

Promoting oral health for California's students

New roles, new opportunities for schools

As school boards and superintendents come to better understand the link between student health and academic achievement, there is greater support for the role that districts can play in establishing policies and promoting practices that help improve student health and well being. A critical, but often overlooked, impediment to student learning is poor oral health. Schools can be important partners in promoting good oral health practices and preventing oral disease among students.

This policy brief provides background information on the incidence and impact of poor oral health among children, explains district responsibilities related to the legal requirement for an oral health assessment for students in grades K-1 enrolling in school for the first time, and suggests other actions that districts can take to promote oral health among students.

The problem

Oral health has a significant impact on a student's ability to achieve in school. Poor oral health results in absence from school, significant pain that makes it difficult for students to focus on schoolwork, sleep deprivation, interference with eating, speech difficulties and slowed social development.¹ It has been estimated that more than half a million California children ages 5-18 missed school in the last year due to dental problems² and that, nationally, school children miss nearly two million school days each year due to oral disease.³

"Oral disease" includes dental caries (tooth decay), other diseases of the mouth such as gingivitis (early gum disease), and diseases involving the palate, tongue, the inside of the cheeks, bones and other structures that support the teeth. Some oral diseases require orthodontics or oral surgery, but most are preventable with good daily oral hygiene practices (e.g., brushing and flossing), regular dental check-ups and treatments, application of dental sealants (a thin plastic coating applied to the chewing surfaces of back teeth to prevent decay), community water fluoridation, fluoride mouth rinses and gels and good nutrition. It is important to establish good dental habits early in life to prevent tooth loss and other oral diseases in adulthood.

The good news is that the oral health status of Americans has dramatically improved over the past decade. Research has reported increases in the percentage of children and teens who have never had tooth decay in their permanent teeth and increases in the use of dental sealants.⁴

Yet many children and adults still go without measures that have proven to be effective in preventing oral diseases. The California Smile Survey,⁵ conducted by the Dental Health Foundation in 2004-05, finds that tooth decay remains the single most widespread disease among school children in California, five times more common than asthma. The survey also found that:

- About 17 percent of kindergartners and more than five percent of third graders have never been to the dentist.
- By third grade, over 70 percent of children have experienced tooth decay.
- More than one-fourth of students in grades K-3 have untreated tooth decay at any given moment.
- Nearly 40 percent of children with no dental insurance have untreated decay.
- Only 28 percent of third graders have received sealants.
- Some 4 percent of elementary school children (138,000) need urgent dental care because of pain or infection.

In addition, disparities in oral health across ethnic groups and income levels are evident in both national and statewide studies. The incidence of tooth decay is generally highest among Hispanic children, followed by African American children and then Caucasian children. Children from lower income families are less likely than those from higher income families to use dental sealants and are more likely to have tooth decay, including untreated tooth decay.^{6,7,8} Only 21 percent of California's children are covered by dental insurance⁹ and, even among those who qualify for Medi-Cal dental benefits (Denti-Cal), only 26 percent receive treatment every year.¹⁰

The advocacy group Children Now gives California a grade of C– for dental insurance and access, saying, “Cavities and other oral health problems are widespread among California children, and access to care is limited, particularly for uninsured children and those with public insurance.”

—*Children Now, 2008 California Report Card: State of the State’s Children*

The role of school districts

School districts have opportunities to support students’ oral health through the educational program, enforcement of oral health assessments for school entry and, when needed and feasible, provision of dental/oral health care services in school health centers. Each of these is described in more detail below.

The governing board, working closely with the superintendent, can promote these efforts through each of its major responsibilities:

1. setting direction for the district’s programs and services, including establishing a long-term vision, goals and priorities related to student health;
2. establishing an effective structure for the district through policy, curriculum, personnel and budget decisions that provide direction for the district’s involvement in oral health issues;
3. providing support to the superintendent and staff as they carry out the board’s direction;
4. ensuring accountability to the public by monitoring and evaluating the effectiveness of the district’s oral health programs; and
5. acting as community leaders by working with parents, community agencies, local dental health providers and other stakeholders in efforts that promote oral health.

