Welcome



Thursday, February 9, 2023



Agenda

Welcome and Introductions	Lindsey McDermid, CSUS
Updates from the Dental Director	Dr. Jayanth Kumar, OOH
COHTAC: A Spotlight on KOHA Resources	Kristin Hoeft, Ph.D., UCSF
SCOHR Data Input Overview	Kee Her, SCOHR
KOHA Data visualization	Claire Bleymaier, San Mateo LOHP
Strengthening KOHA Partnerships	Eileen Espejo, Children Now
School-based/linked Program Opportunities for LOHPs	Dr. Shakalpi Pendurkar, Alameda LOHP
Panel: KOHA and School-linked ProgramsAllegra Gina Amaro-McNamara, Fresno Co. Office of the Superintende	
Menti Poll and Closing Remarks	Lindsey McDermid, CSUS

California Department of PublicHealth

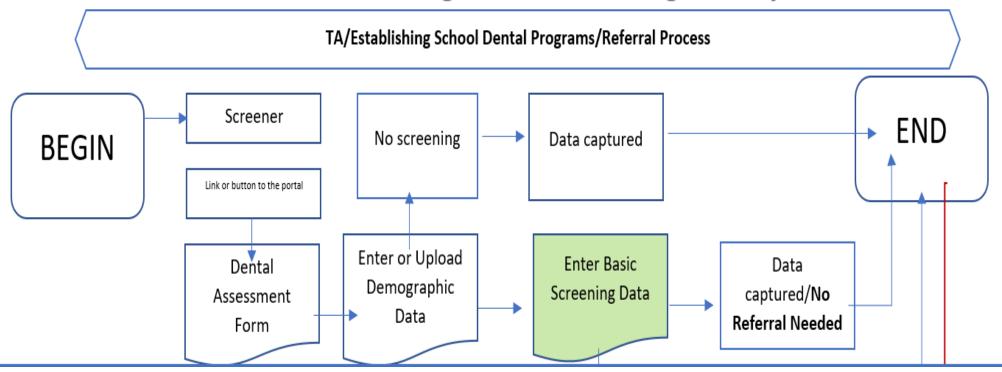
Office of Oral Health Update

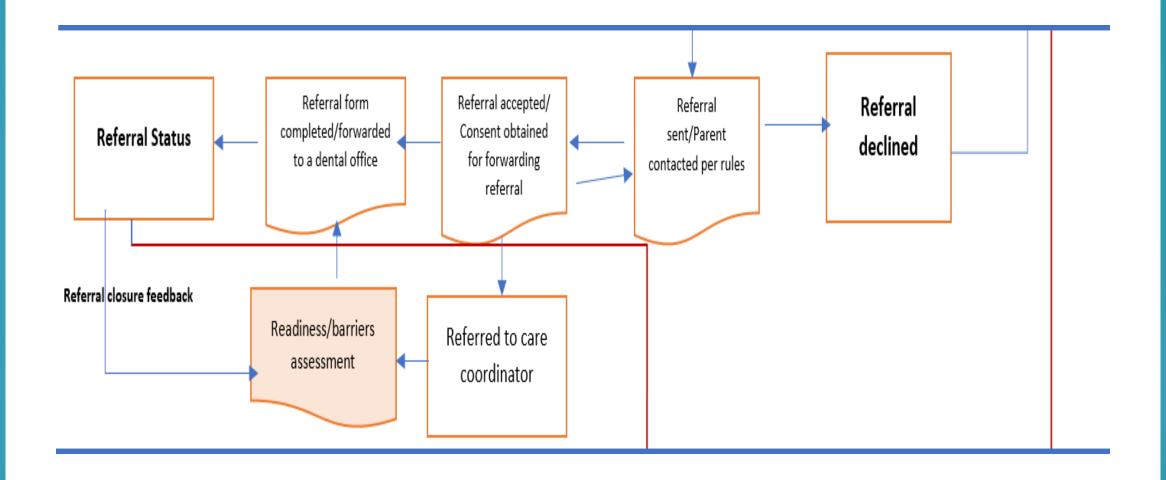
School-linked Program Referral Management System

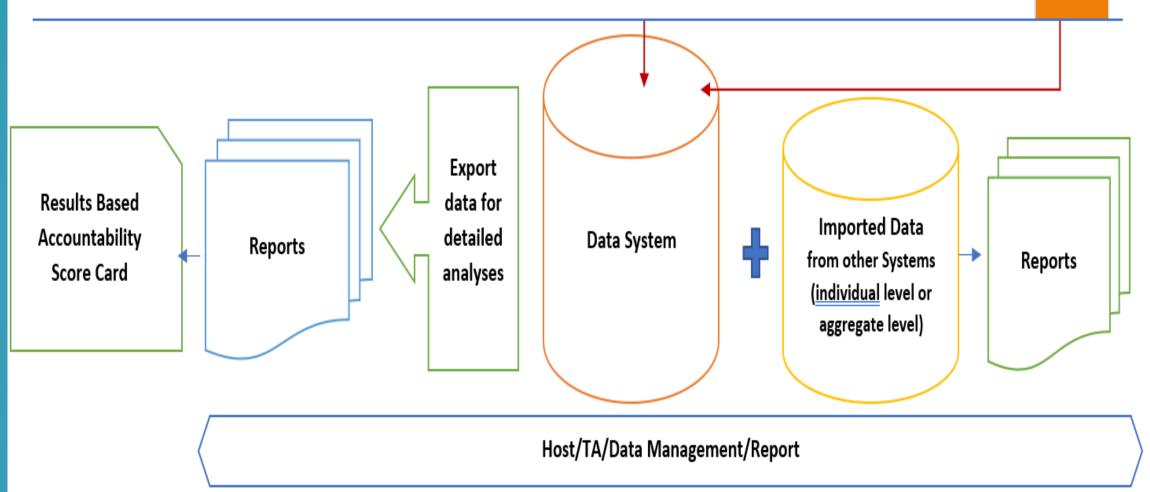
Community-based Dental Clinical Rotation Education Program

California Smile Survey 2023-24 and 2024-25 School Years

School Dental Screening and Referral Management System







Office of Oral Health Update Communitybased Dental Clinical Rotation Education Program

Office of Oral Health Update

California Smile Survey 2023-24 and 2024-25 School Years



COHTAC: A Spotlight on KOHA resources

Kristin Hoeft & the COHTAC Team

Prepared for Project Director's Meeting: February 9, 2023



Learning Objectives

Participants will improve their ability to:

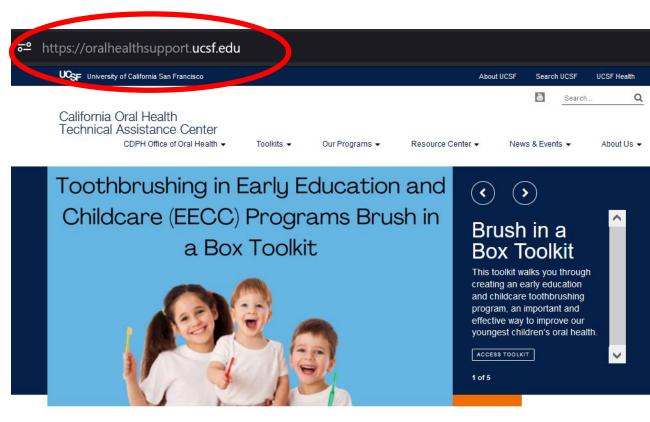
- 1. Explain the range and type of resources available on the COHTAC website.
- 2. Understand how to access the KOHA resources on the COHTAC website.
- 3. Describe how to reach out to the COHTAC team to ask questions or get additional support.



California Oral Health Technical Assistance Center (COHTAC)

Oralhealthsupport.ucsf.edu





The California Oral Health Technical Assistance Center (COHTAC)

provides support and resources to help local oral health programs

achieve their goals.

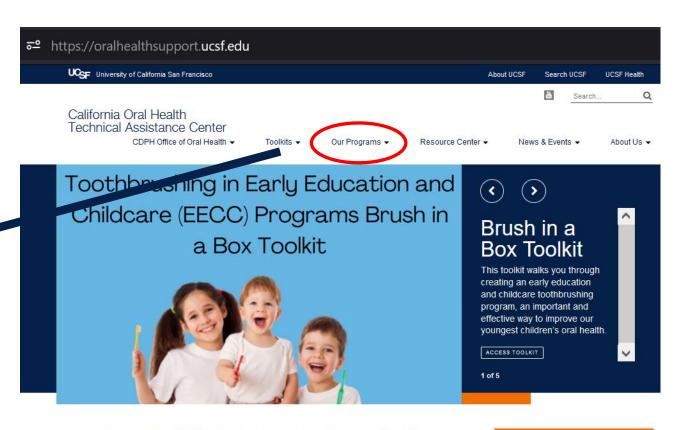


Events

COHTAC KOHA resources

Oralhealthsupport.ucsf.edu





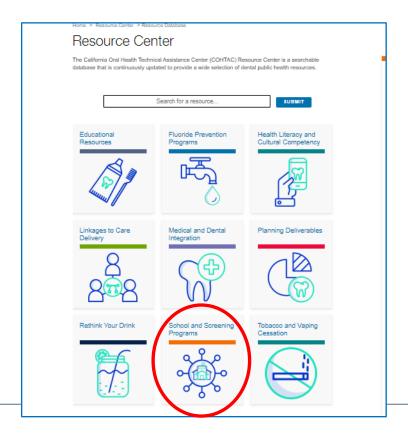
The California Oral Health Technical Assistance Center (COHTAC) provides support and resources to help local oral health programs achieve their goals.

