



NEW YORK STATE DENTAL FOUNDATION

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My name is Stacy McIluff, and I am the Executive Director of the New York State Dental Foundation. Our organization works alongside our parent organization, the New York State Dental Association (NYSDA), to improve the oral health of all New Yorkers and supporting outreach to communities in need. Incorporated in 1980, the Foundation was established to foster a statewide approach to the advancement of the art and science of dentistry and dental education. Our work proudly expresses the profession's commitment to social responsibility and to being the leading oral health champion of the vulnerable and undeserved.

Since September 1, 2024, the launch date of our *My Healthy Smile NY* pilot program, the New York State Dental Foundation has been working to address oral health challenges facing New Yorkers by deploying **Community Dental Health Coordinators (CDHCs)** in strategic regions to facilitate care coordination, conduct community outreach, promote dental workforce development, and gather essential data related to oral health in New York State.

I am writing to underscore that the CDHC model is a fiscally responsible and immediately effective approach to addressing common barriers to oral health care for underserved communities, and to request allocation of \$358,018 to support year two of the *My Healthy Smile NY* program.

A CDHC acts as a bridge between the community and clinical care with a working knowledge of dental disease processes, the dental delivery system and disease prevention strategies. The CDHC is a Registered Dental Assistant or Registered Dental Hygienist with additional training in care coordination and motivational interviewing. In addition to engaging in community-based outreach to promote oral health and disease prevention, they can interact directly with populations who are at risk for dental disease and are unsure of how to access dental care or community services.

CDHCs can be deployed in a wide variety of settings where they can make the most impact on underserved populations. They often work in community health centers, Federally Qualified Health Centers (FQHCs), and school-based health programs, helping to connect children and families with dental care. Additionally, they may serve in rural health clinics and public health departments, where access to dental providers is limited. Many CDHCs also work within Head Start programs, senior centers, and correctional facilities, reaching individuals who might not otherwise seek care due to financial, logistical, or educational barriers. In these diverse environments, CDHCs provide oral health education, assist patients in navigating insurance and Medicaid systems, and connect them with local providers to ensure they receive the care they need. Their presence in these settings strengthens preventive care efforts and reduces the burden of untreated dental disease in vulnerable populations.

In the first months of *My Healthy Smile NY*, our four-year pilot program aimed at demonstrating the efficacy of the CDHC model in New York, CDHCs were stationed remotely in the North Country, Capital Region, Central New York and Long Island. Our CDHCs have helped to connect veterans to volunteer dentists, coordinated the Capital Region Community Dental Event, and organized oral health screenings to be held at sporting events. They are tracking crucial data that can help inform policy and decisions that impact the health of all New Yorkers.

Just as community health workers have proven to be indispensable in bridging gaps and improving health outcomes within diverse communities, the establishment of community dental health coordinators presents a parallel opportunity for transformative change in oral healthcare.

CDHCs WILL EXPAND ACCESS TO CARE

Even with the Medicaid benefits available in New York, there are vulnerable populations falling through the cracks and major issues with emergency department overcrowding. Veterans without a service-connected dental condition may not have access to routine dental care. For foster care children, individuals with developmental disabilities, and the elderly, there are challenges in accessing care due to a shortage of Medicaid providers and logistical barriers. CDHCs can utilize telehealth technology to conduct oral health screenings under the remote supervision of a dentist, coordinate access to care events, and facilitate care coordination for especially vulnerable populations such as veterans and IDD patients.

CDHCs WILL PROMOTE THE DENTAL PROFESSIONS

The workforce crisis has been particularly acute in rural areas, where there are already shortages of dental professionals. Dental professionals across the state are nearing retirement age, and there are not enough new graduates to fill the gaps. This is leading to increased competition for dental professionals and difficulty attracting and retaining staff. CDHCs can visit high schools and table at career fairs to promote the dental professions and diversify the future dental professional talent pool.

CDHCs WILL INCREASE ORAL HEALTH LITERACY

There is often a lack of understanding by patients about how to access providers who accept Medicaid Managed Care plans, what is covered by insurance, out-of-pocket costs for treatment, and the importance of preventative care and immunizations. CDHCs can spend time within communities of need, assisting with insurance navigation, providing early intervention and prevention education for expectant mothers, Early Head Start families, and by hosting public screenings and community care events.

Implementation of the CDHC model will be transformational for populations in New York that need help navigating the complexities of oral health care.

We believe in the potential of CDHCs to make a substantial impact on the oral health landscape of New York State. By allocating \$358,018 to continue the work of bringing the CDHC model to scale through *My Healthy Smile NY*, we can collectively contribute to a healthier and more equitable future for all New Yorkers.