

Share & Learn - Reporting to Results: The KOHA Data Story After Submission

April 16, 2026

Speakers

COHTAC: Kristin Hoefft, Office of Oral Health: Shumaila Hashmi, Victoria Owoyele, Vyshiali Sundararajan

Stanislaus LOHP: Sharrie Sprouse, San Diego LOHP: Christy Lopez

San Francisco LOHP: Maryna Spiegel, Fresno LOHP: Jodeci Felix-Rodriguez

Facilitator

Janelle Urata (COHTAC)

Funding & Disclaimer

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- **Disclaimer:** The presentations today are the content of the speakers and do not necessarily represent the views or opinions of the California Department of Public Health, California Health and Human Services Agency, OOH, or COHTAC.

Thank you to the planning team

- California Partnership for Oral Health: School Dental Programs Data Subcommittee
 - Amanda Mangurten, Ariel Thomas-Urlik, Bonnie Flippin, Claire Bleymaier, Christy Lopez, Eileen Espejo, Elizabeth Amezcua, Janelle Urata, Karen Jacoby, Margaret Trimble, Monica Garcia, Sabrina Villaro, Sharrie Sprouse, Sruthi Vobbiliseti, Vyshiali Sundararajan
- Office of Oral Health
 - Margaret Trimble, Shumaila Hashmi, Victoria Owoyele, Vyshiali Sundararajan
- Local Oral Health Programs
 - Fresno (Jodeci Felix-Rodriguez), San Diego (Christy Lopez), San Francisco (Maryna Spiegel), Stanislaus (Sharrie Sprouse)
- COHTAC
 - Janelle Urata, Khadijat Alli, Kristin Hoeft, Xenia Mendez

Housekeeping

- Webinar is being recorded and will be posted on the COHTAC website and YouTube channel – follow-up materials and recording link will be emailed
- Questions, comments, and resource sharing are welcomed in the chat box and will be answered at the end of the presentations – please stay muted until called on
- As always, we appreciate your feedback – please take a minute at the end to complete our evaluation survey

Learning Objectives & Agenda

Objectives

- Describe statewide KOHA data trends
- Apply strategies to address common challenges at the local level
- Identify how KOHA data can be used for planning and communication

Agenda

- Welcome and overview – Janelle Urata
- Background – Vyshiali Sundararajan, Kristin Hoefft, Sharrie Sprouse
- KOHA at the State Level – Shumaila Hashmi, Victoria Owoyele
- KOHA at the LOHP Level
 - Stanislaus County – Sharrie Sprouse
 - San Diego County – Christy Lopez
- Communicating KOHA Data
 - RBA – Kristin Hoefft
 - San Francisco County – Maryna Spiegel
 - Fresno County – Jodeci Felix-Rodriguez
- Q&A - Janelle Urata
- Announcements and wrap up – Janelle Urata



Background

Vyshiali Sundararajan (Office of Oral Health),
Kristin Hoeft (COHTAC),
Sharrie Sprouse (Stanislaus LOHP)

Introduction to KOHA

Vyshiali Sundararajan, Office of Oral Health, CDPH

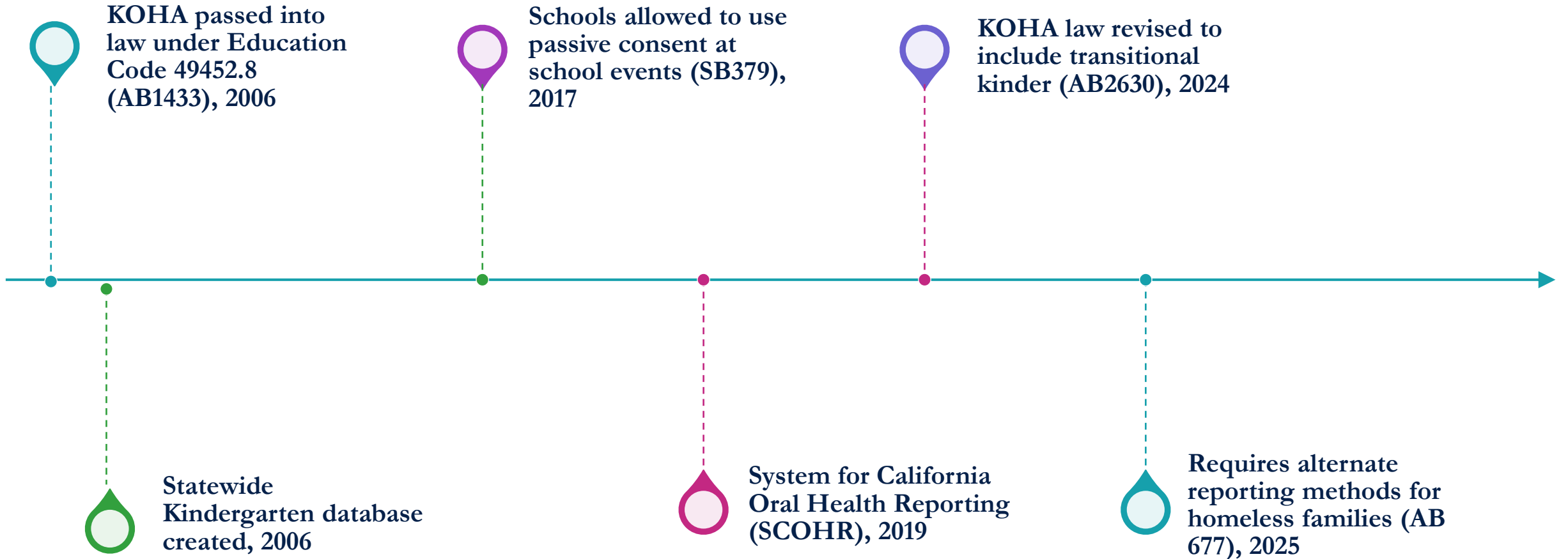


Kindergarten Oral Health Assessment (KOHA)

- California state policy
 - AB 1433, amended by SB 379, AB 2630, and AB 677, adds subdivision (i)(2)
 - CA Ed. Code 49452.8
- Students need to be screened once between TK and K grades (or first grade if that is their first year of public school)
- Data is centrally reported into System for California Oral Health Reporting (SCOHR)



KOHA Timeline



Kindergarten Oral Health Assessment (KOHA)

ARTICLE 4. Physical Examinations [49450 - 49458]

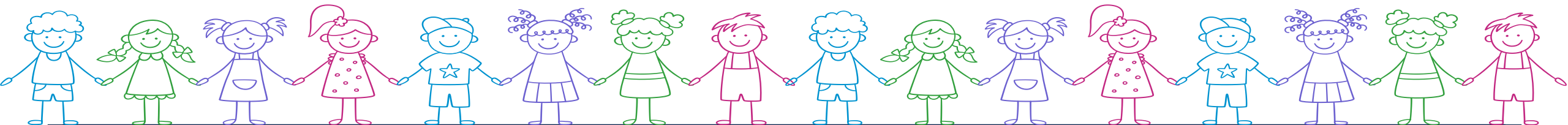
(Article 4 enacted by Stats. 1976, Ch. 1010.)

49452.8.

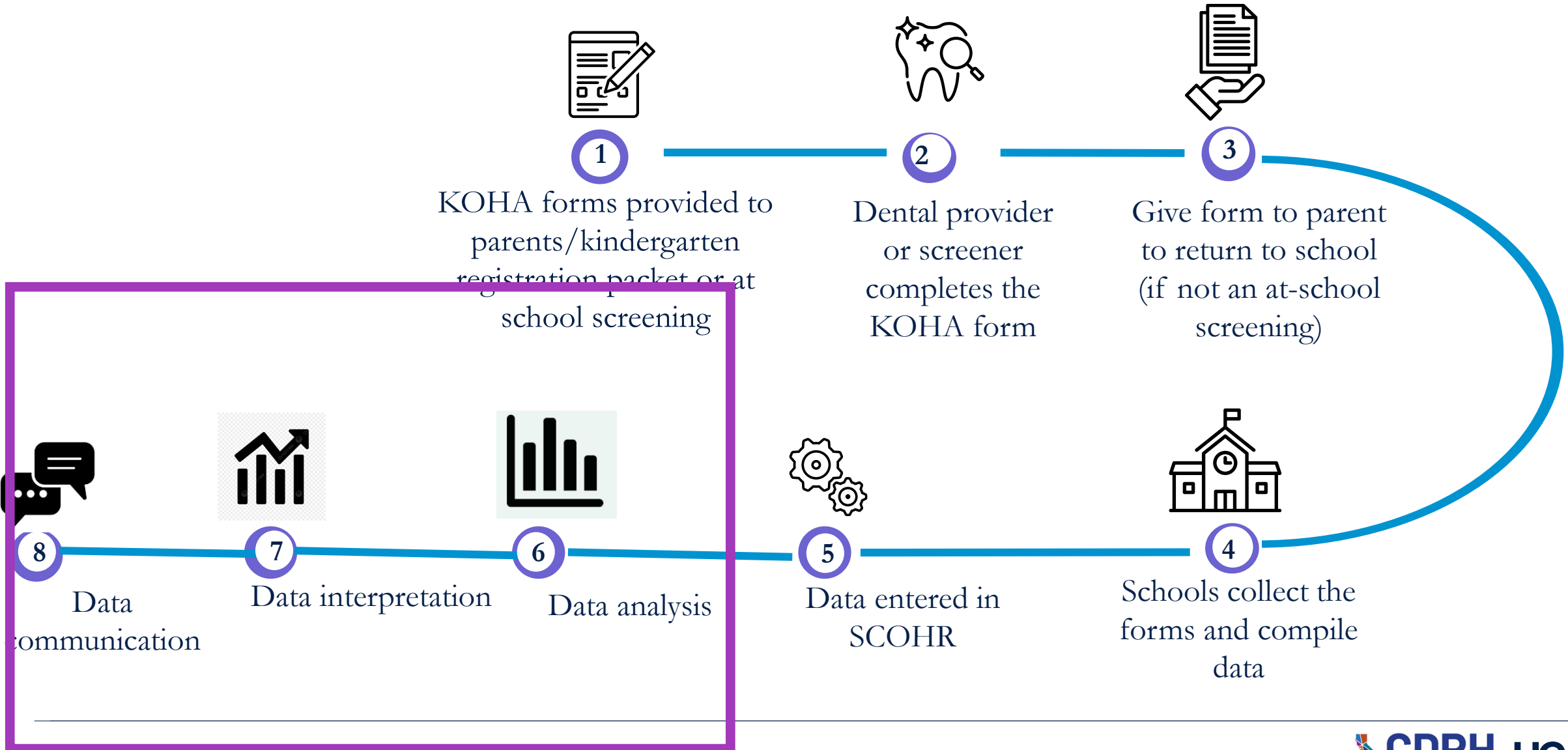
- (a) (1) A pupil, while enrolled in kindergarten in a public school, or while enrolled in first grade in a public school if the pupil was not previously enrolled in kindergarten in a public school, no later than May 31 of the school year, shall present proof of having received an oral health assessment by a licensed dentist, or other licensed or registered dental health professional operating within the professional's scope of practice, that was performed no earlier than 12 months before the date of the initial enrollment of the pupil.
- (2) For purposes of this section, "kindergarten" includes both transitional kindergarten and kindergarten. The proof described in subdivision (a) shall be required only once during a two-year kindergarten program.

KOHA Goals

- ✓ Promote school readiness
- ✓ Identify children suffering from untreated dental disease
- ✓ Help establish a dental home for child
- ✓ Understand and track dental health of CA children

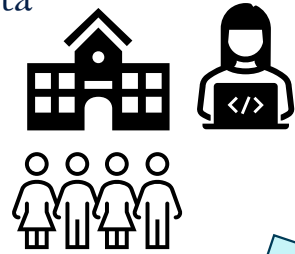


KOHA Process

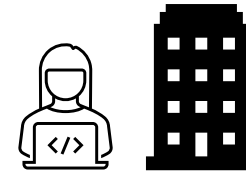


Schools

- Distribute and collect form
- Send reminders
- Compile and enter KOHA data

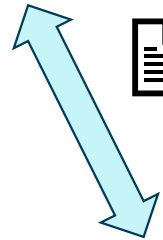
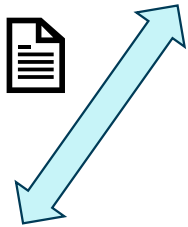


Local system

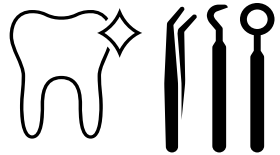


School District

- Compile aggregate school data
- Send reminders
- Submit data to SCOHR by **July 1st**



Notification letter,
Assessment form,
Waiver form, or
Onsite opt-in consent form



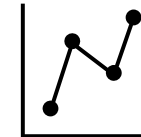
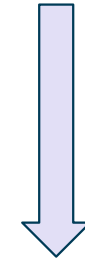
Dental professionals at

- Dental home
- School-based health center*
- School oral health screening
- Complete KOHA assessment form



Parent/Guardian

- Bring child for oral exam
- Consent for oral health screening
- The latest due date for the form is by the end of the school year, or **May 31st**, whichever comes first

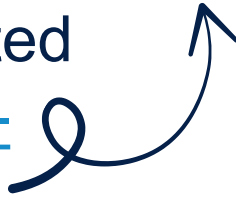


State system
(SCOHR)

Accessing the KOHA Form



COHTAC website and SCOHR ([SCOHR](#)) has the most updated form: <https://oralhealthsupport.ucsf.edu/our-programs/school-programs/KOHA/koha-forms>



COHTAC website has forms in: English, Spanish, Korean, Chinese (simplified), Chinese (traditional), Tagalog, Vietnamese



Download/print

KOHA Form: 3 Sections

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
Parent/Guardian First Name:	Parent/Guardian Last Name:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Race/Ethnicity:	<input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify) _____		

Continued on Next Page

California Department of Public Health
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Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date: MM - DD - YYYY	Untreated Decay (Visible Decay Present) <input type="checkbox"/> Yes <input type="checkbox"/> No	*Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No
Treatment Urgency: <input type="radio"/> No obvious problem found <input type="radio"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="radio"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
_____ Licensed Dental Professional Signature		_____ CA License Number
_____ Date MM - DD - YYYY		

*Check "Yes" for Caries experience if there is presence of untreated decay or fillings
Check "No" for Caries experience if there is no untreated decay and no fillings

Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on:	MM - DD - YYYY
A follow-up appointment for this child has been scheduled for:	MM - DD - YYYY
Did child receive needed treatment?	<input type="radio"/> Yes <input type="radio"/> No (If no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="radio"/> I don't know

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 31st of your child's first school year.