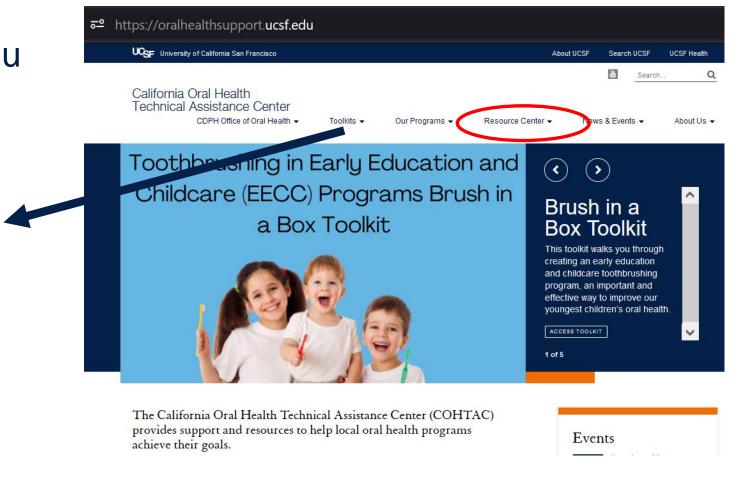




COHTAC KOHA resources

Oralhealthsupport.ucsf.edu







KOHA policy Details

 Links to all the relevant laws, policies and funding guidelines

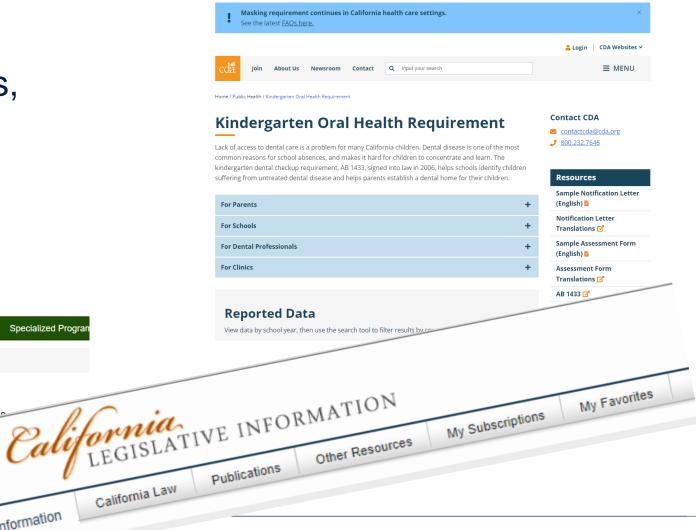


Bill Information

Home

LCFF Overview

The Local Control Funding Formula (LCFF) is hallmark legisla agencies (LEAs) in the state are funded, how they are measurallow all students to succeed to their greatest potential.



cda.org/Home/Public-Health/Kindergarten-Oral-Health-Requirement



Tools to Communicate the importance of KOHA to the Community

Powerpoint presentations, a prerecorded webinar, distilled evidence-based talking points

Raising local oral health awareness

Planting the seeds for educational success

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





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

Engaging your local news media

Strategies to seek media coverage about oral health and KOHA



Communication

strategies to engage your community and promote KOHA

A presentation by Matt Jacob to local health leaders in California • October 22, 2019

KOHA Talking Points

UCSF School of Dentistry

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."
- 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







Letter Templates

 Letter templates you can personalize for your LOHP school district

[Insert date here]

Dear Board Member [insert last name here],

According to an expert at the Education Commission of the States, most children who drop out of school are "on that trajectory by the time they're 8 years old." I am writing to raise awareness about one of the factors that can put kids on that path—poor oral health. Children cannot learn when they are in pain, sleepdeprived or distracted because of tooth decay. The [name of school district] can do more to address this

Years ago, California created the Kindergarten Oral Health Assessment (KOHA) to improve school reads ago, Camonia created the Kindergatten Oral Freatin Assessment (KOLIA) to improve school readiness and raise families' awareness of oral health's importance. The percentage of children in name of school district] who get a KOHA dental check-up is higher than the statewide average. That's good news. Will you work with us to build on this progress, ensuring that all kids arrive at school healthy and ready to

Consider what is at stake for our schools. Here's what the education and health experts tell us:

Poor dental health affects attendance and grades. Children with poor dental health are nearly 3 times more likely to be absent from school. Another study found that California teens with recent



Additional Forms and Templates

- Consent form samples
- MOU templates

SAMPLE MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT is executed by and between _____ (hereinafter referred to as "School District") and _____ (hereinafter referred to as "Provider") for the purpose of providing needed dental services to students (hereinafter referred to as the "Program").

WHEREAS, it is the intention of the Parties to participate in the Program for the purpose of providing students (hereinafter referred to as "Students" or "Participants") with the opportunity to receive needed dental services provided by Provider and/or their community partners.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter contained, the Parties hereto agree as follows:

I. Scope of Agreement

- A. This Agreement forms the basis of mutual understanding and respective responsibilities between the School District and the Provider for providing needed dental services to students.
- B. This Agreement will be for a period of one year, with review for continuation of the Program at yearly intervals. Renewal of this Agreement and continuation of the Program will be subject to each Party signing a renewal agreement.
- C. School District agrees:
- To the extent School District is able, provide Students with a safe setting to receive dental care. School District shall provide sufficient oversight of the Program to ensure that it meets the needs of Students.
- To provide a mutually acceptable place to set up portable equipment or park a mobile facility to provide students with needed dental care.
- To provide access to toilet facilities and potable water, including hot water.
- 4. To comply with all applicable laws relating to nondiscrimination.



Kindergarten Screening Program San Francisco Department of Public Health Dental Services San Francisco Dental Society

Dear Parents/Guardians:

The San Francisco Department of Public Health will be providing a dental screening at your child's school. This brief screening does not replace routine thorough checkups with your family dentist, but can detect existing problems which may need treatment.

If you do not wish your child checked, please submit your request in writing to your child's teacher.
 Help your child to keep a healthy smile by encouraging daily brushing and flossing and limiting between meal snacks.

Your child's information will be kept confidential. SFDPH uses results from health screenings to link children who need treatment to providers, and plan and evaluate citywide public health programs. SFDPH may report screening results to government agencies and policy makers in terms of the total number of children served. SFDPH will not share your child's personal information with agencies or anyone other than your child's school without your written permission.

Estimado Padre

El Departamento de Salud Pública ofrecerá exámenes dentales gratis en la escuela de su hijo(a). Esta breve examinación no reemplazara su chequeo dental rutinario con su dentista, pero puede detectar problemas existentes los cuales pueden necesitar tratamiento dental.

• Si usted **no** desea que su hijo(a) reciba un examen dental, por favor entréguele la solicitud por escrito al maestro de su hijo/a.

Ayude a su hijo(a) a mantener una sonrisa sana animandolos diariamente a que se cepillen los dientes y se limiten en comer dulces.

La información de su hijo es confidencial. SEDPH utilizará los resultados de los eximenes de salud para poner a los niños que necesitan tratamiento en contacto con los proveedores médicos; y además para planificar y evaluar los programas de salud pública en toda la ciudad. SEDPH podria divulgar la información referente al número total de los niños que sean atendidos, a las agencias gubernamentales y a los legisladores. Si usted no nos autoriza por escrito. SEDPH no combartirán la información personal de su hiloía con nínguna agencia, u otra persona que no



SCOHR Forms and Training video

- Training video accessible to anyone about how to enter data into the SCOHR System
- SCOHR FAQ

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)

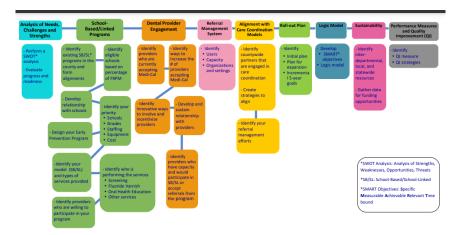
Child's First Name:		Last Name:	M	Middle Ini		Child	ld's Birth Date:		
							- DD - YYYY		
Address:							Apt.:		
City:					ZIP	Code	e:		
School Name:		Teacher:		Grade:		ar chile dergai	d starts rten:		
				Y	YYYYY				
Parent/Guardian First Name	e:	Parent/Guardian Last Name:			Chi	ld's G	ender:		
				☐ Male ☐ Female					
Child's Race/Ethnicity:		White		Native /	American				
		Black/African American		Multi-ra	ncial				
		Hispanic/Latino		Native I	ive Hawaiian/Pacific Islander				
		Asian		Unknown					
		Other (please specify)							

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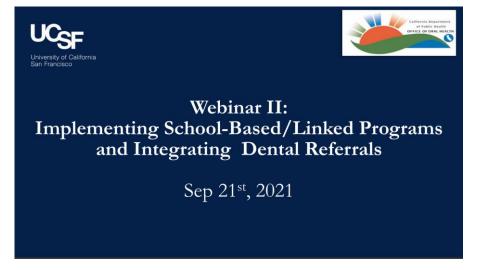


Community-Clinical Linkages

- Webinar series with support materials
- Links and presentation about Smile, CA
 Find A Dentist resources
- More Coming soon!











