a dental home for your family.
- 3. Ask the dentist to fill out the KOHA form at your child's visit.**
- 4. Give your child's school the completed form.** At this point, you're done with the requirement but not with your child's dental care!

As a Medi-Cal member, your child is covered for two dental check-ups and cleanings a year.



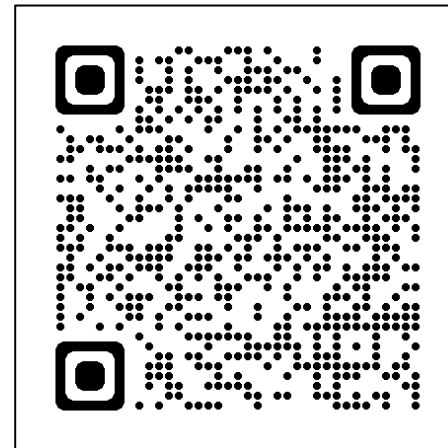
Visit SmileCalifornia.org to find your child's dental home today.



Smilecalifornia.org/KOHA

What's Next For You...?

- ▶ Build partnerships
- ▶ Identify high need schools
- ▶ Report KOHA into SCOHR
- ▶ Leverage Funding



[Local Oral Health Program Contacts](#) | [California Oral Health Technical Assistance Center \(ucsf.edu\)](#)

Resources

- [CDPH, Office of Oral Health](#)
- [Local Oral Health Program Contacts | COHTAC \(ucsf.edu\)](#)
- [School Oral Health Programs & KOHA | COHTAC \(ucsf.edu\)](#)
- [Brush in a Box Toolkit | COHTAC \(ucsf.edu\)](#)
- [State California Oral Health Reporting \(SCOHR\)](#)
- [Oral Health and School Readiness | Smile California](#)
- CDE KOHA website – under construction



Thank you!

Paula.Lee@cdph.ca.gov



The L.A. Trust: At a glance

- Bridging health and education to improve student wellness
- Prevention, education, research, best practices, convenings, student health leaders
- Supporting LAUSD's Wellness Centers and SBHCs through data driven outcomes



The L.A. Trust & LAUSD Oral Health Initiative

- A comprehensive public health approach to meet the oral health needs of LAUSD students
- Standardized oral health education, prevention and early intervention program across LAUSD since 2012, including:

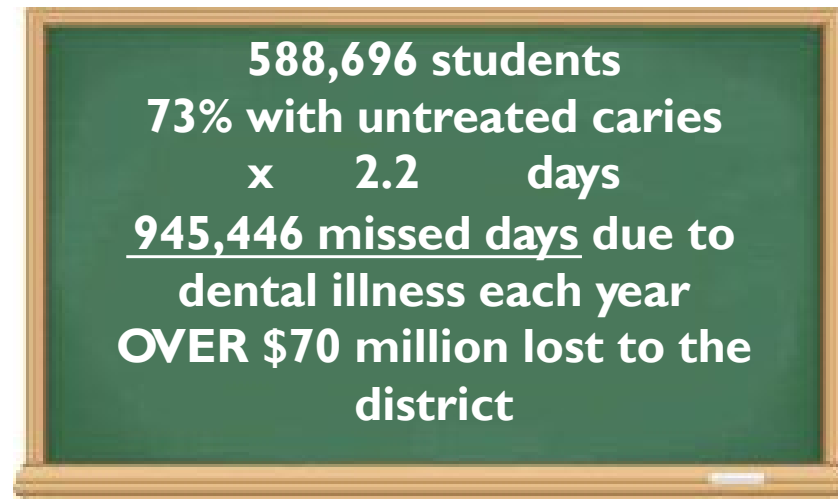
- Universal education for teachers, students, and parents
- Universal screening and fluoride varnish
 - Special emphasis in kindergarten students
- Establishing dental hubs throughout the district
- Case management and referral processes
- Oral health policy advocacy
- Oral health data collection