Original to be kept in child's school record.

LOHP Staff SCOHR Access

- Key Benefits:
 - View School Submissions
 - Analyze County-Level Data
 - Identify Data Gaps
 - See what information is missing or incomplete to support quality improvement.
- Need SCOHR Access?
 - Contact: Vyshiali.Sundararajan@cdph.ca.gov



Data 101 & KOHA Resources

Kristin Hoeft, University of California, San Francisco, COHTAC

Sharrie Sprouse, Stanislaus LOHP

Summarize Information about a Certain Population

- **Surveillance data:** the continuous, systematic collection, analysis, and interpretation of health-related information...used to monitor public health trends and guide interventions. (NIH)
 - California KOHA data is at type of surveillance data
- Conclusions are only as good as the data you are working from

Data Quality



Data Quality Characteristics

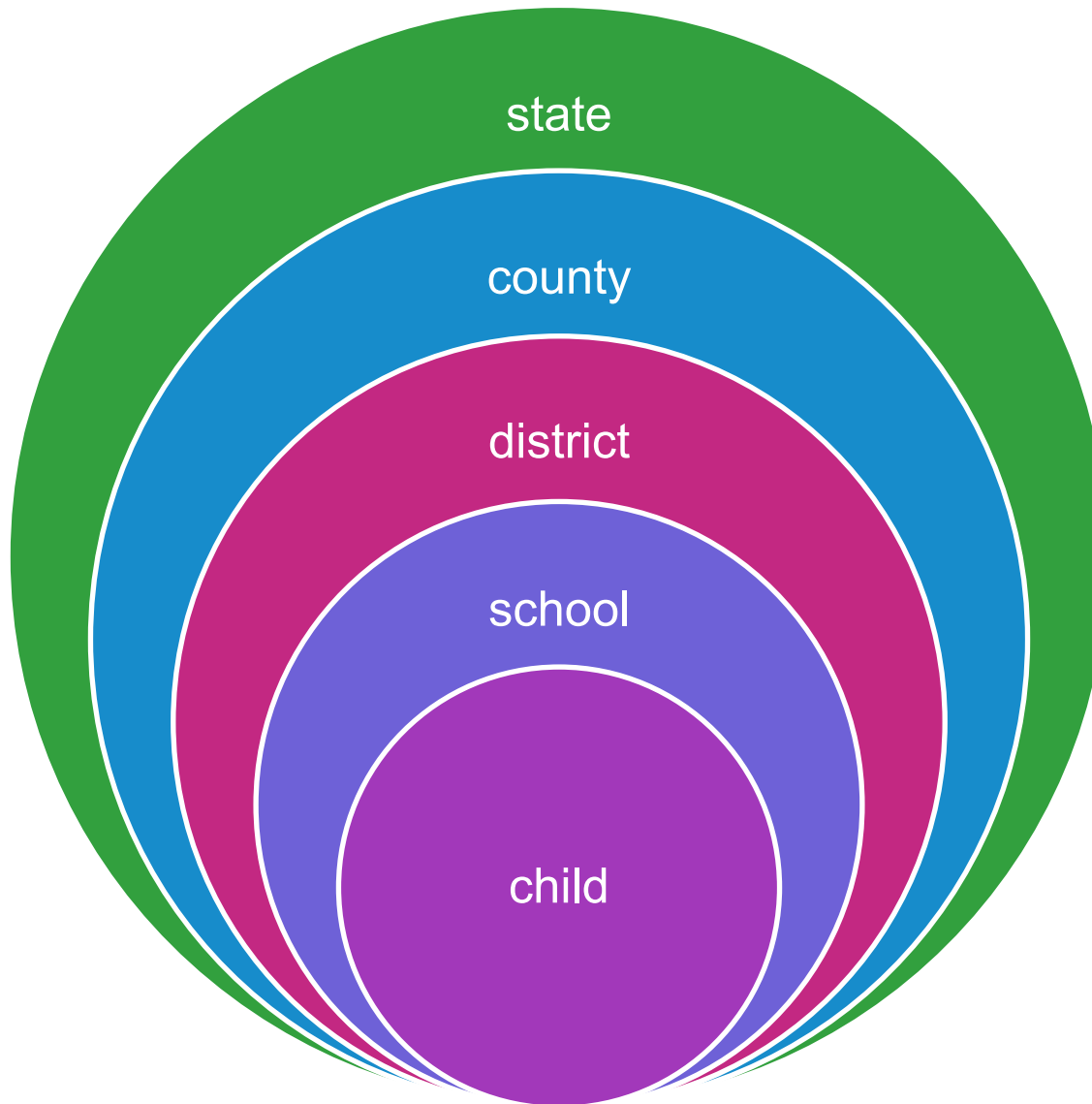
- **Complete** (minimal missing data)
- **Accurate** (low error)
- **Representative** (reflects population you want to represent)
 - California kindergarten students
- **Reliable** (consistent and reproducible)

If we think of KOHA data

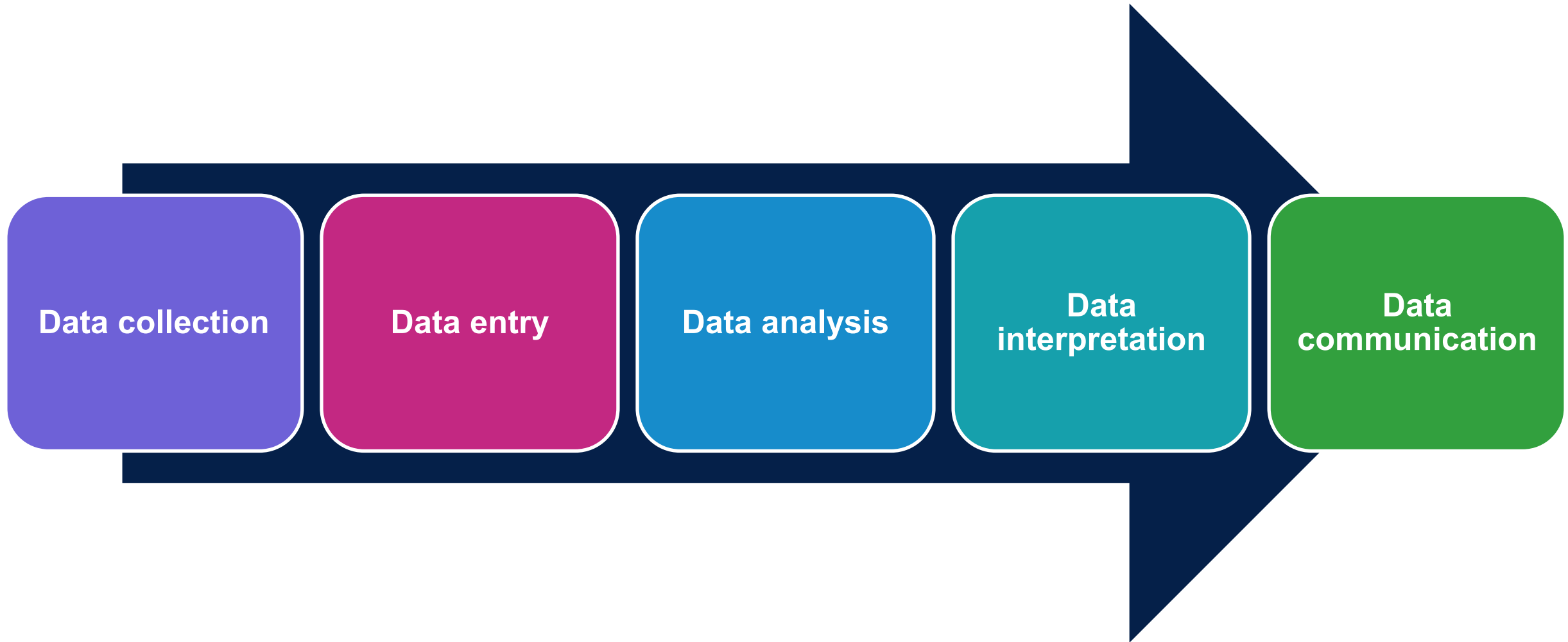
- What are we trying to summarize?



**Oral health status
of all kindergarten
students in
California**



KOHA process



All Data
All Children
All Schools
All Districts

All Data
All Children
All Schools
Some Districts

All Data
All Children
Some Schools
Some Districts

All Data
Some Children
Some Schools
Some Districts

Some Data
Some Children
Some Schools
Some Districts



Some Data
Some Children
Some Schools
Some Districts

Missing at Random



Missing Not at Random

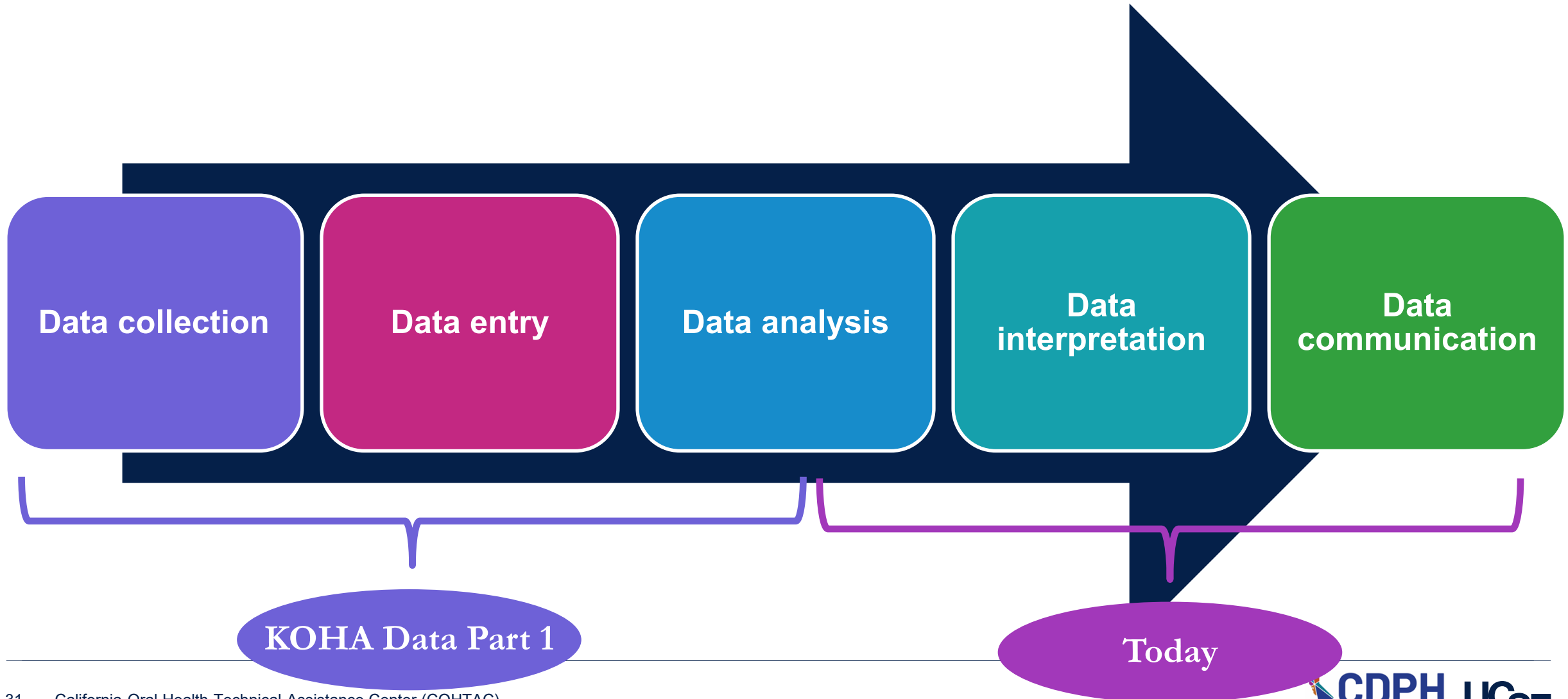






Part 1 Recap & KOHA Resources

KOHA process



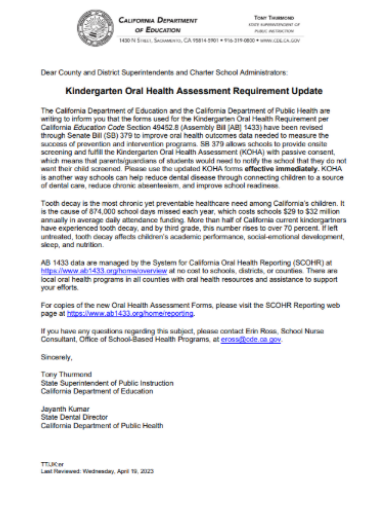
Part 1: KOHA outreach

- Board of Education letter templates
- List of presentations made
- KOHA & sealant social media toolkit
- Talking points
- Starter manual for school staff

Home > Our Programs > School Oral Health Programs & KOHA > Kindergarten Oral Health Assessment > Communication

Communication

Helpful Letters, Presentations, and Materials for Schools



Dear County and District Superintendents and Charter School Administrators:

Kindergarten Oral Health Assessment Requirement Update

The California Department of Education and the California Department of Public Health are writing to inform you that the forms used for the Kindergarten Oral Health Requirement per California Education Code Section 49622.9 (Assembly Bill AB 1423) have been revised through Senate Bill (SB) 379 to improve oral health outcomes data needed to measure the success of prevention and intervention programs. SB 379 allows schools to provide remote screening and fulfill the Kindergarten Oral Health Assessment (KOHA) with passive consent, which means that parents/guardians of students would need to notify the school that they do not want their child screened. Please use the updated KOHA forms effective immediately. KOHA is another way schools can help reduce dental disease through connecting children to a source of dental care, reduce chronic absenteeism, and improve school readiness.

