

American Dental Association

ADACommons

Patient Dental Health Education Brochures

Special Collections

1962

The Dental Society Cooperates in the School Dental Health Education Program (1962)

American Dental Association

Follow this and additional works at: <https://commons.ada.org/patientbrochures>



Part of the [Dental Materials Commons](#), [Dental Public Health and Education Commons](#), [History of Science, Technology, and Medicine Commons](#), and the [Pediatric Dentistry and Pedodontics Commons](#)

Recommended Citation

American Dental Association, "The Dental Society Cooperates in the School Dental Health Education Program (1962)" (1962). *Patient Dental Health Education Brochures*. 107.
<https://commons.ada.org/patientbrochures/107>

This Book is brought to you for free and open access by the Special Collections at ADACommons. It has been accepted for inclusion in Patient Dental Health Education Brochures by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.



**The dental society
cooperates**

**in the school
dental health education
program**



FOREWORD

Educational concepts today emphasize the importance of utilizing community resources for broadening and enriching the school program. Many agencies, organizations and individuals have valuable contributions to make to education. Each has a responsibility for doing what it can for the improvement of the community and its educational program.

Dental societies, dental health committees and individual dentists have a responsibility for contributing to the health and welfare of children and adults both through making dental care available in their private offices and by giving leadership and consultation to the community health program.

Dental societies are engaged in dental health education activities in varying degrees. This pamphlet has been prepared to show how dental health education can be improved through the cooperative efforts of dentists and educators. Children who have a sound foundation in the principles of dental health can assume more responsibility for their own dental health. They will develop good oral hygiene habits and seek regular dental care. Dental health throughout life is determined, in part, by the effectiveness of dental health lessons learned during childhood.

Each school and community functions differently, and no pattern can be established that will fit all. The suggestions in the following pages are intended as guides which may be found helpful in initiating or expanding dental health education programs in schools.



THE FUNCTION OF THE SCHOOLS IN DENTAL HEALTH EDUCATION

Educators have said for many years that one of the primary objectives of education is the health of the child. The teaching of health is required in most states either by law or by state board of education regulation.

Through teaching correct information and by aiding pupils in the development of proper attitudes and skills, teachers can influence children to want good oral hygiene and regular dental care.

In both elementary and high schools, the teacher plays the key role in improving the dental health knowledge and practices of children, even though others — nurses, dental hygienists or dentists — may aid in dental health education.

Dental health education should be an integral part of the total health instruction program. Teachers need guidance, assistance and support to do an effective teaching job in dental health.

THE DENTAL SOCIETY ORGANIZES TO PROMOTE SCHOOL DENTAL HEALTH PROGRAMS

The dental society must set up machinery through which it can carry out its school dental health activities. A committee must be appointed to carry out the program. On this committee should be dentists who are familiar with the school health program or who are willing to learn about it. The committee members should have an interest in children's dentistry and in working with other people on common problems.

There should be some permanency on the committee so that there is always a core of experienced dentists to carry on. The committee should be interested in the total school and community health program and be willing to contribute to its improvement.

The committee should seek the cooperation of all community groups having an interest in health of children. Most effective school health programs are accomplished in cooperation with rather than independently of other groups. The dental society should make a budget available to the committee. How much money will be required can be determined only by experience.

HOW TO INTEREST SCHOOL ADMINISTRATORS IN DENTAL HEALTH EDUCATION

School administrators today have pressures exerted upon them by many special interest groups wanting additional emphasis and time in the curriculum for their particular area. Administrators must evaluate such demands on the basis of which are most essential to the total development of the child.

The dental society that is interested in improving the dental health program of the school must be prepared to show the need for such a program and must have some positive plan to propose.

Representatives of the dental society should call the superintendent's office for an appointment and invite him out to lunch or to a dental society meeting to discuss the dental health problems of school children. A sampling dental survey might be suggested to substantiate the need for improved dental health education.

It should be made clear that the society is not asking the school to devote more time to dental health but rather to use time now devoted to dental health more effectively. There are few school systems that are currently doing nothing in dental health.

