



BUILDING ON MOMENTUM

PAVING THE WAY FOR A SYSTEM OF
ORAL HEALTH CARE IN LOS ANGELES
UNIFIED SCHOOL DISTRICT



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INTRODUCTION

Dental caries, the disease that causes tooth decay and which can lead to cavities, remains the leading chronic childhood disease, although it is highly preventable.¹ Poor oral health can disrupt normal childhood development and seriously damage overall health.² Children in Los Angeles County face great oral health disparities, faring worse than the national average for the prevalence of tooth decay.

Schools provide an effective platform for promoting oral health because they reach the majority of children and their families, including over 6 million children in California.³ The Los Angeles Unified School District (LAUSD) recognizes the role it can play in addressing the oral health disparities their students face. To fulfill this role, LAUSD has partnered with The Los Angeles Trust for Children’s Health (The L.A. Trust)—a nonprofit organization that works to support the academic success of the nearly 638,000 students of LAUSD⁴ by improving access to health services and programs—and community stakeholders to help implement several strategies to better address the oral health care needs of LAUSD students.

One critical opportunity for LAUSD to address children’s oral health early is a state policy that requires schools to ensure children are getting oral health assessments. The Kindergarten Oral Health Assessment Mandate is a critical component of a comprehensive strategy to ensure that children are receiving oral health assessments and are connected to dental homes for necessary oral health services.

This brief presents the role LAUSD, The L.A. Trust, and their partners have played in providing oral health services to children and provides recommendations for what needs to be done to advance a sustainable system of oral health care within LAUSD, including leveraging the Kindergarten Oral Health Assessment, to prevent and address children’s oral health problems. The goal of this brief is to pave the way forward so that no child in LAUSD has to suffer from preventable dental disease.



THE ORAL HEALTH NEEDS OF CHILDREN IN LAUSD

Overall, children in Los Angeles County were more likely to experience dental caries than children in the United States in 1999–2004. Nearly 40 percent of preschool children in LA County had dental caries compared to 28 percent of same-age children nationally. Among children aged 6–13, 44 percent in LA County had dental caries, compared to 27 percent, nationally.⁵ Statewide, 54 percent of California children experience tooth decay by the time they reach kindergarten, rising to 71 percent by the time they enter the third grade.⁶

Children of color and poor children experience higher levels of dental disease than their white, more affluent counterparts.⁷ For example, Latino children in California are significantly more likely to have a history of tooth decay (72%) and untreated tooth decay (32.9%) than non-Latino white children (47.6% and 19.8%, respectively).⁸ Seventy-four percent of LAUSD students are Latino.⁹ Further, in California, 21 percent of children under the age of 18 live in poverty, and studies show that these children have five times more untreated dental decay than children from higher incomes.¹⁰ Finally, a 2011 study of disadvantaged children in Los Angeles County found that 73 percent of children had untreated dental caries and 81 percent needed dental care.¹¹

Lack of access to oral health care is a major reason for poor oral health among children. In Los Angeles County, nearly 1 in 10 children under age 17 and 1 in 5 children under age 5 have never been to a dentist.¹² Concerns about not having enough providers who treat children enrolled in Medi-Cal, California’s Medicaid program, have been raised.¹³ And there is a lack of providers who can meet the

cultural and language needs of families.¹⁴ Other barriers to getting oral health care include lack of transportation, inability to leave work for children’s dental appointments, a lack of understanding about the importance of good oral health (including drinking fluoridated water and avoiding sugary drinks; in addition to good oral health behaviors, such as flossing and brushing) and how to get care, and other socioeconomic barriers.



