ASSESSMENT OF IMPACT OF AB 1433
KINDERGARTEN ORAL HEALTH ASSESSMENT LAW IN CALIFORNIA

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CavityFree SF (A Children’s Oral Health Collaborative)
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
This law requires 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, to present proof of having received an oral health assessment by a licensed dentist or other licensed or registered dental health professional operating within his or her scope of practice that was performed no earlier than 12 months prior to the date of initial enrollment of the pupil.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200520060AB1433
Everyone Deserves a Healthy Smile!

WHY IS CHILDREN’S ORAL HEALTH SO IMPORTANT?
Good oral health improves a person’s ability to

• Speak
• Smile
• Smell
• Taste
• Touch
• Chew
• Swallow
• Make facial expressions to show feelings and emotions
WHAT IS THE PROBLEM THEN?

HOW ABOUT A SHORT QUIZ
Which one is more common?

TOOTH DECAY

Asthma

Hay Fever

Bronchitis

5x

8x

13x

DENTAL DECAY

- A major chronic problem in children (American Academy of Pediatrics)
- Progressive and Transmissible
- Does not heal without treatment
- But very much preventable
- Major reason for school absenteeism
- If untreated, children may develop cavities/infections severe enough to require emergency room treatment.
- Additionally, their adult teeth may be permanently damaged
- Affects overall systemic health
CALIFORNIA STATS

- 6.3 million children i.e. 2/3rd of all children suffer from poor oral health by the time they reach 3rd grade.

- In California, by Kindergarten,
  - > 50% of children already have experienced dental decay
  - 28% have untreated decay
  - 19% have extensive decay

- Estimated over ½ million of children in California missed school in past 12 months due to dental problems.
Surgeon General David Satcher: What amounts to “a silent epidemic” of oral diseases is affecting our most vulnerable citizens -- poor children, the elderly, and many members of racial and ethnic minority groups (US General Accounting Office 2000).
INTENDED IMPACTS OF ABOUT AB 1433

A way for schools to help children stay healthy and support children’s school readiness and success

Helps identify children with unmet oral health needs and helps schools assist parents in establishing dental home for their children

The ultimate goal of this program is to establish a regular source of dental care for every child. The program will also identify children who need further examination and dental treatment, and will identify barriers to receiving care.

https://www.cda.org/public-resources/kindergarten-oral-health-requirement
<table>
<thead>
<tr>
<th><strong>OTHER INTENDED IMPACTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Raise</strong></td>
</tr>
<tr>
<td><em>parents’ awareness</em> of the importance of oral health to overall health and readiness to learn</td>
</tr>
<tr>
<td><strong>Connect</strong></td>
</tr>
<tr>
<td><em>children with dental professionals</em> who can care for their oral health</td>
</tr>
<tr>
<td><strong>Assist in</strong></td>
</tr>
<tr>
<td><em>enrolling children in government benefit programs</em>, such as Medi-Cal and Healthy Families</td>
</tr>
<tr>
<td><strong>Maximize</strong></td>
</tr>
<tr>
<td><em>existing systems of care</em> and reimbursement before creating new systems</td>
</tr>
<tr>
<td><strong>Identify</strong></td>
</tr>
<tr>
<td><em>locally specific barriers-to-care</em> to assist communities in responding to their children’s oral health needs</td>
</tr>
<tr>
<td><strong>Provide</strong></td>
</tr>
<tr>
<td><em>data</em> for further advocacy</td>
</tr>
</tbody>
</table>

[https://www.cda.org/public-resources/kindergarten-oral-health-requirement](https://www.cda.org/public-resources/kindergarten-oral-health-requirement)
To **distribute** the oral health education materials and the assessment-waiver document to parents

**Collect** the assessment-waiver document by May 31 of the school year, and aggregate the data contained on the form and **report** it, by district, to their County Office of Education

**Communicate** the importance of oral health to parents and of being the guardians of the information that is collected and reported

