

Policy on Mandatory School-entrance Oral Health Examinations

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Purpose

The American Academy of Pediatric Dentistry (AAPD) encourages policy makers, public health and education officials, and the dental community to recognize that poor oral health 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 diagnosis and treatment of oral conditions.

Methods

This policy was originally developed by the Council on Clinical Affairs and adopted in 2003. This document is an update of the previous version, revised in 2008. This revision included a new systematic literature search of the MEDLINE/PubMed[®] electronic database using the 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 based upon expert and/or consensus opinion by experienced researchers and clinicians. The U.S. Surgeon General's report *Oral Health in America*¹ 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.¹ 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."² 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.³ General health examinations prior to school entrance are mandated by

many states. Integration of general health and oral health care programs is lacking.¹ Only 11 states and the District of Columbia require a dental screening examination prior to school matriculation.⁴ In the U.S., many children have not received a professional oral health assessment prior to entering kindergarten.¹ While laws 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 U.S.¹ 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.⁶ By the time they begin kindergarten, 40 percent of children have caries.⁵ Low-income children are disproportionately affected, with 33 percent of low-income children experiencing 75 percent of ECC.⁷ Dental care is the greatest unmet need for children.⁸ Safe and effective measures exist to prevent caries and periodontal diseases, but not everyone is aware of the measures necessary to do so.¹ More than one third of the population of the United States does not benefit from community water fluoridation.¹ Because the use of fluoride contributes to the prevention, inhibition, and reversal of caries,⁹ 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.¹⁰ 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.¹¹

The public's lack of awareness of the importance of oral health is a major barrier to dental care.¹ Oral health is integral to general health.¹ Oral conditions can interfere with eating and adequate nutritional intake, speaking, self-esteem, and daily activities.¹² Children with ECC may be severely underweight because of associated pain and the disinclination to eat. Nutritional deficiencies during childhood can impact cognitive development.^{12,13} Rampant caries is one of the factors causing insufficient development in children who have no other medical problems.¹⁴ 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.¹⁵

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.”¹⁶ Children with dental pain may be irritable, withdrawn, or unable to concentrate. Pain can affect test performance as well as school attendance.^{12,13} In 1996, students aged five to 17 missed an average of 3.1 days/100 students due to acute dental problems.¹² When these problems are treated and children no longer are experiencing pain, their learning and school attendance improve.¹²

According to the U.S. Surgeon General, “a national public health plan for oral health does not exist.”¹⁷ Profiles on state and local populations, although rarely available, are necessary for planning oral health care programs. 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 that encourage dental examinations prior to school matriculation.

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, 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 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 stake-holders 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.

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