

May 2023

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





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## Executive Summary

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

Recommendations from 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 wanted to learn how to improve the oral health of the children and families they serve. Many wanted information 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 training, family services, curriculum, and case management.

**Recommendations:**

- ▶ Increase State funding for the NYS Department of Health to provide technical assistance on early childhood oral health.
- ▶ Provide training and education on oral health for staff at programs working with young children and families and for primary care providers. State agencies should create an oral health training plan for providers and programs working with young children.

- ▶ Create an online library to provide easy access to oral health materials and training for programs working with children and families and for primary care physicians.
  - ▶ Ensure translation services are easily accessible to programs and families. Oral health training and education programs must be available in different languages.
- 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 dental providers who see young children was a top concern of Summit participants along with excessively long waiting times when a provider was available.

**Recommendations:**

- ▶ Increase State funding for school-based dental programs, mobile dental services, tele-dental services and for providing assessments and education in homes.
- ▶ Enact a law allowing additional providers to apply fluoride varnish and parents to apply fluoride varnish under instruction.
- ▶ Implement Medicaid reimbursement for community health workers (CHW) and community dental health coordinators (CDHC) to provide oral health education and care coordination.
- ▶ Implement Medicaid reimbursement for oral health preventive services such as risk assessment, education, and case management.
- ▶ Reimburse dentists for certain primary care screenings.

- ▶ Ensure all families have dental insurance and understand how to use the benefits.
  - Submit a federal Medicaid waiver to allow for continuous eligibility for Medicaid and Child Health Plus until a child reaches age six.
  - Allow families to purchase stand-alone dental coverage on the New York State of Health, New York's health insurance marketplace.
  - Provide educational materials explaining Medicaid and Child Health Plus dental benefits to programs working with young children.
- ▶ Provide technical assistance to early childhood programs to assist in coordinating transportation for dental appointments.

## Background

For the last century, and particularly in the last few decades, the oral health of very young New Yorkers has improved substantially. The decline in dental disease is a testament to the efforts of health professionals and individuals, public health investments, government policies, educational institutions, and health care organizations. However, the improvements are not uniform and certain populations continue to experience a high degree of oral health problems.

Most people do not know a great deal about oral health because the health of the teeth, the gums, and the rest of the mouth is not usually included in what we traditionally consider health care. Most people receive their dental care outside the usual medical setting and pay for care with dental, not medical, insurance. Payment systems

are largely separate, services are not integrated and there is not always an association between medical and dental providers.

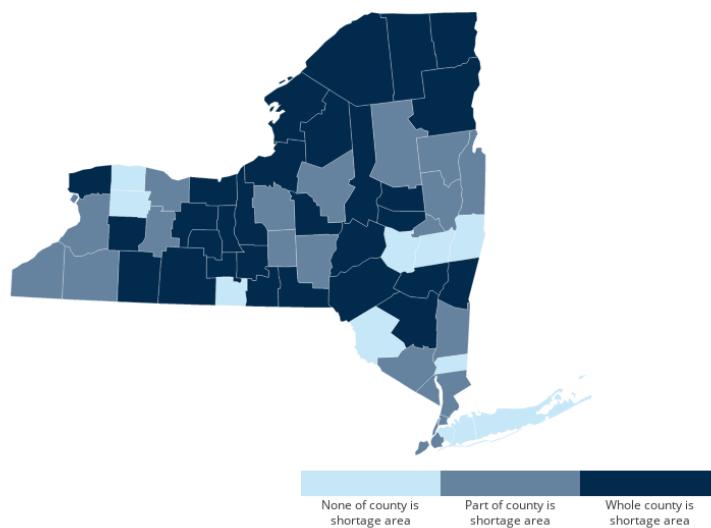
Dental disease in children has been called a “hidden epidemic.” Hidden because dental disease is not always apparent until the pain becomes unendurable or manifests in an inability to eat, sleep, or concentrate in school. It also is hidden by poverty. Most children will not experience severe dental disease. 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.<sup>1</sup> Dental disease before a child reaches age 5, sometimes referred to as “nursing bottle caries” and “baby bottle tooth decay,” remains a significant public health problem. Nearly one in four children

ages 2-5 has had a cavity, and the prevalence of decay for kids ages 2-8 is distinctly higher for children of color.<sup>2</sup> Lack of access to providers, lack of transportation, and higher rates of being uninsured are among the reasons for disparities.