**Encourage** parents to seek a dental checkup for their child and to return the paperwork
## Number of students in public schools by grade range: 2016–17

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten through grade five</td>
<td>2,860,733</td>
</tr>
<tr>
<td>Grades six through eight</td>
<td>1,421,723</td>
</tr>
<tr>
<td>Grades nine through twelve</td>
<td>1,939,323</td>
</tr>
<tr>
<td>Ungraded programs</td>
<td>6,456</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,228,235</strong></td>
</tr>
</tbody>
</table>

## Public vs Private School Enrollment

<table>
<thead>
<tr>
<th>Year</th>
<th>Public School Enrollment</th>
<th>Private School Enrollment</th>
<th>Total Enrollment</th>
<th>Percentage of Total State Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14</td>
<td>6,236,672</td>
<td>511,286</td>
<td>6,747,958</td>
<td>7.6%</td>
</tr>
<tr>
<td>2014-15</td>
<td>6,235,520</td>
<td>503,617</td>
<td>6,739,137</td>
<td>7.5%</td>
</tr>
<tr>
<td>2015-16</td>
<td><strong>6,226,737</strong></td>
<td>500,543</td>
<td>6,727,280</td>
<td>7.4%</td>
</tr>
</tbody>
</table>
## SAN FRANCISCO AB 1433 ASSESSMENT STATS

<table>
<thead>
<tr>
<th>County</th>
<th>Total Eligible</th>
<th>Proof of Assessment</th>
<th>Untreated Decay</th>
<th>Waived Financial Burden</th>
<th>Waived Lack of Access</th>
<th>Waived No Consent</th>
<th>Not Returned</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>4439</td>
<td>3978 (89.61%)</td>
<td>648 (14.60%)</td>
<td>0</td>
<td>0</td>
<td>31 (0.70%)</td>
<td>430 (9.68%)</td>
<td>2015</td>
</tr>
</tbody>
</table>

[https://www.cda.org/public-resources/kindergarten-oral-health-requirement](https://www.cda.org/public-resources/kindergarten-oral-health-requirement)
AB 1433 was signed into law in 2005

Updated October 13, 2017 (Added “Caries Experience” to the reported data)

Not mandatory anymore

Implementation now left up to each school district based upon a Local Control Funding Formula decision-making process
By May 31st – Children entering public school either in kindergarten or first grade need to present proof of having received an oral health assessment within the first year of their enrollment.

By July 1st – Upon receipt of completed assessments, all school districts to submit a report to a system designated by the state dental director for the collection of those reports or the county office of education of the county in which the school district is located, or both.
The total number of pupils who are subject to the **requirement**

The total number who presented **proof of an assessment**

The number who are assessed and found to have **untreated decay**

The number who are assessed and found to have **experienced dental disease** (measured as either treated or untreated dental decay)

**THE REPORT SHOULD INCLUDE**

https://www.cda.org/public-resources/kindergarten-oral-health-requirement
The number who could not complete an assessment due to **financial burden**

The number who could not complete an assessment due to **lack of access to a licensed dental professional**

The number who could not complete an assessment because of **lack of parental consent**

The number who **did not return** either the assessment form or the waiver request to the school

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THE REPORT SHOULD INCLUDE

https://www.cda.org/public-resources/kindergarten-oral-health-requirement
Welcome to the SCOHR (System for California Oral Health Reporting)

SCOHR was developed by the SJCOE (CEDR Department) and in collaboration with the ACSA, CDA, and CCSESA, to provide a centralized online method of all required student oral health assessment data.

Schools in participating districts will have access to input, manage, and track electronic Oral Health Assessment/Waiver Request Forms and all oral health assessment data, bulk upload data to pre-fill the Oral Health Assessment/Waiver Request Forms, print pre-filled Oral Health Assessment/Waiver Request Forms (individually or in-bulk), and export all data into a standardized format.