Implications for School Performance

A 2012 study of oral health needs in LAUSD found that students with toothaches are almost 4 X more likely to have a low-grade point average

1 in 3 school absences was dental-related which amounts to, on average, 2.2 missed school days each year due to untreated dental disease



Oral Health Report Card – Nevada ES

Total number of children screened	157
Had not been to a dentist in last 6 months	46%
Drank fluoridated water in last 7 days	49%
Drank soda in last 7 days	54%
Drank sugar-sweetened beverage in last 7 days	97%
Brushing less than twice a day	29%
Abnormal exam	38%
Caries experience	33%
Visible decay	33%
Number of cavities identified	134
Potential cavities prevented	116
Potential school days saved	126

2/28/2017, 3/1/2017



**The Los Angeles Trust
for Children's Health**

Public Health Approach

The L.A. Trust
Oral
Health
Initiative



The L.A. Trust Oral Health Operations Manual

Oral Health Initiative Operations Manual



The L.A. Trust
STUDENT HEALTH • STUDENT SUCCESS



ORAL HEALTH INITIATIVE OPERATIONS MANUAL

The Los Angeles Trust for Children's Health (The L.A. Trust) is a nonprofit organization, working to improve the health of the children of the Los Angeles Unified School District (LAUSD). The L.A. Trust was formed through a 1991 resolution of the LAUSD Board of Education to address the myriad and significant health challenges many LAUSD students faced. The L.A. Trust has served as support for school-based health clinics and health partnerships through a broad range of school-linked programs. Improving the oral health of LAUSD students is a top priority of The L.A. Trust.



Introduction

The intent of this manual is to facilitate the spread of wide-ranging oral health practices throughout the Los Angeles Unified School District (LAUSD) as well as to inform school districts across the country on how they can implement models similar to The Los Angeles Trust for Children's Health (The L.A. Trust) Oral Health Initiative. As of June 2017, The L.A. Trust has piloted a successful district-wide Oral Health Initiative, built on a public health approach, that has reached more than 60 schools. The model includes school-based oral health education and community awareness building, on-site oral health screenings, oral disease prevention and early intervention services, and dental home connections. It is now time to spread this sustainable model more broadly across LAUSD and other interested school districts across the country.

Audience

For this manual includes oral health care providers within the LAUSD geographic area, staff at LAUSD, Los Angeles area community-based organizations, as well as other schools and school districts across the nation and their oral health care provider and community-based partners. The activities outlined in this manual are intended for implementation in schools in underserved areas. Although each school environment may differ based on oral health providers, stakeholders, community needs, school staffing, room availability, layout, etc., the guidelines and protocols presented in this manual provide the framework for an effective program. In other words, users can adapt the contents and protocols of The L.A. Trust's Oral Health Initiative to create their own school-based oral health initiative. This section provides an overview of the Initiative and the problem the Initiative seeks to address.

Why a School-Based Oral Health Initiative

Schools provide an effective platform for promoting oral health because public school systems serve over 50.7 million children across the United States. School-based oral health care services have the potential to overcome many of the logistical barriers to accessing primary preventive oral health services that disproportionately affect vulnerable populations. In addition, schools have the potential to link families to systems of care and to impact the social norms regarding health behaviors.¹

About the Oral Health Initiative

The L.A. Trust's Oral Health Initiative uses a comprehensive public health approach to meet the oral health needs of students and families in LAUSD. This Initiative builds upon best practices from the curriculum and model of Anderson Center for Dental Care at Rady Children's Hospital-San Diego Center for Healthier Communities² as well as best practices and lessons learned from our own experiences.



Since 2012, The L.A. Trust has partnered with LAUSD Nursing (LAUSD-DNS); University of California, Los Angeles (UCLA) Department of Pediatrics; Eisner Pediatric and Family Medical Center; Big Smiles, the Center for Oral Health; and many other community-based providers to implement a standardized oral health education, prevention, and early intervention program across LAUSD. This initiative is thanks in large part to the DentaQuest Foundation.