Samples of KOHA products other LOHPs have developed

KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK

















Why is the Kindergarten Oral Health Assessment (KOHA) Data Collection more important than ever?

- This the only Humboldt County data that tracks the oral health status of local children.
- One in four children entering Kindergarten in Humboldt County have untreated dental decay.
- When left untreated, decay can lead to pain and infection that may require emergency room treatment.
- Dental decay is the number one childhood disease and the leading cause of children being absent or inattentive at school.
- Absenteeism lowers student achievement and drains funding from school districts.

What can school districts do to help?

- One month before school starts, schools should send a parent notification letter home to all parents of incoming Kindergartners.
- Include the KOHA form in Kindergarten registration packets.
- Encourage parents to have an oral health assessment completed within their child's first year of school. Collect the forms throughout the school year to compile data prior to May 31.
- Help raise awareness about the relationship between oral health and overall health, to ensure that all children are healthy and ready for school.
- Send the completed Oral Health Assessment Data Collection form to Pennie Lee at HCOE by May 31.

Humboldt County Office of Education/901 Myrtle Ave/Eureka, CA 95501 Pennie Lee, Plee@hcoe.org (707) 445-7117 / 707 445 7143 FAX





KINDERGARTEN ORAL HEALTH ASSESSMENT HANDBOOK





SACRAMENTO COUNTY
PUBLIC HEALTH







FAQs

Why is the Kindergarten Oral Health Assessment important?	>
How to find a local Champion?	>
How can the Kindergarten Oral Health Assessment help children be ready for school?	>
What is the difference between an oral health screening and a dental exam?	>
How does the state Education Codes support the Kindergarten Oral Health Assessment?	>
How can local health jurisdictions, schools and providers help promote the Kindergarten Oral Health Assessment?	>
How do participation rates vary by type of consent form?	>



Coming Soon from OOH & COHTAC

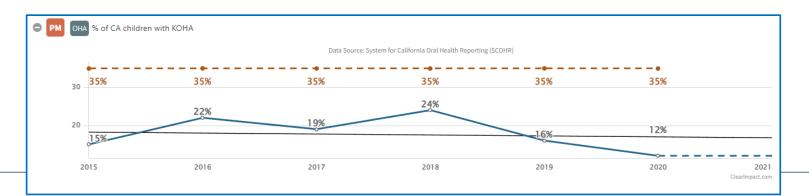
- School-Linked Dental Health Program Manual
- Detailed steps, partnership development, and resources to carry out the creation of a School-Linked Dental Health Program





Coming Soon from OOH & COHTAC

- Results Based Accountability (RBA)
- data-driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems
- Using Clear Impact performance management software
- How to leverage RBA to engage community partners to turn the curve





Email Us

oralhealthsupport@ucsf.edu

We have a great team ready to answer your questions and provide help whenever you need it.

We use your questions to build the FAQs, choose lunch and learn topics, and build resources and webinars.



SCOHR

SYSTEM FOR CALIFORNIA ORAL HEALTH REPORTING CDPH/SJCOE

SJCOE/CodeStack

SCOHR is developed and operated by the San Joaquin County Office of Education, CodeStack Department. CodeStack is the developer and operator of EDJOIN (used by 980 California school districts), SEIS (used by 486 California school districts), MEMS (used in 3 Migrant Education regions), AB75 and AB430 (used by 1,020 California school districts), among many other online systems.

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







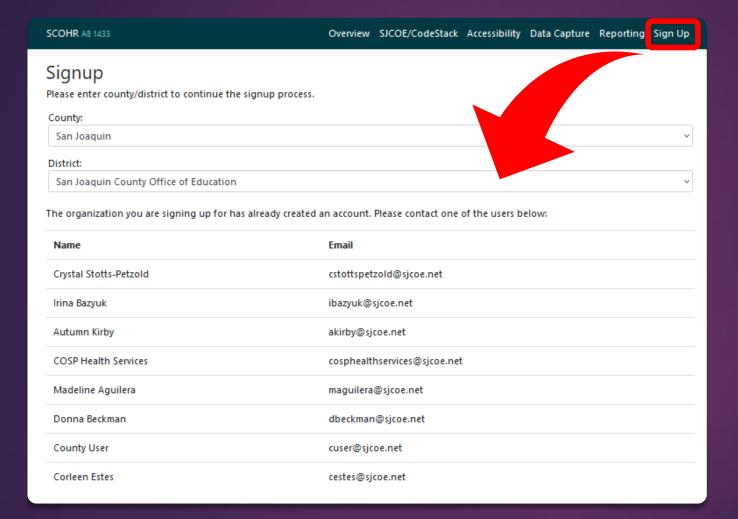








Accessibility User Types

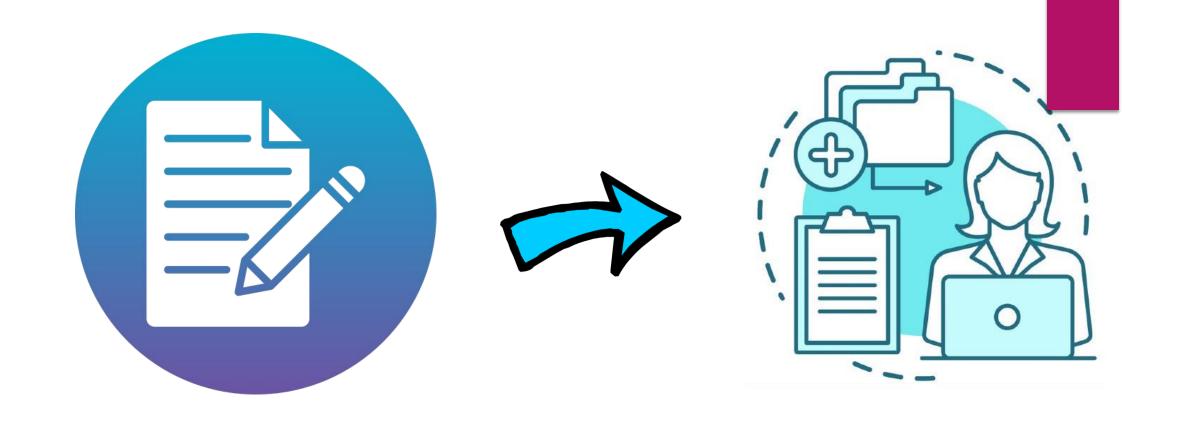


Account Access



Four Forms

- Assessment
- Waiver
- Onsite Opt-Out Letter
- Notification Letter



Data Capture







Finalize Aggregate Data Total

2022-2023 Action Plan

- Focus on Data Input accounts
- Train the trainer for regional support
- Consistent training schedule. Registration will be published on the homepage announcement.
- Resource center for all things SCOHR



Frequently Asked Questions

- Are the forms available in Spanish?
- My school sent out the old forms for the current fiscal year. How do I report for the new forms?
- Are there any training available? Where can I find the SCOHR manual?



SCOHR Helpdesk

Helpdesk Contact Information

- scohr@sjcoe.net
- (866) 762-9170

KOHA Data Visualization

LOHP Project Director's Meeting February 9, 2023



Claire Bleymaier, MPH, RN Senior Community Health Planner Oral Public Health Program Coordinator

Objectives

1. Share ways one LOHP has analyzed and reported KOHA data back to community partners

Catalyze new ideas among other LOPHs about how to meaningfully analyze and report KOHA data to partners in their counties

Starting points

Needs:

- Data to work with increase KOHA reporting by schools into SCOHR by far the biggest lift
- Accurate data— may need to edit incorrectly completed KOHA forms (mainly caries experience not checked if untreated decay is checked)
- Target data goals for kindergartners from State Office of Oral Health plans and LOHP workplan
- Familiarity with CDE data enrollment and FRPM data sources
- Awareness that CDE K enrollment data does also include TK ability to locate TK data only
- Familiarity with SCOHR
- Timeline– how often and what kind of KOHA data to share; set minimums at least
- Contact information for the stakeholders you want to receive data updates
- Creation of channels to distribution information beyond emails, if able, ex: e-newsletter, website

