



May 2009



The Importance of Oral Health



Finger Lakes Health Systems Agency

S²AY Rural Health Network

The Importance of Oral Health

Table of Contents

	Page
Introduction.....	3
Regional Dental Health Steering Committee Members.....	4
Key Findings.....	6
Recommendations.....	11
Report: The Importance of Oral Health.....	13
Oral Health of Children.....	14
New York State Dental Health Certificate.....	18
Access to Dental Care.....	19
Individual County Needs Assessment Data.....	21
A. Allegany	
B. Cayuga	
C. Chemung	
D. Livingston	
E. Ontario	
F. Schuyler	
G. Seneca	
H. Steuben	
I. Wayne	
J. Yates	
Children Living in Poverty.....	31
Dentist to Population Ratios.....	32
Number of Dentists Accepting New Patients, Medicaid and Child Health Plus.....	32
Caries Experience.....	33
Untreated Caries.....	34

Sealant Placement.....	35
Dental Visit in Past Year.....	36
Insurance Coverage.....	37
Fluoridation.....	38
School-Based Delivery of Dental Services.....	39
Population with Special Needs.....	39
Migrant/Season Agricultural Worker Health.....	40
Successful Programs in Individual Communities.....	41
Rates of Endentulism.....	42
Dental Caries among Adults.....	42
Oral and Pharyngeal Cancer.....	42
Dental Care during Pregnancy.....	43
Cost of Dental Care.....	43
Dental Insurance.....	43
Dental Workforce.....	44
Dental School Statistics.....	45
Medicaid and Dentistry.....	46
Attachments	
A. Glossary of Terms.....	48
B. Tables of Dentists by County.....	54

INTRODUCTION

Recognizing the importance of oral health and specifically the linkage of oral health and general health and well-being, the Finger Lakes Health Systems Agency (FLHSA) partnered with the S²AY Rural Health Network to assess existing dental services and gaps in services. The assessment included Allegany, Cayuga, Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne and Yates Counties.

S²AY created the Regional Dental Health Steering Committee in May 2008. Through a series of meetings between May 21, 2008 and March 30, 2009, the following were identified and assessed:

- Oral Health of Children
- Individual County Dental Needs
- Availability of organized Dental Programs and individual dental providers
- Socio-Economic Impact
- Special Need Populations
- Successful Dental Initiatives

Based on a list of key findings identified in the report, a set of recommendations were developed.

This report, **The Importance of Oral Health**, represents the work and findings of the Regional Dental Health Steering Committee. The next step will be to prioritize the recommendations and create an action plan and timeline to improve the oral health in the ten counties.

Regional Dental Health Steering Committee

Mary Beer

Ontario County Health Department

Dawn Bush

S²AY Rural Health Network

Elaine Daly

Cayuga County Health Department

Diane Devlin

Wayne County Health Department

Edmund Eaves

Eaves Family Dental Group

Phyllis Haenisch

ProAction of Steuben and Yates, Inc.

Andrea Haradon

S²AY Rural Health Network

Joan Knight

Cayuga County Health Department

LouAnn Lance

Chemung County Dental Clinic

Brenda Lucey

Finger Lakes Migrant and Community Health

Loree MacKerchar

Soldiers & Sailors Memorial Hospital

Deborah Minor

Yates County Public Health

Bill Namestnik

Rushville Health Center

Marsha Patrick

ProAction of Steuben and Yates, Inc.

Barbara Roszak

Ontario County Health Department

Colleen Runner

Finger Lakes Migrant and Community Health

Cindy Sheflin

Livingston County Health Department

David Schirmer, DDS

Emilie C. Sisson

Wayne County Rural Health Network

June Smith

Wayne County Head Start

Lauren Snyder

Dundee Area Health Improvement Project

Vickie Swinehart

Seneca County Health Department

Christopher Szwagiel

Cayuga County Community Health Network

Lara Chatel Turbide

Finger Lakes Health

Laurie Turner

Rushville Health Center

Kerry VanAuken

Seneca County Health Department

Mary Zelazny

Finger Lakes Migrant and Community Health

FLHSA Staff

Patricia Bausch

Margaret Clark

Nicholas Ostrander

Susan Touhsaent

KEY FINDINGS & RECOMMENDATIONS

Key Findings

- ❖ As has been found in other studies, income appears to have a direct relationship to receipt of care. Children from low-income families were less likely to have a dental visit within the past year and less likely to have sealants applied to the teeth than children in high-income families.
- ❖ In 2003, while less than 60% of children from New York households whose income was below the federal poverty level had access to care, more than 82% of children whose family income was between two and four times the federal poverty level had access to care.
- ❖ Income appears to be inversely related to disease experience. Children from low-income families were more likely to have dental caries (tooth decay) and untreated dental caries than children from high-income families.
- ❖ Cayuga County children had the highest rates of sealant placement (68%). In addition, Cayuga, Ontario, Livingston and Yates counties met or exceeded the New York State (excluding New York City) rate of sealants.
- ❖ Among the Finger Lakes counties, Chemung had the lowest percentage of children with a dental visit in the past year, and Allegany had the lowest percentage of children with dental insurance.
- ❖ While only 30% of children in the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in New York State had an annual dental visit during the early part of this decade, children in Medicaid managed care and Child Health Plus had much higher rates of dental visits, and those rates appear to be rising.
- ❖ Seneca and Chemung Counties have the highest proportion of children living at or below the poverty level, 25% and 24% respectively. While 22% of Allegany County children live in poverty, 20% of children in Yates County and 18% in Cayuga, Schuyler and Wayne Counties live in poverty. Wayne (16%), Livingston (14%), and Ontario (12%) have the lowest proportion of children living in poverty.
- ❖ While ideal dentist-to-population ratio is 1:2,000, most of the counties within the purview of this report have ratios much higher. Seneca County has the highest ratio at 1:5,557. Schuyler County has the lowest ratio at 1:2,136. No counties fall within the ratio recommendation.
- ❖ Rates of caries experience among children with families in a low socio-economic stratum (SES) are highest in Wayne (85%), Ontario (83%), Allegany (82%) and Livingston (81%) Counties. Yates County has the lowest proportion of caries experience among high-SES children at 39%. All counties in the region, with the exception of Chemung,

- exhibit higher rates of caries experience among low-SES children than among high-SES children.
- ❖ Untreated caries rates are highest among low-SES children in Wayne (81%), Livingston (70%), and Cayuga (68%) Counties. Ontario (20%), Livingston, Steuben (22%), and Yates (23%) Counties have the lowest rates of untreated caries among high-SES children.
 - ❖ Low-SES children in Cayuga County have the highest rates of sealant placement (57%). Sealant placement rates for low-SES children in other counties range from a low of 10% (Schuyler County) to a high of 30% (Steuben County). Seneca County is the only county where low-SES children have higher rates of sealant placement than high-SES children.
 - ❖ In no county under study were low-SES children more likely to have a dental visit in the past year than were high-SES children. Yates County has the lowest rate of dental visits during the past year (36%) for low-SES children. Livingston County has the highest proportion of high-SES children with a dental visit in the past year; 95% of high-SES children had a dental visit in the past year.
 - ❖ Differences in insurance coverage for low-SES and high-SES children were not as pronounced as other health indicators in most counties. The one exception was Livingston County, where only 33% of low-SES children have dental insurance, while 88% of high-SES children have dental insurance. Interestingly, in half the counties under study, more low-SES children have insurance than high-SES children. This difference is likely due to low-SES children receiving Medicaid.
 - ❖ Fluoride supplementation rates were lower for low-SES children than for high-SES children, in all counties except Schuyler. Allegany County had the highest rate of supplementation among high-SES children, while Chemung County had the lowest rate.
 - ❖ There are numerous programs in operation in these rural communities to address the needs of special populations. Populations with special needs include persons with mental retardation/developmental disabilities (MRDD), orthodontic needs patients, migrant workers, and older persons. Most specialty care, such as oral surgery, usually requires persons with special needs to travel to Rochester/Monroe County. Primary care is available to all populations within their home counties; a lack of dentists who accept Medicaid reimbursement, however, may limit the accessibility of care. There are fifteen contractors receive funds to carry out a health program for migrant agricultural workers; these contractors include seven county health departments, three community health centers, one hospital, a daycare provider with twelve sites, and three organizations that provide services in twenty-seven counties across the state. The Finger Lakes Migrant Health Program is available in three locations: Geneva, Sodus and Port Byron. These locations will accept any patient who attends for services, regardless of insurance coverage on the day of arrival.

- ❖ The In-Camp Dental Service Program sends a dentist or dental practitioner to migrant seasonal farm camps throughout upstate New York, with the assessment region covering Cayuga, Chemung, Ontario, Schuyler, Seneca, Livingston, Steuben, Wayne and Yates Counties.
- ❖ There are Agribusiness Migrant Child Development Centers (ABCD) in Geneva, Williamson, Red Creek, and Seneca Falls. There is also a Migrant Educational Summer School Program.
- ❖ There are numerous programs which have been successful in providing dental care within individual communities, including Southern Tier Health Ministries, Chemung Dental Clinic, Steuben County Public Health Department Fluoride Mouth Rinse Program, Geneva City School District, dental visits to jail locations, and the Rushville Health Center.
- ❖ In New York State, 17% of all New Yorkers over 65 years of age have lost all of their teeth, while 47% of those over 65 have lost six or more teeth.
- ❖ The number of cases of oral and pharyngeal cancer diagnosed is small, making meaningful comparisons between counties difficult. No county in the region had an incidence rate significantly different from the rate for Upstate New York (10.0 cases per 100,000 population in the period 2001-2005).
- ❖ In Upstate New York males are much more likely to be diagnosed with oral and pharyngeal cancer than females; the incidence rates in Upstate 14.5 per 100,000 males and 6.2 per 100,000 females. Incidence rates are similar for African Americans and White/non-Latinos.
- ❖ The age-adjusted mortality rate of oral and pharyngeal cancer in Upstate New York for the period 2001-2005 was 2.3 deaths per 100,000 population. Males are twice as likely as females to die of oral and pharyngeal cancer (3.5 and 1.4 per 100,000, respectively). Unlike incidence, mortality rates differ by race with African-American males almost twice as likely to die of oral and pharyngeal cancer than White/non-Latino males (6.0 and 3.3 per 100,000, respectively).
- ❖ Approximately 60% of New Yorkers reported that they had some form of dental insurance in 2003. A greater proportion of individuals between the ages of 26 and 64 years had dental insurance (67%) than individuals older than 65 (37%) or between 18 and 25 years (54%). Those with lower incomes, Hispanic ethnicity and those living in rural areas had the lowest rates of dental insurance. The number of individuals without dental insurance is typically 2.5 times the number of individuals who do not have health insurance.

- ❖ The New York State Area Health Education Center System was established in 1998 to address the unequal distribution of the workforce. Nine underserved communities are designated as such AHEC systems in the state, with the hope that each distinct community will have its needs effectively met. The objective of this system is to improve access to care and quality of services, as well as improve health care outcomes and meet the needs of medically underserved areas by developing partnerships between training institutions and underserved areas. The strategies include: creating opportunities for professionals to be trained in underserved areas; providing continuing education and professional support to clinicians in the area; and encouraging local young people to pursue a health care career. There are several programs to even workforce distribution including NHSC Dental Scholarships, NHSC Loan Repayment, The Regents Health Care Scholarship Program, The Regents Professional Opportunity Scholarship, New York State Area Health Education Center System. However, these programs have not been largely successful in distributing more dentists to rural areas, as evidenced by the large dentist-to-population ratios in these counties.

RECOMMENDATIONS FOR ACTION:

Build on widespread support and existing public health programs to benefit residents in these rural counties further.

Partner with organizations with similar objectives: New York State Oral Health Coalition, New York State Oral Health Technical Assistance Center, the Seventh District Dental Society, and other components of the New York State Dental Association serving the area.

- ❖ Increase the number of professionals providing dental care.
 - Advocate for National Health Service Corps funding availability for dental training. Talk about these needs with political leaders.
 - Attract more dentists to these rural areas. Discuss with politicians the possibility of tax breaks, special lending to set up dental operatories, student loan repayment, and/or other incentives to attract and retain dentists. The development of a corresponding program for dentists to “Doctors Across New York State” should be considered, along with malpractice coverage incentives.
 - Educate dental residents on the benefits of joining dental practices in Article 28 and/or Federally Qualified Health Centers – dental operatories, defined salary, malpractice coverage, and paid time off. Encourage the rotation of residents to these sites so they are familiar with them and the benefits they have to offer.
 - Encourage counties to share the dental specialists they have. Investigate having an Eastman Dental in the Finger Lakes and/or partnering with University of Rochester/Strong Dental Clinic.
 - Increase the number of dental school slots. Encourage the selection of students from New York State. Consider the development of Dental Area Health Education Center System, not just medical.
 - Increase the availability of training for dental hygienists. Provide funding for students to attend community colleges in other counties. Develop new programs.
 - Encourage dental offices to offer evening and weekend hours, perhaps by increasing reimbursement.
- ❖ Make dental care affordable.
 - Actively discuss with political leaders improvements needed in Medicaid and Child Health Plus funding.
 - Develop more dental specialists, oral surgeons, pedodontists, and orthodontists willing to care for Medicaid and Child Health Plus members.

- Discuss with the New York State Office of the Professions – Board for Dentistry – a potential new requirement for licensed dentists to see a certain proportion of Medicaid and/or Child Health Plus patients.
 - Provide Medicaid reimbursement for receipt of more than one service on the same days, supporting coordination of care as well as patient compliance by making care easier to access and minimizing time off from work or away from children.
- ❖ Educate professionals and consumers on the importance of dental care.
- Seek funding to provide education, outreach, and prevention. Currently there is no reimbursement for the education of adults. There are opportunities to work with physicians in the education of their patients in the importance of oral health care for themselves as well as their children.
 - Educate other health care professionals on the importance of dental health so they can encourage and support their patients to obtain care and follow through with home care.

REPORT: THE IMPORTANCE OF ORAL HEALTH

The Importance of Oral Health

Healthy orofacial structures are necessary for the most basic aspects of human life, including intake of nutrients, speech, and expression. Though historically often separated from general health and well-being, important links between oral health and general health have been uncovered in recent years. For example, periodontal (gum) disease has been linked with an

increased risk of heart disease as well as increased likelihood of premature delivery and low birth weight infants. In addition, periodontal disease has been associated with diabetics' difficulty controlling blood sugar.¹

The Surgeon General's Report on Oral Health (2000) highlighted the impact of dental disease not just in terms of health burdens but also economic and personal burdens. Oral health problems lead to pain, suffering, disability, and poor self-esteem. Millions of school hours are lost by children with prolonged tooth pain and no access to dental treatment. Among adults over eighteen years of age, more than 350,000 work days were lost to acute dental conditions. Among individuals of all ages, more than 1.6 million days of restricted activity resulted from acute dental conditions. Surgeon General Dr. David Satcher referred to dental disease as a *silent epidemic* facing our nation.²

A key message from this report is that most Americans, with effective access to care, can have good oral health throughout their lives. As the underlying etiology of dental diseases has become understood, preventive and treatment strategies have followed. Water fluoridation and personal oral hygiene have led to significant reductions in dental disease. However, not all Americans have benefited from these advancements, and our most vulnerable populations, including poor persons of all ages and individuals from ethnic minority groups, often have more oral health problems. A more advanced public health infrastructure is needed to fill these gaps by partnering with private dental practitioners and practitioners providing care on a voluntary basis.³

Oral Health of Children

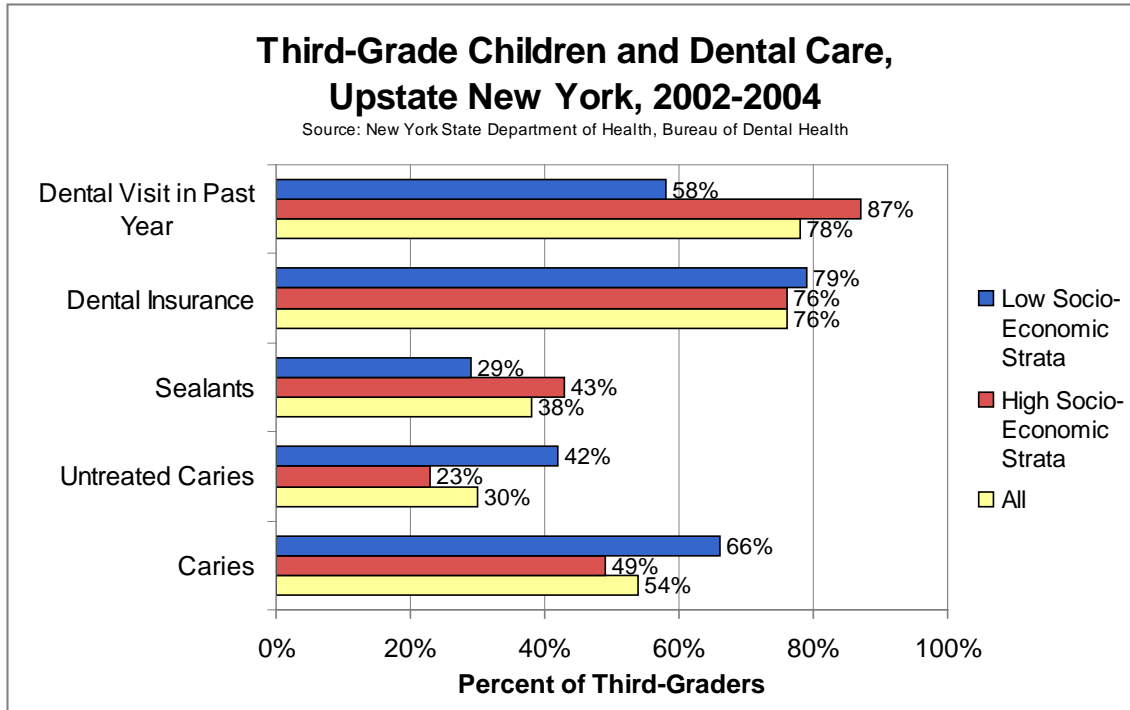
According to the New York State Oral Health Surveillance System, children from high-income families were more likely to have had a dental visit within the past year and to have had sealants applied to the teeth than children in low-income families. In addition, children from high-income families were less likely to have experienced dental caries (tooth decay) and to have untreated dental caries. It is interesting to note that a higher proportion of children from low-income families had dental insurance than children from high-income families,⁴ likely because low-income children are eligible for Medicaid. However, as demonstrated by the disparities in dental visits and dental caries, dental insurance does not guarantee equal access to care for children or oral health, in part because children and families have difficulties finding dentists who accept Medicaid. It is interesting to note that the percentage of children who have had a dental visit during the past year in Upstate New York has surpassed the 2010 target of 56%, among children from all income groups.