Tooth decay is the most chronic yet preventable healthcare need among California's children. It is the cause of 874,000 school days missed each year, which costs schools \$29 to \$32 million annually to average daily absenteeism findings. More than half of California current kindergartners have experienced tooth decay, and by third grade, this number rises to over 70 percent. If left untreated, tooth decay affects children's academic performance, social-emotional development, sleep, and nutrition.

AB 1433 data are managed by the System for California Oral Health Reporting (SCOHR) at <https://report.ab1433.org/reports/areas> at the local to schools, districts, or counties. There are local oral health programs in all counties with oral health resources and assistance to support your efforts.

For copies of the new Oral Health Assessment Forms, please visit the SCOHR Reporting web page at <https://report.ab1433.org/requirements>.

If you have any questions regarding this subject, please contact Erin Ross, School Nurse Consultant, Office of School-Based Health Programs, at erinross@doe.ca.gov.

Sincerely,

Tony Thurmond
State Superintendent of Public Instruction
California Department of Education

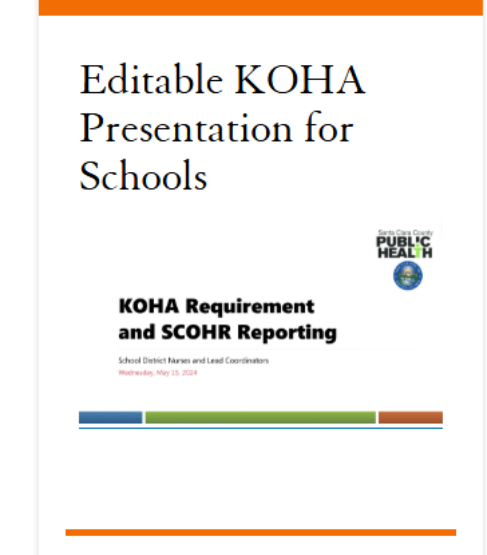
Jayanth Kumar
State Dental Director
California Department of Public Health

TT:JW
Last Revised: Wednesday, April 19, 2023

The Office of Oral Health and California Department of Education co-signed a letter to promote the intersection between the importance of oral health and school readiness.

You can share the letter with your county office of education, school districts, and schools to build relationships with school staff, school nurses, and KOHA champions.

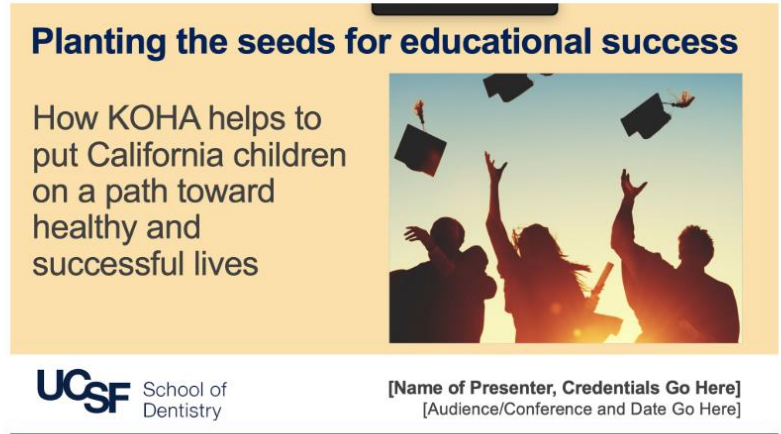
Editable KOHA Presentation for Schools



KOHA Requirement and SCOHR Reporting

School District Nurses and Lead Coordinators
Wednesday, May 13, 2024

Intro Slides When Presenting to School Administrators/School Board



Planting the seeds for educational success


How KOHA helps to put California children on a path toward healthy and successful lives

UCSF School of Dentistry

[Name of Presenter, Credentials Go Here]
[Audience/Conference and Date Go Here]

Editable version created by Matt Jacobs.

KOHA Starter Manual



KOHA Starter Manual for School Staff ([web link here](#))

KOHA & Sealant Social Media Toolkit



KOHA Checklist

- Find a dentist
- Schedule dental appointment
- Advise the KOHA team
- Complete KOHA form
- Deliver KOHA and KOHA form to your school

KOHA Tools

KOHA Steps to Completion

[KOHA School District Flowchart](#) | [KOHA Flowcharts](#)

- 1 KOHA Forms
- 2 Reminders
- 3 Data
- 4 Urgency Referrals
- 5 Waiver
- 6 Communication



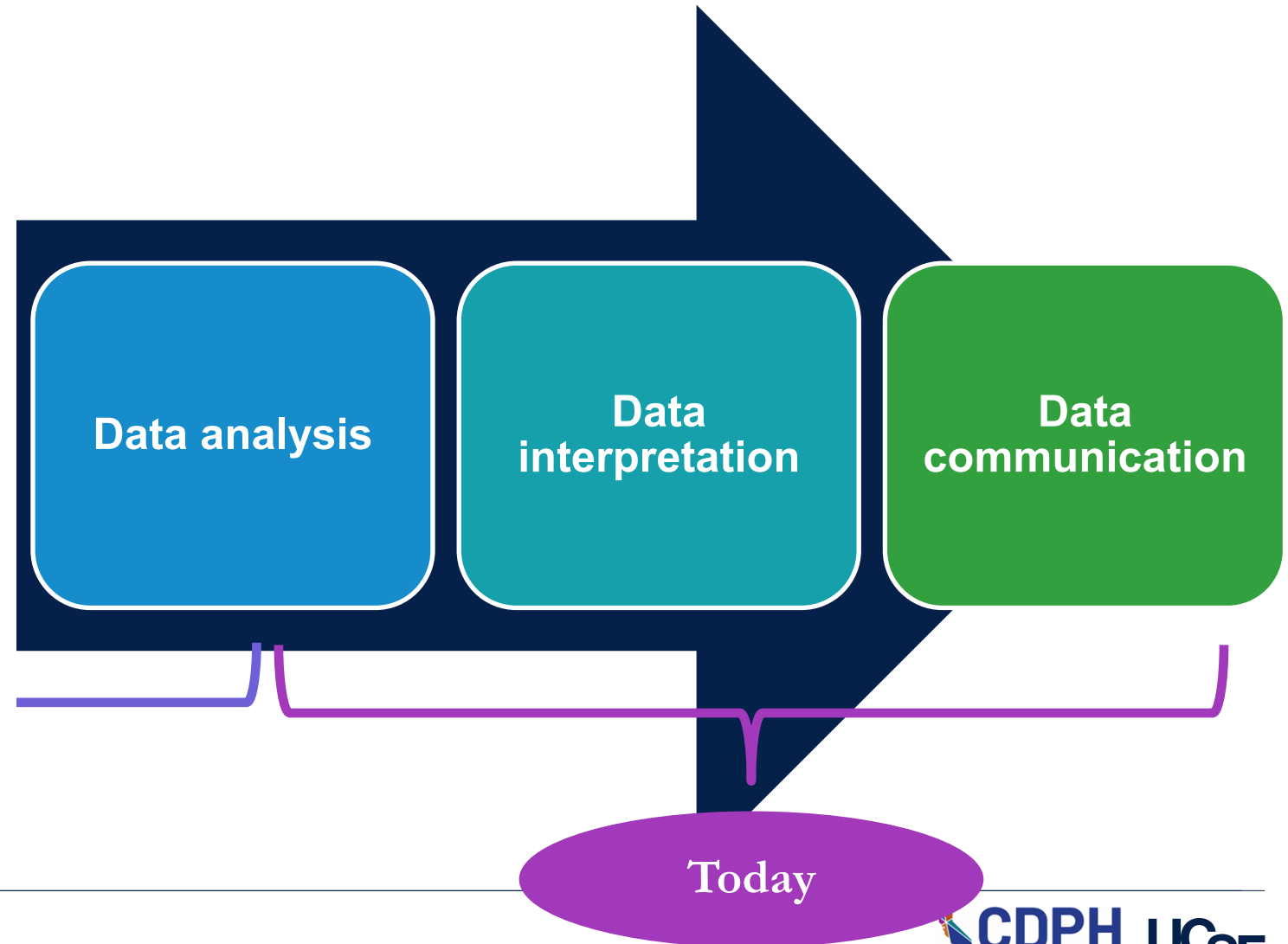
Tools available for each step of the process, including tutorial videos

Tips and Promising Practices for Implementing KOHA >

Frequently Asked Questions (FAQs) >

KOHA Templates for Schools >

KOHA process

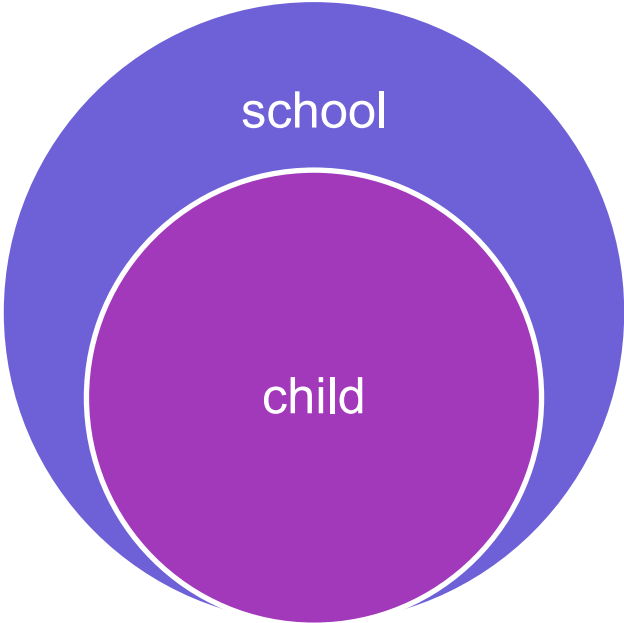


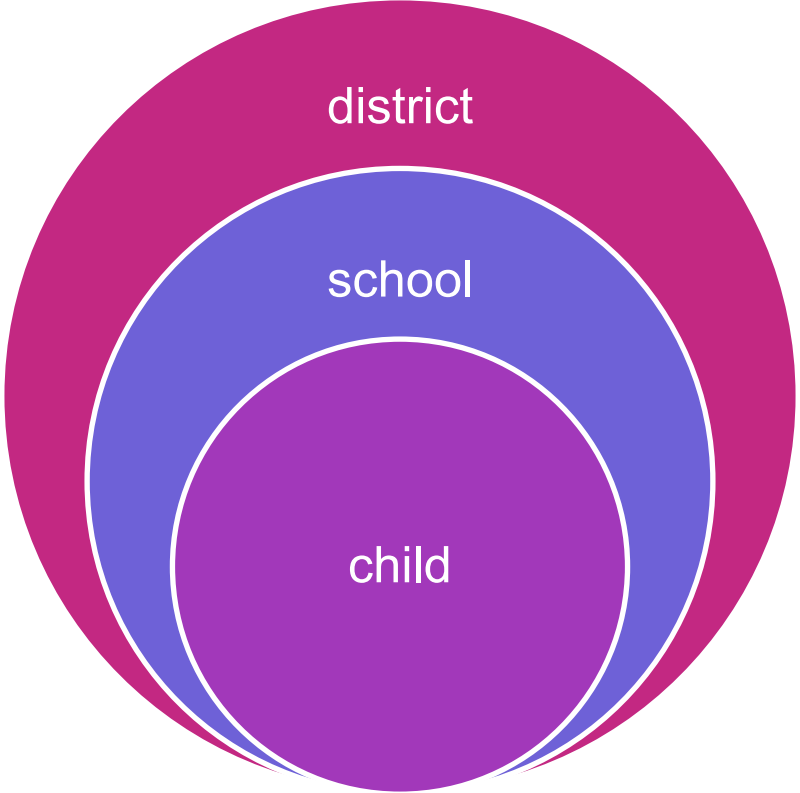
Importance of KOHA data

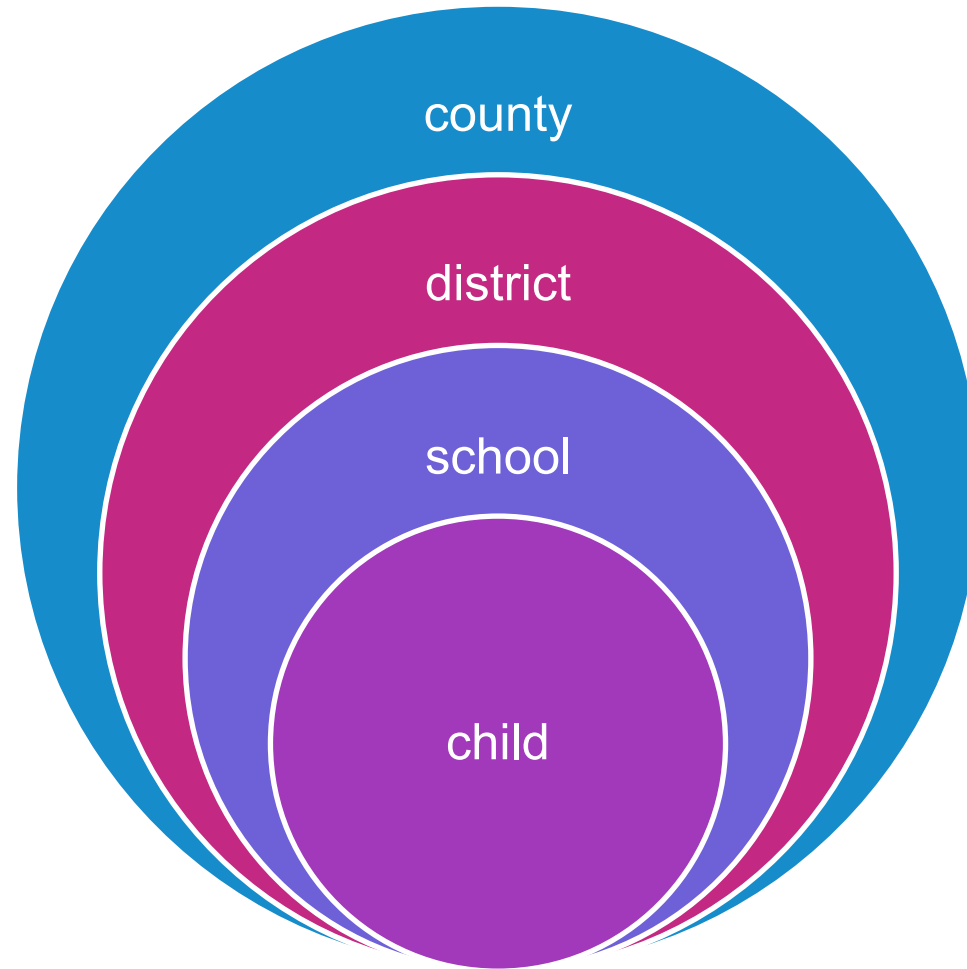
At the **local** level, KOHA data can support you to