¹ Fast Facts, National Center for Education Statistics, <https://nces.ed.gov/fastfacts/display.asp?id=372>, accessed January 5, 2017.
² Susan Lovelace, 2010. Rady Children's Hospital and Anderson Center for Dental Health.

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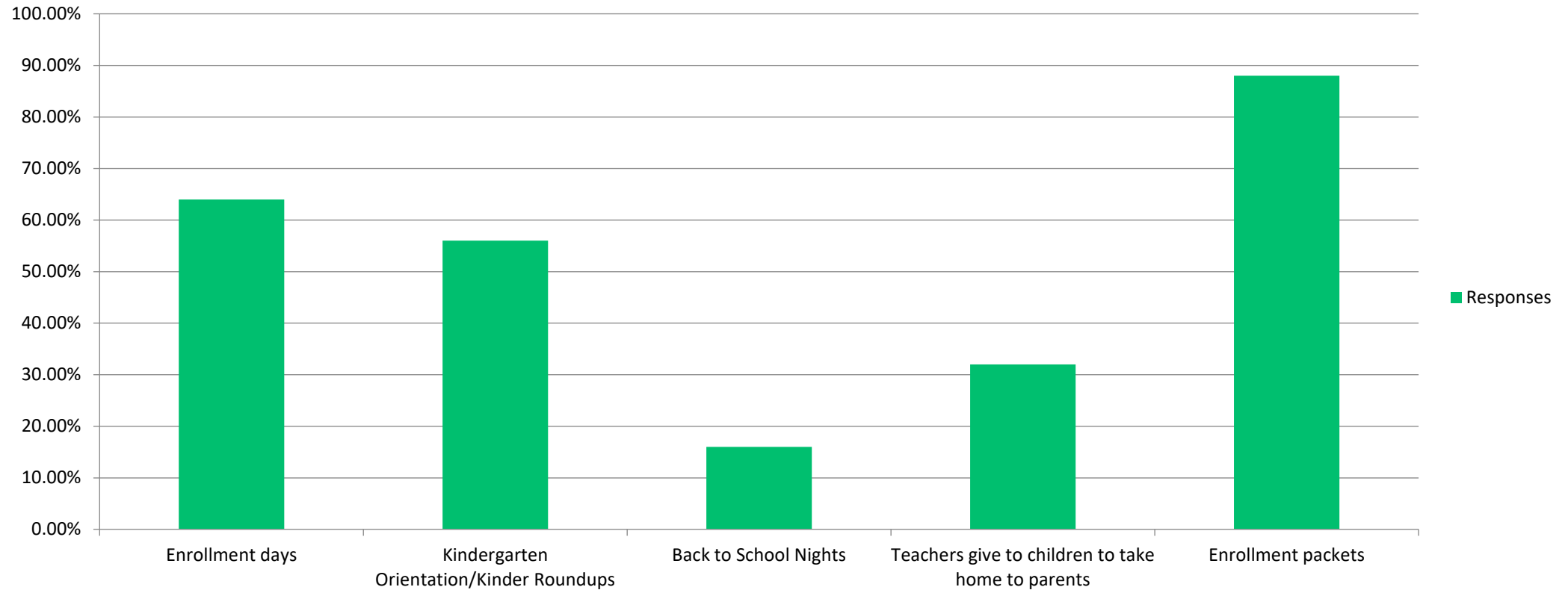
© by The L.A. Trust

KOHA Project- 2022 School Year

1. Surveyed 28 largest school districts in LA County
2. Analyzed the data and compared the SCOHR data with CDE kinder enrollment data
3. Identified options to improve the oral health program

