



Dentists and Teachers Sink Teeth Into Oral Health Education

Written by Winifred J. Booker, DDS , and Danielle Boyce, MPH Monday, 14 October 2013 09:50

IMPORTANCE OF ORAL HEALTH EDUCATION

As the Children's Oral Health Institute (COHI) CEO, the author, Dr. Booker, is excited about the enthusiasm with which the Institute's educational programs have been received by dentists and teachers throughout the country. Research outcomes corroborate that the doctors and educators are willing to sink their teeth into supporting the inclusion of oral health in public school curricula. Dentists and teachers support the establishment of the oral health curriculum, according to the research conducted by the nonprofit organization. Survey responses from primary school educators have revealed that establishing oral health instruction in schools will enrich the lives of children and produce more prevention-oriented graduates.

Research evidence, documented and analyzed, provides strong bases for partners in prevention collaborations between dentists and teachers. Meaningful curriculum requirements and concrete classroom implementation outcomes must be sought if the dental team and primary school educators are to be successful. Partnership among teachers and dentists is vital because good oral health is imperative for students to thrive and achieve in school. Students surviving in lower socioeconomic communities, often attending Title One schools, are especially vulnerable to tooth decay; oral health education is critical to their overall health and subsequent academic achievement.

The COHI offers effective curriculum resources for teachers. "Lessons in a Lunch Box: Healthy Teeth Essentials and Facts About Snacks" and "Code Red: The Oral Health Crisis In Your Classroom" are educational initiatives that have been exclusively developed by the COHI for the classroom. "Code Red" includes many K-12 lesson plan options for teachers to incorporate in multiple subject areas. Additionally, it helps to sensitize them to what may not be the obvious signs and symptoms of tooth decay. The "Lessons in a Lunch Box" program includes important dietary facts and dental hygiene education for school-age children.

Outcomes from both initiatives are consistent with the hallmark of the dental profession: prevention. Each provides an influential contribution toward the solutions appealed for by Dr. David Satcher in the *2000 Surgeon General's Report*. These uniquely packaged instructional materials offer trailblazing promise for classroom-based educational opportunities. They could spearhead efforts toward derailing the staggering oral health crisis in America.

Evidence-based research data has been compiled to validate the invaluable importance of oral health education in public schools. "Evaluations of Code Red: The Oral Health Crisis In Your Classroom" highlight the potential impact that oral health education can have on student performance. Teachers recognize the critical need for dental care and are well equipped to supplement current instruction with oral health lessons. The COHI is pleased with the enthusiasm the programs have received from teachers nationally. This same zeal exudes from dental schools and the many stakeholders that have been instrumental in helping to advance the initiatives.

EVIDENCE SUPPORTING ORAL HEALTH EDUCATION

According to the US Office of the Surgeon General, tooth decay is the single most common chronic childhood disease, with more than 50% of children aged 5 to 9 years developing at least one cavity. Research evidence documented by the COHI and analyzed by Danielle Boyce, MPH, president and CEO of Boyce Research, LLC,

Figure 1.

Did the "Lessons in a Lunch Box" program guide students to communicate interest and enthusiasm toward oral health?

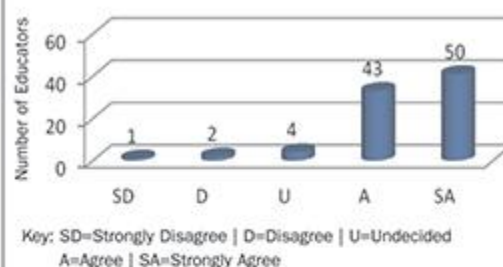


Figure 2.

Did the "Lessons in a Lunch Box" program encourage me to teach lessons about oral health?

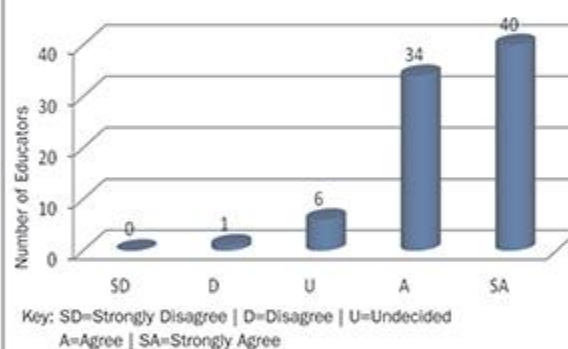
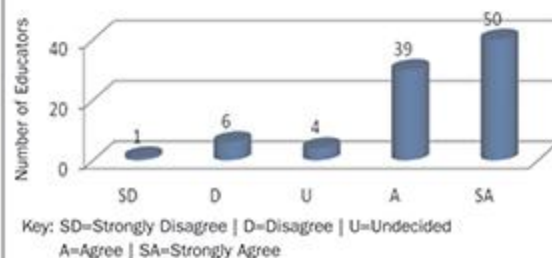


Figure 3.

Did the "Lessons in a Lunch Box" program provide meaningful guides to teaching across the curriculum — health, reading, math, and science?



supports the relevance of partners in prevention classroom collaborations to combat dental neglect.