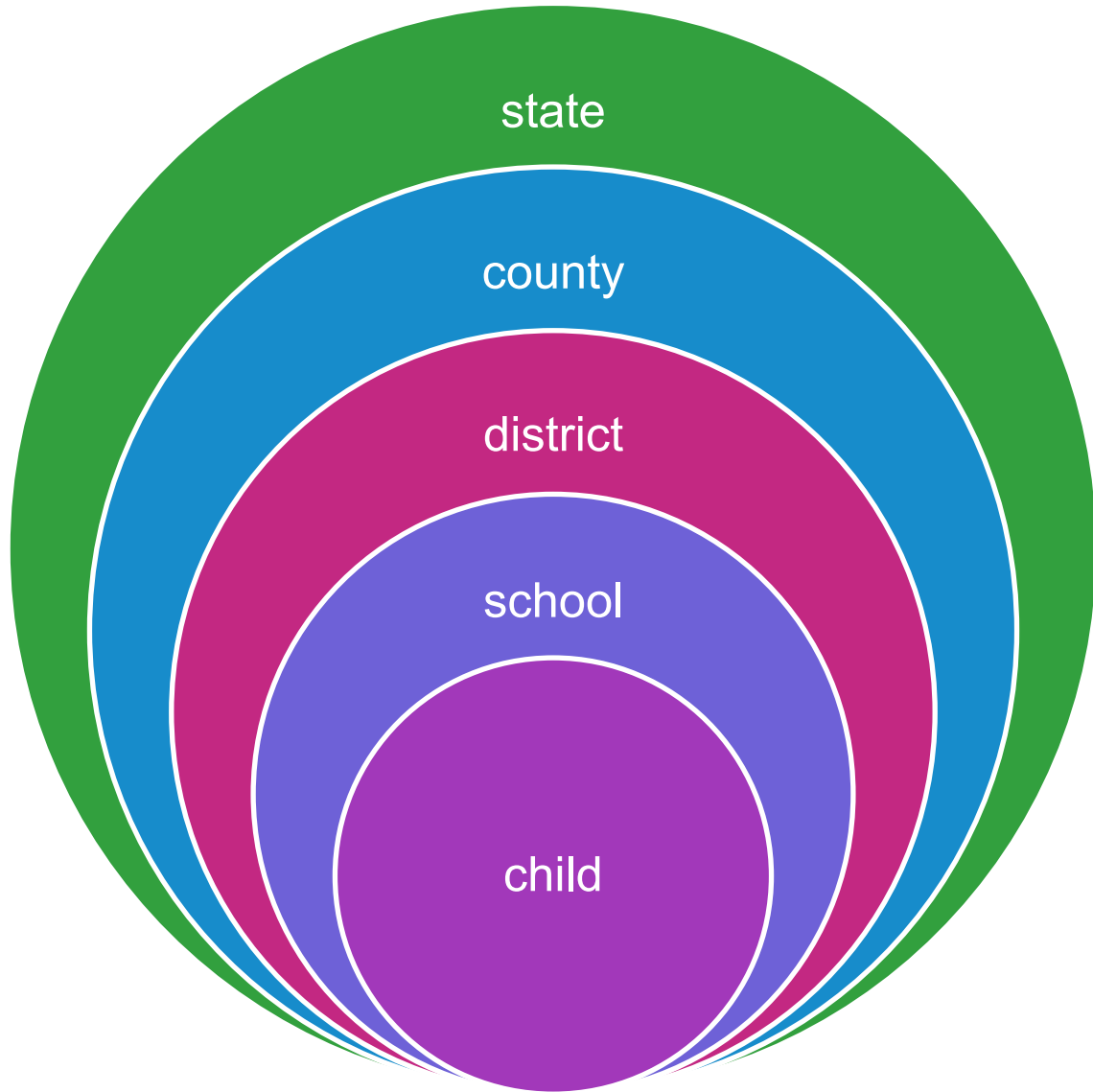
- Identify community needs and disparities
- Connect children to dental homes
- Help schools/districts understand importance of oral health and join in partnership to improve KOHA reporting
- Prioritize and guide programming
- Support advocacy efforts and funding proposals













KOHA Data at the State Level

Shumaila Hashmi (Office of Oral Health),
Victoria Owoyele (Office of Oral Health)



Kindergarten Oral Health Assessment Data

Shumaila Hashmi, MBBS, MPH,
Epidemiology and Surveillance Lead,
Office of Oral Health,
Surveillance & Evaluation Unit.

April 16, 2026

Kindergarten Oral Health Assessment (KOHA)

- California Law (Assembly Bill 1433, 2007) to ensure children entering public school receive an oral health screening
- Included in [Education Code 49452.8](#)
- Amended by Senate Bill 379, 2017-Allows passive consent for screening
- [Assembly Bill 2630](#), effective January 1, 2025- Inclusion of Transitional Kindergarten



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		✓	

Kindergarten Oral Health Assessment, 2024-2025

Core Performance Measures:

**CA Children with reported
proof of KOHA**

Number: 183,681

Percentage: 34%

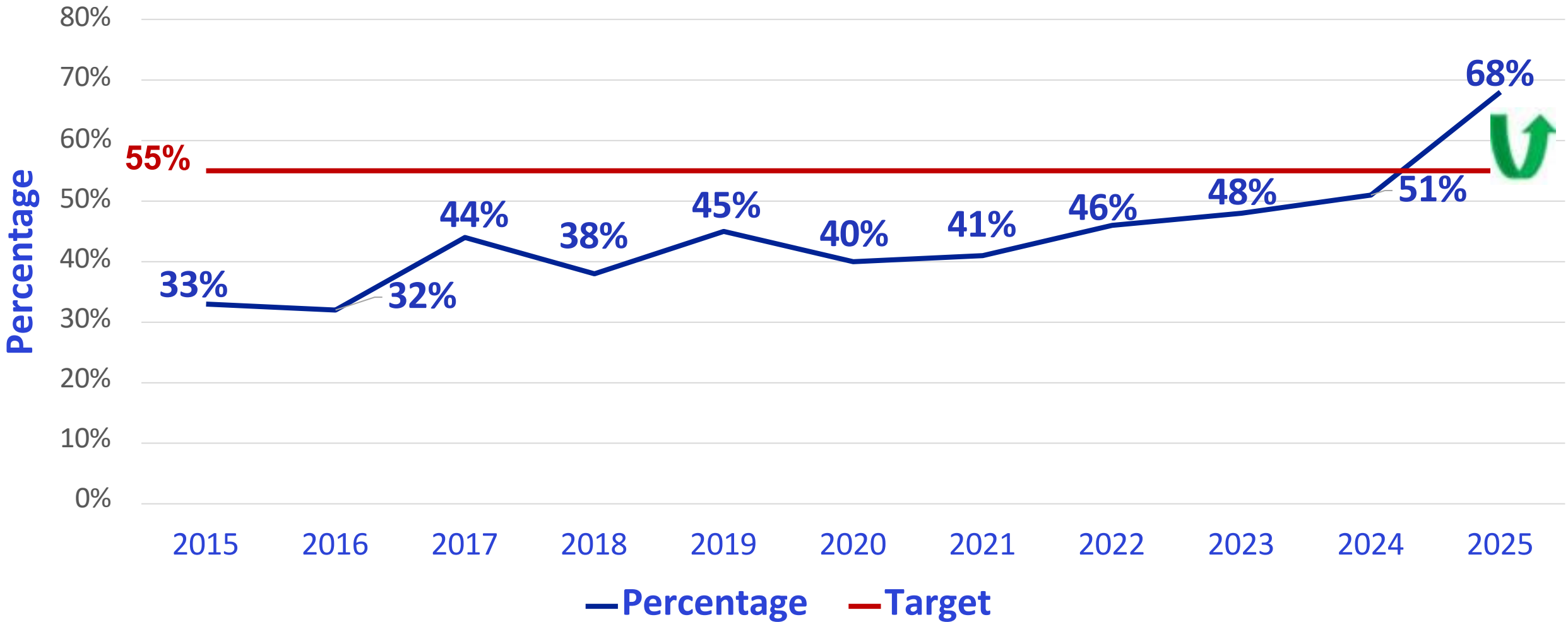
**CA School Districts
reporting KOHA**

Number: 613

Percentage: 68%

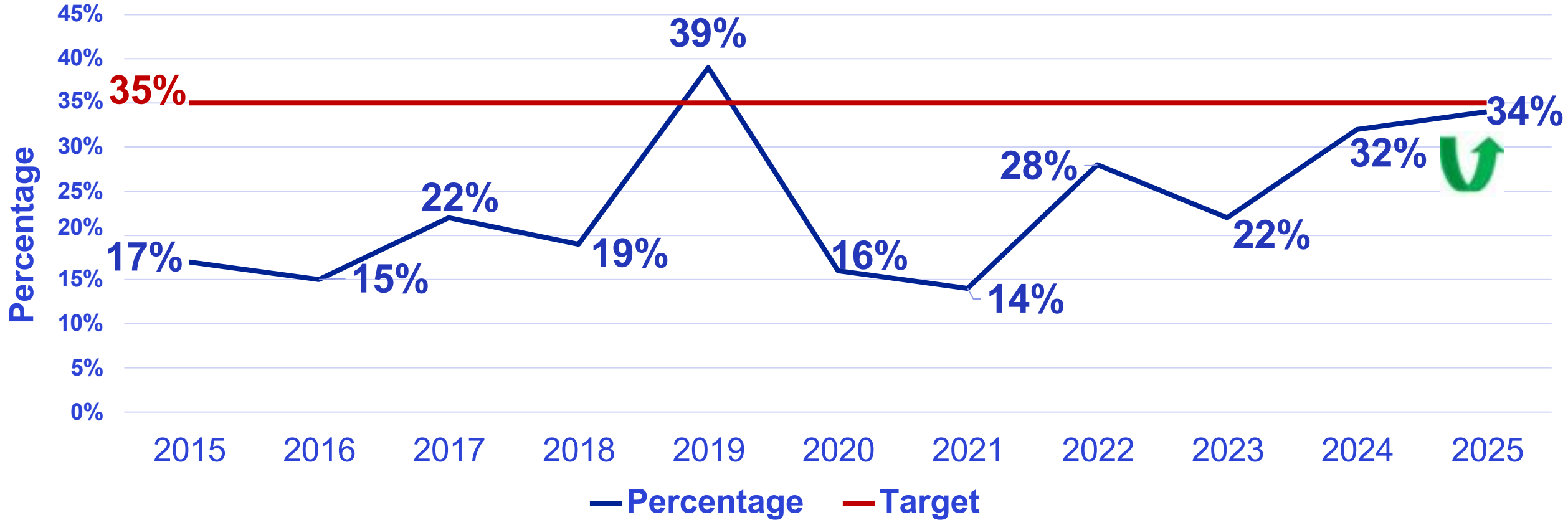
Sources: System for California Oral Health Reporting (SCOHR) State Report, 2024-2025 (numerator), downloaded October 2025. California Department of Education Census Day Enrollment Files, 2024-2025 (denominator), downloaded October 2025.

Percentage of CA School Districts Reporting KOHA



Sources: Number of CA school districts reporting KOHA (numerators), System for California Oral Health Reporting State Reports; Number of CA school districts with a KG class (denominators), California Department of Education Census Day Annual Enrollment Files.

Percentage of CA Children with Reported KOHA



Sources: Number of CA children reporting KOHA (numerators), System for California Oral Health Reporting State Reports; Number of enrolled KG and TK students in CA (denominators), California Department of Education Census Day Annual Enrollment Files.

