

Advocating for the Oral Health of Children

Fifty years ago, children were told that the way to a healthy smile was to brush after each meal. Times have changed. Today, the American Dental Association (ADA) recommends that children brush twice a day and floss daily. Add in fluoridated water, fluoride toothpastes and dental sealants, and a child's visit to the dentist can become almost cavity free.

But sadly, even with the availability of these agents for preventing decay, many people are still unaware of the important role early dental care plays in children's overall health. The ADA recommends that parents take action early to ensure the health of their children's teeth — good attitudes and habits established at an early age are critical in maintaining good oral health throughout life.

In an effort to involve parents, children, dental professionals, school health professionals, and other school staff in taking action for children's oral health, the ADA designates the month of February National Children's Dental Health Month.

What began as a one-day event in 1941 has grown into a month-long national event sponsored by the ADA and designed to promote healthy smiles for children. National Children's Dental Health Month messages reach millions of people in communities across the country and at numerous U.S. armed service bases abroad. Local observances include poster coloring and essay contests, health fairs, free dental screenings, museum exhibits, classroom presentations, and dental office tours.

The ADA produces a program planning kit for state and local societies and dental alliances to assist them in local promotional efforts. Planning kits include a poster, planning workbook, suggested resources, repro-

ducible handouts, and publicity information. Posters are also available to the dental societies for use in classroom visits.

In addition to materials available for National Children's Dental Health Month, the ADA has ideas for classroom activities, Kids' Corner for coloring sheets, a flossing calendar and video news releases about oral health. For teens, there is information on gum disease, the dangers of tobacco, and other age-appropriate news releases.

Visit the American Dental Association's Web site at www.ada.org.

From the National Maternal & Child Oral Health Resource Center ...

During an education conference hosted by First Lady Laura Bush, she stated that "We all have a duty to call attention to the science and seriousness of early childhood cognitive development." In response, the National Maternal and Child Oral Health Resource Center developed a new fact sheet, *Oral Health and Learning: When Children's Oral Health Suffers, So Does Their Ability to Learn*. The fact sheet provides a resource for health professionals, program administrators, and policymakers to highlight the connection between oral health and learning. It provides data on lost school time and restricted activity days, and information on programs for improving oral health for children.

Listed below is a sampling of subject matter and facts included:

Lost School Time and Restricted-Activity Days

- An estimated 51 million school hours per year are lost because of dental-related illness. (Gift, 1997).
- Students aged 5 to 17 years missed 1,611,000 school days in 1996 due to acute dental problems — an aver-

age of 3.1 days per 100 students (National Center for Health Statistics, 1996).

Oral Health and Learning

- Children who take a test while they have a toothache are unlikely to score as well as children who are undistracted by pain (Rothstein, 2001).

Nutrition and Learning

- Inadequate nutrition during childhood can have detrimental effects on children's cognitive development and on productivity in adulthood. Nutritional deficiencies also negatively affect children's school performance, their ability to concentrate and perform complex tasks, and their behavior (Center on Hunger, Poverty, and Nutrition Policy, 1994).

Programs for Improving Oral Health

- School-based oral health services can help make preventive services such as fluoride and dental sealants accessible to children from families with low incomes. Services should include screening, referral, and case management to ensure the timely receipt of dental care from community practitioners (Offices of Disease Prevention and Health Promotion, 2000).

If you're trying to establish an oral health program at your school or improve the existing program, this fact sheet will be very helpful with facts and references.

If you're not yet familiar with the National Maternal & Child Oral Health Resource Center, their purpose is to respond to the needs of states and communities in addressing current and emerging public oral health issues. Collaborating with federal, state and local agencies, national and state organizations and foundations,

the resource center supports and stimulates health professionals, program administrators, educators, policymakers, and others with the goal of improving oral health services for infants, children, adolescents and their families.

The National Maternal and Child Oral Health Resource Center has a Web site to visit at www.mchoralhealth.org that allows you to:

- download publications (fact sheets, policy briefs, resource guides, and conference proceedings) produced by the resource center;
- download publications produced by federal and state agencies, professional organizations and associations, and foundations;
- search, enter, and update oral health programmatic information in an online database;

- link to information on regional and state conferences on oral health access;
- search databases of material and child health organizations and publications.



RESOURCES

American Dental Association
211 E. Chicago Avenue
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Web site: www.ada.org

National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182-2536
Phone: (888) 434-4624 or (703) 356-1964
Fax: (703) 821-2098
Web site: www.mchoralhealth.org

REFERENCES

Center on Hunger, Poverty, and Nutrition Policy. 1994. *Statement on the Link Between Nutrition and Cognitive Development in Children*. Medford, MA: Tufts University, Center on Hunger, Poverty, and Nutrition Policy.

Community Voices: HealthCare for the Underserved. 2001. *Poor Oral Health Is No Laughing Matter*, Washington, DC: Community Voices:HealthCare for the Underserved.

Gift, H.C. (1997). Oral health outcomes research: *Measuring Oral Health and Quality of Life* (pp. 25–46). Chapel Hill, NC: Department of Dental Ecology, University of North Carolina.

Office of Disease Prevention and Health Promotion. 2000. *Healthy People 2010*. In Office of Disease Prevention and Health Promotion [Web site]. Cited January 15, 2001; available at http://www.health.gov/healthypeople/Document/HTML/Volume2/210ral.htm#_Toc489700403.

Rothstein, R. (March 7, 2001). *Lessons: Seeing Achievement Gains by an Attack on Poverty*. New York, NY: *New York Times*.