Policy on Mandatory School-entrance Oral Health Examinations

Originating Council
Council on Clinical Affairs

Review Council
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Revised

Purpose
The American Academy of Pediatric Dentistry (AAPD) encourages policy makers, public health and education officials, and the medical and dental community to recognize that poor unmet oral health needs can affect a child’s ability to learn. An oral health examination prior to matriculation into school may improve school readiness by providing a timely opportunity for prevention, diagnosis, and treatment of oral conditions.

Methods
This document is an update of the policy adopted in 2003 and revised in 2012. The update used electronic database and hand searches of the articles in the medical and the dental literature using the following parameters: Terms: oral health examination, dental screening, dental examination, dental assessment, school oral health examinations, dental certificates AND school-entrance; Fields: all; Limits: within the last 10 years, humans, English, birth through age 18. Additionally, the US Surgeon General’s report “Oral Health in America” and websites for the American Academy of Pediatrics, and American Academy of Pediatric Dentistry were referenced.

This revision included a new systematic literature search of the MEDLINE/PubMed® electronic database utilizing the following parameters: Terms: oral health examination, dental screening, dental examination, dental assessment, dental certificates AND school-entrance; Fields: all; Limits: within the last 10 years, humans, English, clinical trials, birth through age 18. One hundred forty-six articles matched these criteria. Papers for review were chosen from this list and from the references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were...
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based upon expert and/or consensus opinion by experienced researchers and clinicians. The US Surgeon General’s report *Oral Health in America* as well as policies and guidelines established by stakeholders in the health and education of our nation’s children were reviewed. Data is not available to determine the effectiveness of various approaches by states that currently encourage school entry dental examinations.

**Background**

Professional care is necessary to maintain oral health (US DHHS Surgeon General’s Report 2000). The AAPD “emphasizes the importance of initiating professional oral health intervention in infancy and continuing through adolescence and beyond. The periodicity of professional oral health intervention and services is based on a patient’s individual needs and risk indicators.” (AAPD Periodicity Guideline) The American Academy of Pediatrics recommends that, beginning at age three, a child’s comprehensive health assessment should include attention to problems that might influence school achievement (AAP 2000). General health examinations prior to school-entrance are mandated by many states. However, integration of general health and oral health care programs is still deficient lacking (US DHHS Surgeon General’s Report 2000). In the US, approximately 23% of preschoolers and kindergarten children have dental caries in the primary dentition (US DHHS Surgeon General’s Report 2000). Only 30% of schools conduct oral health screenings once the child has matriculated 11 states and the District of Columbia require a dental screening examination prior to school matriculation (Children’s Dental Health Project 2008). In the US, many children have not received a professional oral health assessment prior to entering kindergarten (US DHHS Surgeon General’s Report 2000). While laws regulations may not guarantee that every child will be examined by a dentist, they do increase the likelihood of this happening.

Caries is the most common chronic disease of childhood in the US (US DHHS Surgeon General’s Report 2000). Early childhood caries (ECC) is a severe problem for young children, affecting 28% percent of children two to five years of age, or over four million children nationwide (Dye et al 2007). By six to eight years of age, ECC rampantly increased the prevalence of dental caries increases to 56 percent the time they begin kindergarten, 40 percent of children have caries (Pierce, Rozier, and Vann 2002). Low-income children are disproportionally affected, with 33 percent of low-income children experiencing 75 percent of dental caries ECC (Fisher Owens et al 2008). Dental care remains as one of the is the greatest unmet needs for children (Newacheck et al 2000).
Safe and effective measures exist to prevent caries and periodontal diseases; however, dissemination and awareness of such measures do not reach the population at large, but not everyone is aware of the measures necessary to do so (US DHHS Surgeon General’s Report 2000). More than one third of the population of the United States does not benefit from community water fluoridation (US DHHS Surgeon General’s Report 2000). Because the use of fluoride contributes to the prevention, inhibition, and reversal of caries (CDC 2001), early determination of a child’s systemic and topical fluoride exposure is important. A dental home provides the necessary diagnostic, preventive, and therapeutic practices, as well as ongoing risk assessment and education, to improve and maintain the oral health of infants, children, and adolescents (AAPD Dental Home Policy). To maximize effectiveness, the dental home should be established within six months of eruption of a child’s first tooth and no later than his/her first birthday (AAPD Infant Oral Health Guideline).