¹ New York State Department of Health, Bureau of Dental Health (2006). "The Impact of Oral Disease in New York State."

² United States Department of Health and Human Services (2000). "Oral Health In America: A Report of the Surgeon General."

³ Ibid.

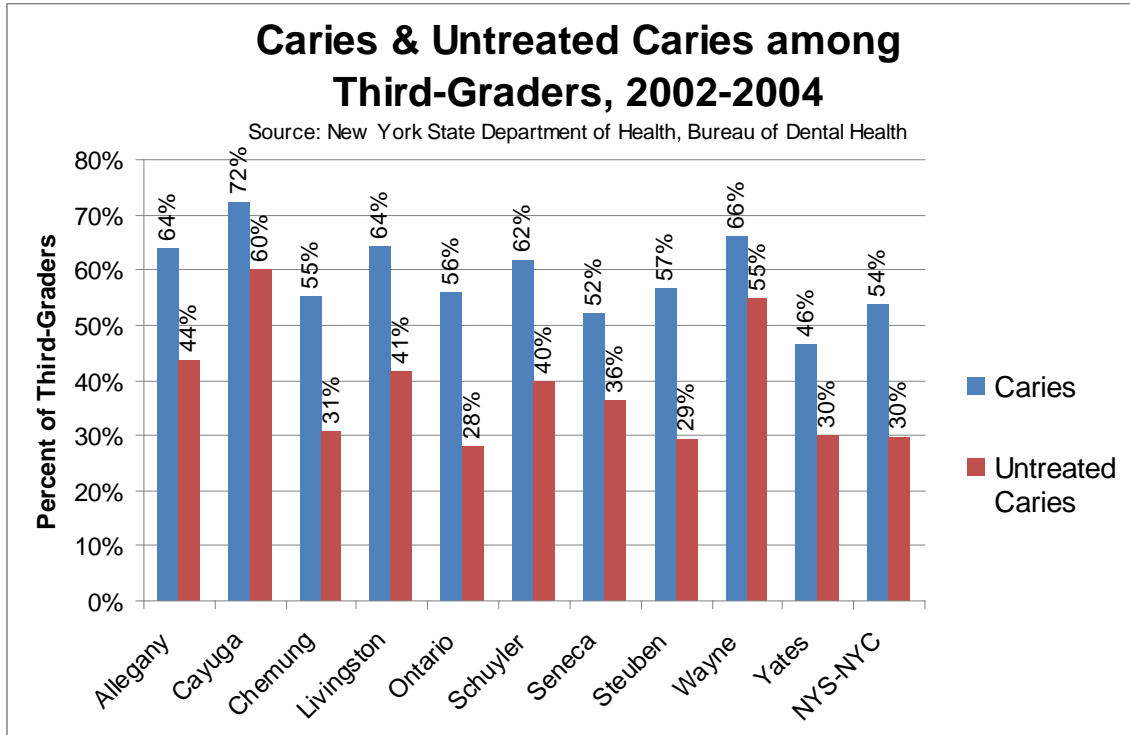
⁴ Kumar JV; Altshul DL; Cooke TL; Green EL (2005) "Oral Health Status of Third Grade Children: New York State Oral Health Surveillance System." Available online at http://www.health.state.ny.us/prevention/dental/docs/child_oral_health_surveillance.pdf and accessed 10/19/07.



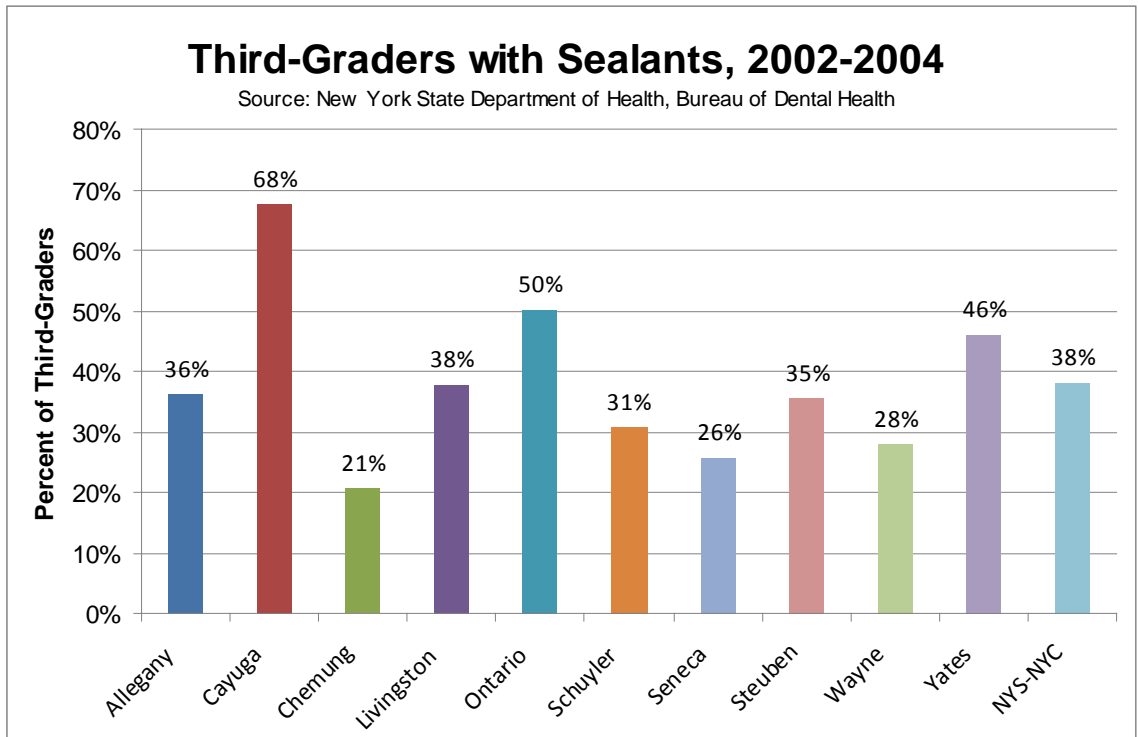
More than half of third-grade children in New York State (54%) have experienced dental caries. Approximately one in three children has had untreated dental caries; nationally the rate of untreated dental caries among children is 26%. (Third-grade children in New York City had higher rates of untreated caries (38%) than the state as a whole.) Statewide children from low-income families had higher rates of untreated caries than their peers with high incomes. In addition, children of color had higher rates of untreated caries than white/non-Hispanic children.⁵

⁵ New York State Department of Health, Bureau of Dental Health (2006).

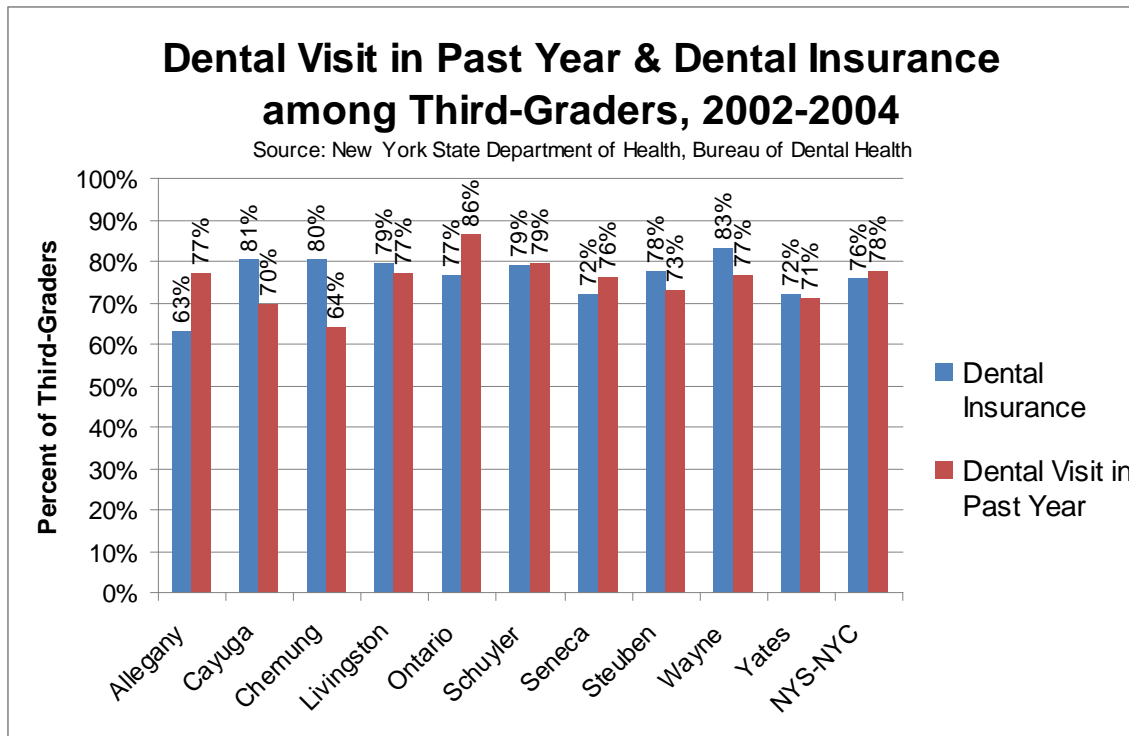
Rates of caries ranged from 46% to 72%, and rates of untreated caries ranged from 28% to more than 55% in the Finger Lakes/Southern Tier counties. Dental caries rates were highest among Cayuga County third-graders and lowest in Yates County. Untreated dental caries rates were highest in Cayuga County and lowest in Ontario County.



Cayuga County children had the highest rates of sealant placement (68%) in the Finger Lakes/Southern Tier. Cayuga, Ontario, Livingston, and Yates Counties equalled or exceeded the New York State (excluding New York City) rate of sealants.



The vast majority of third-grade children in the Finger Lakes/Southern Tier counties and in New York State are covered by dental insurance, and the majority had a dental visit in the previous year. The percentages of New York State (excluding New York City) children with insurance and a dental visit in the past year were very similar to Finger Lakes/Southern Tier percentages. Among the Finger Lakes/Southern Tier counties, Chemung had the lowest percentage of children with a dental visit in the past year, and Allegany had the lowest percentage of children with dental insurance. In Ontario, Schuyler, and Seneca Counties, the percentage of children who received at least one dental visit during the past year was higher than the percentage who had dental insurance. The reverse was true in the other counties.



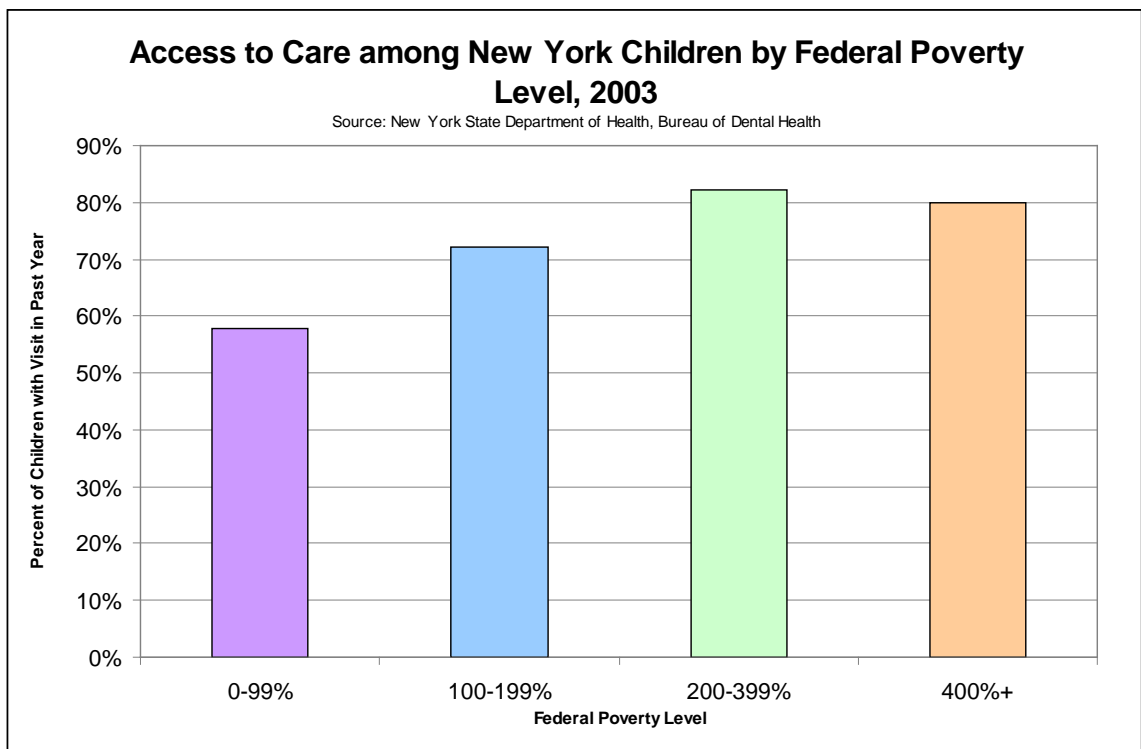
New York State Dental Health Certificate

Recognizing the importance of dental health, the amended Section 903 of Article 19 of New York State Education Law became effective on September 1, 2008. This amended law requires school districts to request dental certificates as they would request health certificates for all students new to a district and/or in Grades 2, 4, and 10. The certificate must be signed by a dentist licensed to practice in New York State. The certificate requests a description of the dental health of the student at the time of examination, which must have occurred in the 12 month period preceding the start of the school year. The dental certificate is filed in the student's cumulative health record. It is important to note no child will be excluded from school in the event a parent does not furnish the dental certificate.

Access to Dental Care

Typically, poor and minority populations tend to have difficulty accessing dental care. Although these populations tend to have more dental disease than other groups, they are less likely to receive dental care. A 2006 study by Cohen et al found that individuals with lower incomes are sometimes forced to use physician offices and hospital emergency rooms for dental needs. In 2001, just over 3% of the U.S. population sought treatment outside of the typical dental delivery system for a dental problem; nearly 70% of these individuals received a prescription (most often for antibiotics) to provide some relief for the problem. Individuals with low incomes were more likely than those with high incomes to seek care outside the dental system (32.5% versus 19.7%).⁶ Hospitals and physicians are not equipped to treat dental disease and lack the necessary training and armamentarium.

Among children, access to care (measured by receipt of preventive care within the past 12 months) rises as the family income rises. In 2003, while less than 60% of children from New York households whose income was below the federal poverty level had access to care, more than 82% of children whose family income was between two and four times the federal poverty level had access to care.⁷

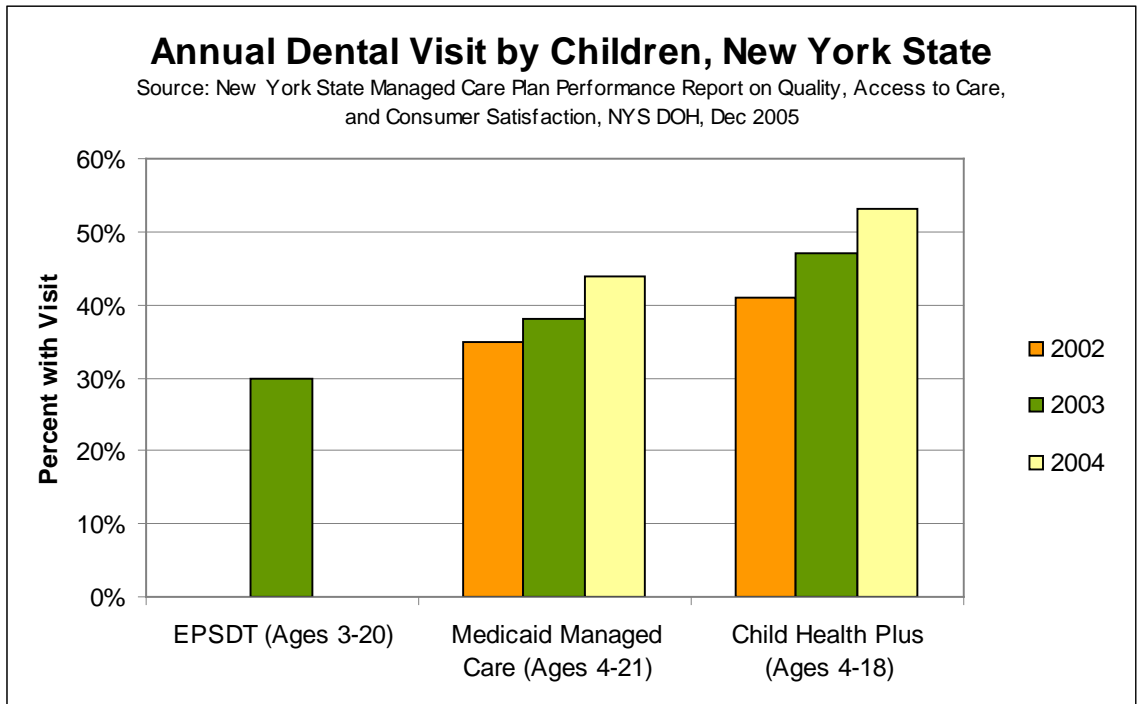


While only 30% of children in the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program in New York State had an annual dental visit during the early part

⁶ Cohen LA; Manski RJ (2006): "Visits to Non-Dentist Health Care Providers for Dental Problems." *Family Medicine*, September: 556-564.

