

# Giving Children a Reason to Smile

*Strategies to Improve Children's  
Oral Health in New York State*

*A Report of the  
2001 New York  
State Children's  
Dental Summit*



*...this very important*

*person took the time to discuss giving*

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**A**lthough dental problems don't command the instant fears associated with low birth-weight, fetal death or cholera, they do have the consequences of wearing down the stamina of children and defeating their ambitions. Bleeding gums, impacted teeth and rotting teeth are routine matters for the children I have interviewed in the South Bronx. Children get used to feeling constant pain. They go to sleep with it. They go to school with it. Sometimes their teachers are alarmed and try to get them to a clinic. Children live for months with pain that grown-ups would find unendurable. The gradual attrition of accepted pain erodes their energy and aspirations. I have seen children in New York with teeth that look like brownish, broken sticks. I have also seen teenagers who were missing half their teeth. But, to me, most shocking is to see a child with an abscess that has been inflamed for weeks and that he has simply lived with and accepts as part of the routine of life.

*-Jonathan Kozol,*

*Savage Inequalities:*

*Children in America's Schools, 1991*

*my baby back her smile. True to his word...when they were going to do her front teeth (the part*

Common sense tells us that children cannot be considered healthy if they suffer from disease, disfigurement and pain. A disease, medical condition, injury or infection that affects any part of a child's body, including the mouth, will have a tremendous impact on that child. At the same time, early intervention and prevention efforts from immunizations to dental sealants can greatly improve a child's overall health.

## *Oral health is about more than healthy teeth.*

It is about the health of all the tissues and structures that allow us to speak, smile, smell, taste, touch, chew, swallow and convey a world of feelings through facial expressions. Poor oral health can affect growth and school attendance; can lead to medical complications of untreated disease, and result in poor social outcomes. This is particularly true for growing children who suffer from the acute pain of untreated oral disease as well as its concomitant psychological, emotional and learning problems. Just like other aspects of children's health, oral health must also be considered in the context of social, cultural and environmental factors.

The good news is that New York, like the rest of the country, has made progress in improving oral health. In fact, many oral diseases – such as cavities – can be prevented with cost effective interventions. The bad news is that many children still experience the needless pain and suffering of oral disease. Over time, it erodes their health and the quality of their lives at school and home. So much of this suffering could easily be prevented, but in New York and nationally more children lack needed dental care than lack medical care.

Although the prevalence of dental caries (cavities) and periodontal (gum) disease has declined, the disparity in disease prevalence between the poor and the non-poor is growing. Children from families with low incomes, children in minority groups and children with special health care needs experience greater levels of disease and unmet need. These same families often do not have the ability to pay for care. In the United States, 25 percent of children and adolescents – typically, the most vulnerable – experience 80 percent of all dental decay occurring in permanent teeth.

Health care providers, the education community, health researchers and children's advocates all believe that New York State must consider innovative solutions to ensure that the youngest and most vulnerable receive the oral health services they need to stay healthy and ready to learn. Just as the mouth cannot be separated from the rest of the body, oral health cannot be separated from the policies and programs that promote children's health and wellness.

*I had waited years to see done)*



*Doctor was there with a*

# Executive Summary

The impact of oral health on the overall health of children can be profound. Diseases of the mouth can lead to other medical complications as well as psychological, emotional and learning problems. Oral health must be considered a critical component of basic healthcare for children.

Participants at the 2001 New York State Children's Dental Summit developed an inventory of strategies that state policymakers could consider to improve children's access to quality oral health programs. Some of the strategies would require statutory and regulatory changes while others promote innovative public-private partnerships.

