



**Integrating Oral Health Education into Health Education
Curricula in Schools Policy Statement
Association of State and Territorial Dental Directors (ASTDD)
Adopted: August 12, 2013**

Problem

Oral health is essential for the overall health and well being of students. 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. 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 lack of understanding around oral health, including risk for and prevention of oral disease, negatively affects both oral and overall health.¹ Health education programs in schools contribute directly to a student’s ability to successfully adopt behaviors that will promote and protect their health. Many schools, however, do not require health education and even fewer require oral health education.⁴ Research demonstrates the strong interrelationship between oral health and general health, providing strong justification for the need to incorporate oral health education into general health education.¹

Methods

According to the Centers for Disease Control and Prevention (CDC), “Health education is integral to the primary mission of schools, providing students with the knowledge and skills they need to become successful learners and healthy adults.” “Health education supports the development of health-related knowledge, skills, and attitudes to increase the likelihood that students engage in healthy behaviors and to avoid or reduce health risks.”⁵ Further, former Surgeon General, Dr. Antonia Novello noted, “Health and education go hand in hand: one cannot exist without the other. Just as our children have a right to receive the best education available, they have a right to be healthy. As parents, legislators, and educators, it is up to us to see that this becomes a reality.”⁶

The Healthy People national health objectives highlight important problems affecting children that can be prevented and that relate to school readiness. Oral health problems are amenable to preventive measures.⁶ “Establishing healthy behaviors during childhood and maintaining them is easier and more effective than trying to change unhealthy behaviors during adulthood.”⁷ The integration of oral health into health

education in schools is feasible and needed to improve the oral health and overall health of school-age children.

Schools are an ideal setting to reach children and adolescents and, through them, their families, community members and organizations.⁸ Fifty-five million students attend an elementary or secondary school in the United States for approximately six to seven hours a day for 180 days each year, totaling 1,080 to 1,260 hours a year of school time.^{7,9} Oral health behaviors as well as beliefs and attitudes develop during childhood and adolescence.^{8,10} Children and adolescents are receptive to new information and will learn and establish lifelong healthy behaviors. The earlier healthy habits are established, the greater their impact.⁸

The implementation of oral health education in schools represents a unique opportunity for early prevention of both oral and general health problems. Schools can provide supportive environments and support appropriate policies and practices to help children and adolescents understand good oral hygiene and healthy eating behaviors; the importance of fluorides and fluoridation, dental sealants, using mouth guards in sports, and accessing dental care on a regular basis; the impact of tobacco use on the mouth; risks of oral piercing; HPV and oral cancer; how tooth decay forms; as well as other oral health topics. Oral health education as part of health education in grades kindergarten through twelve may contribute to informed decision making about oral health.

While each state adopts its own health education curriculum and standards,¹¹ educational leaders should work with oral health professionals to develop standards to integrate oral health into the curriculum offered in public schools. A comprehensive school health curriculum should include an oral health component. Oral health can be integrated into the health curriculum, as well as other parts of the school curricula such as science, math or physical education. Oral health education should be part of a coordinated school health program. The Coordinated School Oral Health Policy Statement outlines a strategic approach to improve students' oral health by integrating oral health education, prevention and/or treatment programs into each component of the Coordinated School Health model.

There is great potential for integrating oral health into health education curricula in K-12 classrooms, school policies and practices, and correspondingly, a great opportunity to inspire children and adolescents to practice behaviors that promote and protect their oral health as well as their overall health.

Policy Statement

The Association of State and Territorial Dental Directors fully supports and endorses the integration of oral health education into health education curricula in schools. Good oral health can positively impact a child's ability to learn and concentrate in school.

A variety of school and adolescent oral health resources are available to assist schools in their oral health education efforts.

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 Fisher C, Hunt P, Kann L, Kolbe L, Patterson B, Wechsler H. Building a healthier future through school health programs (Chapter 9). In *Promising Practices in Chronic Disease Prevention and Control: A Public Health Framework for Action*. Atlanta GA: Department of Health and Human Services; 2003:9-2-9-25. <http://www.cdc.gov/healthyyouth/publications/pdf/PP-Ch9.pdf>. Accessed June 24, 2013.

⁵ Centers for Disease Control and Prevention, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion. School health guidelines to promote healthy eating and physical activity. *MMWR. Morb Mortal Wkly Rep*. 2011;60(RR05):1-71. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6005a1.htm>. Accessed July 15, 2013.

⁶ Novello AC, Degraw C, Kleinman DV. Healthy children ready to learn: an essential collaboration between health and education. *Public Health Rep*. 1992;107(1):3-15. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1403595>. Accessed June 24, 2013.

⁷ Centers for Disease Control and Prevention. School Health Programs: Improving the Health of Our Nation's Youth, At A Glance 2011. 2011. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2011/School_Health_AAG_WEB_PDF.pdf. Accessed July 6, 2013.

⁸ Bertness J, Holt K, eds. *Promoting Oral Health in Schools: A Resource Guide – April 2009*. Washington, DC: National Maternal and Child Health Oral Health Resource Center; 2009. <http://www.mchoralhealth.org/PDFs/ResGuideSchoolOH.pdf>. Accessed June 25, 2013.

⁹ Kolbe T, Partridge M, O'Reilly, F. 2008. *Time and Learning in Schools A National Profile*. Boston, MA: National Center on Time & Learning and Storrs, CT: Center for Education Policy Analysis; 2008. <http://www.timeandlearning.org/files/SASS.pdf>. Accessed June 24, 2013.

¹⁰ Oral health: Oral health through health promoting schools. 2013. World Health Organization Web site. http://www.who.int/oral_health/action/groups/en/. Accessed June 24, 2013.

¹¹ State School Health Policy Database, Curriculum and Instruction, Health Education. Arlington, VA. National Association of State Boards of Education; 2013. http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=1100&catExpand=acdntm_catA. Accessed June 24, 2013.