District policies on oral health

The district’s expectations and requirements for addressing oral health may be addressed in a number of board policies and administrative regulations, such as BP 5030 - Student Wellness, AR 5141.32 - Health Screening for School Entry, BP/AR 5141.6 - School Health Services, BP/AR 5141.3 - Health Examinations and BP/AR 6142.8 - Comprehensive Health Education.

Issues pertaining to oral health may be best addressed in the context of the district’s overall approach to student wellness. The governance team may choose to involve a district or county wellness committee, school health councils, school nurses, dental health professionals, school administrators, health education teachers, community organizations, city and county staff, parents, students and others in the development of related curriculum, policy and health services. The goal is a coordinated school health program that complies with law and is based on student needs.

Oral health education

Districts can promote the lifelong oral health of students through the educational program, by providing students with opportunities to attain the skills, knowledge and abilities they need to be engaged in healthy behaviors.

Instruction in the principles and practices of oral health should be part of a comprehensive K-12 health education program. CSBA’s sample BP/AR 6142.8 - Comprehensive Health Education expresses the board’s intent to offer a planned, sequential, research-based and developmentally appropriate health education curriculum and describes components of an effective program. Districts are encouraged to tailor these sample materials to reflect their own circumstances and priorities.

The grade levels and subject areas in which oral health will be addressed are at the discretion of the district. In March 2008, the State Board of Education adopted content standards for health education in grades K-12. Although these content standards are voluntary, they provide useful guidance for developing health education curriculum by identifying what each student in California should know and be able to do at each grade level.

Within these content standards, oral health is primarily addressed under the content area of personal and community health. Oral health is not included at every grade level, but the standards publication encourages districts to add content areas for additional grades based on local health priorities.

State standards specifically related to oral health education suggest that students should be able to:

Kindergarten:

- Identify effective dental and personal hygiene practices. (K.1.P.1)
- Identify health care workers who can help promote healthful practices. (K.3.P.6)
- Show effective dental and personal hygiene practices. (K.7.P.8)

Grade one:

- Explain the importance of effective dental and personal hygiene practices. (1.1.P.1)
- Make a plan to practice dental and personal hygiene. (1.6.P.16)
- Demonstrate proper tooth brushing and flossing techniques. (1.7.P.17)

Grade four:

- Explain the importance of safety at play, including wearing helmets, pads, mouth guards, water safety vests, and other safety equipment. (4.1.S.9)

Grade five:

- Identify effective personal health strategies that reduce illness and injury (e.g., adequate sleep, ergonomics, sun safety, hand washing, hearing protection, tooth brushing and tooth flossing). (5.1.P.1)
- Practice good personal and dental hygiene. (5.7.P.15.)

Grade six:

- Describe basic first aid and emergency procedures, including for accidental loss of or injury to teeth. (6.1.S.2)
- Encourage others to practice safe behaviors, including the proper use of safety belts when riding in a car, wearing helmets when riding a bicycle, wearing mouth guards when participating in sports activities. (6.8.S.28)

Grades seven/eight:

- Discuss the importance of effective personal and dental hygiene practices for preventing illness. (7/8.1.P.5)
- Identify effective brushing and flossing techniques for oral care. (7/8.1.P.6)
- Demonstrate the ability to access information about personal health products (e.g., deodorant, shampoos, sun screen and dental care products), and evaluate the information's validity. (7/8.3.P.18)
- Practice and take responsibility for personal and dental hygiene practices. (7/8.7.P.30)

High school:

- Evaluate the importance of routine medical and dental check-ups, vaccinations and examinations. (HS.1.P.2)
- Identify symptoms that indicate a need for an ear, eye or dental exam. (HS.1.P.7)
- Use effective communication skills to ask for assistance from parents, guardians, medical or dental health care professionals to enhance health. (HS.4.P.27)

- Develop a plan of preventive dental health management. (HS.6.P.34)
- Execute a plan for maintaining good personal hygiene, oral hygiene and getting adequate sleep and rest. (HS.7.P.36)

The state's *Health Framework for California Public Schools*, which provides nonprescriptive guidance on the scope and sequence of the health curriculum, is scheduled to be revised in 2011 to reflect the content standards. Health instructional materials are scheduled to be submitted in 2013.

