

## **Problem**

Oral health is essential for the overall health and well being of students. Tooth decay may result in pain, poor nutrition, and dysfunctional speech, as well as a lack of concentration, poor appearance, low self-esteem, and absenteeism.<sup>1</sup> “Students with preventable or untreated health and development problems may have trouble concentrating and learning, frequent absences from school, or develop permanent disabilities that affect their ability to learn and grow.”<sup>2</sup> Similarly, dental/oral disease negatively impacts a student’s ability to attend and participate fully in school. Dental-related illness accounts for an estimated 51 million school hours lost per year.<sup>3</sup>

The nation’s major chronic disease killers – heart disease and stroke, cancer, and diabetes – are often brought on by risk behaviors such as physical inactivity, unhealthy eating and tobacco use that are often established in youth and are now being addressed in coordinated school health programs.<sup>4</sup> Dental caries (tooth decay) is the number one chronic disease in childhood and also is strongly impacted by risk behaviors such as unhealthy eating, poor oral hygiene, low exposure to fluoride, and lack of routine dental care.<sup>1</sup> However, these oral health risk factors are frequently not addressed in school settings.

## **Methods**

School is the ideal setting to reach students and, through them, their families, community members, and organizations. In the U.S., 56 million students attend more than 132,000 schools for about six hours of classroom time each day for up to 13 of the most formative years of their lives.<sup>5</sup>

Research has shown that school health programs can reduce the prevalence of health risk behaviors among students and have a positive effect on academic performance.<sup>6</sup> The Centers for Disease Control and Prevention’s model of a Coordinated School Health Program (CSHP) emphasizes that the following eight components be integrated into school health programs to fully impact student health behaviors: 1) Health Education; 2) Physical Education; 3) Health Services; 4) Nutrition Services; 5) Counseling, Psychological, and Social Services; 6) Healthy and Safe School Environment; 7) Health Promotion for Staff; and 8) Family and Community Involvement.<sup>7</sup>

Coordinated School Health Programs should, and must, utilize a strategic approach to improve students’ oral health by ensuring that oral health education, prevention, and/or treatment programs are integrated into each component of the CSHP model. If the school does not mandate health education, then other course curricula, such as physical fitness and/or biology, should include the following: etiology of dental

caries and oral diseases; prevention practices including screenings, dental sealants, fluorides, dietary behaviors, and sports/mouth guard use in school sports activities; community water fluoridation; oral hygiene instruction; accessing dental care; tobacco cessation; oral cancer prevention; and the relationship of oral health to general health. This targeted integration can provide children and adolescents with the knowledge, skills, social support and environmental reinforcement needed to adopt long-term behaviors for optimal oral health.<sup>8</sup>

### **Policy Statement**

The Association of State and Territorial Dental Directors fully supports and endorses a strategic effort within school health programs to integrate oral/dental health into Coordinated School Health Program models.

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<sup>1</sup> U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD.: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000.

<sup>2</sup> McCart L, Stief E. *Creating Collaborative Frameworks for School Readiness*. Washington, DC: National Governors' Association. 1996. Cited by: Katrina Holt and Karen Kraft. Oral Health and Learning: When Children's Health Suffers, So Does Their Ability to Learn. National Maternal and Child Health Resource Center, Georgetown University. 2003.

<sup>3</sup> Gift, HC. Oral health outcomes research: Challenges and opportunities. In Slade, GD, ed., *Measuring Oral Health and Quality of Life*. Chapel Hill, NC: Department of Dental Ecology, University of North Carolina. 1997:25-46. Cited by: Katrina Holt and Karen Kraft. Oral Health and Learning: When Children's Health Suffers, So Does Their Ability to Learn. National Maternal and Child Health Resource Center, Georgetown University. 2003.

<sup>4</sup> Preventing Chronic Diseases: Investing Wisely in Health; The Critical Role of School Health Programs. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/nccdphp/publications/factsheets/Prevention/pdf/schoolhealth.pdf>. September 2003. Accessed January 4, 2011.

<sup>5</sup> U.S. Department of Education, National Center for Education Statistics. *Digest of Ed Stat*: 2009. April 2010. Ch 1:Table 2, Table 5. [http://nces.ed.gov/programs/digest/d09/tables\\_1.asp](http://nces.ed.gov/programs/digest/d09/tables_1.asp). Accessed January 5, 2011.

<sup>6</sup> Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. School Health Programs: Improving the Health of our Nation's Youth. *At a Glance*. 2010.

<sup>7</sup> Healthy Youth! Coordinated School Health, Components of Coordinated School Health. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/HealthyYouth/CSHP/components>. 2008. Updated December 7, 2010. Accessed January 4, 2011

<sup>8</sup> Association of State and Territorial Dental Directors. *Best Practice Approaches: Improving Children's Oral Health through Coordinated School Health Programs*. March 2010. <http://www.astdd.org/improving-childrens-oral-health-through-coordinated-school-health-programs/>. Accessed January 21, 2011.