⁷ New York State Department of Health, Bureau of Dental Health (2006).

of this decade, children in Medicaid managed care and Child Health Plus had much higher rates, and those rates appear to be rising.⁸



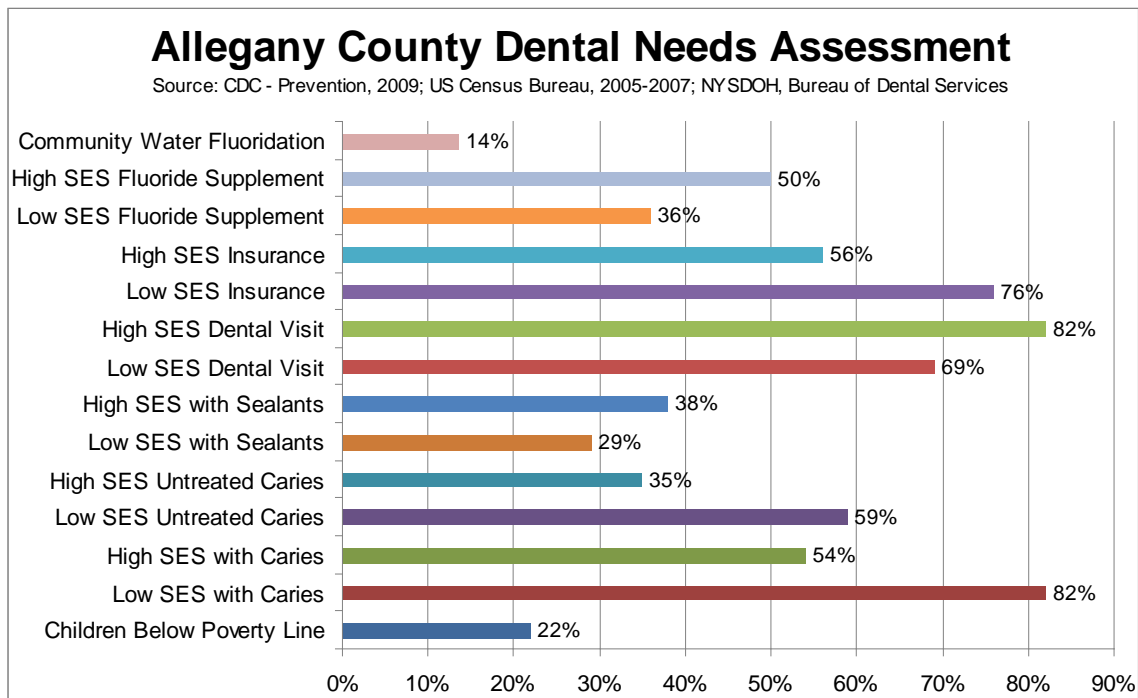
⁸ New York State Department of Health, Bureau of Dental Health (2006).

Individual County Needs Assessment Data

The following section details needs assessment data for the counties under study. The data come from the Oral Health Survey of Third Grade Children conducted over the three-year period 2002-2004 and are the most recent available. As part of the survey, schools (and thus children within those schools) were identified as being in low or high socio-economic strata (SES) based on the percent of children in the free or reduced price lunch program. A school with more than 39.15% of children in the free or reduced-price school lunch program (median) was considered as a low-SES school; all other schools were considered as high-SES schools. Responses are reported by SES group. It is important to note that low-SES children have poorer dental health indicators than high-SES children.

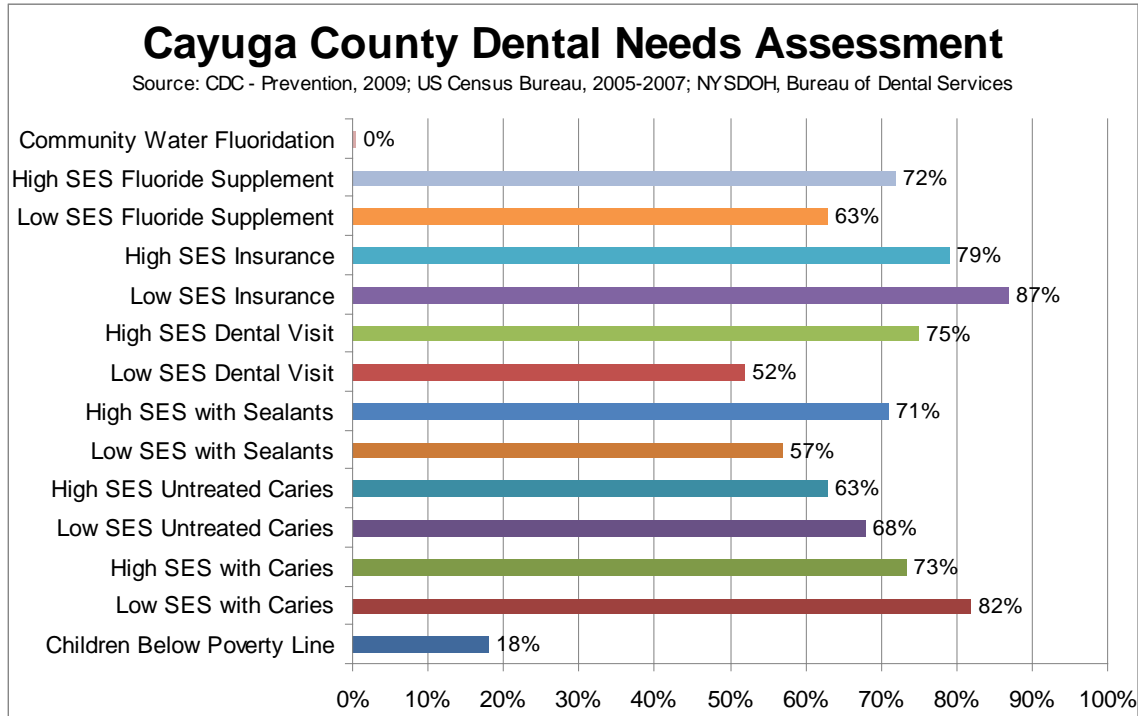
Allegany County

More than one in five (22%) of children in Allegany County live in poverty, 14% of the population receives fluoridated water. Half of high-SES children receive fluoride supplementation, while 36% of low-SES children receive such supplementation. Three in four low-SES children have dental insurance, but only 56% of high-SES children do. While more than eight in ten high-SES children in Allegany County had a dental visit in the past year, 69% of low-SES children had a dental visit. Compared to high-SES children, low-SES children are more likely to have experienced dental caries (tooth decay) and to have untreated caries and are less likely to have dental sealants.



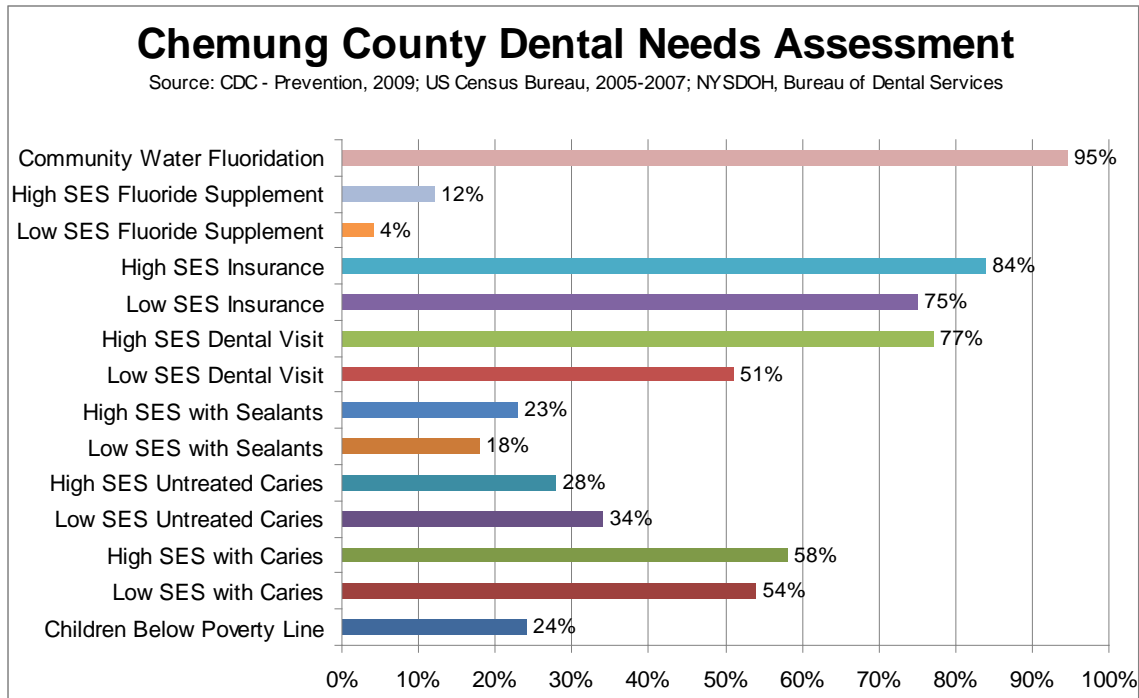
Cayuga County

Close to one in five (18%) children in Cayuga County live in poverty, and virtually none receive community water fluoridation. While more low-SES children than high-SES children have dental insurance, they are less likely to have had a dental visit in the past year and to have had sealant applied. Compared to high-SES children, low-SES children are more likely to have experienced caries and to have untreated caries.



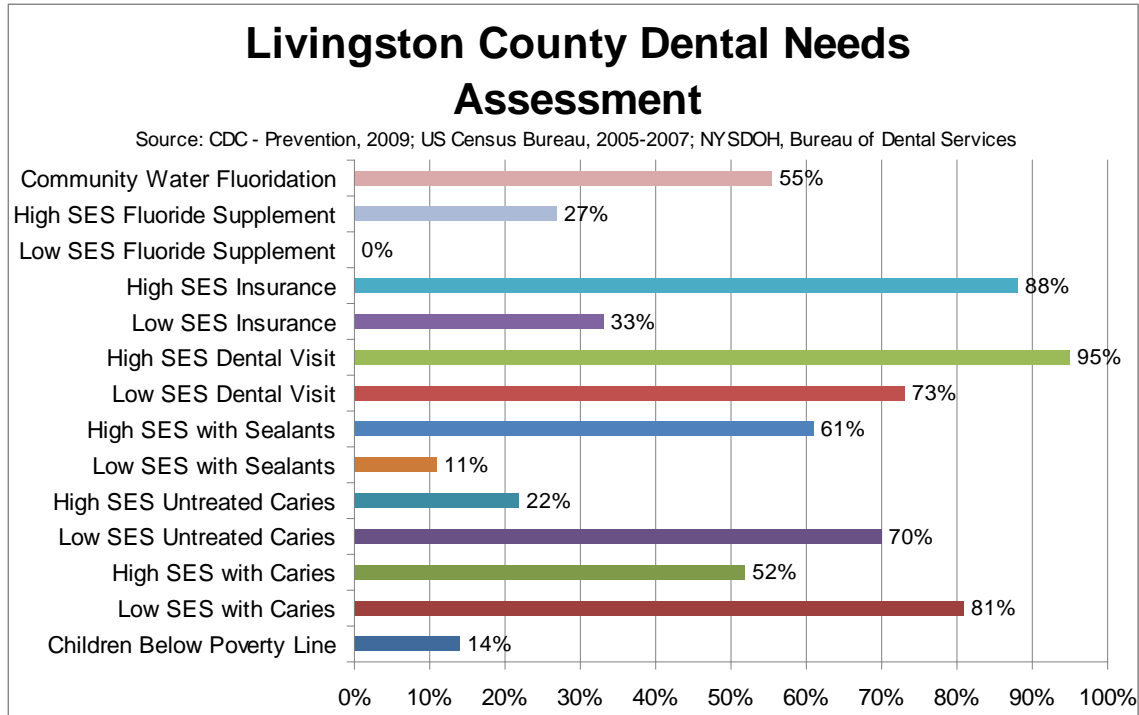
Chemung County

While almost one in four (24%) of children in Chemung County live in poverty, 95% of the population lives in areas with fluoridated water. Three in four low-SES children in Chemung County have dental insurance, and half have had a dental visit in the preceding year. Approximately equal proportions of high- and low-SES children had sealants placed. Low-SES children were slightly less likely to have experienced dental caries but more likely to have untreated caries compared to high-SES children.



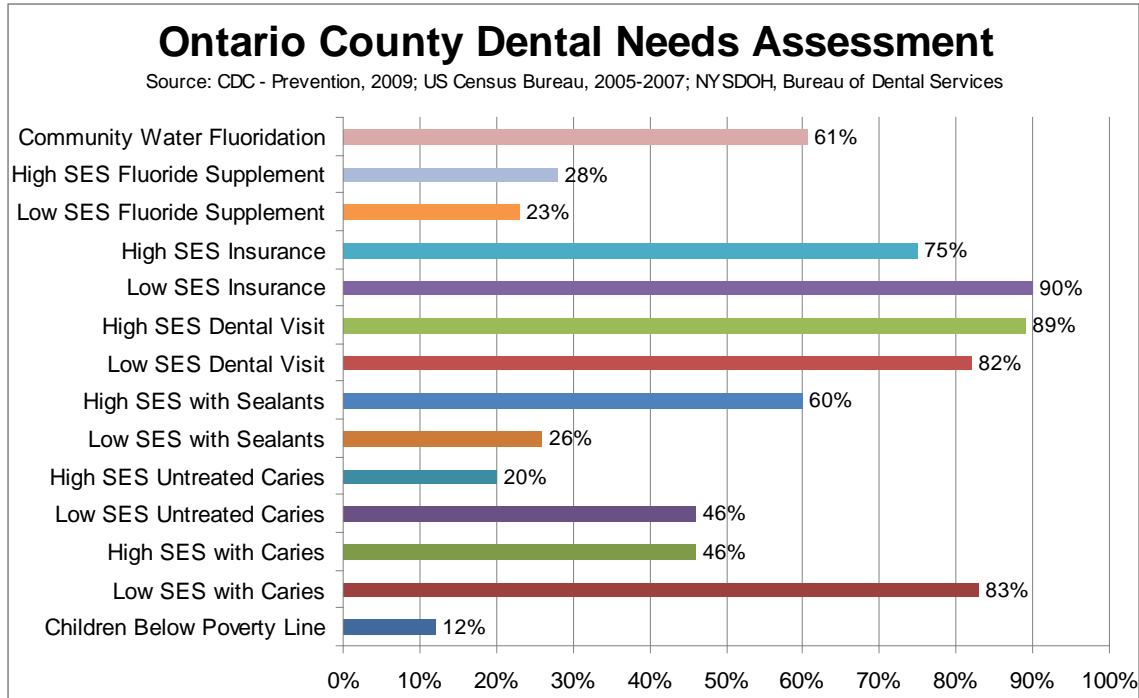
Livingston County

While 14% of children in Livingston County live in poverty, more than half the population receives fluoridated water. Low-SES children are much more likely than their high-SES peers to have experienced caries and to have untreated caries and are also much likely to have sealant applications. While three in four low-SES children have had a dental visit in the past year, 95% of high-SES children have had such a visit. While only one-third of low-SES children have dental insurance, nearly 90% of high-SES children have insurance.



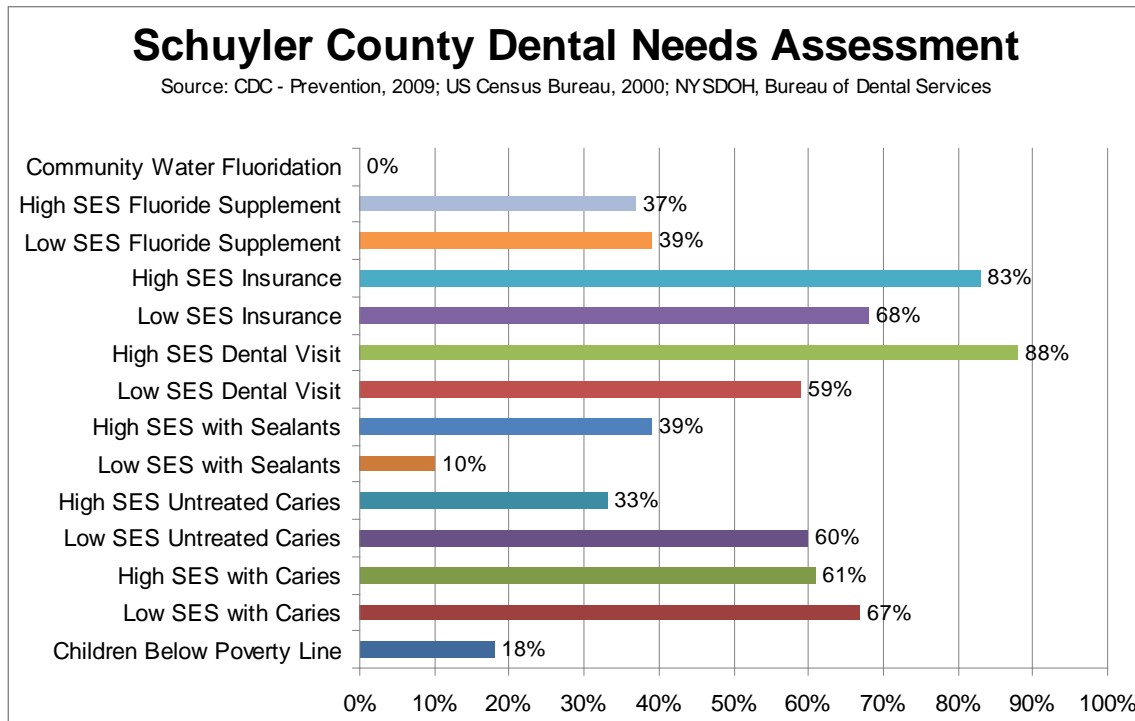
Ontario County

While 12% of children in Ontario County live in poverty, 61% of the population receives fluoridated water. Low-SES children are less likely than high-SES children to receive fluoride supplements and have sealants placed. High-SES children are less likely to have insurance but more likely to have had a dental visit within the past year and not to have experienced caries. The proportion of children with untreated caries was the same in both groups at 46%. Ontario County children appear to have better access to dental care than most other counties.



