



**PROMOTING ORAL HEALTH PREVENTION
IN CHILDREN UP TO AGE 5**

**Application Grant Program
Funding Guidelines 2016**

PROMOTING ORAL HEALTH IN CHILDREN UP TO AGE 5 FUNDING PRIORITY

The HNH Foundation has long prioritized the health and well-being of all vulnerable children and their families and has identified promoting oral health prevention as a funding priority.

Tooth decay (dental caries) affects children in the United States more than any other chronic infectious disease.¹ In 2008, 4.6 million children—1 out of every 16 children in the United States—did not receive needed dental care because their families could not afford it.² According to results of the [2013-14 Healthy Smiles Healthy Growth Third Grade Survey](#), 35.4% of New Hampshire third grade students experienced tooth decay and 8.2% of students had untreated decay.

Lack of access to oral health care contributes to profound and enduring oral health disparities in the United States. Children are just one of the many vulnerable and underserved populations, e.g. pregnant women, racial and ethnic minorities, that face persistent, systemic barriers to accessing oral health care.² However, unlike medical health insurance coverage for children, dental health insurance coverage does not always lead to access for preventive and restorative care. Children seeking access to care are limited by: the number of dental health providers and their location throughout the state, the limited scope of practice for mid-level practitioners, the lack of providers willing to see children before their first birthday, and the reluctance to serve children covered by public dental programs. For this reason, in addition to promoting increased access to dental insurance coverage, the HNH Foundation oral health strategies seek to establish policies and build systems that result in increased access to preventive and restorative care to promote children's oral health. Specifically, this includes increasing access to comprehensive preventive oral health care, identifying best practice education for oral health preventive care in young children, and increasing knowledge and awareness of the importance of early oral health preventive care among decision makers.

PREVENTING DENTAL CARRIES IN CHILDREN UP TO AGE 5 FUNDING STRATEGIES

Note: The updated [New Hampshire Oral Health Plan](#) was released in October 2015. The plan includes a number of objectives and strategies that align with the priority needs identified by the HNH Foundation. Applicants should indicate the objective and strategy to be addressed with HNH Foundation funding.

Funding is available from the HNH Foundation to establish a sustainable system of oral health preventive services for young children, through the following strategies:

1. Support the development of a system for training and certification of public health dental hygienists

Public health dental hygienists enhance and strengthen the workforce to address the unmet growing needs for preventive oral health services. This is particularly true for those at highest risk of unmet oral health services, e.g. low-income children and pregnant women. Building a system that results in greater access to oral health

preventive services in public health settings provides opportunities for children to receive early and routine dental screenings and care

2. Support evidence-based oral health prevention education by ob/gyn and primary care providers for children up to age 5, and reproductive age women.

Integrating oral health education into routine care visits for parents of young children and for women, pre-and post-conception, is a key component of preventive oral health for young children. When parents of children do not receive education on oral hygiene and nutritional practices, there is less likelihood that they will adopt risk prevention behaviors that can reduce tooth decay among their children.³ Oral health promotion should include education of women and their health care providers in ways to prevent oral disease from occurring, and referral for dental services when disease is present.⁴

3. Data collection and analysis, communication and advocacy to increase access to oral health preventive care in children up to age 5, and reproductive age women.

Data collection and analysis of existing services and oral health status of low income populations inform the education and advocacy to build awareness and capacity to achieve long-term solutions, including policies and systems that result in increased access to preventive and restorative care to promote children's oral health.

In addition to providing essential services, programs that reach low-income children and women of reproductive age such as Head Start and WIC, provide opportunities to gather information to inform preventive health needs of low income populations.

The HNH Foundation invites proposals from organizations and coalitions with the knowledge and capacity to:

- Increase awareness of the role of certified public health dental hygienists in reaching young children and reproductive age women, particularly those who are low-income.
- Advance strategies that improve the knowledge of oral health prevention for parents of young children and women of reproductive age, and
- Build a sustainable system of oral health preventive care for low income children and reproductive age women.

¹Centers for Disease Control and Prevention (CDC), Children's Oral Health.

²Institutes of Medicine, [Improving Access to Oral Health Care for Vulnerable and Underserved Populations, 2011](#)

³New Hampshire 2013-14 Third Grade Healthy Smiles – Healthy Growth Survey

⁴ National Center for Biotechnology Information, Library of Medicine, [Oral Health in Women During Preconception and Pregnancy: Implications for Birth Outcomes and Infant Oral Health](#)