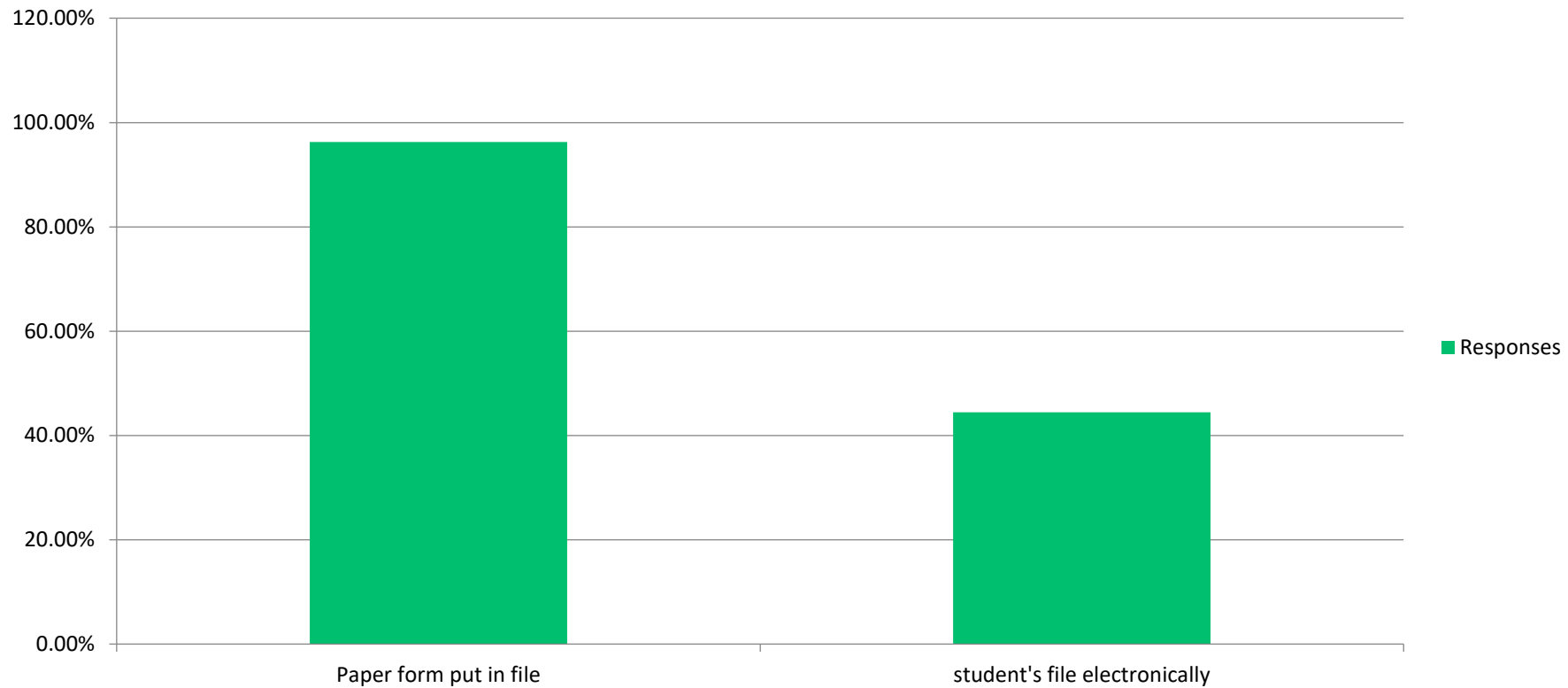
How is your District Distributing KOHA

How is your district distributing the KOHA forms to parents/guardians?



What do you do with the KOHA forms?

What do you do with the KOHA forms once they are submitted by the parent/guardian?