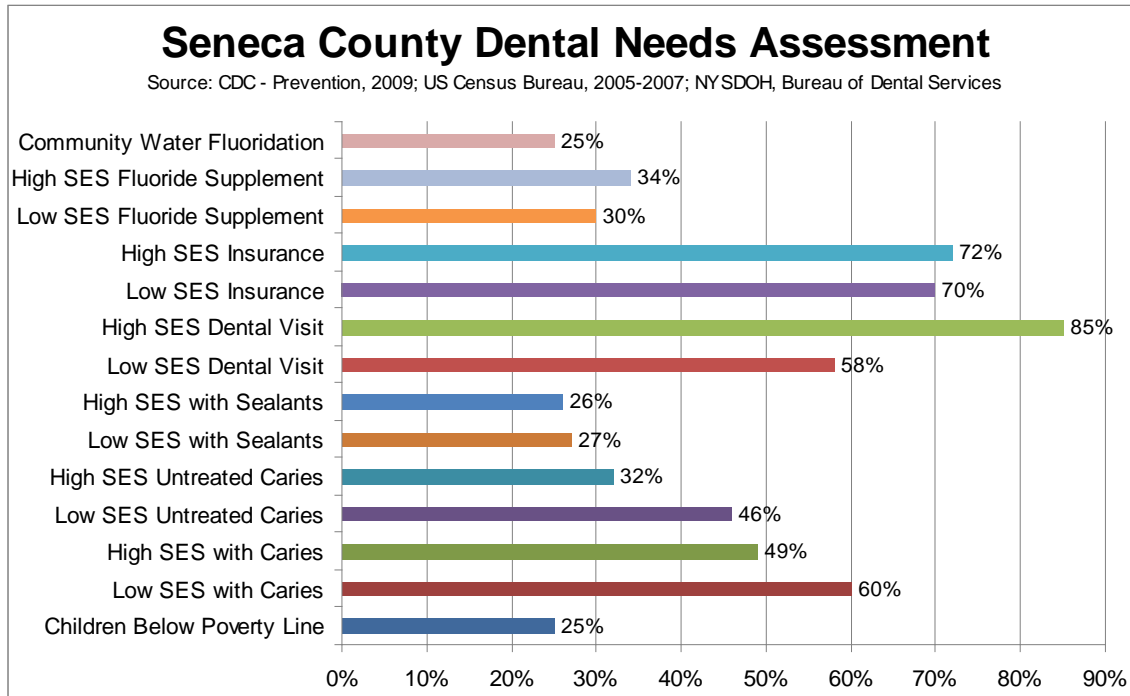
Schuyler County

Close to one in five (18%) children in Schuyler County live in poverty, and none receive community water fluoridation. Low-SES children are less likely to have dental insurance, a dental visit in the past year, and sealants than high-SES children. They are also more likely to have experienced caries and to have untreated caries.



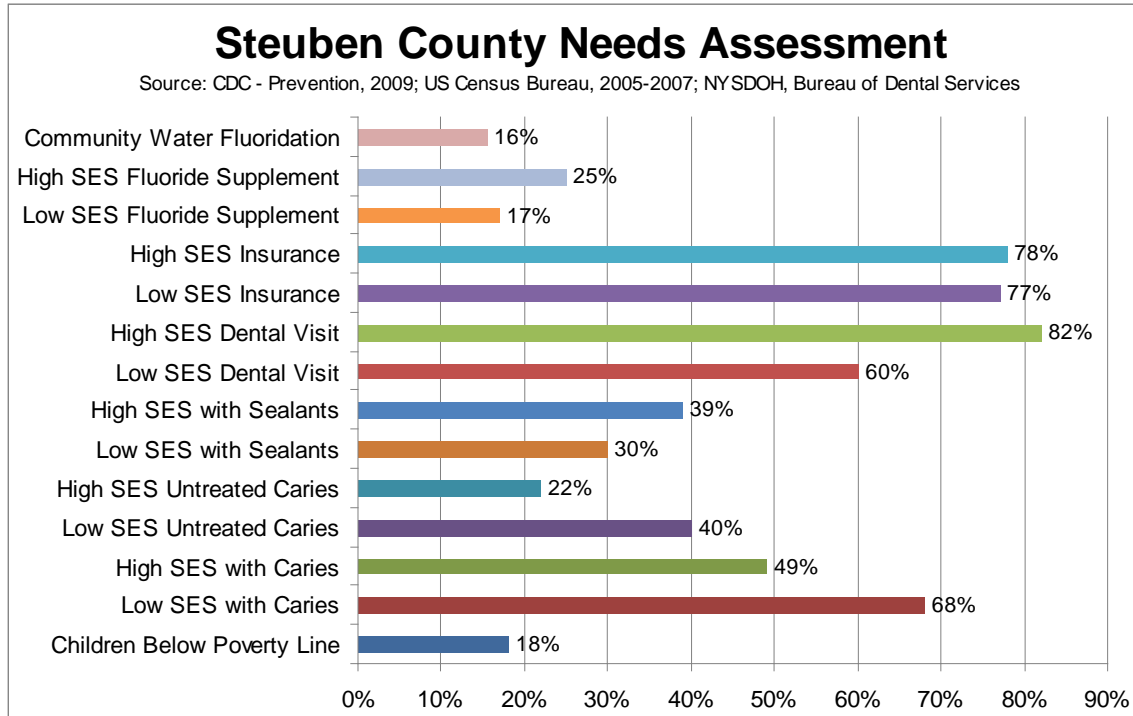
Seneca County

One quarter of children in Seneca County live in poverty; one-quarter of the population has a fluoridated water supply. Low-SES children are less likely to have a dental visit and dental insurance and are more likely to have experienced caries and to have untreated caries.



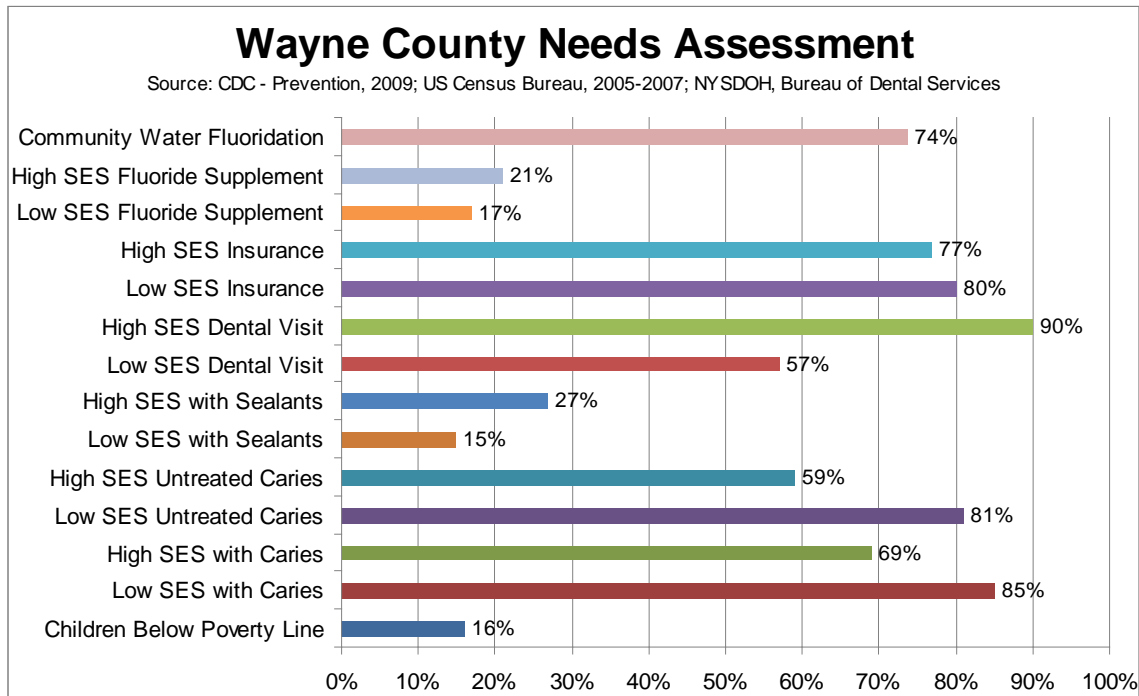
Steuben County

Almost one in five (18%) of children in Steuben County live in poverty; 16% of the population receives fluoridated water. Low-SES children are less likely to have fluoride supplements and sealants and to have had a dental visit in the past year than high-SES children. They are also more likely to have experienced caries and to have untreated caries than their more affluent peers.



Wayne County

More than seven in ten children in Wayne County receive water fluoridation, and 16% live in poverty. Low-SES children are more likely than high-SES students to have experienced caries and to have untreated caries and less likely to have had a dental visit in the past year and to have sealants.



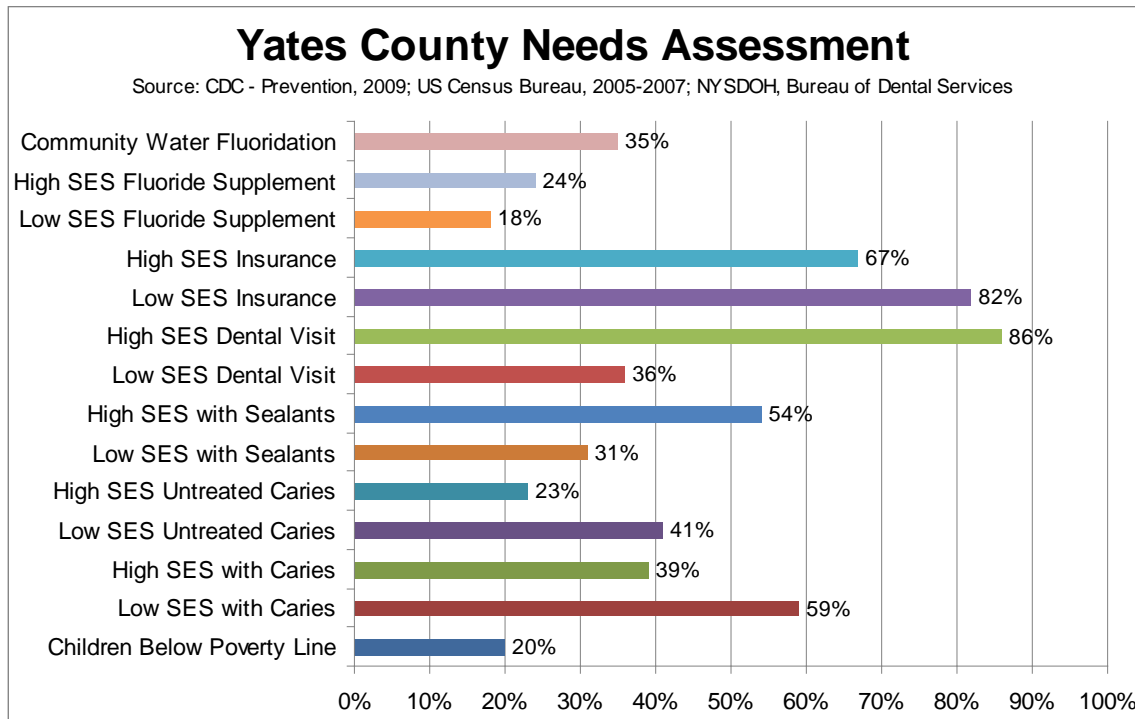
The Eastman Dental Center Smilemobile provides services for 70 children per year but has been seeing fewer children recently than in previous years.⁹ Head Start, a federally funded program serving low-income children, has a strong presence in Wayne County. Head Start requires dental examinations for children, and children with caries typically begin treatment within the school year. Unfortunately, the caries rate has only decreased 8% since the 1970's. A \$5,000 grant is being sought in order to better inform parents of the importance of pediatric dental care and to address the common misconception that deciduous (primary or baby) teeth are not important. The brochure will also contain information regarding availability of extensive care in Rochester for Wayne County residents who need more care than is readily available locally.¹⁰

⁹ Personal Communication, Holly Barone, EDC Senior Operations Administrator, September 23, 2008.

¹⁰ Personal Communication, June Smith, June 24, 2008.

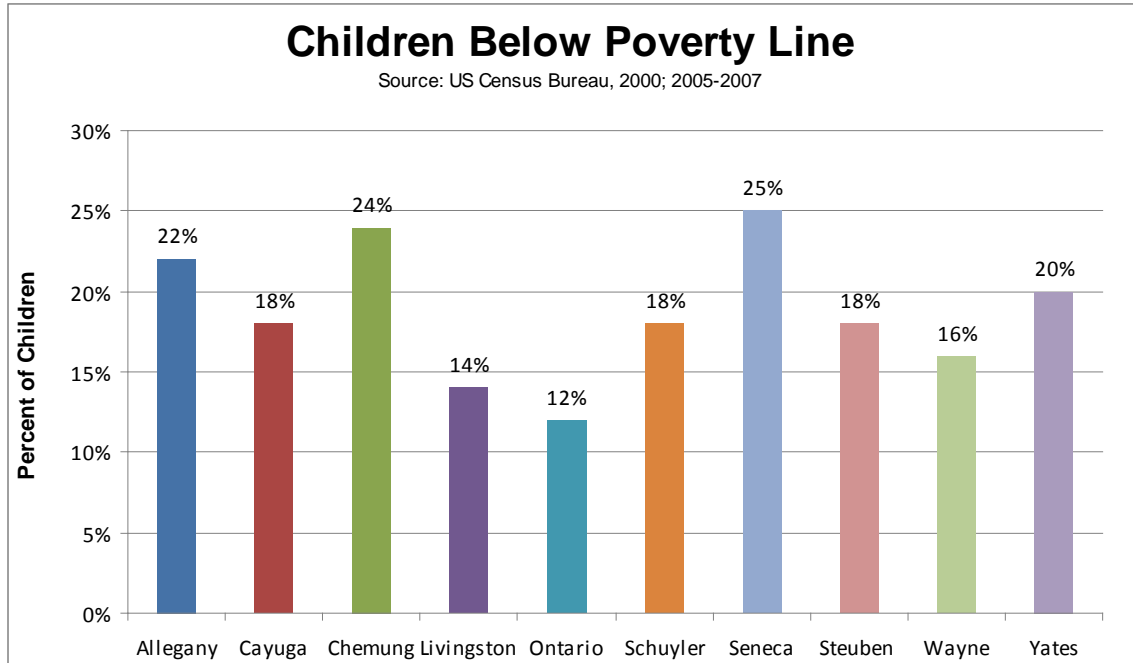
Yates County

One in five children in Yates County live in poverty, and 35% of residents receive community water fluoridation. Low-SES children are less likely to have fluoride supplements and sealants and to have had a dental visit in the past year. They are also more likely to have experienced caries and to have untreated caries, while being more likely to have dental insurance.



Children Living in Poverty

Seneca and Chemung Counties have the highest proportion of children living at or below the poverty level, 25% and 24% respectively. While 22% of Allegany County children live in poverty, 20% of children in Yates County and 18% in Cayuga, Schuyler and Wayne Counties live in poverty. Wayne (16%), Livingston (14%), and Ontario (12%) have the lowest proportion of children living in poverty.



Dentist to Population Ratios

While ideal dentist-to-population ratio is 1:2,000, most of the counties within the purview of this report have ratios much higher. Seneca County has the highest ratio at 1:5,557. Schuyler County has the lowest ratio at 1:2,136. None of the region’s counties fall within the ratio recommendation.

County Name	Dentist-to-Population Ratio
Allegany	1 : 4,161
Cayuga	1 : 4,314
Chemung	1 : 2,530
Livingston	1 : 2,427
Ontario	1 : 2,227
Schuyler	1 : 2,136
Seneca	1 : 5,557
Steuben	1 : 3,657
Wayne	1 : 2,841
Yates	1 : 3,517

Number of Dentists Accepting New Patients, Medicaid and Child Health Plus

The following table reflects the number of dentists in each county who accept new patients as well as Medicaid and Child Health Plus insurance for services. It should be noted that there may be additional dentists who accept new patients within the counties.

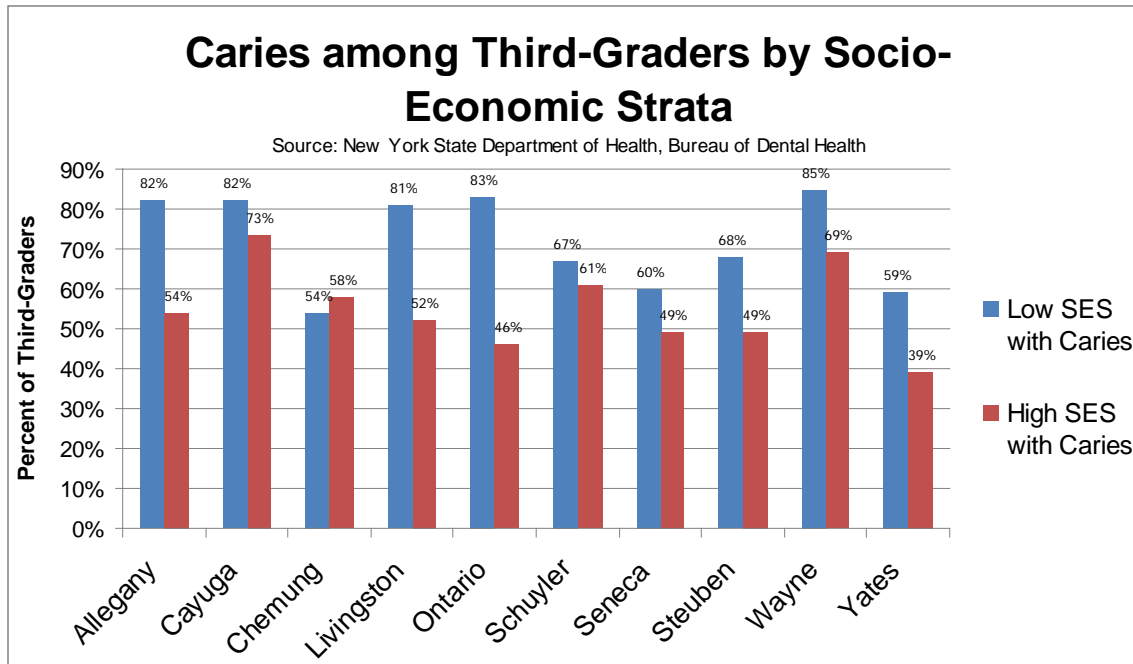
County Name	New Patients*	Medicaid	Child Health Plus
Allegany (12)	12	7	5
Cayuga (19)	14	1	3
Chemung (36)	19	6	13
Livingston (26.5)	26.5	4	8
Ontario (45)	35	11	11
Schuyler (9)	9	0	0
Seneca (6)	6	0	3
Steuben (27)	25	10	12
Wayne (33)	26	2	3
Yates (6)	7	4	4

****Number accepting new patients may be higher; those reflected are known to take new patients.***

Caries Experience

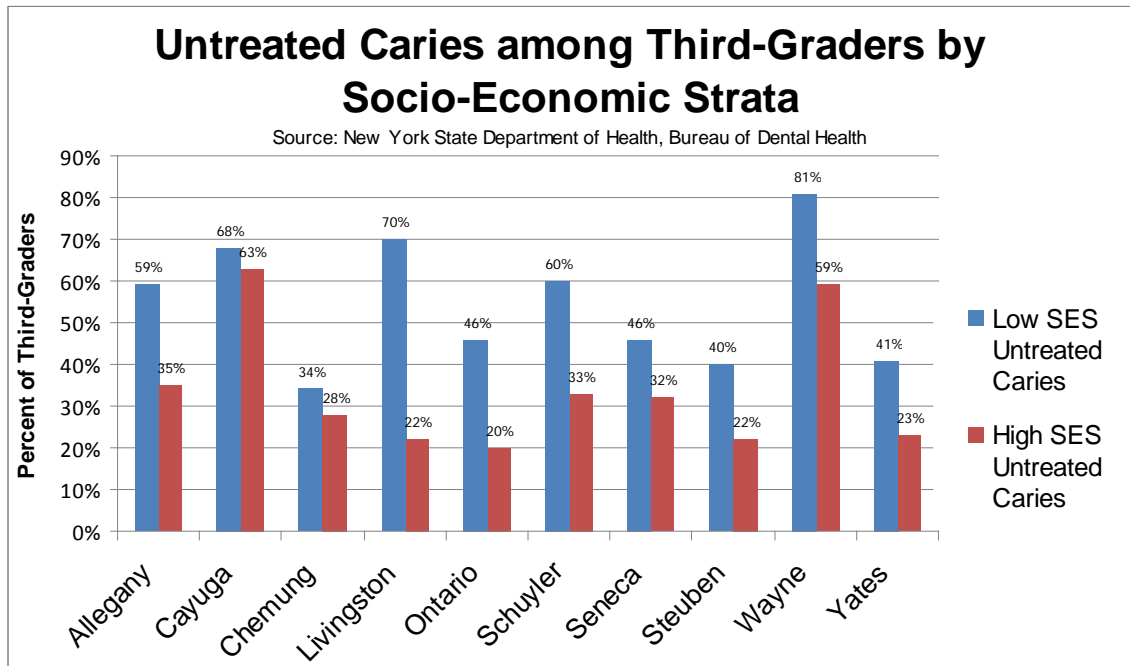
Rates of caries experience among low-SES children are highest in Wayne (85%), Ontario (83%), Allegany (82%), Cayuga (82%), and Livingston (81%) Counties. Yates County has the lowest proportion of caries experience among high-SES children at 39%.