Effective implementation of the oral health curriculum may require professional development to ensure that teachers are knowledgeable about the content standards and effective instructional methodologies.

Oral health assessment for school entry

Legal requirements

Education Code 49452.8 (added by AB 1433, 2006) requires all students entering public school for the first time, either in kindergarten or first grade, to have an oral health assessment and their parents/guardians to submit an assessment form certifying that their child has received the assessment. The form must be submitted to the school by May 31 of that school year. The oral health assessment must have been completed no earlier than 12 months before the student initially enrolled in school.

By law, districts must notify parents of the oral health assessment requirement, including:

- an explanation of the administrative requirements of the law;
- information on the importance of primary teeth;
- information on the importance of oral health to overall health and to learning;
- a toll-free telephone number to request an application for Healthy Families, Medi-Cal or other government-subsidized health insurance programs;
- contact information for county public health departments; and
- a statement of privacy applicable under state and federal laws and regulations.

The California Department of Education has developed a sample parent notification letter that meets the requirements of law. It has also developed a standardized form which must be used by all parents to certify the assessment. These materials are available on its Web site at www.cde.ca.gov/ls/he/hn/oralhealth.asp.

It is good practice for districts to encourage the oral health exams, even though there are no legal consequences for parents' failure or refusal to complete the assessment. Parents who wish their children to be excused from the requirement should complete the waiver section of the assessment form and indicate if they are declining to participate because they:

- are unable to find a dental office that will take their child's insurance plan,
- cannot afford an oral health assessment for their child, or
- do not wish their child to receive an oral health assessment.

If parents indicate financial or access problems, the school or district might provide additional information or referrals to assist them.

Free dental screenings

To help low-income families meet the requirement for the oral health assessment, HealthCare Volunteer, a nonprofit organization, launched a statewide free dental screening program to help connect kindergarten students to dentists willing to provide free screenings in their office. Dentists can register as volunteers and parents can register their children for a free screening using the Web site. For further information, see www.healthcarevolunteer.com/patients/dentalscreenings.php.

By December 31 of each year, the district must submit a report to the county office of education with data on the total numbers of students who:

- were subject to the oral health assessment requirement at each school (i.e., the number of kindergarten students plus the number of first-grade students who did not attend public kindergarten);
- presented proof of an assessment;
- were assessed and found to have untreated decay;
- could not complete an assessment for each of the reasons on the waiver request (i.e., financial burden, lack of access to dental health professional, lack of parent consent); and
- failed to return the assessment form or the waiver request.

The legal requirements for the oral health assessment are reflected in CSBA's sample administrative regulation 5141.32 - Health Screening for School Entry. Sample board policy and exhibit 5145.6 - Parental Notifications include parental notification of the oral health assessment requirement.

Online reporting of oral health assessments

The System for California Oral Health Reporting (SCOHR) provides a centralized, online method for managing all the data aspects required by law for the oral health assessment, including form generation and tracking, data maintenance and reporting. The system was developed by the San Joaquin County Office of Education in collaboration with the Association of California School Administrators, California Dental Association and California County Superintendents Educational Services Association.

SCOHR generates the Oral Health Assessment/Waiver Request Forms, allows districts to upload the required demographic and other data from their student information systems, provides a method for a user at the school site to input the date that the dentist signed the form, and generates aggregate reports at the school, district, county and/or state levels.

For further information, see www.ab1433.org.

When funded in the state budget, local educational agencies are eligible for reimbursement of their costs associated with administration of the oral health assessment requirement. Funds are allocated on the basis of the number of students enrolled in first grade. County offices of education also receive funding for data storage and retrieval.

Statewide results

The data from the first year of the oral health assessment reports were due December 31, 2007, for the 2006-07 school year. Because there was no requirement to use a centralized system for reporting the data, it has been difficult to gather and analyze statewide results. About 25 percent of school districts used the web-based System for California Oral Health Reporting developed by the San Joaquin County Office of Education. The California Dental Association also requested data from counties. As a result, it is possible to draw some general conclusions about the first year's implementation of this requirement, but the data may be incomplete and should be used with caution.