The graph in Figure 1 demonstrates that students become more enthusiastic about maintaining adequate oral health after the “Lessons in a Lunch Box” presentation that encourages them to practice proper dental hygiene and good dietary habits. Figure 2 underscores the enthusiasm on the part of educators to support oral health instruction. Ninety-three percent of teachers surveyed agreed that the “Lessons in a Lunch Box” program encouraged them to include oral health as a part of their lesson plans. These efforts can help to reduce the diminishing sense of self-efficacy children experience when untreated tooth decay consumes their daily lives.

Figure 3 highlights the willingness on the part of educators to teach across the curriculum by incorporating oral health education within existing health, reading, math, science, and other disciplines. Incorporating oral health education into the public school curricula could mean the difference between sub-par academic achievement and measurable intellectual gains for many children in Title One schools.

The author of the November 1, 2012, *Journal of the American Dental Association* article, “Dental Disease, Poor Academic Performance Linked, Researchers Report” wrote, “Children who reported experiencing recent tooth pain were almost 4 times more likely than those without tooth pain to have a grade point average lower than the median grade point average of 2.8.” *The impact of oral health neglect cannot be understated.*

CALL TO ACTION

Significant progress has been made since the US Department of Health and Mental Hygiene released the *Surgeon General’s Report* in 2000, which drew attention to the alarming impact that poor dental health has on school performance. Since the 2000 report, efforts to increase access to care, through workforce expansion and retraining, has been a primary focus in many states. The tragic 2007 deaths of 12-year-old Deamonte Driver in Maryland and 6-year-old Alexander Collander in Mississippi, will forever reinforce the need to continue building on efforts to end the oral health crisis. Advocating disease education and prevention programs for children and their families may prove to contribute toward avoiding tragedy secondary to poor oral health.

Maryland governor Martin O’Malley signed legislation on May 22, 2012, compelling the Maryland State Department of Education (MSDE) to support and facilitate oral health education in classrooms. Under the law, public schools provide a report to the governor each year that confirms oral health education is being taught. This regulation could set a Best Practice’s benchmark for the nation under the visionary leadership of Governor O’Malley and the MSDE’s Superintendent, Dr. Lillian Lowery.

The Oral Health Education—Certification and Monitoring legislation requires the MSDE to support and facilitate oral health education. Oral disease prevention and dental health must be promoted in every jurisdiction. The State Board of Education will encourage the local boards of education to incorporate age-appropriate lessons on oral disease prevention and dental health promotion into the local board’s health education curriculum. A process is being developed to monitor the implementation. The MSDE will submit an annual summary to the state superintendent of schools certifying that oral health education was taught. The law builds on the efforts to help eliminate oral health disparities and access to care challenges. It is another dedicated and unified movement to help Maryland reach these goals.

CLOSING COMMENTS

Though it is clear that good oral health enhances our ability to speak, smile, smell, taste, touch, chew, swallow, and convey our feelings and emotions, it is often taken for granted. Approximately 51 million school hours are lost each year to dental-related illness, according to the *2000 Surgeon General’s Report*. Reducing the loss of school and work days from painful tooth decay alone can lead to healthier communities.

Dietary education for school-age children is also critical to curtailing obesity. On September 14, 2012, New York City Mayor Michael Bloomberg tweeted, “The obesity epidemic is destroying the health of too many of our citizens.” Bloomberg proposed a (controversial) policy that limited the sale of sugary beverages more than 16 ounces in New York. If accepted and adopted by others, policies like these may well help to reduce the incidence of tooth decay and, in our opinion, are needed throughout the country.

It is a known fact that high-sugar dietary practices can take root as early as 12 months. These practices are oftentimes maintained throughout childhood. Thus, it is imperative that an explanation of the carcinogenicity of certain foods and beverages is communicated, since tooth decay is directly proportional to one’s dietary habits. Frequent in-between meal consumption of sugar-laden snacks or drinks, (eg, juice, formula, sodas), increases the risk of caries. These concepts should be reinforced throughout the K-12 experiences. Students should understand the role surrounding frequency of consumption, for food and beverages, and their consequences—not only on tooth structures, but also to overall health and well-being. These are core competencies that must be routinely communicated in classrooms, and earnestly incorporated into school curricula.

Establishing viable oral health curriculum standards, combined with concrete classroom support, comprise the foundation for success. Collaboration between teachers and dentists is vital to expanding oral health awareness. The intent is to cultivate a more productive and oral health conscious America.

We invite you to visit our Web site at mycohi.org to learn more about the COHI and our work with educators to have oral health education incorporated in classroom instruction. Oral health education curriculum resources, including a copy of the *Code Red* booklet can be downloaded and information obtained about the next cycle of “Lessons in a Lunch Box.”

ABOUT THE CHILDREN’S ORAL HEALTH INSTITUTE

The COHI is a 501c3 organization created to combat dental neglect and oral abuse among children. Its goal is to improve the attitudes and behaviors of

children and families on a variety of oral health issues through early health promotion and disease prevention education. The organization seeks to bring to the forefront major concerns regarding the oral healthcare needs of our nation's children.

Acknowledgement

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Suggested Reading

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Disclosure: Dr. Booker reports no disclosures.

Ms. Boyce is the president and CEO of Boyce Research, LLC. She has worked in the healthcare field for nearly 20 years. She has held positions at all levels of government, for nonprofit organizations, major healthcare associations, and medical institutions. She can be reached via e-mail at the address dmboyce1@yahoo.com.

Disclosure: Ms. Boyce reports no disclosures.