LAUSD serves a primarily vulnerable population. Approximately 84% of students qualify for free- or reduced-price meals, there are more than 7,000 students in foster care, 90 percent of students identify as people of color, and 94 languages other than English are spoken.¹⁵

Children with dental disease are at risk of a life of poor oral health and other systemic health problems.¹⁶ Further, students in LAUSD with no access to dental care are three times more likely to miss school because of dental problems than students with access to care. Students in LAUSD, on average, miss 2.2 days of school annually because of dental problems.¹⁷ Finally, students with toothaches are almost four times more likely to have a grade point average lower than the median.¹⁸

RESPONDING TO THE NEED: THE L.A. TRUST FOR CHILDREN'S HEALTH'S ORAL HEALTH INITIATIVE

Since its inception in 2012 and in partnership with LAUSD, The L.A. Trust's Oral Health Initiative has been working to address oral health disparities among LAUSD's students and families through providing community-wide oral health education, providing preventive and early intervention services on campuses, and linking students and families to restorative care. A crucial part of the strategy and success of the Initiative is the partnerships LAUSD and The L.A. Trust have forged with key stakeholders, including clinical and other providers, public health and consumer advocates, county staff, school district administrators, parents, students, and funders. In addition, with support and leadership from The L.A. Trust, LAUSD has enacted District-wide policies and activities to create an environment that integrates oral health into the day-to-day activities of schools.

Universal School-based Oral Health Screening and Fluoride Varnish Program

Based on community needs and informed by stakeholder and community input, beginning in 2013, LAUSD and The L.A. Trust adapted Rady Children's Hospital for Healthier Communities Dental Care Healthy Smiles Curriculum and service delivery model to implement its own oral health screening and varnish program.¹⁹ The program entails on-site oral health education, oral disease identification, fluoride varnish, and connections to a dental home for students at schools with large numbers of underserved students. The key activity of the program is a one-day or two-day event when the oral health provider comes on site

to provide oral health education and preventive oral health services to all students whose parents/guardians have provided consent. It concludes with connecting all participating children to a dental home, prioritizing those most in need.²⁰

From April 2013 to June 2017, The L.A. Trust, along with LAUSD Oral Health Nurses, held 49 universal screening and fluoride varnish programs across 32 LAUSD sites. Nearly 25,000 students and 3,500 parents received direct oral health education, while 8,160 students received screening and fluoride varnish, in addition to oral health education. Five percent of students screened (392) were found to be in need of urgent dental care, to which they were immediately linked. In addition, screening reports and a dental referral list tailored to each local district were sent home with each student in an effort to connect them to a dental home, regardless of dental problems.²¹

Community-Wide Education

Every year in February—Children's Dental Health Month—with support from LAUSD, The L.A. Trust hosts a county-wide Tooth Fairy Convention, an event for parents, children, and the community to learn about the importance of oral health and receive resources, free oral health screenings, and dental referrals. The L.A. Trust also sponsors an annual poster contest for middle and high school students to engage in promoting the importance of proper oral health care across LAUSD. Winners receive a gift card, and their posters are copied and displayed in Wellness Centers across the District.²²



Supportive District-Wide Oral Health Policies

Critical to schools' ability to promote positive oral health and address the oral health needs of the students and families they serve is supportive leadership and policies from the school district itself. Fortunately, with support and guidance by The L.A. Trust, the LAUSD Board of Education (Board) has adopted several policies and has taken action to reinforce a strong oral health infrastructure for the District.

For example, the LAUSD Health and Wellness Policy includes several points related to promoting students' oral health, from outlining policies to identifying available services.²³ Furthermore, in January 2017, LAUSD Board of Education unanimously approved a resolution recognizing the importance of oral health in to academic achievement and committing LAUSD leadership to support efforts to advance oral health promotion activities in schools. This includes complying with the Kindergarten Oral Health Assessment Mandate, designating February as Dental Health Month, and supporting the activities of The L.A. Trust's Oral Health Initiative.²⁴ In addition to this resolution,

through policy bulletins and memos, District leaders have reminded elementary school leaders of the Kindergarten Oral Health Assessment Mandate, provided instructions for how to implement the requirement, and informed them about The L.A. Trust's role in supporting oral health care activities in schools.²⁵

In 2017-18, the LAUSD Healthy Start program institutionalized the Oral Health Initiative by including the implementation of the Kindergarten Oral Health Assessment Mandate in their program staff scope of work. The inaugural training was held in August 2017, and this effort is being piloted in 40 target schools in high needs areas.