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

If your school, district or COE is interested in participating, please contact the SJCOE, CEDR department, at scohr@sjcoe.net. To login, if your account has already been set up, enter your username and password into the fields above and click the Login button. If you need help logging in please contact our support.
ORAL HEALTH ASSESSMENT FORM
Oral Health Assessment Form

California law (Education Code Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child’s Information (Filled out by parent or guardian)

<table>
<thead>
<tr>
<th>Child’s First Name:</th>
<th>Last Name:</th>
<th>Middle Initial:</th>
<th>Child’s birth date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Apt.:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Teacher:</th>
<th>Grade:</th>
<th>Child’s Sex:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name:</th>
<th>Child’s race/ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian</td>
</tr>
<tr>
<td></td>
<td>☐ Native American ☐ Multi-racial ☐ Other_________</td>
</tr>
<tr>
<td></td>
<td>☐ Native Hawaiian/Pacific Islander ☐ Unknown</td>
</tr>
</tbody>
</table>
Section 2: Oral Health Data Collection *(Filled out by a California licensed dental professional)*

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

<table>
<thead>
<tr>
<th>Assessment Date:</th>
<th>Caries Experience (Visible decay and/or fillings present)</th>
<th>Visible Decay Present:</th>
<th>Treatment Urgency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
<td>□ No obvious problem found</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Urgent care needed (pain, infection, swelling or soft tissue lesions)</td>
</tr>
</tbody>
</table>

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**Licensed Dental Professional Signature**

**CA License Number**

**Date**
Section 3: **Waiver of Oral Health Assessment Requirement**
To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- □ I am unable to find a dental office that will take my child’s dental insurance plan.  
  My child’s dental insurance plan is:
  - □ Medi-Cal/Denti-Cal  □ Healthy Families  □ Healthy Kids  □ Other ________________  □ None
- □ I cannot afford a dental check-up for my child.
- □ I do not want my child to receive a dental check-up.

Optional: other reasons my child could not get a dental check-up: __________________________________________

If asking to be excused from this requirement: ►__________________________________________

  *Signature of parent or guardian*            *Date*

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 31** of your child’s first school year.
**Original to be kept in child’s school record.**

https://www.cda.org/public-resources/kindergarten-oral-health-requirement
THE ASSESSMENT-WAIVER FORMS WILL IDENTIFY:

1. Children entering kindergarten who have untreated decay

2. Children entering kindergarten who have an urgent need for care

3. Children who do not have any form of dental insurance and who may benefit from local programs that assist with enrollment in the Medi-Cal program

https://www.cda.org/public-resources/kindergarten-oral-health-requirement
Available Translations

- Arabic - Oral Health Assessment/Waiver Request Form (DOC)
- Arabic - Oral Health Assessment/Waiver Request Form (PDF)
- Armenian (Eastern) - Oral Health Assessment Form (DOC)
- Armenian (Eastern) - Oral Health Assessment Form (PDF)
- Armenian (Western) - Oral Health Assessment Form (DOC)
- Armenian (Western) - Oral Health Assessment Form (PDF)
- Chinese (simplified) - Oral Health Assessment Form (DOC)
- Chinese (simplified) - Oral Health Assessment Form (PDF)
- Chinese (traditional) - Oral Health Assessment Form (DOC)
- Chinese (traditional) - Oral Health Assessment Form (PDF)
- German - Oral Health Assessment/Waiver Request Form (DOC)
- German - Oral Health Assessment/Waiver Request Form (PDF)
- Hmong - Oral Health Assessment Form (DOC)
- Hmong - Oral Health Assessment Form (PDF)
- Japanese - Oral Health Assessment/Waiver Request Form (DOC)
- Japanese - Oral Health Assessment/Waiver Request Form (PDF)
- Khmer (Cambodian) - Oral Health Assessment/Waiver Request Form (DOC)
- Khmer (Cambodian) - Oral Health Assessment/Waiver Request Form (PDF)
- Korean - Oral Health Assessment/Waiver Request Form (DOC)
- Korean - Oral Health Assessment/Waiver Request Form (PDF)
- Tagalog (Filipino) - Oral Health Assessment Form (DOC)
- Tagalog (Filipino) - Oral Health Assessment Form (PDF)
- Portuguese (Continental) - Oral Health Assessment/Waiver Request Form (DOC)
- Portuguese (Continental) - Oral Health Assessment/Waiver Request Form (PDF)
- Punjabi - Oral Health Assessment Form (DOC)
- Punjabi - Oral Health Assessment Form (PDF)
- Russian - Oral Health Assessment/Waiver Request Form (DOC)
- Russian - Oral Health Assessment/Waiver Request Form (PDF)
- Spanish - Oral Health Assessment/Waiver Request Form (DOC)
- Spanish - Oral Health Assessment/Waiver Request Form (PDF)
- Vietnamese - Oral Health Assessment Form (DOC)
- Vietnamese - Oral Health Assessment Form (PDF)

