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1 Policy on Mandatory School-entrance Oral Health Examinations

2

3 Originating Council

4 Council on Clinical Affairs

5 Review Council

6 Council on Clinical Affairs

7 Adopted

8 2003

9 Revised

10 2008, 2012, 2017

11

12 Purpose

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

18

19 Methods

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

27 ~~This revision included a new systematic literature search of the MEDLINE/PubMed® electronic~~
28 ~~database utilizing the following parameters: Terms: oral health examination, dental screening, dental~~
29 ~~examination, dental assessment, dental certificates AND school entrance; Fields: all; Limits: within~~
30 ~~the last 10 years, humans, English, clinical trials, birth through age 18. One hundred forty six articles~~
31 ~~matched these criteria. Papers for review were chosen from this list and from the references within~~
32 ~~selected articles. When data did not appear sufficient or were inconclusive, recommendations were~~

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33 based upon expert and/or consensus opinion by experienced researchers and clinicians. The US-
34 Surgeon General's report *Oral Health in America*¹ as well as policies and guidelines established by-
35 stakeholders in the health and education of our nation's children were reviewed. Data is not available
36 to determine the effectiveness of various approaches by states that currently encourage school entry-
37 dental examinations.

38

39 Background

40 Professional care is necessary to maintain oral health (US DHHS Surgeon General's Report 2000).¹
41 The AAPD "emphasizes the importance of initiating professional oral health intervention in infancy
42 and continuing through adolescence and beyond. The periodicity of professional oral health
43 intervention and services is based on a patient's individual needs and risk indicators."² (~~AAPD-~~
44 ~~Periodicity Guideline~~) The American Academy of Pediatrics recommends that, beginning at age
45 three, a child's comprehensive health assessment should include attention to problems that might
46 influence school achievement (~~AAP 2000~~).³ General health examinations prior to school-entrance are
47 mandated by many states. However, integration of general health and oral health care programs is still
48 deficient lacking (US DHHS Surgeon General's Report 2000).⁴ In the US, approximately 23% of
49 preschoolers and kindergarten children have dental caries in the primary dentition.⁵ (~~US DHHS-~~
50 ~~Surgeon General's Report 2000~~) Only 30% of schools conduct oral health screenings once the child
51 has matriculated ~~11 states and the District of Columbia~~ require a dental screening examination prior
52 to school matriculation (~~Children's Dental Health Project 2008~~).⁶ In the US, many children have not
53 received a professional oral health assessment prior to entering kindergarten (US DHHS Surgeon-
54 ~~General's Report 2000~~).¹ While ~~laws~~ regulations may not guarantee that every child will be examined
55 by a dentist, they do increase the likelihood of this happening.

56

57 Caries is the most common chronic disease of childhood in the US (~~US DHHS Surgeon General's~~
58 ~~Report 2000~~).¹ Early childhood caries (ECC) is a severe problem for young children, affecting ~~28~~23
59 percent of children two to five years of age, ~~or over four million children nationwide~~ (~~Dye et al~~
60 ~~2007~~).⁵ By six to eight years of age, ECC rampantly increased the prevalence of dental caries
61 increases to 56 percent.⁵ the time they begin kindergarten, 40 percent of children have caries (~~Pierce,~~
62 ~~Rozier, and Vann 2002~~). Low-income children are disproportionately affected, with 33 percent of
63 ~~low income children~~ experiencing 75 percent of dental caries ECC (~~Fisher Owens et al 2008~~).⁷
64 Dental care remains as one of the ~~is the~~ greatest unmet needs for children (~~Newacheek et al 2000~~).⁸

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65 Safe and effective measures exist to prevent caries and periodontal diseases; however, dissemination
66 and awareness of such measures do not reach the population at large. but not everyone is aware of the
67 measures necessary to do so (US DHHS Surgeon General's Report 2000).¹ More than one third of the
68 population of the United States does not benefit from community water fluoridation (~~US DHHS~~
69 ~~Surgeon General's Report 2000).~~⁹ Because the use of fluoride contributes to the prevention,
70 inhibition, and reversal of caries (~~CDC 2001~~),¹⁰ early determination of a child's systemic and topical
71 fluoride exposure is important. A dental home provides the necessary diagnostic, preventive, and
72 therapeutic practices, as well as ongoing risk assessment and education, to improve and maintain the
73 oral health of infants, children, and adolescents (~~AAPD Dental Home Policy~~).¹¹ To maximize
74 effectiveness, the dental home should be established within six months of eruption of a child's first
75 tooth and no later than his/her first birthday (~~AAPD Infant Oral Health Guideline~~).²