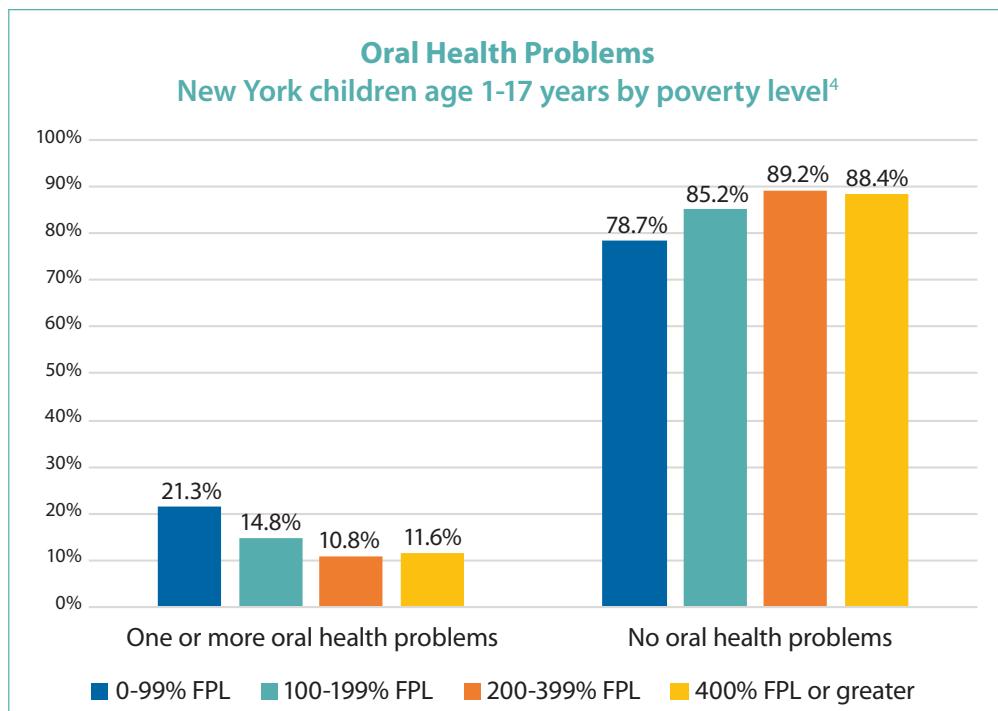
Approximately 14% of children in New York report some oral health problems. The distribution of disease varies by income level with children living in poverty having significantly higher rates of disease than their more affluent peers.<sup>3</sup>

The good news is that tooth decay is largely preventable. Investing in prevention by increasing access to

Health Professional Shortage Areas: Dental Care, by County, 2022 - New York



Source: [data.HRSA.gov](http://data.HRSA.gov), November 2022.



services, promoting the integration of dental care into primary care, implementing public health programs such as community water fluoridation, and educating families and communities about the importance of good oral health, will help maintain oral health as children grow older. Ultimately, the state will see the benefits in lower dental treatment costs.

Keeping teeth healthy in very young children requires programs and providers serving families across health and social services realms to capitalize on their role as a valued source of information. Embedding oral health

programming into places where families gather such as Head Start and other early childhood programs, schools, pediatricians' offices, and community health centers, makes services more accessible and reinforces the idea that good oral health is the responsibility of all who work with young children. This is particularly important because there is a significant shortage of dentists that serve children, particularly low-income children on Medicaid.

In 2018, only one-third of general dentists in New York and only 55% of pediatric dentists participated in Medicaid.<sup>5</sup> Increasing the number of providers who serve young children is difficult, given that many areas of the state do not have many oral health providers.<sup>6</sup>

#### Percentage of NY Medicaid enrolled children ages 0-6 who had at least one fluoride varnish application by a non-dental provider<sup>7</sup>

YEAR	PERCENTAGE
2018	1.47%
2019	2.60%
2020	3.57%
2021	4.61%
2022*	4.50%

\*Claims data is not complete for a period of 6 months. (November and December 2022 varnish claims lag. Anticipated percentage will be higher.)

