

2007-2012 Oral Health Improvement Plan for Connecticut

Vision:

Connecticut's children and adults will have good oral health as part of their overall health and wellbeing.

Intent:

This oral health plan is intended to set priorities, organize efforts and guide resource allocations for the public and private sectors to improve the oral health of Connecticut's children and adults, with special emphasis on the vulnerable populations.

Goal I. Increase integration of oral health promotion into all aspects of public health.

Objectives:

- A. By 2011, increase by 50% the proportion of children, adults, and vulnerable populations who receive annual preventive and necessary restorative oral health care.**
 - A.1.** Increase the number of Connecticut residents who identify a regular dental provider.
 - A.2.** Increase the proportion of Connecticut residents who have access to appropriate fluoride.
 - A.3.** Increase the accessibility and dissemination of regularly updated information on fluoride levels in public water supplies.
 - A.4.** Increase the proportion of adults who have had an examination to detect oral and pharyngeal cancers in the last 12 months.

- B. By 2010, 50% of children should receive age appropriate dental sealants.**
 - B.1.** Increase the number of school-based programs providing sealants for children and ensure long term financial sustainability of these programs.
 - B.2.** Provide education and public awareness campaigns about the efficacy of sealants.
 - B.3.** Develop programs to ensure sealants are being used for all high-caries-risk children.
 - B.4.** Educate providers regarding the research and efficacy of sealants as preventive measures.

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C. By 2011, at least 10% of non-dental providers will promote oral health as an integral part of general health throughout the life cycle.

- C.1.** Identify and/or develop oral health curricula and promotional materials building on “OPENWIDE” that can educate non-dental health providers who interface with children, adults, and vulnerable populations about key oral health topics and their relationship to systemic health.
- C.2.** Promote and provide access to these materials and curricula to targeted groups that interface with children, families, and vulnerable populations.
- C.3.** Ensure that all nutritionists, health educators, physician assistants, nurse practitioners, school nurses, pediatricians, family practitioners, and obstetricians have participated in the appropriate continuing education using the developed oral health curricula.
- C.4.** Ensure that all early childhood professionals, social workers and outreach workers, especially those working with low-income children, have participated in the appropriate continuing education using the developed oral health curricula.

D. By 2010, incorporate oral health education into the education curricula.

- D.1.** Conduct early oral health education programs through WIC, Head Start and other preschool programs.
- D.2.** Develop and implement oral health education into the State Department of Education’s Pre K-12 health curriculum framework.

Goal II. Ensure there is an adequate dental health workforce to meet the needs of Connecticut residents.

Objectives:

A. By 2008, double the number of dental providers that actively participate in Medicaid.

- A.1.** Increase active provider participation in Medicaid by raising reimbursement rates to at least the 70th percentile as defined by the National Dental Advisory Service (NDAS).
- A.2.** Encourage Medicaid managed care organizations to provide incentives to providers who complete required restorative care for adults and children.
- A.3.** Advocate for simplification of the credentialing process for Medicaid providers.
- A.4.** Advocate for a standardized claim form for ease of submission by participating Medicaid dental providers.
- A.5.** Ensure that Medicaid managed care organizations have an adequate panel of dental providers.

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B. By 2010, improve recruitment and retention of dental providers and support personnel in Connecticut.

- B.1.** Expand loan repayment for dental providers who work in underserved areas and safety-net facilities.
- B.2.** Create an environment that increases the diversity of the dental provider community.
- B.3.** Develop and provide incentives for private providers practicing in under-served communities.
- B.4.** Increase the opportunities for private dentists to work with safety-net facilities.

C. By 2012, increase the number of dental school and dental hygiene school faculty in Connecticut schools, particularly under-represented minorities.

- C.1.** Develop and provide incentive programs for dental providers and students to become faculty at schools of dentistry and dental hygiene.
- C.2.** Create an environment that rewards diversity and is sensitive to the needs of under-represented minorities in the work environment.
- C.3.** Secure federal, state, private and foundation funds to increase the number of minority faculty.

D. By 2010, 25% of the Connecticut school districts will provide structured health career awareness programs to promote dental careers to K-12 students to recruit a more diverse and “home-grown” dental workforce.