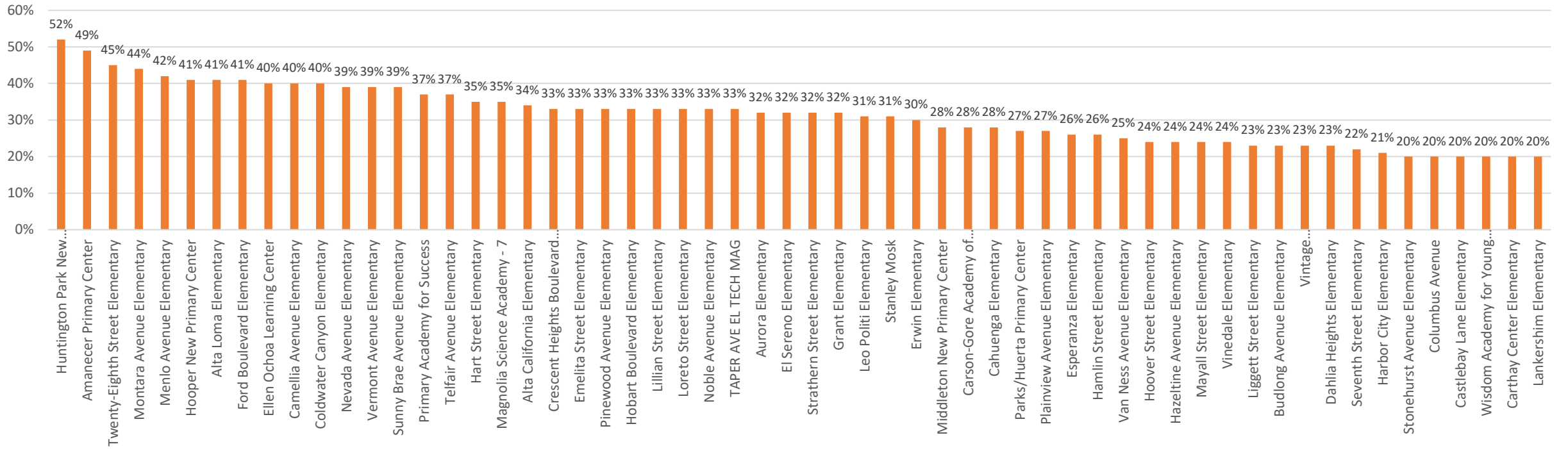
KOHA Project Long Term Aims

1. Streamline the KOHA data collection process and build consistency and coordination across LA County.
2. Increase the number of *LA County Districts and Schools* reporting KOHA data into the SCOHR reporting platform.
3. Increase the *overall reporting rate* of LA County *Kindergarten families* who submit KOHA information either by returning a completed form, or by participating in a KOHA screening.