## *School-Based Oral Health Initiative*

Every school day, approximately 3.34 million young people attend more than 6,400 public and nonpublic schools across New York State. Since schools provide such a ready access point to children, *New York State should consider amending appropriate sections of the Education and Public Health Laws to improve access to preventive services and clinical oral health care in schools.*

## *Dental Workforce Initiative*

Four million New Yorkers live in areas that are designated as Dental Shortage Areas by the federal government. In addition, the average waiting time to get an appointment for a routine visit at a public health clinic is approximately four weeks. *New York State should examine a number of strategies, including financial incentives and revised training requirements, to increase the number of dental providers practicing in underserved areas.*

## *Access to Dental Care Through Expanded Insurance Initiatives*

On any given day, 1.7 million (36%) of the children in New York State lack dental insurance. Many of these children are eligible for Medicaid and Child Health Plus but are not enrolled in those programs. Uninsured children are 2.5 times less likely to receive dental care than insured children. *New York should consider strategies for increasing enrollment in public and private health insurance programs that cover dental services.*

## *Professional and Public Education Initiative*

Continuing education for providers and the public on dental issues is vital to improving the dental health status of New Yorkers. *New York should devise systems to improve communication between the state and health care providers as well as an educational campaign for the general public.*

wonderful smile and he treated us



as good as he could

# Children's Oral Health:

## The Disturbing Facts and Figures

Poor oral health and untreated oral diseases and conditions have a critical impact on a child's quality of life. The pain and disfigurement caused by these conditions

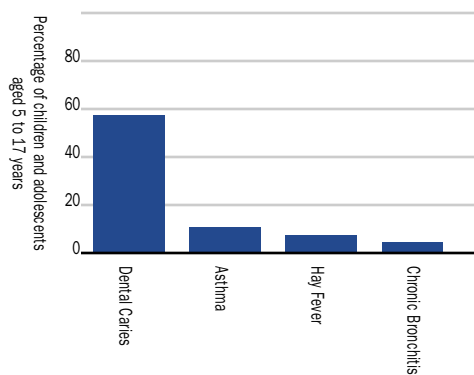
- affect a child's ability to eat
- affect the child's appearance and self-esteem
- lead to learning and speech problems
- compromise a child's ability to work at home and at school

### A common and significant disease.

- Dental Caries (tooth decay) is the single most prevalent chronic childhood disease – 5 times more common than asthma and 7 times more common than hay fever.
- 50% of all 5 to 9 year olds have at least one cavity.
- 78% of all 17 year olds have at least one cavity.
- 25% of all children have 80% of all dental decay. These children are also the most vulnerable in our society.
- Other conditions like malocclusion (poorly aligned teeth) and dental trauma (including fractured teeth due to unintentional injuries) are also causes of poor oral status in children and adolescents.

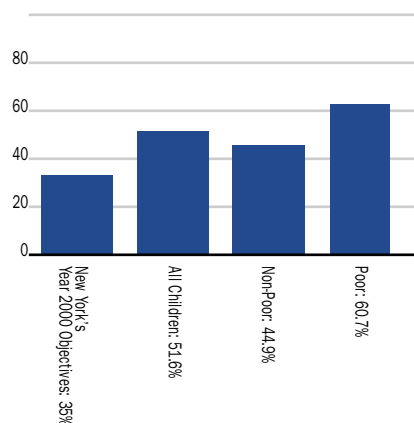
**Figure 1:** Dental Caries is one of the most common diseases among 5 to 17-year olds.

Source: Oral Health: A Report of the Surgeon General, 2001



**Figure 2:** Comparison of percent of 2nd grade children with caries to the Healthy People 2000 Objectives, New York State Survey, 1997-1999.

Source: Kumar J. V. et al.



treat anyone. The minutes seemed like hours, I had never seen her smile with beautiful teeth!

