

Making School Health Programs What They Used to Be

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Teeth should last a life time. Yet even with fluoridated water, fluoride dental products, and a bountiful food supply, dental caries is the most common nutritional-related disease of childhood. Should dental health be practiced daily in our school health programs? We used to think so.

As early as 1880, most states had laws requiring the teaching of hygiene and physiology. In 1903, the first school dentist served in Reading, Pennsylvania, and in 1910, the first school lunch program was implemented in New York City.

In subsequent years, school health programs included a dental component that was expected by parents, teachers, and the community to monitor the dental health of all school aged children. Students were evaluated and given health records that contained the results of their dental survey, vision and hearing screenings, immunization records, and other pertinent health information. These documents remained part of students' records of dental and general health activity from kindergarten through 12th grade.

But these dental indicators are no longer in use. Budgetary and staff limitations and decreased parental involvement place the responsibility of dental health education on individual teachers. In general, dental health is emphasized only during National Children's Dental Health Month in February, but demands on teachers' time exceed their ability to get out needed dental messages.

According to Child Health USA, differences in the prevalence of cavities were found among racial and ethnic populations, and differences also existed in patterns of cavities for primary and permanent teeth. From 1988 to 1991, children 2-4 years of age had 1.2 decayed and filled primary surfaces. Roughly 80 percent of all filled permanent teeth were found in only 25 percent of children ages 5-17 with at least one permanent tooth.

Early exposure to dental health education, treatment, and care has proven to be effective in establishing the building blocks of oral health for children. Continued support for preventive dental care services for all children is not only the responsibility of the parent and the school health program, but the community at large.

Our goal should be to inform non-dentists—parents and community leaders—of the importance of oral health services to minori-

ties. The Department of Health and Human Services has set goals for oral health. The Department's Healthy People 2000 objective is to increase, to at least 90 percent, the proportion of all children entering school programs for the first time who have receive an oral health screening, referral, and follow-up for necessary diagnostic, preventive, and treatment services.

Efforts to reach their objectives should include nontraditional approaches in existing school health programs. Community-based organizations and corporations can fund parent/youth focus groups to define dental health issues and activities for a comprehensive school program that can be integrated into the existing curriculum.

Parent and student organizations can enlist dental schools and associations to develop programs that promote oral health activities. For instance, the Washington,

DC, Chapter of the Continentals Society funds and participates in the Annual YMCA's Healthy Kids Day. The event offers a dental fair as well as an array of health screenings. The Howard University College of Dentistry provides follow-up treatment to dental fair attendees who need it.

Parental and student participation ensures that unique cultural and linguistic issues are addressed in spoken and written education materials. Parental involvement is effective in encouraging the establishment of dental activities in school health programs. For example, parents can be trained as dental advocates by dental schools and dental societies. Parents employed at partner corporations can ask for sponsorship of program materials.

School health programs and dental health can be translated into successful partnerships using students, schools, and parents. Decision-makers can support school linked community efforts with legislation, directives, and proclamations to increase budgetary allocations for comprehensive and preventive dental health care for school health programs. The strength and resiliency of students, families, and partner agencies play a major role in optimal health for all children in the next century.

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Percent of children ages 2-4 with dental caries in primary teeth: 1988-1991

White	Black	Mexican American
13.0%	22.0%	32.3%

Percent of children ages 5-17 with dental caries in permanent teeth: 1988-1991

White	Black	Mexican American
44.3%	39.4%	48.6%

Source: *Child Health USA*