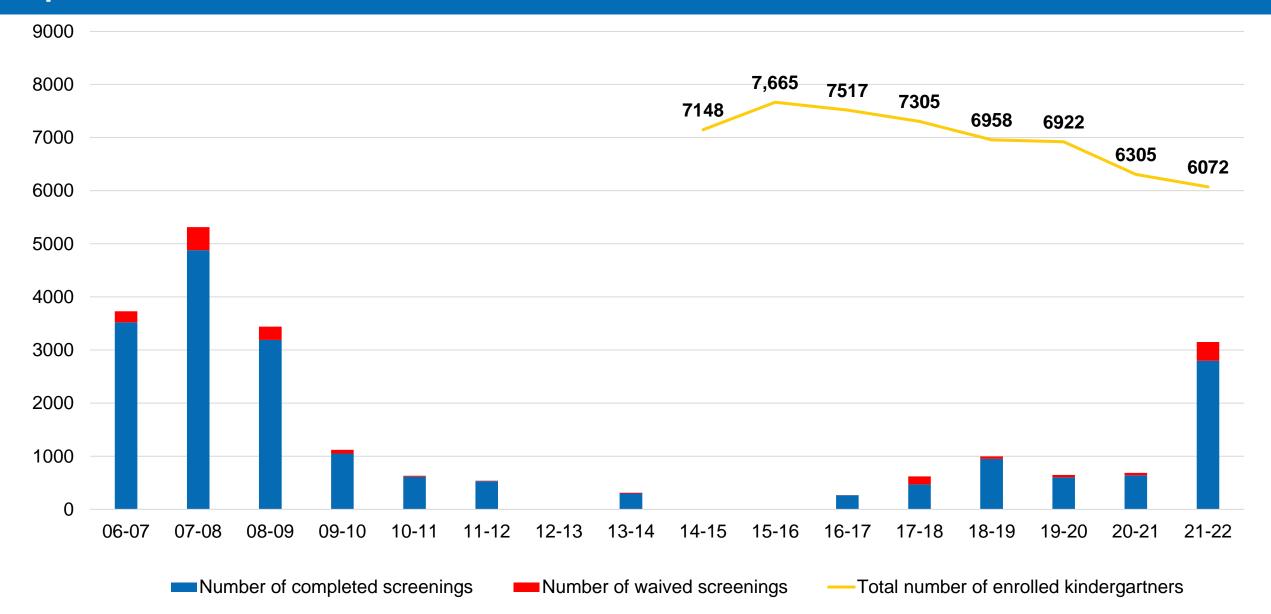
San Mateo County's KOHA overview related to data:

- Only source is what is reported in SCOHR
- Only reporting on aggregate data ("non-participating" status)— no demographic data available
- Currently no referral management software system
- Using basic Excel functions to analyze data currently
- ~6000 public school kindergartners in 105 schools and 20 districts
 - ~2000 public school kindergartners in 33 priority schools in 8 districts, including 5 charter schools and 1 virtual school (at least 50% or more students eligible for FRPMs)

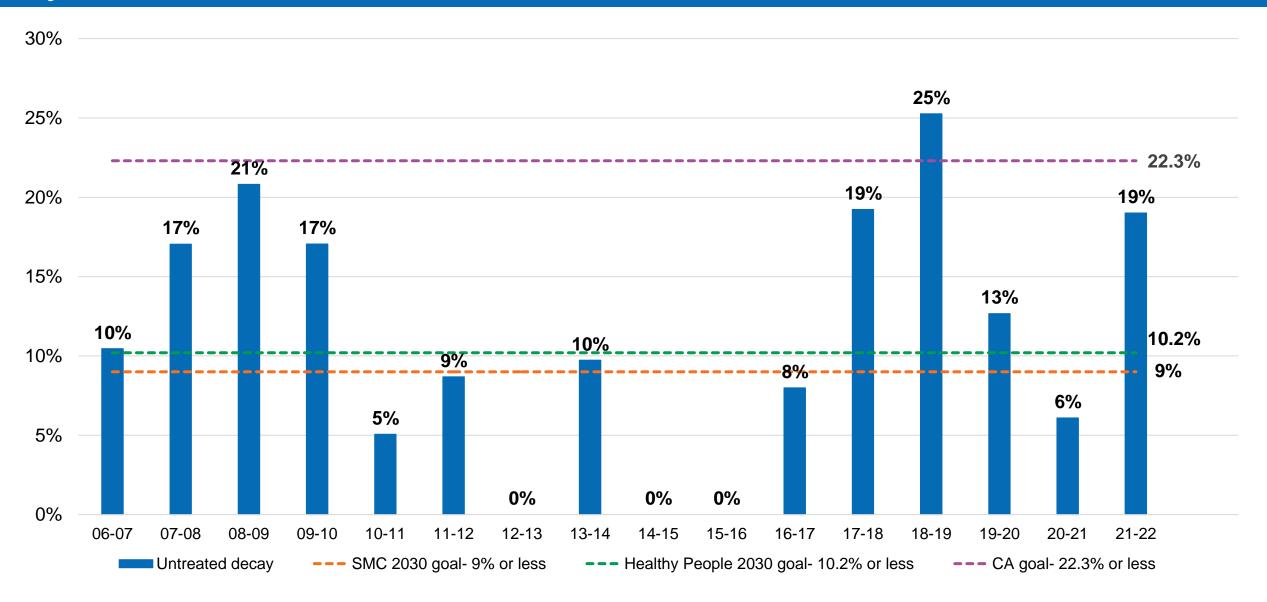
Displaying KOHA data



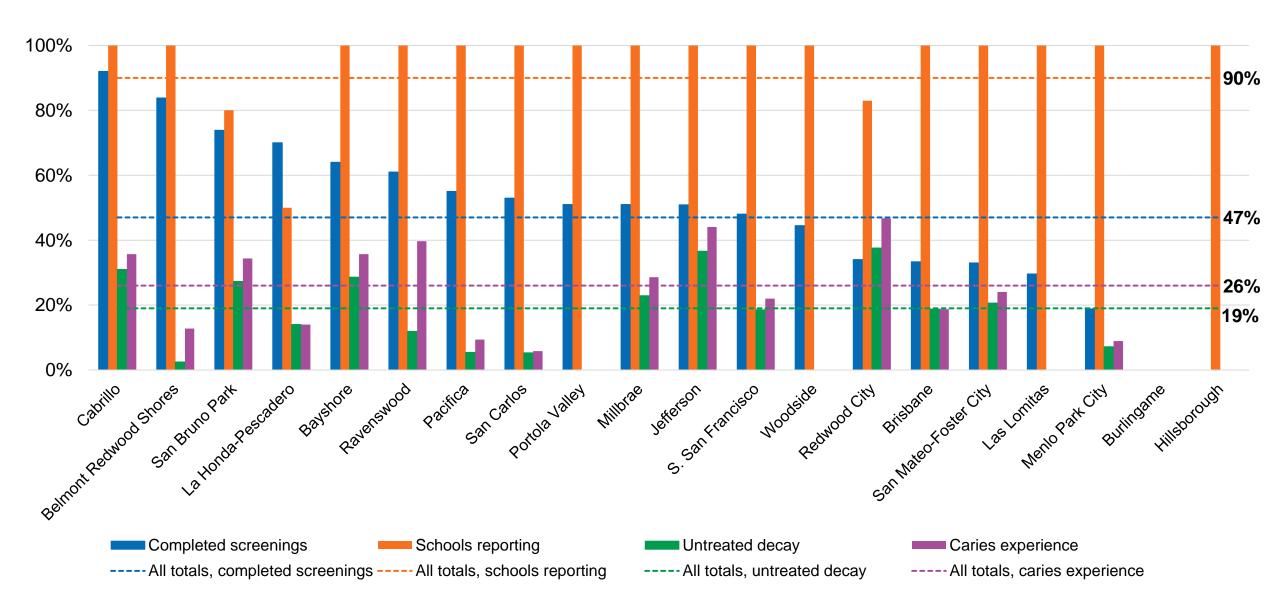
KOHA completed and waived forms reported, 2006present



Percentage of kindergartners with untreated decay, by year



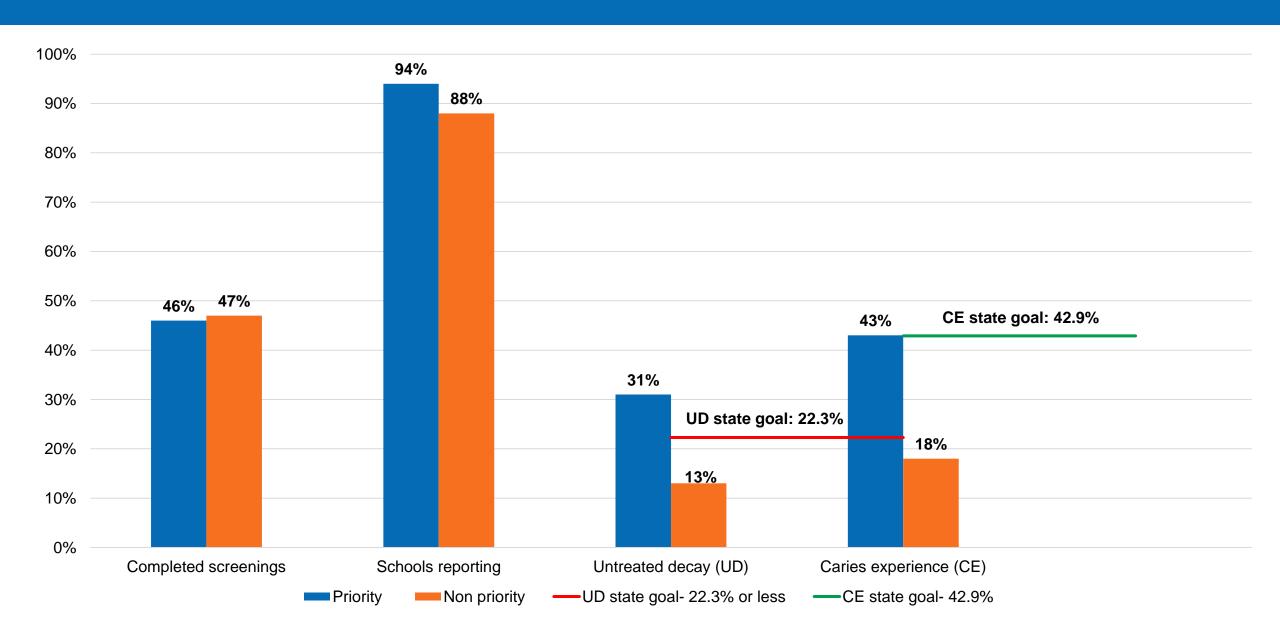
KOHA school district results, 2021-22 SY