Kindergarten Oral Health Assessment, 2024-2025

Oral Health Indicators:

**CA Children with reported
Caries Experience**

Number: 53,057

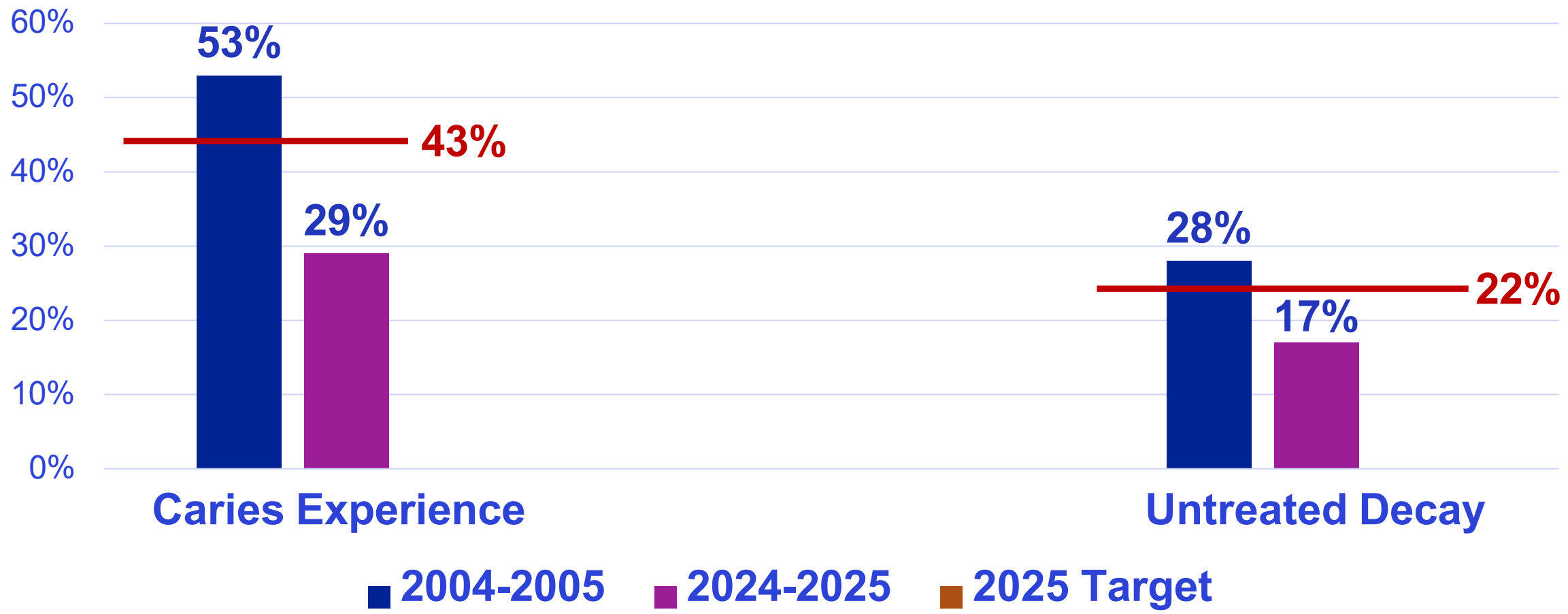
Percentage: 29%

**CA Children with reported
Untreated Decay**

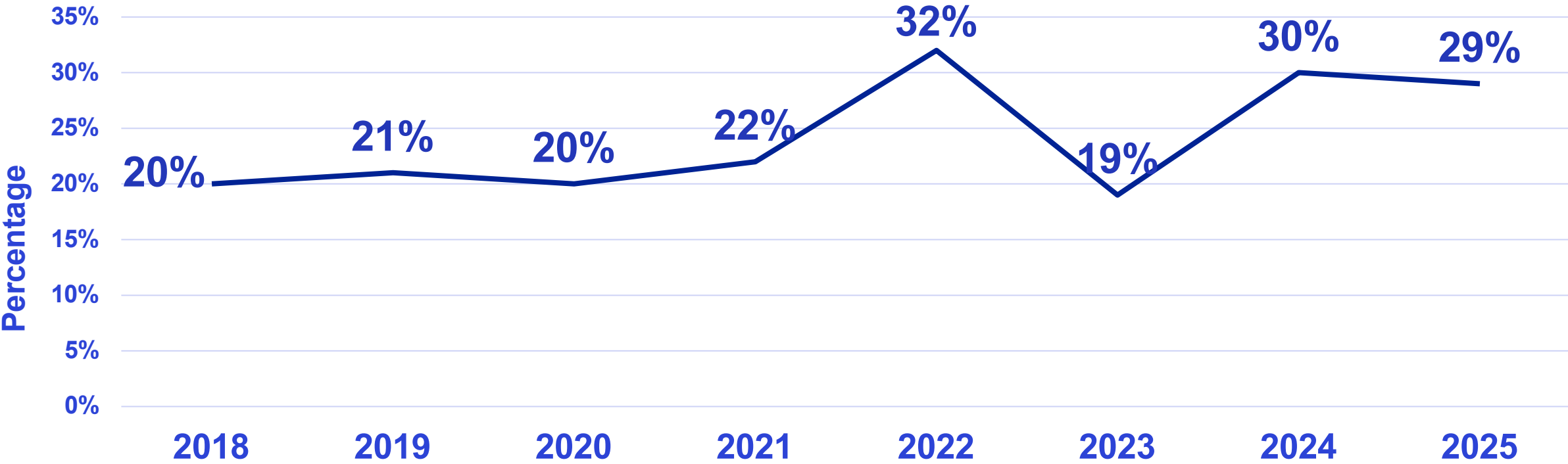
Number: 31,792

Percentage: 17%

Percentage of CA Kindergarteners with Caries Experience and Untreated Decay



Percentage of CA Children With Reported Caries Experience



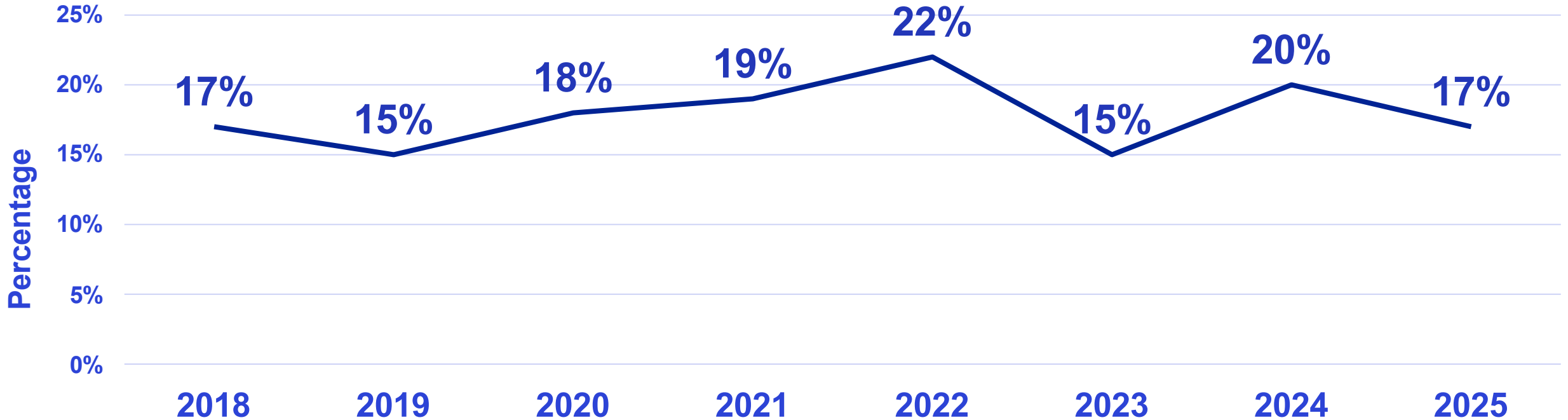
Target: 43%

Sources: [California Oral Health Plan 2018-2028](#); Target calculated proportionally based on Healthy People 2020, Oral Health 11 measure.

System for California Oral Health Reporting (SCOHR) State Report. Number of children with reported caries experience (numerator); Number of children with reported proof of assessment (denominator).



Percentage of CA Children With Reported Untreated Decay



Target: 22%

Sources: [California Oral Health Plan 2018-2028](#); Target calculated proportionally based on Healthy People 2020, Oral Health 11 measure.

System for California Oral Health Reporting (SCOHR) State Report, 2024-2025.



Number of children with reported untreated dental decay (numerator); Number of children with reported proof of assessment (denominator).



Kindergarten Oral Health Assessment Data

Victoria Owoyele, DrPH, MPH
Research Scientist Supervisor I,
Office of Oral Health,
Surveillance & Evaluation Unit.

April 16, 2026

Public Health Importance of KOHA Data Sharing & Quality Reporting

Why KOHA Data Matters

Tracks statewide oral health trends at kindergarten entry

Facilitates consistent evaluation of progress toward improving oral health outcomes

Informs policy, prevention, and early-intervention planning

Impact of KOHA Data Reporting

Ensures accurate, complete, actionable data



Improves analysis of disparities and treatment needs



Strengthens validity of evidence-based recommendations

How KOHA Data Drives Research & Evidence

Provides a reliable dataset for population level assessments

SCOHR aggregate data analysis informs:

- Development of reports
- Guides publications

Conclusion

When KOHA data is complete and high quality, it strengthens reliable surveillance, supports impactful research, and leads to more effective and equitable evidence-based public health decision making.





KOHA Data at the LOHP Level

Sharrie Sprouse (Stanislaus LOHP),
Christy Lopez (San Diego LOHP)

Stanislaus LOHP

REPORTING TO RESULTS

Stanislaus County's
KOHA Data Journey



Our Approach Over the Years



Our Focus Over the Years

2018-2019



KOHA Data
Reported into
SCOHR

2022-2023



KOHA Data
Reported into
SCOHR
&
Policy Scan

2025-2026



Local Level
KOHA Report
Cards

The Beginning . . . Oh The Learning . . .

2018-2019



KOHA Data
Reported into
SCOHR

- Districts and Schools Reporting into SCOHR
- KOHAs
- Waivers
- Treated and Untreated Tooth Decay

GOALS

- Establish Baseline Data
- Establish Targets
- Develop Relationships

. . . The Continued Learning . . .

2022-2023



KOHA Data
Reported into
SCOHR
&
Policy Scan

- Districts and Schools Reporting into SCOHR
- KOHAs
- Waivers
- Treated and Untreated Tooth Decay
- Urgent Dental Care Needs and Follow Up*

GOALS

- Document the Story Behind the Curve
- Track Progress Over Time
- Continue to Engage Partners

... Putting The Continued Learning into Action ...

2022-2023



KOHA Data
Reported into
SCOHR
&
Policy Scan

**GOLD
STANDARD**

**Kindergarten
Oral Health
Assessment
(KOHA)**



Training Objectives

- Understand the importance of KOHA.
- Identify the KOHA best practices.
- Understand the process for reporting KOHA.
- Identify ways to improve current practices.

... Putting The Continued Learning into Action ...

2022-2023



KOHA Data
Reported into
SCOHR
&
Policy Scan

**GOLD
STANDARD**

**Kindergarten
Oral Health
Assessment
(KOHA)**



Training Objectives

- Understand the importance of KOHA.
- Identify the KOHA best practices.
- Understand the process for reporting KOHA.
- Identify ways to improve current practices.

... Results of the Actions ...

2022-2023



KOHA Data
Reported into
SCOHR
&
Policy Scan

2023-2024 DATA

Compared to 2022-2023

Number of Students Received a KOHA



Students Who Returned a Waiver



No Response



Changes Seen – Turning the Curve



=



. . . Continuing to Share Data to Drive Change!

2025-2026



Local Level
KOHA Report
Cards

- Districts and Schools Reporting into SCOHR
- KOHAs
- Waivers
- Treated and Untreated Tooth Decay
- Urgent Dental Care Needs and Follow Up
- Addition of Tk to KOHA*

GOALS

- Continue to Document the Story Behind the Curve
- Continue to Track Progress Over Time
- Continue to Engage and Support Partners

... Continuing to Share Data to Drive Change!

2025-2026



Local Level
KOHA Report
Cards

Turlock Unified School District
Kindergarten Oral Health
Assessment Report Card

Stanislaus County
Oral Health Program

California Law & Education Code
California law AB1433 (EDC 49452.8) requires that children receive a dental check-up by May 31st during their first year of public school (TK*, K or 1st grade).
*AB2630 took effect 1/1/25 including Transitional Kindergarten (TK) in the definition of "kindergarten."

Years Reported
School districts must to report KOHA data into System for California Oral Health Reporting (SCOHR) by July 1st. Over the past five years your district has reported into SCOHR:

1 Out of 6 Years

2018 - 2019 2019 - 2020 2020 - 2021 2021 - 2022 2022 - 2023 2023 - 2024

2023 - 2024 School Year Data

- Percent of Schools Represented in SCOHR** 30%
- Students Who Received a KOHA 38%
- Students Who Returned a Waiver 33%
- No Response 28%
- Students With Dental Decay 30%
- Students With Unmet Dental Care Needs 30%
- Students With Urgent Dental Care Needs 10%

**see next page SCOHR reporting data per school

2023 - 2024 School Year KOHA Data Reported in SCOHR by School

School Name	% KOHA Reported in SCOHR	% Waivers Reported in SCOHR	% No Response (No KOHA or Waiver)
Powell Elementary	0%	0%	0%
Birmingham Elementary	0%	0%	0%
John G. Earl Elementary	0%	0%	0%
Alameda Elementary Charter at Crane	0%	0%	0%
Alameda Elementary	0%	0%	0%
Alameda Two-Way Immersion Academy	0%	0%	0%
Tovar Medeiros Elementary	0%	0%	0%
Alameda Elementary	25%	58%	17%
Alameda Elementary Education Center	40%	26%	34%
Brown Elementary	52%	13%	35%

Thanks!

Contact Info

Sharrie Sprouse (she/her)

Program Director

Stanislaus County Health Services Agency

Public Health | Community Wellness

Phone 209-525-4831 Mobile 209-402-7393

Email ssprouse@schsa.org

San Diego LOHP

Using Kindergarten Oral Health Assessment (KOHA) Data

Strategies, Examples, and Challenges

Christy Lopez, MPH, CPH, Epidemiologist
Public Health Services – Maternal, Child, and Family Health Services
County of San Diego Health & Human Services Agency
Presented on: 4/16/26



What Can KOHA Data Indicate?



