



Georgia School Smiles

Oral Health School Prevention Program

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"Tooth decay (dental caries) affects children in the United States more than any other chronic infectious disease. Untreated tooth decay causes pain and infections that may lead to problems; such as eating, speaking, playing, and learning.

-CDC,

<http://www.cdc.gov/OralHealth/topics/child.htm>



Breaking News! The Department of Community Health will be requesting the approval of principals to conduct the 3rd grade oral health survey in their respective schools. Eighty (80) elementary schools will be asked to participate in the survey. It is important that each selected school participate fully so that the results are representative of the children in Georgia in order

to have more current assessment data to identify oral health needs and gaps in access to preventive and treatment services. The survey will help guide service program decisions and support program planning and evaluation. Data will be used to increase support for objectives including caries reduction, reducing untreated caries, increasing the numbers of children with sealants, and increasing utilization of the oral health system, and increasing preventive dental services for low-income children.

In addition, a body Mass Index (BMI) will be calculated for each child by weighing the child and checking height. Race/ethnicity, and access to dental care will also be collected in a brief questionnaire to parents. The dental team will only be in the school for one day.

If your school is selected, your support will help increase access to care for your kids and will be greatly appreciated!



When Oral Health Suffers, So Does Learning

"An estimated 52 million school hours each year are lost because of dental-related illness. Students ages 5 to 17 years missed 1,611,000 school days in 1996 due to acute dental problems—an average of 3.1 days per 100 students.

Children from families with low incomes had nearly 12 times as many restricted-activity days (e.g., days of missed school) because of dental problems as did children from families with higher incomes.

Early tooth loss caused by dental decay can result in failure to thrive, impaired speech development, absence from an inability to concentrate in school, and reduced self-esteem. Students with preventable or untreated health and development problems may have trouble concentrating and learning, have frequent absences from school, or develop permanent disabilities that affect their ability to learn and grow.

Children who take a test while they have a toothache are unlikely to score as well as those who aren't distracted by pain. Poor oral health has been related...

cont. p.3



Mouth and Teeth Emergencies — Are You Prepared?



Broken Tooth (fractured, chipped, or broken off)

- Cleanse gently with warm water.
- Protect tooth from exposure to air or cold liquid by covering with a sterile gauze.
- If the tooth is pushed in or up into the gum, have the child see a dentist **within 24 hours**.
- Place cold compresses over the face in the area of the injury.
- **If a nerve is exposed, take child to a dentist immediately!**
- **If the nerve is not obviously exposed, take child to a dentist within 24 hours!**

Knocked-out Permanent Tooth

- Try to find tooth immediately! If it cannot be found, look again in the mouth to see if it has been pushed up into the gum.
- Do **not** vigorously rinse the area where the tooth was knocked-out.
- Try to reinsert the tooth.
- If the tooth is not reinserted, place it in a glass of warm (body temperature) water or milk.
- Have child bite on a folded gauze pad place in the injury site to control bleeding.
- Have child gently bite his or her teeth together and check to see if any other teeth are misplaced.
- **Take child to the dentist as soon as possible!**

Uncontrolled bleeding, bitten tongue or lip, or facial injury

- Immediately apply pressure using a clean, soft material.
- When bleeding is controlled, substitute cold compresses for direct pressure.
- **If bleeding does not stop after 15 minutes, take child to a dentist, oral surgeon, doctor, or hospital emergency room**

Toothache (not caused by an accident)

- Try to determine which tooth is causing pain.
- Have child rinse vigorously with warm (body temperature) salty water. This can dislodge food that is packed into a deeply decayed tooth and is irritating a diseased and/or exposed nerve.
- Gently remove debris from the cavity of an affected tooth.
- **Do not place aspirin** on or beside the tooth as it will not help relieve pain. **Aspirin can burn** the gum tissue!
- Swelling can be controlled by applying a cold compress to the area on the outside of the cheek.
- **Take child to the dentist as soon as possible!**



Did you Know?

