



# Dental Public Health State Activity Submission Form

ASTDD’s goal in collecting information about successful state Dental Public Health activities (e.g., practice, program, service, event, or policy) is to share this information with other states, territories, and stakeholders who may be interested in implementing similar activities. We thank you for your time and willingness to share your experiences.

Please complete the form below and return to Lori Cofano, ASTDD Best Practices Project Coordinator, at [lcofano@astdd.org](mailto:lcofano@astdd.org)

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STATE DENTAL PUBLIC HEALTH ACTIVITY (e.g., practice, program, service, event, or policy) Minimum=300 Maximum=500	
Activity title:	<b>Improving Data Collection and Measurement to Support School-Based Oral Health Programs</b>
State/Territory:	<b>CA</b>
Summary overview, which may include the following: <ul style="list-style-type: none"> <li>• Objectives</li> <li>• Rationale</li> <li>• Personnel</li> <li>• Key partners</li> <li>• Costs &amp; sustainability</li> </ul>	
<p>The L.A. Trust began its oral health work in 2012 with the aim to reduce dental caries in Los Angeles Unified School District (LAUSD) students by 25% over five years by Integrating oral health care into LAUSD’s wellness strategy. This was accomplished in partnership with the district staff and community partners who have a shared understanding of the importance of preventing dental disease early so that children can thrive in school. While we were fortunate enough to have a formal evaluation, we needed a more efficient way to collect ongoing service data that could drive investments, improve quality, and support access to care.</p> <p>The evaluation of our screening programs demonstrated that 5 % of our children had emergent dental disease and 50%</p>	

overall needed to see the dentist in one month. A study on the oral health of LAUSD students demonstrated that 2.2 days of school are missed due to dental pain. In our analysis, we concluded that untreated dental disease cost the district over \$70 million in lost attendance revenues.

To streamline data collection and monitoring, The L.A. Trust developed a Data xChange that integrates student health data with academic and attendance measures. This system is unique in the nation in that it allows the district to monitor provider performance, target investment, support funding and policy advocacy, and offer keen insights for providers to improve quality and access to care. The Data xChange is unique at this moment to the LAUSD. Data collected includes primary care Healthcare Effectiveness Data and Information Set (HEDIS) standards and oral health indicators created through the National Network for Oral Health Access (NNOHA).

#### Lessons learned (Successes and **Challenges**):

We have learned more about the immense importance of navigating local relationships, especially in public policy work, and in response, we have deepened our reputation as oral health experts within LAUSD and Los Angeles County. The L.A. Trust now has a seat at the proverbial table around children's oral health throughout Los Angeles County. The relationships lead to stronger support for the OHI Model and for the pioneering Data xChange. In an infamously laborious bureaucratic system, it is advantageous to have partners who can expedite our aims.

The L.A. Trust's engagement with our network partners (LAUSD, staff, community-based oral health providers) has shaped our role as the facilitator of oral health care for LAUSD children, their families, and the surrounding community. It is precisely these partnerships that we will continue to leverage to develop and distribute our public policy strategy for the OHI model throughout LAUSD.

The L.A. Trust uses a collective impact model to advance the school health centers movement in Los Angeles County. A condition for the success of the model is shared measurement. To that end, the establishment of the Data xChange is essential. With it, The L.A. Trust can work with clinic partners to promote quality improvement efforts, share best practices, and demonstrate the impact of oral health services on reducing dental disease in children and supporting their academic success.

We will begin organizing a clear public policy advocacy strategy to achieve our goal of standardizing our model throughout the district. This strategy will require substantial planning with our partners. To inform our strategy, we will continue to bring together our Oral Health Advisory Board, LAUSD, UCLA, Los Angeles County Departments, dental insurance providers, local health plans, and academic institutions to gather information, discuss feasibility (especially in terms of navigating administrative and legislative guidelines), and develop additional needed partnerships. Because we will need the buy-in of LAUSD to implement the model, we will work closely with their new leadership and align with new statewide and county initiatives. The Oral Health Resolution of January 2017 will be the basis for advocating for standard operations, data collection, and more thorough policy implementation. In addition, the State Dental Director has created a statewide work group to focus on the Kindergarten Mandate as a core priority in his State Dental Plan and we contribute as an advisory member. This statewide work group includes the Dental Director from California Department of Public Health to support progress toward our goals including the use of standardized data reporting.

In the next year, we will advocate to LAUSD to modify general operating forms such that dental providers have standardized operating agreements. This will also include provisions for data collection and education components for students, teachers and parents and caregivers. Currently, not all providers have the same operating agreement and not all provide data in a standardized way to LAUSD. The Data xChange will be crucial in how we aim to streamline and rectify this process.

We will work with key informants (the National Alliance, NNOHA, dental providers, LAUSD nurses, and dental thought leaders at UCLA) to help develop specific performance metrics to use in the Data xChange. There is no standardized oral health performance measure recorded through the National School-Based Health Alliance. Once we know the national school-based program standards, we will create sample reports in Tableau and review them with our partners. Once approved, we will convert these reports into the Data xChange and merge the extracted data from the Wellness Centers into the platform.

Through the Data xChange, we will have the capacity to gather and report on all dental care activities provided, from school-based dental clinics to screening events. Such information represents a value proposition for both school administrators and dental care providers. LAUSD can use this information to inform policy decisions related to

healthcare investments, while providers can use the information as a basis for Quality Improvement. Both parties will be able to track student oral health and academic outcomes over time, leading to more robust and informed partnerships. The Data xChange's improved integration of disparate data sets will also help improve our referral network and advance care. By drawing clear connections between oral health and academic outcomes, we can continue to advocate for policy decisions that further integrate oral health into the education system, from the primary level through high school. This directly aligns with Goal 2 and the following drivers: (1) School district policy (School committee/board/taxpayer support) and (2) School administration and staff engagement (value proposition).

We have learned and reinforced three important lessons: (1) data is a powerful tool if illustrated and discussed with appropriate context; (2) cultivating partnerships is built on trust; and (3) the adoption of new technology takes time. These lessons learned are important as we reflect on our successes and our challenges in developing this data system. For example, the process of creating the shared data use agreement with LAUSD took much longer than anticipated. In extending that process, however, we deepened the trust between partners and brought new insight into the project.

We have also learned that in-school services need constant innovation and construction of a robust infrastructure to ensure care. In addition to hosting oral health education workshops and screening events, The L.A. Trust advocated to LAUSD for systemic changes to increase access to these non-invasive dental screenings. In a singular advancement of the OHI agenda, the LAUSD Board of Education passed a resolution to adopt passive consent on March 10, 2020. This is a major accomplishment that happened much quicker than anticipated. It reinforced our understanding that partnerships are crucial, and we rely on a wide community to advance change for our students. While this resolution would have approved implementation in the fall, with the COVID-19 crisis, passive consent implementation may be delayed. The pandemic creates a series of yet unanswered questions for the future of in-school screenings, but we remain confident in our ability to innovate and continue this needed oral health work in our communities.

<b>TO BE COMPLETED BY ASTDD</b>	
Activity Number:	06009
Submission Date:	August 2021
Submission Filename:	SUM06009CA-data-collection-measurement-2021