Masters in Public Health Thesis (MPH, June 2017)

Preceptor: Dr. Jayanth Kumar – State Dental Director, CDPH

Mentor: Neal Rosenblatt, Research Scientist III, CDPH
PROJECT

OBJECTIVE

Assess outcome/impact of AB 1433
(Preliminary Study)
Determining how kindergarten assessment policy is being implemented in different counties

Selected 58 Active Participants – counties with actively participating school districts
A preliminary study to assess impact of AB 1433 “Kindergarten Assessment Law,” this study provides an overview of the implementation process, challenges faced and need for quality improvement.

The results of these findings will assist the California Department of Public Health’s Oral Health program, CDA, and CDE in making quality improvements to AB 1433 implementation.
State/County/District Level Participation Rates

Goal = 100%

Definitions:

State Participation Rate (Among Participating Unified + Elementary Public School Districts):
\[
\left( \frac{\text{Total # pupils assessed + waivers}}{\text{Total # enrolled pupils}} \right) \times 100
\]

County Participation Rate:
\[
\left( \frac{\text{Total # counties} \geq 1 \text{ participating district}}{\text{Total # Counties}} \right) \times 100
\]

District Level Participation Rate:
\[
\left( \frac{\text{Total # school districts} \geq 1 \text{ proof of assessment}}{\text{Total # unified + elementary school districts}} \right) \times 100
\]
METHODS

Part 1
Question Bank: 72 Questions; Survey: 30 Questions

Part 1 A

Part 1 B (Future Work)
EXPERT TEAM CONTRIBUTION

SFDPH – San Francisco Department of Public Health

CDA – California Dental Association

CDE – California Department of Education
SURVEY COMPONENTS

01 Program Description

02 Communications

03 Challenges

04 Lessons Learned

05 Quality Improvement
- **Resources**: document that described or summarized the AB 1433 kindergarten assessment process for that county.

- **Activities/Logistics**: to successfully implement the assessment process.

- **Outcomes**: outcomes of the oral health assessment such as trends in increase or decrease of caries prevalence and participation rates.
Individual schools and school districts have the vital role of communicating the importance of oral health to parents.

The AB 1433 law directs schools to distribute oral health education materials and the kindergarten assessment/waiver form to parents who are registering their child or children in public school for the first time.

The assessment/waiver form collects data for the express intention of identifying not only the number of children entering school with untreated decay, but identifies specific access-to-dental care barriers, as well.

Beyond the requirements of the law, schools have historically played an important role in ensuring children are healthy and ready to learn.
The ultimate goal of the kindergarten assessment program is to establish a dental home for each child.

To what extent is the program achieving this goal?

What are the challenges?

How are these challenges resolved?
LESSONS LEARNED

This section provided an opportunity to school districts to share with us and other school districts *what worked best* for them, *what did not* and what do they see as an *opportunity to expand* this to other school districts.
This section was to know potential improvements that could be done to *improve implementation of the law.*

We requested suggestions for improvement of assessment/waiver forms and in what ways could local public health department and/or upper level California Department of Education or state policy makers assist in improving implementation of kindergarten assessment.
IMPORTANT FINDINGS
Distribute oral health education materials

Assessment/waiver good at identifying children without dental insurance

Schools enter data into SCOHR system after assessment
• Distribute oral health education materials including Medi-Cal enrollment information along with assessment/waiver information. This is not how we present the data.