Finally, in 2014, the Board allocated \$50 million in bond funds for the expansion of existing Wellness Centers and the construction of new Centers. Wellness Centers are full service community clinics on campus that provide primary care and mental health services to students and the community. With the expansion dollars, six of the 15 Wellness Centers now provide school-based dental services, increasing access to dental care for thousands of children.²⁶

TAKING THE NEXT STEP TOWARD CAVITY-FREE STUDENTS

In partnership with The L.A. Trust, LAUSD has taken significant steps toward reducing dental decay among students through this school-based model. However, while improvements have been made, dental disparities among children in LAUSD remain an enormous problem. This is an opportune time to both build on the success of the Oral Health Initiative and leverage new opportunities to continue to work toward a sustainable system of school-based oral health care within LAUSD. As the second largest school district in the nation, it will take a true collaborative effort—with roles for The L.A. Trust, LAUSD, providers, advocates, philanthropy, the County and State, and other stakeholders—to implement the following recommendations.

Spread and Sustain the Universal School-Based Oral Health Screening and Fluoride Varnish Program Through Dedicated School Staff and Clinic Leadership. While the universal oral health screening and fluoride varnish program was initiated and coordinated by The L.A. Trust, the critical partners that makes the program successful are the clinic providers as well as school staff dedicated to health programming. These stakeholders are in a position to take a leadership role in spreading this model, with resources, support, and training provided by The L.A. Trust and LAUSD. At this point, some clinic staff are well-trained to take on the relationship-building with schools, coordination, and service provision activities of the program. Further, by putting dedicated school staff at the head of the program, they will be able to tailor a program that

both meets the requirements of the program and the unique needs of the community's schools, families, and providers. And clinics can build the program in a way that has the potential to be sustainable through, for example, employing a diverse workforce—such as dental hygienists, dental assistants, and care coordinators—to serve more patients and attracting new patients through referrals.

Support District-Wide Implementation of the Kindergarten Oral Health Assessment Mandate. Signed into law in 2005, in an effort to reduce the number of school children with dental disease, Assembly Bill (AB)1433—the Kindergarten Oral Health Assessment Mandate—requires that children have a dental exam by May 31 of their first year of public school, at kindergarten or first grade, and that parents/guardians provide proof of that oral health assessment. Oral health exams that occurred within the 12 months prior to school entry also meet the Mandate. School districts collect and forward data to the County Office of Education.²⁷ Follow-up legislation, Senate Bill (SB) 379, signed into law in 2017, makes data collection easier and streamlines family consent for children to receive oral health assessments at school sites.

The program serves to not only ensure children connect to a licensed dental provider for a basic screening, but it also can be an important tool in educating and helping families establish a regular source of oral health care for their children as well as in identifying oral health disparities and targeting resources.²⁸

Yet, implementation of the Mandate has been minimal and uneven across the State. Many schools, including those in LAUSD, have struggled to fulfill the Mandate, due to limited support from the State. Barriers to full implementation include limited technical support (such as around outreach and education and data collection) from the State and difficulty in collecting, managing, and reporting data.

However, there are opportunities to take advantage of this critical policy to increase the number of children who receive assessments and who are ultimately connected to ongoing care, especially as part of a comprehensive school-based oral health strategy. And there are new supports available. For example, as part of the State Oral Health Plan, the State will be supporting a technical assistance provider to work one-on-one with school districts to help them implement the Mandate. Further, as mentioned above, the LAUSD Board of Education is supporting stricter adherence to the Mandate—including supporting Healthy Start staff in implementing the Mandate, as well as piloting implementation at 40 schools.

LAUSD, The L.A. Trust, the California Department of Education, the California Oral Health Program, and key partners can take the following additional steps to better implement the Mandate.