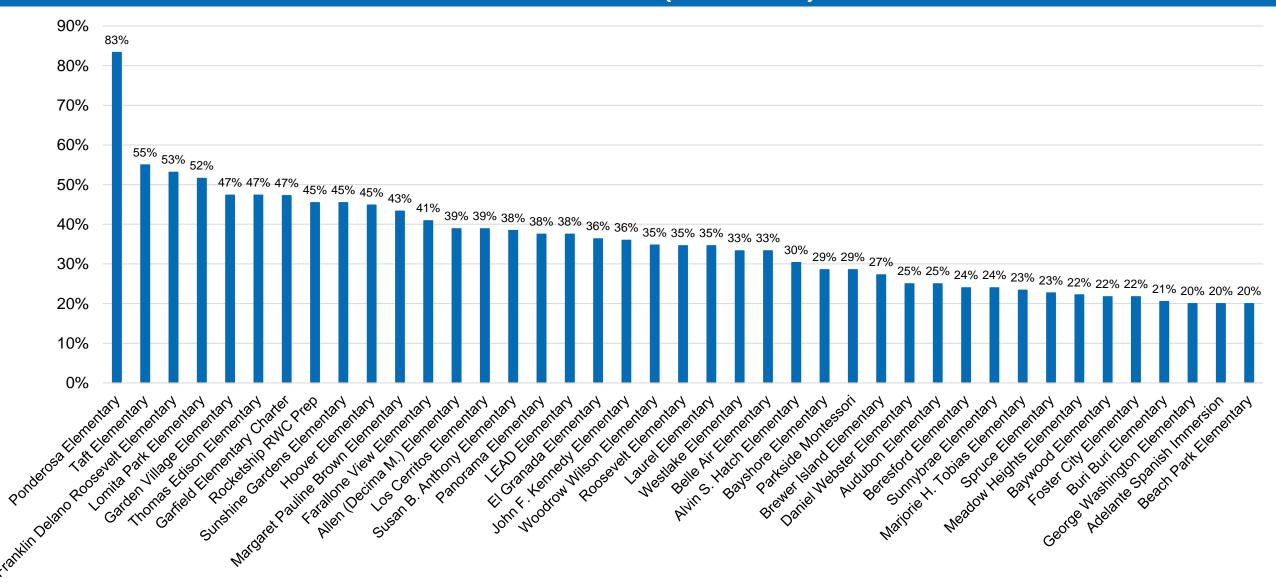
DISPARITY DATA- UNTREATED DECAY



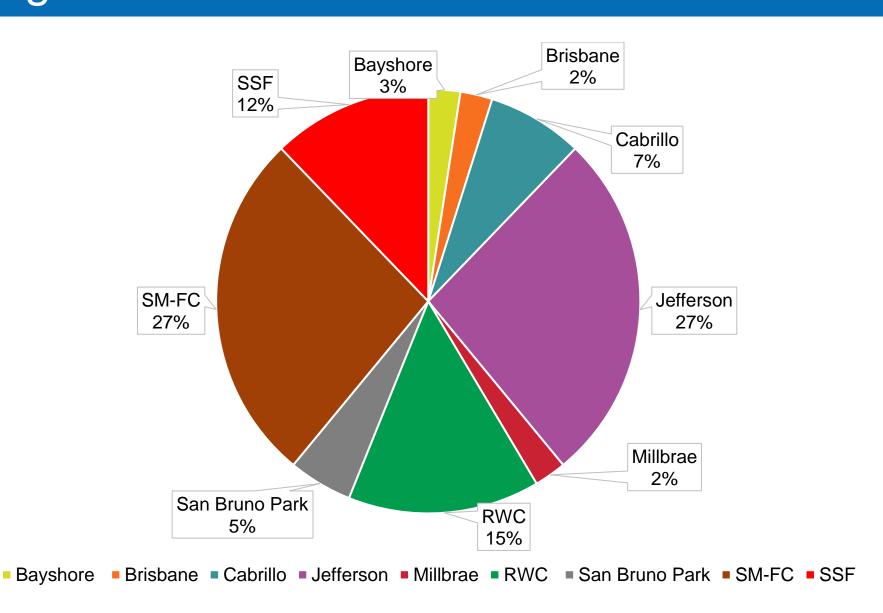
KOHA results by school type, 2021-22



Schools with untreated decay rates *above* the all-schools rate of 19% (n=41)



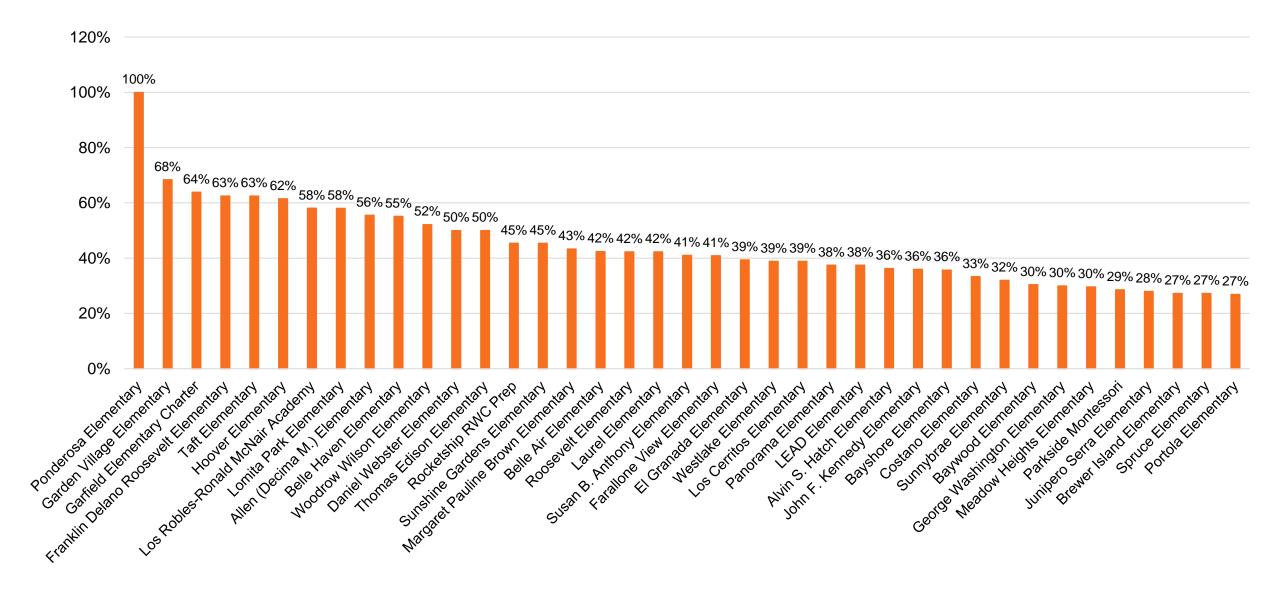
Of the 41 schools with highest rates of untreated decay, percentage in each school district



DISPARITY DATA- CARIES EXPERIENCE

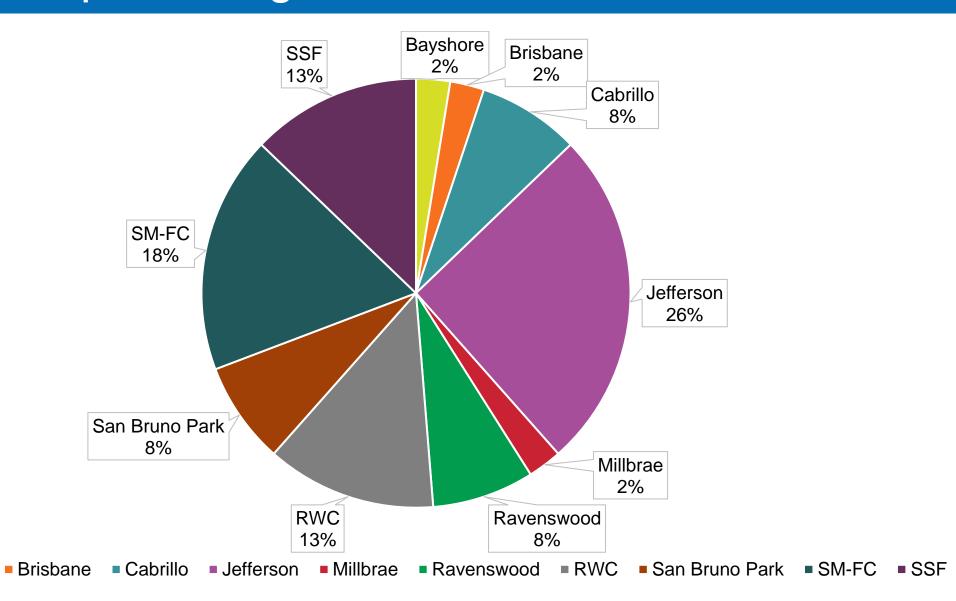


Schools with caries experience rates *above* the all-schools rate of 26% (n=39)