- D.1.** Utilize dental and dental hygiene students to educate K-12 students about the dental team.
- D.2.** Develop an ongoing partnership between private providers, schools of dental medicine and dental hygiene, and K-12 education that provides guest speakers and job shadowing opportunities.
- D.2.** Develop and implement a tracking and support system for the K-12 students who exhibit an interest in becoming part of the dental team.

Goal III. Build a strong and sustainable oral health infrastructure.

Objectives:

A. By 2008, provide authority for an oral health program office in the state health agency by legislative mandate.

- A.1.** Advocate for and support legislation to establish an office of Oral Public Health.

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B. By 2008, establish a timely and accurate oral health surveillance system.

- B.1.** Identify quantitative and qualitative components to monitor the oral health status, needs and access to dental services of Connecticut residents.
- B.2.** Identify meaningful data sets and determine resources necessary to collect, analyze, and periodically report data.

C. By 2009, implement at least three population-based strategies for the delivery of effective oral health services to underserved children and adults.

- C.1.** Ensure that oral health care coordination is implemented across all points of the service delivery system.
- C.2.** Ensure that there is universal screening for oral disease among pregnant women and referral for care.

D. By 2010, ensure that all counties in Connecticut have improved capacity to enhance community-level interventions that improve oral health.

- D.1.** Increase the number of local health departments that provide oral health promotion and screening activities.
- D.2.** Increase the capacity of local health departments to collect, analyze, and use community level oral health data for their communities.
- D.3.** Engage and increase the participation of private dental providers in oral health collaboratives, coalitions and other vehicles.

E. By 2008, develop policies to promote and facilitate the provision of oral health services.

- E.1.** Ensure that any universal health plan promoted by the State includes oral health.
- E.2.** Increase opportunities for all dental providers to gain exposure to and experience with low-income children, adults, and special needs populations.

F. By 2008, increase public awareness of oral health issues.

- F.1.** Ensure that managed care organizations, especially those serving vulnerable populations, distribute recommended posters, pamphlets, and materials about oral health to their provider networks.
- F.2.** Conduct media and marketing campaigns that target the public and policy makers.

G. Continually leverage resources to adequately fund oral public health activities.

- G.1.** Identify resources focused on oral health care coordination throughout the state.
- G.2.** Identify resources for school-based oral health.
- G.3.** Provide technical assistance on a statewide basis to communities, individuals and groups interested in pursuing government and private sector grant opportunities.
- G.4.** Secure funding to increase the safety-net system.
- G.5.** Secure funding to ensure the financial stability of preventive oral health programs.

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Goal IV. Advance best practices for oral health.

Objectives:

- A. By 2012, promote and implement effective and efficient models that increase access to quality oral health services.**
 - A.1. Research and identify the best models of community-based, school-based and school-linked models that increase access to quality oral health services.
 - A.2. Educate and obtain support of school administrators and boards of education regarding the school's role in increasing access to quality oral health services.
 - A.3. Educate and obtain support from geriatric providers, administrators and other elder caregivers in increasing access to quality oral health services.
 - A.4. Secure funding to implement and integrate best practice models that increase access to quality oral health services.
 - A.5. Increase the number of communities that implement evidence-based, best practice models across the life span.
 - A.6. Develop and implement models that ensure high-carries-risk patients receive a dental visit by age one.
 - A.7. Ensure Connecticut EPSDT standards specify the need for an age one dental visit.

- B. By 2008, assure ongoing evaluation of effective and efficient oral health interventions.**
 - B.1. Develop and implement key performance measures for oral health interventions across the life span.
 - B.2. Develop statewide standardized reporting criteria for oral health status and services.
 - B.3. Promote and implement the establishment code for completion of treatment.

- C. By 2012, implement best practices that integrate oral health with overall health.**
 - C.1. Increase early detection to reduce the incidence of oral and pharyngeal cancers.
 - C.2. Increase the number of diabetics who receive a yearly dental exam and necessary periodontal treatment.
 - C.3. Increase the proportion of physicians, dentists and health care providers who counsel their at-risk patients about tobacco use cessation, physical activity, and cancer screening.