- Support Healthy Start Coordinators—with training, resources, and technical assistance—in helping children get the assessment, talk to families about the importance of good oral health, and connect them to a dental home as well as other health and social service programs.
- Educate school staff about the importance of good oral health, the role of the assessment in facilitating oral health care, and what



school staff can do to help ensure parents get assessments for their children and return the form.

- Use health fairs, kindergarten round-up, and back-to-school events to educate families about oral health, provide onsite assessments, and help families connect to a dental home.
- Provide incentives to children who bring back their forms. For example, teachers can provide reminders via stickers, wristbands, or flyers in backpacks for children to take home to remind them and their parents about the assessment form. Incentives could include a bubble party, a dance party, or more time on the playground.
- Integrate the assessment into existing programs, such as the implementation of the universal oral health screening and fluoride varnish program, or other school-based oral health programs.
- Partner with local dentists to bring the assessments to the school sites and to identify dental providers to serve as dental homes for children and families.
- Identify the best strategy and support the collection and submission of data to the State as well as make the data (in aggregate form) available to the public. The data can help identify need and, consequentially, inform policies and the flow of resources.
- Take advantage of opportunities through the Office of Oral Health at the California Department of Public Health to receive technical assistance in implementing the Mandate.

Support Additional Ways to Partner with Clinics. Per the examples above, FQHCs and other community clinics have played an important role in the provision of oral health services. Collaboration between clinics and LAUSD to improve oral health care access for children dates back to the early 2000s. One example is the collaboration between Eisner Health, an FQHC, and San Pedro Elementary School. Through a pilot program in 2010-11, with the support of The L.A. Trust and the Dental Health Foundation (now Center for Oral Health), Eisner Health purchased and used portable dental equipment to bring oral health care to schools. The partnership with the school has sustained past the pilot project, with the clinic expanding services to two nearby schools. Similarly, other FQHCs and community clinics in LA County have partnered with school districts to provide oral health services on school campuses. Another possibility for bringing oral health care to children in schools is through the Virtual Dental Home (VDH) or VDH-like programs, which uses telehealth technology to bring dental care to community sites. To date, the VDH has been implemented in 20 sites across LA County, including early learning sites and schools.

Collaborate with Academic Institutions. Academic institutions can be good partners for schools to provide oral health services. In LA County, there are three dental schools that have community-based collaborations with schools. In 2011, through a grant from the federal Maternal and Child Health Bureau's School-Based Comprehensive Oral Health Services Program, the Dental Health Foundation, in collaboration with Western University and LAUSD, designed and implemented a school-based program to bring oral