It is important to note that all counties in the region, with the exception of Chemung, exhibit higher rates of caries experience among low-SES children than among high-SES children.



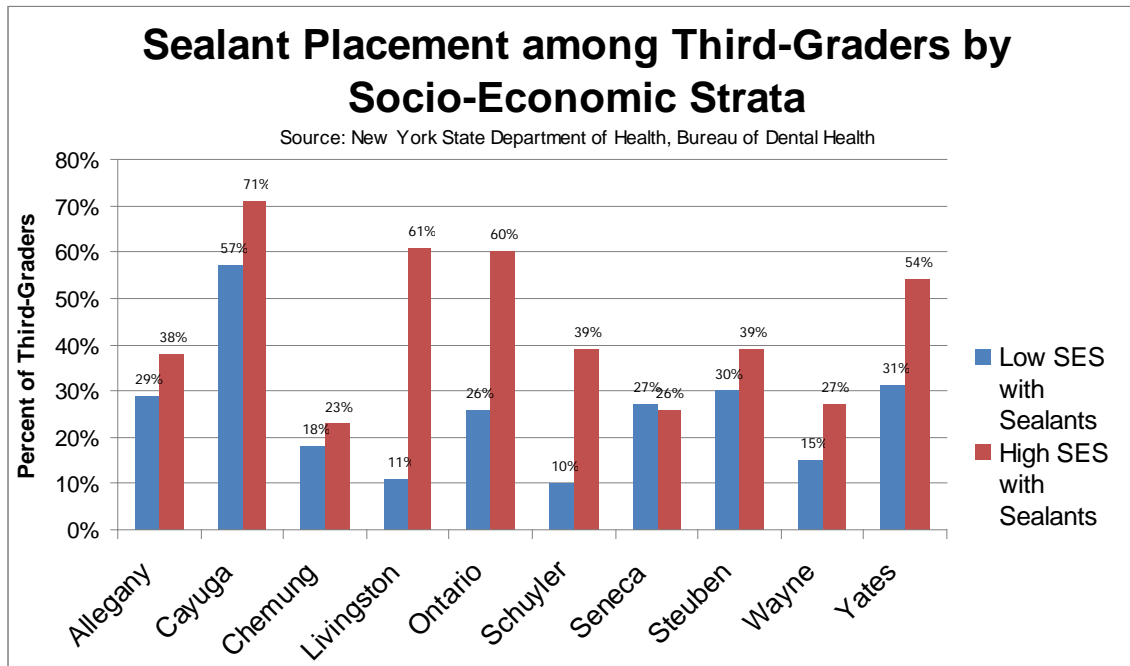
Untreated Caries

Untreated caries rates are highest among low-SES children in Wayne (81%), Livingston (70%), and Cayuga (68%) Counties. Ontario (20%), Livingston, Steuben (22%), and Yates (23%) Counties have the lowest rates of untreated caries among high-SES children. In no county in the region is the rate of untreated caries lower among low-SES than high-SES children.



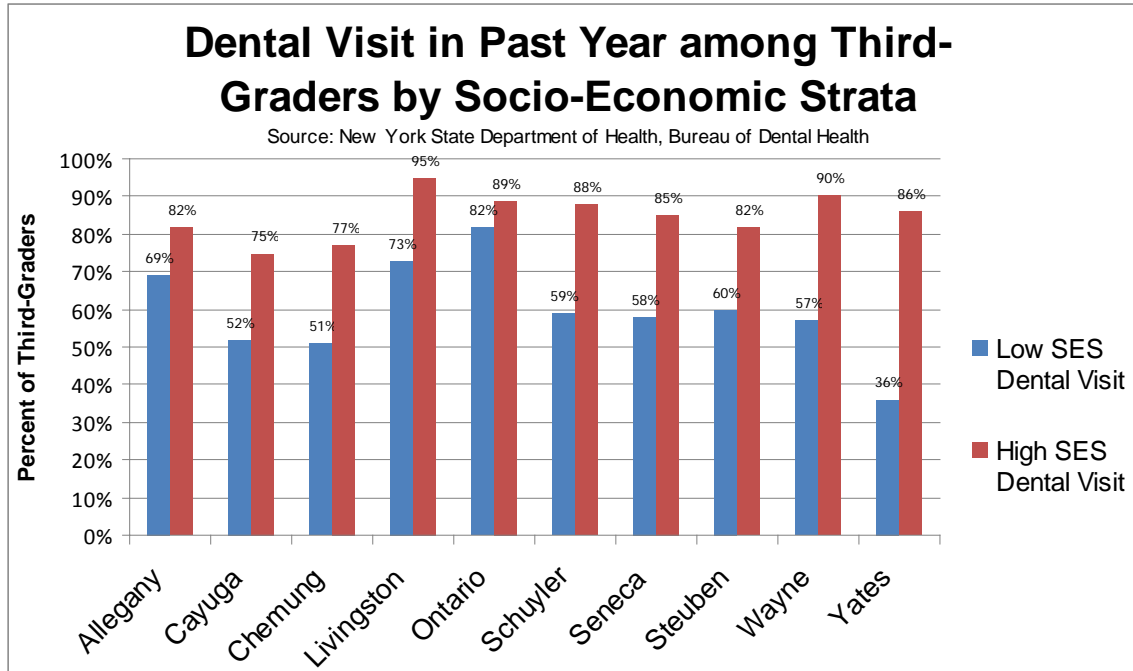
Sealant Placement

Low-SES children in Cayuga County have the highest rates of sealant placement (57%). Sealant placement rates for low-SES children in other counties range from a low of 10% (Schuyler County) to a high of 30% (Steuben County). Seneca County is the only county where low-SES children have higher rates of sealant placement than high-SES children.



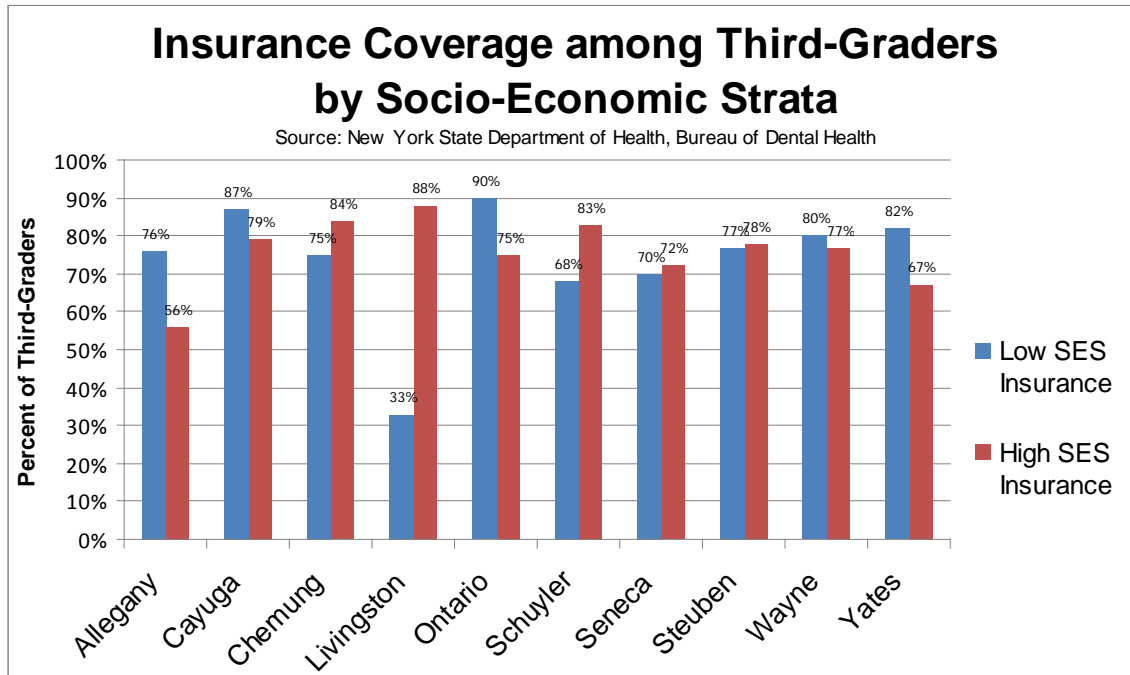
Dental Visit in Past Year

In no county under study were low-SES children more likely to have a dental visit in the past year than were high-SES children. Yates County has the lowest rate of dental visits during the past year (36%) for low-SES children. Livingston County has the highest proportion of high-SES children with a dental visit in the past year; 95% of high-SES children had a dental visit in the past year.



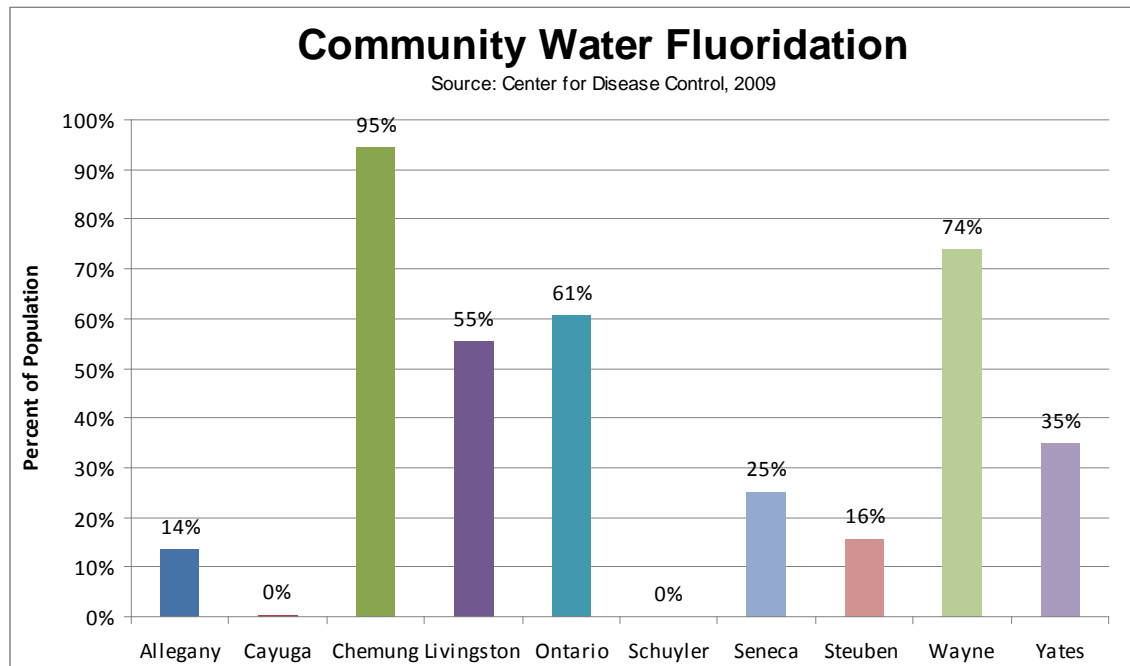
Insurance Coverage

Differences in insurance coverage for low-SES and high-SES children were not as pronounced as other health indicators in most counties. The one exception was Livingston County, where only 33% of low-SES children have dental insurance, while 88% of high-SES children have dental insurance. Interestingly, in half the counties under study, more low-SES children have insurance than high-SES children. This difference is likely due to low-SES children receiving Medicaid.



Fluoridation

Chemung County has the highest proportion of population with municipally fluoridated water at 95%. Schuyler County has no residents with community water fluoridation, and in Cayuga County less than 1% of the county population receives fluoridated water.



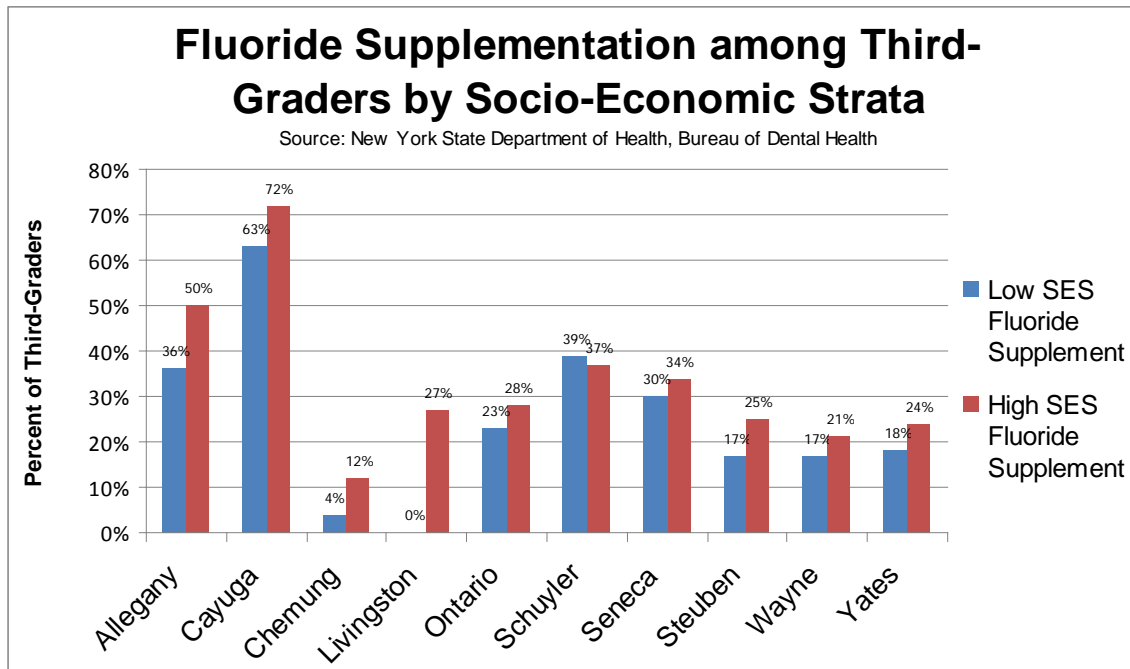
Water fluoridation is considered by many to be the most successful public health measure in existence. At a cost of between \$0.68 and \$3.00 per capita annually (with larger systems resulting in smaller per capita cost), community water fluoridation has had a positive impact on tooth decay rates. While the estimate of tooth decay rate reduction varies somewhat, most studies have found reductions of between 50 and 60%.¹¹ Based on the importance of community water fluoridation to the nation's oral health, Healthy People 2010 Objective 21-9 is to increase to 75% the percentage of Americans who have optimally fluoridated water in their communities. In 2002, 67% of the American population received optimally fluoridated water (CDC 2004). During 2005, 73% of New York State's population who were served by public water systems received optimally fluoridated water. One hundred percent of New York City's population is on a fluoridated community water supply; only 46% of the population outside of New York City receives fluoridated water.¹² Schuyler County has no fluoridated water supply; in Cayuga County less than 1% of the population receives optimally fluoridated water. In Chemung County, on the other hand, 95% of the population receives optimally fluoridated water.¹³

¹¹ United States Department of Health and Human Services (2000).

¹² New York State Department of Health, Bureau of Dental Health (2006).

¹³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Oral Health Branch, Oral Health Maps [online]. 2009.

Fluoride supplementation rates were lower for low-SES children than for high-SES children, in all counties except Schuyler. Allegany County had the highest rate of supplementation among high-SES children, while Chemung County had the lowest rate.



School-Based Delivery of Dental Services

Rushville Health Center provides dental services in 91 schools. Children in each of these schools receive free screening, brushing and fluoride training, and a fluoride rinse kit. In addition, each grade meets for an educational seminar to help educate children on proper oral health maintenance techniques and care. A complete list of the schools is available as an appendix.

Populations with Special Needs

Populations with special needs include persons with mental retardation/developmental disabilities (MRDD), orthodontic needs patients, migrant workers, and older persons. Most specialty care, such as oral surgery, usually requires persons with special needs to travel to Rochester/Monroe County. Primary care is available to all populations within their home counties; a lack of dentists who accept Medicaid reimbursement, however, may limit the accessibility of care.

Many dental clinics welcome patients with mental disabilities. Rushville Health Center and the Finger Lakes Migrant Health Center both accept disabled patients. One dentist in Chemung County, Dr. Alicia Risner, runs a clinic that accepts only patients with mental disabilities.

Older adults have limited care available if they are unable to attend typical dental appointments. Primarily, this difficulty is related to transportation barriers, especially for people who are unable to drive or who reside in a nursing home. Rushville Health Center does provide some dental care within nursing home facilities.

In Upstate New York, there is a large Mennonite population and a smaller Amish population. Typically, these populations are uninsured; it appears that often times they are able to pay out-of-pocket for their dental care. However, because of the rising costs of medical and dental care, there are times when they are forced to choose between a medical and dental procedure. Most will attend an area clinic to obtain dental care. While presenting an apparent challenge, transportation tends not to be an issue in most cases; it is typically accomplished through horse and buggy travel. In the winter months, the Mennonites transport themselves via automobile, by either driving themselves or hiring a driver.