The public’s lack of awareness of the importance of oral health is a major barrier to dental care (US DHHS Surgeon General’s Report 2000). Oral health is integral to general health (US DHHS Surgeon General’s Report 2000). Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, and daily activities (National Center for Education in Maternal and Child Health 2001). Children with ECC may be severely underweight because of associated pain and the disinclination to eat. Nutritional deficiencies during childhood can impact cognitive development (National Center for Education in Maternal and Child Health 2001; Center on Hunger, Poverty, and Nutrition Policy 1998). Rampant caries is one of the factors causing insufficient development in children who have no other medical problems (Acs et al 1992). Unrecognized disease and postponed care result in exacerbated problems, which lead to more extensive and costly treatment needs. The World Health Organization has suggested that school dental screenings could enable early recognition and timely interventions, leading to savings of health care dollars for individuals, community health care programs, and third-party payors (Kwan and Petersen 2003).

The National Association of State Boards of Education recognizes “health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.” (Bogden and Vega-Matos 2000). Children with dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as well as school attendance (National Center for Education in Maternal and Child Health 2001; Center on Hunger, Poverty, and Nutrition Policy 1998). Data from the North Carolina Child Health Assessment and Monitoring Program showed that children with poor oral health status were nearly
three times more likely to miss school as a result of dental pain than were their counterparts. In addition, absences caused by pain were associated with poorer school performance. Further analysis demonstrated that oral health status was associated with performance independent of absence related to pain. In 1996, students aged five to 17 missed an average of 3.1 days/100 students due to acute dental problems (National Center for Education in Maternal and Child Health 2001). When these problems are treated and children no longer are experiencing pain, their learning and school attendance improve (National Center for Education in Maternal and Child Health 2001).

Following According to a report by the US Surgeon General, the Centers for Disease Control and Prevention (CDC) launched the Oral Health Program Strategic Plan for 2011-2014. This campaign aimed to provide leadership to prevent and control oral diseases at national level. The program helps individual states strengthen their oral health promotion and disease prevention programs. However, requirements for oral health examinations, implementation/enforcement of regulations, and administrative disposition of collected data vary both among and within states. Descriptions of requirements for oral health examinations (oral health indicators), implementation/enforcement of regulations, and administrative disposition of collected data vary both among and within states. Encourage dental examinations prior to school matriculation. “a national public health plan for oral health does not exist.” (US DHHS Surgeon General’s Report Executive Summary 2000) Profiles on state and local populations, although rarely available, are necessary for planning oral health care programs.

Policy statement
Early detection and management of oral conditions can improve a child’s oral health, general health and well-being, and school readiness. Recognizing the relationship between oral health and education, the AAPD:

- Supports legislation mandating a comprehensive oral health examination by a qualified dentist for every student prior to matriculation into school. The examination should be performed in sufficient detail to provide meaningful information to a consulting dentist and/or public health officials. This would include documentation of oral health history, soft tissue health/pathologic conditions, oral hygiene level, variations from a normal eruption/
exfoliation pattern, dental dysmorphology or discoloration, dental caries (including white-spot lesions), and existing restorations. The examination also should provide an educational experience for both the child and the parent. The child/parent dyad should be made aware of age-related caries-risk and caries-protective factors, as well as the benefits of a dental home.

- Supports such legislation to include subsequent comprehensive oral examinations at periodic intervals throughout the educational process because a child’s risk for developing dental disease changes and oral diseases are cumulative and progressive.
- Encourages state and local public health and education officials, along with other stakeholders such as health care providers and dental/medical organizations, to document oral health needs, work toward improved oral health and school readiness for all children, and address related issues such as barriers to oral health care.
- Recognizes that without requiring, tracking, and funding appropriate follow-up care, requiring oral health examinations is insufficient to ensure school readiness.
- Encourages local leaders to establish a referral system to help parents obtain needed oral health care for their children.
- Opposes regulations that would prevent a child from attending school due to noncompliance with mandated examinations.
- Encourages its members and the dental community at large to volunteer in programs for school-entry dental examinations to benefit the oral and general health of the pediatric community.

References


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CDC. Recommendations for using fluoride to prevent and control dental caries in the United States.
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