### The relationship to learning.

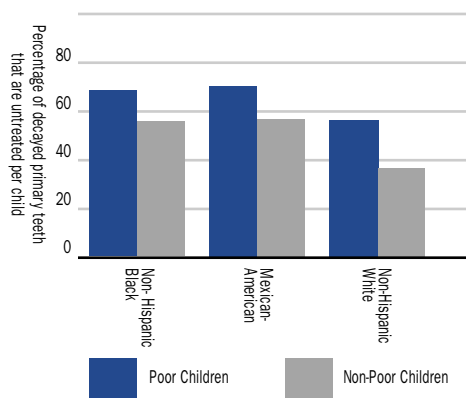
- Almost 52 million school hours are missed annually by children because of oral health problems. Tooth decay is one of the leading causes of absenteeism from schools.
- Children from families with low incomes had nearly 12 times the restricted-activity days (e.g. days for missed school) because of dental 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 and inability to concentrate in school and reduced self-esteem.
- Children experiencing pain are distracted at school and unable to concentrate on school-work. Poor oral health has been related to decreased school performance, poor social relationships, and less success later in life.
- The pain and infection caused by tooth-decay can lead to problems in eating, speaking and learning.
- Children who are missing teeth have to limit their food choices because of chewing problems. 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 and behavior as well as their ability to concentrate and perform complex tasks.

### The burden of poverty.

- There are significant disparities in oral diseases by race, income and subgroup, such as individuals with disabilities, the homeless and migrant families.
- Children with the greatest burden of dental diseases include those from low income families and families with a lower level of education as well as those who do not utilize oral health services or have special health care needs.
- Early childhood caries affects as many as 11% of Head Start children and it costs more than \$3000 to treat each child.

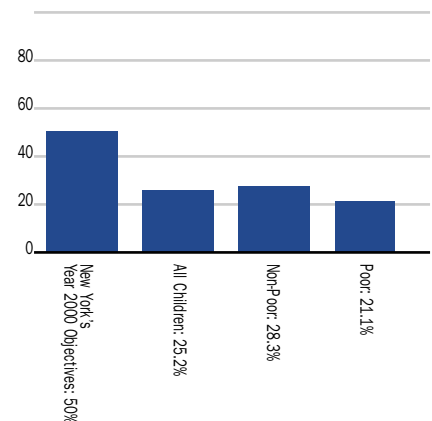
**Figure 3:** Poor children aged 2 to 9 in each racial/ethnic group have a higher percentage of untreated decayed primary teeth

Source: Oral Health: A Report of the Surgeon General



**Figure 4:** Comparison of percent of children with sealants to the Healthy People 2000 Objectives, New York State Survey, 1997-99

Source: Kumar J.V. et al.



*When I seen the beautiful work that had been done I cried. She would no longer be ashamed to*

### Getting access to care.

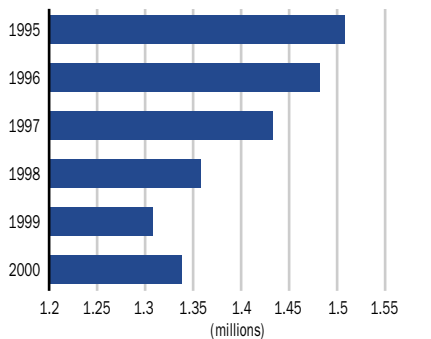
- The public health infrastructure for oral health is insufficient to address the needs of disadvantaged groups and the integration of oral and general health programs is lacking.
- For every child under 18 years old without medical insurance, there are at least two children without dental insurance.
- Over 1.7 million children in New York State lack dental insurance. Uninsured children are 2.5 times less likely to receive dental care than insured children.
- According to the New York State Medicaid Profile, only 21.2% of all eligible children had utilized dental services in FFY 2000.
- New York has 25 state-funded programs that provide preventive dental care in schools to low-income, underserved and special needs children. These programs serve only 120 of the 4100 school buildings in New York State. The services include oral health screenings, prophylaxis, topical fluoride treatment, dental sealants, referrals and dental education.
- Parents consistently report dental care as one of the top needed services for their children with disabilities regardless of age.

