

KOHA Talking Points

1. Children’s educational future is shaped early in life—and school readiness is critical.

- The early years are pivotal. As one education expert points out, most children who drop out of school are “on that trajectory by the time they’re 8 years old.”¹
- School readiness is much more than attending to children’s early learning and cognitive development. Head Start officials stress that physical health is a key part of school readiness.²

2. Absenteeism lowers student achievement and drains funding from school districts.

- Research shows that student achievement suffers from absenteeism, regardless of whether the school is located in an urban, rural or suburban community. In addition, the harm to learning from absences is greatest among the most vulnerable students—low-income children and English language learners.³
- The California Department of Education reports that dental-related absences cost our state’s public schools at least \$60 million each year in average daily attendance funding.⁴
- This is an equity and civil rights issue. In fact, school districts are required to report high absence rates to the U.S. Education Department’s Office of Civil Rights Data Collection.⁵
- Lowering student absenteeism rates is a major reason why California legislators voted to create the Kindergarten Oral Health Assessment (KOHA).

3. Dental health is a leading cause of children being absent from or inattentive at school.

- Dental health is one of the leading causes of chronic absenteeism.⁶ A study of more than 2,000 school-age children showed that kids with poor dental health are nearly 3 times more likely to miss school than their healthier peers.⁷
- We know this is a problem. A 2018 survey found that roughly 186,000 school-age children missed school due to a dental problem in a single year.⁸
- Even when able to attend class, children with poor dental health are less prepared to learn. Head Start officials explain that dental disease “can cause decreased appetite and increased inattention and distractibility, which in turn can negatively impact self-esteem and may lead to school failure.”⁹

4. Poor dental health harms children’s health and is a financial burden to families and our healthcare system.

- Untreated decay can cause pain, and it’s an infection that can spread to other parts of the body where it has the potential to be fatal. Oral health problems can make it difficult to chew food, sleep at night, or socialize with other children. Their self-esteem can suffer.¹⁰
- Early detection and regular prevention of dental disease is crucial for avoiding severe disease that often requires invasive and costly treatment. What’s more, trips to the ER, which is where children are often taken when tooth pain becomes severe, frequently lead to a prescription for opioids to control the pain, rather than treatment for the disease. In

fact, research shows that dental problems were the leading reason why teens and young adults were prescribed opioids after ER visits.¹¹

- Even families who have private dental insurance for their children can pay hundreds or even thousands of dollars out of pocket to treat tooth decay.¹² Early dental visits and preventive care help make dental treatment safer, more comfortable, and more affordable. In contrast, treating severe tooth decay can cost up to \$10,000 per child, as much as \$25,000 in the most serious cases, particularly when hospitalization and treatment under general anesthesia are required.¹³

5. KOHA improves health and strengthens efforts to reduce absenteeism.

- In California, more than 50% of children in kindergarten already have experienced dental decay. And nearly 3 in 10 have untreated decay.¹⁴ By encouraging parents to have their kids screened, KOHA helps to identify decay before it progresses to an even more serious infection.
- KOHA raises parents' and caregivers' awareness that oral health is important. It also helps us connect children with a dental home.
- Participating in KOHA will enable local school boards in California to learn more about the factors that affect absenteeism. The National Association of State Boards of Education says it is important to examine student health data so school officials “understand the drivers of chronic absence.”¹⁵
- Local health departments and dental providers can use KOHA data to target areas of need within a school district. In San Francisco, dental screening data were the catalyst for new strategies that helped to significantly reduce tooth decay among kindergarten students.
- Tooth decay is a preventable disease. By working together, schools and local health officials can promote dental health and help to put children on a path toward better health and academic success.

6. KOHA advances California's commitment to “Health in All Policies” — working across sectors to promote health and wellness.

- This kind of inter-sector approach is needed because education and health impact each other in both directions.¹⁶ In fact, the state of California created a task force to coordinate this inter-sector work, and the Department of Education is represented on this task force.¹⁷

7. Efforts are being made to make it easier for schools and school districts to participate in KOHA.

- An online database called SCOHR makes it much easier for schools to upload and review their KOHA data at no cost. This fall, free training will be offered for school staff across the state on how to use the SCOHR (System for California Oral Health Reporting).¹⁸
- We can share a few ideas for facilitating dental assessments for children in your school or school district. For example, some counties are partnering with nonprofit organizations to make it easier for parents to get their children screened and fill out their form right then.

Another option could be for a school district to partner with the local dental society.

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