School Reporting

Low percent of schools reporting



- Staff turnover
- Low capacity
- Staff unaware of reporting requirement or process
- Challenges with SCOHR*



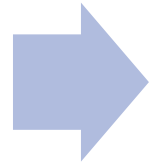
Support through outreach, technical assistance, or training

*System for California Oral Health Reporting



Assessments

Low percent of submitted assessments



- Parent unaware of requirement
- Challenges getting a dental visit
- Was not returned to school
- Easier to return waiver



- Promote *Smile, California*
- Reminders from the school
- Engage local providers
- Parent education
- On-site screenings



Follow Up

Low percent of or no follow up for students needing urgent dental care



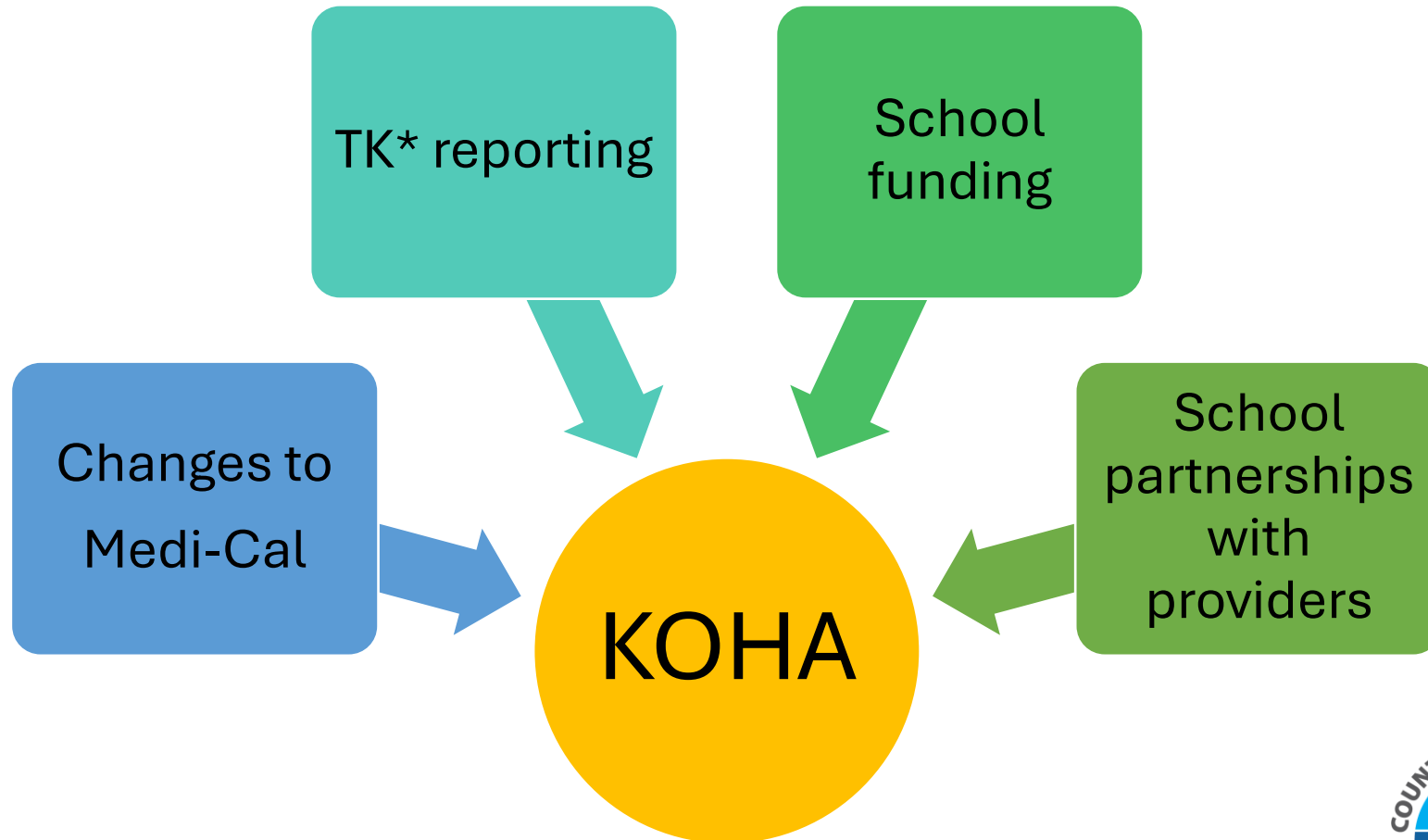
- Confusion about follow-up expectations
- No current follow-up process
- Lack of capacity for follow up



- Promote the Medi-Cal Dental Care Coordination Referral Form



Additional Factors That Can Impact Data



*Transitional Kindergarten



Examples of Data-Driven Strategies from LOHPs

Improve reporting

Partner with County Office of Education

Trainings and office hours

Engage charter schools

Improve assessments

Engage family engagement coordinators, family/community liaisons

Encourage passive consent

Combine KOHA with on-site vision and hearing screenings

Involve school front office staff

Improve follow up on urgent needs

Partner with clinics and community-based organizations

Promote the Medical Dental Care Coordination Referral Form

Improve access to care

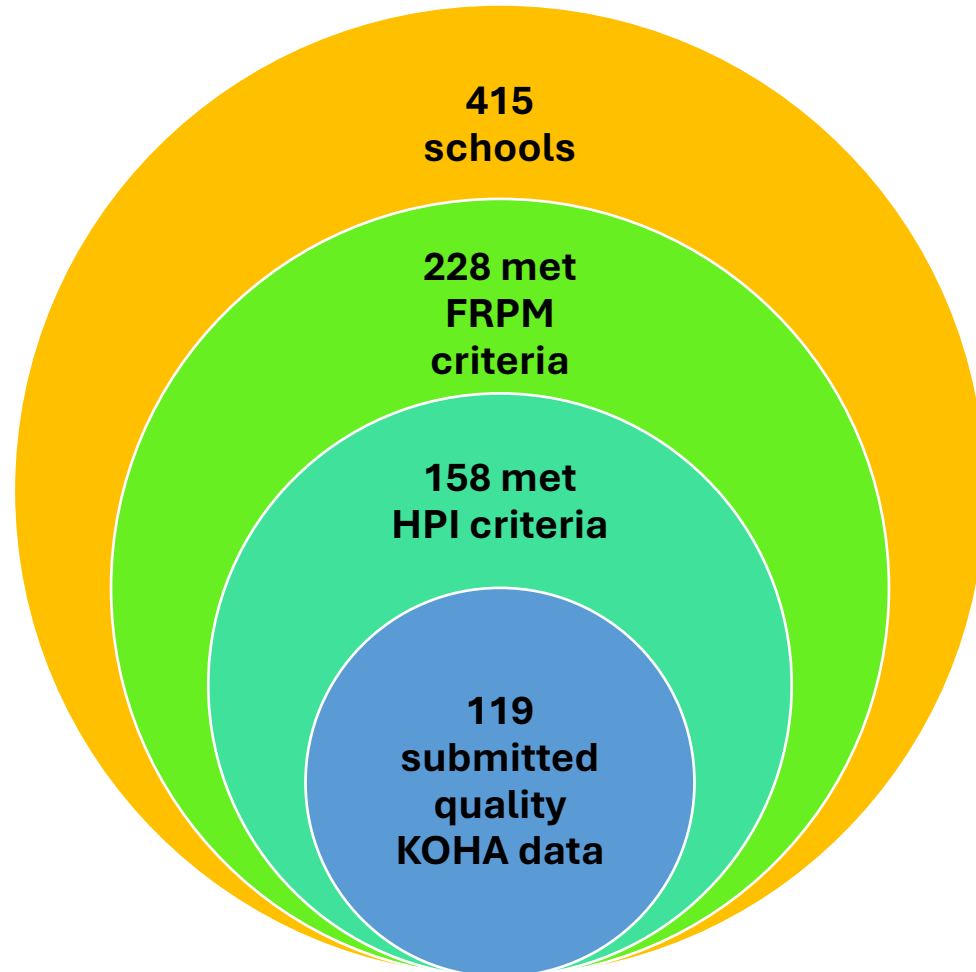
On-site screeners providing referrals

Partner with Registered Dental Hygienists in Alternative Practice (RDHAPs)

Examples from the County of San Diego Local Oral Health Program (LOHP)



County of San Diego LOHP: Strategize Efforts

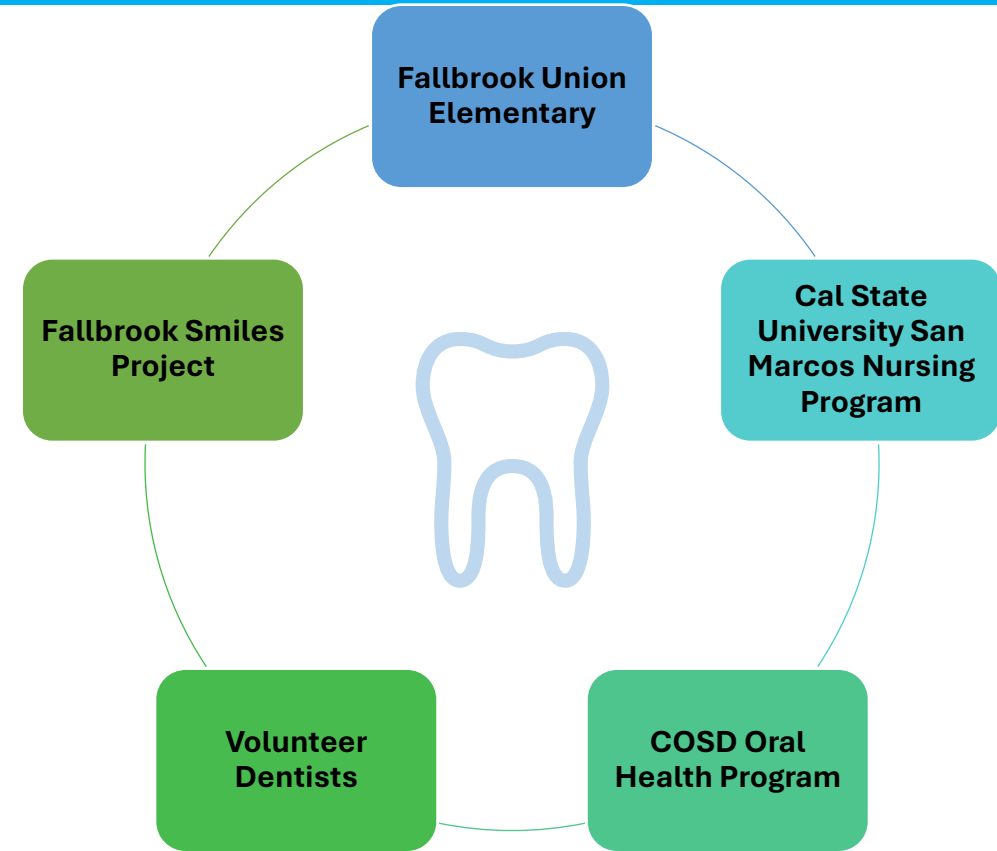
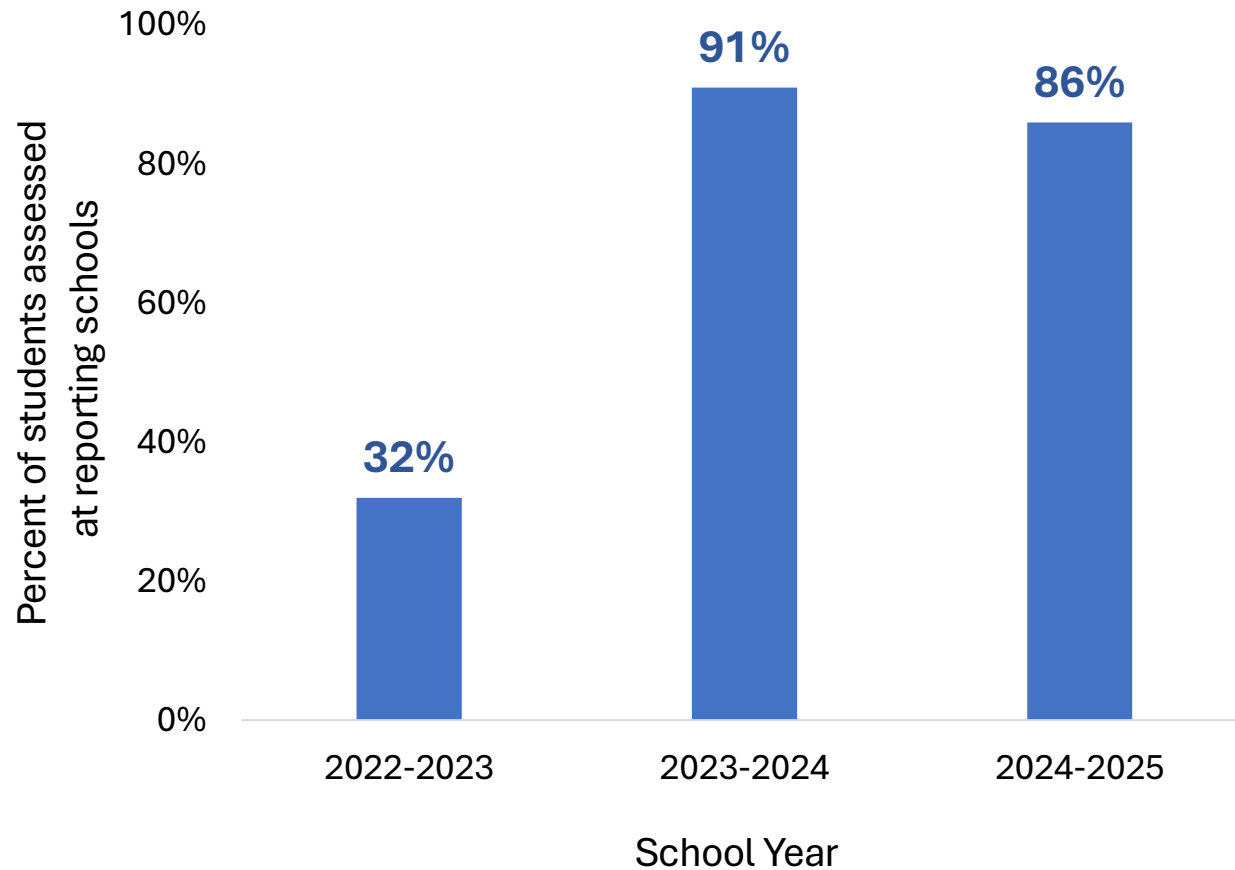