### Paying for care.

- 28% of total health expenditures for children age 13 to 18 years are devoted to dental care.
- 96% of the money spent on dental services are out-of-pocket or from private insurance.
- The amount of out-of-pocket dental expenses (approximately \$165 per person) has a negative impact on an uninsured family's ability to afford care.
- The New York State's Child Health Insurance Program provides dental insurance to children who are residents of New York State under the age of 19 years. The transfer of Medicaid-eligible children from CHP to Medicaid at re-certification, and the more careful screening of children applying for coverage have complicated the enrollment process. In addition, the joint Medicaid/CHP application process has imposed some new requirements on applicants and this may have discouraged families from completing the process. (See Figure 6, on page 6.)

**Figure 5: Average Medicaid enrollment by Year, Ages 0-20**

Source: New York Forum for Child Health Update, No. 6 (October 2001).  
New York Academy of Medicine



*show her teeth!...She needed dental work*



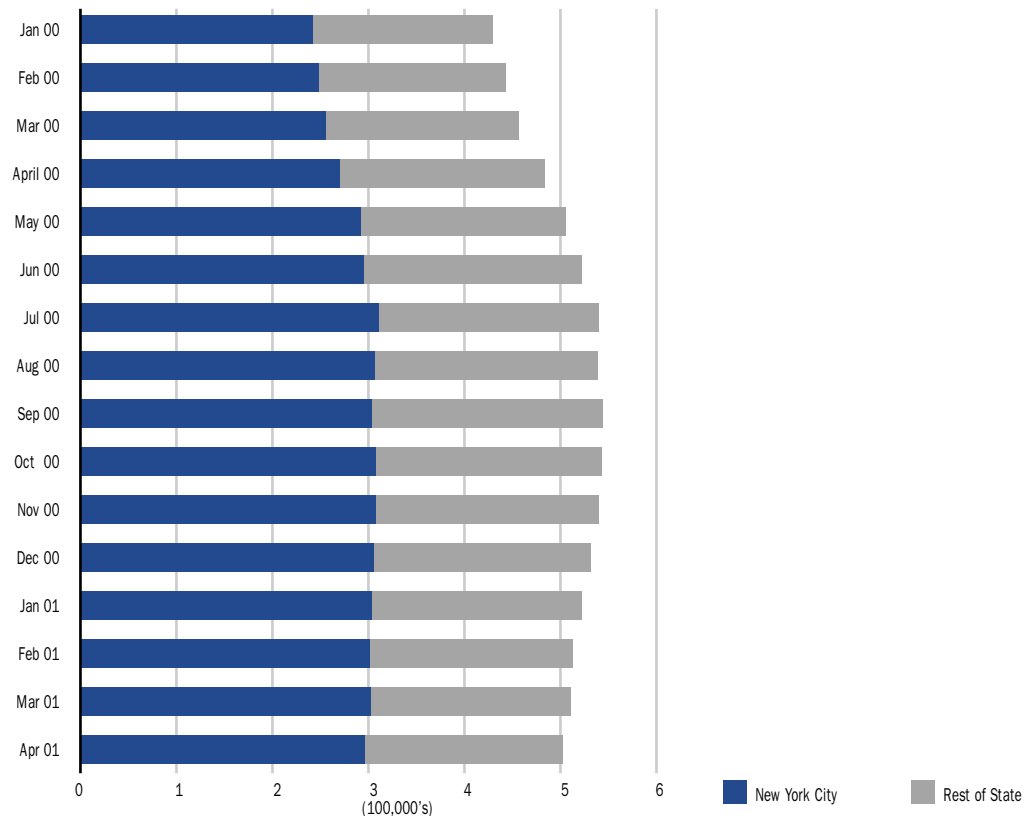
*done not only for her*

### Who is providing care.

- In 1997, there were approximately 17,000 dentists and 8,000 dental hygienists registered in New York State, but not all practice full-time.
- More than 95% of New York's providers are solo practitioners.
- Fewer than one in five dentists are specialists and of those, only a small percentage specialize in pediatric dental care.
- New York State has one of the best dentists-to-population ratios in the country. The ratio is about 69 dentists per 100,000 population and 44 dental hygienists per 100,000 population. However, the Health Resources and Services Administration of the Department of Health and Human Services has designated one-third of New York State cities and two-thirds of rural areas as Dental Shortage Areas. Across the state, about 4 million people live in designated manpower shortage areas.
- There are 180 public health clinics that operate dental programs.
- The average waiting period for a routine visit at a public health clinic is approximately four weeks.
- 5,600 dentists are enrolled to provide dental care to the poor and needy under Medicaid. However, not all of these dentists participate actively in the program.

