

# Priorities *for* New Hampshire's Children 2012

## Increasing Access to Oral Healthcare for Rural Children

### Issue Overview

Smiling faces with shiny, white teeth should be the picture for NH's children, where good oral health is considered part of overall health. But for some NH children and families, especially in our most rural regions, there are not enough oral health providers to ensure good access to oral health services. For these underserved regions of NH, access needs to be improved through a variety of strategies. This proposal focuses on one of those strategies: enhancing the number of providers who are part of the oral health team.

*Oral health is integral to a child's well being....*

Dental caries (cavities) are "five times more common than childhood asthma and seven times more common than hay fever."<sup>i</sup> Dental caries can leave children in pain, keep them from sleeping, eating and playing, and result in problems performing in school with elementary school educators reporting that the primary health concerns they address in their classrooms are toothaches.<sup>ii</sup> To be ready to learn and succeed in school and have the opportunity to develop to their fullest potential, children need to have access to quality oral health services.

*Yet too many children in New Hampshire still do not receive services.* Since the *New Hampshire Oral Health Plan: A Framework for Action* was developed in 2002, much has been accomplished across the Granite State to improve access to oral health for our residents.<sup>iii</sup> For instance, the percent of children on New Hampshire Medicaid with access to dental care increased from 26% in 2003 to 54% in 2010.<sup>iv</sup> And in 2008 and 2009, 60.4% of third grade students had one or more

sealants placed on their permanent teeth, exceeding the Healthy People 2010 and 2020 objectives.

But disparities are evident and a great deal of work remains to be done. **Despite an increase in the number of dental providers for children on Medicaid, nearly half of these children did not receive oral health services in 2010.** In 2007, there were 14,000 emergency department visits in NH for potentially preventable dental problems. Despite an increase in preventive services to Medicaid eligible children, there has not been a decrease in demand for restorative services for this population.<sup>v</sup>

In addition, dentists and hygienists are not equally distributed across NH. There is great variation by county across the Granite State and the shortage of oral health professionals is expected to worsen in the future. In NH, the mean age of dentists was 53 years, with 60 percent of dentists in rural areas over age 55. **It is anticipated that 40 percent of active dentists expect to leave practice in the next ten years and 60 percent in the next fifteen years.**<sup>vi</sup>

### Proposed Solution

Building on work done to date by many stakeholders across New Hampshire – including the ad-hoc NH Oral Health Access Strategy Work Group<sup>vii</sup> – this priority proposes to explore creating new categories of dental professionals in order to improve access to oral health care in underserved communities or areas. State Senator Gary Lambert (R-Nashua) has agreed to be the prime sponsor of legislation that would establish pilot authority within the Department



The New Hampshire Child Advocacy Network (NH CAN), a program of the Children's Alliance of New Hampshire, is a statewide nonpartisan coalition of Partners and Advisors working to improve the well-being of New Hampshire's children. NH CAN partners annually develop a consensus set of *Priorities for New Hampshire's Children* focused on safety and well-being, health and wellness, economic security and education. This agenda for the state's children informs government policy and budget priorities and inspires community action.

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of Health and Human Services to conduct projects designed to expand the roles of existing dental professionals and develop new categories of dental professionals. Specifically, the pilot authority would allow for public health dental hygienists to expand their scope of service and allow for the creation of an Expanded Function Dental Auxiliary and a Dental Therapist.

## Call to Action

This proposal and the momentum at its core grew out of the NH Oral Health Access Strategy Work Group. With this concrete legislative proposal the next phase of the work involves mobilizing Oral Health Work Group members and their networks as well as other stakeholders to educate decision makers about the recommendations contained in the bill. NH CAN partners can help leverage the work on this initiative by mobilizing their own networks to share and connect the real stories of children, families and individuals who lack access to oral health care and therefore suffer the consequences on their overall health, on their school participation and performance, on employment and local businesses, and on the wellbeing of the community overall. Decision makers will need to hear from constituents who are directly impacted by lack of access to oral health care and services.

## Find Out More

The *Children's Alliance of NH* is the NH CAN partner for this Priority. The Children's Alliance of New Hampshire is a statewide, independent advocacy organization committed to making children a public priority. We believe New Hampshire can, and should, be a place where every child has both the opportunities and the resources to thrive. The Children's Alliance of New Hampshire promotes policies and practices that enable all children to lead healthy and productive lives and to reach their full potential.

For more information, contact Erika Argersinger at [eargersinger@childrennh.org](mailto:eargersinger@childrennh.org).

The *Children's Alliance of NH* will be assisted in this effort by the government affairs firm Dennehy & Bouley which will be responsible for development of legislative materials, legislative strategy and communications with legislators. Dennehy & Bouley is under contract with the Pew Children's Dental Campaign to provide ongoing leadership moving these workforce recommendations forward through the legislative and regulatory processes. The firm brings a strong connection to legislative leaders critical to the success of implementing these recommendations.

## References

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- <sup>i</sup> Geshan. CDA Journal. Vol. 39, #7. *Getting Help for Children: The Need to Expand the Dental Workforce*. 2011.
- <sup>ii</sup> *ibid*
- <sup>iii</sup> [www.endowmentforhealth.org/uploads/documents/resource-center/EFHOralHealthReport](http://www.endowmentforhealth.org/uploads/documents/resource-center/EFHOralHealthReport)
- <sup>iv</sup> Center for Health Workforce Studies, University at Albany-School of Public Health, 2011.
- <sup>v</sup> Center for Health Workforce Studies, University at Albany-School of Public Health, 2011.
- <sup>vi</sup> *ibid*
- <sup>vii</sup> This Work Group consisted of a broad range of stakeholders including: hygienists, dentists, professional associations, the Bi-State Primary Care Association Recruitment Center, the NH Oral Health Coalition, NE Delta Dental, foundations, pediatricians, business interests, and advocacy organizations.



**Children's Alliance**  
of New Hampshire  
*Raising our Voices for Children*



*NH CAN is a program of the Children's Alliance of New Hampshire*

Two Delta Drive, Concord, NH 03301  
[www.ChildrenNH.org](http://www.ChildrenNH.org) (603) 225-2284