

**Whole School, Whole Community, Whole Child
Oral Health Integration and Recommendations
Developed by:
ASTDD School and Adolescent Oral Health Committee
Updated August 2015**

Integrating Oral Health into Whole School, Whole Community, Whole Child	
WSCC Components¹	Oral Health Integration and Recommendations
1 Health Education	
<p>WSCC: Formal, structured health education consists of any combination of planned learning experiences that provide the opportunity to acquire information and the skills students need to make quality health decisions. When provided by qualified, trained teachers, health education helps students acquire the knowledge, attitudes, and skills they need for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. Comprehensive school health education includes curricula and instruction for students in pre-K through grade 12 that address a variety of topics such as alcohol and other drug use and abuse, healthy eating/nutrition, mental and emotional health, personal health and wellness, physical activity, safety and injury prevention, sexual health, tobacco use, and violence prevention. Health education curricula and instruction should address the National Health Education Standards and incorporate the characteristics of an effective health education curriculum. Health education, based on an assessment of student health needs and planned in collaboration with the community, ensures reinforcement of health messages that are relevant for students and meet community needs. Students might also acquire health information through education that occurs as part of a patient visit with a school nurse, through posters or public service announcements, or through conversations with family and peers.</p>	<p>Oral Health Integration: Oral health education is an integral component of school health education classes. The school comprehensive health education curriculum includes prevention and control of oral and dental diseases, 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.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Provide oral health education on disease process, risk factors, and behavior to promote oral health. • Provide tobacco-use prevention including electronic cigarette education in Kindergarten through 12th grade, and link students using tobacco products to intervention programs. • Integrate oral health into nutrition education from preschool through secondary school. • Implement health and safety education curricula that help students adopt and maintain safe lifestyles and to advocate for health and safety that includes oral and facial injuries and other behaviors impacting oral health such as Methamphetamine use. • Assess/evaluate oral health education programs at regular intervals.
2 Physical Education & Physical Activity	
<p>WSCC: Schools can create an environment that offers many opportunities for students to be physically active throughout the school day. A comprehensive school physical activity program (CSPAP) is the national framework for physical education and youth physical activity. A CSPAP reflects strong coordination across five components: physical education, physical activity during school, physical activity before and after school, staff involvement, and family and community engagement. Physical education serves as the foundation of a CSPAP and is an academic subject characterized by a planned, sequential K-12 curriculum (course of study) that is based on the national standards for physical education. Physical education provides cognitive content and instruction designed</p>	<p>Oral Health Integration: Schools should promote the use of personal and protective equipment inside and outside school-associated sports and recreational activities. Students should 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 state and national standards.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Provide safe physical education and extracurricular physical activity programs that include appropriate protection from oral and facial injuries including mouthguard use.

<p>to develop motor skills, knowledge, and behaviors for healthy active living, physical fitness, sportsmanship, self-efficacy, and emotional intelligence. A well-designed physical education program provides the opportunity for students to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles throughout childhood, adolescence and into adulthood. Teachers should be certified or licensed, and endorsed by the state to teach physical education.</p>	<ul style="list-style-type: none"> • Provide fabricated mouthguards and other protective gear when appropriate for physical activity programs by engaging local dental providers (e.g. conduct clinics for onsite fabrication of mouthguards for student athletes). • Develop communication program and social media platform integrating messages that promote prevention and protection from oral and facial injuries, (e.g. testimonials and support of professional team players). • Expand the campaign or promoting prevention and protection from oral and facial injuries to community recreation and sports programs. • Assess/evaluate oral and facial injury prevention education program and use of mouthguard protection at regular intervals.
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3 Nutrition Environment & Services	
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<p>WSSC: The school nutrition environment provides students with opportunities to learn about and practice healthy eating through available foods and beverages, nutrition education, and messages about food in the cafeteria and throughout the school campus. Students may have access to foods and beverages in a variety of venues at school including the cafeteria, vending machines, grab ‘n’ go kiosks, schools stores, concession stands, classroom rewards, classroom parties, school celebrations, and fundraisers.</p> <p>School nutrition services provide meals that meet federal nutrition standards for the National School Lunch and Breakfast Programs, accommodate the health and nutrition needs of all students, and help ensure that foods and beverages sold outside of the school meal programs (i.e., competitive foods) meet Smart Snacks in School nutrition standards. School nutrition professionals should meet minimum education requirements and receive annual professional development and training to ensure that they have the knowledge and skills to provide these services. All individuals in the school community support a healthy school nutrition environment by marketing and promoting healthier foods and beverages, encouraging participation in the school meal programs, role-modeling healthy eating behaviors, and ensuring that students have access to free drinking water throughout the school day.</p> <p>Healthy eating has been linked in studies to improved learning outcomes and helps ensure that students are able to reach their potential.</p>	<p>Oral Health Integration: School nutrition programs teach students better choices of foods for oral health. Lunches, snacks and beverages offered by school foodservices and on school property should be healthy and lower the risk of oral disease, like tooth decay.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Adopt a well-balanced school nutrition policy that promotes health eating through classroom lessons and promotes a supportive school environment including promoting balanced school meals and no junk foods in vending machines. • Integrate oral health in school nutrition programs related to obesity, diabetes and general health. • Integrate campaigns into school food services that prohibit junk food and other foods that increase the risk of tooth decay, (e.g. “Stop the Pop” campaign). • Promote programs that use incentives other than foods that increase the risk for tooth decay for rewarding/incentivizing learning and positive behavior. • Assure students have access to fluoridated tap water throughout the day. • Assess/evaluate effectiveness of the school health program in promoting healthy eating.
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4 Health Services	
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<p>WSSC: School health services intervene with actual and potential health problems, including providing first aid, emergency care and assessment and planning for the management of chronic conditions (such as asthma or diabetes). In addition, wellness promotion, preventive services and staff, student and parent</p>	<p>Oral Health Integration: Services provided for students to appraise, protect and promote health should include prevention and treatment of oral and dental diseases. Services assure access or referral to oral health care services and provide emergency care for dental and mouth pain, infection or injury. The school nurse</p>
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<p>education complement the provision of care coordination services. These services are also designed to ensure access and/or referrals to the medical home or private healthcare provider. Health services connect school staff, students, families, community and healthcare providers to promote the health care of students and a healthy and safe school environment. School health services actively collaborate with school and community support services to increase the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services.</p>	<p>or school-based health center medical personnel would have oral health information services, provide effective preventive services, and assure students with dental treatment needs access to professional care.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Assure oral health is included in school health services that meet the physical, mental, social and emotional health needs of students. • Assure students are receiving effective preventive oral health services including dental sealants in schools and school fluoride programs, (e.g. fluoride mouthrinse programs for schools in communities without optimally fluoridated water and fluoride varnish programs for high-risk children). • Support the establishment of a dental home for students. Develop a referral program or system for students with unmet oral health needs. • Promote a medical/dental integration model for school-based health centers. • Provide a training program for school nurses in the identification of oral health needs. • Assess/evaluate oral health prevention and treatment service programs at regular intervals.
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5 Counseling, Psychological, & Social Services