• Assessment/waiver is good at identifying kids at risk such as lack of dental insurance.

• Schools entering data into SCOHR (School for California Oral Health Reporting System) after assessment.

• Said after kindergarten assessment they follow-up with parents if their child needs further care with referrals and available low-cost community clinics.

• Said materials they distribute assist in enrolling kids in government benefit programs such as Medi-Cal and Healthy Families.

• Said materials they distribute identifies locally specific barriers-to-care. Barriers can include access to an oral health professional, financial burden, or lack of parental consent.
Q1: Does your district conduct a kindergarten assessment?

- **YES**: 20/31 = 65%
- **NO**: 35%

31/51 respondents

61% - participation rate
Q11: IS THERE AN INCREASE OR DECREASE IN CARIES PREVALENCE AND UNTREATED DECAY?

- **Increase**
- **Decrease 40%**
Kindergarten assessment participation over time

Overall prevalence of caries

Gap between white & Asian, Black, Hispanic kids
Dental needs not as important as medical

Language Barriers

Monetary Barriers

Lack of dental professionals

1:1 contact with parents by the school nurses

Collaboration with local dental society

Free dentist/hygienist visit for dental screening

Continued care with same dentist preferable
**MONETARY BARRIERS**

- Free dentist/hygienist visit for dental screening
- **Collaboration** with local dental society, the school district and Americorps Program –low cost care

**INTENSE FOLLOW-UP PROBLEMS**

- Having **case managers** who f/u with parents whose kids are identified with decay
- Identifying **early** on those who have not returned form –giving more time to f/U

**DENTAL CARE NEGLECT**

- **1:1 contact** by phone or in person with parents by the school nurses
- Having **same dentist** visit each other –continued care with same dentist preferable
- Funding for follow-up/case management
- Waiver form separate from assessment form
- Local public health department – Provide space for clinics
- Require dental assessment to begin Kindergarten
EARLY SMILES SACRAMENTO – A Children’s Oral Health Initiative
Program started in 2016 in collaboration with COH - Center for Oral Health

A unique community-based program that brings much needed dental care to the most vulnerable children in Sacramento County, where they live, learn and play.

This program brings:
- Greater accountability to the Medi-Cal dental program (Denti-Cal),
- Leverages limited funds to enhance the well-being of the children and the community,
- Improves access to care while keeping children in their classrooms

What does it do?
- Provides evidence-based preventive dental services
- Helps navigate every child to a dental home.
- Provides training to primary care providers to integrate preventive dental care into well-child visits.
What does EES do?

- Schools
- Health Fair
- Community Resource Centers

**EVENT**

**Preventive Services**
- Screening & Assessment
- Topical Fluoride Varnish Application
- Dental Sealants
  - Starting 2019 school year

**Navigation to a Dental Home**

**Oral Hygiene Counselling**

**Denti-Cal (GMC)**
- Through representatives of the Geographic Managed Care Health Plan

**Uninsured/Unknown**
- Sacramento Covered, Sacramento District Dental Society

**Denti-Cal (FFS), Private**
- Sacramento District Dental Society
1. Early Smiles Sacramento clients have a higher dental sealant rate than California State Average

2. Nearly 60% of Early Smiles Participants were successfully navigated to a dental office resulting in a dental visit

3. Nearly 40% of the children navigated by Early Smiles received treatment at a dental office

4. Early Smiles Sacramento has the potential to increase county-wide dental utilization by at least 5% over the next 5 years
FUTURE WORK & RECOMMENDATIONS

• **Interviews** of active participants – 12/20 respondents

• **Statewide survey and Interview** of random sample from each stratum - high/medium/low/no performing districts

• **Address the concerns** and make necessary changes to increase implementation
Questions?

Email: mimansa.cholera@sfdph.org