Oral Health Policies, Tackling Oral Health Inequalities in Schoolchildren

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Abstract

Preschools and schools provide an important base to promote oral health as they reach large numbers of students who pass on these messages to their families. Schools can make a substantial contribution to a student’s health and well-being. This has been increasingly recognized by many international initiatives including those from the World Health Organization (WHO), UNICEF and UNESCO. This means that the oral health messages reinforced in schools will eventually reach the whole community [1]. The early years of a child’s life is the most influential time to reinforce habits and attitudes, therefore targeting the students at this age with proper oral health habits will have a lifelong effect. They will be healthier and more productive individuals in their community, having better quality of life with a potential to long term cost saving.

There is a need and an urgency to have an immediate action plan to decrease the level of caries among school children in Dubai. One of the first steps is to establish new policies for the delivery of oral health preventive measures. A mandatory law which states that all students registration should be accompanied not only with immunization clearance but also dental health clearance, a proper system of reference for students requiring immediate dental care due to their poor oral health To have a mandatory regulation in all schools with students aged 4-6 years to brush in their class rooms under supervision of their school nurses and teachers.

Keywords: Oral Health Policy; Oral Health Prevention; Oral Health Promotion; Schoolchildren; Inequalities

Abbreviations


Why do we need an oral health policy in Dubai Schools?

Preschools and schools provide an important base to promote oral health as they reach large numbers of students who pass on these messages to their families. Schools can make a substantial contribution to a student’s health and well-being. This has been increasingly recognized by many international initiatives including those from the World Health Organization (WHO), UNICEF and UNESCO. This means that the oral health messages reinforced in schools will eventually reach the whole community [1]. The early years of a child’s life is the most influential time to reinforce habits and attitudes, therefore targeting the students at this age with proper oral health habits will have a lifelong effect. They will be healthier and more productive individuals in their community, having better quality of life with a potential to long term cost saving.

There are several issues raised when it comes to incorporating oral health promotion programs within the school setting. These programs could face many obstacles for its implementation.

The role of Oral health policies is to deliver the preventive program and overcome all these obstacles for the greater benefit of the students [2] furthermore it will help to achieve an effective solution to eliminate caries from the students of Dubai aged 4 - 6, for a healthier happier and more productive generation and provide solutions that are cost effective, sustainable and reduce dental inequalities in accessing dental care and the disease burden.

Oral health policies should include:

**School Oral Health environment**

The main concept is to make the school environment a healthy one. Schools should support the initiative of happy, healthy smile. These policies could emphasize on:

1. Safe and healthy water and sanitation facilities should be available to allow access to children to drink water and wash after every meal.
2. Support availability of healthy snacks in schools either from what the students bring from home or from what is provided in schools.
3. Ban the sale of unhealthy food and drinks in school premises.

All the above points will empower the children to develop healthy eating habits at an early age.

**Oral Health promotion for school staff**

Oral health should form an integral part of general health initiatives in schools. The policies provide a well-designed oral health-training program that is responsive to the school staff needs and requirements of the school. This training will enable the staff to integrate their skills and knowledge into their teaching (Figure 1). The school staff (school nurses and teachers) can identify essential practices that promote oral health and well-being in the school and eventually in the community. Oral health policies constantly strengthens the capacity of schools to be a healthy setting for living, learning and working. These policies should influence the school curriculums, change the school ethos and environment. It must also help in engaging the families and communities with health and education officials, teachers, students, parents, health providers and community leaders in efforts to make the school a healthy place. Oral health policies not only talk about improving the oral status of the students it makes the correct links between oral health and the overall general health. By striving to provide a healthy environment, school health education, and school health services oral health improvement is achieved.

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**Figure 1: Health promotion for school staff.**

*Adapted from Bulletin of the World Health Organization, Sep 2005, 83(9)*
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These policies serve the individual’s wellbeing and dignity, provide multiple opportunities for success by decreasing absenteeism from school, and acknowledge good efforts and intentions as well as personal achievements. It also strives to improve the health of school personnel, families and community members and works with community leaders to help them understand how the community contributes to, or undermines health, oral health and education.

**Oral Health policies to decrease dental decay**

There is a need and an urgency to have an immediate action plan to decrease the level of caries among schoolchildren in Dubai. Results of the latest screening study implemented in 2013 in Dubai shows that Students 5 - 6 years had a 65% caries prevalence [3] compared to 24.7 % of the same age category in the United Kingdom [4].

A recent audit from the database of dental services department stated that there is a clear increase in number of teeth extracted for children from 2015 to 2016 by 21.7%. Permanent teeth extracted reached to 1192 teeth with an increment of 21% since 2015. Primary posterior teeth extracted increased by 26.8% in 2016 (Table 1).

![Extractions Graph](image)

Table 1: Number of extracted teeth during 2015-2016 in the dental services department, DHA.

Therefore, the main objective of placing these policies is provide an effective solution to eliminate caries from the students of Dubai aged 4 - 6, for a healthier happier and more productive generation. It also provides solutions that are cost effective, sustainable and reduce the disease burden.

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The following points are to be considered to help in decreasing the burden of dental caries

- A mandatory law which states that all students registration should be accompanied not only with immunization clearance but also dental health clearance
- A mandatory addition for periodic oral health checkups to have advanced alert to the parents and to detect oral health problems.
- A proper system of reference for students requiring immediate dental care due to their poor oral health
- To have a mandatory regulation in all schools with students aged 4-6 years to brush in their class rooms under supervision of their school nurses and teachers

Conclusion

In conclusion, Oral health policies are important to create conditions that are conductive to health, promotes the health and wellbeing of students and seeks continuous improvement through ongoing monitoring and evaluation.

The following policies are in consideration for schoolchildren in Dubai:

- A Policy to have dental health status and certification for students first registration.
- A Policy to include dental screening and necessary follow up within students health records in schools.
- A policy to enforce tooth brushing in schools for students aged 4 - 6 years.

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Conflict of Interest

There are no conflict of interest in this perspective.

Bibliography


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