



The following describes integrating oral health into each of the eight components a coordinated school health program.

Component 1: Health Education

A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

Oral health education should be included in school health education classes. The school comprehensive health education curriculum includes prevention and control of oral and dental disease, oral and facial injury prevention, and personal health practices that promote oral health. Assure that oral health education, whenever possible, complies with the Department of Education standards and integrates with teachers' lesson plans.

Component 2: Physical Education

A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

In promoting quality physical education and planning physical activities for students to enjoy and pursue throughout their lives, address prevention and protection from facial and oral injuries in programs devoted to fitness and health. Schools can promote the use of personal protective equipment inside and outside school-associated sports and recreation activities. Students could be provided with and required to use personal protective equipment appropriate to the type of physical activity that are well fitted, in good condition, and comply with national standards.

Component 3: Health Services

Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

Services provided for students to appraise, protect, and promote health include prevention and treatment of oral and dental diseases. Services assure access or referral to oral health care services and provide emergency care dental and mouth pain, infection or injury. The school nurse or school-based health center nurse should have oral health information available, provide effective preventive services, and assure students with dental treatment needs access professional care.

Component 4: Nutrition Services

Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

School nutrition programs teach students better choices of foods for oral health. Lunches, snacks and beverages offered by school food services and on school property should be healthy and lower the risk to oral disease such as tooth decay.

Component 5: Counseling, Psychological & Social Services

Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

Services provided to improve students' mental, emotional, and social health should integrate the impact of oral health to the well-being of the students. These services can help by ensuring that children with oral health needs obtain needed professional care.

Component 6: Healthy School Environment

The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.

The physical and aesthetic surroundings and the psychosocial climate and culture of the school promote oral health. Junk food should not be used for fundraisers or offered in vending machines.

Component 7: Health Promotion for Staff

Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

Opportunities for school staff to improve their oral health status through activities often transfers into greater commitment to the health of students and creates positive role modeling. Provide staff with access to oral health information and encourage them to set an example for students by promoting good oral health behaviors.

Component 8: Family/Community Involvement

An integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

An integrated school, parent, and community approach for enhancing the oral health and well-being of students. Build support from school health advisory councils, coalitions, and broadly based constituencies for school health that integrate oral health efforts. Parents can be asked to attend workshops on oral health and to encourage their child to develop good oral hygiene practices at home and school.