**Figure 6: Child Health Plus Enrollment: NYC and Rest of State**

Source: New York Forum of Child Health Update, No. 6 (October 2001). New York Academy of Medicine



*looks but for her health...She was always the shortest in her class but she is growing so fast after*

# Changing the System

## *About the New York State Children's Oral Health Summit*

On October 29, 2001, dental professionals, academics, children's advocates and government officials met in Albany to develop an agenda to improve the oral health of children in New York State. This first Children's Dental Summit was convened by the Schuyler Center for Analysis and Advocacy (SCAA), the New York State Public Health Association, the New York State Dental Foundation and the American Academy of Pediatrics, District II (New York State).

The Summit was designed to bring together stakeholders to begin thinking about how the state can craft policies to integrate oral health into broader health policies as well as to brainstorm ideas that can lead to immediate improvements in children's access to oral health services. Participants presented their priorities for changes to laws, regulations and state policies they believe can improve the oral health of New York's children. The participants then developed and categorized the strategies that they would like government officials, health professionals and children's advocates to consider as part of an overall plan to address the disparities that exist in oral health. There was a strong emphasis on increasing access to providers and improving prevention programs.

The individuals and organizations that participated in the summit brought with them both experience and their desire to improve the health and lives of children. Not all participants agreed with every strategy and some strategies did not make the final cut. However, the summit paved the way for open and frank discussions with state policymakers and among the various interest groups represented.

This set of strategies is neither all-inclusive nor endorsed by all participants. It is intended to generate discussion, prompt creative thinking and build a constituency around children's oral health issues.



*having her teeth fixed. I don't think this is a coincidence.*

# Strategies from the Summit

## *Improving Oral Health Services for New York's Children*

### *School-Based Oral Health Initiative*

Every school day, approximately 3.34 million young people attend more than 6,400 public and nonpublic schools across New York State. Since schools provide such a ready access point to children, New York State should consider amending appropriate sections of the Education and Public Health Laws to improve access to preventive services and clinical oral health care in schools.

- Provide adequate resources to allow additional school-based health clinics to include dental care in their services.
- Allow school-based dental clinics to operate under the legislative authority for school-based health centers (Chapter 198 of the Laws of 1978).
- Require children to have dental examinations upon entry to school and follow-up exams every 1-2 years thereafter.
- Provide universal access to fluoride programs in schools. Fluoridation safely and inexpensively benefits both children and adults by effectively preventing tooth decay, regardless of socioeconomic status or access to care.
- Require public schools to have a resource directory, prepared by local or state health departments, for dental programs that serve low-income populations and the uninsured in the community.
- Develop a dental education program to be incorporated into the current school health education curriculum.

*Her self confidence has*



*risen so much. Last year she*

## *Dental Workforce Initiative*

Four million New Yorkers live in areas that are designated as Dental Shortage Areas by the federal government. In addition, the average waiting time to get an appointment for a routine visit at a public health clinic is approximately four weeks. New York State should consider a number of strategies, including financial incentives and revised training requirements, to increase the number of dental providers practicing in underserved areas:

- Require dental schools to have clinical rotations in community dental health programs to increase exposure to underserved populations.
- Allow foreign trained dentists and dental hygienists, who meet appropriate requirements, to practice in underserved areas.
- Establish low interest loans and loan forgiveness programs to individuals at New York State funded dental professional schools (dentists, dental hygienists and dental assistants) who commit to practice in underserved areas.
- Amend the current Dental Practice Act (Article 133, New York State Education Law) to provide a broader definition of practice for Dental Hygienists (Section 6606) to expand the provision of preventive services for children.
- Amend the current Dental Practice Act (Article 133, New York State Education Law) to provide a broader definition of practice for Dental Assistants (Section 6608) to expand the provision of preventive services for children.
- Increase the number of Schools of Dental Hygiene.
- Create mini-residencies to train dentists to treat children, including children with special needs.
- Require 15 hours of community service in an underserved area for re-licensure.
- Require dental professionals to participate in public insurance programs as a requirement for the re-licensure.
- Create a state health services corps for oral health.
- Allocate existing workforce retraining dollars under the Health Care Reform Act for children's oral health.
- Create a more attractive compensation package for providers who serve in underserved areas.

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*nearly failed her grade, now there is not a failing grade on her report card. I cannot thank this*

## *Access to Dental Care Through Expanded Insurance Initiatives*

On any given day, 1.7 million (36%) of the children in New York State lack dental insurance. Many of these children are eligible for Medicaid and Child Health Plus but are not enrolled in those programs. New York should consider strategies for increasing enrollment in public and private health insurance programs that cover dental services:

- Carve oral health services out of Medicaid Managed Care or at least reform Medicaid and Child Health Plus capitation rates to allow providers to see children on a fee-for-services basis if no other care is available.
- Allow children with private health insurance that does not include dental coverage to purchase only the dental portion of Child Health Plus.
- Establish enhanced fees for both preventive and emergency services in underserved areas.
- Create a “bad debt and charity care” pool in the Health Care Reform Act that would reimburse dental schools for services provided to the indigent and uninsured.
- Require reimbursement for counseling family about the child’s oral health and what to expect when the child enters the next developmental phase.

## *Professional and Public Education Initiative*

Continuing education for providers and the public on dental issues is vital to improving the dental health status of New Yorkers. Further, New York should consider improving communications between the state and providers as well as an educational campaign for the general public.

- Expand surveillance activities to monitor oral health status and disseminate information to professionals, policy makers and the public.
- Launch a major public health campaign aimed at primary care providers (pediatricians, nurse practitioners, physician assistants, nurses and social workers) and the lay public to educate them about the importance of comprehensive oral health care for children.

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*wonderful Doctor enough for what he has given to us in his big role in my daughter's life.*

# Conclusion

Good oral health cannot be separated from good general health. Diseases and conditions of the mouth have a direct impact on the health of the rest of the body. Society must define a healthy child as one who is free from the pain and disfigurement caused by diseases and conditions of the mouth in the same way that it now accepts that to be healthy a child must be free of asthma, juvenile diabetes or other chronic diseases and conditions.

Providing care and assuring access to oral health services is particularly important for low-income children and minority children since they suffer disproportionately from dental disease. Not only do children suffer needlessly from oral diseases, children with oral disease have a hard time achieving in school. New York State must do everything it can to ensure that all children are healthy so they can attend school able to learn.

The suggestions for statutory and regulatory changes presented in this report are designed to provide policy-makers, government and advocates with a starting point for discussions on improving the oral health of children in New York State. The organizations that attended the Children's Oral Health Summit are committed to improving access to services and will work toward that goal.



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Office of the Surgeon General, Oral Health in American: A Report of the Surgeon General Washington, DC: US Public Health Service, US Department of Health and Human Services, 2000

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## *Attendees at the Children's Dental Health Summit*

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- Dr. Myron Allukian**, Boston Public Health Commission
- Dr. Victor Badner**, Montefiore Dental Center at Jacobi
- Ms. Shay Bergin**, Office of Assembly Member Gottfried
- Dr. Joseph Bernat**, University at Buffalo, SUNY
- Ms. Sara Bonam**, NYS Department of Health
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- Ms. Shelly Moore**, Care for the Homeless
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*Our New York, Our Health*



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