It should be suggested that, if a school health council or community-school health council is in existence, the dental society should be represented. The approach for an improved dental health program should then be made through the council.

HOW CAN THE DENTAL SOCIETY ASSIST IN THE DENTAL HEALTH EDUCATION PROGRAM?

1. Conduct a dental survey to determine dental status.

A dental survey of the school population or of certain grades such as 1, 4, 7, 10 and 12 will provide information on the dental status of the school children. The information obtained may be used as a basis for stimulating dental health education, and it will also serve as a baseline for measuring progress of the school dental health program.

The dental division of the state department of health will frequently provide information for and assistance in conducting the survey.

2. Provide dental health education teaching materials.

The dental health committee of the dental society should be familiar with all resource material available for teaching dental health. This material may be in the form of books, pamphlets, posters, films, filmstrips or slides.

The society may wish to purchase quantities of materials and prints of films to give to the school, or it may wish simply to give the school samples of materials and indicate the source.

Some societies purchase one or two new films a year and give them to the school system. In a period of a few years a good library of dental health education films is developed.

The American Dental Association has both printed materials and films that are useful in school programs.²

3. *Sponsor, with the school, in-service education programs for teachers in dental health education.*

In-service education programs are conducted by schools to keep teachers abreast of new developments in many different areas of instruction. These programs are conducted at such times as just before school starts in the fall, at regularly scheduled teachers' institutes or at regular or special faculty meetings.

The inclusion of dental health education in in-service training programs should be discussed with the superintendent early in the school year so that this may be fitted into the over-all program.

In some school systems a half day or an entire day of a program has been devoted to dental health education. In others, dental health education has been included in an in-service education program on total health.

Whether or not dental health in-service education programs are successful and acceptable to school people depends on the quality of the program and the preparation that has been made.

The Bureau of Dental Health Education will assist dental societies in planning in-service education programs on request.

4. *Assist in evaluation of dental health education materials used in schools.*

Schools frequently obtain dental health education materials from other than dental sources. Some of the materials are excellent, but some are objectionable because they are inaccurate. The dental health committee of the society can be helpful to schools in offering to review such materials.

Although most new health textbooks used in schools are of good quality, it may also be helpful to review the dental health sections of these books before they are purchased for use in schools.

5. *Provide dentists to help teachers in their dental health education programs.*

Although it is not generally considered wise for dentists to go into classrooms, especially on the elementary level, to lecture to children, there are opportunities for dentists to be of real assistance to teachers.

At times a dental health lesson in a classroom will result in many questions the teacher cannot answer. A dentist going into the classroom at the request of the teacher to answer questions can make a good contribution to a better understanding of dental health by both pupils and teacher.

If the dentist is properly prepared in advance, he may bring with him models, charts or other visual aids to make his participation more effective.

There are occasions when dentists will be invited into a high school to talk to a large group of pupils. This is considered an acceptable practice if it does not substitute for the regular health education courses. Dentists who make such presentations should be familiar with films available for various grade levels and should understand how they can best be used.

6. *Participate in the development of teaching guides or curriculum in dental health education.*

School systems are continually developing new or revising old curriculum materials. The dental society can provide a valuable service to the curriculum committee. The curriculum for a specific grade is based, in part, on the needs of children of that age. Dentists, knowing the dental needs of children of different ages, as well as the developmental changes that are occurring in their mouths, can provide much useful information to teachers preparing the curriculum.

7. *Participate in planning and conducting a program of school dental inspections or examinations.*

Members of the dental society and school personnel should be familiar with the possible benefits and limitations of dental inspections.¹ Where and how the inspections or examinations are to be conducted should be determined jointly by the school and dental society.

It is well to remember that, unless the inspection program results in children's obtaining necessary dental care and unless it is educational in nature, the program is of questionable value.

8. *Make dental offices available for field trips.*

Field trips to points of interest are a part of the educational

program of many school systems. A field trip to a dental office by children in the primary grades is an effective means of acquainting the children with the dentist and developing favorable attitudes toward the dentist and dental care. It may also help to break down the fear of dentists that many children have acquired.

The dentist and the teacher will need to plan the field trip together if the greatest benefit is to be derived from it.