KOHA Recommendations

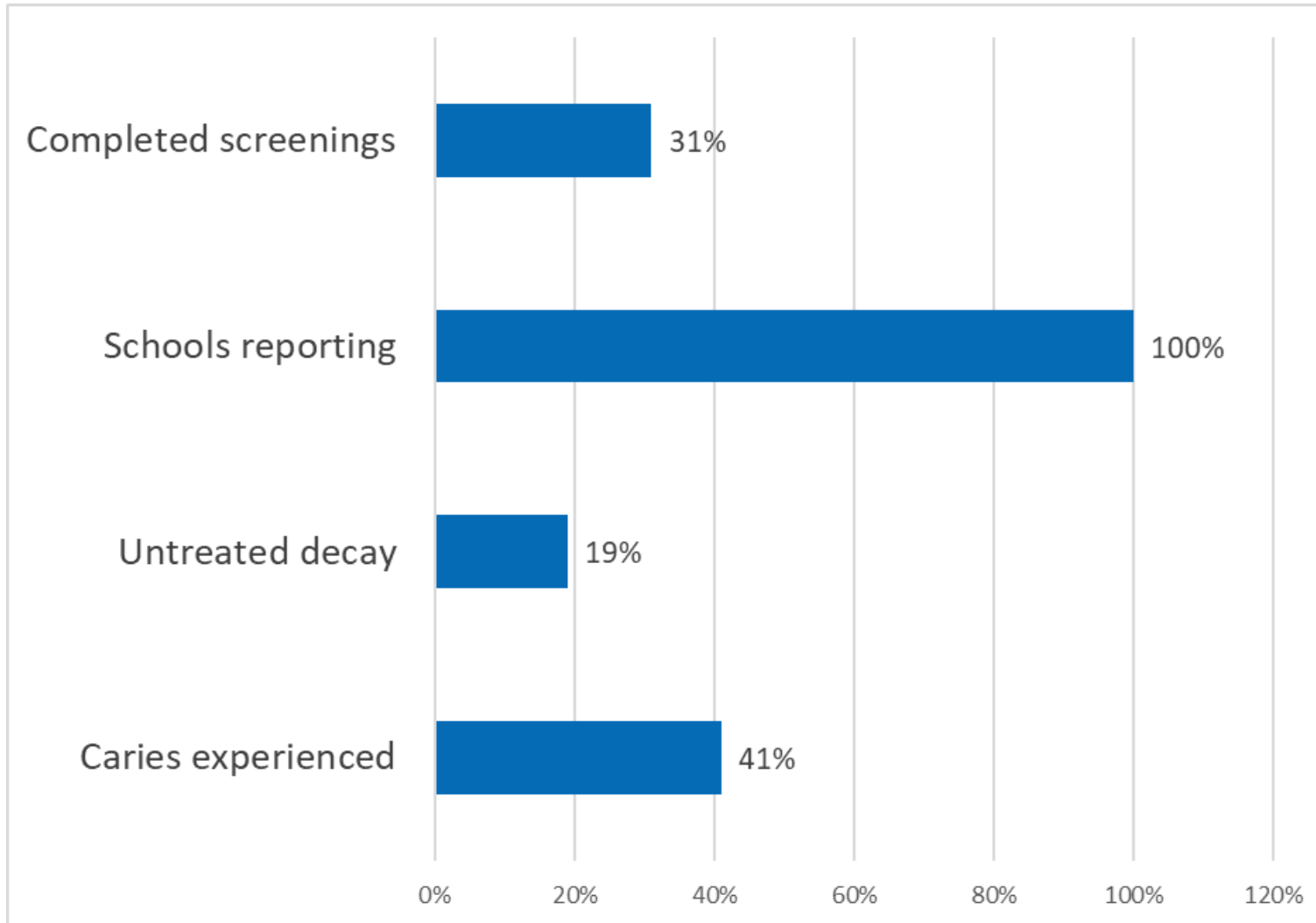
1. Identify lead entity to establish clear and consistent protocol for KOHA data collection in LAUSD.
2. Develop an annual KOHA plan for schools that includes parent education, dental screening, KOHA reporting, and dental follow-up.
3. Identify mechanisms to sustain KOHA reporting.

LAUSD Untreated Decay



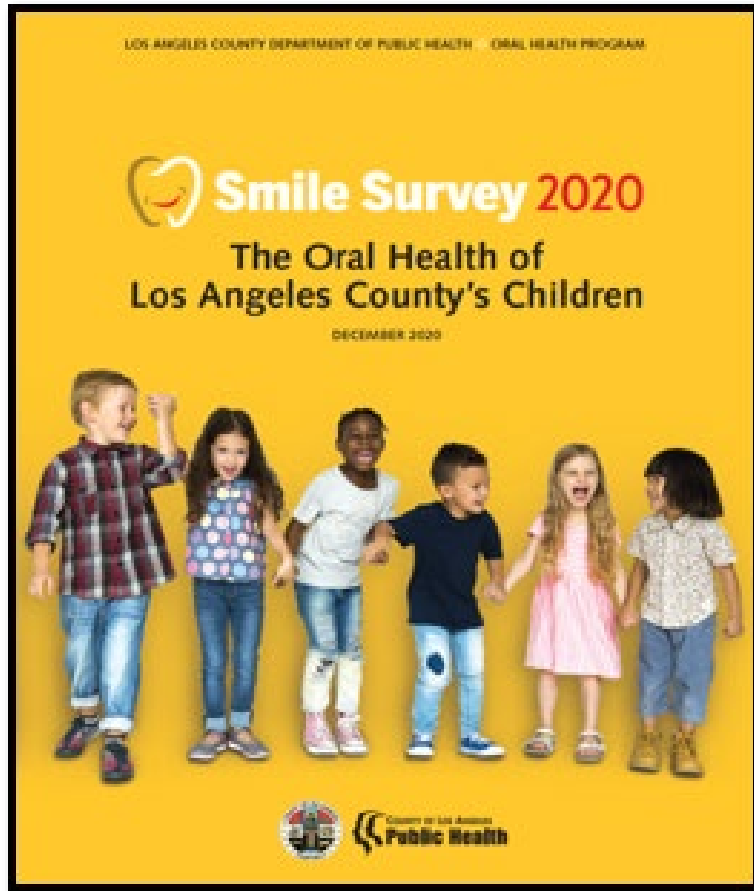
These are 58 schools with more than 50% completed screening that have untreated decay rates above the LAUSD average
 LAUSD untreated decay is 19%

