

Policy Pathways to Strengthen School-Based Oral Health Education & Screening Implementation

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Introduction

Research shows children with poor oral health are nearly three times more likely to miss school than their healthier peers which can lead to lower academic performance and ability to succeed in school.¹ Furthermore, poor oral health remains one of the top reasons why California students miss school, resulting in a loss of \$28 million per year to school districts.² Oral health education provided in schools is one of several strategies identified to help improve children's health outcomes.³ However, due to a lack of accountability and the current curriculum, oral health education in schools has occurred unevenly and has been mostly provided by non-school staff. This brief outlines the status of oral health education provided in California's TK-12 schools and legislative and regulatory policy pathways that partners can pursue in order to ensure students are learning the importance of the connection between oral health to overall health and the hygiene and behaviors necessary to stay in school ready to learn.

Status of Oral Health Curriculum in TK-12 Schools

Oral health is included in the California Health Education Content Standards.⁴ Guidance to schools on how to implement these standards, including those on oral health, is included in the Health Framework for California Public Schools (Framework) adopted by the State Board of Education in 2019 and published in 2021 for grades TK-5 and 7-12.⁵ Despite having both content standards and a curriculum framework, there are no state-adopted instructional materials (a.k.a. textbooks or curriculum) aligned with the 2019 Framework for health in TK-8 grades. This leaves each school district with the responsibility of reviewing and selecting instructional materials for health, for which there are several choices that a district can choose from depending on the grade.⁶

In addition, there is no accountability mechanism if a school does not use the Framework.⁷ Even if a teacher takes the time to teach a lesson about oral hygiene consistent with the standards and Framework, there is no formal system to determine whether a teacher delivered the curriculum or to measure if a student understood what they were taught.

Still, teaching oral health hygiene, especially to younger students, remains an important priority. Federal Head Start requires programs to provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.⁸ Head Start Policies and Procedures further require that programs "must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily."⁹ In California, all 61 local health departments received funding in 2022 to implement community oral health improvement plans through which several local oral health programs leverage their funds to identify and coordinate with local hygienists, dentists, and school personnel to deliver oral health lessons and screenings to school-age children.

Over the next several years, there are a number of opportunities that concerned partners can take to strengthen the provision of oral health curriculum in TK-12 settings. As stated above, while there are no accountability measures to ensure that oral health curriculum is ultimately delivered in schools, there are policy pathways that could help strengthen and scale practices to increase the oral health literacy of students and lead to improved oral health hygiene behaviors and outcomes.

Prioritize Oral Health in Health Framework

Oral health hygiene already exists in the Health Framework, which essentially provides guidance on what and how schools should teach health in classrooms. This framework will be updated in 2027, representing an opportunity for partners to affirm that oral health hygiene remains. Currently, there are no oral health standards for 6th grade. To include this remaining outstanding grade, legislation with language on the Health Framework to address oral health in every grade is required.

Relatedly, the California State Preschool (CSPP) programs is required to use, and Transitional Kindergarten (TK) programs are encouraged to use the Preschool/Transitional Kindergarten Learning Foundations (PTKLF) to determine content and standards taught in this program. CSPP serves income eligible three- and four-year-old children and beginning in 2025/2026, all four-year-old children are eligible to enroll in TK. While oral health is mentioned in the Health domain of the PTKLF¹⁰, interested partners may want to assess and raise awareness of early care educators about educational materials that could be helpful in assuring younger students are learning about oral health in these settings.

After the Health Framework is updated, if there is sufficient funding, the California Department of Education will issue a call for publishers to submit instructional materials to review and adopt. It is important to note when the Health Framework was last adopted in 2019, CDE determined that no Health materials could be adopted due to a 'lack of interest' from publishers. This led CDE to cancel the adoption of Health curricula in 2020.¹¹ Publishers do have to pay a fee, so partners might want to consider advocating for a fee waiver to incentivize submission when the Framework is updated.

Leverage the Kindergarten Oral Health Assessment

California law currently requires students entering the K-12 system for the first time – kindergarten, or in some cases, first grade – turn in a form known as the Kindergarten Oral Health Assessment (KOHA) that reports on the oral health status of that student.¹² Schools that choose to provide onsite oral health screenings can help facilitate the KOHA form to be filled out and turned in and allow dental providers the opportunity to provide a screening service and teach students about oral health.