Statewide, the preliminary results indicate that:

- About 455,000 students were subject to the oral health assessment requirement.
- 28 percent of the students who completed the assessment were found to have untreated dental decay.
- Over half (58 percent) of the parents failed to respond; they did not submit the assessment form nor request a waiver. Among those who did submit the form, about 15 percent requested a waiver.

- Of those who requested a waiver, the most common reason was not that the assessment was a financial burden (3 percent) or the student did not have access to care (3 percent), but rather that the parents did not wish their child to receive an oral health assessment (11 percent).

The high rate of noncompliance, as well as the significant number of waivers based on lack of parental consent, suggests that districts should play a more aggressive role in informing parents of the legal requirement and explaining the benefits of dental check-ups. Districts might also review their procedures for tracking completion of the assessments and determine whether use of the SCOHR system would provide a less burdensome, more accurate reporting method.

School health services

When districts determine that there is an unmet need for dental services within the community and when they are able to secure the necessary resources or establish partnerships with other agencies and health providers, districts can promote oral health in students by providing dental services on school campuses or referrals to community services.

Across California, 153 school health centers operate on or near school campuses or through mobile vans, providing a wide range of health services for students.¹¹ Some of these centers are run by school districts while, in others, the lead agency is a community health center, hospital, county health department, community-based agency or private physician group. School health centers provide easy access to health services in a safe, familiar environment, usually at minimal or no cost to students and their families.

A study conducted in 2004-05 by the National Assembly on School-Based Health Care found that school health centers in California most often provide primary medical services such as health screenings, examinations and immunizations.¹² However, nearly half (47 percent) provide dental screenings and 14 percent provide dental preventive care.

“Treatment is good. Prevention is better.
Early prevention is best.”

—*Dental Health Foundation, February 2006*

A recent CSBA study¹³ examining board members’ and superintendents’ perceptions of the health services in their districts sheds further light on the dental/oral health services provided by districts, including those that do not have a school health center. This survey found that, with respect to dental/oral health services, education of students was most often provided (59 percent), followed by screening/surveillance (50 percent), education of staff (29 percent), treatment/clinical services (16 percent) and management/monitoring services (15 percent). About one-quarter (28 percent) of the respondents’ districts provided no dental/oral health services.

Case study: Long Beach oral health education and services

Students in Long Beach Unified School District have access to oral health education and a mobile dental clinic through a comprehensive, citywide collaboration.

The Smile Bright Dental Disease Prevention Program sends “tooth fairies” to targeted elementary school classrooms to teach students in prekindergarten through grade five about the importance of brushing, flossing and good nutrition. Qualifying students in grades two and five receive oral health screenings and application of dental sealants. The program also sponsors oral health provider trainings for school nurses and community health providers. The program is operated by the City of Long Beach, Department of Health and Human Services, and is funded in part by grants from the L.A. Care Health Plan Community Health Investment Fund and California Department of Health Services.

The Mobile Dental Clinic Program, a 32-foot, state-of-the-art dental van, provides free on-site dental screenings and education at schools throughout the district. In addition to providing diagnostic x-rays, cleanings and fluoride treatments, the mobile clinic staff emphasizes good oral hygiene and healthful eating practices. The mobile clinic was developed by the Dental Health Clinic, whose purpose is to provide quality dental care to underserved and at-risk children in the greater Long Beach area.

These services are part of an oral health initiative that is supported and promoted by the Long Beach Children’s Oral Health Task Force. The school district participates on the task force along with representatives of the Long Beach Department of Health and Human Services, Miller Children’s Hospital, Children’s Dental Health Clinic, Long Beach Head Start Program and the Harbor Dental Society.

For further information, contact Judy Dearing, Program Specialist, Long Beach Unified School District, at jdearing@lbusd.k12.ca.us or (562) 997-8000 x 7172. Also see the task force’s Web site at www.longbeachsmiles.org for information about a districtwide needs assessment conducted during the 2004-05 school year with over 1,600 students in 12 elementary schools.

This survey further found that, among districts that provide dental/oral health services, nearly all (91 percent) provide such services at elementary schools, while 53 percent offer such services in prekindergarten programs, 45 percent at middle schools and 25 percent at high schools. Nearly one-third (32 percent) of the respondents anticipate a moderate or significant increase in demand for dental/oral health services over the next three years.