- Identify priority schools
 - > 50% Free and Reduced Price Meal (FRPM) eligible
 - School located in ZIP code with less healthy community conditions per Healthy Places Index (HPI)
- Informed school outreach efforts each year



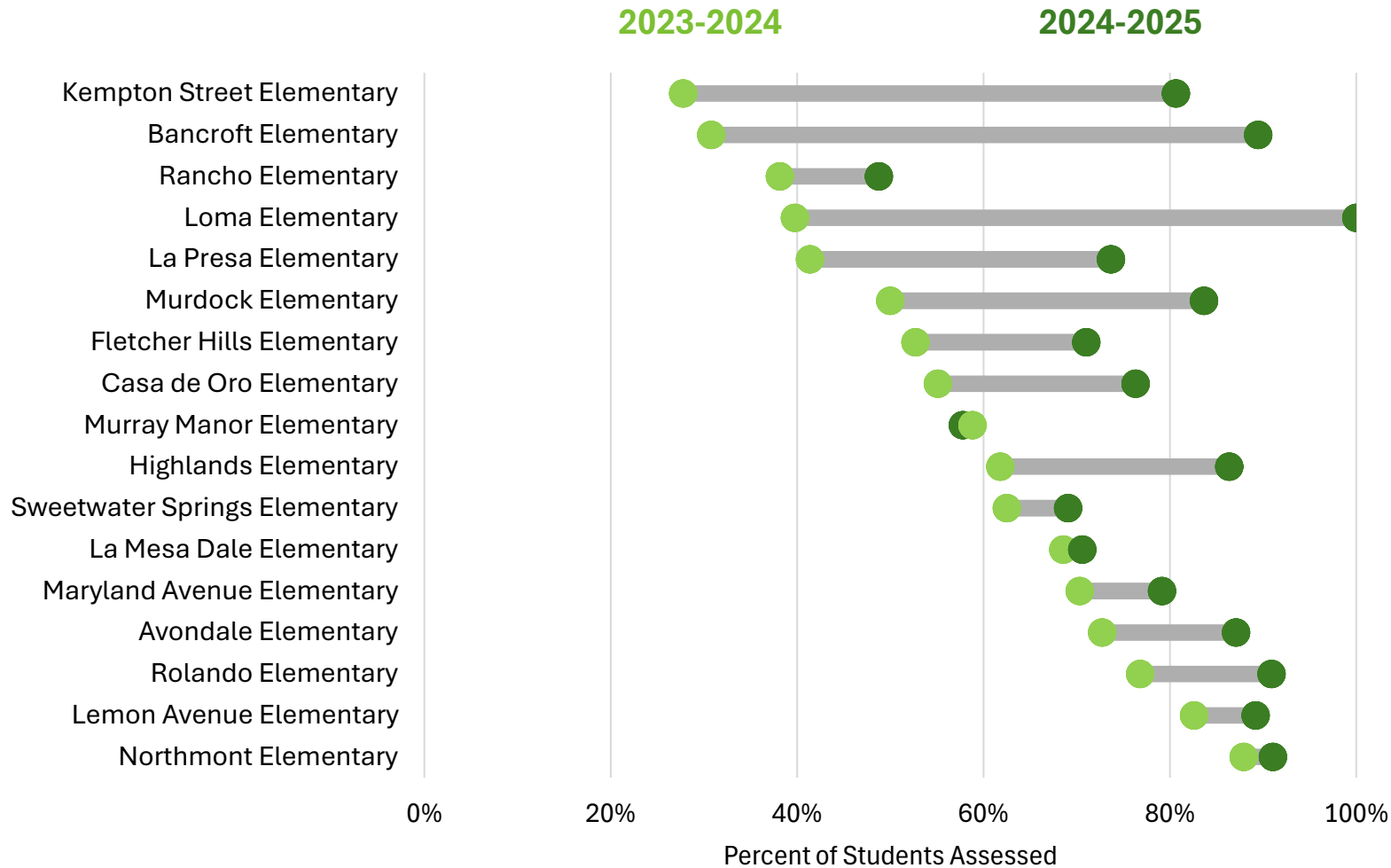
Results of School Collaborations: Fallbrook Union Elementary

Onsite screenings using passive consent helped boost completed Oral Health Assessments.

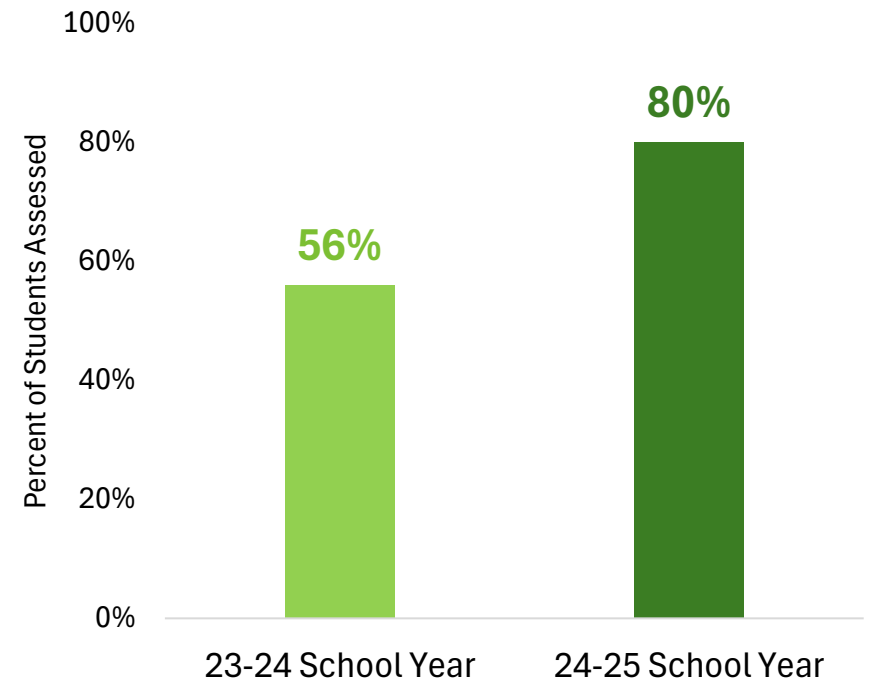


Results of School Collaborations: La Mesa-Spring Valley

Almost all schools increased assessments from school year 2023-2024 to 2024-2025.







La Mesa-Spring Valley increased submission of Oral Health Assessments.



Challenges and Limitations



KOHA Implementation Challenges

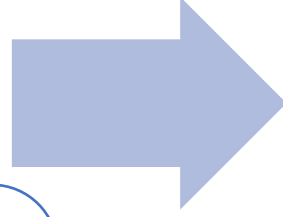
-  Schools not responsive to outreach
-  Ensuring on-site screening results are reported
-  Ensuring documentation of follow-up efforts
-  Level of effort



KOHA Data Limitations

Data Challenges

- Schools not reporting
- Student nonresponse
- Incomplete forms
- Forms filled incorrectly
- Aggregate data



Limitations

- Not representative
- Underestimate or overestimate
- Missing data
- Limited analyses
- Bias



LIVE WELL
SAN DIEGO

THANK YOU!

Acknowledgement

*Data Subcommittee Members,
California Partnership for Oral Health School Dental Program Workgroup*

For questions, please contact
Christy.Lopez@sdcounty.ca.gov

Funded by CDPH under contract # 22-10192, 4/26

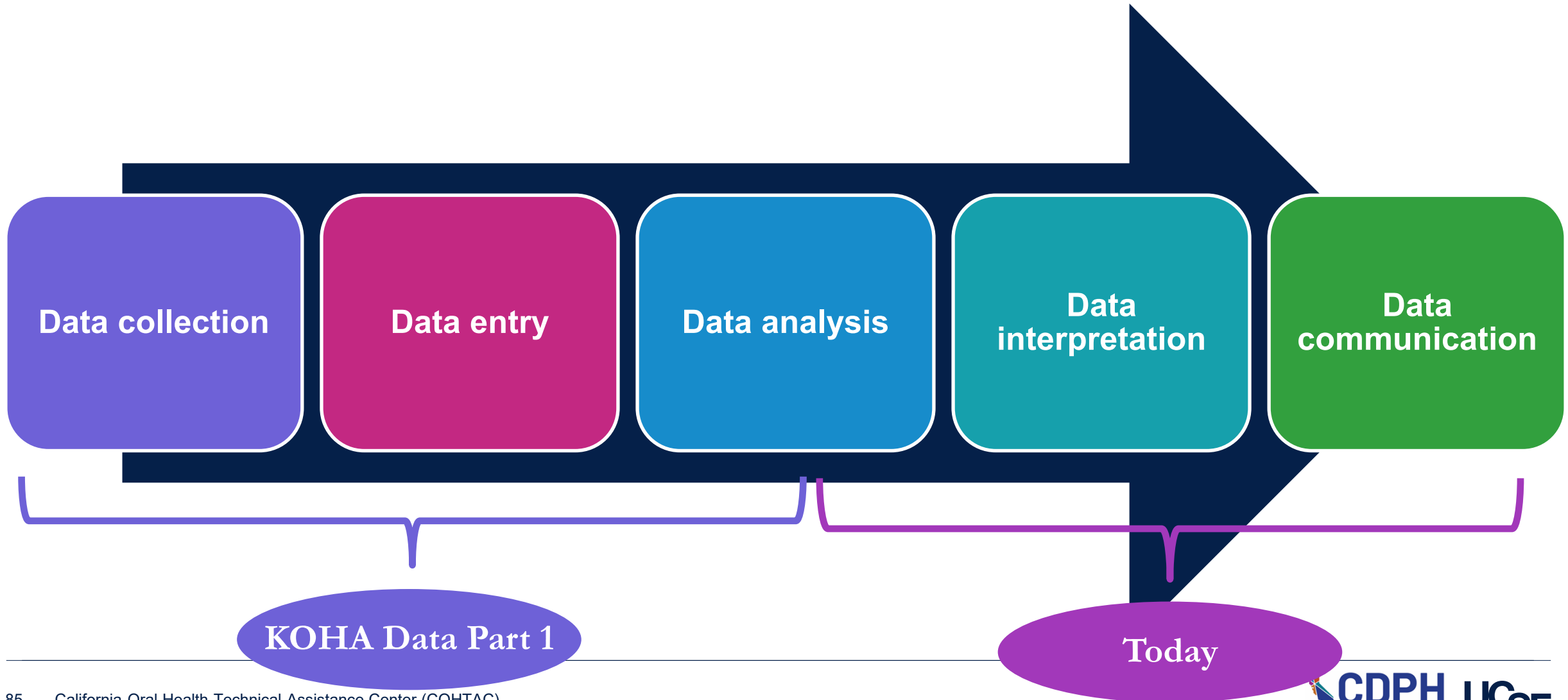




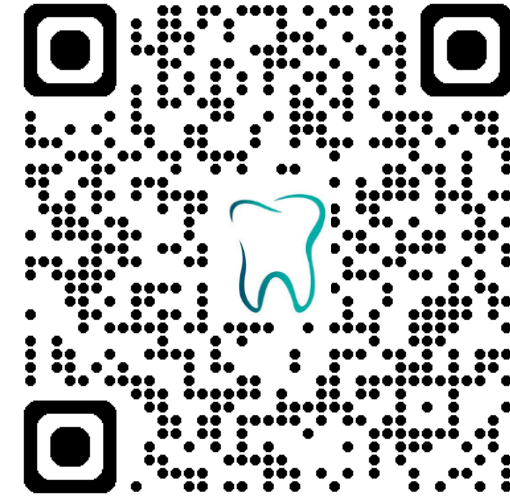
Results-Based Accountability (RBA)

Kristin Hoeft (COHTAC)

KOHA process



Results-Based Accountability (RBA)



- Framework for quality improvement
- Simple, practical framework
- Clear Impact; used widely by health departments
- RBA helps shift KOHA from just **collecting compliance data** to actively **improving children's oral health outcomes**—by linking data quality and program performance to real-world impact.