Does your school have a dental program for your students? Does it only treat students whose parents or insurance can pay? **There is another choice!** Your county health department has school program.

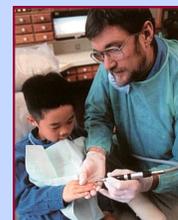
We are there especially for the children without access to care who are left without a safety net by some of the "other" dental programs. We would be happy to make an appointment to visit your school.

We can provide oral screenings, cleanings, dental sealants, and fluoride treatments regardless of ability to pay. If one of your children should have an emergency or just need a dentist, the health department dental clinic is right here to serve them.

You can be a part of helping these children receive the care they need! Make an appointment to have our dental team visit your school to provide for these children.

For program contact information:

<http://health.state.ga.us/pdfs/familyhealth/oral/oralhealthcontacts.pdf>



Cont. from p.1

to decreased school performance, poor social relationships, and less success later in life. Children experiencing pain are distracted and unable to concentrate on schoolwork.

Children are often unable to verbalize their dental pain. Teachers may notice a child who is having difficulty attending to tasks or who is demonstrating the effects of pain—*anxiety, fatigue, irritability, depression, and withdrawal from normal activities.* However, teachers cannot understand these behaviors if they are not aware that a child has a dental problem. Children with chronic dental pain are unable to focus, are easily distracted, and may have problems with schoolwork completion. They may also experience deterioration of school performance, which negatively impacts their self-esteem.

Left untreated, the pain and infection caused by tooth decay can lead to problems in eating, speaking, and learning. If a child is suffering pain from a dental problem, it may affect the child's school attendance, and mental and social well-being while at school. School nurses report a range of oral health problems such as dental caries, gingival disease, malocclusion (poor bite), loose teeth, and oral trauma in children. When children's acute dental problems are treated and they are not experiencing pain, their learning and school-attendance records improve.

People who are missing teeth have to limit their food choices because of chewing problems, which may result in nutritionally inadequate diets. The daily nourishment that children receive affects their readiness for school. 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."

(To view the entire fact sheet: <http://www.mchoralhealth.org/PDFs/learningfactsheet.pdf>)

ORAL HEALTH OF GEORGIA'S CHILDREN

Results from the 2005 Georgia Third Grade Oral Health Survey

Oral health is described as "an essential and integral component of health throughout life. Poor oral health and untreated infections can have a significant impact on the quality of life for school aged children. Evidence-based studies indicate oral health prevention is cost-effective and saves children from pain and lost days of school:

Key findings were:

- 1 in 2 (56%) 3rd grade children in Georgia have had or now have tooth decay.
- 1 in 4 (27%) 3rd grade children in Georgia have untreated decay.
- 1 in 4 (26%) 3rd grade children in Georgia need either early (22%) or urgent (4%) dental care.
- 4 in 10 (40%) 3rd grade children in Georgia have dental sealants.

Evidence-based studies indicate oral health prevention is cost-effective and saves children from pain and lost days of school:

- Dental sealants are a cost effective means of preventing dental caries in at risk groups; in the U.S., 80% of tooth decay in permanent teeth is experienced by only 25% of the children.

Dental sealants cost approximately one-third (\$27) the cost of an average filling (\$73). Every dollar invested in dental prevention saves as much as \$147 in future expenses.

- Preventive dental services reduce costly dental problems.

Pediatric Dentistry reported a study on Medicaid dental expenditures indicating that hospital care is ten times more expensive (\$6,498) than preventive treatment (\$660).

- Dental disease puts our children at-risk for expensive chronic diseases.

Studies have shown a link between oral disease and cardiovascular disease, diabetes, respiratory infections, and low birth weight. Tooth decay is five times more common than asthma."

<http://health.state.ga.us/pdfs/familyhealth/oral/2005GeorgiaThirdGradeSurveyApril2006.pdf>



“What amounts to a silent epidemic of dental and oral diseases is affecting some population groups. This burden of disease restricts activities in schools, work, and home, and often significantly diminishes the quality of life.” ~Surgeon General David Satcher, Ph.D.,