To facilitate students' access to services, the district might also provide families with information about and enrollment assistance into public dental insurance programs. All children and adults from low-income households who are eligible for full-scope Medi-Cal coverage are also eligible for a comprehensive range of dental services through Denti-Cal. Students from low-income households who do not qualify for Medi-Cal may be eligible for the low-cost Healthy Families program, which also includes dental care.

See CSBA's policy brief entitled *Expanding Access to School Health Services: Policy Considerations for Governing Boards* (November 2008) for further information and suggested board actions related to the provision of school health services.

Questions to consider

As the governance team determines the district's involvement in oral health issues, it might consider the following questions:

- What does research show about the link between oral health and student learning?
- Does the district have information about the oral health of children in the district or community?
- What role should the district play in promoting oral health among students at all grade levels?
- Does the district's curriculum include oral health education? In what subjects and in what grades? What are the district's goals for oral health education? Is the district's program aligned with state content standards for health education? Does the curriculum need to be expanded to provide more comprehensive instruction on oral health?
- What steps can the district take to encourage completion of the required oral health assessment at school entry? When parents indicate their child is unable to complete the required oral health assessment, what steps, if any, should the district take to encourage participation or provide additional information or referrals?
- In what ways can the board use the annual report on oral health assessment compliance to evaluate whether district efforts have been successful and to identify needs for further education or communication with parents?

- (If the district has a school health clinic) Do school health services currently provide preventive or diagnostic oral health services or treatment? If not, are these services that should be provided? Would access to oral health services at or near schools increase students' use of such services?
- What is the appropriate role of school nurses in making referrals or providing information about oral health?
- Is there a need for staff development for teachers, food services staff, school nurses or others to increase knowledge of oral health issues?
- What resources are currently available in the district to support oral health or general health education and services? Does the district need to explore other funding sources?
- How can oral health be integrated with other school wellness efforts in the district?
- Does the district's food services program support oral health by limiting non-nutritious foods and beverages?
- (If the district offers preschool) Because research indicates benefits of developing good oral hygiene habits as early as possible, what can preschool programs do to promote good oral health?
- Which agencies, organizations, health professionals and businesses in the community are potential partners in promoting oral health? How can the district best partner with them — in community outreach, health education, referrals for identification and treatment of oral disease, other activities?

Resources

CSBA

CSBA's Governance and Policy Services Department issues sample board policies and administrative regulations on topics related to student health. CSBA also provides fact sheets, advisories and policy briefs on related topics. See www.csba.org/Services/Services/PolicyServices.aspx.

American Dental Association

Offers a variety of resources on oral health, including an oral health curriculum called *Smile Smarts!* for students in preschool through grade eight. See www.ada.org.

California Dental Association

Provides oral health fact sheets, information about the oral health assessment requirement and referrals to dentists. See www.cda.org.

California Department of Education

Provides information on the oral health assessment requirement, including a sample parent notification letter and the standardized assessment form. See www.cde.ca.gov/ls/he/hn/oralhealth.asp.

California Department of Public Health, Office of Oral Health

Oversees the California Children's Dental Disease Prevention Program, which currently operates 33 school-based programs throughout the state. The CDDPP has five required program components: (1) fluoride supplementation, (2) dental sealants, (3) plaque control, (4) oral health education and (5) an active oral health advisory committee. Dental screenings are an optional component. See www.cdph.ca.gov/HealthInfo/healthyliving/oral.

California HealthCare Foundation

An independent philanthropy committed to improving the way health care is delivered and financed in California. The foundation has published a series of reports about oral health in California, with a particular focus on improving access for the underserved. See www.chcf.org.

California Healthy Kids Resource Center

Maintains a comprehensive collection of reviewed health education materials for use by teachers and administrators in prekindergarten through grade twelve in school settings and after-school programs. Curricula, DVDs, teacher reference and research materials, and models and other displays are available for loan at no cost. See www.californiahealthykids.org.

California School Health Centers Association

Provides information and monthly updates on potential funding for school-based and school-linked health programs as well as resources related to health center policies and operations, communications and advocacy. See www.schoolhealthcenters.org.