<p>WSCC: These prevention and intervention services support the mental, behavioral, and social-emotional health of students and promote success in the learning process. Services include psychological, psychoeducational, and psychosocial assessments; direct and indirect interventions to address psychological, academic, and social barriers to learning, such as individual or group counseling and consultation; and referrals to school and community support services as needed. Additionally, systems-level assessment, prevention, intervention, and program design by school-employed mental health professionals contribute to the mental and behavioral health of students as well as to the health of the school environment. These can be done through resource identification and needs assessments, school-community-family collaboration, and ongoing participation in school safety and crisis response efforts. Additionally, school-employed professionals can provide skilled consultation with other school staff and community resources and community providers. School-employed mental health professionals ensure that services provided in school reinforce learning and help to align interventions provided by community providers with the school environment. Professionals such as certified school counselors, school psychologists, and school social workers provide these services.</p>	<p>Oral Health Integration: Services 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 the needed professional care.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Promote awareness that poor oral health impacts self-esteem and the ability to learn among school-age children. • Create an educational program to inform school counselors, psychologists and social workers regarding issues of oral health related to self-esteem and the ability to learn. • Inform school counselors, psychologists and social workers on options for children with unmet oral health needs to access care, (e.g. school dental referral program). • Assess/evaluate oral health integrated with counseling, psychological and social services at regular intervals.
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6 Social & Emotional School Climate

<p>WSCC: Social and Emotional School Climate refers to the</p>	<p>Oral Health Integration: The psychosocial climate and culture of the school can</p>
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psychosocial aspects of students' educational experience that influence their social and emotional development. The social and emotional climate of a school can impact student engagement in school activities; relationships with other students, staff, family, and community; and academic performance. A positive social and emotional school climate is conducive to effective teaching and learning. Such climates promote health, growth, and development by providing a safe and supportive learning environment.

influence and promote oral health.

Oral Health Recommendations:

- Establish a social environment that is accepting of prevention initiatives that promote safety and prevents unintentional injuries of the face and mouth.
- Establish a social environment that promotes healthy lifestyles and healthy eating – minimizing the risk for tooth decay.
- Promote oral health self-care habits in the school environment, (e.g. toothbrush, floss and rinse after school breakfast and lunch).

7 Physical Environment

WSSC:

A healthy and safe physical school environment promotes learning by ensuring the health and safety of students and staff. The physical school environment encompasses the school building and its contents, the land on which the school is located, and the area surrounding it. A healthy school environment will address a school's physical condition during normal operation as well as during renovation (e.g., ventilation, moisture, temperature, noise, and natural and artificial lighting), and protect occupants from physical threats (e.g., crime, violence, traffic, and injuries) and biological and chemical agents in the air, water, or soil as well as those purposefully brought into the school (e.g., pollution, mold, hazardous materials, pesticides, and cleaning agents).

Oral Health Integration:

The physical and aesthetic surroundings of the school can promote oral health in schools, by utilizing available community resources such as fluoridated water, enforcing public health laws, and by not using junk food for fundraisers or as choices in vending machines.

