

# Policy on School Absences for Dental Appointments

## Review Council

Council on Clinical Affairs

## Latest Revision

2015

### Purpose

The American Academy of Pediatric Dentistry (AAPD) recognizes dental care is medically necessary and that poor oral health can negatively affect a child's ability to learn. This policy is intended to assist public health and school education administrators in developing enlightened policies on school absence for dental appointments and support parents in seeking medically necessary care for their children.

### Methods

This policy was originally developed by the Council on Clinical Affairs and adopted in 2010. An electronic database search was conducted using the terms: school absences for dental appointments, excused school absences, and department of education. Papers for review were chosen from this list and from references within selected articles. When data did not appear sufficient or were inconclusive, recommendations were based on expert and/or consensus opinion by experienced researchers and clinicians. It is beyond the scope of this document to review every state statute and regulation on absences from school for dental appointments.

### Background

Oral health is integral to general health. Many systemic diseases and conditions have oral manifestations. These oral manifestations may be the initial sign of clinical disease and indicate the need for further assessment.<sup>1</sup> Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, daily activities, and quality of life.<sup>2</sup> Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain. It is also important to restore the form and function of the dentition and correct facial disfiguration or dysfunction.<sup>3</sup> The public's lack of awareness of the importance of oral health is a major barrier to dental care.<sup>1</sup> Unrecognized disease and postponed care result in exacerbated problems, which lead to more extensive and costly treatment needs.<sup>3</sup>

The National Association of State Boards of Education recognizes, "Health and success in schools are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially".<sup>4</sup> Children and adolescents with poorer oral

health status are more likely to experience oral pain, miss school, and perform poorly in school compared with their counterparts with better oral health status.<sup>5</sup> Children with dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as well as school attendance.<sup>1,6</sup> Left untreated, the pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning.<sup>7</sup>

The social impact of oral disease in children is substantial. More than 51 million school hours are lost each year to dental related illness.<sup>1</sup> On average, children and adolescents with oral health problems are absent one school day per year more than other children or adolescents.<sup>8</sup> When these problems are treated and children no longer are experiencing pain, their learning and school attendance improve.<sup>2</sup>

According to the U.S. Surgeon General, "a national public health plan for oral health does not exist".<sup>1</sup> This corresponds with the fact that there is no national policy on excused absences from school for dental appointments. Some states (e.g., California, Texas) have very specific laws excusing students for dental appointments.<sup>9,10</sup> Other state laws are more general and recognize absences due to doctor's appointments or illness.<sup>11,12</sup>

### Policy statement

Dental care is medically necessary and oral health is integral to general health. Undiagnosed and untreated oral conditions may interfere with a child's ability to eat, sleep, or function well at home or at school due to discomfort or pain. The unesthetic nature of caries and dental malocclusion may compromise a child's self-esteem and social development. Schools' policies that prevent or discourage legitimate school absence for the purpose of delivery of vital health care services may cause harm to their students.

Children who have their dental conditions corrected improve learning and attendance in school. State laws and local school district policies are not uniform on absences from school for dental appointments. A uniform policy that

#### ABBREVIATION

AAPD: American Academy Pediatric Dentistry.

recognizes the negative effect of chronic truancy on academic performance would be useful. Such policies should not restrict necessary health care delivery.

The AAPD supports state law or school policy that allows the absence for legitimate health care delivery, including that of oral health services, and encourages parents, school administrators, and dentists to work together to ensure that children receive dental care while minimizing school absences.

## References

1. U.S. Dept of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, Md. U.S. Dept of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000:12.
2. National Center for Education in Maternal and Child Health and Georgetown University. Fact sheet: Oral health and learning. Arlington, Va. NCEMCH; 2001. Available at: "<http://mchoralhealth.org/PDFs/learningfactsheet.pdf>". Accessed September 29, 2015.
3. American Academy of Pediatric Dentistry. Policy on medically necessary care. *Pediatr Dent* 2015;37(special issue):18-22.
4. Bogden JF. General school health policies. *Fit, Healthy, and Ready to Learn: A School Health Policy Guide*. Alexandria, Va.: National Association of State Boards of Education; 2000. Available at: "<http://www.nasbe.org/wp-content/uploads/C.-General-School-Health-Policies.pdf>". Accessed September 29, 2015.
5. Jackson SL, Vann WF Jr, Kotch JB, Pahel BT, Lee JY. Impact of poor oral health on children's school attendance and performance. *Am J Public Health* 2011;101(10):1900-6.
6. Serawan H, Faust S, Muligan R. The impact of oral health on academic performance of disadvantaged children. *Am J Public Health* 2012;102(9):1729-34.
7. U.S. General Accounting Office. Oral Health: Dental Disease is a Chronic Problem Among Low-income and Vulnerable Populations. Washington, D.C. U.S. General Accounting Office; 2000.
8. Guarnizo-Herreno CC, Wehby GL. Children's dental health, school performance, and psychosocial well-being. *J Pediatr* 2012;161(6):1153-9.
9. California Education Code. Available at: "<http://law.onecle.com/california/education/48205.html>". Accessed September 29, 2015.
10. Texas Education Code. Available at: "<http://law.onecle.com/texas/education/25.087.html>". Accessed September 29, 2015.
11. Georgia Department of Education. Available at: "<https://www.gadoe.org/External-Affairs-and-Policy/State-Board-of-Education/SBOE%20Rules/160-5-1-.10.pdf>". Accessed September 29, 2015.
12. Michigan Department of Education. Available at: "[http://www.Michigan.gov/documents/mde/compulsory\\_attendance\\_257944\\_7.pdf](http://www.Michigan.gov/documents/mde/compulsory_attendance_257944_7.pdf)". Accessed September 29, 2015.