#### Percentage of Medicaid Eligible Children Receiving Preventive Dental Services<sup>8</sup>

In 2020,  
only  
1 in every 3  **32.8%\***  
**MEDICAID ENROLLED CHILDREN IN NYS**  
received a preventive dental visit

\*national median 41.5%

## New York State Early Childhood Oral Health Summit, 2022

On November 14, 2022, the Schuyler Center for Analysis and Advocacy, Early Childhood Advisory Council (ECAC), NYS Head Start Collaboration Office, NYS Department of Health, Governor's Office of New Americans, NYS Developmental Disability Planning Council and NYS Council on Children and Families hosted an *Early Childhood Oral Health Summit* in Albany.

A majority of the over 130 Summit attendees were from early care and education programs interested in learning how to begin or expand oral health education or services.

Educators and administrators from Head Start, Early Head Start, and child care programs were joined by home visitors, health educators, pediatricians, dentists, and State agency staff. Also in attendance were oral health providers from community health centers and private practice eager to learn about the needs of early childhood programs and opportunities to provide services in their communities.

*“Just as early growth and development predict many aspects of health throughout life, oral health in infancy and early childhood is the precursor to good oral health at later stages of life.”*

—Oral Health in America, 2021<sup>9</sup>

The agenda consisted of presentations from fifteen successful oral health programs and practices currently operating in New York and 14 resource tables. (Appendix 1) The Summit provided participants an opportunity to share their ideas and experiences at a recorded table discussion and through comment forms. These were processed to identify common themes, ideas, concerns and analyzed for actionable recommendations. Refinements were made during breakouts at a December webinar where participants were asked to prioritize the policies most important to their work. All attendees of the November Summit were emailed a survey to rank the recommendations.

The recommendations for policy change to improve children's oral health fall into two broad 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.
2. New York should implement strategies to increase access to oral health services for children birth through age 5.
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 information and training resources to increase the oral health knowledge of staff and families as well as guidance on incorporating information into training, family services, curriculum, and case management. Participants were excited to learn about the variety of materials, much of it free, for programs to use and distribute to parents about the importance of oral health and good dental hygiene practices.

Participants wanted materials and training in non-English languages spoken by families and staff as well as American Sign Language and foreign sign languages. Immigrant and refugee families often face increased barriers to accessing vital oral health education and services so providing information in their language in a culturally accessible format can increase engagement and decrease barriers to accessing oral health care.

### Recommendations:

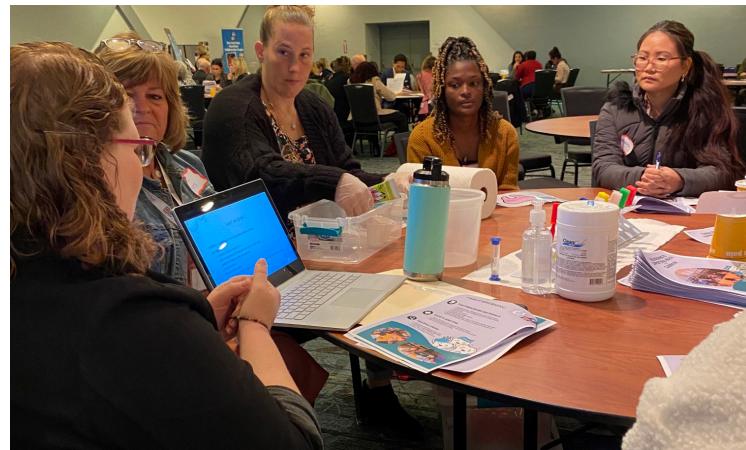
- ▶ Increase state funding to the New York State Department of Health (DOH) for technical assistance on early childhood oral health. NYSDOH relies on federal grants to fund oral health staff and programs. Summit participants requested a great deal of technical assistance to

start or grow programs, provide training/staff development, and implement best practices. NYSDOH is best positioned to provide this assistance, but it must be sufficiently resourced to address requests from health care and early care providers seeking to improve children's oral health.