LAUSD KOHA results for 2021-2022



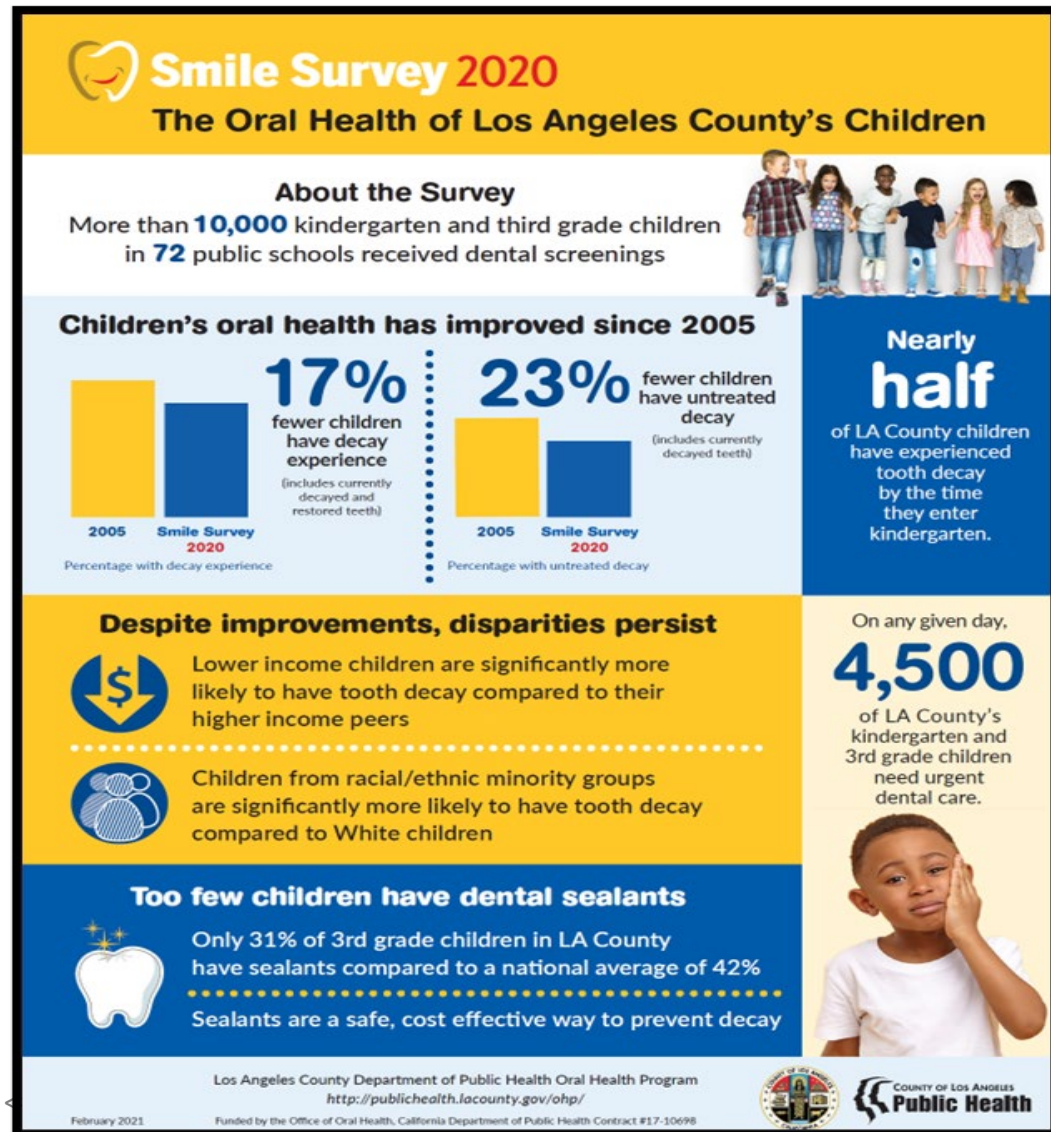
**The Los Angeles Trust
for Children's Health**

