

Improving The Oral Health of Young Children in New York: Recommendations from the NYS Early Childhood Oral Health Summit

May 2023

On November 14, 2022, the Schuyler Center for Analysis and Advocacy, the Early Childhood Advisory Council (ECAC), NYS Head Start Collaboration Office, the NYS Department of Health, the Governor's Office of New Americans, the NYS Developmental Disability Planning Council and the NYS Council on Children and Families hosted an *Early Childhood Oral Health Summit* for 130 participants in Albany. The Summit was followed by a virtual meeting and survey on proposed recommendations for policy change.

Most attendees were from early care and education programs interested in beginning or expanding oral health education or services. Educators and administrators from Head Start, Early Head Start, and childcare programs were joined by home visitors, health educators, pediatricians, dentists, and state agency staff.

The Summit highlighted the necessity of raising awareness of the importance of good oral health in early childhood. The agenda consisted of presentations of fifteen successful oral health programs and practices currently operating in New York State and a policy discussion for creating or expanding oral health in programs working with young families. A virtual meeting on policy change was held on December 8, 2022, and a survey asking participants to rank suggestions for policy changes was sent to all participants.

Recommendations from the Summit participants fall into two categories:

1. New York State should provide more technical assistance to programs and providers working with young children to help families improve early childhood oral health.

Summit participants had a strong desire to learn more about oral health and improve the oral health of the children and families they serve. Many wanted informational and training resources to increase the oral health knowledge of their staff and the families in their programs. Participants also wanted guidance on incorporating information into staff trainings, family services, curriculum, and case management.

RECOMMENDATIONS

The Governor's Office can have a positive impact on young children's oral health by:

- Increase state funding to the NYS Department of Health for technical assistance on early childhood oral health.
- Create an online library of oral health materials and training programs.
- Implement Medicaid reimbursement for oral health preventive services such as risk assessment, education, and case management.
- Submit a federal waiver to provide continuous eligibility for Medicaid/Child Health Plus until children reach age

Proposals:

- New York should provide more training and education on oral health for the staff at programs working with young children and families and for primary care providers.
- New York should provide easy access to oral health materials for programs working with children and families and for primary care physicians.
- New York should ensure that translation services are easily accessible to programs and families. Oral health training and education programs must be available in different languages.

Short Term, Actionable Items:

- Increase state funding to the NYS Department of Health for technical assistance on early childhood oral health.
- Create an online library of oral health materials and training programs.
- NY State Agencies should consider creating an oral health training plan for providers and programs working with young children.
- Enact a law that would allow additional providers to administer fluoride varnish and allow parents to apply fluoride varnish under instruction.

RECOMMENDATIONS

The ECAC will work with partners to:

- Create an online library of oral health materials and training programs.
- Create an oral health training plan for providers and programs working with young children.

2. New York should implement strategies to increase access to oral health services for children birth through age 5.

Access to oral health preventive and treatment services is a continual concern for parents, educators, and health providers. The lack of providers who see young children was a top concern of Summit participants along with excessively long waiting times when a provider was available.

Proposals:

- Increase funding for school-based programs, mobile dental services, tele-dental service and for providing assessments and education in homes.
- Reimburse community health workers (CHW) and community dental health coordinators (CDHC) to provide oral health education and care coordination.

- Leverage reimbursement options to drive medical-dental integration.
 - Increase financial incentives for preventive services provided by dentists and primary care providers (i.e. risk assessments, case management).
 - Reimburse dentists for some primary care screenings.
- Examine the laws governing health services by professions (scope of practice) to identify changes that will increase access to the application of fluoride varnish, an important prevention method.
- Ensure that all families have dental insurance and understand how to use the benefits.
- Provide help coordination transportation for dental appointments.

Short Term Actionable Items:

- Enact a law that would allow additional providers to administer fluoride varnish and allow parents to apply fluoride varnish under instruction.
- Implement Medicaid reimbursement for oral health preventive services such as risk assessment, education, and case management.
- New York should submit a federal waiver to provide continuous eligibility for Medicaid/Child Health Plus until children reach age six.

Background on Early Childhood Oral Health

Dental disease in children has been called a “hidden epidemic.” Hidden because dental disease is not always apparent until the pain becomes unendurable or until it manifests in an inability to eat, sleep, or concentrate in school. Dental disease is also hidden by poverty. Most children won’t experience severe dental disease. Instead, the effects are felt primarily by low-income children because it relates to many of the same social and economic factors that drive other health disparities.¹ The good news is that tooth decay is largely preventable. Investing in the prevention of early childhood tooth decay is a smart public investment in child health and development today and for the future.

Oral health can and should be addressed in many places and in many ways. In other words, it is essential to dispel the myth that good oral health is just the purview of dental providers. Improving oral health outcomes requires that many kinds of programs and providers address oral health and effective approaches need to embed oral health services across community institutions. There are benefits to providing oral health education and services in the places where people already gather or go: Head Start and other early childhood programs, schools, pediatricians’ offices, or community health centers.

¹ [Oral Health in America: Advances and Challenges | National Institute of Dental and Craniofacial Research \(nih.gov\)](https://www.nidcr.nih.gov/OralHealth/OralHealthinAmerica/AdvancesandChallenges)