Oral Health Recommendations:

- Develop and enforce a school policy on tobacco use, including the use of electronic cigarettes.
- Establish a physical environment that promotes safety and prevents unintentional injuries of the face and mouth.
- 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.
- Assess/evaluate school environment for the promotion of oral health at regular intervals.

8 Employee Wellness

WSSC:

Schools are not only places of learning, but they are also worksites. Fostering school employees' physical and mental health protects school staff, and by doing so, helps to support students' health and academic success. Healthy school employees—including teachers, administrators, bus drivers, cafeteria and custodial staff, and contractors—are more productive and less likely to be absent. They serve as powerful role models for students and may increase their attention to students' health. Schools can create work environments that support healthy eating, adopt active lifestyles, be tobacco free, manage stress, and avoid injury and exposure to hazards (e.g., mold, asbestos). A comprehensive school employee wellness approach is a coordinated set of programs, policies, benefits, and environmental supports designed to address multiple risk

Oral Health Integration:

Providing opportunities for school personnel to improve their oral health status through various activities and initiatives often transfers into a great commitment to the health of the students and creates positive role modeling. Providing school personnel with access to oral health information will encourage them to set an example for students by promoting good oral health behaviors.

Oral Health Recommendations:

- Provide program-specific in-service for teachers, athletic coaches and school nutrition services personnel on oral health.
- Support cessation efforts among school personnel

<p>factors (e.g., lack of physical activity, tobacco use) and health conditions (e.g., diabetes, depression) to meet the health and safety needs of all employees. Partnerships between school districts and their health insurance providers can help offer resources, including personalized health assessments and flu vaccinations. Employee wellness programs and healthy work environments can improve a district's bottom line by decreasing employee health insurance premiums, reducing employee turnover, and cutting costs of substitutes.</p>	<ul style="list-style-type: none"> • using tobacco and electronic cigarettes. • For all school personnel, provide staff development services that impart the knowledge, skills and confidence to effectively promote safety and prevent unintentional facial and mouth injuries. • Provide personnel involved in nutrition education with adequate training and ongoing in-service training that focuses on teaching strategies for oral health behavioral change. • At regular intervals assess/evaluate oral health programs targeted at school personnel.
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9 Family Engagement

<p>WSCC: Families and school staff work together to support and improve the learning, development, and health of students. Family engagement with schools is a shared responsibility of both school staff and families. School staff are committed to making families feel welcomed, engaging families in a variety of meaningful ways, and sustaining family engagement. Families are committed to actively supporting their child's learning and development. This relationship between school staff and families cuts across and reinforces student health and learning in multiple settings—at home, in school, in out-of-school programs, and in the community. Family engagement should be continuous across a child's life and requires an ongoing commitment as children mature into young adulthood.</p>	<p>Oral Health Integration: Support from family is needed to ensure success for oral health programming in schools – both school-based and school-linked. Parents can be asked to attend workshops on oral health and to encourage their children to develop good oral hygiene practices at home and school, as well as provide permission for their child(ren) to participate in preventive oral health programs. In addition, parent organizations can serve as the catalyst for social and environmental changes within the school to promote oral health.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Integrate school and family support of school-based programs to prevent tobacco use and electronic cigarette use for children and their family members. • Integrate school and family efforts to prevent unintentional injuries to the face and mouth. • Integrate school and family efforts in supporting and reinforcing nutrition education. • Integrate school and family support in providing preventive dental services and improving access to dental care. • Promote school and family support for oral health screenings. • Assess/evaluate family involvement in promoting oral health at regular intervals.
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10 Community Involvement

<p>WSCC: Community groups, organizations, and local businesses create partnerships with schools, share resources, and volunteer to support student learning, development, and health-related activities. The school, its students, and their families benefit when leaders and staff at the district or school solicits and coordinates information, resources, and services available from community-based organizations, businesses, cultural and civic organizations, social service agencies, faith-based organizations, health clinics, colleges and universities, and other community groups. Schools, students, and their families can contribute to the community through service-learning opportunities and by sharing school facilities with community</p>	<p>Oral Health Involvement: Building support from school health advisory councils, coalitions and other organizations in addition to local businesses can contribute to activities meant to improve oral health among school-age children.</p> <p>Oral Health Recommendations:</p> <ul style="list-style-type: none"> • Integrate school and community efforts to prevent unintentional injuries to the face and mouth, (e.g. athletic/sporting events). • Integrate school and community support for programs that prevent tobacco use. • Integrate school and community support in
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members (e.g., school-based community health centers and fitness facilities).	providing preventive oral health services and screenings to improve access to dental care, (e.g. local dental offices and FQHCs). <ul style="list-style-type: none">• Involve school and community support in integrating oral health into community events, (e.g. fairs, athletic events).
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¹ Components of the Whole School Whole Community Whole Child Model. Accessed on August 5, 2015:
<http://www.cdc.gov/healthyouth/wscwcc/components.htm#CommunityInvolvement>