- **State agencies should create and implement an oral health training plan for programs working with young children and families and for primary care providers.** Training should be coordinated across agencies for programs that work with families, such as Head Start, Early Head Start, early care programs, maternal infant home visiting, community health workers, child welfare agencies, immigrant service providers, disability service providers, and others. A coordinated training plan across agencies should identify roles that providers and programs could play in oral health education and referral. Appropriate oral health curriculum should be incorporated into training requirements to institutionalize an understanding of oral health and the importance of connecting children and families to services.

There also should be continuing education or maintenance of certification programs for primary care providers on medical-dental integration and support for incorporating oral health into well-child visits.

- **Create an online library of oral health materials, curriculum, and training programs.** Materials should be vetted to ensure they are scientifically sound, evidence-based and, where practical, identify costs associated with use. Translated materials should be examined by knowledgeable entities for accuracy. The library should be incorporated into a site that is already familiar to early childhood programs. Providing a "one-stop shop" would eliminate one of the identified barriers to program



development by reducing time staff spend searching for oral health materials.

- **Ensure language access and accessibility services are easily accessible to programs and families. Oral health training and education programs should be available in different languages.** Oral health programs should have the capacity to provide language access and accessibility services for families with limited proficiency in English and/or have communication-related disabilities.

## **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 concern for parents, educators, and health providers. The lack of oral health providers who see young children was a top concern of Summit participants along with excessively long waiting times when a provider was available.

Summit participants wanted more oral health services in places where young children are found to increase treatment options. Participants recognized that the shortage of oral health providers could inhibit development of innovative programs even if funding were available. They considered solutions that leverage primary care and community programs as opportunities to expand prevention opportunities. Summit participants suggested new and innovative

Smiles for Life is the nation's most comprehensive and widely used oral health curriculum for primary care clinicians. It has been officially endorsed by 20 national organizations and is in wide use in professional schools and post-graduate training programs. The online and downloadable curriculum emphasizes the role of primary care clinicians in the promotion of oral health. The Smiles for Life curriculum consists of modules covering core areas of oral health relevant to health professionals. User competencies are measured through assessments at course completion. [www.smilesforlifeoralhealth.org](http://www.smilesforlifeoralhealth.org)

reimbursement strategies and proposed increased funding to expand the number of early childhood programs that provide services to children.

Many participants expressed interest in increasing connecting services such as care coordination and case management because of the difficulty families faced arranging travel to dentist appointments.

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***The US Preventive Services Task Force recommends primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at first tooth eruption.<sup>10</sup>***

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2) expanding the scope of practice for dental hygienists to perform additional functions as is done in other states; or 3) whether the State should consider licensing additional types of providers, such as dental therapists. Nevertheless, the following Summit recommendations could ease some of the workforce issues.

#### **Recommendations:**

- ▶ **Increase State funding for school-based dental programs, mobile dental services, tele-dental services, and for providing assessments and education in homes.**

New York should increase funding for oral health services that reach children in the most convenient locations—their schools and homes. Preventive care, treatment, and education can be provided through these services and meet the needs of families.

- ▶ **Enact a law allowing additional providers to apply fluoride varnish and parents to apply fluoride varnish under instruction.** Fluoride varnish is a quick-drying substance painted directly on teeth three or four times a year to help protect from cavities. In New York, fluoride varnish can be applied by dentists, physicians, dental hygienists, registered nurses, nurse practitioners, and physician assistants.

New York should amend the Education Law to allow registered dental assistants, licensed practical nurses, and midwives to apply fluoride varnish. New York should also enact a law allowing unlicensed members of health care teams, such as medical assistants, doulas, and community health workers to provide fluoride varnish. Parents/caregivers should be allowed to provide fluoride varnish under instruction. This could be done through a tele-health visit or in a school setting, for example. The change would allow children to receive this preventive service without taking more time from school or needing to find transportation to a dental office.