Migrant/Seasonal Agricultural Worker Health Program

There are fifteen contractors receiving funds to carry out Migrant/Seasonal Agricultural Worker Health Program, including seven county health departments, three community health centers, one hospital, a daycare provider with twelve sites, and three organizations providing services in twenty-seven counties across the state. A variety of services are provided at the various locations to reduce the typical barriers that migrant/seasonal agricultural workers face in seeking care. In addition, two community health centers received HRSA funding in 2004 to provide care for migrant and seasonal workers and their dependents. More than 11,500 individuals received such services in 2004.¹⁴

The Finger Lakes Migrant Health Program is available in three locations: Geneva, Sodus, and Port Byron. These locations will accept any patient who attends for services, regardless of insurance coverage on the day of arrival.

The In-Camp Dental Service Program sends a dentist or dental practitioner to migrant seasonal farm camps throughout upstate New York, with the assessment region covering Cayuga, Chemung, Ontario, Schuyler, Seneca, Livingston, Steuben, Wayne, and Yates Counties.

There are Agribusiness Migrant Child Development Centers (ABCD) in Geneva, Williamson, Red Creek, and Seneca Falls. There is also a Migrant Educational Summer School Program.

¹⁴ New York State Department of Health, Bureau of Dental Health (2006).

Successful Programs in Individual Communities

Southern Tier Health Ministries

This program provides health services for the poor and uninsured in Steuben, Chemung, and Schuyler Counties. The goal is to provide care for persons who can least afford it. Free services are provided to individuals whose annual family income is below 200% of the federal poverty level. Dental service provision increased 80% between 2004 and 2005. Clinics within this organization provided over \$100,000 in free prescriptions in 2005.

Chemung Dental Clinic

This clinic serves the majority of the Medicaid, uninsured, and under-insured people of Chemung County. Eighty percent of the patients in this clinic are Medicaid-insured. The facility is open daily from 8am-4pm and for emergencies. New patients as well as individuals insured by Medicaid and Child Health Plus are accepted at the clinic; Medicaid is only accepted for patients residing in Chemung County. A sliding fee scale is offered for persons who are not insured and who do not qualify for Medicaid.

Steuben County Public Health Department Fluoride Mouth Rinse Program

This program is offered in all non-fluoridated districts of Steuben County at no cost to participants. The program visits schools to educate children about oral health maintenance techniques. A fluoride rinse kit is also provided; this is individually packaged and free for both the schools and those enrolled in the program. It should be noted that this program can be replicated in other areas by contacting the New York State Department of Health; the support of the community is all that is needed, as the state covers the cost of the program.

Geneva City School District

The Finger Lakes Migrant Health Program provides comprehensive dental services for all students enrolled in the school district.

Dental Visits to Jail Locations

The Ontario County Jail and Wayne County Jail receive dental visits.

Rushville Health Center

The Rushville Health Center is open to all patients and provides services within several school districts. A multitude of services are provided, including dental health presentations, free dental screening for anyone, prophylaxis, fluoride and varnish treatments, individual home care instructions with a new toothbrush and dental floss, diet and nutrition information, dental sealants, referral as needed, health fairs, in-service training seminars, and dental health education. In addition, the Health Center has a program informing pregnant mothers of the importance of infant oral health.

Rushville Mobile Dental Services target areas where there are limited dental providers as well as areas without fluoridation. Rushville sends a chair and other dental equipment into schools, ABCD camps, and other locations and performs dental screenings. In addition, the Smile Mobile visits from June through September in Steuben County.

Rates of Edentulism

According to the National Health and Nutrition Examination Survey 1999-2002 (NHANES), individuals with higher incomes and education levels as well as individuals who had never smoked and who had a dental visit within the past year were more likely to have retained all of their teeth than individuals with lower education and income and individuals who had smoked. In New York State, 17% of all New Yorkers over 65 years of age have lost all of their teeth, while 47% of those over 65 have lost six or more teeth.

Dental Caries among Adults

Adults are susceptible not only to caries on the crown portion of the tooth (coronal caries) but also on the exposed root surfaces of the teeth because of gingival recession, which increases with age. NHANES data show a 3.3% reduction in coronal caries experience and a 5.8% reduction in root caries among adults between 1988-94 and 1999-2002. The proportion with untreated coronal caries decreased from 28% to 23%, while untreated root caries decreased from 14% to 10%.¹⁵ Dental caries and untreated caries are major public health problems particularly among older adults and are related to poor nutrition and tooth loss. There are currently no state- or county-specific data on dental caries and untreated caries among New York adults.¹⁶

Oral and Pharyngeal Cancer¹⁷

The number of cases of oral and pharyngeal cancer diagnosed is small, making meaningful comparisons between counties difficult. No county in the region had an incidence rate significantly different from the rate for Upstate New York (10.0 cases per 100,000 population in the period 2001-2005). Males are much more likely to be diagnosed with oral and pharyngeal cancer than females; the incidence rates in Upstate 14.5 per 100,000 males and 6.2 per 100,000 females. Incidence rates are similar for African Americans and White/non-Latinos.

The age-adjusted mortality rate of oral and pharyngeal cancer in Upstate New York for the period 2001-2005 was 2.3 deaths per 100,000 population. Males are twice as likely as females to die of oral and pharyngeal cancer (3.5 and 1.4 per 100,000, respectively). Unlike incidence, mortality rates differ by race with African-American males almost twice as likely to die of oral and pharyngeal cancer than White/non-Latino males (6.0 and 3.3 per 100,000, respectively).

In Upstate New York, women are more likely to be diagnosed at an early stage than men (43% compared with 32%). African Americans were much less likely than Whites to be diagnosed at an early stage. Only 13% of African American males and 25% of African American females were diagnosed at an early stage.

¹⁵ "Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis – United States, 1998-1994 and 1999-2002," CDC, MMWR Surveillance Summaries, August 26, 2005.

¹⁶ New York State Department of Health, Bureau of Dental Health (2006).

¹⁷ New York State Department of Health, New York State Cancer Registry.

Dental Care During Pregnancy

Given the relationship between oral health and perinatal health, dental care for pregnant women is essential. While 49% of pregnant women in New York State had a dental visit in 2002, only 13% of low-income pregnant women received comprehensive dental care in 2002. The New York State target is to have 26% of low-income pregnant women receiving comprehensive dental care.¹⁸ In addition, Pregnancy Risk Assessment Monitoring System (PRAMS) data indicate that black women, women under the age of 25, women with less than high school education and women with no post-high-school education, unmarried women, and Medicaid recipients were less likely to see a dentist during pregnancy.¹⁹

Costs of Dental Care

Across the nation, \$74.3 billion was spent on dental care in 2003. Costs for dental care amounted to 5.2% of all private and public health care expenditures nationally; 0.6% of all federal dollars spent for personal health care; 1.2% of state and local spending for personal health care; and 0.9% of Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) health care expenditures combined. Just over 1% of all Medicaid fee-for-service expenditures were spent on dental care.²⁰

Dental Insurance

Dental insurance coverage is highly correlated with dental care utilization and is considered to be the most significant predictor of whether people will seek dental care. Approximately 60% of New Yorkers reported that they had some form of dental insurance in 2003. A greater proportion of individuals between the ages of 26 and 64 had dental insurance (67%) than individuals older than 65 (37%) or between the ages of 18 and 25 (54%). Individuals with lower incomes, of Hispanic ethnicity, or living in rural areas had the lowest rates of dental insurance.²¹ The number of individuals without dental insurance is typically 2.5 times the number of individuals who do not have health insurance.²²

Dental Workforce

There were 268 dentists, 426 dental hygienists, and 95 certified dental assistants licensed by the New York State Education Department Office of the Professions as of January 7, 2008, with a primary mailing address in the Finger Lakes/Southern Tier counties. Thus there were 40.8

¹⁸ New York State Department of Health, Bureau of Dental Health (2006).

¹⁹ New York State Department of Health, Bureau of Dental Health (2006).

²⁰ New York State Department of Health, Bureau of Dental Health (2006).

²¹ New York State Department of Health, Bureau of Dental Health (2006).

²² United States Department of Health and Human Services (2000).

dentists per 100,000 population, or one dentist per 2,500 residents. There were 64.8 dental hygienists per 100,000 population or one dental hygienist per 1,500 residents. However, the geographic distribution of these dental professionals is uneven; there are many rural and inner-city areas with shortages of dentists and hygienists.²³

In central and western New York, including the Southern Tier, growth in the demand for dentists is projected to be two percent from 2006 to 2016; this growth is in addition to the need to replace 23% of current dentists. Demand for dental hygienists is projected to grow 16%, and 19% of current hygienists will need to be replaced. Demand for and need for replacement of dental assistants are expected to be of the same magnitude as those for dental hygienists.^{24 25} There are four schools of dentistry in New York State and ten dental hygiene programs.

There are several programs available with the goal of increasing the number of health care professionals or equalizing their distribution throughout the state.

NHSC Dental Scholarships

Selected applicants receive payment of dental school tuition and fees, books, supplies and equipment and a \$1,000 monthly stipend for up to four years of education. Dental students are required to provide one year of service in a federally designated dental health professional shortage area of greatest need for each year of educational support they receive. The service period begins at the completion of training.²⁶

NHSC Loan Repayment

The National Health Service Corps will pay up to \$50,000 in educational loan repayment for dentists and dental hygienists who agree to serve a minimum two-year period in a federally designated health professional shortage area. It may be possible for professionals to extend beyond the two-year period.²⁷

The Regents Health Care Scholarship Program

The purpose of this program is to increase the number of minority and disadvantaged individuals in the medical and dental professions. Applicants to this program must be enrolled in or beginning medical or dental school in New York State. Up to 100 scholarships (80 in medicine and 20 in dentistry) worth up to \$10,000 per year can be awarded. Awards are renewable for up to four years of study. At the completion of their training, dentists must agree to practice with a population whose level of dental care is demonstrably lower than that of most residents of the state and serve 12 months for each annual payment received with a minimum 24-month commitment.²⁸

The Regents Professional Opportunity Scholarship

²³ New York State Department of Health, Bureau of Dental Health (2006).

²⁴ New York State Department of Labor (2006).

²⁵ Demand for health care practitioners and technicians overall is expected to grow by 10% with an additional 19% required to replace current practitioners.

²⁶ New York State Department of Health (2005). "Oral Health Plan for New York State." Available at http://www.health.state.ny.us/prevention/dental/docs/oral_health_plan.pdf and accessed 08/31/08.

²⁷ New York State Department of Health (2005).

²⁸ www.highered.nysed.gov/kiap/pdf/2009RHCSBulletin.pdf

The purpose of this scholarship is to increase the number of minority and disadvantaged individuals in New York State licensed professions. Applicants must be enrolled in or beginning studies in a degree-granting program in New York State leading to licensure in dental hygiene or other designated professions. At least 220 recipients will receive \$5,000 per year for payment of college expenses.²⁹

New York State Area Health Education Center System

The New York State Area Health Education Center (AHEC) System was established in 1998 to address the unequal distribution of the health care workforce. Nine underserved communities are designated as AHEC systems, with the hope that each distinct community will have its needs effectively met. The objective of this system is to improve access to care and quality of services, as well as improve health care outcomes and meet the needs of medically underserved areas by developing partnerships between training institutions and underserved areas. The strategies include: creating opportunities for professionals to be trained in underserved areas, providing continuing education and professional support to clinicians in the area, and encouraging local young people to pursue a health care career.³⁰

Dental School Statistics

The most current dental school enrollment statistics in New York State were completed by SUNY Buffalo in 2002.³¹ In 1993, 25 dentists who graduated decided to practice in Western New York; this number had declined to 8 in 2000. Approximately one in five dentists from Western New York work in dental HPSA areas. At the time of the writing of the SUNY Buffalo study, the number of graduating dentists was declining. While 5,750 dentists graduated in 1982, this number had dropped in 2002 to 4,440. Although many dentists do provide charity care after graduation, the work they do is not well documented.

Medicaid and Dentistry

In 2004, 46% of nearly 15,000 New York State licensed dentists were enrolled in Medicaid and 20% were enrolled in Child Health Plus. However, only 3,845 dentists in the state had a claim paid by Medicaid, and of those dentists, 90% had \$1,000 or more in claims during 2004. Just over \$300 million was spent in New York on dental services in 2004. About 15% of Medicaid recipients in New York City and 14% of Medicaid recipients in all other areas of the state received dental services. Out of each dollar spent on Medicaid dental services, \$0.74 was spent to treat dental caries and periodontal disease, \$0.14 was spent on diagnosis and just \$0.11 on prevention.³²

²⁹ New York State Department of Health (2005).

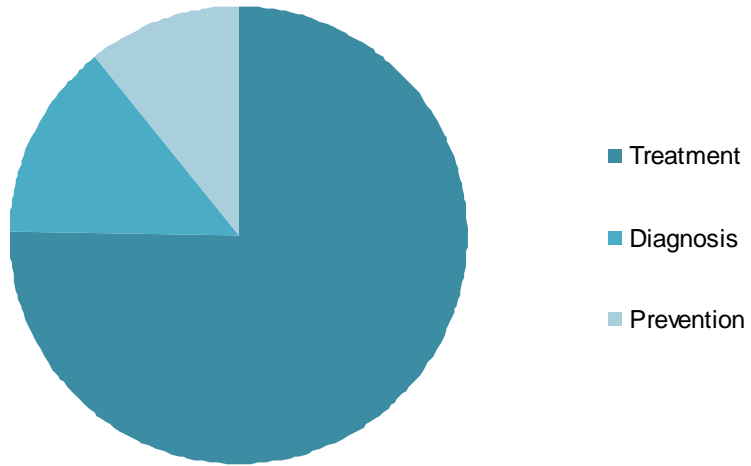
³⁰ New York State Department of Health, Bureau of Dental Health (2006).

³¹ SUNY Buffalo (2002). "New York State Health Professionals in Health Professional Shortage Areas. A Report to the New York State Area Health Education Centers System.

³² New York State Department of Health, Bureau of Dental Health (2006).

Breakdown of Each Medicaid Dollar Spent for Dental Services, New York State, 2004

Source: New York State Department of Health, Bureau of Dental Health



ATTACHMENTS

**ATTACHMENT A:
GLOSSARY OF TERMS**

GLOSSARY OF TERMS

- ***Article 28 Diagnostic and Treatment Center***

600.8 Criteria for determining the operation of a diagnostic or treatment center under article 28 of Public Health Law.

(a) Any provision of medical or health services by a provider of medical or health services organized as a not-for-profit or business corporation other than a professional service corporation shall constitute the operation of a diagnostic or treatment center.

(b) It shall be prima facie evidence that a diagnostic or treatment center is being operated when any provider of medical or health services describes itself to the public as a "center," "clinic" or by any name other than the name of one or more of the practitioners providing these services.

(c) A provider of medical or health service that does not come within subdivision (a) or (b) of this section shall be reviewed by the Commissioner of Health to determine whether medical or health services are being provided by practitioners of medicine engaged in private practice or by a facility within article 28 of the Public Health Law. The following criteria shall be used in conducting such reviews:

(1) Patient contact. Patient contact is made directly with the facility rather than the individual physician; or referral is made to the facility by the physician; or provision is made for services by the physician, not in his offices but at another location.

(2) Admission. The decisions as to admissions are made by the facility rather than by the individual practitioner, or by referral agreement or by arrangements with physicians.

(3) Choice of physician. When the physician is not chosen by the patient, the physician is assigned by the facility, or the patient is given a choice among several practitioners associated with or employed by the facility.

(4) Care of patients. Care that is provided patients is the responsibility of the facility and is provided under the following conditions, among others:

(i) the facility, rather than the physician assumes responsibility for all services rendered within the facility;

(ii) central services, including but not limited to laboratory, pharmacy, X-ray and narcotics

are available with no free choice of the provider of such services by the patient;

(iii) the facility insures adherence to standards;

(iv) the facility is organized into departments or has a multi-disciplined approach;

(v) the facility supplies ancillary services; or

(vi) the responsibility of the facility terminates on discharge of the patient, as distinguished from the continuing responsibility of the physician; follow-up care is not provided by or at the facility.

(5) Organization and management. (i) Bills and charges are determined by the facility;

(ii) medical charts and patient records are maintained by the faculty;

(iii) patient care space is provided by the facility;

(iv) income distribution is determined by the facility;

(v) employees are selected as supervised by the facility;

(vi) vital records such as fetal death certificates, etc. are maintained by the facility;

(vii) bills are payable to the facility, rather than to the individual practitioner;

(viii) the scope of the services to be provided is determined by the facility, subject to regulatory limitations;

(ix) the structure is so physically extensive that it exceeds the usual space requirements of the private medical practitioner;

(x) the departmental organization is large enough to require delegation of authority to nonmedical personnel;

(xi) there is employment of other health professions such as registered nurse, physical therapist, pharmacist; or

(xii) the patient registry is more extensive than that found in the usual individual practice. Many more persons are processed than are ordinarily diagnosed or treated by physicians in the private practice of medicine.

(d) The criteria set forth in subdivision (c) of this section shall not be the sole determining factors, but indicators to be considered with such other factors that may be pertinent in particular instances. Professional expertise is to be exercised in the utilization of the criteria. Establishment shall be required where a determination is made that medical services are

being provided by a facility within article 28 of the Public Health Law rather than by a private practitioner of medicine. All of the listed indicia of a facility within article 28 of the Public Health Law need not be present in a given instance. The criteria are intended to assist in determining the dominant features of the services offered.

(e) In addition to the foregoing, any facility which qualifies for an agreement to participate in the Medicare program as an ambulatory surgical center shall constitute a diagnostic and treatment center. The conditions of participation in the Medicare program as an ambulatory surgical center are contained in volume 42 of the Code of Federal Regulations, Public Health, at part 416 (42 CFR part 416), 1984 edition, published by the Office of the Federal Register National Archives and Records Service, General Services Administration. Copies may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402. 42 CFR part 416 is available for public inspection and copying at the Records Access Office, New York State Department of Health, 10th Floor, Corning Tower Building, Empire State Plaza, Albany, NY 12237. (f) The Department of Health may conduct such hearings as may be necessary to gather sufficient facts to make a determination under this section.³³

- These facilities are required to accept Medicaid.