Effective January 1, 2025, recently signed legislation will allow for children entering the public school system as transitional kindergarten (TK) students to complete and turn in KOHA. With TK being offered to all four-year-olds in 2025-26, this updated legislation helps to clarify when the assessment could be completed, and data shared with state and local agencies.

Another legislative opportunity to strengthen schools' compliance with the Kindergarten Oral Health Assessment is to give "permissive authority" to school districts to work with public health or community foundations to provide oral health screenings and to share data around the results. Improving collection and reporting of KOHA is a priority of local oral health programs so that they can understand what is happening locally and help facilitate the establishment of dental homes for children who do not yet have one, especially those whose KOHA forms indicate the presence of cavities that require treatment.

Include an Oral Health Education Component for Medi-Cal Health Plans

The California Department of Health Care Services that administers the state’s Medi-Cal program will require Medi-Cal managed care plans (MCP) in 2025 to execute memorandums of understanding with local educational agencies (LEAs) to improve how plans are reaching eligible children to provide early, periodic screening and diagnostic treatment (EPSDT) services.¹³ Children and youth under the age of 21 with full-scope Medi-Cal benefits are eligible to receive EPSDT, which includes dental.¹⁴ MOUs between the MCPs and LEAs could articulate in the MOUs how awareness and education about dental services for eligible students are provided, as well oral health hygiene.

Further, there is a dental care coordination process and form that school staff (and others) can submit on behalf of students enrolled in Medi-Cal.¹⁵ Given the unique role of schools in identifying health needs and sometimes being the site of care or intervention services, schools/LEAs play a critical part ensuring dental access for students enrolled in Medi-Cal. This presents a significant opportunity for schools to leverage oral health resources and expertise from MCPs to provide not only oral health education, but also preventive dental care, connection to a dental home, and where necessary, restorative dental services for students.

The graphic below summarizes what steps interested partners can take between now and when the Health Framework will be updated in 2027:

Advocacy Roadmap to Strengthen Oral Health Education & Screenings in Schools: 2024-2027

Process	2024				2025				2026				2027			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Raise awareness among local oral health programs, coalitions and other partners about the policy pathways to strengthen oral health education and screening in schools	[Green bar spanning all quarters from 2024 Q1 to 2027 Q4]															
Provide comment on template memorandum of understanding between Medi-Cal managed care plans and local educational agencies	[Green bar spanning 2024 Q1 to 2024 Q2]															
Identify state policymaker(s) who could champion legislation to include 6th grade has oral health in Health Framework					[Green bar spanning 2025 Q1 to 2026 Q4]											
Identify state policymaker(s) who could champion legislation to improve Kindergarten Oral Health Assessment (KOHA)	[Green bar spanning 2024 Q1 to 2027 Q4]															
Run two-year bill after policymaker champion(s) identified					[Green bar spanning 2025 Q1 to 2027 Q4]											
Monitor Medi-Cal initiatives in schools					[Green bar spanning 2025 Q1 to 2027 Q4]											
Organize to affirm oral health in Health Framework (to be adopted in 2027)									[Green bar spanning 2026 Q3 to 2027 Q4]							
Advocate for a fee waiver that oral health publishers could apply for to incentivize submissions													[Green bar spanning 2027 Q3 to 2027 Q4]			

Conclusion

Between now and 2027 when the Health Framework is updated, partners will have several opportunities to strengthen and standardize the provision of oral health education in TK-12 schools. While younger students in preschool and transitional kindergarten have guidelines and are encouraged to be learn about oral health, partners can raise awareness of educators and support implementation. Similarly, while oral health is currently part of the K-12 Health Framework, materials need to be adopted for teachers to use. The next opportunity to affirm that oral health should remain in the Health Framework will be in 2027. In the meantime, steps to ensure all grades have access to oral health education can be addressed via legislation. While these activities occur, local oral health programs have been filling the void – albeit unevenly – by partnering with hygienists and dentists to provide oral health screening and education to specific grades.

Through legislation the state can increase compliance with the Kindergarten Oral Health Assessment and provide local data to local health departments, local educational agencies and the State Office of Oral Health on the oral health status of children entering the public school system for the first time. Recent legislation will require transitional kindergarten students to complete an oral health assessment starting for school year 2025-26. Finally, partners can participate in the policy planning and monitoring of upcoming requirements of Medi-Cal managed care plans starting in 2025 to ensure proper implementation of memorandums of understanding between plans and schools that could be leveraged to provide oral health education to students and a new dental care coordination process to facilitate access to dental services.

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Endnotes

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