California School Nurses Organization

Promotes the role of school nurses in the educational community by providing professional development, legislative advocacy and communications for school nurses. See www.csno.org.

Centers for Disease Control and Prevention

Compiles research on the oral health of Americans. In collaboration with the Association of State and Territorial Dental Directors, CDC operates the National Oral Health Surveillance System to monitor the incidence of oral disease, use of the oral health care delivery system, and the status of community water fluoridation on both a national and state level. Other resources are listed at www.cdc.gov/oralhealth.

Children Now

Children Now is a national organization whose goal is to make children's issues the top public policy priority. Its Health Policy Program works to ensure that all children have access to high-quality affordable health care, including oral care. In addition, the organization annually publishes the *California Report Card* on the health and education status of the state's children. See www.childrennow.org.

Dental Health Foundation

Promotes oral health by providing advocacy, education and public policy development; promoting community-based prevention strategies; improving access to and the quality of oral health services; and encouraging the integration of oral health and total health. *The Oral Health of California's Children: A Neglected Epidemic* (1993-94) presents results of an oral health needs assessment of California's children conducted by the Dental Health Foundation in partnership with the University of California San Francisco's School of Dentistry. A subsequent publication issued in 2000, *The Oral Health of California's Children: Halting the Neglected Epidemic*, continues the effort to understand the causes of children's oral health problems and recommends feasible solutions. *Mommy, It Hurts to Chew: The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children* (February 2006) studied the oral health of over 21,000 children in kindergarten and grade three in 186 California schools. See www.dentalhealthfoundation.org.

Denti-Cal Program

Fee-for-service dental program within the Medi-Cal program. See www.denti-cal.ca.gov.

Healthy Families

Low-cost insurance which provides health, dental and vision coverage to children who do not have insurance and do not qualify for free Medi-Cal. See www.healthyfamilies.ca.gov.

National Assembly on School-Based Health Care

A national organization that promotes and supports school-based health centers. Its Web site presents information on dental services in school health centers, including *Oral Health in School-Based Health Centers: Contributing Factors to Success*. See www.nasbhc.org.

National School Boards Association

Provides a database on a variety of school health issues. See www.nsba.org/schoolhealth.

Oral Health Access Council

A multilateral, nonpartisan effort directed toward improving the oral health status of the state's traditionally underserved and vulnerable populations. The council has a membership of over 50 organizations representing a diversity of oral health stakeholders. OHAC members and staff provide technical expertise and consultation regarding policy development to local and statewide policymakers. See www.oralhealthaccess.org.

U.S. Department of Health and Human Services

Oral Health in America: A Report of the Surgeon General (May 2000) is available at www.surgeongeneral.gov/library/oralhealth.

End Notes

- ¹ Dental Health Foundation. (February 2006). "Mommy, It Hurts to Chew" *The California Smile Survey: An Oral Health Assessment of California's Kindergarten and 3rd Grade Children*. Oakland, CA.
- ² Children Now. (2008). *2008 California Report Card: State of the State's Children*, Based on Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, 2003.
- ³ Dental Health Foundation. (February 2006).
- ⁴ Centers for Disease Control and Prevention (CDC) & the National Institutes of Health (NIH). (2005) *Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism and Enamel Fluorosis—United States, 1988-1994 and 1999-2002*.
- ⁵ Dental Health Foundation. (February 2006).
- ⁶ CDC & NIH. (2005).
- ⁷ U.S. Department of Health and Human Services. (May 2000). *Oral Health in America: A Report of the Surgeon General*.
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- ⁹ Children Now. (2008). Based on Children Now analysis of data from the UCLA Center for Health Policy Research, California Health Interview Survey, 2005.
- ¹⁰ California HealthCare Foundation. (August 2008). *Expanding Access to Dental Care Through California's Community Health Centers*, Issue Brief.
- ¹¹ California School Health Centers Association. (December 2007). *An Overview of California's School Health Centers*.
- ¹² National Assembly on School-Based Health Care, 2004-2005 Census.
- ¹³ CSBA. (June 2008). *Providing School Health Services: Perceptions, Challenges and Needs of District Leadership Teams. Summary Report*.

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