- ***Health Department***

- Organized by county throughout New York State; provides numerous services. See <http://www.health.state.ny.us/> for additional information and to search for information on oral health programs across New York State.

- ***Head Start Program***

- The Head Start program provides grants to local public and private non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and families, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. In FY 1995, the Early Head Start program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.
- Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs.³⁴

- ***Federally Qualified Health Centers (FQHC)***

³³ New York State Health Department, available at <http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/11fb5c7998a73bcc852565a1004e9f87/8525652c00680c3e8525652c0051b18b?OpenDocument>

³⁴ Quoted from http://www.acf.hhs.gov/programs/ohs/about/index.html#prog_desc

- An entity may qualify as an FQHC if it: Is receiving a grant under Section 330 of the Public Health Service (PHS) Act; Is receiving funding from such grant under a contract with the recipient of a grant and meets the requirements to receive a grant under Section 330 of the PHS Act; Is not receiving a grant under Section 330 of the PHS Act but determined by the Secretary of the Department of Health and Human Services (HHS) to meet the requirements for receiving such a grant (i.e., qualifies as a FQHC look-alike) based on the recommendation of the Health Resources and Services Administration; Was treated by the Secretary of the Department of HHS for purposes of Medicare Part B as a comprehensive Federally funded health center as of January 1, 1990; or Is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self-Determination Act or as an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.³⁵
- These facilities are required to accept Medicaid.
- ***Migrant Worker programs***
 - NYCAMH offers a variety of farm safety and health services to the agricultural community.
 - **Occupational Stress and Health**
 - NYCAMH provides assistance in occupational stress and health through the following programs:
 - Farm Partners
 - Farmer's Clinic
 - **Educational Safety Programs**
 - Experienced NYCAMH personnel teach farm safety practices to children, students, and farm workers of all backgrounds through the following programs:
 - Migrant Farm Worker Safety
 - Play It Safe Game
 - Safety Demonstrations
 - **Library and Information Center**
 - NYCAMH's library and information center is a valuable resource for anyone interested in learning about occupational or agricultural topics.
 - **HealthWorks**
 - NYCAMH administers HealthWorks, Bassett Healthcare's Occupational Health Services Program.³⁶
- ***Private DDS offices***
 - These are offices set up under New York State Dental Practice Act statutes/laws which are operated by dentists who are licensed by the State of New York Office of the Professions. Dentists can choose to accept dental insurance, Medicaid or Child Health Plus as payment for services, but are not required to do so. Their decisions may also fluctuate throughout their years of practice.

³⁵ CMS (2008). Quoted from <http://www.cms.hhs.gov/MLNProducts/downloads/fqhcfactsheet.pdf>

³⁶ NYCAMH Farm Safety and Health Services, Quoted from <http://www.nycamh.com/services/index.shtml>

**ATTACHMENT B:
TABLES OF DENTISTS BY COUNTY**

Allegany County

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Alfred</u>				
Dr. John A. Del Campo	49 Hillcrest Dr. Alfred, NY 14802	Yes	No	No

	(607) 587-8838			
<u>Andover</u>				
Andover Dental Center (Part of Cuba Dental Clinic) Dr. Dennis Rothschild	2 Main St. Andover, NY 14806 (607) 478-8426 & (585) 968-2000	Yes	Yes	Yes
<u>Cuba</u>				
Dental Care of Cuba Dr. Steven R. Sessler	18 Center St. Cuba, NY 14727 (585) 968-8400	Yes	Yes	Yes
Dr. Willard L. Simons	130 W. Main St Cuba, NY 14727 (585) 968-3170	Yes- at least 6 mos. wait	No	No
Cuba Memorial Dental Clinic Dr. Christopher Young Dr. Robert Bork Dr. Ralph Schmauss	140 W. Main St, Cuba, NY 14727 (585) 968-2000	Yes	Yes	Yes
<u>Fillmore</u>				
Dr. Daniel C. Kauffman	16 W. Main St. Fillmore, NY 14735 (585) 567-4242	Yes	No	No
<u>Houghton</u>				
Houghton Dental Center Dr. David Daugherty Dr. John D. Nystrom	9660 Route 19 Houghton, NY 14744 (585) 567-2241	Yes	Yes	No
<u>Wellsville</u>				
Hancher & Reilly Dr. Peder J. Hancher	12 Martin St., Suite 1 Wellsville, NY 14895 (585) 593-4990	Yes	No	No
Proto & Proto Dr. Daniel Proto	24 E. Pearl St. Wellsville, NY 14895 (585) 593-1570	Yes	No	No
<u>SPECIALIST</u>				
<u>Wellsville</u>				
Orthodontist Salmon & Triftshauser Dr. Marshall Deeney	158 S. Main St. Wellsville, NY 14895 (585) 593-3300	Yes	No	No

Table 1

Cayuga County

Table 2

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Auburn</u>				

Lesch & Lesch Dr. Brian Lesch	197 W. Genesee St. Auburn, NY 13021 (315) 253-7631	Yes	No	No
Dr. Edward J. Nolan	52 South St. Auburn, NY 13021 (315) 252-7591	Yes	No	No
Auburn Dental Assoc. Dr. Lawrence Golding Dr. Emile Martin Dr. Michael Tabone	80 North St Auburn, NY 13021 (315) 253-6239	Yes	No	No
Aspen Dental Dr. Gregory A. Herman Dr. Merlin Hayes	354 Grant Ave. Rd. Auburn, NY 13021 (315) 253-6211	Yes	No	No
Dr. Thomas A. Clary	70 South St Auburn, NY 13021	N/A	No	No
East Hill Dental	144 Genesee St. Auburn, NY 13021 (315) 255-9294	Yes	No	Yes
Dr. Warren Fong	303 Metcalf Plaza Auburn, NY 13021	N/A	No	N/A
Dr. Thomas Hogan	213 Genesee St. Auburn, NY 13021	N/A	No	N/A
Dr. Michael K. Keating	68 South St. Auburn, NY 13021	N/A	No	N/A
Dr. Jon Valdina	188 Genesee St. Auburn, NY 13021	Yes	No	No
Dr. James Elkovitch Dr. William Elkovitch	73 South Street Auburn, NY 13021	Yes	No	No
Dr. David Nangle	200 Mc Intosh Drive Auburn, NY 13021 (315) 253 4902	N/A	N/A	N/A
<u>Port Byron</u>				
Dr. Werner L. Flier	54 Maple Ave. Port Byron, NY 13140 (315) 776-4635	Yes	Yes, 25%	Yes
Finger Lakes Migrant Community Health Dr. Al Neri	60 Main Street Port Byron, NY 13140 (315) 776-9700	Yes	Yes	Yes
<u>Union Springs</u>				
Dr. Eric C. Dumond	207 N. Cayuga St. Union Springs, NY 13160 (315) 889-7347	Yes	No	No
SPECIALIST				
<u>Auburn</u>				
Endodontic Specialists Dr. Theresa A. Casper-	33 William St. Auburn, NY 13021	N/A	No	No

Klock	(315) 253-8891			
Oral Implants Group Dr. Thomas J. Donahue	72 South St. Auburn, NY 13021 (315) 252-2029	N/A	No	N/A
Orthodontist Dr. Alec Gush	2 James St. Auburn, NY 13021 (315) 252-7259	N/A	No	N/A
Orthodontic Group of the Finger Lakes Dr. Robert Baker Dr. Filos	189 Genesee St. Auburn, NY 13021 (315) 253-8171	N/A	N/A	N/A
Oral Surgeons Dr. Karen Simmonds- Brady Dr. Michael Brady	19 East Genesee St. Auburn, NY 13021 (315) 253-8408	N/A	N/A	N/A

Chemung County

Table 3

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
----------------------------	-----------------------	----------------------------	------------------------	---------------------------------

<u>Big Flats</u>				
Aspen Dental	821 County Rt. 64 Big Flats, NY 14845 (607) 739-4444	N/A	No	No
<u>Elmira</u>				
Dr. Mark G. Schuller	602 W. Water St. Elmira, NY 14905 (607) 733-0830	Yes	No	No
Elmira Medical Center Dr. Peter Strumpf (Dental & Ortho)	571 E Market St. Elmira, NY 14901 (607) 732-2274	Yes	Yes	Yes
Chemung County Dental Clinic Dr. Ted Lax	103 Washington St. Elmira, NY 14901 (607) 737-2870	Yes	Yes	Yes
Dr. Alan J. Seltzer	311 W. Church St. Elmira, NY 14901 (607) 733-6825	Yes	No	Yes
Near Westside Dental Dr. Terence Hurley	208 Columbia St. Elmira, NY 14905 (607) 733-2851	N/A	No	No
Dr. Roderick P Schrader	315 W. Church St. Elmira, NY 14905 (607) 734-8511	N/A	No	No
Twin Tier Dental	420 W Water St. Elmira, NY 14905 (607) 732-5190	Yes	No	Yes, through Excellus BCBS
Lodico Dental Associates	452 W. Church St. Elmira, NY 14901 (607) 732-4722	No	No	No
Dr. Andrew P Cesari	451 W. Church St Elmira, NY 14901 (607) 733-5586	Yes	No	No
Cerebral Palsy & Handicapped Children's Association Dr. Alicia Risner-Bauman	1118 Charles St. Elmira, NY 14904 (607) 734-7107	Yes, only with disabilities	Yes	Yes
Dr. Richard B. Dunn	1007 Broadway Elmira, NY 14904 (607) 734-2045	Yes	No	No
Family Dental Center Dr. Edward Dailey	907 Pennsylvania Ave. Elmira, NY 14904 (607) 733-5199	Yes	No	No
Dr. Robert Lyon	208 Walnut Street Elmira, NY 14904 (607) 733-7214	No	No	Yes

Dr. C. J. Milliken	1223 W. Water Street Elmira, NY 14904 (607) 732-0224	No	No	No
Dr. Eric Peterson	225 Scottwood Ave. Elmira, NY 14904 (607) 733-3616	Yes	No	Yes
Dr. Trung Tran	1141 Broadway Street Elmira, NY 14904 (607) 732-2555	Yes	No	No
Dr. Ronald Laux	419 Walnut Street Elmira, NY 14901 (607) 733-1715	Yes	No	No
Dr. Alan Newman Pediatric	1076 College Ave. Elmira, NY 14904 (607) 733-5800	NA	Yes	Yes
<u>Elmira Heights</u>				
Dr. Beth Ann Stillings	273 E. 14 th Elmira Heights, NY 14903 (607) 733-0457	Yes	No	No
Dr. Mark Shaw Dr. Dan O'Connell	2062 Sollege Avenue Elmira Heights, NY 14903 (607) 734-7787	No	No	No
Dr. Eric Peterson	225 Scottwood Ave. Elmira Heights, NY 14903 (607) 733-3616	Yes	No	Yes
<u>Horseheads</u>				
Gardner Road Family Dentistry Dr. Marcelle Lawas	505 Gardner Rd. Horseheads, NY 14845 (607) 739-5930	N/A	No	No
Dr. David K. Ferguson	31 Arnot Rd. Horseheads, NY 14905 (607) 739-3874	N/A	No	No
Chemung Dental Center Dr. Joshua Bloch	170 Miller, St. Horseheads, NY 14845 (607) 795-5000	Yes	Yes	Yes
Seneca Dental Associates Dr. John Nguyen Dr. Kristine Nguyen	2830 Westinghouse Rd. Horseheads, NY 14845 (607) 796-5901	Yes	No	No
Ridge Road Dental Care Dr. John Emanuel, III	18A Ridge Rd Horseheads, NY 14845 (607) 739-8187	Yes	No	No
Dr. James Woodard	2860 Westinghouse Rd. Horseheads, NY 14845 (607) 796-2663	No	No	No

Family & Preventive Dental Dr. Warren Eng	2898 Westinghouse Rd. Horseheads, NY 14845 (607) 739-3528	NA	No	No
Gentle Family Dentistry Dr. Charles Wilke Dr. James Baker	2735 Westinghouse Rd Horseheads, NY 14845 (607) 739-2150	Yes	No	Yes, through Excellus BCBS
Dr. Kevin Wicks	2511 Corning Rd. Horseheads, NY 14845 (607) 796-5985	Yes	No	No
Dr. Phillip J. Menges	922 Rambler, Rd. Elmira, NY 14901 (607) 734-7742	No	No	No
Dr. Robert Bellohusen	217 Steuban Street Horseheads, NY 14845 (607) 739-2324	No	No	No
Waverly				
Dr. Joseph Picco	16 Frederick St Waverly, NY 14892 (607) 565-7355	Yes	No	Yes, through Excellus BCBS
Dr. Samuel Orme	284 State Rte. 17C Waverly, NY 14892 (607) 565-7811	Yes	Yes	Yes
SPECIALIST				
Elmira				
Orthodontist Dr. Ronald Bellohusen	440 E. Water St. Elmira, NY 14901 (607) 733-7165	Yes	No	No
Orthodontist - See Also Elmira Dental Center				
Horseheads				
Orthodontist Finger Lakes Ortho. Pc Dr. Peter May	2840 Westinghouse Rd. Horseheads, NY 14845 (607) 796-2663	Yes	No	No

Livingston County
Table 4

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Avon</u>				

Avon Family Dentistry Dr. Michael K. Oros (FT)	39 W. Main St. 1 Avon, NY 14414 (585) 226-2120	Yes	No	No
Burroughs & Schillinger Dental Dr. Stephanie Burroughs (FT) Dr. Richard L. Schillinger (FT)	74 W. Main St. Avon, NY 14414 (585) 226-3113	Yes	No	Yes
Dr. Wendell V. Hall (FT)	213 E. Main St. Avon, NY 14414 (585) 226-2660	Yes	No	Yes
Avon Family Dental Center Dr. Steven Bruno (FT)	478 Collins St. Avon, NY 14414 (585) 226-6430	Yes	No	No
<u>Caledonia</u>				
Laurence P. Schweichler (FT)	3144 Church St. Caledonia, NY 14423 (585) 538-2130	Yes	No	No
Caledonia Family Dentistry Dr. Gary C. Heuer (FT) Dr. Mark T. Coene (FT)	3352 Brown Rd. Caledonia, NY 14423 (585) 538-4500	Yes	Yes	Yes
<u>Dansville</u>				
A Smile by Design Dr. James C. Vogler (FT)	64 Elizabeth St. Dansville, NY 14437 (585) 335-2120	Yes	No	No
Dansville Family Dental Care Dr. Rosemeire Santos- Teachout (FT)	201 Main St. Dansville, NY 14437 (585) 335-6170	Yes	No	No
Dansville Dental Professionals Dr. Robert Contente (FT) Dr. Jason Evans (FT) Dr. M. Krolczyk-Evans (FT) Dr. R. B. Frost (FT) Dr. Kathleen Hale (FT) Dr. Kenneth Hale (FT)	25 Red Jacket St. Dansville, NY 14427 (585) 335-2201	Yes	No	No
<u>Geneseo</u>				
Dr. Stephen Wiener (FT)	93 State St. Geneseo, NY	Yes	No	No

	14454 (585) 243-3631			
Family Dental Care Dr. Steven R. Ragan (FT)	4384 Lakeville Rd. Geneseo, NY 14454 (585) 243-2320	Yes	No	No
<u>Lakeville</u>				
Pediatric Dentistry – Lakeville Office Park Dr. John P. Belbas (FT) Dr. Soraya Steinhilber (FT)	5995 Big Tree Rd. Lakeville, NY 14480 (585) 346-4590	Yes	No	Yes
<u>Lima</u>				
Dr. Charles W. Thompson (FT)	1761 Elm St. Lima, NY 14485 (585) 324-3190	Yes	Straight Medicaid	No
<u>Livonia</u>				
Dr. Sandra Eleccko (FT)	6133 Big Tree Rd. Livonia, NY 14487 (585) 346-9130	Yes	No	No
Dr. Brian Hirschfield (FT) Dr. David J. Woodruff (PT)	6003 Big Tree Rd. Livonia, NY 14487 (585) 346-3028	Yes	No	No
<u>Mount Morris</u>				
Dr. Jonathan Ralph (PT)	18 State St. Mount Morris, NY 14510 (585) 468-2810	Yes	Yes	Yes
Dr. D. B. Munger (FT)	128 Main St. Mount Morris, NY 14510 (585) 658-3300	Yes	No	No
<u>Nunda</u>				
Dr. Jonathan Ralph (PT)	18 S. Main Street Nunda, NY 14517 (585) 468-2610	Yes	Yes	Yes
<u>Wayland</u>				
Wayland Dental Care Dr. Martin Zone (FT)	2288 Rt. 63 Wayland, NY 14572 (585) 728-5200	Yes	No	No
SPECIALIST				
<u>Dansville</u>				
Orthodontist Brace Co.	193 Main St. Dansville, NY	N/A	No	No

Dr. William C. Anderson	14437 (585) 335-2440			
Geneseo				
Orthodontist Dr. Keith W. Koch	56 Westview Crescent Geneseo, NY 14454 (585) 243-1918 4376 Lakeville Rd. Geneseo, NY 14454 (585) 243-3174	N/A	No	No
Progressive Dental Specialists	4396 Lakeville Rd. Geneseo, NY 14454 (585) 243-1790	N/A	No	No
Lakeville				
Pediatric Oral Surgeon Pediatric Dentistry – Lakeville Office Park Dr. Andrew Steinhilber (PT)	5995 Big Tree Rd. Lakeville, NY 14480 (585) 346-4590	Yes	No	Yes

