

Whole School, Whole Community, Whole Child Integrating Oral Health with a Best Practice Approach



What is Whole School, Whole Community, Whole Child?

Formerly known as the Coordinated School Health Model, Whole School, Whole Community, Whole Child (WSCC) was instituted in 2014 by the CDC and ASCD, emphasizing a greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development. WSCC expands the original 8 coordinated school health components to 10 components – the additional two components stress the important influence that family and community must have as a support and resource to actively engage the students in their learning and health.



School Performance and Oral Health

- Oral health care is the most common unmet health care need among children.
- School nurses acknowledge that children present with oral health problems regularly.
- Poor oral health affects children's learning.
- School-age children (5-17 years old) miss more than 1.6 million school days each year due to acute dental problems.
- Children from low-income families have nearly 12 times as many restricted-activity days because of dental problems compared to children from higher-income families.



Integrating Oral Health Into Whole School, Whole Community, Whole Child

"Your're not healthy without good oral health." – Surgeon General C. Everett Koop, MD

The WSCC model emphasizes the importance of including all ten components with community support and resources to fully impact the student's learning and health behaviors. A strategic approach to improve the oral health of school-age children is to assure that oral health is integrated into each of the ten components of the WSCC model. Schools that institute the WSCC model integrating oral health provide children and adolescents with the knowledge, skills, environmental reinforcement, and social and community support needed to adopt long-term behaviors for optimal oral health.

**Tooth decay is the most common chronic disease
of childhood and it's 100% preventable!**

Action Steps A School Can Take

If you're a school nurse, teacher, licensed healthcare provider, school administrator or counselor, community health worker or parent wanting to learn more about implementing the Whole School, Whole Community, Whole Child model with the integration of oral health, contact your state's office of oral health located within the state health department. Your state dental director will be knowledgeable about what resources are available including school-based oral health programs, and dental clinics, in addition to the activities and initiatives available through your state's dental society and dental hygiene association, and state's oral health coalition. To find out whom your state's dental director is go to <http://www.astdd.org/state-programs/>

Reference: Centers for Disease Control and Prevention: <http://www.cdc.gov/healthyyouth/wssc/index.htm>

Recommendation for Integrating Oral Health into the Whole School, Whole Community, Whole Child Model



1. **Health Education:** Integrate oral health into the health education curriculum and other appropriate subjects (e.g. biology, nutrition, food service, physical education).
2. **Physical Education & Activity:** Enforce the use of head, face, eye and mouth protection during sport related activities.
3. **Nutrition Environment & Services:** Assure that school nutrition policies promote optimal dental health.
4. **Health Services:** Promote a medical/dental integration that includes dental sealants and fluoride.
5. **Counseling, Psychological & Social Services:** Educate/emphasize the impact that poor oral health has on self-esteem and the ability to learn.
6. **Social & Emotional Climate:** Establish an environment where oral health prevention practices and programs are supported and valued.
7. **Physical Environment:** Assure the availability of fluoridated water to students and school personnel throughout the day.
8. **Employee Wellness:** Support cessation programs for school personnel using tobacco/e-cigarettes.
9. **Family Engagement:** Promote school and family support for oral health screenings and regular dental care.
10. **Community Involvement:** Establish partnerships with local dental professionals to assure access to needed dental care, the fabrication of mouthguards, etc.