



**Integrating Oral Health Into the
Whole School, Whole Community, Whole Child
School Health Model
Association of State and Territorial Dental Directors (ASTDD)
Adopted: September 2015**

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.¹ “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.”² 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.³

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. These behaviors frequently are established in youth so they are being addressed in coordinated school health programs.⁴ Dental caries (tooth decay) is the number one chronic disease in childhood and is strongly associated with risk behaviors such as unhealthy eating, poor oral hygiene, less than optimal exposure to fluoride, and lack of routine dental care.¹ 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., 55 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; at any one time 95 percent of all U.S. children and youth attend school.^{5,6} 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.⁷ The Centers for Disease Control and Prevention’s Whole School, Whole Community, Whole Child (WSCC) model emphasizes that the following ten components be integrated into school health programs to fully impact student health behaviors: (1) Health Education; (2) Physical Education and Physical Activity; (3) Nutrition Environment and Services; (4) Health Services; (5) Counseling, Psychological and Social Services; (6) Social and Emotional Climate; (7) Physical Environment; (8) Employee Wellness; (9) Family Engagement; and (10) Community Involvement.⁸

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 WSCC model and clearly reflected in related school health policies. 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 other oral diseases and conditions; 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; prevention and cessation of tobacco and electronic cigarette use; prevention of drug and alcohol use; oral cancer prevention; and the relationship of oral health to general health.

These school health programs should also target school personnel, facilitating oral health and wellness education and programs. When teachers and other school staff have the knowledge necessary to transform their own health and wellbeing, they can serve as role models for students and become agents of change in their communities and schools.⁹ This holistic and targeted integration can provide children and youth with the knowledge, skills, social support and environmental and community reinforcement needed to adopt long-term behaviors for optimal oral health.

Policy Statement

The Association of State and Territorial Dental Directors fully supports and endorses a strategic effort within school health programs to integrate oral health into the Whole School, Whole Community, Whole Child school health model.

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¹ 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.

² 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.

³ 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.

⁴ Preventing Chronic Diseases: Investing Wisely in Health; The Critical Role of School Health Programs, September 2003. CDC website: www.cdc.gov/nccdphp/publications/factsheets/Prevention/pdf/schoolhealth.pdf. Accessed January 4, 2011.

⁵ U.S. Department of Education, National Center for Education Statistics. Digest of Ed Stat: Table 105.20, 2015. Website: https://nces.ed.gov/programs/digest/d13/tables/dt13_105.20.asp and http://nces.ed.gov/programs/digest/d12/tables/dt12_098.asp. Accessed August 19, 2015.

⁶ Association for Supervision and Curriculum Development. Learning and Health. *Whole School, Whole Community, Whole Child*. Website: <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>. Accessed August 24, 2015.

⁷ 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.

⁸ Whole School, Whole Community, Whole Child: a collaborative approach to learning and health. Centers for Disease Control and Prevention Website: <http://www.cdc.gov/healthyyouth/wsc/>. 2014. Accessed August 19, 2015.

⁹ Lewison-Grant D. *Healthy teachers equals healthy students: An intervention to change school culture*. 141 American Public Health Association Annual Meeting, November 5, 2013. Website: <https://apha.confex.com/apha/141am/webprogram/Paper286446.html>. Accessed August 20, 2015.