(FT) – Full Time; (PT) – Part Time

Ontario County
Table 5

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Bloomfield</u>				

Dr. Jack Dorkhom	54 W. Main St. Bloomfield, NY 14469 (585) 657-6909	Yes	Yes	Yes
<u>Canandaigua</u>				
Dr. Robert Pease	10 Brook St. A Canandaigua, NY 14424 (585) 394-8071	Yes	Yes, BCBS	No
Canandaigua Dental Health Dr. V. Brian Gagliardi	317 S. Main St. Canandaigua, NY 14424 (585) 394-5910	Yes	No	No
Family & Cosmetic Dentistry Dr. Thomas Chen	179 Parrish St. Canandaigua, NY 14424 (585) 394-3433	Yes	No	Yes
Dr. Ann Borgstrom	191 Parrish St. Canandaigua, NY 14424 (585) 394-0710	Yes	No	No
Dr. Robert Pratt	194 Parrish St. Canandaigua, NY 14424 (585) 394-7250	Yes	Yes, adults	No
Dr. Benedict Gullo	330 N. Main St. Canandaigua, NY 14424 (585) 394-4664	Yes	No	No
Canandaigua Pediatric Dental Dr. James King Dr. Mark Wohlfeld	325 West Ave Canandaigua, NY 14424 (585) 394-4058	Yes	No	Yes
Finger Lakes Dental Dr. Jason Tanoory Dr. Wendy Marshall	275 Parrish St. Canandaigua, NY 14424 (585) 394-1930	Yes	No	Yes
Dr. Gregory Voci, III	3170 W. St. Canandaigua, NY 14424 (585) 394-3736	Yes	No	Yes
Dr. Joseph Cameron, III	470 N. Main St. Canandaigua, NY 14424 (585) 394-5980	Yes	No	No
Dr. Sandro Popelka	3200 W. St. Canandaigua, NY 14424 (585) 394-5800	Yes	Yes	Yes
Dr. Geoffrey Hallstead	3240 Middle Cheshire Rd. Canandaigua, NY 14424 (585) 394-5230	Yes	No	No
<u>Clifton Springs</u>				
Clifton Springs Dental Dr. William Neilsen	120 Professional Park Clifton Springs, NY 14432 (315) 462-5633	Yes	No	No
<u>Farmington</u>				
Dr. Richard Bush	1484 State Route 332	Yes	No	No

Dr. Leonard Muscarella	Farmington, NY 14425 (585) 398-2100			
Dr. Walter Deck	1625 State Route 332 Farmington, NY 14425 (585) 398-3810	Yes	No	No
Calm Lake Dental Dr. Joshua Souweine	1386 Hathaway Dr. Farmington, NY 14425 (585) 742-3440	Yes	No	No
<u>Geneva</u>				
Finger Lakes Migrant Health Dr. Anthony Mendicino Dr. Al Neri Dr. Matthew Woolsey Dr. Christopher Lehfeldt	601B W Washington St. Geneva, NY 14456 (315) 483-1199	Yes	Yes	Yes
Dr. Sia Hersini	45 Seneca St. 2 Geneva, NY 14456 (315) 781-1670	Yes	Yes	Yes
Dr. Eric Polise	30 Elm St. Geneva, NY 14456 (315) 781-2002	Yes, depending on insurance coverage	Yes, only denture patients	Yes
Dr. Robert Young	105 Washington St. Geneva, NY 14456 (315) 789-7522	No	No	No
Dr. David Curtis Dr. Peter Grace	140 Washington St. Geneva, NY 14456 (315) 789-7922	Yes	No	Yes
Triana & Triana Dr. Frank & Dianne Triana	174 Washington St. Geneva, NY 14456 (315) 789-2040	Yes	No	Yes
Dr. Karen Simmonds-Brady Dr. Michael Brady Dr. William Simmonds	55 North St. Geneva, NY 14456 (315) 781-8502	Yes	Yes	No
Dr. Frederick Klee	4075 W. Lake Rd. Geneva, NY 14456 (315) 789-5040	N/A	No	No
Dr. Edgar Prindle	774 Pre-Emption Rd. Geneva, NY 14456 (315) 789-8975	Yes, booking for Sept	No	No
<u>Honeoye</u>				
Dr. Vincent Bingo	8623 Main Street Honeoye, NY 14471 (315) 229-2588	Yes	No	Yes

	39 Mastin Dr Honeoye, NY 14471 (315) 229-2165			
<u>Naples</u>				
Dr. Wayne S. Chandler	106 N. Main St. Naples, NY 14512 (585) 374-6323	Yes	Yes	Yes
<u>Phelps</u>				
Phelps Family Dentistry Dr. William Woodworth	10 S. Wayne St. Phelps, NY 14532 (315) 548-5141	Yes	No	No
<u>Shortsville</u>				
Dr. Robert Kowal	40 Main St Shortsville, NY 14548 (585) 289-4062	Yes	No	No
<u>Victor</u>				
Victor Dental Arts Dr. Randall Freeman	126 E. Main St. Victor, NY 14564 (585) 924-2160	Yes	No	No
Meadsquare Smile Dr. J. Bublik	53 W. Main St. Victor, NY 14564 (585) 924-4050	Yes	No	No
Dr. Leonard Muscarella	165 Maple Ave. Victor, NY 14564 (585) 924-2874	Yes	No	No
Victor Family Dentistry Dr. Jeffrey Lowenguth	277 W. Main St. Victor, NY 14564 (585) 924-3240	Yes	No	No
Family Dentistry Dr. Mark Tornatore	1331 E. Victor Rd. Victor, NY 14564 (585) 924-8940	Yes	No	No
Dr. Daniel Klein	7248 Hertfordshire Way Victor, NY 14564 (585) 924-7022	Yes	No	No
<u>SPECIALIST</u>				
<u>Canandaigua</u>				
Endodontic Specialists	69 S. Main St. Canandaigua, NY 14424 (585) 223-2200	N/A	No	No
Canandaigua Oral Surgery Dr. Phillip Cary	500 N. Main St. Canandaigua, NY 14424 (585) 394-3322	Yes	No	No
Ontario Orthodontics Dr. Brian Rheude	90 N Main St Canandaigua, NY 14424 (585) 394-2830	Yes	No	No
<u>Farmington</u>				

Orthodontist Calm Lakes Dental Dr. Rodney Littlejohn	1386 Hathaway Dr. Farmington, NY 14425 (585) 742-3440, or (585) 742-1050	Yes	No	No
<u>Geneva</u>				
Orthodontics Associates/ Orthodontic Group of the Finger Lakes Dr. Robert Baker, Jr Dr. John Duthie Dr. Achilles Filios	404 William St. Geneva, NY 14456 (315) 789-6057	Yes	No	No
<u>Victor</u>				
Shared Vision Orthodontics Dr. Michael Spoon	255 Maple Ave. Victor, NY 14564 (585) 924-0580	Yes	No	No
Prostodontics Only Dr. James Soltys	105 W. Main St. Victor, NY 14546 (585) 924-4180	Yes	No	No

Schuyler County
Table 6

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Watkins Glen</u>				

Seneca Dental Associates Dr. John H. Nguyen Dr. Kristine Nguyen	215 7 th St. Watkins Glen, NY 14891 (607) 535-7744	Yes	No	No
Family Practice-General Dentistry Dr. Patrick J. Fitzgerald Dr. Jeffery W. Shultz	703 S. Decatur St. Watkins Glen, NY 14891 (607) 535-4666	Yes	Yes, but on waiting list	No
SPECIALIST				
<u>Watkins Glen</u>				
Orthodontic Group of the Finger Lakes Dr. Robert Baker, Jr. Dr. John D. Duthie Dr. Achilles M. Filios	703 S. Decatur St. Watkins Glen, NY 14891 (607) 535-4929	Yes	No	No

Seneca County
Table 7

<u>Dentist Names</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>

<u>Ovid</u>				
Dr. Robert Duthie Dr. Gregory Subtelny	2168 E Seneca St Ovid, NY 14521 (607) 869-2675	Yes	No	No
<u>Seneca Falls</u>				
Professional Dental Service Dr. Bruce A. Birchenough	51 State St. Seneca Falls, NY 13148 (315) 568-2934	Yes	No	No
Dr. Jerome Oleska	96 Cayuga St. Seneca Falls, NY 13148 (315) 568-5656	Yes	No	No
<u>Waterloo</u>				
All Smiles Family Dentistry Dr. Nancy Griffiee	44 W. Main St. Waterloo, NY 13165 (315) 539-2231	Yes	No	Yes
Dr. Gregory L. French Dr. John R. French	128 E. Main St. Waterloo, NY 13165 (315) 539-2091	Yes	No	Yes
Dr. John V. Jetty	88 Center St. Waterloo, NY 13165 (315) 539-3051	Yes	No	Yes
Dr. Warren J. Waldow, Jr. Dr. Lisa Marin (Pediadontist; up to college age; 1 day/week)	1136 State Route 318 Waterloo, NY 13165 (315) 539-5020	Yes	No	No
<u>SPECIALIST</u>				
<u>Ovid</u>				
Orthodontist Dr. Justin Martin	Ovid-Willard Rd Ovid, NY 14521 (607) 869-4385	NA	No	No
<u>Seneca Falls</u>				
Dr. Joseph L. Drexler	65 Fall St. Seneca Falls, NY 13148 (315) 568-6873	Yes	No	No
<u>Waterloo</u>				
Orthodontist Dr. Rodney D.	1203 Waterloo- Geneva Rd.	Yes	No	No

Littlejohn	Waterloo, NY 13165 (315) 539-9276			
------------	---	--	--	--

Steuben County

Table 8

<u>Dentist Names</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Addison</u>				
Roman & Ferchaw	138 Front St.	Yes	No	No

	Addison, NY 14801 (607) 359-3367			
<u>Bath</u>				
Keuka Family Dentistry Dr. Gregory Schultz	209 Liberty St. Bath, NY 14810 (607) 776-7656	Yes	Yes	Yes
Dr. Bruce A. Baxter	17 W Washington St. Bath, NY 14810 (607) 776-4075	Yes	No	No
Bath Dental Associates Dr. Thomas Gadziala Dr. Richard D. Maceko Dr. V. Vodicka	113 E. Steuben St. Bath, NY 14810 (607) 776-2116	Yes	No	Yes
Davenport-Taylor Dental Clinics	7571 State Route 54 Bath, NY 14810 (607) 776-8930	Yes	Yes	Yes
<u>Corning</u>				
Gonta Dentistry	100 W Market St, Ste 202 Corning, NY 14830 (607) 962-8520	Yes	No	No
Dr. Robert G. Wylie	182 E. 1 st St. Corning, NY 14830 (607) 936-6464	Yes	Yes	Yes
Dr. Donald R. Dolan, Jr. Dr. Gretta Tomb Dr. Jennifer Bempkins	169 E. 2 nd St. Corning, NY 14830 (607) 962-4701	Yes	No	No
Dr. David Schirmer	157 Columbia St Corning, NY 14830 (607) 936-3131	Yes	Yes	Yes
Corning Dental Associates Dr. Timothy J. Bates Dr. John F. Carozza Dr. John Gunselman Dr. Vargas Dr. Meriwether	218 Denison Pkwy E Suite 201 Corning, NY 14830 (607) 937-5341	Yes	No	No
<u>Hammondsport</u>				
Dr. Samuel Pennise	28 Mechanic St Hammondsport, NY 14840 (607) 569-2242	Yes	No	No
<u>Hornell</u>				
Dr. John P. Meyer	94 Main St. Hornell, NY 14843 (607) 324-1032	Yes	Yes	No
Dr. William R. Pearson	36 Genesee Street Hornell, NY 14843 (607) 324-2532	Yes	No	No

Sister Rene Dental Center Dr. William S. Veazey Dr. Varinder Grewal Dr. Michael Telehany	17 Seneca St. Hornell, NY 14843 (607) 324-1655	Yes	Yes	Yes
Dr. Amie K. Nicola	240 Main Street Hornell, NY 14843 (607) 324-1175	Yes	No	No
Dr. Richard Andolina Dr. Ryan Batte	74 Main St Hornell, NY 14843 (607) 324-5490	Yes	Yes, do not bill services	Yes, do not bill services
<u>Painted Post</u>				
Dr. Donald D Smith	174 Village Square Painted Post, NY 14870 (607) 962-7671	Yes	Yes	Yes
Dr. Maria E. Marzo	326 N. Hamilton St. Painted Post, NY 14870 (607) 936-6394	Yes	No, pay for service	No
<u>Wayland</u>				
Wayland Dental Care Dr. Martin Zone	2288 State Route 63 Wayland, NY 14572 (585) 728-5200	Yes	No	No
SPECIALIST				
<u>Corning</u>				
Oral Surgeons Dr. Matthew B. Brown Dr. Daniel Farr Dr. William Pochal	29 E 1 st Street Corning, NY 14830 (607) 962-1888	By referral only	No	Yes
Orthodontist Dr. A. James Felli	149 Walnut St Corning, NY 14830 (607) 937.5335	Yes	Yes	Yes
Orthodontist Finger Lakes Orthodontics Dr. Peter May Dr. John Wahlig	21 W Market St, Ste 201 Corning, NY 14830 (607) 936-3733	Yes	Yes	No
Orthodontists Guthrie Orthodontics Dr. Anthony Pasquale Dr. Rahul Renjen	130 Centerway Corning, NY 14830 (607) 936-9971	Yes	Yes	No
<u>Hornell</u>				
Orthodontists Dr. Roger Triftshauser and Associates	16 Broadway Mall Hornell, NY 14843 (607) 324-3784	Yes; no charge for initial exam	Yes	Yes
<u>Wayland</u>				
Orthodontist Dr. Deborah L. Schafer	204 3 rd Ave. Wayland, NY 14572	Yes	N/A	N/A

	(585) 728-5731			
--	----------------	--	--	--

Wayne County

Table 9

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Clyde</u>				
Dr. John LeFevre	105 Glasgow St. Clyde, NY 14433	Yes, dentures only	Yes, dentures	No

	(315) 923-3231		only	
<u>Lyons</u>				
Dr. Waiyawat Chotibut	52 Broad St. Lyons, NY 14489 (315) 946-4656	Yes	No	No
Dr. Anthony D'Amico	20 Canal St. Lyons, NY 14489 (315) 946-4000	Yes	No	No
Dr. Randolph Mitchell	47 Williams St. Lyons, NY 14489 (315) 946-6511	No	No	No
Wayne-Rushville Dental Center	Wayne County Public Health 1519 Nye Rd. Lyons, NY 14489	Yes, currently 1 day/wk. Will add 2nd day	Yes	Yes
<u>Macedon</u>				
Dr. Jeni Behrman Dr. Joseph Behrman	1212 State Rt. 31 Macedon, NY 14502 (315) 986-3545	Yes	No	No
Dr. Frank Debski	104 W. Main St. Macedon, NY 14502 (315) 986-7941	Yes	No	Yes
<u>Marion</u>				
Dr. Phillip Nash	3665 Countyside Lane P.O. Box 5 Marion, NY 14505 (315) 926-5200	Yes	No	No
<u>Newark</u>				
Dr. Ronald Boyd Dr. Fredrick Hicks	114 High St. Newark, NY 14513 (315) 331-4530	Yes	No	No
Dr. Jonathan Carey Dr. Albert Zak Dr. Jolly Caplash Dr. James Praino	111 Mason St. Newark, NY 14513 (315) 331-4115	Yes	No	No
Dr. Pallevi Narendranath	631 S. Main St. Newark, NY 14513 (315) 331-3552	Yes	No	No
Johnson Health Group Dr. Kirk Johnson Dr. Neal Johnson	6007 Clark Rd. Newark, NY 14513 (315) 331-4115	Yes	No	No
Dr. William Piarulle (Dr. Tubiolo- DPM)	627 S. Main St. Newark, NY 14513 (315) 331-8384	Soon to be in practice		
<u>Ontario</u>				
Dr. Paul Crombach Dr. Phillip Gilson	6200 Slocum Rd. Ontario, NY 14519	Yes	No	No

	(315) 524-7433			
Dr. Elias	6277 Furnace Rd. Ontario, NY 14519 (315) 524-4135	Yes	No	No
<u>Palmyra</u>				
Dr. Tony Giangreco Dr. Carl Levy	101 Hyde Parkway Palmyra, NY 14522 (315) 597-9801	Yes	No	No
Dr. John Masterson	402 W. Main St. Palmyra, NY 14522 (315) 597-4581	Yes	No	No
<u>Sodus</u>				
Dr. Steven Gierer	67 W. Main St. Sodus, NY 14551 (315) 483-8301	Yes	No	No
Dr. James Burk	20 Maple Ave. Sodus, NY 14551 (315) 483-8919	Yes	No	No
Finger Lakes Dental Center (2 DDS) Dr. Tony Mendicino Dr. Chris Lehfeldt Dr. A. Neri Dr. M. Woolsey Dr. J. Souweine	6692 Middle Rd. P.O. Box 276 Myers Hospital Sodus, NY 14551 (315) 483-3123	Yes	Yes	Yes
<u>Walworth</u>				
Dr. Amadori	2100 Penfield Rd. PO Box 29 Walworth, NY 14568 (315) 986-1144	No	No	No
<u>Williamson</u>				
Dr. James Albright Dr. Diane Gladstone	4191 E. Ridge Rd. Williamson, NY 14589 (315) 589-8656	Yes	No	No
Dr. Micheal Herbert Dr. Ronald Berger	6127 Maple Ave. PO Box 003 Williamson, NY 14589 (315) 589-2813	No	No	No
<u>Wolcott</u>				
Dr. William Pugh	6010 Draper St Wolcott, NY 14590 (315) 594-8611	NA	NA	NA
SPECIALIST				
<u>Newark</u>				
Orthodontist Dr. Peter Dingus	110 High St. Newark, NY 14513	Yes	No	No

	(315) 331-3726			
--	----------------	--	--	--

Yates County
Table 10

<u>Dentist Name</u>	<u>Address</u>	<u>New Patients</u>	<u>Medicaid</u>	<u>Child Health Plus</u>
<u>Dundee</u>				
Finger Lakes Dental Center Dr. David Schirmer	6 Stoll St. Dundee, NY 14837	Yes	Yes	Yes

(.6 FTE DDS)	(607) 243-7317			
Dundee Dental Center Finger Lakes Migrant Health	13 Seneca Street Dundee, NY 14837	Yes	Yes	Yes
<u>Penn Yan</u>				
Eaves family Dental Group Dr. Marilyn Eaves Dr. Edmund E. Eaves Dr. Kevin Wallace (FT)	660 Liberty St. Penn Yan, NY 14527 (315) 536-3341	Yes	Yes	Yes
Monroe Pediatric Dental Group Dr. Charles Whitmer (see also Specialist)	100 Elm St. Pann Yan, NY 14527 (315) 536-4883	N/A	Yes	Yes
<u>Rushville</u>				
Rushville Health Center (3 FTE DDS) Dr. Melissa Copella Dr. Mijin Kim Dr. Teresa Skalyo Dr. Joseph Sleilati	2 Rubin Dr. Rushville, NY 14544 (585) 554-6824	Yes	Yes	Yes
<u>SPECIALIST</u>				
<u>Penn Yan</u>				
Orthodontist Monroe Pediatric Dental Group Dr. Charles Whitmer	100 Elm St. Pann Yan, NY 14527 (315) 536-4883	N/A	Yes	Yes
Finger Lakes Orthodontics	640 Liberty Street Penn Yan, NY 14527 (315) 536-8860	Yes	Yes, limited number	Yes