76
77 The public's lack of awareness of the importance of oral health is a major barrier to dental care (~~US~~
78 ~~DHHS Surgeon General's Report 2000).~~¹ Oral health is integral to general health (~~US DHHS Surgeon~~
79 ~~General's Report 2000).~~ Oral conditions can interfere with eating and adequate nutritional intake,
80 speaking, self-esteem, and daily activities (~~National Center for Education in Maternal and Child~~
81 ~~Health 2001).~~¹² Children with ECC may be severely underweight because of associated pain and the
82 disinclination to eat. Nutritional deficiencies during childhood can impact cognitive development
83 (~~National Center for Education in Maternal and Child Health 2001; Center on Hunger, Poverty, and~~
84 ~~Nutrition Policy 1998).~~^{12,13} Rampant caries is one of the factors causing insufficient development in
85 children who have no other medical problems (~~Aes et al 1992~~).¹⁴ Unrecognized disease and
86 postponed care result in exacerbated problems, which lead to more extensive and costly treatment
87 needs. The World Health Organization has suggested that school dental screenings could enable early
88 recognition and timely interventions, leading to savings of health care dollars for individuals,
89 community health care programs, and third-party payors (~~Kwan and Petersen 2003~~).¹⁵

90
91 The National Association of State Boards of Education recognizes "health and success in school are
92 interrelated. Schools cannot achieve their primary mission of education if students and staff are not
93 healthy and fit physically, mentally, and socially." (~~Bogden and Vega-Matos 2000~~)¹⁶ Children with
94 dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as
95 well as school attendance (~~National Center for Education in Maternal and Child Health 2001; Center~~
96 ~~on Hunger, Poverty, and Nutrition Policy 1998).~~^{12,13} Data from the North Carolina Child Health
97 Assessment and Monitoring Program showed that children with poor oral health status were nearly

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98 three times more likely to miss school as a result of dental pain than were their counterparts. In
99 addition, absences caused by pain were associated with poorer school performance. Further analysis
100 demonstrated that oral health status was associated with performance independent of absence related
101 to pain.¹⁷

102 ~~In 1996, students aged five to 17 missed an average of 3.1 days/100 students due to acute dental~~
103 ~~problems (National Center for Education in Maternal and Child Health 2001).¹⁴ When these problems~~
104 ~~are treated and children no longer are experiencing pain, their learning and school attendance improve~~
105 ~~(National Center for Education in Maternal and Child Health 2001).¹²~~

106
107 Following According to a report by the US Surgeon General,¹ the Centers for Disease Control and
108 Prevention (CDC) launched the Oral Health Program Strategic Plan for 2011-2014. This campaign
109 aimed to provide leadership to prevent and control oral diseases at national level. The program helps
110 individual states strengthen their oral health promotion and disease prevention programs. However,
111 requirements for oral health examinations, implementation/enforcement of regulations, and
112 administrative disposition of collected data vary both among and within states.¹⁸ ~~Descriptions of~~
113 ~~requirements for oral health examinations (oral health indicators), implementation/enforcement of~~
114 ~~regulations, and administrative disposition of collected data vary both among and within states~~
115 ~~encourage dental examinations prior to school matriculation. “a national public health plan for oral~~
116 ~~health does not exist.”¹⁸ (US DHHS Surgeon General’s Report Executive Summary 2000) Profiles on~~
117 ~~state and local populations, although rarely available, are necessary for planning oral health care~~
118 ~~programs.~~

119

120 Policy statement

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

124

- 125 • Supports legislation mandating a comprehensive oral health examination by a qualified
126 dentist for every student prior to matriculation into school. The examination should be
127 performed in sufficient detail to provide meaningful information to a consulting dentist
128 and/or public health officials. This would include documentation of oral health history, soft
129 tissue health/pathologic conditions, oral hygiene level, variations from a normal eruption/

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- 130 exfoliation pattern, dental dysmorphology or discoloration, dental caries (including white-
- 131 spot lesions), and existing restorations. The examination also should provide an educational
- 132 experience for both the child and the parent. The child/parent dyad should be made aware of
- 133 age-related caries-risk and caries-protective factors, as well as the benefits of a dental home.
- 134 • Supports such legislation to include subsequent comprehensive oral examinations at periodic
 - 135 intervals throughout the educational process because a child’s risk for developing dental
 - 136 disease changes and oral diseases are cumulative and progressive.
 - 137 • Encourages state and local public health and education officials, along with other stake-
 - 138 holders such as health care providers and dental/medical organizations, to document oral
 - 139 health needs, work toward improved oral health and school readiness for all children, and
 - 140 address related issues such as barriers to oral health care.
 - 141 • Recognizes that without requiring, tracking, and funding appropriate follow-up care,
 - 142 requiring oral health examinations is insufficient to ensure school readiness.
 - 143 • Encourages local leaders to establish a referral system to help parents obtain needed oral
 - 144 health care for their children.
 - 145 • Opposes regulations that would prevent a child from attending school due to noncompliance
 - 146 with mandated examinations.
 - 147 • Encourages its members and the dental community at large to volunteer in programs for
 - 148 school-entry dental examinations to benefit the oral and general health of the pediatric
 - 149 community.

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