

***Integrating Oral Health
into the
Whole School, Whole Community, Whole Child
Model***

**School and Adolescent
Oral Health Committee**



Please note...

The components of the oral health toolkit were produced by the ASTDD School and Adolescent Oral Health (SAOH) Committee. The SAOH Committee is supported by a cooperative agreement (#5U58DP004919-02) between ASTDD and the Centers for Disease Control and Prevention (CDC).

The contents of the toolkit are solely the responsibility of the author(s) and does not necessarily represent the official views of the CDC.

Why?

- Schools are a setting where 95% of US children between the ages of 5 and 17 spend the majority of their time.
- It is essential for schools to have a comprehensive model in place to address the social, psychological, physical and intellectual development of children.
- Schools can't do it alone – “It takes a village...”

History

Coordinated School Health



Established
by CDC in
2007

Whole School Whole Community Whole Child



Launched
In 2014 by
CDC & ASCD

Why is this Important?

- Oral health is part of total health and well-being
- Dental health is multi-factorial
- A school's health program may be a child's only available resource for dental care
- Providing screenings, education, counseling and collaborations with community programs to promote and support continuity of care.
- Education is the foundation for prevention

Recommendations for Integrating Oral Health into the WSCC Model





Health Education

- Integrate oral health education with teachers' lessons plans.
- Provide education on disease process, risk factors and behavior to promote oral health.
- Provide education on preventing tobacco and e-cigarette use.
- Integrate oral health into nutrition education.
- Implement health and safety education to assist students in adopting lifelong lifestyle changes.
- Assess and evaluate the oral health education curriculum.



Physical Education Physical Activity

- Promote appropriate protection from oral and facial injuries including mouthguard use during physical education and extracurricular physical activity and athletic programs.
- Implement mouthguard clinics for onsite fabrication of mouthguards and other protective gear appropriate for the physical activity.
- Develop communication plan including the use of social media to promote the prevention of oral and facial injuries.



Nutrition Environment & Services

- Integrate oral health in school nutrition programs related to obesity, diabetes, and general health.
- Implement communication strategies to inhibit the use of junk food and other foods that increase the risk of tooth decay.
- Assure students have access to fluoridated tap water throughout the day where available.
- Assess and evaluate the effectiveness of the school nutrition program – promoting healthy eating at regular intervals.



Health Services

- Assure that oral health is included in school health services that meet the physical, mental, emotional and social health needs of students.
- Assure students receive effective preventive oral health services (sealants and fluoride).
- Promote a medical/dental integration model for school-based health centers.
- Promote training programs for school nurses in the identification of oral health needs.



Counseling, Psychological & Social Services

- Promote awareness that poor oral health impacts self-esteem and a child's ability to learn.
- Create an educational program that informs school counselors, psychologists and social workers on the impact of poor oral health to school-age children.
- Inform the school's behavioral professionals on options for children with unmet dental needs.
- Assess and evaluate at regular intervals the integration of oral health with counseling and social service programs.



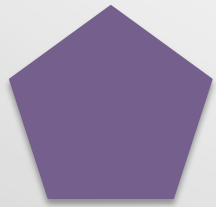
Social & Emotional Climate

- Establish a social environment that is accepting of oral health prevention initiatives.
- Promote time for oral health self-care habits in the school environment (tooth brushing after meals).
- Establish a social environment that promotes healthy lifestyles and healthy eating – minimizing the risk for tooth decay.



Physical Environment

- Develop and enforce a school policy on tobacco use including electronic cigarettes.
- Establish an environment that promotes safety and prevents unintentional face and mouth injuries.
- Promotes the availability of tap water for cooking and human consumption, especially if the water is optimally fluoridated.
- Assure “easy” implementation of strategies by school personnel for the integration of oral health prevention services programming that will fit into the school routine with minimal loss of class time or little disruption of class activities.



Employee Wellness

- Provide program-specific in-service training for teachers and appropriate school personnel on oral health.
- Support cessation efforts among school personnel using tobacco and e-cigarettes.
- Provide personnel involved in nutrition education with adequate training and ongoing in-service training that focuses on teaching strategies for oral health behavioral change.



Family Engagement

- Integrate school and family efforts in supporting and reinforcing nutrition education.
- Integrate school and family efforts to prevent tobacco use including electronic cigarettes among children and adult family members.
- Integrate school and family support in providing preventive dental services and improving access to dental care.



Community Involvement

- Integrate school and community efforts to prevent injury to the face and mouth (athletic/sporting events).
- Integrate school and community support for programs that prevent tobacco use.
- Integrate school and community support in providing preventive dental health services and screenings to improve access to dental care, (e.g. local dental offices and FQHCs).
- Involve school and community support in integrating oral health into community events, (e.g. fairs, athletic events).

State led collaborative partnerships between schools and public health oral health programs will assure that dental health prevention services and education are fully integrated into the *Whole School, Whole Community, Whole Child (WSCC) Model*, and will provide the foundation for promoting optimal oral health for all school-age children.

(ASTDD BP Report)



ASTDD Resources and Tools

- Policy Statements
- Integrating Oral Health into WSCC Fact Sheet
- Capacity Building Tool: Recommendations for Integrating Oral Health into the WSCC model
- Basic Screening Survey Assessment Information and Video
- WSCC Best Practice Approach Report

ASTDD Policy Statements Supporting Integration of Oral Health into WSCC

- School Dental Sealant Policy (2010)
- Integrating Oral Health Education into Health Education Curricula in Schools (2013)
- Nutrition Education and Healthy Eating in School Settings (2015)
- Oral Health and Whole School Whole Community Whole Child (2015)**

** formerly “Coordinated School Oral Health” (2011)

Additional Resources

- Association for Supervision and Curriculum Development (ASCD)
 - <http://www.ascd.org/programs/learning-and-health/wsccl-model.aspx>
- Centers for Disease Control and Prevention (CDC)
 - <http://www.cdc.gov/healthyouth/wsccl/#Resources>
- Whole Child Education
 - <http://www.wholechildeducation.org/assets/content/mx-resources/WholeChild-MakingTheCase.pdf>

Thank you!

ASTDD's School and Adolescent
Oral Health Committee

www.astdd.org