Of the 39 schools with highest rates of caries experience, percentage in each school district

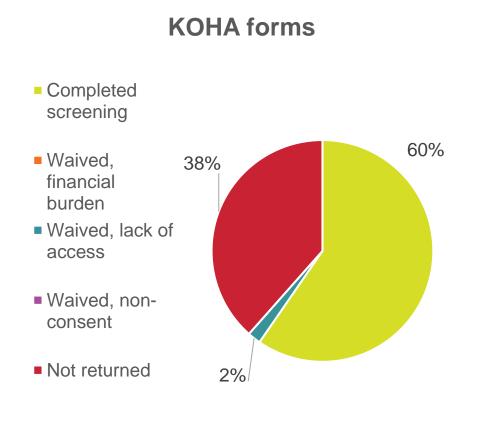
Bayshore

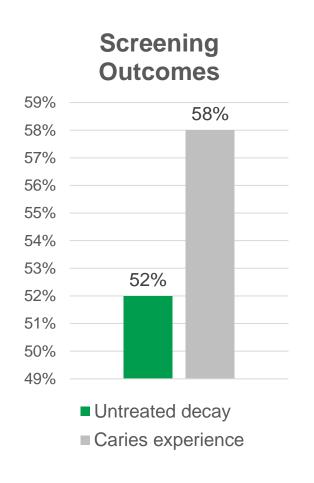


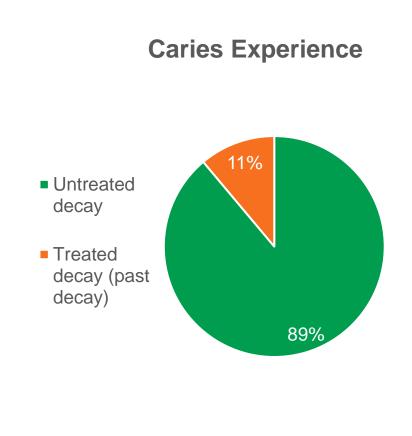
OTHER SCHOOL LEVEL DATA



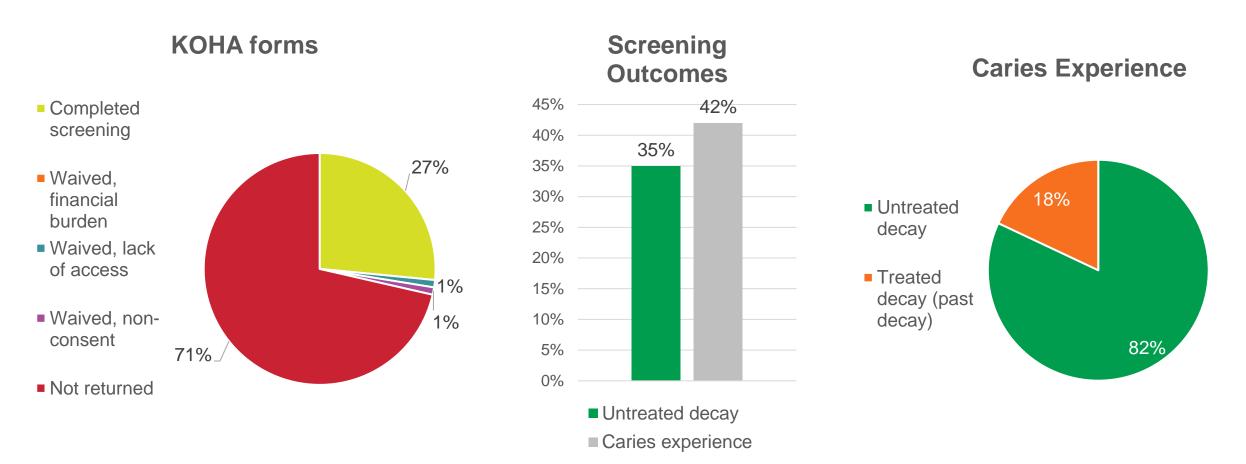
Lomita Park Elementary, Millbrae District



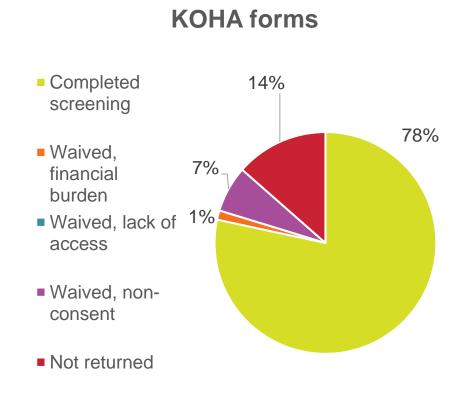


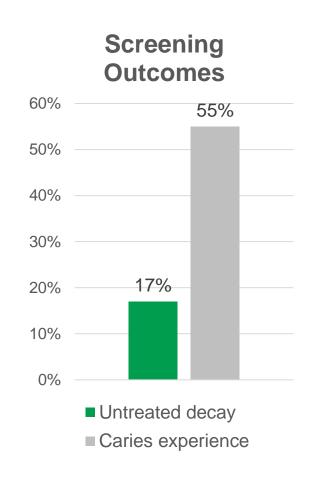


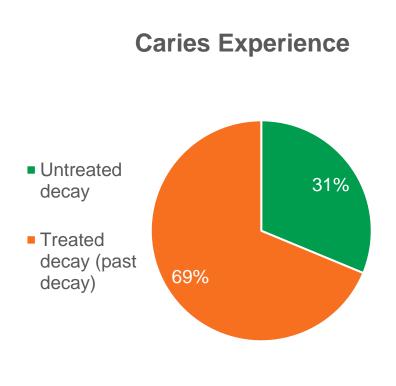
Laurel Elementary School, SMFC District



Belle Haven Elementary, Ravenswood District







Stories

"I feel relieved and grateful that my daughter is no longer in pain. She is happy and enjoying life. I need to continue to work with my daughter on her oral hygiene habits to prevent multiple cavities again. Thank you, you make it possible for families like ours to get the dental care needed."

--Parent of a 6 yr. old who was screened at her elementary school by Sonrisas, and had severe tooth decay causing constant pain. She received follow up care by Sonrisas, who connected her to a hospital, where she received care under general anesthesia.

Sharing data via e-newsletter and multiple emails



San Mateo County Oral Public Health Program - November 2022 E-Newsletter

Oral health focus groups

We are partnering with Santa Clara University to conduct oral health focus groups in English and Spanish with parents of children ages 0-5 on Medi-Cal, and with pregnant people on Medi-Cal. The goal is to learn what kind of oral health information parents need and want to help them care for the oral health of their children.

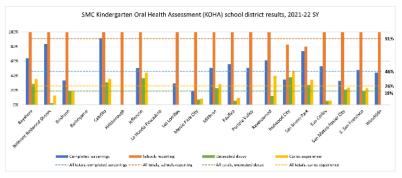
We are currently looking for more **pregnant people who have Medi-Cal health insurance** to participate. We will be conducting the groups virtually from January-March 2023. Please share the flyer with pregnant people who may be interested. The flyer in English and Spanish is available to download on our website here.

2021-22 Kindergarten Oral Health Assessment (KOHA) data

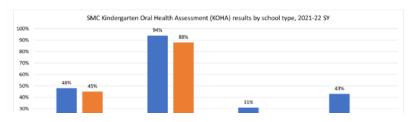
Our main KOHA-related projects for the 2022-23 school year are:

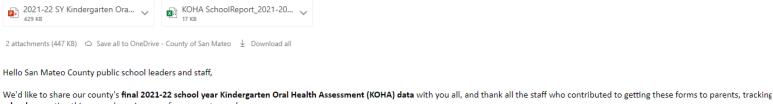
1) Customizing the new Kindergarten Oral Health Assessment forms and letters recently released from the Office of Oral Health for our county, translating them, and distributing them to all districts along with updated training templates and information

 Working with school districts, Family Health Services administrators, dental societies, and oral health screening organizations in our county to provide more oral health screenings at priority schools (schools with 50% or more of students eligible or free and reduced price meals).



- 91% Percentage of all public elementary schools with kindergartens that reported KOHA data (96/105). Annual goal: 100%
- 46% Percentage of estimated enrolled kindergartners with a completed screening reported (2792 completed screenings / 6081 estimated enrolled kindergartners). Annual goal: 60%-100%
- Cabrillo, Belmont-Redwood Shores, San Bruno Park: Top 3 school districts with highest percentages of completed KOHA screenings returned
- 572- Number of kindergartners receiving school-based oral health screenings from one of three screening organizations in San Mateo County (est. total K enrollment: 6,081)
- 454-Number of kindengartners enrolled at priority schools receiving school-based oral health screenings from one of the three screening organizations in San Mateo County (est. total K errollment at priority schools: 1949). Annual priority school-based screening goal: At least 750 / year, then Increase by 10% every year.





we d like to share our county is that 2021-22 school year kindergarten Oral Health Assessment (KOHA) data with you all, and thank all the staff who contributed to getting these forms to parents, tracking schools reporting this year, a huge increase from recent years!