Other states allow additional health and non-health providers to apply fluoride varnish. California allows non-medical providers and parents to apply fluoride varnish.<sup>11</sup> Under a pilot program, Nevada allows parents to apply fluoride varnish at home during a tele-dental visit.<sup>12</sup>

- ▶ **Implement reimbursement for community health workers (CHW) and community dental health coordinators (CDHC) to provide oral health education and care coordination.** CHWs are liaisons between health and social

### ***Selected Providers Authorized by State Laws to Apply Fluoride Varnish<sup>13, 14</sup>***

Certified Medical Assistant or Medical Assistant	CA, CO, CT, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MN, ND, RI, SC, SD, TX, UT, WA, WY
Licensed Practical Nurses	AL, CA, CO, CT, FL, HI, ID, IL, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, NV, NH, NC, ND, OH, SC, TX, UT, WA, WY
Dental Assistant or Registered Dental Assistant	AZ, CO, IL, IA, MD, MI, MN, OH, VA, WY
Nurse Midwife	CO, IL, IA, MD, MI, OH, VA, D.C.
Non-Healthcare provider	CA
Parent/Caregiver	CA, NV (pilot)

services and the community who can facilitate access to services and improve the quality and cultural competence of service delivery.<sup>15</sup> The CDHC is a credential for both dental health professionals and non-clinicians to assist patients in the reduction of disparities in dental health through education and care coordination.<sup>16</sup> CHWs and CDHCs can help parents navigate the dental system, increase the number of referrals and allow clinicians to perform more services with less paperwork. New York has begun to reimburse CHWs for limited maternal and child health services and there is no reimbursement for CDHCs.

- **Implement Medicaid reimbursement for oral health preventive services such as education, risk assessment, education, and case management.** New York allows dentists and medical providers to bill for fluoride varnish application but there is no separate reimbursement for oral health education or risk assessment, both of which are necessary components of the visit and require staff time and materials.

Maryland and Wyoming reimburse dentists or their designee for oral hygiene instruction when done in conjunction with fluoride varnish application. Montana provides additional reimbursement for conducting a dental risk assessment, care coordination, and oral hygiene instructions.<sup>17</sup> Colorado reimburses medical providers for risk

assessment and oral health education. The District of Columbia, Wyoming, and Ohio reimburse for risk assessment.<sup>18</sup>

- **Reimburse dentists for certain primary care screenings.** Allowing oral health providers to conduct certain primary care screenings will facilitate the integration of medical and dental services. Parents would benefit from important screenings they may have missed without needing to make another medical appointment. It will take a change to the New York State Education Law governing dentistry, dental hygiene and registered dental assisting to allow these services to be provided in New York.

Dentists in Arizona, Illinois, Iowa, Maryland, Michigan, and Ohio can provide diabetes screening. Colorado, Illinois, Iowa, Michigan, and Ohio allow dentists to conduct blood pressure screening. Illinois and Michigan allow dentists to do maternal depression screening. New York currently allows dentists to conduct smoking cessation services.<sup>19</sup>

- **Ensure all families have dental insurance and understand how to use the benefits.** While Medicaid and Child Health Plus have extensive dental benefits, programs working with families report that they see children without dental insurance. This may happen because children lose Medicaid or Child Health Plus coverage because of administrative issues or



families have employer-sponsored health coverage that does not include dental benefits. Providers report that families may have coverage but not understand how to use the benefits.

- ▶ **Submit a federal Medicaid waiver to allow for continuous eligibility for Medicaid and Child Health Plus until a child reaches age six.** A waiver from Oregon has been approved and several other states have submitted or are preparing waivers.<sup>20</sup> This would allow parents to seek medical and dental care without worrying about whether insurance has lapsed and providers can be assured that services will be covered when a young child seeks care.
- ▶ **Allow families to purchase dental coverage on the New York State of Health, New York's health insurance marketplace.** Currently, only families that purchase health insurance on the marketplace can buy dental coverage. Allowing families access to stand-alone dental plans would close the gap in coverage for children who have employer health insurance that does not include dental benefits.
- ▶ **Provide programs working with young children with educational materials explaining Medicaid and Child Health Plus dental benefits.** These materials should be available in a variety of languages to respond to the needs of

providers and communities with limited proficiency in English. Written materials should be in “plain language” so that information is accessible to individuals with lower reading levels, with disabilities, and for whom English is not their first language. Additionally, material in plain language is easier to translate into other languages. Translated materials should be reviewed by bilingual staff and/or community members to ensure accuracy and quality of translations. Materials for families should also be available in accessible formats, such as multi-lingual videos, to meet the needs of families who use sign language or are not literate in written English or their primary language.