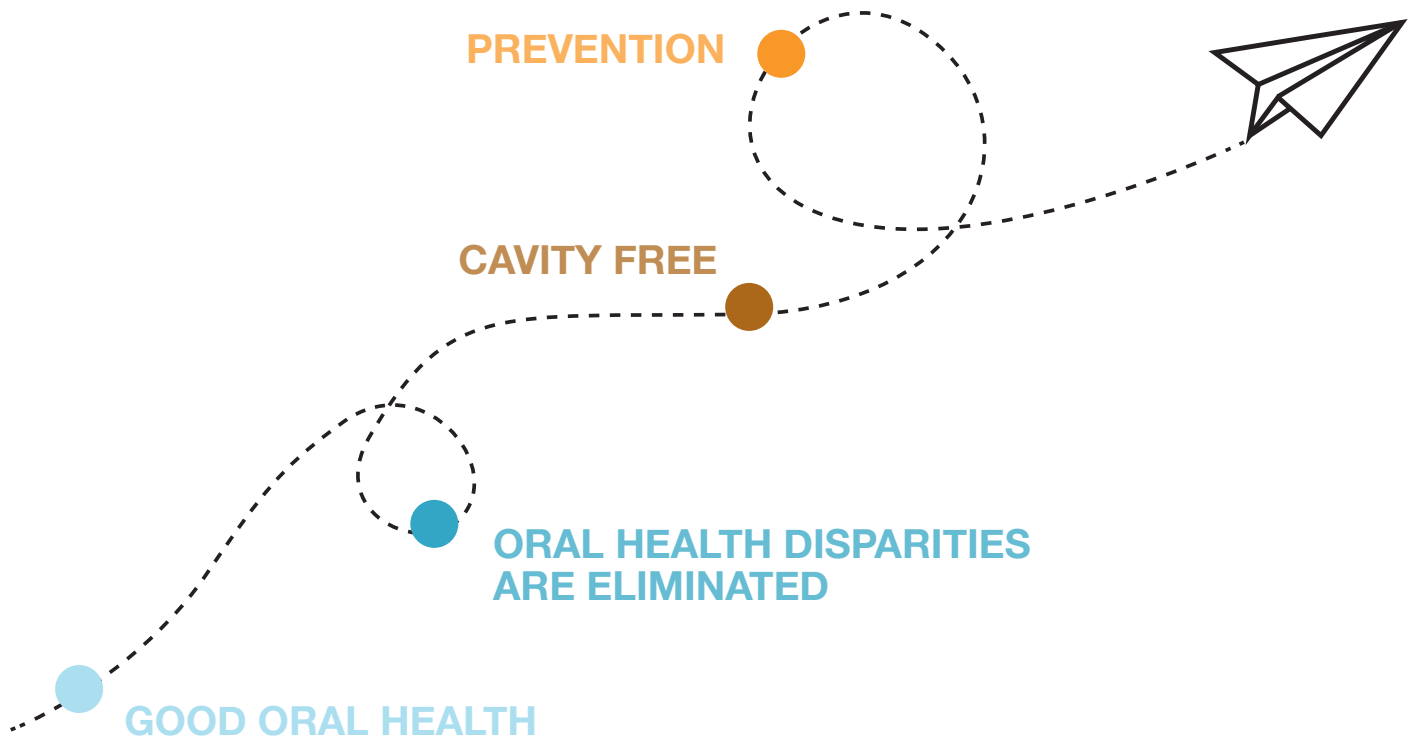
health care services to schools, in which services were provided by Western University faculty and students. Because of the effectiveness of the effort, Western University has since collaborated on school-based oral health services with three additional school districts in LA County. UCLA has expanded its community involvement as part of its UCLA-First 5 LA Oral Health Program, which partnered with 22 community clinics, including 20 FQHC sites, many of which provide services for LAUSD schools. Expansion of these activities are planned as part of Medi-Cal Dental Transformation Initiative Local Dental Pilot Projects.

Take Advantage of Current State and Local Public Oral Health Opportunities.


California's Dental Director recently led the development of a State Oral Health Plan, which includes schools as a target for oral health activities. Related, the recently passed Proposition 56 dedicates \$30 million dollars to the State Oral Health Plan, most of which goes to local oral health programs to develop and implement their own oral health plans. As LA County develops its plan, there is an opportunity to ensure LAUSD is included in the strategy to meet both the State and County's goals, while improving the oral health of LAUSD children and families. Finally, as part of a Medi-Cal Waiver, the Department of Health Care Services is implementing a Dental Transformation Initiative (DTI), which includes the implementation of Local Dental Pilot Projects (LDPPs)—alternative, community-based strategies to provide oral health care to children enrolled in Medi-Cal. There are two LDPPs in Los Angeles with which The L.A. Trust and LAUSD can partner to bring oral health care into schools.

THE PATH FORWARD

LAUSD, The L.A. Trust, and their partners are at a critical juncture in creating a system of oral health care in LAUSD—a system that prioritizes prevention so that the community can look forward to a time where LAUSD students are cavity free and oral health disparities are eliminated. The time is now to build on the success of current efforts, the relationships and collaborations that have been formed, and current policy opportunities to create this system so that all students in the nation’s second largest school district have good oral health. As a result, we will have a generation of families who no longer have to worry about their children’s oral health impacting their academic success and their overall health and well-being.



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