Attached is a brief power point presentation of the data, with some notes included. Attached is also an Excel sheet with all the raw numbers, directly from the KOHA database, the "System for California Or

This 2021-22 data shows inequities persist, as rates of untreated decay and caries experience are more than twice as high for kindergartners at our public schools where 50% or more of students are elip provide on-site oral health screenings at each of these schools annually (32 schools). Oral health screening organizations also provide brief 1:1 oral health education to students screened, and dental clinic

We look forward to partnering with you to decrease the rates of dental disease—the number one most common chronic disease among children-- among our students, and improve their overall health.

Please let me know of any questions.

Thanks,

Claire





- •SMC Health Dental Services
- SMC Dental Clinics and FAQs
 SMC Oral Health Coalition



Cbleymaier@smcgov.org



650-642-3007

BREAK







On a mission to build power for kids.



Strengthening KOHA Partnerships

California State Office of Oral Health Local Oral Health Program Project Director's Meeting

February 9, 2023

Who We Are

Children Now is a non-partisan, wholechild research, policy development and advocacy organization dedicated to promoting children's health, education, and well-being in California.

The organization also leads **The Children's Movement of California**, a network of over 5,000 direct service, parent, youth, civil rights, faith-based and community groups dedicated to improving children's well-being.





Children Now Issue Areas

CHILDREN'S HEALTH

Home Visiting

Developmental Screenings

Insurance Coverage

Health4All,
ACA Implementation,
Medi-Cal Reform, Coveredtil26

Access & Quality

Preventive and Primary Care,
Family Representation,
Data & Monitoring
Continuity of Care for Foster Youth

Oral Health

Mental Health

Nutrition

Obesity

Integrated Systems

Integrated Data

<u>Prenatal-Age 3</u> <u>Comprehensive Agenda</u>

<u>Childhood Trauma</u> Comprehensive Agenda

School-Based Health

& Social Services

Early Childhood & K12

CHILD WELFARE

Family Preservation & Reunification

Stability & Permanency

Juvenile Justice

EDUCATION

Early Learning Access & Quality
Child Care, Preschool and TK

STEM

Leading CA STEM Network

Expanded Learning

Personalized Learning

District and Educator Capacity

Finance Reform

<u>Accountability</u>

Social Emotional Learning

Chronic Absence

School Discipline

Foster Youth Education Reform



Several Existing Toolkits to Help Raise Awareness

- COH-TAC
- Smile, CA
- California Dental Association
- Local Oral Health Program Handbooks



Technical Assistance Center

CDPH Office of Oral Health ▼ Toolk

Resourc

KOHA Toolkit

Working with schools

- · Slide presentations to School Board helpful intro slides when presenting to school administrators
- Talking points key messages on absenteeism, school readiness, and equity
- · Sample letter to school boards and parents to promote KOHA- glass half full
- Sample letter to school boards and parents to promote KOHA- glass half empty
- Humboldt County KOHA Handbook
- Humboldt County KOHA Flyer
- Sample Memorandum of Understanding (MOU) to use as a template

Communicating KOHA to community partners

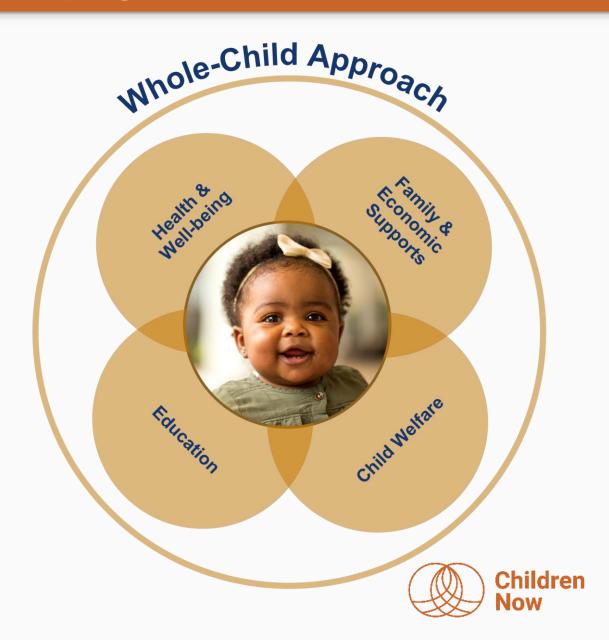
- Part 1 Slide presentation on using plain language and social media platforms to ensure your community understands the importance of children's oral health. (webinar by Matt Jacob 10/22/2019)
- Part 2 Slide presentation on sharing strategies for engaging local news media and bloggers, enhancing your odds of getting media coverage. (webinar by Matt Jacob 11/6/2019)



WHO (else) in your county needs to know, care about and support KOHA and school-based/linked programs?

Aside from EVERYONE, here is what we heard from LOHPs:

- School administrators, teachers, nurses, etc.
- Parents
- Other county agencies that interact with young children, students, and families
- Early care and education sites
- Dental Providers
- Medical Providers
- ?



Updated Toolkit to Reach:

- WICs/Home Visiting Programs/Early Care & Education Partners, with a template for these sites to customize letter for the parents they serve
- Medical providers (e.g., primary care physicians, OB/GYNs, Comprehensive Perinatal Services Program, school nurses)
- Medical and dental providers at Federally Qualified Health Centers
- Dental societies
- Parents re: KOHA screening/School-Based or Linked Programs available
- School administrators re: dental sealants and availability via schoolbased/linked programs



Caveats and Considerations:

Lots of room to customize:

- could hyperlink to county oral health strategic plan
- insert county-specific/district specific data
- highlight schools in a specific district that have upcoming screenings/services (if and where applicable)

Consider partnering with champions who can help deliver your message more effectively, including using their logos

- Maybe the LOHP is not the main signatory, but is included as a primary resource for questions



Social Media Toolkit:

Consider tagging:

Smile California

Instagram: @smileoncalifornia

Facebook: Smile California

California Dental Association

Twitter: @CDAdentists

Instagram: @cdadentists

Facebook: California Dental

Association (CDA)

LinkedIn: California Dental

Association



Local dental societies,

https://www.cda.org/Home/Membership/Local-Dental-Societies

Medi-Cal managed care plans by county,

https://www.dhcs.ca.gov/individuals/Pages/MMCD

HealthPlanDir.aspx



The greatest problem in communication is the illusion that it has been accomplished.

George Bernard Shaw



Contact: Eileen Espejo, eespejo@childrennow.org

Learn more about Children Now:

www.childrennow.org

Join The Children's Movement:

www.childrennow.org/thechildrensmovement/

Read our blog:

https://www.childrennow.org/blog/

Follow us on Social Media:









@childrennow

linkedin.com/children-now



School-based school-linked opportunities for LOHPs

Dr. Shakalpi Pendurkar DDS, MPH Dental Health Administrator Office of Dental Health



Program Models

- Clinical program at school site or part of school-based health center
- Services provided through a contract or MOU
- Collaborating with partners for providing services



Initial Planning

Check available resources

- Staff (dentist, hygienist, assistant)
- Funding
- Equipment

Identify service recipients

- Free-Reduced Price Meal data consideration
- Review data to Identify schools/districts in need of services



https://www.cde.ca.gov/ds/ad/frpmtop.asp

Develop a Plan



- Types of services
- Assign dental services for each dental professional
- Consider workflow protocols and procedures



Key Stakeholders

Identify parties involved

- Superintendent
- Director of student services
- School principal
- School nurse
- Other school staff

Discuss your plan to provide dental services

- Brief overview of the program and services
- Obtain an agreement before starting the MOU process



Establish a MOU

Memorandum of Understanding

- Agreement between two or more parties
- Outlines expectations of each party



Purpose of a MOU

- Allows each party to state their objectives & expectations
- Reduces the risk of uncertainty by assigning specific roles & responsibilities to each party
- Provides a framework for the project
- Prevents potential future disputes from occurring



MOU details

- Purpose of the agreement
- Parties involved; contact details of all relevant parties
- Timeline
- Statement/scope of Work (SoW)
- Confidentiality Statement
- Insurances and Indemnifications
- Process & Timeline for Revisions, Additions & Termination
- Necessary signatures of each party

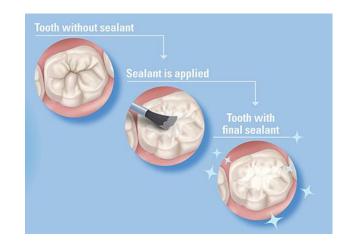
Statement of Work (SoW)

States Program Operations:

- Activities & Services
- Roles & Responsibilities of each party
- Distribution & Collection of forms

Deliverables:

Type of data needed for reporting by all parties







Delivery of Dental Services

Initial meeting with school principal and staff

- Discuss logistics (location, bell schedule, communication)
- Deliver dental services consent form and educational materials
- Confirm dental services date