- ▶ **Provide technical assistance to programs to assist in coordinating transportation to dental appointments.** Information on accessing Medicaid transportation services to dental appointments should be made available to programs that work with children and families. These materials should be available in multiple languages.

## Conclusion

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Despite the terrible human cost and the significant health costs associated with dental disease, oral health rarely garners the same attention as other health issues, particularly in young children. We are hopeful this Summit and these recommendations are the spark that prompt New York to begin to give young children’s oral health the attention and resources it deserves.

## Endnotes

- <sup>1</sup> National Institutes of Health. *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, Bethesda, MD. 2021. [Oral Health in America: Advances and Challenges | National Institute of Dental and Craniofacial Research \(nih.gov\)](#)
- <sup>2</sup> Reusch, C. Children's Dental Health Project. *Preventing Early Childhood Tooth Decay What States Can Do*. Washington DC. 2016. [Preventing Early Childhood Tooth Decay: What States Can Do](#)
- <sup>3</sup> Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [[www.childhealthdata.org](http://www.childhealthdata.org)].
- <sup>4</sup> National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>
- <sup>5</sup> Wang S, Martiniano R, Stiegler K. *Assessing the Characteristics of New York State Dentists Serving Medicaid Beneficiaries*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany. 2022. [Assessing the Characteristics of New York State Dentists Serving Medicaid Beneficiaries \(chwsny.org\)](#)
- <sup>6</sup> Rural Health Information Hub. Health Professional Shortage Areas: Dental Care, by County. 2022 - New York. 2022. <https://www.ruralhealthinfo.org/charts/9?state=NY>
- <sup>7</sup> NYS Medicaid, personal communication. Percentage calculation: Total number of unique 0-6 year old members receiving fluoride in non-dental settings/ Average total number of unique recipient 0-6 year old members, based on monthly enrollment data
- <sup>8</sup> Center for Medicaid and Medicare Services. *Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20, FFY 2020*. [Percentage of Eligibles Who Received Preventive Dental Services: Ages 1 to 20 | Medicaid](#)
- <sup>9</sup> National Institutes of Health. *Oral Health in America: Advances and Challenges*. US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, Bethesda, MD, 2021. [Oral Health in America: Advances and Challenges | National Institute of Dental and Craniofacial Research \(nih.gov\)](#)
- <sup>10</sup> U.S Preventive Services Task Force. *Prevention of Dental Caries in Children Younger Than 5 Years: Screening and Interventions*. Final Recommendation Statement. 2021. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>
- <sup>11</sup> California Health and Safety Code, Chapter 119, 2009-2010. [Bill Text - AB-667 Topical fluoride application](#)
- <sup>12</sup> National Academy for State Health Policy. *Nevada pilots innovative program to increase access to preventive oral care for children*. 2021. <https://nashp.org/nevada-pilots-innovative-program-to-increase-access-to-preventive-oral-care-for-children/>
- <sup>13</sup> Phipps KR. *Networks for Oral Health Integration (NOHI) Within the Maternal and Child Health Safety Net: Environmental Scan 2021–2022 Chartbook*. Washington, DC: National Maternal and Child Oral Health Resource Center. 2022. [NOHI-Chartbook-12-7-2022 \(mchoralhealth.org\)](#)
- <sup>14</sup> American Academy of Pediatrics. *Oral Health Reimbursement Chart*. [OralHealthReimbursementChart.xlsx \(live.com\)](#)
- <sup>15</sup> National Center for Chronic Disease Prevention and Health Promotion. *Community Health Worker Resources*. Center for Disease Control and Prevention. [Community Health Worker Resources | CDC](#)
- <sup>16</sup> Community Dental Health Coordinator. *Breaking Down Barriers to Better Oral Health*. American Dental Association. [Community Dental Health Coordinator | American Dental Association \(ada.org\)](#)
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- <sup>18</sup> Phipps, KR. [NOHI-Chartbook-12-7-2022 \(mchoralhealth.org\)](#)
- <sup>19</sup> Phipps, KR. [NOHI-Chartbook-12-7-2022 \(mchoralhealth.org\)](#)
- <sup>20</sup> Hope C. *Medicaid and CHIP Continuous Coverage for Children*. Center for Children & Families of the Georgetown University Health Policy Institute, McCourt School of Public Policy, Georgetown University. Washington DC. 2022. [Medicaid and CHIP Continuous Coverage for Children – Center For Children and Families \(georgetown.edu\)](#)