The local dental society may also wish to establish procedures which schools should follow in planning trips to the dental office. Once a plan is established, the possibility of taking too much office time of any one dentist would be minimized.

9. Develop a plan for excusal from school for dental appointments.

It is becoming increasingly difficult for dentists to provide dental care for all school children during out-of-school hours. In many communities it is impossible.

It becomes necessary, therefore, for the schools and dental society to work out a plan, acceptable to each, which will permit dental appointments during school hours at a minimum loss of school time.¹

Such plans have been developed in many communities where the dentists and school people have understood the needs and the problems involved.

OTHER RELATED ACTIVITIES FOR DENTAL SOCIETIES

1. Cooperation with Parent-Teacher Associations.

Each parent-teacher association has a health chairman who is interested in programs for the improvement of the health of school children. The local dental society should offer its cooperation to the health chairman so that dental health receives appropriate emphasis in the health program.

Programs on dental health should be made available to the P.T.A. Assistance in the planning and conducting of pre-school clinics should be offered as should assistance in the development of a program for continued health supervision.

2. Planning dental care programs for underprivileged children.

The provision of health care is an individual and family responsibility. However, when the family cannot meet the responsibility, the community must.

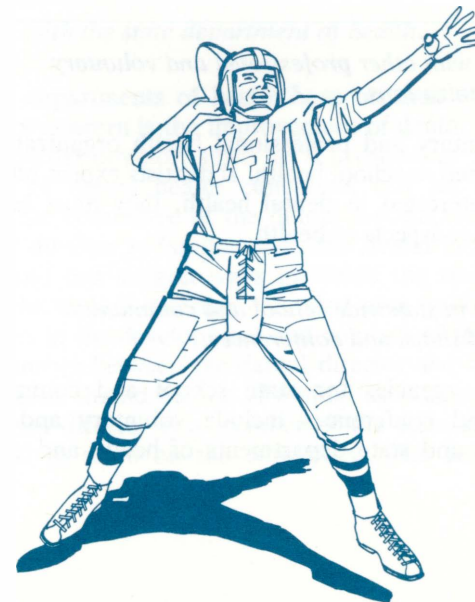
Communities have different ways of taking care of the health needs of underprivileged children. In some this may be a responsibility of the health department or welfare agency. In others voluntary groups cooperate to make such care possible.

Since only dentists can provide dental care, the dental society must work with other community agencies and organizations to see that a dental care plan acceptable to the dentists and to the community is developed.

3. Provision of mouth protectors for football players.³

The wearing of mouth protectors by all boys engaged in interscholastic sports for those schools belonging to the National Federation of High School Athletic Associations becomes mandatory for the 1962 season.

The dental society and school officials should work together in developing a plan for providing the best possible protection for all players. The dental society should evaluate the types of protectors currently available and adopt the type which provides the most protection to the teeth and mouth, comfort and freedom of breathing and speaking.



STATE DENTAL SOCIETY ACTIVITY IN SCHOOL DENTAL HEALTH EDUCATION

The state dental association should have a committee whose function it is to promote and plan school dental health education programs.

Some specific functions of this committee follow.

1. *Establish working relationship with the person in the state department of education who has responsibility for the school health education program.*

This person in most states is the supervisor of health and physical education. Initial contact with the department should be made through the commissioner of education.

2. *Develop state teaching guides for dental health education.*

Several state dental associations, by working closely with the state department of education, and in some cases with the dental division of the state department of health, have produced a state guide for teaching dental health. The guide is distributed to all schools in the state for their use.

3. *Cooperate with other professional and voluntary health organizations.*

Many voluntary and professional health organizations conduct programs related to school health. If dentists expect other organizations to be interested in dental health, they must in turn be interested in other aspects of health.

4. *Participate in statewide school and community health workshops and conferences.*

Sponsoring agencies for state school and community health workshops and conferences include voluntary and professional health groups and state departments of health and education.

By being familiar with the activities of these various groups the school health committee of the state dental association can offer cooperation, assistance and participation.

Such groups need to know that the dental profession is prepared and willing to cooperate in programs designed for the improvement of school and community health.