Obtain parental/guardian consent

Collect and review completed consent forms before service delivery

Provide identified dental services

- Dental screening
- Fluoride varnish application
- Dental sealants
- Teeth cleaning





Data Reporting



Collect quality data:

- Reporting
- Quality assurance
- Future planning
- Future funding

ODH Clinical Program Data

Services(current school year)	Berkeley Sealant Program	Livermore Sealant Program	
Oral health education	471	48	
Dental screening	251	25	
Fluoride varnish	205	20	
Dental sealants	71	Scheduled	
Teeth cleaning	91	Scheduled	
Referred to care coordination for urgent dental needs	9	3	

Alameda County Map

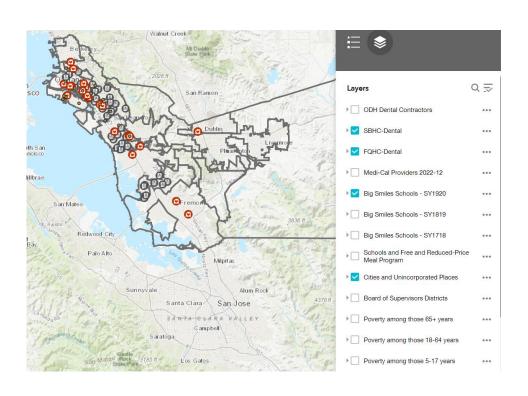
FQHCs

- Asian Health Services
- La Clinica
- Tiburcio Vasquez Health Center
- Native American Health Center
- West Oakland Health Center
- Bay Area Community Health
- Axis Community Health Center
- Alameda Health System

Big Smiles

Dental offices

ODH Map (arcgis.com)





Thank You!

Office of Dental Health 510-208-5910

DentalHealth@acgov.org

KOHA and School-Linked Programs

Panel Discussion and Q&A



Panelists

Fresno County LOHP

Allegra Chacon, MPH Project Director
Rhoda Gonzales, RDHAP Oral Health Consultant

Fresno County
Superintendent of Schools
Gina Amaro-McNamara,
Executive Leadership Coach
for Community Schools





How Will We Achieve Our Goal?

Partnership between Local CBO (Fresno EOC) and LHD (Fresno DPH)

School-Based Sealant Program

- SCREEN Kindergarten Oral Health Assessments (KOHA)
- SEAL Sealants prevent 80% of decay
- REFER Coordinate care

Goal: To Improve Outcomes in School Performance



Baseline for Central Valley

Fresno is the 2nd highest county in the nation to experience food insecurity

Third Grade Oral Health Assessment 2018-2019

- 3 out of every 4 children of have experienced cavities
- 1 in 3 have children untreated decay

	Caries Experience	Untreated Decay	Dental Sealants
California	60.6%	21.9%	37.0%
Central Valley	75.9%	29.7%	33.2%

Caries Experience: Caries experience means that a child has had tooth decay at some point in time. Caries experience covers both past treatment (e.g., fillings, crowns) and untreated decay at the present time (e.g., untreated cavities).

Untreated Decay: Untreated decay is tooth decay (e.g., one or more cavities) that has not received treatment.

Dental Sealants: Dental sealants are plastic-like coatings that are applied to the chewing surfaces of teeth. The applied sealant protects the teeth from decay.

Oral Health & Absenteeism

Dental-related absences cost our state's public schools at least \$29 million each year in average daily attendance funding.

(Sources: Jackson SL, Vann WF, Kotch JB, Pahel BT, Lee JY. Impact of Poor Oral Health on Children's School Attendance and Performance. American Journal of Public Health 2011; 101(10), 1900-1906; Pourat N, Nicholson G. Unaffordable Dental Care Is Linked to Frequent School Absences. UCLA Center for Health Policy Research, November 2009)

Dental Diseases Affect Students' School Performance





Dental pain is the #1 reason why children miss school 1 in 3 absences is dental related 595,000 students

x 2.2 avg. days missed*

1,309,000 missed days

due to dental disease

each year



The Impact of Oral Health on the Academic Performance of Disadvantaged Children (2012 study in LAUSD)





CALIFORNIA'S 'SILENT EPIDEMIC'
HOW DENTAL DISEASE IMPACTS SCHOOLS
1 children's health care issue:
dental disease 1

24 percent of children who have never seen a dentist 2

874,000 school days missed in one year due to dental problems
\$29,700,000

1 US Surgeon General, 2010 2 Children ages 0 to 11 in 2005, the most recent data available, N. Pourat and L. Finocchio, "Racial and Ethnic recent data available, N. Pourat and L. Finocchio, "Racial and Ethnic 2010 2 2007 California Health Interview Survey, most recent available 4 N. Pourat and G. Nicholson, "Unaffordable Dental Care is Linked to Frequent School Absences," ULCA Health Policy Research Brief. 2009

https://thelatrust.org/programs-landing-page-2/oral-health-initiative/

Oral Health & Student Performance

- Students with dental pain were 4 times more likely to have low grade-point averages
- Children with poor dental health are 3 times more likely to miss school
- 504,000 California children missed at least one day of school due to a dental problem



The Impact of Poor Oral Health



- Psychosocial affects of Tooth Pain:
 - Smiling
 - Eating
 - Speaking
 - Thriving



Integrated Student Supports

- Meeting academic, physical, social-emotional and mental health needs
- Coordination of trauma-informed health, mental health, and social services

"Students must be well-known so that they can be well-served."







Family and Community Engagement

- Actively tapping the expertise and knowledge of family and community members to serve as true partners
- Home visits, home-school collaboration, culturally responsive community partnerships
- Develop trusting, inclusive, and collaborative relationships with families and community members

"If it is not developed with us, it is not for us."



Collaborative Leadership Practices for Educators and Administrators

- Culture of professional learning, collective trust, and shared responsibility for outcomes
- Professional development to support mental and behavioral health, trauma-informed care, social-emotional learning, restorative justice, and other key areas.
- Dedicated staff to support and facilitate partnerships, and discover professional development opportunities to build capacity for collaborative education and community leadership structures and practices







Extended Learning Time and Opportunities

- Academic support, enrichment, and real-world learning opportunities
- Before and after school care and summer programs
- "Extended" learning and "expanded" learning
- Tutoring and other learning supports during the traditional school day

CA Community Schools Definition

CA Community Schools Framework





Key Conditions for Learning

- Supportive environmental conditions that foster strong relationships and community
- Productive instructional strategies that support motivation, competence, and self-directed learning
- Social and emotional learning (SEL) that fosters skills, habits, and mindsets that enable academic progress, efficacy, and productive behavior
- System of supports that enable healthy development, respond to student needs, and address learning barriers



Cornerstone Commitments

- Assets-driven and strength-based practice
- Racially just and restorative school climates
- Powerful, culturally proficient and relevant instruction
- Shared decision making and participatory practices



Proven Practices

- Community Asset Mapping and Gap Analysis
- Community School Coordinator
- Site-based and LEA-based advisory councils
- Integrating and aligning other relevant programs



Key Roles

California has developed multiple layers to support the implementation of community schools statewide.



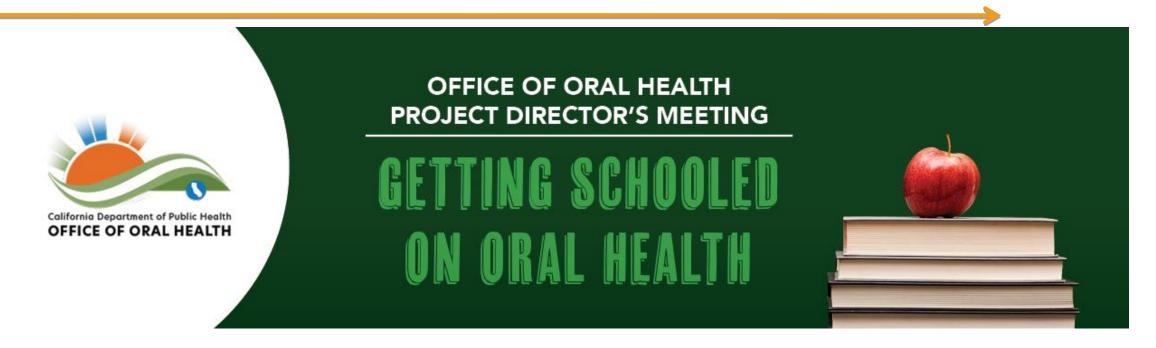
Menti Poll

- Go to <u>www.menti.com</u> and use the code 8699 7630
- Or click: https://www.menti.com/alx1pvbt2t21
- Question: What are you doing for Children's Dental Health Month?

- Social media post
- Health fair event
- Preventive services (fluoride varnish, dental sealants)
- Screenings for KOHA
- Distributing hygiene kits
- Classroom challenge (e.g., poster contest)
- Distributing oral health educational materials (e.g., toothbrushing calendars)
- Presenting at community partner events (e.g., libraries, Head Start)



Thank you





Thank You, LOHP Workgroup Members!

- Alameda Therese McCluskey
- Alameda Shakalpi Pendurkar
- Fresno Allegra Chacon
- Modoc Cheyenne O'Sullivan
- San Diego Nancy Starr