## Appendix 1

### Presentations

#### Achieving Medical/Dental Integration

Transforming Oral Health for Families works with community health centers to integrate preventive oral health services for infants and toddlers into the medical well child visit. Providing preventive care and education in this earliest phase of life gives families the tools to maintain healthy mouths throughout the lifespan. This roundtable will discuss the strategies used to implement this integrated practice, specifically highlighting the strategies used, workflows, implementation phase, and continuing learning through Plan Do Study Act (PDSA) cycles that one organization has used to maintain sustainability among multiple medical sites.

**Speakers:**

Rachel King DDD, MPH, MBA, MS

*Clinical Director of Oral Health Programs, HealthEfficient*

Sherilee Callahan RDH, MPH

*Director of Oral Health, Mosaic Health*

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#### Smiles for Life and Professional Resources

Provide an overview of educational resources for families, children, and professionals.

**Speaker:**

Melinda Clark, MD, FAAP

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#### Table Brushing to Support Oral Health in the Classroom

Participants will observe a table brushing demonstration to learn about the benefits and procedures of table brushing in the classroom. The presenters will describe the materials, procedures, and sanitation practices needed to implement table brushing successfully.

**Speakers:**

Heather Decker, *Senior Director for Early Childhood Development & Patricia Myers, Health and Nutrition Coordinator and colleagues*

*Regional Economic Community Action Program, Inc.*

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#### Access to Oral Health for New American Families

This panel will share the NYS Office for New Americans' statewide network of services and how the Ramirez June Initiative is building capacity to connect new Americans with intellectual and developmental disabilities to vital resources, information, and services in NYS. Participants will learn about different immigration statuses and situations in NYS and how immigration status can affect access to services. Considerations as to the intersection between language access and service accessibility will be shared. Participants will learn about promising practices for engaging cultural brokers and trusted community messengers to connect new American families with oral health care.

**Speaker:**

Cynthia Stewart, MS

*Ramirez June Developmental Disabilities Navigator, NYC Office of New Americans*

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## **Community College Dental Hygiene Programs: A Community Resource Dedicated to improving the Oral Health of the Local Community**

The Dental Hygiene student can effectively assume a responsive role in promoting oral health strategies to prevent oral disease in young children in community programs and schools. HVCC Dental Hygiene Clinic services and fees will be available.

***Speakers:***

Marianne Belles, RDH, MS

*Professor, Hudson Valley Community College Dental Hygiene Department*

Jennifer Walker, RDH MED

*Instructor, Hudson Valley Community College Dental Hygiene Department*

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## **Bridging the Gaps: The Role of the Community Dental Health Coordinator**

Participants will be invited to discuss how the healthcare landscape is changing and how coordination can play a part in improving health outcomes.

***Speaker:***

Betsy Bray

*Director of Health Affairs, NYS Dental Association*

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## **Fluoride Varnish Application in the Primary Care Setting**

We will be addressing the role of fluoride varnish in reducing caries in children and discuss promoting its use in non-dental settings as part of the CMS Advancing Prevention and Reducing Childhood Caries in Medicaid Oral Health initiative. We will discuss resources, training materials, and ways to get involved.

***Speaker:***

Michele Griguts, DDS and Michelle Kiesel-Cohen, DMD

*Dental Directors, NYSDOH*

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## **Telehealth and High-Risk Children**

With parents not being present during our school-based dental visits, there was a lack of oral health and nutritional information shared with families at high-risk for developing dental issues. Through grants from the American Dental Association and the New York State Dental Association, Finger Lakes was able to hire a Community Dental Health Coordinator. Using our telehealth system and the CDHC, we designed a program to reach out to families to discuss oral health and nutrition at a time that they are available.