RBA Questions:

- **How much did we do?**

- % of kindergarteners with completed oral health assessments
- Number of schools submitting KOHA data

- **How well did we do it?**

- % of forms that are complete and error-free
- % submitted on time

- **Is anyone better off?**

- % of children identified with untreated decay who receive follow-up care
- Reduction in untreated decay rates over time

RBA: Use Data to drive improvement

Turn-the-curve Sessions

- Look at data and ask: *How do we improve?*

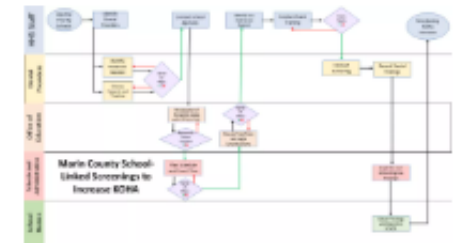
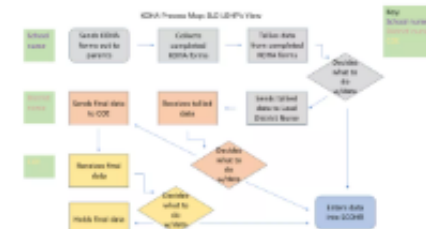
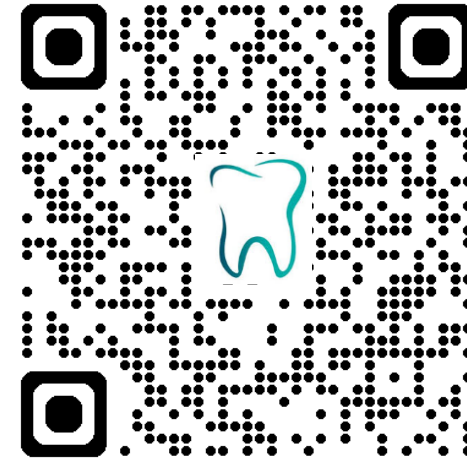
Examples for KOHA:

- If **completion rates are low** → partner with schools, simplify forms, increase parent reminders, hold in-school screenings with passive consent
- If **data quality is poor** → train providers, add validation checks
- If **many children have untreated decay but no follow-up** → strengthen referral systems and care coordination

RBA: Use Data to drive improvement

Tools and Tips

- Process maps
- Infographics
- Select 1-2 primary things to prioritize
- Advisory board meetings
- Presentations with advisory boards and stakeholders





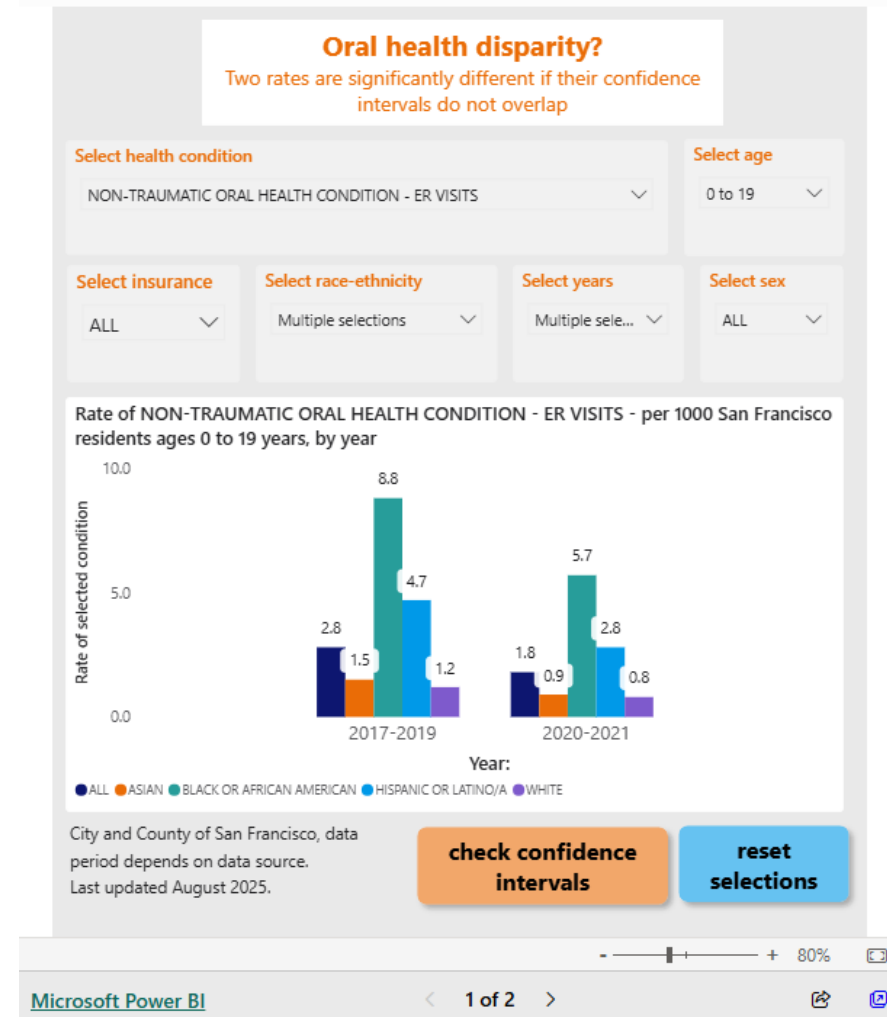
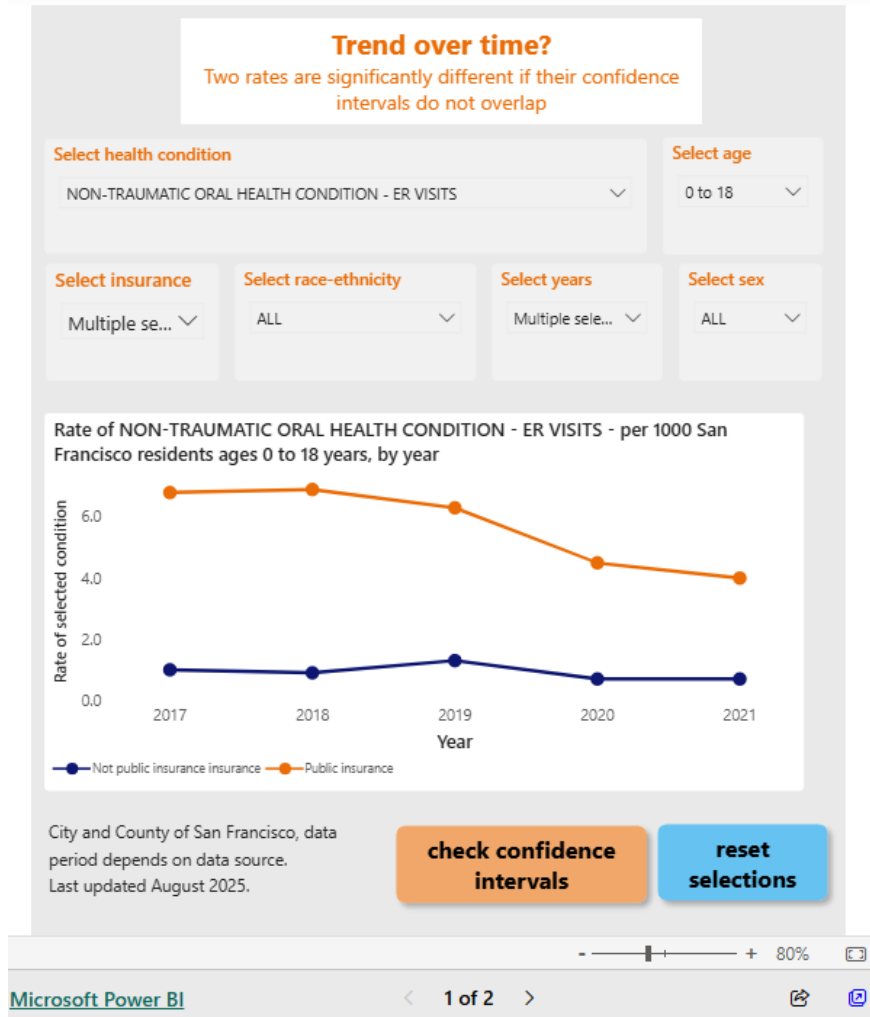
Communicating KOHA Data

Maryna Spiegel (San Francisco LOHP),
Jodeci Felix-Rodriguez (Fresno LOHP)

San Francisco LOHP

San Francisco Children's Oral Health

Data Dashboard



Fresno LOHP



FRESNO COUNTY LOCAL ORAL HEALTH PROGRAM - KINDERGARTEN ORAL HEALTH ASSESSMENT (KOHA)



WHAT IS KOHA?

California law requires children to have a dental assessment by May 31st in Kindergarten or their first year of school. Poor oral health can cause more missed school days and affect overall school performance.

40% OF FRESNO COUNTY YOUTH (2 OUT OF 5) ARE LIVING WITH TOOTH DECAY

TOP 5 HEALTH NEEDS

(REPORTED BY COMMUNITY IN FOCUS GROUPS AND KEY INFORMANT INTERVIEWS)

#1 MENTAL HEALTH NEEDS

#2 MATERNAL AND CHILD HEALTH

#3 ACCESS TO CARE

(INCLUDES PRIMARY CARE, ORAL CARE, VISION CARE, AND MENTAL HEALTHCARE)

#4 CHRONIC DISEASES

#5 NUTRITION AND PHYSICAL HEALTH

(OVERWEIGHT AND OBESITY)

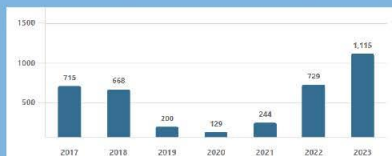
[Fresno County Community Health Assessment](#)



WHY IS KOHA IMPORTANT?

Helps identify caries experience in children during their early school years and supports in establishing a dental home to receive oral care services to prevent dental disease.

KOHA HIGHLIGHT FOR 2022-2023 SCHOOL YEAR



In the 2022-2023 school year, a total of 1,115 Fresno County Kindergarteners were reported to complete a KOHA (Data Source: System for California Oral Health Reporting)

VISIT WWW.FRESNOCOUNTYCA.GOV/ORALHEALTH FOR MORE INFORMATION

FRESNO COUNTY LOCAL ORAL HEALTH PROGRAM - KINDERGARTEN ORAL HEALTH ASSESSMENT (KOHA)



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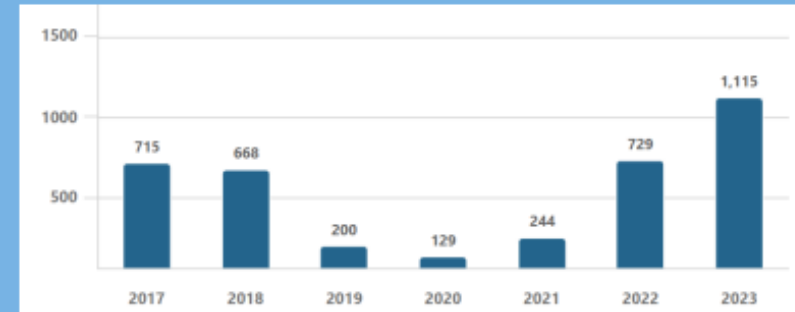
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Q&A

Janelle Urata (COHTAC)



Evaluation & Announcements

Janelle Urata (COHTAC)

Upcoming Events



TUE
21

[California's Commitment to Advancing Oral Health Equity for Children & Youth](#)

April 21, 2026 , 1:00 - 2:15 PM PT

Hosted by the California School-Based Health Alliance



THU
23

[Advancing Oral Health Equity in CA 2027-30: OOH Office Hours Session 1](#)

April 23, 2026 , 10 - 11:30 AM PDT

Hosted by the Office of Oral Health

THU
23

[Closing the Loop: Patient Follow-Through and Care Coordination](#)

April 23, 2026

Hosted by CareQuest Institute. Participants can earn 1 free CE credit.



TUE
28

[COHTAC Office Hour: Check In and Chat \(School/KOHA Edition\)](#)

April 28, 2026 , 11 - 12:00 PM PDT

Join this COHTAC Office Hour to informally connect with COHTAC, OOH, and other LOHPs.

TUE
05

[How Kindergarten Oral Health Assessment Keeps Kids Healthy](#)

May 5, 2026 , 10:00 - 11:15 PM PT

Hosted by the California School-Based Health Alliance



WED
06

[Advancing Oral Health Equity in CA 2027-30: OOH Office Hours Session 2](#)

May 6, 2026 , 1 - 2:30 PM PDT

Hosted by the Office of Oral Health

OOH SharePoint Training

- OOH training materials posted on the COHTAC website

SharePoint Training Materials

- [Training Slides](#)
- [Training FAQ's](#)
- [Recording](#)
- [SharePoint Access Form](#)

If you missed an OOH SharePoint training, fill out this form to request access to the LOHP SharePoint site



New COHTAC Page

California Oral Health
Technical Assistance
Center

CDPH Office of Oral Health ▼

Toolkits ▼

Our Programs ▼

Resources ▼

LOHP RFA

Advancing Oral Health
Equity in California 2027-
2030

Advancing Oral Health Equity in California 2027-2030

Moving Calif. Oral Health
Forward 2022-2027

Appendices:

- [Appendix 1 - Guidelines 20](#)
- [Appendix 2 - LOHP RFA Funding Table](#)
- [Appendix 3 - Detailed Budget and Budget Justification Instructions](#)
- [Appendix 4 - Schedule for LOHP Deliverables](#)

Closeout Instructions for
the 2017-2022 Grant
Cycle

Documents:

- [Document A - Application Checklist](#)
- [Document B - Grantee Information Form](#)
- [Document C - Narrative Summary Form](#)

New Fluoride Resources

California Oral Health
Technical Assistance
Center

CDPH Office of Oral Health ▼

Toolkits ▼

Our Programs ▼

Resources ▼

Water Fluoridation Resources and Publica

- [CDPH Community Water Fluoridation Fact Sheet](#)
- [CDPH Community Water Fluoridation Frequently Asked Questions](#)
- CDPH Fluoridation Social Media Toolkits: [English](#), [Simplified Chinese](#), [Korean](#), [Spanish](#)
- CDA Flyers
 - [Key Facts about Fluoride](#)
 - [Topical Fluoride vs. Systemic Fluoride](#)
 - [Water Fluoridation](#)
- [American Academy of Pediatrics Infographic: How Fluoride Works](#)
- [Map of Percentage of Population Served by Community Water Fluoridation](#)
- [Fluoridation Learning Online \(FLO\): CDC Water Fluoridation Training Course](#)
- [COHTAC Lunch and Learn: Introducing California Fluoridation Manual](#)
- [COHTAC Share & Learn: Let's Talk About Community Water Fluoridation](#)

Oral Health Training

School Oral Health
Programs & KOHA

Water Fluoridation

Tobacco Cessation

Results-Based
Accountability

Dental Public Health
Residency Program



Thank you!