LA County Smile Survey 2020- Burden of Oral Disease Report



- The oral health of Los Angeles County's children has improved.
- By the time Los Angeles County's children enter kindergarten, almost half have experienced tooth decay.

The Oral Health of Los Angeles County's Children



- Nearly half of LA County children have experienced tooth decay by the time they enter Kindergarten.
- On any given day- 4,500 of LA County's Kindergarten and 3rd grade children need urgent dental care.

Decay Experience

TABLE 1: Percentage of LA County's Kindergarten and 3rd Grade Children with Decay Experience and Untreated Decay by Race/Ethnicity, 2005 and *Smile Survey 2020*

Race/ Ethnicity*	PERCENT WITH DECAY EXPERIENCE			PERCENT WITH UNTREATED DECAY		
	2005	<i>Smile Survey 2020</i>	Percent Improvement 2005 to 2020	2005	<i>Smile Survey 2020</i>	Percent Improvement 2005 to 2020
Asian	59%	48%	19%	22%	20%	9%
Black/ African American	59%	50%	15%	28%	23%	18%
Latinx	71%	63%	11%	27%	21%	22%
White	48%	32%	33%	19%	14%	26%

* In 2005 race/ethnicity was determined by the dental screener while *Smile Survey 2020* obtained parent-reported race/ethnicity from the California Department of Education.



School-Based Program for Priority Schools (PS)

1. The LA Trust in partnership with LA County OHP is working on the Priority Schools (PS): Schools with the most vulnerable children for dental disease based on the Smiley Survey 2020
2. School-Based program: dental screenings, appropriate referrals, and ensure that children are connected to a “dental home”
3. Leveraging existing partners to establish a School-Based Program for the PS without existing providers

Los Angeles County Department of Public Health, Oral Health Program
Priority Schools for School-Based Oral Health Programs



Demographics

Selection Criteria

99% non-White
45% English learners

Tier 1
70 LAUSD
4 other districts
9,056 kindergarteners

≥ 90% of children eligible for free meals
Tier 1 focuses on larger schools

98% non-White
41% English learners

Tier 2
152 schools in LAUSD
2 schools in other districts
9,993 children in kindergarten

≥ 90% of children eligible for free meals
≥ 10 children in kindergarten

98% non-White
38% English learners

Tier 3
87 schools in LAUSD
31 schools in other districts
9,711 children in kindergarten

≥ 85% of children free meals
≥ 10 children in kindergarten

Total: 346 Priority Schools
28,760 kindergarteners

Angeles Trust
n's Health

Thank You!

Contact: esther@thelatrust.org

<https://www.thelatrust.org/oral-health>

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for Children's Health**