

DENTAL/ORAL HEALTH ASSESSMENTS

California Oral Health Assessment Mandate (Ed. Code 49452.8)

The Oral Health Assessment Requirement (AB1433) became effective on January 1, 2007. AB1433 requires oral health assessments for children entering public school for the first time (at kindergarten or first grade).

OVERVIEW

History of the Legislation

From the California Dental Association – “In 2005, the California Dental Association sponsored AB 1433 (Emmerson/Laird) which requires that children have a dental checkup by May 31 of their first year in public school, at kindergarten or first grade. 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. “

Importance of Dental Health

Many things influence a child’s progress and success in school – and one of the most important is their health. Children must be healthy to learn and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease!

Children need their teeth to eat properly, speak, smile and feel good about themselves. Children with cavities eat poorly, stop smiling, and don’t learn properly. Tooth decay is an infection that does not heal without treatment. If cavities are not treated, children can develop infections severe enough to require emergency room treatment and their adult teeth may be permanently damaged.”

The problem

From the Centers for Disease Control & Prevention- “tooth decay (dental caries) affects children in the United States more than any other chronic infectious disease. Untreated tooth decay causes pain and infections that may lead to problems; such as eating, speaking, playing, and learning. “

Incidence

Caries in Primary Teeth:

- 42% of children 2 to 11 have had dental caries in their primary teeth.
- Black and Hispanic children and those living in families with lower incomes have more decay
- 23% of children 2 to 11 have untreated dental caries.
- Black and Hispanic children and those living in families with lower incomes have more untreated decay.

Severity

- Children 2 to 11 have an average of 1.6 decayed primary teeth and 3.6 decayed primary surfaces.
- Black and Hispanic subgroups and those with lower incomes have more severe decay in primary teeth.
- Black and Hispanic subgroups and those with lower incomes have more untreated primary teeth.

Dental Caries in Permanent (Adult) Teeth

- 21% of children 6 to 11 have had dental caries in their permanent teeth.
- Hispanic children and those living in families with lower incomes have more decay in their permanent teeth.

Unmet Needs

- 8% of children 6 to 11 have untreated decay.
- Hispanic children and those living in families with lower incomes have more untreated decay.

Severity

- Children 6 to 11 have about 0.45 decayed permanent teeth and 0.68 decayed permanent surfaces.
- Black and Hispanic subgroups and those with lower incomes have more severe decay in both permanent teeth and surfaces.
- Black and Hispanic subgroups and those with lower incomes have more untreated permanent teeth and surfaces.

Data Source: National Health and Nutrition Examination Survey (NHANES) data collected between 1999 and 2004 regarding dental caries in children.

ORAL HEALTH ASSESSEMENT PROCEDURE

San Diego *Share the Care Dental* <http://www.sharethecaredental.org/> has developed an Oral Health Assessment Toolkit (see Resources → Curricula/Manuals) as a resource for San Diego schools to meet the requirements in implementing the Oral Health Assessment.

The Toolkit covers everything related to implementing the program- who, when, how, what, forms, data collection tools, dental care resources, etc.

Direct link to Toolkit:

<http://www.sharethecaredental.org/website/resources/toolkit/OHA%20Toolkit%20Final%20October%202012.pdf>

REPORTING


The Oral Health Assessment district/school report is due by 12/31 for data collected during the prior school year. It is recommended that the report be submitted at the end of the school year in which the data is collected.

Data collection/report forms from Share the Care:

Data Collection Tools

 [Download](#) School Reporting Form School (17Kb pdf)

 [Download](#) School Working Excel Files for Compiling Data (23Kb xls)

 [Download](#) District Working Excel Files for Compiling Data (23Kb xls)

REFERENCES/RESOURCES

History

California Dental Association <http://www.cda.org/>
<http://www.cda.org/public-resources/kindergarten-oral-health-requirement>

Article on pages 8-13 “Oral Health Status of San Francisco Public School Kindergartners 2000-2005”

http://www.medschool.ucsf.edu/sfghres/password/pdf/Oral_Hlth_Supplemental_Resources.pdf

Incidence

CDC <http://www.cdc.gov/oralhealth/topics/child.htm>

National Institutes of Health- National Institute of Dental and Craniofacial Research

<http://www.nidcr.nih.gov/DataStatistics/FindDataByTopic/DentalCaries/DentalCariesChildren2to11.htm>

Implementation & Reporting

Share the Care Dental <http://www.sharethecaredental.org/>

For Kids

From Share the Care Dental:

Teen Dental Health Training Curriculum (free)

The Magic of Going to School Coloring Book (free)

Baxter’s Activity Book: Dental Health and Nutrition (cost/pages are photocopy friendly)

Children’s book list (list of some children’s books available on the topics of dental health and nutrition)

And more including resource for teachers, others on oral health, teaching oral health

<http://www.sharethecaredental.org/website/resources/manuals.html>

Legal Reference

CA Ed. Code 49452.8