***Speaker:***

Tony Mendicino, DDS

*Chief Dental Officer, Finger Lakes Community Health*

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## **Fight Decay: It's As Easy As Drinking from the Tap! Understanding and promoting Community Water Fluoridation**

Community water fluoridation (CWF) is a critical component of decay prevention across the lifespan. Learn how to have effective conversations supporting CWF to prevent decay with your families, patients, and community leaders. Develop strategies and identify resources to help initiate, support, and sustain CWF in your community.

***Speaker:***

Meg D. Atwood, RDH, MPS

*Professor of Dental Hygiene, SUNY Orange County Community College*

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## **MySmileBuddy: A Family-Level Health-Behavioral Intervention to reduce Early Childhood Tooth Decay**

Early childhood tooth decay has long been treated as an acute surgical problem requiring dental repair rather than as the chronic dietary, feeding/eating, and hygienic disease it is. The MySmileBuddy Program, developed by an interprofessional team at Columbia University, addresses behavioral and social determinants of early childhood tooth decay. Delivered by community health workers who assisted with educational technology in home and community sites, MySmileBuddy has proven effective in improving parental health behaviors and reducing caries progression in young children at high-risk of developing acute tooth decay.

***Speaker:***

Burton L. Edelstein DDS, MPH

*Professor Emeritus of Dental Medicine (Pediatric Dentistry) and Health Policy & Management, Columbia University Irving Medical Center*

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## **Oral Care Begins Before Birth**

Learn about how the oral structures such as tongue, teeth and jaws can all be part of early child health, growth, and development.

***Speaker:***

Lawrence Kotlow, DDDS

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## **Mobile Dental Vans: Bringing Care to Kids**

Mobile clinics have gained popularity since the COVID-19 pandemic. Social determinants of health such as poverty, unequal access to health care, lack of education, stigma, and racism are underlying, contributing factors of health inequities. Learn how mobile clinics are addressing health disparities in underserved areas.

***Speaker:***

Paula Fischer, RDH

*Director SBHC-D Programs, Rural Dentistry Program Project Coordinator, University at Buffalo, School of Dental Medicine*

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## **Integrating Oral Health Recommendations (Fluoride Varnish) into Medical Practice**

We will discuss the benefits of fluoride varnish application, how it is applied, and the current recommendations. In addition, we will talk about tips to incorporating the recommendations into the medical side (especially those without dental homes) and how we have been doing this in school-based health.

*Speaker:*

Gabrielle Rocha de Assis

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## **WIC: More Than Moms and Babies; More Than Food and Formula**

Information will be provided about who is eligible for WIC, the benefits, and services that WIC offers to support nutrition and healthy development, and some recent modernizations that have helped make the program easier than ever to access. The future of WIC and common misconceptions will also be discussed.

*Speaker:*

Renee Wing, Outreach Coordinator

NYS Department of Health, Bureau of Supplemental Food Programs (BSFP/WIC)

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## **Mobile Dental Services in Child Welfare**

I will demonstrate the model of care used at Forestdale. In partnership with the New York University Oral Health Program, Forestdale contracts to have the mobile dental van affiliated with NYU arrive to the organization's campus in Queens so that children scheduled for pediatric wellness exams on site at the agency's clinic can also complete their 6-month dental visits.

*Speaker:*

Lorraine Gonzalez-Camastra

Forestdale Inc.

## **Resource Tables**

DentaQuest

HRSA Maternal and Child Health Oral Health

Hunger Solutions New York

LIBERTY Dental Plan

New York State Dental Foundation

New York State Department of Health

NYS Council on Children and Families

NYS Office for New Americans

NYS Office of Children and Family Services, Child Care Services

Oral Health Progress and Equity Network

QUALITYstarsNY

Schuyler Center for Analysis and Advocacy

Smiles for Life

University at Buffalo, School of Dental Medicine

# The NYS Early Childhood Oral Health Summit

## November 14, 2022

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