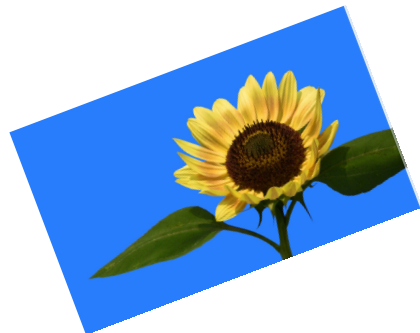


KANSAS PRE-K – 12 COORDINATED SCHOOL HEALTH POLICY GUIDELINES

ORAL HEALTH

In 2002 Surgeon General David Satcher issued *Oral Health in America*, citing a lack of awareness of the general public about the importance of oral health, the significant disparity of race, age, and income, and link between oral health and overall health and wellbeing. In 2003, Surgeon General Richard Carmona published *The National Call to Action to Promote Oral Health*, in which he encouraged community partnerships to ensure optimum oral health for all residents. The following set of guidelines presents strategies administrators, nurses, and classroom teachers can use to be active partners in their communities to keep children and adolescents free of dental decay.

These school-based strategies are designed to support Kansas growth toward Healthy People 2010 oral health goals for children. These goals include: Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth and with untreated dental decay. Increase the proportion of children and adults who use the oral health care system each year. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. Increase the proportion of school-based health centers with an oral health component. Increase the proportion of children and adolescents aged 6 to 19 years whose intake of meals and snacks at school contributes to good overall dietary quality. Increase the proportion of middle, junior high, and senior high schools that provide school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health. Reduce tobacco use by adolescents. Reduce the initiation of tobacco use among children and adolescents. Increase the average age of first use of tobacco products by adolescents and young adults. Increase tobacco use cessation attempts by adolescent smokers.



INTEGRATING ORAL HEALTH INTO THE EIGHT COMPONENTS OF KANSAS COORDINATED SCHOOL HEALTH

Health Education
Health Services
Healthy School Environment
Physical Education
Counseling, Psychological & Guidance
Worksite Wellness for Staff
Family & Community Involvement
Nutrition services



CATEGORY	BASIC (Essential Oral Health Needs)	ADVANCED (More healthful than BASIC)	EXEMPLARY (More healthful than ADVANCED)
SCHOOL SYSTEM GENERAL	<p>School policies and procedures include oral health education and strategies.</p> <p>All Pre-K – 12 students have the opportunity to be free of pain and infection resulting from oral disease.</p>	<p>The Advanced level incorporates all guidelines for the Basic level plus the more healthful guidelines listed in this column.</p> <p>All school administrators, educators, nutrition, food service, and health staff have the opportunity to learn about ways to prevent decay and other oral diseases in children and adults.</p>	<p>The Exemplary level incorporates all guidelines for the Basic and Advanced level plus the more healthful guidelines listed in this column.</p> <p>Each school in the system has an oral health plan designed to keep children cavity free and to intervene early in dental disease.</p>
Health Education	All students in Pre-K – 12 have the opportunity to learn about ways to maintain oral health. Health education curricula on personal hygiene, effects of nutrition and soft drinks, smoking and drugs include segments on oral health.	All students in Pre-K – 12 have the opportunity to learn about dental professions as a career.	Oral health content is integrated into science, math, language, and literacy.
Health Services	<p>School staff take immediate, appropriate action in response to dental and oral emergencies.</p> <p>All students and their families have information about available dental services that meet their needs.</p> <p>All students have the opportunity to be released from class to receive oral health preventive and restorative services.</p> <p>Schools comply with Kansas laws requiring dental screenings of children.</p>	<p>Schools establish a system of oral screening of children, which includes documentation of oral health status, and referral to appropriate dental professionals.</p> <p>Schools establish fluoride varnish services for children and adolescents who qualify for Medicaid, HealthWave, and the free or reduced lunch program.</p> <p>Schools have lists of dentists who will provide restorative care for children with identified decay.</p>	Schools establish dental hygiene clinics to provide preventive services to children who qualify for Medicaid, HealthWave, and the free or reduced lunch program.
Healthy School Environment	Playgrounds are designed to protect children from mouth and dental injuries.		

Physical Education	All students in Pre-K – 12 have the opportunity to learn about preventive equipment that prevents damage to teeth and mouth.	Schools ensure that students use proper mouth guards and other equipment to protect teeth during physical exercise and sports.	Schools provide students who cannot afford them with mouth guards and other equipment essential to protect their teeth.
Counseling, Psychological & Guidance	All students and their families have information about available dental services that meet their needs, They have the opportunity to be released from class to receive oral health preventive and restorative services.	Students who need assistance have support in locating dental services and finding transportation. All students have culturally competent and linguistically relevant oral health materials available in counseling offices.	Students who need assistance funding dental services receive support from school counseling offices.
Worksite Wellness for Staff	Staff learn what causes cavities in children and adults. Staff learn the impact of nutrition, eating habits, smoking, spit tobacco, and drugs on oral health	Staff have the opportunity to practice oral hygiene during the school day. Staff have the opportunity to select “teeth healthy” food choices in cafeteria and vending machines.	Staff have the opportunity to purchase dental insurance. Staff have the opportunity to participate in wellness-incentive programs that relate to oral health.
Family & Community Involvement	Families learn what causes cavities in children and adults. Families learn the impact of poor oral hygiene, nutrition, eating habits, smoking, spit tobacco, and drugs on oral health.	Families are connected to dental services for children and adults. Community dental providers participate in school health councils.	Schools identify a community dental office available to serve all family members who need to find a dental provider for preventive and restorative care. Each school includes oral health in health fairs for students and families
Nutrition Services	All students in Pre-K – 12 have the opportunity to learn how healthy nutrition and eating habits lead to being cavity free: the effects of soft drinks and sports drinks on teeth. Classroom teachers substitute healthy options for student incentives for sweets.	All students have the opportunity to select “teeth healthy” food choices in cafeteria and vending machines.	Students have the opportunity to participate in designing “teeth healthy” options in vending machines and school cafeteria.