5. *Cooperate with State Congress of Parents and Teachers.*

One of the continuing interests and programs of the National and State Congresses of Parents and Teachers is the health supervision of school children. Dental health, of course, is a part of this program.

The state P.T.A. needs the advice, guidance and cooperation of the state dental association so that a sound and acceptable program can be developed and promoted throughout the state.

The committee of the state dental association should notify the president of the state P.T.A. of its willingness and desire to cooperate.

6. *Assist youth groups, such as Future Farmers and 4-H, with programs of dental health education. Many of these groups are school centered or under the guidance of school officials.*

7. *Cooperate with the state department of health.*

Most state departments of health have on their staffs a dentist whose primary concern is the improvement of dental public health.

The state dental director, since he is involved to a great extent in programs of dental health education, can be of invaluable assistance to the committee of the dental association.

The dental director is familiar with the dental health programs in the state and can suggest ways in which the state association can assist. The dental director can also give guidance to local dental societies in the development and conduct of their programs.

The relationship between the dental director and the committee of the association should be one of mutual assistance and support. Since the dental director is a member of the state association, he may be asked to serve on the committee. The temptation may

be to turn full responsibility for the program over to him. This, of course, is not desirable.

8. *Conduct statewide workshop on school dental health education.*

A number of state dental associations have found it most helpful to hold a day or day and a half workshop on school dental health education to give local committee chairmen an orientation as to their responsibilities and the types of programs that can be conducted locally.

The staff of the Bureau of Dental Health Education will be happy to assist any state association in planning and conducting such a workshop.

CONCLUSION

The programs that have been outlined are many and varied. It is doubtful that any local or state society will be able to plan and carry out all of them.

It is suggested that one or two programs be developed as a start; as experience is accumulated additional programs can be added. It is advisable to start where there is a reasonable chance for accomplishment.

The staff of the Bureau of Dental Health Education, upon request, will assist and cooperate with any society in this planning of dental health education programs.

USEFUL REFERENCES

1. *A Dental Health Program for Schools* — Single copies, free. This booklet describes in a general way the essentials of a school dental health program. It has a good discussion of the benefits and limitations of school dental inspections and contains samples of various types of dental forms useful in a school program.

2. *Catalog of the American Dental Association* — No charge. Contains a listing and brief description of educational materials available from the Association. Many of the materials listed are primarily for use in schools. It also contains a brief description of dental health education films available on a purchase or rental basis.

3. *Frontiers of Dental Science* — 50 cents. This 160 page paperback book, written by 12 dental scientists, tells how research in many fields solves problems of dental disease. It is an excellent source book for high school science students.

4. *A Speaker's Guide for Dentists* — \$1.25. Contains information on all aspects of dentistry which would be useful for a dentist called upon to speak to all kinds of lay groups.

5. *Basic Dental Health Education for Parents and Teachers* — Rental \$1.50, purchase \$15.00. This lecture with 57 slides is designed to assist a dentist speaking to parents or providing in-service education on dental health to teachers.

6. *Dental Health Teaching Outlines* — \$0.30 each, set of 4, \$1.00. Contains suggestions at four levels — grades 1-3, 4-6, 7-9 and 10-12 — for dental health instruction.

7. *The Dental Society Plans Dental Health Education Programs* — Single copies free. Emphasizes activities of the dental society in the community.

8. *Teaching Dental Health*—50 cents each.

For elementary teachers, this booklet was prepared jointly by the American Association for Health, Physical Education and Recreation and the Bureau of Dental Health Education.

9. *Dental Projects for High School Science Students* — Single copies free.

This booklet outlines experiments for high school science fairs and may stimulate interest in dentistry as a career.

10. *Teeth, Health and Appearance* — \$3.50, 1966.

This book will serve as a basic school library volume for use of teachers and students.

11. *Dental Health Education*, by Frances A. Stoll and Joan L. Catherman—\$8.00, 1967.

Lea and Febiger, Philadelphia, Publishers. This is a comprehensive text on the subject.

Note: All reference materials listed, except No. 11, are available from the American Dental Association.